CHAPTER 5
Treating Substance Use Disorders

In This Chapter

- The goal of treatment
- Treatment considerations
- Common treatment approaches
- Support services
- Gender-sensitive treatment
- Barriers to treatment

Substance use disorders (SUDs), like other chronic diseases, are treatable. Trained SUD treatment providers can determine the best treatment path for individuals to take and can enlist the assistance of other service providers, such as child protective services (CPS) caseworkers, in the treatment process. This chapter discusses the goal of SUD treatment, important treatment considerations, various approaches to treatment, issues related to gender-sensitive treatment, and barriers that may impede individuals from receiving treatment. This chapter is intended to help CPS caseworkers strengthen their understanding of treatment services available to help the families with whom they work. The role of CPS in supporting the treatment process is discussed in more detail in Chapter 6, *The Role of Child Protective Services When Substance Use Disorders Are Identified*.

The Goal of Treatment

An SUD is a medical condition with significant behavioral effects. These behaviors may frustrate, stymie, and anger treatment providers and CPS caseworkers. While individual experiences vary, persons with an SUD often have:

- Little experience or skills with which to cope with their feelings. Their substance use tends to numb discomfort, at least temporarily. Many of these individuals have been turning to drugs and alcohol since their teenage years.
- Difficulty escaping or solving everyday problems without using substances. As a result, they can feel quite helpless when confronted with the day-to-day challenges of life.
- Poor communication skills. They may be ineffective in some areas and over-emote in others.
- Problematic behaviors, such as being manipulative or dishonest. These behaviors may be useful, however, in helping them obtain drugs and alcohol or hiding the use of these substances. Some individuals with SUDs may find it easy to be dishonest because they have buried or avoided their true feelings.

The goal of treatment is to help individuals break the cycle of addiction and dependence so that they may learn better ways of dealing with challenges in their lives. Caseworkers should keep in mind that treatment does not equal recovery. Recovery is a lifelong process, with treatment being one of the first steps. Recovery entails making lifestyle changes to regain control of one's life and accepting responsibility for one's own behavior.[90]

Research has demonstrated that SUD treatment works. A number of national studies over the past decades have shown that SUD treatment can result in abstinence from substance use, significant reduction in the abuse of substances, decreased criminal activity, and increased employment.[91] Recent studies also link SUD treatment for mothers with children in substitute care to improved child welfare outcomes, such as shorter stays in foster care for children and increased likelihood of reunification.[92] Furthermore, treatment has been shown to be cost-effective and to reduce costs in such areas as crime, health care, and unemployment.[93]

Treatment Considerations

SUD treatment is not a "one size fits all" service or one that remains static over time for a particular participant. For example, an individual who drank heavily for 10 years and is mentally ill is likely to have different treatment needs than an individual who recently became addicted to cocaine. When treatment is provided, the following should be considered:

Detoxification

Some individuals require detoxification services before they are able to participate effectively in ongoing treatment and recovery. Detoxification is a process whereby individuals are withdrawn from alcohol and drugs, typically under the care of medical staff; it is designed to treat the acute physiological effects of ceasing the use of substances. It can be a period of physical and psychological readjustment that allows the individuals to participate in ensuing treatment. Medications are available to assist in detoxification. In some cases, particularly for alcohol, barbiturates, and other sedatives, detoxification may be a medical necessity, and untreated withdrawal may be medically dangerous or even fatal.

The immediate goals of detoxification programs are:

- **To provide a safe withdrawal from the substance of dependence and enable individuals to become alcohol- or drug-free**. Numerous risks are associated with withdrawal, ranging from physical discomfort and emotional distress to death. The specific risks are affected by the substance on which the individual is dependent.
- **To provide withdrawal that protects people's dignity**. A concerned and supportive environment, sensitivity to cultural issues, confidentiality, and appropriate detoxification medication, if needed, are important to individuals maintaining their dignity through an often difficult process.
- **To prepare individuals for ongoing alcohol and drug abuse treatment**. While in the detoxification program, individuals may establish therapeutic relationships with staff or other patients that help them to become aware of treatment options and alternatives to their current lifestyle. It can be an opportunity to provide information and motivate them for treatment.

Detoxification is not needed by all individuals and is not intended to address the psychological, social, and behavioral problems associated with addiction. Without subsequent and appropriate treatment, detoxification rarely will have a lasting impact on individuals' substance-abusing behavior. The appropriate level of care following detoxification is a clinical decision based on the individual's needs.[94]

- **Type and setting**. An individual should be placed in the type and setting of treatment that is most appropriate for the specific problems and needs. Just as a doctor may determine that a patient should receive medication instead of surgery to correct a problem, an SUD treatment provider must make decisions about the most appropriate course of treatment for an individual. The type, length, and duration of the treatment vary depending on the type and the duration of the SUD and the individual's support system and personal characteristics. The duration of the treatment may range from weeks or months to years.

- **Reassessment and modification of treatment plan**. An individual's treatment and service plan should be reassessed and continually modified to ensure that the plan meets the person's evolving needs.[95]

- **Involuntary treatment**. An individual does not have to "hit bottom" or "want to change" in order to benefit from treatment. Involuntary or mandated treatment can be just as effective as voluntary treatment. Sanctions or enticements in the family, work, or court setting can significantly increase treatment entry, retention, and success.[96]

- **Attorney involvement**. In instances where the parent has an attorney, the attorney also can play a key role in the early engagement of the client in treatment. CPS caseworkers and SUD treatment providers can facilitate this by reaching out to attorneys to help them understand the treatment process and clients' needs. This helps them represent the clients better and provides a better opportunity for reunification.

- **Timetables**. Because of the potential conflicts between child welfare and treatment timetables, treatment should begin as soon as possible so that there is time for family reunification. Often, however, there are delays in treatment either because it is not available or the need for treatment is not determined right away. CPS caseworkers and SUD treatment providers should work together to engage clients in treatment as early as possible.

Common Treatment Approaches

There are a number of ways to categorize treatment, based on the level of care (i.e., intensity of treatment and services offered) or the theoretical orientation and treatment approach. The following are some common treatment approaches:

- **Cognitive-behavioral approaches** address ways of thinking and behaving. Cognitive-behavioral treatment helps participants recognize situations in which they are most likely to use

Timetables in Child Welfare and Substance Use Disorder Treatment

CPS agencies and SUD treatment providers have their own timetables for establishing family and individual well-being. The Adoption and Safe Families Act (P.L. 105-89) requires CPS agencies to:

- Establish a permanency plan within 12 months of a child entering the child welfare system
- Initiate proceedings to terminate parental rights if a child has been in foster care for 15 of the most recent 22 months.

SUD treatment can range from weeks or months to years. CPS caseworkers and treatment providers, therefore, should communicate frequently to make sure that this time is productive and to serve the children and families most effectively.[97]

drugs, develop strategies for dealing with these situations, and build specific skills to address behaviors and problems that are associated with SUDs. For example, if a woman suggests that she is most likely to use cocaine after she has had a fight with her partner, the therapist would work with her to develop more positive ways of dealing with her anger and frustration following a fight. The treatment provider also may detail possible consequences to the individual, such as breaking parole and being forced to return to prison, as a means of changing behavior.

- **Motivational enhancement treatment** incorporates some elements of cognitive-behavioral treatment, but focuses on increasing and then maintaining participants' motivations for change. Rather than forcing individuals to accept that they have a problem, this approach focuses on the individual's needs and the discrepancies between their goals and their current behaviors. This approach seeks to draw solutions from the treatment participants rather than having the solutions imposed by therapists.

- **Contingency management** includes both motivational enhancement treatment and an additional component of reinforcements and rewards. For example, credits may be offered as a reward for established positive behaviors, such as consistent attendance in group therapy or negative urinalysis testing. These credits then can be exchanged for items (such as baby products).

- **Therapeutic community** is an approach based on both cognitive-behavioral therapy and on the notion that treatment is best provided within the context of a community of individuals who have similar histories. This model was developed to provide treatment to individuals with antisocial character traits in addition to SUDs and tends to be highly confrontational. By having treatment participants confront each others' behaviors and attitudes, they learn a great deal about their own behaviors and also learn from the other participants. Often, therapeutic community models of treatment are found within the correctional system. Given its confrontational nature, a therapeutic community may not be appropriate for some individuals. For example, women who have experienced intimate partner violence likely would not react well to this treatment approach.

- **Trauma-informed treatment services** generally follow one or more of the above treatment theories and reflect an understanding of trauma and its impact on SUDs and recovery. This

Model Treatment and Prevention Programs

The following Internet resources provide information about model SUD treatment and prevention interventions and their characteristics:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has compiled a list of evidenced-based programs that have prevented or reduced SUDs and other related behaviors. SAMHSA's National Registry of Evidence-based Programs and Practices has reviewed these programs rigorously and assessed their effectiveness. To view this list, go to **http://modelprograms.samhsa.gov**.
- SAMHSA's *Guide to Evidence-Based Practices* provides listings for more than 35 websites that contain information and research on specific evidence-based programs and practices for the treatment or prevention of SUDs. Listings can be sorted and browsed by topic areas, target age groups, and settings. To view these listings, visit **http://www.samhsa.gov/ebpWebguide/index.asp**.
- The National Institute on Drug Abuse of the National Institutes of Health offers a list of principles for substance use prevention based on a number of long-term research studies. That list can be viewed at **http://www.nida.nih.gov/Infofacts/lessons.html**.

approach acknowledges that a large percentage of SUD treatment participants have sustained physical, emotional, and sexual trauma in their lives and their disorder may be the result of self-medicating behaviors to deal with post-traumatic stress disorder symptoms.

- **Trauma-specific treatment services** go a step further than trauma-informed treatment services and address the impact of the specific trauma on the lives of participants. This approach works to facilitate trauma healing and recovery as part of the treatment services. Several integrated, trauma-specific, treatment models for women have been developed in recent years.[98]

- **Treatment based upon the relational model of women's development** acknowledges the primacy of relationships in the lives of women and focuses upon the establishment and support of positive relationships. These positive relationships for the treatment participant may be with the therapist or with other significant figures, especially children and spouses.

Support Services

Along with SUD treatment, supplemental services often are provided to give additional support aimed at improving treatment outcomes. The following are important support services for treatment:

- **Case management services** are aimed at eliminating or reducing barriers to participation in treatment and include links to housing, food, medical care, financial assistance, and legal services. Case management also may include problem-solving sessions to assist individuals in establishing priorities among the many demands made upon them by multiple systems.

- **Twelve-step models** that incorporate the 12 steps of Alcoholics Anonymous into treatment. Participants "work the steps" and move through treatment by accomplishing each of the 12 steps with guidance from a sponsor and with emphasis on attendance at meetings. Spirituality or belief in a "higher power" is a central component of 12-step models.

Treatment Example: Methadone Maintenance

Treatment can take many forms and can be multilayered and complex in attempting to address the nature of SUDs. For example, opioid replacement therapy is a treatment that substitutes a noneuphoria inducing and legally obtainable drug (e.g., methadone, buprenorphine) for heroin or another opiate. The treatment also provides counseling and other rehabilitation services. Methadone maintenance treatment is a type of opioid replacement therapy and is very effective. Along with preventing illicit opiate use, methadone has been shown to be effective in reducing criminal activity and increasing employment. Additionally, this treatment method reduces the risk of HIV-associated behaviors (e.g., needle use and sharing) and infection.[99]

Individuals engaged in methadone maintenance treatment can face heavy discrimination within the child welfare system from judges, attorneys, and caseworkers who believe the ultimate goal of treatment should be a completely drug-free individual. Stopping the methadone treatment, however, leaves the individual at a very high risk for relapse to illicit opiate use and its associated high-risk factors, including unsafe injection practices and illegal behavior in order to support a habit. All of these can significantly increase the risk of abuse or neglect to children in the custody of these parents. Hence, the decision to require a detoxification from methadone must be considered carefully and based upon sound clinical principles rather than upon the stigma associated with methadone treatment.

TANF and Substance Use Disorder Treatment

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) fostered a new vision for public assistance. PRWORA established the Temporary Assistance for Needy Families (TANF) block grant, which treats welfare as short-term, time-limited assistance designed to help families move to work and self-sufficiency. Its work requirements and time limits allow little room for work exemption and, therefore, created an incentive for agencies to examine the needs of those recipients overcoming serious and more difficult challenges, such as SUDs.[100] National estimates of the welfare population who have substance abuse issues range from 16 to 37 percent.[101] The 2007 National Survey on Drug Use and Health (NSDUH) reports a rate of 8.0 percent for illicit drug use in the general population.[102]

Both TANF and substance abuse treatment program administrators recognize that treatment in the absence of work does not fully meet the needs of TANF clients with substance abuse issues.[103] Instead, TANF clients should receive treatment while concurrently pursuing work and work-related activities related to self-sufficiency.[104]

- **Recovery mentor or advocate programs** pair a person in recovery with individuals in need of treatment to support their engagement and retention in the process. Recovery mentors or advocates offer the unique perspective of having been through a similar experience and can offer the client insight to matters that CPS caseworkers and SUD treatment providers cannot.
- **Abstinence monitoring** includes urinalysis testing, breath testing for alcohol, and the use of the sweat patch and other technologies. This can be an important component of treatment as it provides opportunities for feedback to individuals who are working to change addictive behavior. Negative drug test results can be used for reinforcement of changed behavior, while positive test results can be a cue to the treatment participant and therapist that the treatment plan may need adjusting.

There also are numerous other support services (e.g., mental health counseling, medical care, employment services, child care) that may be provided to assist families.

Gender-sensitive Treatment

Historically, SUD treatment has been focused on men, and fewer women had access to treatment services. In recent years, however, additional emphasis and funding have begun to address women's specific needs.[105]

Women

The ability to access and to remain in treatment can be difficult for anyone. Motivation, transportation, insurance coverage, and waiting lists all can impede an individual's attempts at recovery. Women, however, often face additional challenges when seeking treatment.

Both men and woman can have significant others who have SUDs. However, women with partners with SUDs are more likely to abuse substances themselves.[106] For instance, some women have partners with SUDs and face the loss of these relationships when they make the decision to seek help. These partners may discourage women's efforts to obtain treatment. Violence in these relationships

is not uncommon. Not only do these women face the loss of a relationship, but many also face the loss of economic support. This has particular importance when the women are also mothers with young, dependent children.

Even if mothers do not have to contend with unsupportive partners, seeking treatment still can be difficult. Many women do not want to enter treatment because they fear their children will be taken away if it is discovered that they have an SUD. Women also may fear the social stigma of being considered a "bad mother" if others find out about their drug use. When women decide to enter treatment, child care frequently is a critical hurdle to overcome. Few residential programs allow children to remain with their mothers while in treatment, and few outpatient programs provide child care, leaving it up to the mothers to identify a safe, reliable place for their children or to pay for licensed child care services.

The profile of women who have SUDs differs from their male counterparts. Compared to men, a greater number of women who enter treatment have a history of physical or sexual abuse.[107] Additionally, among persons with AIDS, a greater percentage of females than males were exposed through injection drug use and may participate in risky sexual behavior or trade sex for drugs.[108] Additionally, women are more likely than men to have co-occurring mental health problems.[109]

Women receive the most benefit from treatment when the treatment program provides comprehensive services that meet their basic needs, such as transportation, job counseling and training, legal assistance, parenting training, and family therapy, as well as food, clothing, and shelter. Additionally, research shows that women benefit from a continuing relationship with the SUD treatment provider throughout treatment and that women, during times of lapse or relapse, often need the support of the community and the encouragement of close friends and family.[110] For more information on components of women-centered SUD treatment, visit **http://www.nida.nih.gov/WHGD/WHGDPub.html**.

Men

Men face many of the same treatment hurdles as women, but while treatment historically has focused on men, there is still relatively little literature that discusses men's roles within the family, particularly how their substance use affects their roles as fathers and partners. Most often, mothers are the focus of CPS cases and are involved in treatment. While some of these women may be reluctant to involve fathers in the treatment process, both parents should be involved whenever possible, provided it does not

Involving Fathers in Case Planning

The importance of involving nonresidential fathers is particularly relevant when the mother is the perpetrator of child maltreatment, and the child has to be removed from the home. Fathers can be a source of support to the mother of their child, both financially and emotionally; are an irreplaceable figure in the lives of their children; and can be a supportive presence as the family deals with the problems that contributed to the maltreatment, especially when the mother is going through SUD treatment. If it is determined that the family is not a safe place for the child, the nonresidential father is a placement option that should be considered.

Of course, there may be times when involving the nonresidential father in the case planning process is impossible or ill-advised, including when the father is involved in illegal activities. More often than not, however, the nonresidential father can play a useful role, although bringing him into the process may require skilled negotiating on the part of the caseworker.

increase safety risks. In addition, CPS caseworkers usually are required by the court to seek and to involve absent parents. In some cases, it is the fathers of the children in the child welfare system who become the focus of intervention due to the presence of mothers in treatment. In these cases, men's roles as fathers and primary caregivers for their children warrant significant attention as they struggle to provide appropriate, nurturing, and consistent parenting.

Barriers to Treatment

Most people who have SUDs do not receive treatment. According to NSDUH, approximately 23.2 million people in 2007 needed SUD treatment. Of these, 2.4 million (10.4 percent) received treatment at a specialty facility (including hospitals, drug or alcohol rehabilitation facilities, and mental health centers), and the remaining 20.8 million did not. Of the individuals who were classified as needing but not receiving treatment, only an estimated 1.3 million reported that they perceived a need for treatment for their problem, and 380,000 reported that they had made an effort to receive treatment.[111] Among women of childrearing age (18 to 49 years) who needed treatment in the past year, only 10.4 percent received it, and only 5.5 percent felt they needed it.[112]

There are multiple and complex barriers to treatment. According to NSDUH, of those individuals who did not receive treatment even after making efforts to obtain it, the most commonly reported reason was because they were unable to afford it or lacked health coverage.[113] Other reasons that individuals may not be able to receive, or want to receive, SUD treatment include:

- Lack of available treatment spaces
- Not knowing where to go for treatment
- An ambivalence or fear about changing behavior
- A belief that they can handle the problem without treatment
- Concerns about negative opinions among neighbors, community members, or co-workers regarding treatment
- Relationships with partners and with family members who still may be using substances and who do not support the individual's efforts to change
- A perception of "giving in" when treatment is mandated by an outside source, such as the court or social services department
- Co-occurring mental health disorders exacerbated by the individual's attempts at abstinence
- A lack of transportation to and from treatment
- Economic difficulties in which the need to work takes priority over the participation in treatment
- A lack of available child care during treatment times.

CPS caseworkers can help clients who have SUDs identify barriers to participation in treatment and support the development of strategies to overcome these barriers.

CHAPTER 6

The Role of Child Protective Services When Substance Use Disorders Are Identified

In This Chapter

- Family assessment and case planning
- Supporting parents in treatment and recovery
- Supporting children of parents with SUDs

Once substance use disorders (SUDs) are identified as an issue to be addressed in a family's case plan, the child protective services (CPS) caseworker needs to have a discussion with the family to understand their perceptions of the role and the impact substance abuse or dependence has in their lives. This discussion should include what can be done about the issue and how the family can be motivated to change. Since a discussion about SUDs may be met with denial and even anger toward the caseworker, a focus on the needs of the children generally will align caseworkers and parents in determining the best way to improve the situation. This chapter discusses family assessments and how they can be used in case planning, how to support parents who are in treatment and recovery, and how to assist children whose parents have SUDs.

Family Assessment and Case Planning

During the initial family assessment or investigation, the CPS caseworker identifies the behaviors and conditions of the child, parent, and family that contribute to the risk of maltreatment, which may include a family member's SUD. During the family assessment, the caseworker engages the family in a process designed to gain a greater understanding of family strengths, needs, and resources so that children are safe and the risk of maltreatment is reduced.[114] In particular, the caseworkers work with the family to:

- Identify family strengths that can provide a foundation for change (e.g., support systems)
- Reduce the risk of maltreatment by identifying and by addressing the factors that place children at risk
- Help the children cope with the effects of maltreatment, parental SUDs, and other co-occurring problems.

A family-focused response to address family functioning issues is essential to an effective case plan. Families are involved with CPS because of serious breakdowns in functioning that can be influenced profoundly by a family member's SUD, as well as by the same family member's transition to recovery. Not only must the parents' substance use be addressed, but the behavioral problems and issues that have developed for children over the span of their parents' substance use also must be resolved. To cease substance abuse and to make positive changes in their lives, it is vital for parents to move toward full acceptance of their substance abuse or addiction and its consequences. When parents address their SUDs and other issues, positive changes in family functioning can be achieved while the families also receive services through CPS.

North Carolina Family Assessment Scale

One recognized family assessment tool that addresses alcohol and drug issues is the North Carolina Family Assessment Scale (NCFAS). The following is a list of domains (i.e., areas of influence) that are measured by the NCFAS and could be used in any family assessment. The domain descriptions highlight ways in which alcohol and drug issues can be included in a CPS family assessment.

- **Environment**. This domain refers to the neighborhood and social environment in which the family lives and works. Risk factors in this domain may include the presence or use of drugs in the household or community.
- **Parental capabilities**. This domain refers to the parent or caregiver's capacity to function in the role of the parent. This includes overall parenting skills, the supervision of children, disciplinary practices, the provision of developmental opportunities for children, and the parent's mental and physical health. The caseworker should assess whether, how, and to what extent the client uses alcohol and drugs and how this may affect the ability to parent the children.
- **Family interactions**. This domain addresses interactions among family members as well as the roles played by family members with respect to one another. Many family interactions can be affected by the use of alcohol and drugs. Items in this domain that may point to the possibility of an SUD include a parent's nonresponsiveness to the children or children serving as the primary caretakers of younger siblings.
- **Family safety**. This domain includes any previous or current reports or suspicions regarding physical, emotional, or sexual abuse of children, as well as neglect.
- **Child well-being**. This domain refers to the physical, emotional, educational, and relational functioning of the children in the family. Parental SUDs can negatively affect various areas of child well-being, such as mental and physical health, academic performance, behavior, and social skills. Caseworkers also should assess if the children are using drugs or alcohol.[115]

For more information about the NCFAS, visit **http://www.nfpn.org/images/stories/files/ncfas_scale_defs.pdf** or **http://www.friendsnrc.org/download/outcomeresources/toolkit/annot/ncfas.pdf**.

Despite the positive nature of these changes, however, both children and parents may find change difficult. For example, a parent newly in recovery can find coping with a child's needs very taxing. The problems in family functioning that have developed over time can be overwhelming as the parent notices them for the first time. Similarly, children experiencing a parent's recovery may have trouble accepting the parent's attempt to function in a role that he previously was unable to perform due to an SUD (e.g., disciplining the child). Caseworkers and SUD treatment providers should encourage progress, reward success, and support the newly sober parents in their efforts to make changes in all areas of family functioning and in being substance free.

Supporting Parents in Treatment and Recovery

While SUD treatment should be provided only by trained professionals, CPS caseworkers can maintain an integral role in the process for both the parents and the children.

Providing Support During the Stages of Change

A common theory in the field of SUD treatment is that individuals transition through different stages of thought and behavior during the treatment process. Exhibit 6-1 describes the stages and how CPS caseworkers can assist their clients during each stage.

Exhibit 6-1 Stages of Change and the CPS Caseworker's Tasks [116]		
Parent's Stage	**Stage Description**	**Tasks**
Precontemplation	No perception of having a problem or needing to change	Increase parent's understanding of risks and problems with current behavior; raise parent's doubts about behavior
Contemplation	Initial recognition that behavior may be a problem and uncertain about change	Discuss reasons to change and the risks of not changing (e.g., removal of child)
Decision to change	Conscious decision to change; some motivation for change identified	Help parent identify best actions to take for change; support motivation for change
Action	Takes steps to change	Help parent implement change strategy and take steps
Maintenance	Actively works on sustaining change strategies and maintaining long-term change	Help parent to identify triggers of SUD and use strategies to prevent relapse
Relapse	Slips (lapses) from change strategy or returns to previous problem behavior patterns (relapse)	Help parent re-engage in the contemplation, decision, and action stages

A Family-centered Response to Methamphetamine Use

The North Carolina Division of Family Services and the Family and Children's Resource Program recently compiled a list of practice guidelines for establishing a safe, family-centered response to methamphetamine use. The following suggestions may be useful to CPS caseworkers in assisting families who are affected by methamphetamine use:

- **Family engagement**. Working with clients who use methamphetamine can be frustrating, but the caseworker should avoid prejudging or demonizing them. Assess each family individually and help build upon their strengths.
- **Case decisions**. Parental SUDs do not necessarily constitute child maltreatment. Each case needs to be assessed individually.
- **Collaboration**. Collaborate with other professionals, such as substance abuse treatment providers, law enforcement, medical personnel, and mental health experts.
- **Placement**. Placement in foster care never should be automatic, even in the case of finding a child in a methamphetamine lab. The caseworker should assess each situation thoroughly and explore the possibility of placement with kin. However, the caseworker should keep in mind that methamphetamine use is sometimes a problem for extended families.
- **Permanence**. It can be a challenge to achieve family reunification within the time frames set forth in the Adoption and Safe Families Act. This is often because of the time required to recover from methamphetamine use and the fact that some users may be involved in the criminal justice system.
- **Education**. Ensure that foster parents and others involved in the case are knowledgeable about methamphetamine use.[117]

Once the parent is in treatment, the CPS caseworker can coordinate with the SUD treatment provider to monitor progress, to develop ongoing supports, and to intervene in times of crisis. Ongoing communication allows both systems to obtain a more complete picture of the family, which will allow for the development and modification of appropriate service plans.

When working with parents who are in treatment or who are in the process of recovery, CPS caseworkers should be mindful of the process that the parent is going through and address the relevant issues or needs. In early recovery, the client still may be detoxifying from drugs or alcohol and experiencing mood swings. The issues the client may need to address (or may need help in addressing) in order to stay sober typically include employment, housing, transportation, and a connection with an affirmative support system. Further along in recovery, the client may demonstrate several positive life changes that the caseworker can acknowledge, build upon, and encourage.

Throughout the recovery process, the caseworker, as well as the client, should have a clear understanding of the possibility of relapse and have a plan to address the situation if it occurs. Some frequently identified factors that contribute to lapse and to relapse include:

- Feeling complacent in recovery
- Feeling overwhelmed, confused, stuck, or stressed
- Having strong feelings of boredom, loneliness, anger, fear, anxiety, or guilt
- Engaging in compulsive behaviors such as gambling or sexual excess
- Experiencing relationship difficulties
- Failing to follow a treatment plan, quitting therapy, or skipping doctor appointments
- Being in the presence of drugs or alcohol.

Using Motivational Interviewing

Motivation can be defined as a willingness or a desire to change behavior.[118] Parents in the CPS system who have SUDs may be ambivalent about addressing their issues. They may be comfortable with their substance-related behaviors and believe that they serve a useful function in their lives.[119] Caseworkers and SUD treatment providers often find that motivating these parents to make behavioral changes is one of the most challenging aspects of their jobs.

Motivational interviewing is one approach CPS caseworkers can use to increase individuals' willingness to change. This type of interviewing accepts that ambivalence toward change is normal and seeks to engage and to mobilize the treatment participant on this basis.[120]

The four general principles of motivational interviewing are:

- Ambivalence about substance use is normal and is an obstacle in recovery.
- Ambivalence can be overcome by working with the client's motivations and values.

More information on how to support and to facilitate treatment and recovery is available in *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers*, a publication prepared by the National Center for Substance Abuse and Child Welfare under contract for the Substance Abuse and Mental Health Services Administration and the Administration for Children and Families within the U.S. Department of Health and Human Services. The publication is available at **http://www.ncsacw.samhsa.gov/files/UnderstandingSAGuide.pdf**.

- The relationship between the caseworker or treatment provider and the client should be collaborative with each participant bringing his own expertise.
- Argument and aggressive confrontation should be avoided.[121]

The connections, realizations, new understandings, and solutions should come from the client rather than from the CPS caseworker.

For more information on motivational interviewing, go to **http://www.motivationalinterview.org** or **www.americanhumane.org/rmqic**.

Supporting Children of Parents with Substance Use Disorders

Caseworkers also have a key role in supporting children as their parents seek treatment for SUDs. As discussed earlier, children in the child welfare system whose parents have SUDs are at risk for a number of developmental and emotional problems. One of the difficulties in providing services to these children is that their problems, which are affected or compounded by their parents' SUDs, might not emerge until later in their lives. In addition, these children also are more likely than children of parents who do not have SUDs to remain in foster care for longer periods of time.[122] Because of their greater risks and longer stays in out-of-home care, it is particularly important for CPS caseworkers to assess thoroughly the needs (e.g., developmental, emotional, behavioral, educational) of these children and to link them with appropriate services in a timely manner. Both the assessments and service provision should be matched to the children's developmental levels and abilities. Children from families affected by SUDs do not always move through the developmental continuum in the normal sequential phases.

Children often have misperceptions about their role in their parents' problems. One approach to helping children deal with issues associated with a parent's SUD is to talk through lessons, such as the three Cs:

- You did not *cause* it (the parent's SUD).
- You cannot *control* it.
- You cannot *cure* it (which addresses the issue of the child taking on the role of the parent in the parent-child relationship).

Similarly, caseworkers can discuss a number of other important issues with children whose parents have an SUD, including:

- **Addiction is a disease**. Their parents are not bad people; they have a disease and may show inappropriate behavior when using substances.
- **The child is not the reason that the parent has an SUD**. Children do not cause the disease and cannot make their parents stop.
- **There are many children in situations like theirs**. There are millions of children whose parents have an SUD. They are not alone.
- **They can talk about the problem**. Children do not have to be scared or be ashamed to talk about their problems. There are many individuals and groups they can talk to and receive assistance.[123]

Services for children, such as those offered through the Strengthening Families Program, include problem-solving models that emphasize how to prevent the child from developing an addictive disorder later in life (with an emphasis on abstinence).

Title IV-E Waiver Projects Targeting Families Affected by Substance Abuse

Since 1996, several States have implemented waiver demonstration projects that allow Title IV-E foster care funds to be used to pay for services for families in the child welfare system with substance abuse problems. The following describes some of these projects:

- Illinois began its demonstration project in 2000, and with a recent 5-year extension, it is scheduled to continue through 2011. Through this project, recovery coaches engage substance-affected families during the treatment process, work to remove treatment barriers, and provide ongoing support. The project emphasized treatment retention for caregivers who already had been referred to substance abuse treatment and whose children already had received out-of-home placements.

  An evaluation of the first phase of the Illinois demonstration project found that compared to parents who received standard services, the parents who worked with recovery coaches:

  - Accessed treatment more quickly
  - Experienced lower rates of subsequent maltreatment
  - Achieved family reunification faster.[124]

  The evaluation also identified barriers to reunification, including domestic violence, mental health issues, and inadequate housing. The extension addresses these co-occurring problems and broadens the geographic scope of the demonstration.

- From 1999 to 2005, New Hampshire's Project First Step placed licensed alcohol and drug abuse counselors in two district CPS offices. The counselors conducted substance abuse assessments concurrently with CPS maltreatment investigations, facilitated access to treatment and other services, assisted with case planning, and provided intensive case management services. The evaluation findings were modest, yet they showed some promising trends.[125]
- From 1996 to 2002, substance abuse specialists in Delaware were co-located in local CPS offices. The specialists accompanied CPS workers on home visits, consulted on case planning, and provided referrals to treatment and support services. Division of Family Services officials found that the addition of specialists on site was helpful to caseworkers in recognizing the signs of substance abuse, exploring addiction-associated issues with family members, and making appropriate referrals.

For additional information on the substance abuse waivers, visit **http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/substanceabuse/index.htm**.