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Parental Substance Use: A Primer for Child Welfare Professionals

The effect of substance use disorders (SUDs) on parenting and child safety is a common reason families come into contact with the child welfare system. Child welfare professionals can play a critical role in helping identify possible SUDs and supporting families in overcoming barriers to safety and permanency related to substance use.

This factsheet reviews what SUDs are, how parental substance use affects families, and how child welfare professionals can support these families. It also considers how collaboration between child welfare professionals and SUD treatment providers, as well as others, is an essential component to assisting families. This factsheet is intended to serve as a brief primer on the intersection of parental SUDs and child welfare rather than a comprehensive guide. Additional information and resources are provided throughout to help readers explore the topic in more detail.

WHAT'S INSIDE

Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

Children's Bureau
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SUBSTANCE USE DISORDERS OVERVIEW

The term "substance use disorders" covers a range of issues related to substance use or misuse. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 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, 2020, para. 1). Substances can include both alcohol as well as legal and illegal drugs. This also includes prescription and over-the-counter medications, which can be taken for nonmedical purposes or in ways other than as intended or advised. Just using a substance does not necessarily indicate a person has an SUD. Individuals can use or misuse substances without meeting the criteria for an SUD, but use or misuse, even without a disorder, can still have negative consequences for parents and children.

Clinical diagnosis of an SUD is made by trained professionals using the criteria outlined in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). In the DSM-5, SUD, which is measured on a continuum from mild to severe, is a combination of the DSM-IV categories of substance abuse and substance dependence (American Psychiatric Association, 2013). Although many people use the term "addiction" when referring to an individual's SUD diagnosis or situation, addiction is not a formal diagnosis in the DSM-5. However, some individuals or groups, such as the National Institute on Drug Abuse (NIDA) within the National Institutes of Health, use the terms synonymously (NIDA, 2018b).

The human brain is wired to make decisions and actions (e.g., eating, exercise) based on rewards. This reward system is driven by the chemical dopamine, which is released during pleasurable activities. For example, when you eat something delicious, your body may release dopamine, which makes you feel good. Your brain then associates eating this food, regardless of whether it is healthy for you or not, with pleasure and encourages you to eat it again.

When someone takes a substance, it can cause a rush of dopamine to be released. This overstimulation can cause a "high" that reinforces the substance use. This can cause the person to seek out the substance to replicate the high. As the substance use continues, the brain may not achieve the same high, and so larger amounts of the substance may be required to trigger the reward system. Rather than an SUD being a character flaw, as it has historically—and even presently—been portrayed, it is a chemical response in the brain that can direct an individual's behaviors.

For more detailed definitions and descriptions related to substance use, refer to NIDA's The Science of Drug Use and Addiction: The Basics.

Adverse Childhood Experiences and Future Substance Use

Adverse childhood experiences (ACEs) include a range of traumatic events (e.g., maltreatment, witnessing violence, living in a household with substance use) that a child may face. Exposure to ACEs creates a higher risk for a number of negative outcomes, including developing an SUD later in life (LeTendre & Reed, 2017). When caseworkers assist parents with an SUD, they should be aware of the likelihood that the parent has a history of trauma and that the trauma should be addressed as well as the SUD. Their trauma history, if untreated, may negatively affect their recovery and parenting practices.

SCOPE OF THE PROBLEM

Nearly 9 million children live with at least one parent who has an SUD, which is more than 12 percent of all children in the United States (Lipari & Van Horn, 2017). Although the vast majority of these families are not referred to child welfare agencies for maltreatment nor have their cases substantiated (Lloyd & Brook, 2019), substance use is still a critical factor in many child welfare cases. Parental use of substances, including alcohol, was a contributing reason for removal in more than one-third (35.3 percent) of out-of-home care cases (National Center on Substance Use and Child Welfare [NCSACW], n.d.-a). Additionally, a study by the Office of the Assistant Secretary for Planning and Evaluation—a part of the U.S. Department of Health and Human Services—found that counties with higher rates of overdose deaths and drug-related hospitalizations also had higher rates of entry into foster care (Ghertner et al., 2018). Furthermore, the study found that substance use was associated with more complex and severe cases of child maltreatment.

Prenatal substance exposure can have short- and long-term effects on children. In 2018, 9.9 percent of pregnant women disclosed that they were current users of alcohol, and 5.4 percent disclosed that they were current users of illicit drugs (SAMHSA, 2020a). From 2000 to 2012, the number of infants treated for neonatal abstinence syndrome, which is a withdrawal condition experienced by infants prenatally exposed to opioids, increased more than fivefold (Sanlorenzo et al., 2018). The number of infants with prenatal substance exposure who are involved with child welfare, however, is unknown due to variation in State identification and reporting practices (NCSACW, n.d.-a).

Co-Occurrence of Substance Use and Mental Health Disorders

SUDs and mental health disorders frequently cooccur, with national surveys showing that approximately half of all individuals experiencing one will also experience the other (NIDA, 2020). Mental health disorders can contribute to SUDs and vice versa (NIDA, 2018a). As such, it is important for parents to be assessed for both substance use and mental health disorders to ensure treatments address the underlying causes of any conditions.

The following webpages offer additional information on this topics: Information Gateway's Co-Occurring Mental Health and Substance Use Disorders, NIDA's Comorbidity: Substance Use Disorders and Other Mental Illnesses DrugFacts, and the Center for Advanced Studies in Child Welfare's Supporting Recovery in Parents With Co-Occurring Disorders in Child Welfare.

HOW SUBSTANCE USE AFFECTS FAMILIES

Substance misuse can create a multitude of challenges for parents and their children, many of which can initiate involvement with the child welfare system. This section describes how substance use can negatively affect parenting and the home environment, prenatal development, and child welfare outcomes.

EFFECTS ON PARENTING AND THE HOME ENVIRONMENT

Substance use can negatively affect the ways in which parents interact with and care for their children, all of which can increase the risk of maltreatment. Parents who have substance use disorders may have the following characteristics, which can increase the risk of them maltreating their children (Neger & Prinz, 2015; Arria et al., 2012):

- Difficulty regulating their own emotions
- Difficulty assessing and attending to their children's emotions
- Diminished knowledge of parenting and child development
- Preoccupation with drug seeking
- Deriving less pleasure in their role as a parent
- Problems regulating their aggression
- Poor discipline skills (e.g., using coercive and harsh discipline)
- Lower levels of parental involvement
- Lack of monitoring of children

In addition to maltreatment, these negative parenting behaviors also place children at risk for medical and behavioral issues, serious injuries, and educational problems (Smith et al., 2016).

EFFECTS ON CHILDREN EXPOSED PRENATALLY

The use of substances, including alcohol, while pregnant can disrupt normal development and cause a variety of short- and long-term effects for children, which may be affected by the type of substances used. Short-term health effects of prenatal substance exposure may include prenatal complications (e.g., low birth weight) and the need for longer postnatal hospital stays (Smith et al., 2016). Longer-term effects, which can last into and through adulthood, include fetal alcohol spectrum disorders (FASDs), behavioral disorders, diminished intellectual and academic achievement, and a higher risk for developing SUDs (Smith et al., 2016).

Each State has its own laws regarding if and how substance use by pregnant women is considered maltreatment. See the Relevant Federal and State Laws section in this bulletin for additional information.

EFFECTS ON CHILD WELFARE OUTCOMES

The use of illicit drugs—both in combination with alcohol or on their own—has a significant negative impact on the length of time to reunification, guardianship, and adoption (Akin et al., 2015). The use of alcohol only, though, does not appear to affect permanency timelines. Additionally, children who were removed due to parental drug use are less likely to reunify and more likely to have rereports of maltreatment (Lloyd & Brook, 2019).

RELEVANT FEDERAL AND STATE LAWS

Two key Federal laws related to parental substance use are the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act of 2016, and the Family First Prevention Services Act of 2018 (FFPSA). The following are key components of CAPTA related to substance use:

- States must have laws, policies, and/or procedures that require health-care providers involved in the delivery or care of infants to notify child protective services if a child is identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or an FASD.
- States must develop a plan of safe care that addresses the health and SUD treatment needs of the affected infant and affected family or caregiver.
- States report data, to the maximum extent practicable, on the number of infants identified as being substance exposed, for whom plans of safe care were developed, and who received service referrals.

For additional detail on CAPTA, refer to NCSACW's *Child Abuse and Prevention Treatment Act (CAPTA) Substance Exposed Infants Statutory Summary*.

Under FFPSA, States may use title IV-E funds to pay for certain services, including substance use and mental health services, that may prevent a child from being placed in foster care. For additional information on Federal laws related to substance use and child welfare, visit NCSACW's Key Legislation webpage.

There is no Federal definition of child abuse or neglect, including whether and how to consider parental substance use. Many States, however, have their own laws that determine how parental substance use may be considered maltreatment and how agencies should respond. Laws in 23 States and the District of Columbia include prenatal substance exposure in their definition of child maltreatment in civil statutes, regulations, or agency policies (Child Welfare Information Gateway, 2019). Many States have laws about child exposure to substance use in their definitions of child maltreatment. Examples of circumstances that may be considered maltreatment include manufacturing a controlled substance in the presence of a child; selling, distributing, or giving drugs or alcohol to a child; or using a controlled substance that impairs the caregiver's ability to care for the child. For more information, refer to Information Gateway's *Parental Substance Use as Child Abuse*.

HOW CHILD WELFARE PROFESSIONALS CAN SUPPORT PARENTS AND FAMILIES

Child welfare professionals can be a key component of a parent's support team when they are working toward recovery for an SUD. Through their close work with the family, they are well positioned to help identify possible SUDs, refer parents for appropriate treatment, encourage parents' participation, and support them during their path to recovery.

IDENTIFYING SUBSTANCE USE DISORDERS

Due to their close contact with families and intimate knowledge of their histories, child welfare professionals can play a key role in identifying parents who may be using substances. By identifying these parents as soon as possible after they come into contact with the child welfare system, child welfare professionals can help them access services and supports that can assist them in entering treatment, beginning recovery, and maintaining their families safely.

Too often, however, child welfare professionals may use their own personal judgments or assumptions to determine if a parent has an SUD (Feit et al., 2015). For example, one study found that a child welfare professional's perception of the existence of a parental SUD was associated with an increased belief that the children experienced severe risk and harm regardless of actual risk or harm, which in turn affects the type and intensity of services offered or required (Berger et al., 2010). Therefore, it is important, that child welfare professionals ensure a standardized, objective tool is used to identify whether a parent may have a substance use problem and should be referred for further assessment by a trained professional.

Two key components of identification are screening and assessment. Screening for a possible SUD with a standardized written or verbal tool is a way to determine if a problem may be present, while assessments are more comprehensive and allow a trained professional to determine more conclusively if a problem is present and develop a plan to address it. Even if a screen identifies the possibility of a substance use issue, that does not mean the individual has been diagnosed as such. An assessment by a trained SUD professional is required to make that diagnosis. The assessment also may identify co-occurring mental health disorders or other areas in the parent's life that are being affected. This information can be used to tailor the services and supports offered (NCSACW, n.d.-b). Since conducting assessments requires a level of experience and training beyond that of most child welfare professionals, this section focuses on the basics of conducting substance use screening.

Screening may be conducted as part of regular casework practice, or it may be used when others notice signs of possible substance use after the case is initiated. Staff involved in screening should be trained about how to administer and interpret the results as well as what steps should be taken after the screening is completed (e.g., referring parents for services). When you administer a screen, it is crucial to read it to the informant exactly as written. Deviating from the wording at all can affect the informant's response and, therefore, the results. After the screen has been completed, child welfare professionals should seek the assistance of a substance use, medical, or other relevant professional to interpret the screen and determine what assessments, services, or supports may be needed.

For additional information about screening, visit NIDA's Screening Tools and Prevention webpage.

Toxicology Testing

Toxicology testing is a common tool used by child welfare and other agencies to determine if an individual is currently using substances. Although drug testing can be a good indicator of substance use at a point in time, it is important to remember that it does not necessarily measure a child's safety or well-being (Lloyd & Brook, 2019). In one study, child welfare professionals were given vignettes that described maltreatment cases that included either a positive or negative toxicology test (Freisthler et al., 2017). Child welfare professionals were significantly more likely to substantiate both abuse and neglect when the cases involved a positive drug test, even with all other details being the same.

For additional information, visit NCSACW's Drug Testing in Child Welfare webpage.

REFERRING PARENTS TO TREATMENT

Identifying an SUD as an issue affecting a parent is just the first step in the helping process. Child welfare professionals also need to ensure parents are connected to services that match their needs. Roughly 11 percent of individuals 12 and older in need of SUD treatment in the general population actually received it (SAMHSA, 2019), and in the child welfare system, only 19 percent of parents in cases involving substance use were referred for treatment (Steenrod & Mirrick, 2017).

When parents receive needed SUD treatment services, however, they are more likely to reunify with their children than families that do not receive those services (Radel et al., 2018).

Using the SUD assessment as a foundation, child welfare professionals should partner with other members of the family's support team, including the individual or agency who conducted the assessment, family members, the courts, and others, to develop a comprehensive treatment plan for the parent and family. Treatment plans often incorporate behavioral approaches (e.g., cognitive behavioral therapy, family-centered treatment, 12-step or mutual aid programs) with other supports, such as medication-assisted treatment (MAT) when appropriate. Remember: There is no one-size-fits-all approach for the treatment of an SUD. The American Society of Addiction Medicine (ASAM) developed the ASAM Criteria, which provides recommendations to SUD treatment providers for placement, continued care, transfer, and discharge. Since the use of the ASAM Criteria is required in more than 30 States (ASAM, n.d.), child welfare professionals should familiarize themselves with the recommendations.

Child welfare professionals should collaborate with both the SUD treatment provider and the parent as they develop the child welfare case plan. In addition to including the recommended SUD treatment services, the plan should address the underlying causes of the SUD as well as any co-occurring issues (e.g., mental health, housing). Additionally, combining SUD treatment with parenting interventions can improve parenting more

than SUD treatment alone (Neger & Prinz, 2015). Some family-centered treatment facilities even allow children to reside with the parent in treatment, but both inpatient and outpatient family-friendly treatment programs are in short supply (Radel et al., 2018). Services should also be culturally appropriate for the parents. (For information about culturally appropriate substance use treatment, refer to the Georgetown University National Center for Cultural Competence, the University of Washington Alcohol and Drug Abuse Institute, and the National Network to Eliminate Disparities in Behavioral Health.)

Child welfare professionals can use these five signs of being a quality treatment provider, as identified by SAMHSA (2018), when seeking options for parents:

- Accredited by the State
- Offers MAT for recovery from alcohol and opioid use disorders (see the MAT box for additional information)
- Uses evidence-based practices
- Includes family members in the treatment process (as appropriate)
- Provides supports and treatment beyond the SUD

For a list of questions to ask treatment providers that builds off of these five signs, read NCSACW's *Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment*.

Even after receiving a referral for SUD treatment, parents may have a variety of barriers to receiving treatment, including intense cravings and severe withdrawal symptoms, financial considerations or health insurance, not knowing where to obtain

Medication Assisted Treatment

Although MAT is an evidence-based treatment for opioid use disorders, many child welfare workers may not understand or trust the use of MAT to treat opioid addiction (Radel et al., 2018). They may believe that it is trading the use of one substance for another or that using treatment medications is not compatible with successful parenting.

MAT is a treatment that combines the use of medications with counseling and behavioral therapies (Radel et al., 2018). It is a best practice for pregnant women with opioid use disorder (SAMHSA & Children's Bureau, 2016). The Food and Drug Administration has approved three medications to treat opioid use disorder: methadone and buprenorphine, which reduce cravings and the symptoms of withdrawal, and naltrexone, which blocks the euphoria and other effects of the opioids. These medications are prescribed by a medical professional and are a part of a medically supervised treatment plan. Although MAT can be used as a short-term treatment, patients who discontinue MAT often return to illicit opioid use (SAMHSA, 2020b). Therefore, MAT may be a lifelong treatment.

In addition to promoting substance use recovery, MAT can help improve child welfare outcomes. For example, one study found that parents with a history of opioid use who received 1 year of MAT increased their likelihood of retaining custody of their children by 120 percent compared with those who did not receive MAT (Hall et al., 2016).

For additional information, view the MAT pages on the SAMHSA and NCSACW websites.

treatment, and fear of negative perceptions of them at work or in the community (SAMHSA, 2019). Furthermore, there is a shortage of treatment providers as well an uneven geographic distribution of providers, with rural areas in particular lacking access (Office of the Surgeon General, 2016). When child welfare professionals make referrals for treatment, they should talk with parents about potential barriers to receiving treatment (e.g., payment, child care, transportation) and ways to overcome them. When discussing payment options, you should explore the availability and eligibility for private insurance, public insurance (e.g., Medicaid), and financial support that may be available through State or local agencies or organizations. SAMHSA's Paying for Treatment webpage offers resources and information about payment options.

To learn more about treatment centers in your area, as well as information about paying for treatment, visit FindTreatment.gov. For information about specific substance use treatment programs, visit the California Evidence-Based Clearinghouse for Child Welfare.

SUPPORTING FAMILIES DURING AND AFTER TREATMENT

Parents and families may require support from the child welfare agency after entering—and even completing—treatment. The supports may vary depending on parent's and family's needs as well as the treatment type. A starting place for child welfare professionals is helping reduce the stigma of having an SUD, creating an empathic and collaborative relationship, and focusing on the individual's role as a parent.

The following are tips for working with parents with SUDs (Gonzalez, 2019):

- Acknowledge the stigma
- Use person-centered language (e.g., "person with substance use disorder" rather than "addict")
- Avoid guilt and shame tactics
- Emphasize the parent's strengths and promote resilience
- Respect the individual's role as a parent

For more about SUD stigma, refer to *Words Matter: How Language Choice Can Reduce Stigma* by SAMHSA as well as *Stigma Reinforces Barriers to Care for Pregnant and Postpartum Women With Substance Use Disorder* by the Association of State and Territorial Health Officials.

One critical factor for child welfare professionals to understand during the treatment and recovery process is relapse (or return to substance use). Although it can be a discouraging event, relapse is common and does not mean the treatment is not or will not be successful (NIDA, 2018b). Relapse may mean that the current treatment plan is not working and should be revisited and revised. A variety of treatment methods, as well as multiple rounds of treatment, may be necessary for a parent to remain in long-term recovery. During and after treatment, child welfare professionals should help monitor parents for continued substance use or potential triggers for use, such as high levels of stress or contacts with others who have previously promoted substance use, and work with the support team to help alleviate any issues.

One strategy for helping parents during this time is the use of recovery specialists (or coaches) or peer supports. Both roles help individuals with SUDs stay engaged with their treatment and recovery. Although there may be some differences in the tasks each position takes on, the primary difference is that recovery specialists are professionals trained in SUD treatment and recovery and the peer supports are parents who are in recovery and have prior child welfare involvement. Both strategies have been shown to increase treatment access and engagement, reduce time in out-of-home care, and expedites reunification (NCSACW, 2018). For additional information, see NCSACW's Peer and Recovery Specialist Support webpage.

Child welfare professionals can also support parents in treatment or recovery by increasing or sustaining their motivation to change their behaviors. In 2018, 95 percent of people classified as needing substance use treatment but who did not receive it believed it was not necessary (SAMHSA, 2019). Motivational interviewing is a technique child welfare professionals can use to help engage individuals, including those with SUDs, who are ambivalent or hesitant to change. Information Gateway's *Motivational Interviewing: A Primer for Child Welfare Professionals* provides more information about this technique.

Regional Partnership Grants

In 2007, the Children's Bureau issued the first round of awards for the Regional Partnership Grant (RPG) program. These grants support interagency collaborations and the integration of programs, services, and activities to improve the permanency, safety, and well-being of children who are in, or at risk of, out-of-home placements as the result of a parent's or caregiver's SUD. To date, the Children's Bureau has awarded six rounds of grants to 109 grantees in 38 States (Children's Bureau, 2020). For additional information about the program, including grant descriptions and evaluation results, visit the RPG pages on the NCSACW and Mathematica (program evaluator) websites. You can also find grantee materials in the Children's Bureau Discretionary Grants Library.

COLLABORATION WITH TREATMENT PROVIDERS AND OTHERS

Child welfare, SUD treatment providers, and other related systems can best serve families when they work collaboratively together and understand the roles and responsibilities of the other systems. Differences in missions, administrative rules, and other factors, however, can create barriers to successful partnerships. For example, in general, the primary focus of SUD treatment is on

parents' recovery goals, while child welfare agencies emphasize child safety and family stability (Radel et al., 2018). Child welfare, SUD treatment, and other systems may have difficulty sharing family information or data due to information system incompatibility, lack of trust among systems, or confidentiality requirements—both in terms of established rules and worker interpretations of what the rules are. SUD treatment providers also may be wary of engaging child welfare agencies because of their client's mistrust and fear of having their children being removed (Radel et al., 2018).

These barriers can be overcome, however, through strategies such as staff education, the review and revision of policies and practices, and open communication. For example, SUD treatment providers can educate child welfare workers about the science behind SUD treatment and recovery, and child welfare professionals can inform SUD treatment providers about child welfare policies and practices. This information exchange can better equip staff to recognize the commonalities in the mission of each system, understand how progress in one system can affect progress in the other, and communicate with their client about the other system. Both systems can also review their confidentiality rules and develop memorandums of understanding to promote the sharing of client information that will allow professionals to better serve families. Another way to improve collaboration is to institute warm hand offs when referrals are made between child welfare agencies and SUD treatment providers (NSACW, 2019). During these exchanges, the professional staff from both systems and the families are present for the introductory meeting and follow-ups, which helps to improve communication and understanding of the process that will follow for all parties.

To learn more about collaboration to support families affected by substance use, visit Information Gateway's Substance Use Disorders and Cross-System Collaboration webpage and NCSACW's Collaborative Capacity webpage.

Family Treatment Courts

Family treatment courts, which are also known as dependency courts or family drug courts, are specialized courts that handle cases that involve both child welfare and substance use issues and have an interdisciplinary, family-centered focus. They focus on promoting SUD treatment and other services, improved family functioning, and—when applicable—reunification. Family treatment courts have shown promise in improving both SUD treatment and child welfare outcomes compared to traditional courts, including quicker entry into treatment, longer stays in treatment, higher treatment completion rates, shorter stays in foster care, and higher family reunification rates (Zhang et al., 2019; Murphy et al., 2017).

For more information, visit Information Gateway's Substance Use Disorders, Child Welfare, & Family Dependency Drug Courts webpage.

CONCLUSION

With their close contact with parents and families and knowledge of family circumstances, child welfare professionals are in a prime position to assist when substance use is disrupting family functioning. Although SUDs can be a lifelong struggle, merely having one does not preclude a person from being a successful parent. With the proper identification, treatment, and support, parents with SUDs can safely maintain their children in their homes, which can ultimately produce the best outcomes. Child welfare professionals should work in tandem with other professionals in the area to provide a comprehensive support system for families that recognizes and treats any SUDs but also seeks to alleviate the underlying causes and address other needs.

ADDITIONAL RESOURCES

- Behavioral Health & Wellness [web section] (Information Gateway)
- *Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment* (NCSACW)
- *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers* (NCSACW)
- Child Welfare Training Toolkit (NCSACW)
- "Tutorials for Child Welfare Professionals" (NCSACW)
- *A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers* (SAMHSA)
- Drug Topics [webpage] (NIDA)
- *Principles of Drug Addiction Treatment: A Research-Based Guide* (NIDA)
- "Understanding Substance Use and Interventions in Child Welfare" [Full issue] (CW360, Spring 2019)
- *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (HHS, Office of the Surgeon General)

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