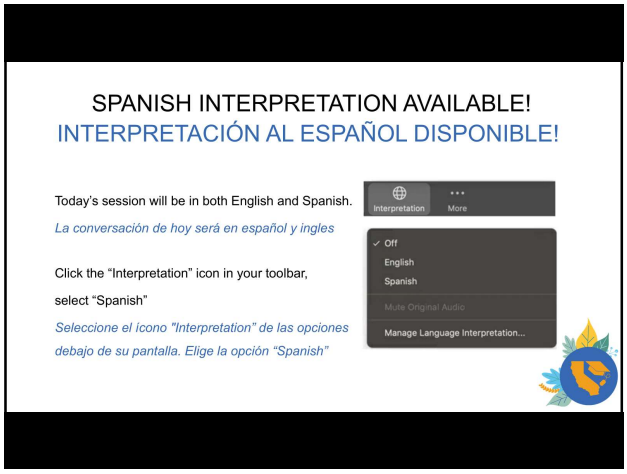

Welcome to
CALTRIN
Working Effectively with Substance Affected Families
Trabajar eficazmente con las familias afectadas por el consumo de sustancias adictivas (Interpretación al español comenzará pronto)
THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...
Icebreaker Question
(answer in the chat)
What is one New Year's resolution you made?
Survey & Certificate of Completion
Available following the training.
Connect With Us!
VISIT CALTRIN.ORG & SCAN TO LEARN MORE

1


SPANISH INTERPRETATION AVAILABLE!
INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!
Today's session will be in both English and Spanish.
La conversación de hoy será en español y ingles
Click the "Interpretation" icon in your toolbar, select "Spanish"
Seleccione el ícono "Interpretation" de las opciones debajo de su pantalla. Elige la opción "Spanish"
Interpretation
More
Off
English
Spanish
Mute Original Audio
Manage Language Interpretation...

2


Hi, We're CalTrin!
Who we are
The California Training Institute
Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.
What we offer
Live webinars & small group training
Virtual, self-paced courses
Job aids & other resources
CALTRIN
This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

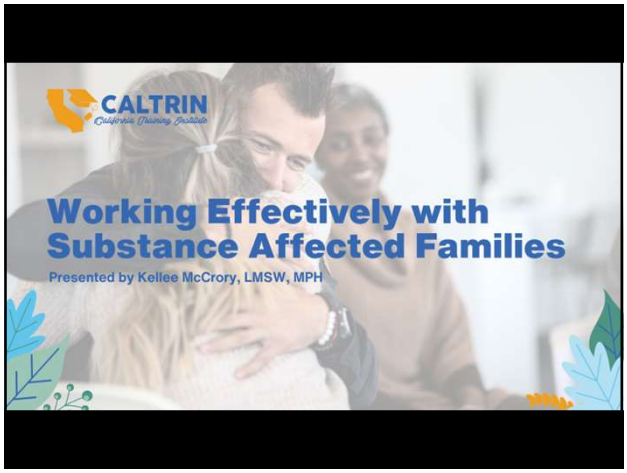
3


UPCOMING TRAININGS
mark your calendars!
Visit caltrin.org to view and register for upcoming webinars or workshops
January 14: Collaborative Leadership: Aligning Goals, Driving Results
January 16: Overview of the Protective Factors
January 22: Moving Beyond DEI 101
January 23: From Zero to Thrive! Nurturing Resilience in Families from Pregnancy through Early Childhood
February 4: Culturally Responsive Collaboration with Tribes to Enhance Positive Outcomes in Serving Native American Families

4


Before We Begin...
DURING
The notetaking slides are in the chat now!
Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.
This presentation is being recorded.
External AI assistants are not allowed in CalTrin trainings due to California privacy laws.
AFTER
Complete the survey at the end of this webinar to receive your Certificate of Attendance.
A follow-up email will be sent to all participants within two days.

5


CALTRIN
California Training Institute
Working Effectively with Substance Affected Families
Presented by Kellee McCrory, LMSW, MPH

6

CALTRIN California Training Institute

Speaker SPOTLIGHT

- Training Director at The University of Iowa School of Social Work, National Resource Center for Family Centered Practice (NRC)
- Program Manager for the Iowa Peer Workforce Collaborative training project
- Native San Diegan, but now living in Iowa

Kellee McCrory, LMSW, MPH

National Resource Center for Family Centered Practice

7

LEARNING OBJECTIVES

At the end of training, participants will be able to:

1. Describe substance misuse and addiction.
2. Differentiate between safety and risk factors for families affected by parental substance use.
3. Define, identify, and promote caregiver protective capacities and protective factors and how they can mitigate identified safety threats.
4. Use safety and risk assessments to inform safety planning with clear and actionable steps to increase child safety and family unification whenever possible.

8

8

PERSONAL-PROFESSIONAL DIMENSIONS OF SUBSTANCE USE DISORDERS

- All of us bring our personal perspectives to our work, many including views and experiences regarding addiction and mental illness from our families of origin.
- Understand how your viewpoint may affect your view of parental substance use.
- Each person's experience with substance use and mental disorders is unique; what worked for you, or your family may be different from what will work for the families you are working with.
- Discuss any issues with your supervisor to ensure that your own personal experiences or opinions do not interfere with your ability to work objectively with your families.

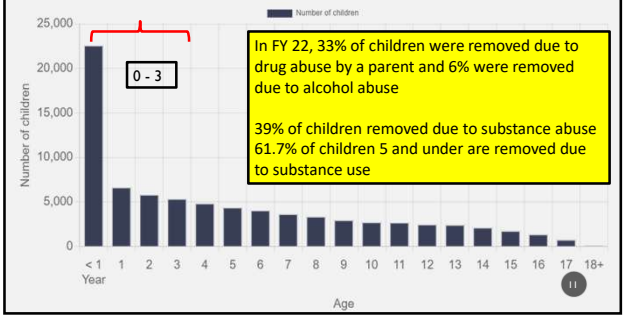
9

A LITTLE DATA TO GET US WARMED UP

10

10

of Children in U.S. who Entered Out of Home Care with Parental Alcohol/Drug Abuse as a Condition Associated with Removal

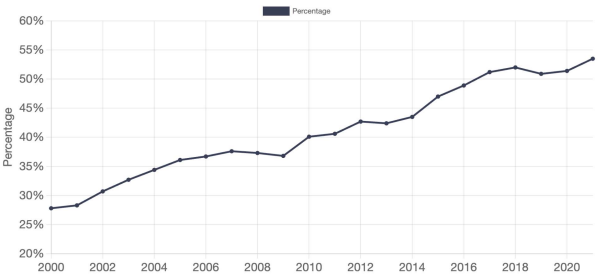


In FY 22, 33% of children were removed due to drug abuse by a parent and 6% were removed due to alcohol abuse

39% of children removed due to substance abuse
61.7% of children 5 and under are removed due to substance use

11

11



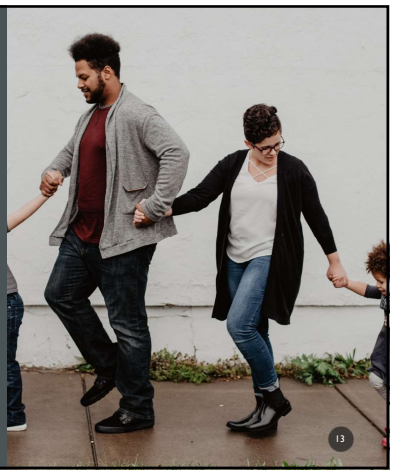
% OF CHILDREN LESS THAN 1 YEARS OLD WITH PARENTAL DRUG OR ALCOHOL ABUSE AS A CONDITION ASSOCIATED WITH REMOVAL

12

12

CALIFORNIA DATA FOR 2023

- 22,474 ED visits related to any opioid overdose
- 13,475,779 prescriptions for opioids
- Hardest hit age group for overdose deaths are people 30-39 years old – which are prime parenting years



13

13

California

Children in Foster Care/CA Quarter 2 (July 1, 2024)

	Age Group								
	Under 1	1-2	3-5	6-10	11-15	16-17	18-21	Missing	Total
hnic Grou	n	n	n	n	n	n	n	n	n
Black	426	974	1,208	1,642	1,691	952	1,504	0	8,397
White	767	1,208	1,051	1,493	1,601	896	1,289	0	8,305
Latino	1,356	2,836	3,114	4,507	4,642	2,584	3,583	0	22,622
Asian/P.I.	44	103	74	150	189	97	195	0	852
Nat Amer	35	67	76	104	113	57	81	0	533
Missing	115	111	64	83	63	38	41	0	515
Total	**2,743**	**5,299**	**5,587**	**7,979**	**8,299**	**4,624**	**6,693**	**0**	**41,224**

14

14

California

Children is Foster Care/Point in Time

	Point in Time										
	Jul 1, 2014	Jul 1, 2015	Jul 1, 2016	Jul 1, 2017	Jul 1, 2018	Jul 1, 2019	Jul 1, 2020	Jul 1, 2021	Jul 1, 2022	Jul 1, 2023	Jul 1, 2024
ge Grou	n	n	n	n	n	n	n	n	n	n	n
Under 1	3,942	4,123	4,301	4,226	4,077	4,063	3,909	3,858	3,620	3,112	2,743
1-2	8,090	8,105	8,176	8,079	7,993	7,583	8,238	7,652	7,020	6,332	5,299
3-5	9,060	9,026	8,874	8,620	8,470	8,281	8,779	7,886	7,336	6,603	5,587
6-10	11,947	12,144	12,019	11,869	11,253	11,104	11,279	10,420	9,633	8,991	7,979
11-15	11,051	10,795	10,513	10,585	10,597	10,903	11,105	10,455	9,765	9,121	8,299
16-17	6,045	5,895	5,662	5,425	5,218	5,197	5,273	5,022	4,821	4,896	4,624
18-21	6,978	7,141	6,951	6,741	6,840	6,927	7,436	8,547	6,710	6,590	6,693
Missing	0	0	0	0	0	0	0	0	0	0	0
Total	57,113	57,229	56,496	55,545	54,448	54,058	56,019	53,840	48,905	45,645	41,224

The good news: - the number of children in foster care has been reduced by 15,889 since 2014.

15

15

TOTAL DRUG RELATED DEATHS IN CALIFORNIA AUGUST 2023 – JULY 2024

9,925 drug-related deaths
6,642 indicated any Opioid
6,062 indicated Fentanyl

16

16

WHAT IS A SUBSTANCE USE DISORDER (SUD)?

According to the Substance Abuse and Mental Health Services Administration, SUDs occur when the recurrent use of substances "causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home" (SAMHSA, 2022)

17

17

18

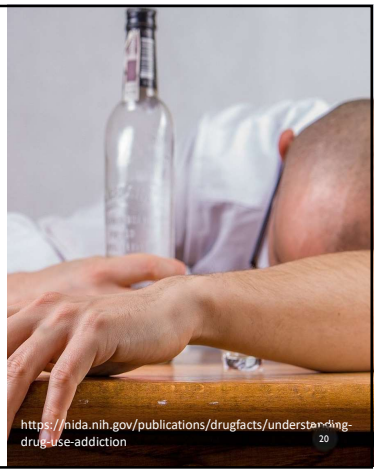
What are you seeing with families you are working with in the following categories?

- Impaired control
- Physical dependence
- Social problems
- Risky use

19

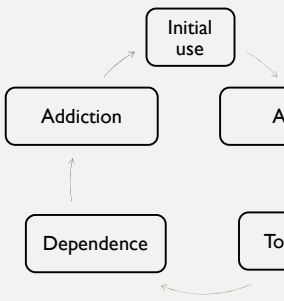
HOW DOES THIS HAPPEN

- No one factor can predict if a person will become dependent on drugs or alcohol. A combination of factors influences risk for addiction. The more risk factors a person has the greater the chance that taking drugs can lead to addiction. For example:
  - Biology
  - Environment
  - Development



20

CYCLE OF SUBSTANCE MISUSE AND ADDICTION



When someone takes a substance, it can cause a rush of dopamine to be released.

This can cause a high that reinforces substance use.

21

21

SIGNS AND SYMPTOMS OF SUBSTANCE USE DISORDER

- Finding it difficult to control substance use or stop substance use, even when it causes harm
- Experiencing relationship or family problems or having use get in the way of other parts of person's life
- Spending large amounts of time seeking/using substances or recovering from use
- Reducing participation in favorite activities in favor of substance use
- Being unable to keep up with daily responsibilities due to substance use
- Craving the substance
- Continuing to use despite negative health effects
- Regularly using the substance in dangerous situations
- More of the drug is needed to produce the same feelings (tolerance)
- Experiencing withdrawal symptoms when use is stopped

22

22

POTENTIAL IMPACT ON THE INDIVIDUAL

- Physical and mental health issues
- Increased spread of infectious disease
- Trauma
- Loss of productivity; job loss
- Family issues – child welfare involvement
- Homelessness
- Social isolation
- Increased exposure to crime and violence

23

23

IS CONTINUED DRUG ABUSE A VOLUNTARY BEHAVIOR?

The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.

These brain changes can be persistent, which is why drug addiction is considered a "relapsing" disease—people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.

Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include:

- learning
- judgment
- decision-making
- stress
- memory
- Behavior

Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

(NIDA, 2018)

24

WHY ARE DRUGS TO HARD TO QUIT?

You don't have a problem – parenting is hard, give yourself a break and have a drink.

Those kids should just be adopted – they will never get sober.

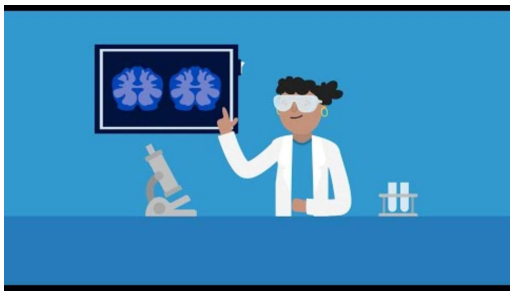
Let's see what the National Institute on Drug Abuse has to say about that

If you really loved your kids, you would stop

You should go to AA – that is the only way to get sober.

25

25



26

26

POST-ACUTE WITHDRAWAL SYMPTOMS (PAWS)

PAWS, or Post-acute Withdrawal Syndrome, refers to the more lasting effects of withdrawal that may make it very hard to stay sober. Using substances for a long time or using a heavy amount will lead to more severe PAWS symptoms.

Alcohol withdrawal may take six months to a year

Opioids can take up to two years, but peak withdrawal may occur with 48-72 hours and symptoms may clear within 1 – 3 weeks

This is not a sign of failure. It just means a person is in recovery.

PAWS symptoms show up as the brain resets from alcohol or drug use.

27

PAWS SYMPTOMS

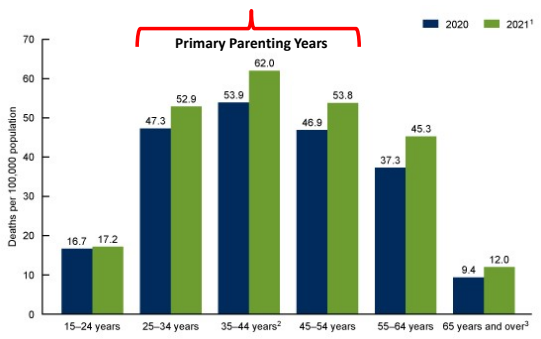
TYPES OF PAW SYMPTOMS

- Inability to think clearly, short-term memory lapses
- Emotional outbursts, irritability, anger, and mood swings
- Sleep problems such as insomnia or disturbed sleep
- Low energy, dizziness
- Coordination issues, sluggish reflexes, balance problems
- Overreaction to stress with panic attacks
- Headaches, physical aches and pains

28

28

Rate of drug overdose deaths by selected age groups 15 and over: United States 2020 and 2021



https://www.cdc.gov/nchs/products/databriefs/db457.htm

29

RECOVERY

30

30

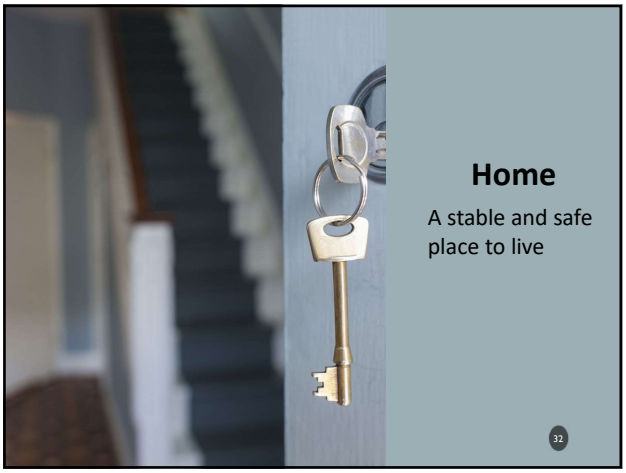
THE FOUR MAJOR DIMENSIONS TO SUPPORT A LIFE IN RECOVERY

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery.

1. Home
2. Health
3. Purpose
4. Community

31

31



Home

A stable and safe place to live

32

32

Health

Overcoming or managing one's disease(s) or symptoms: abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

33

33

Purpose

Relationships and social networks that provide support, friendship, love, and hope.

34

34

Community

Relationships and social networks that provide support, friendship, love, and hope such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

35

35

RECOVERY PATHS

36

36

MULTIPLE PATHWAYS TO RECOVERY

- There are many paths of recovery. People will choose their recovery pathway based on:
  - cultural values
  - socio-economic status
  - psychological and behavioral needs
  - the nature of their substance use disorder

With such a personal and varied stake, it is impossible to categorize every single type of recovery.

37

37

Recovery Paths

- Natural Recovery
- Recovery Mutual Aid Groups
- Medication-Assisted Recovery (Methadone, Buprenorphine, Naltrexone)
- Peer-Based Recovery Supports
- Family Recovery
- Technology-Based Recovery
- Alternative Recovery Supports

https://ncadd.us/

38

38

MANY WAYS TO RECOVERY

- 12-Step: AA, NA, CA, ACA, Dual Recovery Anonymous
- Secular (Non-Religious): SMART Recovery; https://lifering.org/
- Spiritual/Religious: White Bison, Recovery Dharma, Refuge Recovery, Celebrate Recovery, Alcoholics for Christ
- Medication Assisted Treatment: https://dpt2.samhsa.gov/treatment/directory.aspx
- Wellness Based Recovery: Consists of practices such as Yoga, Meditation, Tai-Chi, etc.
- Active Sober Community: The Phoenix, Fit to Recover
- Online Recovery Supports: In the Rooms https://www.intherooms.com/home/

39

39

HARM REDUCTION

California Harm Reduction Initiative (CHRI) was awarded 61 million dollars for harm reduction and overdose prevention in July 2023

What is harm reduction?

- Fentanyl test strips
- Naloxone delivery
- Drug treatment provision and navigation
- Overdose response training

40

40

PLANNING FOR SAFETY

41

41

A parent's substance use can affect their ability to safely parent their children by DECREASING their ability to….

- Adequately Supervise their children
- Meet their child's educational or medical needs
- Provide a daily structure and routine for a child
- Provide for a child's basic needs

42

42

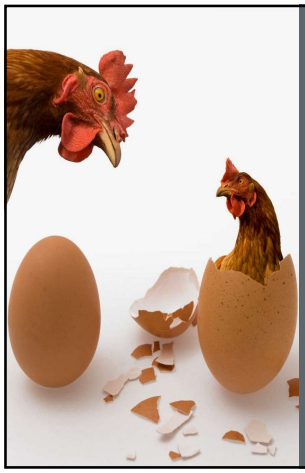
CHILD SAFETY DECISIONS

Key questions

- How is substance abuse/dependence affecting the parent's ability to make sound judgments regarding the welfare of the child?
- What behaviors are resulting or have resulted from the parent's abuse of/dependence on substances that create present or impending danger?
- Is there evidence that the home itself is unsafe?.

43

43



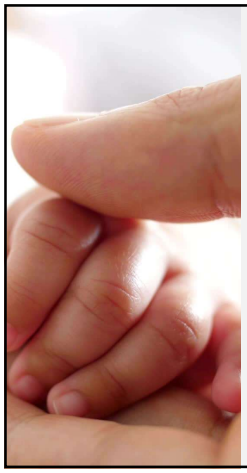
Safety refers to present or impending danger from maltreatment.
Lack of safety signals a need for immediate action.

Risk refers to the probability or likelihood that a child will suffer maltreatment in the future.

Identification of risks help determine the focus of the change process and issues that will impact successful intervention.

44

44



CONSIDERATIONS FOR ASSESSING CHILD SAFETY

- Age of the child
- Child is visible in the community
- Special needs of the child
- Parent/child interaction

National Center on Substance Abuse and Child Welfare

45

45

CONSIDERATIONS FOR ASSESSING CHILD SAFETY

- Current engagement in treatment
- History of seeking help or treatment
- Past Recovery Time
- Level of parent insight into risk factors
- Strong support system
- Another adult living in the home
- Strengths of the family

National Center on Substance Abuse and Child Welfare

46

46

POTENTIAL INDICATORS TO SUPPORT YOUR ASSESSMENT OF THE HOME ENVIRONMENT

- Condition of the home
- Safe storage of controlled substances
- Drug paraphernalia in the home
- Safe sleep space
- Safety hazards

47

47

PRENATAL SUBSTANCE USE EXPOSURE

Prenatal substance exposure may be demonstrated by:

- Positive toxicology screen from mother or child at delivery
- Infant showing signs of substance withdrawal
- A Fetal Alcohol Spectrum Disorder (FASD) diagnosis
- Other credible information that there was prenatal substance abuse by the mother (self admission, witnessed drug abuse while pregnant)

48

48

A positive toxicology screen at the time of delivery is not in and of itself a sufficient basis for a mandated report.

BUT if after the assessment there are other factors presenting risk to the child, a report shall be made by the healthcare provider to CPS

49

49

SAFETY PLANNING

- ❑ Written documents detailing in-home protective interventions
- ❑ Allow children to stay in-home if the protective interventions mitigate the identified safety threats
- ❑ Plan developed during the initial assessment and continued through ongoing services
- ❑ Routinely monitored and updated based on family's changing circumstances and needs

50

50

CASE EXAMPLE: MARY

A nurse at the hospital contacted child welfare to report a newborn and his mother both tested positive for opioids and the baby was beginning to show signs of neonatal abstinence syndrome (loud, high-pitched crying, excessively fussy, and shaking). The hospital social worker observes the child and interviewed his mother and then called CPS.

The mother does not consider herself dependent on opioids but acknowledged that she knew it impacts her behavior. She stated she brought the pills with her to the hospital and has taken several since John's birth. She does not have a prescription for them. She says the reason she has not been able to keep her son with her or take care of him is because she is dizzy and somewhat disorientated due to the pills

51

51

IS THIS A SAFETY OR A RISK ISSUE?

If a safety issue, why?

If a risk issue, why?

What else might you want to know before deciding on in-home or out-of-home placement?

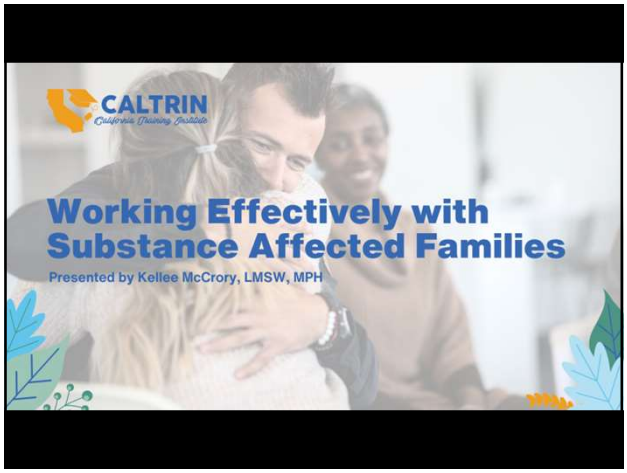
52

52

QUESTION AND ANSWER TIME

53

53



54

55

56

IF IN-HOME

If mom has the protective capacity to mitigate safety threats and risks to the child in the home with appropriate services, what would you recommend to address the needs of the child? Mom?

57

57

SAFETY ISSUES ASSOCIATED WITH PARENTAL SUD

- Prenatal substance exposure
- No one to supervise child (children left alone)
- Parent high, passed out, disoriented (young child unsupervised, failure to meet basic needs)
- Toxic home environment (meth manufacture)
- Dangerous home environment (drug dealing, violence)

When the parent uses/deals, X happens.

58

RISK ISSUES ASSOCIATED WITH SUBSTANCE USE DISORDERS

- Parental lack of motivation/attention /loss of competency may lead to children's developmental and education needs being neglected over time
- Diversion of income to drugs may result in eviction and homelessness, utility cuts, not being able to feed and clothe children
- Poor supervision of older children may lead to acting out/delinquency/exposure to harm from others

59

IN-HOME CASES PARTNERING WITH PARENTS AROUND CHILD SAFETY

- Primary responsibility for child safety belongs to parents/caregivers
- Provider and family team commit to parents to act in the interest of children's safety
- Develop understanding about consequences of self-reporting lapses and/or stressful times for which immediate support is needed
- Unless there is a 24/7 backup, parents must be able to discuss patterns of use to make safety plan
- Develop Plans B and C for children's supervision and enlist members of the family team.
- Assign team roles for check-ins, who will implement which components of safety plan

60

YOU ARE THE EYES AND EARS OF YOUR AGENCY FOR FAMILY SAFETY

- Regular family team meetings to clearly spell out responsibilities and monitor how well it is working
- Assess safety and well-being of children throughout the case;
- Partner with parents around assuring child safety and well-being; involve community resources to address developmental needs
- Motivate parents to enter and continue treatment
- Interviewing and engagement skills
- Concrete support for family (e.g., childcare, transportation)
- May include seeking court ordered treatment for in-home cases

61

62

When working with a parent with an SUD you should be aware of the likelihood the parent may have a history of trauma, and the trauma should be addressed in addition to the SUD

63

63

IMPACT ON CHILDREN AND FAMILIES

About one in eight children under the age of 17 in the U.S.—or, about 8.7 million children—are estimated to live with at least one parent who has a past-year substance use disorder.

What is the impact on the family?

- Prenatal exposure to substances
- Role reversal in the family – children can be forced into a parental role
- Higher rates of abuse, neglect, and violence
- Trauma, long-lasting effects on children (ACE scores as an adult for the child)
- Higher rates of infidelity
- Dysfunctional relationship patterns
- Child welfare involvement

64

64

EFFECTS ON OLDER CHILD FROM PARENTAL DRUG ABUSE

- Chaotic, unpredictable home life
- Inconsistent parenting/lack of appropriate supervision.
- Inconsistent emotional responses from parents to children
- Emotional abandonment of children by parents
- Secrecy about home life.
- Parental behavior may make the child feel guilt, shame, or self-blame
- Age of onset of drug/alcohol abuse is lower in children with parents who abuse drugs/alcohol

65

65

BECAUSE OF THEIR LIFE EXPERIENCES, CHILDREN MAY EXPERIENCE…

- Believing they must be perfect
- Believing they must become the parent to their parent
- Difficulty trusting others
- Difficulty maintaining a sense of attachment
- Difficulty achieving positive self-esteem
- Difficulty achieving self-autonomy
- Extreme shyness or aggressiveness.

66

66

PROTECTIVE FACTORS STRENGTHEN FAMILIES

- Nurturance and attachment
- Parental resilience
- Social Connections
- Knowledge of parenting and child development
- Concrete support for parents
- Social-emotional competence of children

67

67

PROTECTIVE FACTORS – CHILD

- Children who have positive friendships and peer networks
- Children who do well in school
- Children who have caring adults outside the family who serve as mentors/role models

68

68

ASSURING CHILD WELL-BEING

69

69

ROLE OF THE CHILD WELFARE WORKER IN ASSURING CHILD WELL-BEING

- Gather information about the substance use of mother and condition of the child at birth.
- Developmental screening
- Children under age 3: exam by pediatrician and referral for possible services
- Enroll child in quality early childhood education which also supports the family
- Older children: health exam and refer to local school district for possible specialized pre-school/school programs and interventions

70

SERVICES FOR CHILDREN AND THEIR FAMILIES

- Frequent home visits if children remain in home and parents not in inpatient treatment
- Structured work with parents in the home around:
  - Child safety
  - Structure and supervision for children
  - Medical needs of parents and children
  - Relationships within the family team
- Partnerships with school/Head Start/family support programs
- Concrete services
- Consider seeking court order if non-compliant with treatment

71

TREATING THE FAMILY SYSTEM

- Substance use disorders affect an entire family system
- Over time, family members may have assumed problematic roles or experienced “cut offs” and “burned bridges” with their family
- Family treatment
  - Family counseling
  - Al-Anon and other family support groups
  - Family team meetings

72

CASE EXAMPLE: JANE

Background: A mother, Jane, has been struggling with substance abuse, specifically opioids, for several years. She has a 7-year-old son, Alex, who lives with her. Jane's substance use has led to erratic behavior, job loss, financial instability, and neglect of household responsibilities.

Incident: A neighbor, Paula, reports to Child Protective Services (CPS) that Alex often appears unkempt and hungry and has been locked out of his house several times and has stayed with Paula several evenings until Jane comes looking for him. She also mentions seeing suspicious individuals frequently visiting Jane's home for short amounts of time.

73

73

ASSESSMENT

CPS conducts an assessment and finds the following:

- Physical Environment: The home is cluttered with drug paraphernalia, posing a physical danger to Alex.
- Parental Behavior: Jane exhibits signs of intoxication, such as slurred speech and unsteady movements.
- Child's Condition: Alex shows signs of neglect, including poor hygiene and malnutrition and is very lethargic.

74

74

IS THIS A SAFETY OR A RISK ISSUE?

If a safety issue, why?

If a risk issue, why?

What else might you want to know before deciding on in-home or out-of-home placement?

75

75

TIME AND ITS IMPLICATIONS FOR THE FAMILY

Approx 12 months of services for in-home cases with family preservation

Up to 18 months of services for children and their family when the child has been removed from the home and progress is bring made.

Recovery from SUD takes time and it might take more than one attempt at sobriety.

76

76

WHEN PARENTS GO INTO TREATMENT

77

77

CASE EXAMPLE – SARAH AND TONY

Background: Sarah and Tony, parents of 3-year-old twin boys, have been struggling with alcohol abuse for the past few years. Their substance use has led to inconsistent parenting, previous reports of child abuse, which were unfounded, and a chaotic and dirty home environment.

Incident: The twin's preschool reports to Child Protective Services (CPS) that the twins are often wearing dirty clothes, are always hungry and tired, and appear to be developmentally delayed. The preschool teacher mentions that Sarah and Tony seem hungover whenever one of them picks up or drops off the children. They have asked for assistance from the Center staff in getting the twins buckled into their car seats.

78

78

CPS conducts an assessment and finds the following:

- Physical Environment: The home is cluttered with empty alcohol bottles, broken glass, and other hazards, posing a danger to the toddlers.
- Parental Behavior: Sarah is found to be intoxicated during the visit, with slurred speech and an inability to focus. Tony was "out", and Sarah has not seen him for a week.
- Children's Condition: The twins show signs of severe neglect (blistering diaper rash on one), had not been bathed in at least three days, no child appropriate food in the house, and showing signs of developmental delays as their language was very limited.

79

79

IS THIS A SAFETY OR A RISK ISSUE?

If a safety issue, why?

If a risk issue, why not?

What else might you want to know before deciding on in-home or out-of-home placement?

80

80

PRIMARY GOALS OF MOST TREATMENT PROGRAMS

- Attainment of abstinence
- Reduce risk of relapse by supporting client to make changes in thinking, behavior, lifestyle

This can differ from child welfare goals which may be reduction of substance use and associated behaviors, and implementation of a plan to ensure *child safety* and *reduce risk* to the child.

81

81

SARAH DECIDES TO ENTER TREATMENT

82

82

HELPING PARENTS PREPARE FOR ENTERING TREATMENT

- Gather and share information on
  - Treatment program goals
  - Rules
  - Time commitment expected of participants
  - Time limitations on funding
  - How success is defined and measured
  - Language, terms, and acronyms
- How formal and informal communication with the program will take place (releases, timetables, whether parent will be present, etc.)
- Follow up after formal assessment to help parent understand treatment options

83

COMPONENTS OF COMPREHENSIVE DRUG ABUSE TREATMENT

(NIDA)

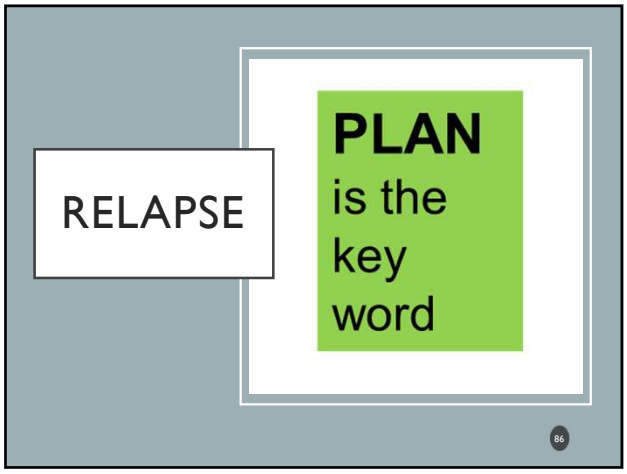
84

THE EVIDENCE BASE: SUBSTANCE ABUSE TREATMENT RESEARCH

- Treatment works
- Treatment does not have to be voluntary to be effective.
- Multiple attempts at treatment may be required – evidence of a cumulative effect of admissions
- Both in-patient or outpatient treatment modalities , followed by aftercare, show equal effectiveness – but one size does not fit all
- Remaining in treatment for an adequate amount of time is critical

(NIDA)

85



86

DISCHARGE PLANNING

- Transitions are high risk times for relapse
- If parent stepping up or down to another level of treatment, there should be no gaps
- Ideally, parents should attend recovery support meetings in their community prior to discharge
- Good interagency communication essential to prepare for discharge
- CW provider should be present at discharge staffing
- Case plan requirements need to reflect aftercare/recovery support recommendations

87

RELAPSE PREVENTION PLAN

- Individualized to client and can be revised and updated
- Parent identifies high risk situations (inc. triggers)
- Identifies alternative thinking and behaviors for each situation to avoid drug use
- May involve others in support of these alternative behaviors (e.g., sponsor, family member, friends)
- Should identify steps to follow if relapse occurs to get back on track as soon as possible
- For parents, these latter steps should be consistent with the safety plan for the children

88

WARNING SIGNS OF POTENTIAL RELAPSE

- unresolved anger
- isolation from recovery support system
- blaming others
- inability to cope with stress

89

FIVE THINGS FAMILIES CAN DO TO SUPPORT RECOVERY

1. Educate themselves on the recovery process
2. Provide a sober environment
3. Seek professional and peer support for their own physical and emotional health.
4. Support their family member's involvement in treatment aftercare meetings and recovery support groups.
4. Assist the recovering family member with assistance in locating sober housing, employment, childcare, transportation or other recovery support needs.
5. Assertively re-intervene in the face of any relapse episode

90

CASE EXAMPLE - JACKIE

Jackie is a single mother with three children, ages 3, 7, and 8; all the children were placed foster care three months ago because of physical abuse by Jackie's live-in boyfriend and Jackie's inability to provide a safe home for the children due to her substance use. Jackie admitted to an addiction to meth and has been in an intensive outpatient treatment for 30 days. She self-reports discontinuation of substance use and her negative UAs over the past four weeks corroborate this. She is set to be discharged next week.

The Case Plan calls for Jackie to begin to attend parenting classes, counseling for domestic violence, and to continue with outpatient treatment for 30 days. Jackie is questioning why she must attend parenting classes when she completed the parenting education in treatment. She is also facing eviction from her apartment for failure to pay rent while she was in rehab.

91

91

WHAT ARE YOUR NEXT STEPS WITH JACKIE?

What will happen next in this case? What must happen before Jackie can have her three children back in her home?

92

92

CASE EXAMPLE - JOHN

John is the single father of Jason, age 6. A case was opened six weeks ago when Jason was found to have been left alone in their apartment for a period of 8 hours; John had left work at 5 p.m., had stopped off at a bar for a "drink or two". Jason had become frightened by noises around 11 p.m. and had called 911. Police called CPS.

John was severely intoxicated when he came home at 1am and when interviewed by the police, became abusive and belligerent. Jason was taken into care that night and John agreed to treatment a week later after meeting with CPS. The assessment recommended inpatient treatment. John has completed treatment and wants to be reunited with his son.

93

93

WHAT IS NEXT FOR JOHN AND JASON

What will happen next in this case? What must happen before John can have Jason back in his home?

94

94

FAMILY INTERACTION (FOR CHILDREN IN PLACEMENT)

Principles of Family Interaction

- Family interaction is not a reward or a punishment.
- Safety during interaction is the sole responsibility of the parent; parent will take on parental role to meet child's needs.
- Respond to direction during visits.
- Follow agreed-to rules and conditions.

- **Source: Norma Ginther, Family Interaction training for Iowa DHS**

95

SO, WHAT HAVE WE LEARNED OVER OUR FOUR HOURS OF TRAINING?

- Describe substance misuse and addiction.
- Differentiate between safety and risk factors for families affected by parental substance use.
- Define, identify, and promote caregiver protective capacities and protective factors and how they can mitigate identified safety threats.
- Use safety and risk assessments to inform safety planning with clear and actionable steps to increase child safety and family unification whenever possible.

96

96

97

THANK YOU FOR YOUR TIME AND ATTENTION

Feel free to contact me at:
kellee-mccrory@uiowa.edu
319-467-4288

98

98

99