

**First Response as a Doorway to Long Term Interventions:  
What You Need to Know about Drug-Endangered Children and their Families**

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and  
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*Presented at the 9<sup>th</sup> Annual National Drug Endangered Children Conference*

Des Moines, IA Oct 24, 2012




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**N C S A C W**  
National Center on Substance Abuse and Child Welfare

A program of the

**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment**

and the

**Administration on Children, Youth and Families  
Children's Bureau  
Office on Child Abuse and Neglect**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
www.samhsa.gov

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**To be Addressed**



Issues Facing Children and Families

First Response as a Doorway to Long-Term Interventions

System Barriers and Opportunities to Respond

Families and Family-Centered Treatment

Training Resources

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## Issues Facing Children and Families

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### Potential Impact of Living in Substance Abusing Family

- Severe, inconsistent or inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
- Situations that jeopardize the child's safety and health (e.g. drug manufacturing and trafficking)
- Trauma as a result of all of the above as well as from removal
- Disruption of parent/child relationship, child's sense of trust, belonging
- Chronic trauma of childhood




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### Multi-generational Issues

Domains	Kim	Kim's 6 yr old daughter
Parenting	Born to a teen mom	Born to a teen mom
Stability	Moved frequently	Moved frequently
Education	10 <sup>th</sup> grade drop out	Kept back in 1 <sup>st</sup> grade
Health	Poor health/possible STDs/possible dental	Poor health, dental
Substance Use and Mental Disorders	Meth and other drug problem; Trauma/PTSD	Emotional, social, cognitive, and physiological impairment Trauma/PTSD
Child Welfare Status	Abused/Neglected Mom in and out of shelters/FC	Abused/Neglected In CW system for 1 <sup>st</sup> time at age 6

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### Barriers for Families

- Co-occurring mental health and substance use disorders
- Domestic Violence
- Physical and Sexual Childhood Abuse
  - Early experiences for women and men
- Trauma
- Poverty
  - Nutrition and housing issues
- Education
- Other??



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### Impact on Children

Research has focused primarily on the impact of illicit drugs (cocaine & methamphetamine more recently), and usually only one drug—not poly-drug use as is most often the case.

- The adverse effects of prenatal exposure to alcohol have been clearly established.
- The most severe consequence of exposure to alcohol during pregnancy is Fetal Alcohol Syndrome (FAS), which is the largest preventable cause of birth defects and mental retardation in the western world.



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### Impact on Children

- The CAPTA (Child Abuse Prevention and Treatment Act) was originally enacted mentioning only illicit drugs, but was amended last year to add alcohol and fetal alcohol spectrum disorders as reportable to child protective agencies, which States assure as a condition of CAPTA funding.
- Other prenatal alcohol conditions, such as ARND (alcohol-related neuro-developmental disorders) and ARBD (alcohol-related birth defects) are estimated to occur about three times as often. (Fetal Alcohol Surveillance Network (FASSNet), Centers for Disease Control and Prevention)



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### Challenges for Parents

- The parent or caregiver's lack understanding of and ability to cope with the child's medical, developmental, behavioral and emotional needs
- The child's physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues



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### What Happens to Children Whose Own Needs are Not Addressed?

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs



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### Interventions Can Mediate the Effects on Children and Families

The effects on children and families can be mediated through early and comprehensive interventions, including:

- Early identification
- Timely access to screening and assessment
- Entry, engagement and retention in treatment services for the parents, children and families
- Resolving gaps and redundancies in the system, including when people drop out and protracted delays in referrals and access to services



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## First Response as a Doorway to Long Term Interventions



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### The Trigger and the Follow-up

- The first response: an investigation, followed by an arrest
  - That should be the trigger for a systemic response, rather than a simple referral
- Then—a good handoff, followed by lasting efforts to track and reduce potential harm to children
  - Law enforcement and the judicial system as the front door and the monitors of accountability



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### Arrests Involving Drugs or Alcohol (Of the 13.7 million arrests in 2009)

Drug abuse violations 1,663,582

Driving under the influence 1,440,409

Liquor laws 570,333

Drunkenness 594,300

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### Arrests with Drugs or Alcohol that Involve Children

- 1.5 million children have a parent who is currently in state or federal prison
- The majority of incarcerated parents used drugs one month before their offense and were in prison for violent offenses or drug trafficking
- Nearly half of all state and federal prisoners, or 700,000 inmates, have at least one minor child
- Between 1991 and 1999, the number of children with an incarcerated parent increased by 50 percent
- Conclusions from this data?

La Vigne, N. G., Davies, E., Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Urban Institute Justice Policy Center.  
Mumola, C. J. (2000). *Incarcerated parents and their children*. Bureau of Justice Statistics.




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### Child Welfare Numbers

- How many child welfare cases involve a caregiver with a substance use disorder?
  - One third to two thirds or 40-80%
- How many parents in treatment have children?
  - 60% based on national estimates
  - How many are “at risk” for child abuse or neglect?
  - How many have open cases?

(Semidei, Radeli, & Nolan, 2001; Young, Gardner, & Dennis, 1998; USDHHS, 1999)




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### Estimates of SUDs Among Parents in Child Welfare

Oregon – State Reporting System	62%
Connecticut – Case Review	60%
Social Workers	72%
<ul style="list-style-type: none"> <li>• AOD is among top three causes of rise in Child Maltreatment</li> <li>• AOD causes or contributes to at least half of all cases.</li> </ul>	
Orange Co. CA 2001/02	40%
<ul style="list-style-type: none"> <li>• Women only over age 18</li> </ul>	
Sacramento Co. CA 2004/05	59%
<ul style="list-style-type: none"> <li>• All parents named in petition</li> </ul>	

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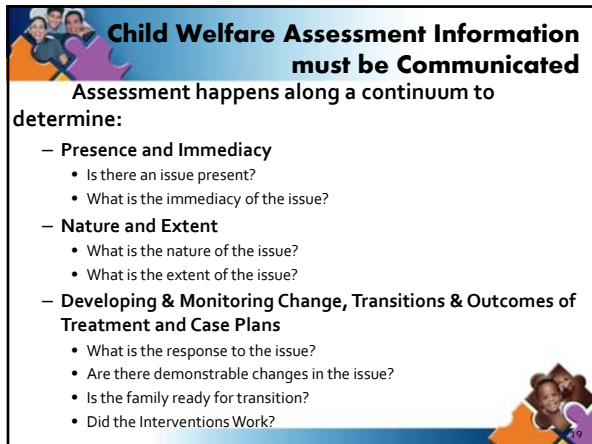
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**Child Welfare Assessment Information must be Communicated**

Assessment happens along a continuum to determine:

- **Presence and Immediacy**
  - Is there an issue present?
  - What is the immediacy of the issue?
- **Nature and Extent**
  - What is the nature of the issue?
  - What is the extent of the issue?
- **Developing & Monitoring Change, Transitions & Outcomes of Treatment and Case Plans**
  - What is the response to the issue?
  - Are there demonstrable changes in the issue?
  - Is the family ready for transition?
  - Did the Interventions Work?

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**Law Enforcement Information Must be Communicated**

- **What happens before an arrest?**
  - Surveillance?
  - Evidence collection?
- **What happens during an arrest?**
  - Are children present?
  - What is done with the children?
- **What happens after the arrest?**
  - Is a referral made?
  - Who makes the referral?
  - Who keeps track of children exposed to drug endangered environments? Is there a community-wide, strategic response—or just a referral?
- **What does/would this look like in your jurisdiction?**

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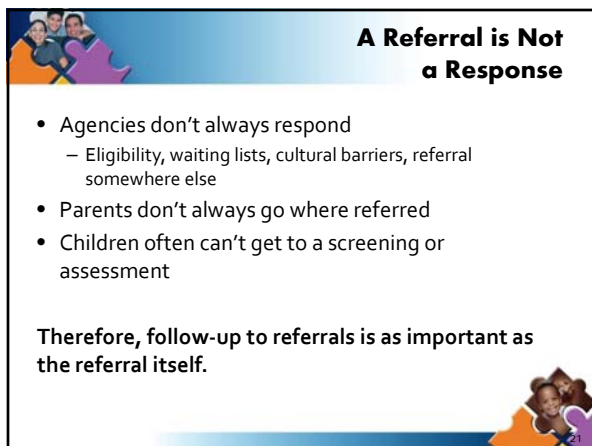
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**A Referral is Not a Response**

- Agencies don't always respond
  - Eligibility, waiting lists, cultural barriers, referral somewhere else
- Parents don't always go where referred
- Children often can't get to a screening or assessment

Therefore, follow-up to referrals is as important as the referral itself.

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## System Barriers and Opportunities to Respond



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### What Works?

*One of the best ways to address the long term well-being of drug endangered children is to address the substance abuse and mental health problems of parents and caretakers. The availability of effective substance abuse treatment programs, coupled with treatment for co-occurring mental health disorders and long-term supports for ongoing recovery, is an important part of a community's overall DEC strategy.*

FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN FEDERAL PARTNERSHIPS SUBCOMMITTEE May 2011, Promising Practices Toolkit



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### What Works?

*Criminal and/or family drug courts and other alternative sentencing strategies can complement standard voluntary treatment opportunities in order to maximize participation and encourage recovery for parents. A DEC strategy should include comprehensive treatment services with a strong family/parenting component in addition to services that address substance use disorders and co-occurring mental health problems, including the consequences of trauma.*

FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN FEDERAL PARTNERSHIPS SUBCOMMITTEE May 2011, Promising Practices Toolkit



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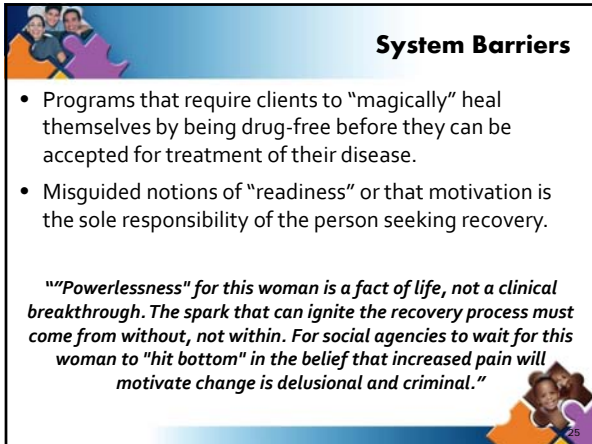
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### System Barriers

- Programs that require clients to “magically” heal themselves by being drug-free before they can be accepted for treatment of their disease.
- Misguided notions of “readiness” or that motivation is the sole responsibility of the person seeking recovery.

*“Powerlessness” for this woman is a fact of life, not a clinical breakthrough. The spark that can ignite the recovery process must come from without, not within. For social agencies to wait for this woman to “hit bottom” in the belief that increased pain will motivate change is delusional and criminal.”*

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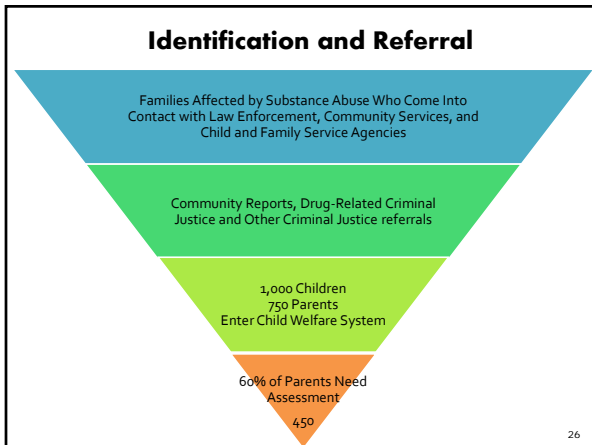
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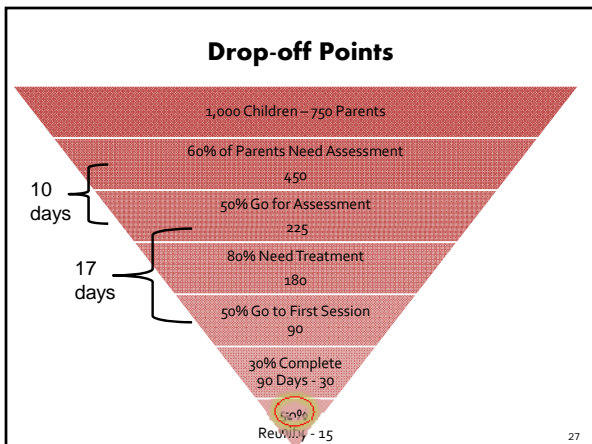
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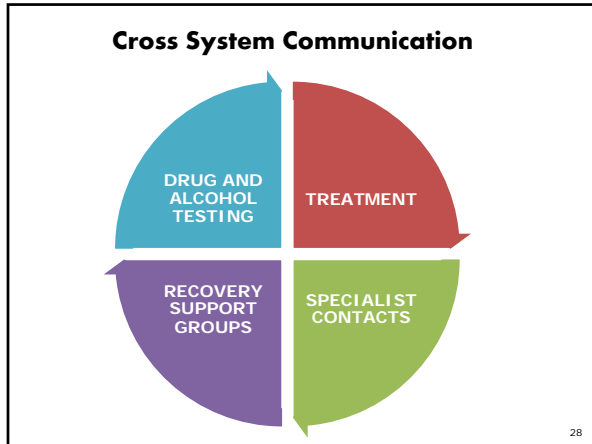
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### New Partnerships with Creative Approaches

- The need for immediate and efficient intervention became overwhelming important in the face of implementing the Adoption and Safe Families Act
- Source: National Drug Court Institute (NDCI) Survey, 2010 10-322 1999-2010

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### Creative Approaches, Collaborative Partnerships

- Substance Abuse Specialists
  - Remove barriers and improve linkages to better serve clients
  - Improve the capacity of the child welfare system to serve parents with substance use disorders
  - Reduce costs of out-of-home placements and/or reduce time of children in foster care
- Family Drug Courts
  - Increased reunification and reduced re-entry rates into out-of-home care for children
  - Engaging fathers

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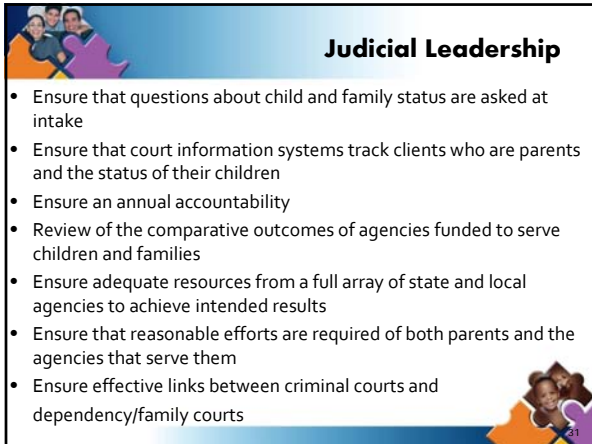
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### Judicial Leadership

- Ensure that questions about child and family status are asked at intake
- Ensure that court information systems track clients who are parents and the status of their children
- Ensure an annual accountability
- Review of the comparative outcomes of agencies funded to serve children and families
- Ensure adequate resources from a full array of state and local agencies to achieve intended results
- Ensure that reasonable efforts are required of both parents and the agencies that serve them
- Ensure effective links between criminal courts and dependency/family courts

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### Family-Centered Treatment

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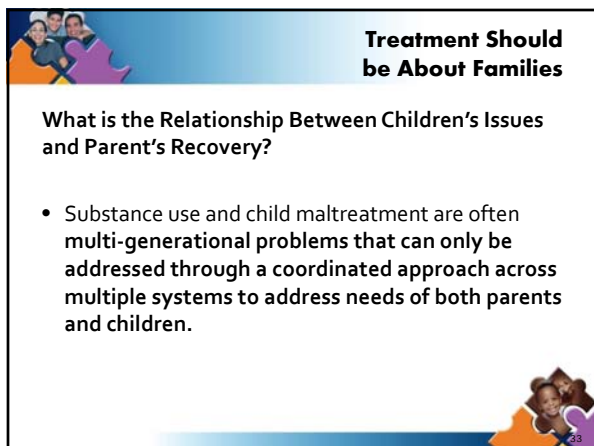
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### Treatment Should be About Families

What is the Relationship Between Children's Issues and Parent's Recovery?

- Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.

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## Treatment Effectiveness

Coerced (mandated) treatment is just as effective as voluntary treatment

- Alternative consequences in child welfare populations
  - Options for Recovery (California Treatment Program)
- Motivation of clients
- Efficacy and cost benefits

Source: Miller & Flaherty, Journal of Substance Abuse Treatment, 2000




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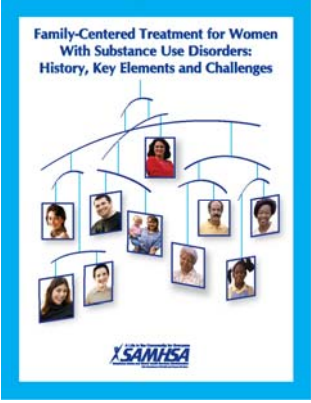
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Family-Centered Treatment for Women  
With Substance Use Disorders:  
History, Key Elements and Challenges

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

[http://womenandchildren.treatment.org/documents/Family\\_Treatment\\_Paper508V.pdf](http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf) <sup>35</sup>

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## Principles of Family-Centered Treatment

- Comprehensive and safe
- Women all define their families differently
- Treatment is based on the unique needs and resources of individual families.
- Families are dynamic, and thus treatment must be dynamic.
- Conflict is inevitable, but resolvable.
- Meeting complex family needs requires coordination across systems.
- Substance use disorders are chronic, but treatable.
- Gender responsive, specific and culturally competent services
- Family-centered treatment requires an environment of mutual respect and shared training.
- Treatment must support creation of a healthy family systems.




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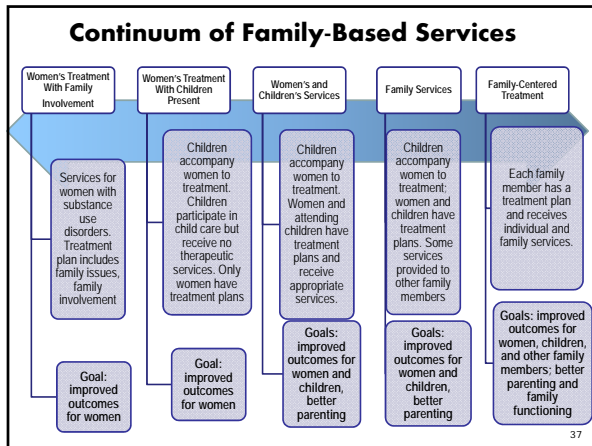
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### Comprehensive Family Centered Treatment

**We often hear feedback that programs...**

- Lack funding
  - Most programs are only funded to provide minimal care
- Lack knowledge
  - Understanding relapse and providing environments that foster success



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FUNDING FAMILY-CENTERED TREATMENT FOR WOMEN WITH SUBSTANCE USE DISORDERS



[http://womenandchildren.treatment.org/documents/FINAL\\_Funding\\_Paper\\_508V.pdf](http://womenandchildren.treatment.org/documents/FINAL_Funding_Paper_508V.pdf) 39

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# Training Resources



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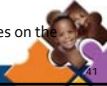
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## Cross-Disciplinary Training

Training supports collaboration and is designed to familiarize professionals with skills and responsibilities of others

- First responders can attend trainings on:
  - child development, traumatic stress, and observe clinical sessions involving the delivery of evidence-based substance abuse treatment and consultation regarding local resources for families in crisis
- First responders can provide training to substance abuse treatment clinicians on:
  - crime scene integrity and police protocols (with certain types of violent calls and the functions of specialized units)
- In follow-ups with families, first responders can provide a wealth of knowledge about:
  - personal safety, referrals to city or county agencies and updates on the status of offenders or suspects with outstanding warrants



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## National Child Traumatic Stress Network

Raise the standard of care and improve access to services for traumatized children, and their families

- Understand the vital role of police and child welfare professionals in the lives of children touched by Violence in the home and in the community
- Helping to create trauma-informed law enforcement and child welfare systems
- Visit <http://www.nctsn.org/>



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Home » Training

## Training and Tutorials



### Child Welfare Training Toolkit

Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders Training Package was developed to educate child welfare professionals about substance abuse and mental health disorders among families involved in the child welfare system.

[Use the Child Welfare Training Toolkit](#)

### Online Tutorials

The free tutorials focus on the subjects of substance abuse and child welfare; they support and facilitate collaboration between the child welfare system, the substance abuse treatment system and the courts. Continuing Education Units are available upon successful completion of a tutorial.

**Sign Up Now**

#### Tutorials Login

User Name:

Please enter a username.

Password:

**Login**

[Forgot Password?](#)  
[Forgot User Name?](#)  
[Trouble Registering?](#)

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Home » Training » Child Welfare Training Toolkit

## Child Welfare Training Toolkit

Home Module 1 Module 2 Module 3 Module 4 Module 5 Module 6

Download and print all the materials from the training package

### Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders

**Overview**

Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders Training Package was developed to educate child welfare professionals about substance abuse and mental health disorders among families involved in the child welfare system. It is intended to provide learning opportunities and baseline knowledge on substance abuse and mental health problems and interventions, educate and facilitate cross-systems work, and incorporate cultural awareness and facilitate cultural competency in child welfare practice.

The training package consists of 6 modules, approximately 2-3 hours each, which can be delivered over a series of weeks or through a 1-2 day training program. Each module contains a range of training materials that were developed to be adapted to meet the needs of child welfare trainers for in-person workshops and/or training sessions.

**Each module contains:**

- Agenda
- Training Plan
- Training Script
- PowerPoint Presentation
- Case Vignettes
- Handouts
- Reading Materials

**Methods:** PowerPoint presentations (or overhead/transparencies), large group and small group discussions.

**Training Aids:** Projector and computer, disk with PowerPoint file (or overhead and transparencies), flip chart with markers, participant notebook.

**Time:** Between 2 hours, 45 minutes to 3 hours per module.

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## Resources

### NCSACW online tutorials

- Online tutorials are available free of charge and are approved for 4 CEUs through NASW, NAACAC and 5-6 CLEs Visit: <http://www.ncsacw.samhsa.gov/training/default.aspx>.
- Each tutorial is also available as a PDF full text copy for use as a desk reference.

### The Child Welfare Toolkit

- The training package consists of 6 modules, approximately 2-3 hours each, which can be delivered over a series of weeks or through a 1-2 day training program.
- Download the toolkit at <http://www.ncsacw.samhsa.gov/training/toolkit/>

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**Contact Information**

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**THANK YOU**



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