Substance Abuse and Child Welfare Practice

RELEVANT CHILD WELFARE OUTCOMES

Safety 1
Children are, first and foremost, protected from abuse and neglect

Permanency 1
Children have permanency and stability in their living situations without increasing reentry to foster care

Well-being 3
Children receive services adequate to their physical, emotional, and mental health needs.

LEARNING OBJECTIVES

Knowledge:
K1. The trainee will be able to describe the nexus between substance abuse and child maltreatment.
K2. The trainee will be able to describe the prevalence of substance abuse problems among caregivers of children in the child welfare system.
K3. The trainee will be able to identify common dynamics of substance abuse in families and the impact of substance abuse on child development and child safety
K4. The trainee will be able to recognize the following indicators of substance abuse:
   a) the physiological indicators of substance abuse;
   b) the social and psychological indicators of substance abuse;
   c) the environmental indicators of substance abuse;
   d) the signs and symptoms of the most commonly used drugs associated with substance abuse and child maltreatment.
K5. The trainee will be able to recognize intergenerational risk factors associated with substance abuse.
K6. The trainee will be able to describe the continuum of substance use, abuse, dependence and relapse.
K7. The trainee will be able to describe the different levels of AOD treatment and how treatment is determined.
K8. The trainee will be able to describe the treatment and recovery process including relapse prevention.
K9. The trainee will be able to recognize the terms and findings of formal substance abuse assessments.
K10. The trainee will be able to identify the stages of change and strategies for engaging and motivating family members experiencing substance abuse.
K11. The trainee will be able to recognize the difference between substance abuse related safety concerns and substance abuse related risk.

Skills:
S1. Given a case example, the trainee will be able to:
   a) formulate questions to assess safety and risk concerns related to current and previous substance abuse
b) identify signs of substance abuse
c) make a decision about whether a referral for substance abuse assessment is needed\(^1\).

S2. Given a case example, the trainee will be able to explain how substance abuse treatment and recovery planning informs the case planning process.

**Values:**

V1. The trainee will value awareness of personal biases related to substance abuse and the importance of setting aside bias to focus on the needs of the family.

V2. The trainee values involving families in decision making about AOD problems.

V3. The trainee values strength-based approaches and culturally-specific supports and interventions to address AOD problems.

V4. The trainee values using observation and validated screening tools to assist in the determination of whether or not substance abuse is a factor in child abuse or child neglect.

V5. The trainee values monitoring and supporting a caregiver’s substance abuse treatment plan.

V6. The trainee values collaboration with treatment providers, public agencies and community agencies in an effort to support families and children challenged by AOD problems.

**RELATED TITLE IV-E CURRICULUM COMPETENCIES**

2.5 Student demonstrates the ability to collaborate with individuals, groups, community based organizations and government agencies to advocate for equitable access to culturally competent resources and services.

3.6 Integrating knowledge of individual, family, and cultural dynamics, the student can recognize signs and symptoms of substance abuse in children and adults and assess its impact.

3.19 Student understands state and federal policy issues and child welfare legal requirements and demonstrates the capacity to fulfill these requirements in practice.

3.13 Student demonstrates the ability and self-awareness to assess his or her own value conflicts or emotional responses to clients, co-workers, and situations and seeks consultation when needed.

\(^1\) Validated screening tools are available to assist in determining the need for a referral.
Training Outline

1. Introduction
   a. Review of course and learning objectives

2. Prevalence
   a. Discuss national/local prevalence data – current and historical
   b. Cover prevalence in CW caseloads
      i. Co-occurrence with other forms of maltreatment and other primary problems (physical abuse, neglect, etc)
      ii. Considerations with different populations
      iii. Genetic predisposition for children who have a parent who is addicted

3. Cultural considerations
   a. Value awareness of personal biases related to substance abuse and the importance of setting aside bias to focus on the needs of the family
   b. Research on genetic component – predisposition theory - and its interaction with ethnicity

4. Definition: What is Addiction?
   a. Define terms: Describe the continuum and criteria of substance abuse, stages of addiction to substance dependence. (Primary, Progressive, Chronic and Fatal)
      i. Abstinence
      ii. Experimentation
      iii. Social use
      iv. Habituation
      v. Substance abuse
      vi. Addiction or Chemical Dependency
      vii. Recovery and Relapse
      viii. “In Recovery”
   b. Describe and discuss the development of tolerance, addiction, withdrawal symptoms for the modally abused drugs (K4,K6)
      i. Alcohol
      ii. Sedatives, hypnotic opioids
      iii. Stimulate group - Cocaine Amphetamines
      iv. Hallucinogens
      v. Poly-substance abuse
      vi. Club and Designer Drugs
      vii. Mis use of Prescription Drugs
      viii. Marijuana and medical marijuana (dilemma and emerging CW practice issue)
      ix. Blood alcohol level and tolerance

5. Disease/Medical Model of Addiction
   a. Discuss chemical dependency within the framework of the criteria for diagnosis of a disease
   b. Ramifications for treatment using this model
      i. Recognition of addiction as a bio/psycho/social disease
      ii. Response to life trauma
      iii. Need for life-long abstinence
      iv. Use of an ongoing recovery program
v. Different levels of AOD treatment
vi. Elements of the recovery process
vii. Relapse prevention strategies

6. Relationship between Substance Abuse and Child Maltreatment
   a. Diminished capacity to parent: discuss interference with primary parental functions
   b. Describe, discuss potential effects of in utero exposure:
      i. FAS/FAE
      ii. Activity level
      iii. Low birth weight/premature/pos tox infants
      iv. Need to take a history that may indicate drug exposure that may be linked to current behavior problems in children
   c. Drug Endangered Children
   d. Effects of exposure on young children: emotional, behavioral, & social development
   e. Discuss, describe the modal characteristics of substance abusing families (e.g. Role reversal/rigid role-taking, Rigid or poor generational boundaries, “Don’t talk, don’t trust, don’t feel”, etc)
   f. Describe modal adaptation efforts of non-abusing spouse (e.g. enabling behaviors, control efforts, joining, etc)

7. Assessment and Engagement
   a. Briefly describe the Substance Abuse Assessment tools currently used to evaluate patterns of use/stage of addiction
   b. Drug paraphernalia
   c. Use of Child Risk Assessment Tools in relationship to substance abuse (SDM and CAT Tools) – When does the substance abuse issue become a safety concern?
   d. Engaging Families with SA problems
   e. Stages of change in working with SA families
   f. Cover interpreting evidence to accurately reflect degree of risk

8. Case Management
   a. Strength-Based approaches and culturally specific supports and interventions
   b. Concurrent planning – offering services while having a concurrent permanent plan
   c. Referrals to drug treatment
      i. Discuss cultural considerations
      ii. Consider non-traditional resources that enhance recovery, given client’s reference group
      iii. Extended family involvement and its interplay with ethnicity
      iv. How “help” may be perceived, among the primary minority groups in the community
      v. The ‘culture’ of the 12-Step model
      vi. Intensity of treatment matches the level of addiction
      vii. Co-Occurring Disorders need integrated treatment
      viii. Harm reduction programs (not considered to be appropriate program when reunifying children with parents)
d. Drug Courts – Adult/juvenile
   i. Drug Testing results

e. Developing the case plan
   i. Discuss cultural considerations: language, approach to authority figures, possible cultural sanctions for substance use, geographically knowing the population you serve
   ii. Involving the family in decisions and treatment planning
   iii. Monitoring and supporting the treatment plan
   iv. Children need to have services and education about growing up in a family who has a member(s) who are addicted.
   v. Adolescents who have drug problems need services for themselves (education resiliency skills put in the case plan)

f. Balancing and maximizing competing timelines
   i. The time it takes to get/stay clean & sober versus CW mandates
   ii. Understanding and appropriately responding to *relapse* within this timeframe
   iii. Consider placement in substance abuse program that takes children
   iv. Consider placement in a program that offers more than one service (e.g. DV/substance abuse/mental health, dual diagnosis)
   v. Good prognosis vs poor prognosis

g. Need for including extended family as long-term resource
   i. Recommended services for family members

h. Balancing and maximizing competing timelines
   i. Support programs for spouses, older children (Al-Anon, Alateen)
   ii. How terminating substance abuse treatment and stressors that may be involved (lack of housing, returning to the same social environment, etc, can lead to relapse)
   iii. When to safely reunify
   iv. Working with service providers to get the information you need

9. Closure and Evaluation