

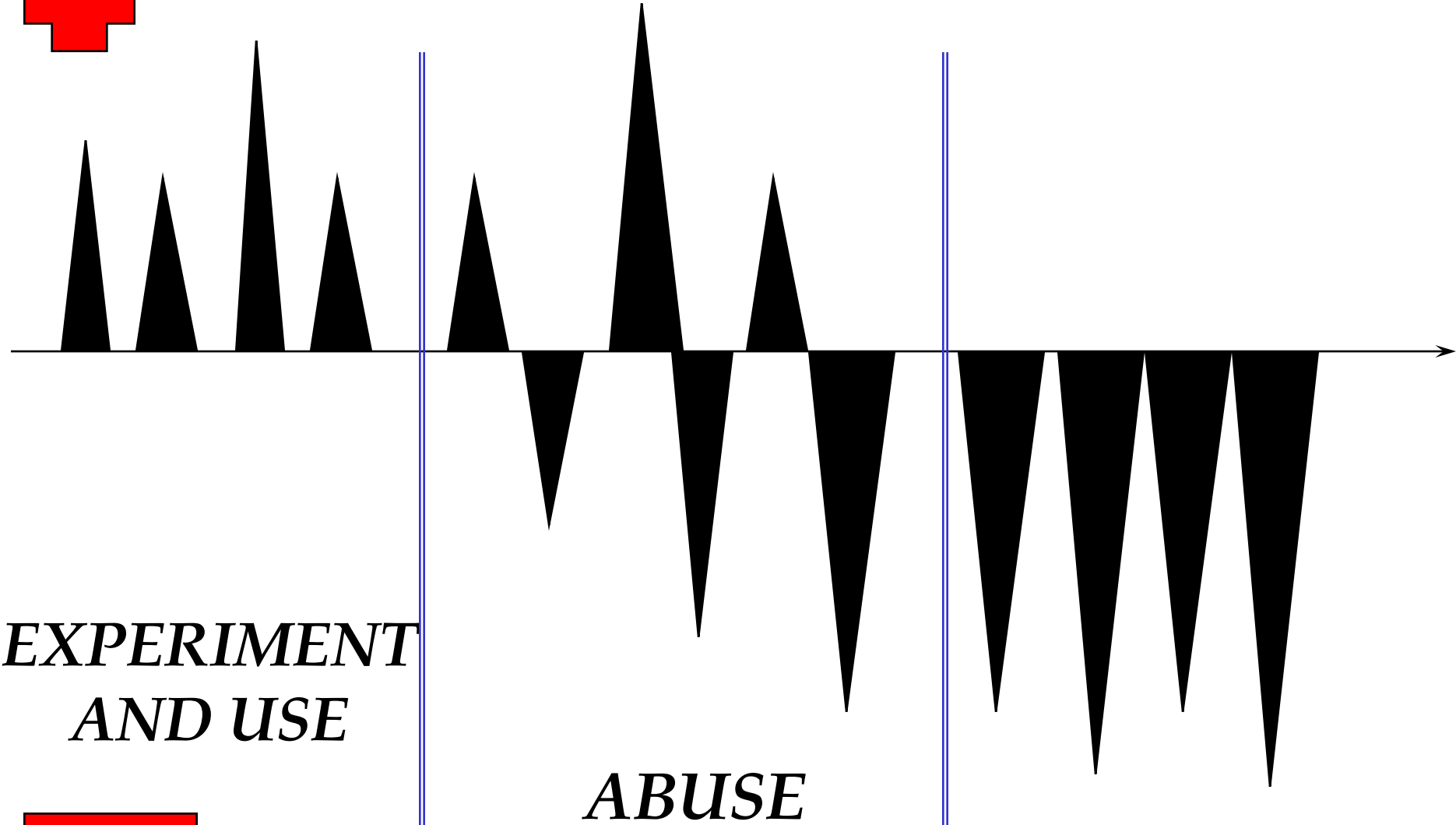
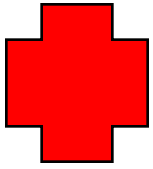
**Module One**

**Understanding the Multiple Needs of Families  
Involved with the Child Welfare System**

# Substance Use Disorders, Mental Disorders and Child Welfare

- Child abuse and neglect are frequently associated with substance-using or substance-dependent parents;
- Child welfare professionals frequently question the possibility of mental disorders in parents;
- Many parents may have co-occurring substance use and mental disorders.

# *SPECTRUM OF ADDICTION*



*EXPERIMENT  
AND USE*

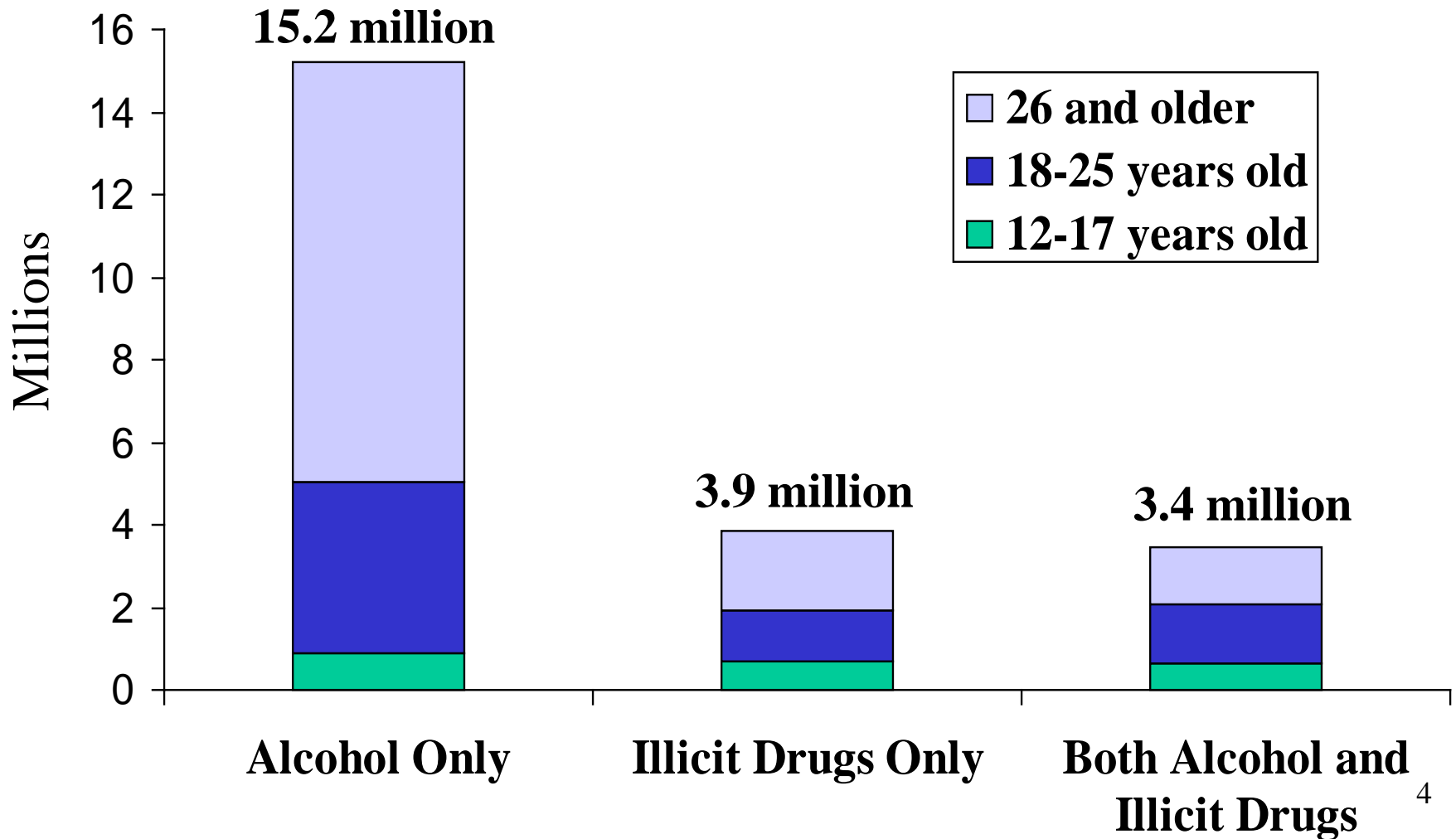
*ABUSE*

*DEPENDENCE*



# Prevalence of Substance Use Disorders

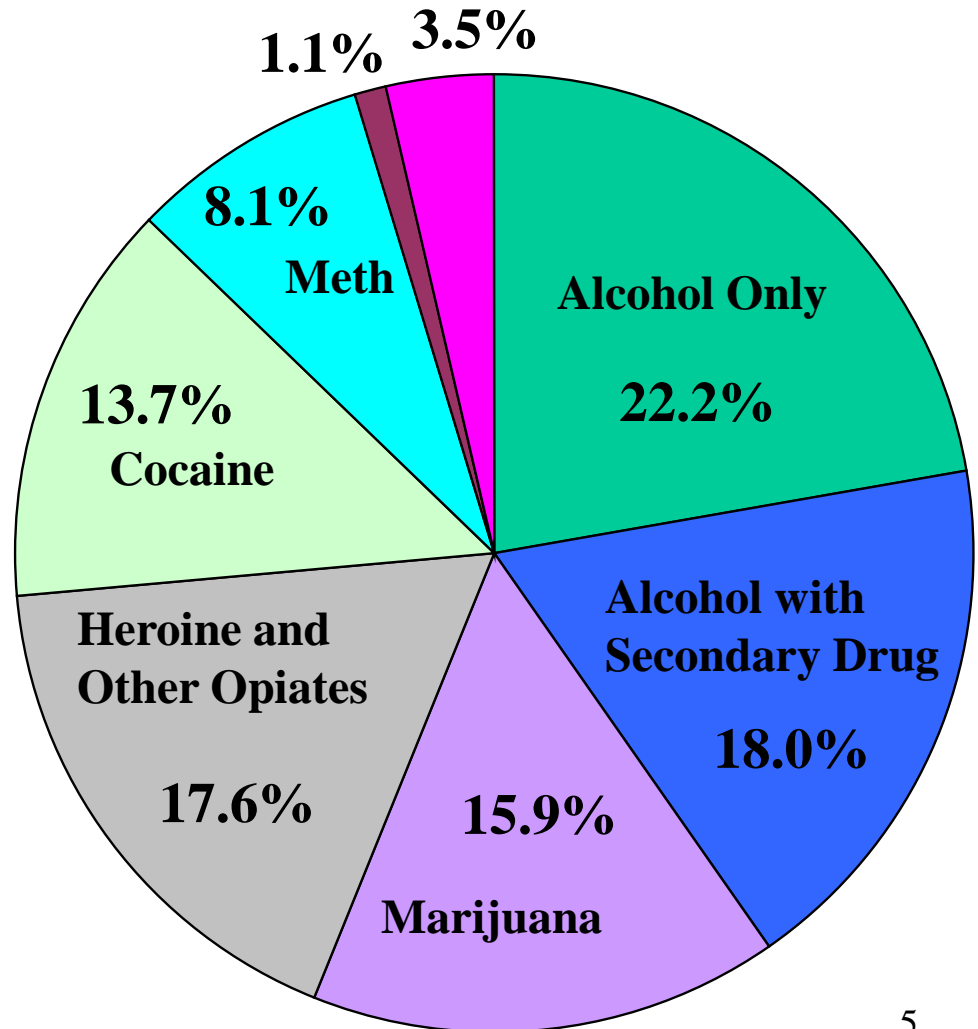
Past Year Substance Dependence or Abuse, 2004



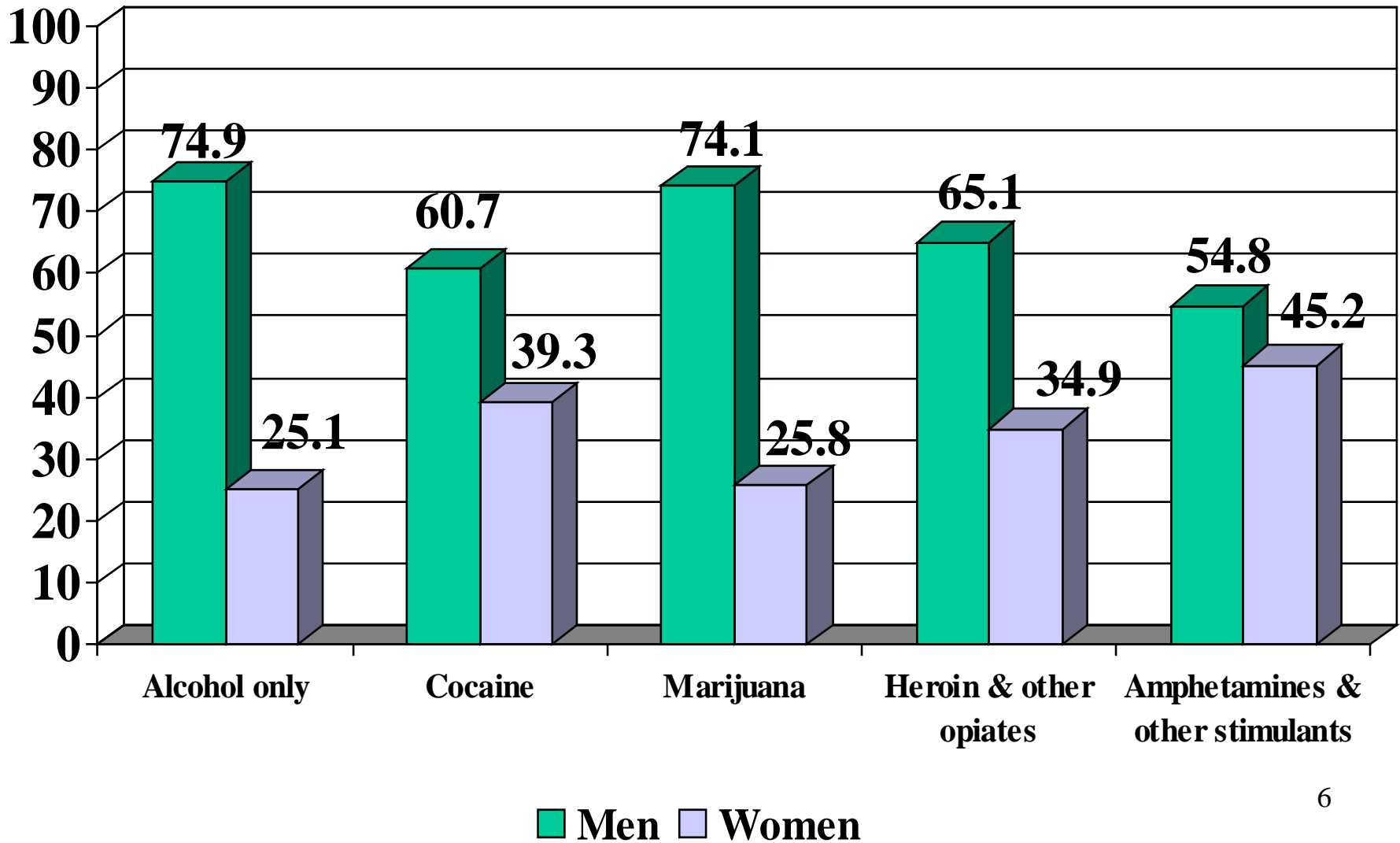
# 2004 Treatment Admissions

**1,883,594** people entered treatment for alcohol and/or drug use disorder treatment

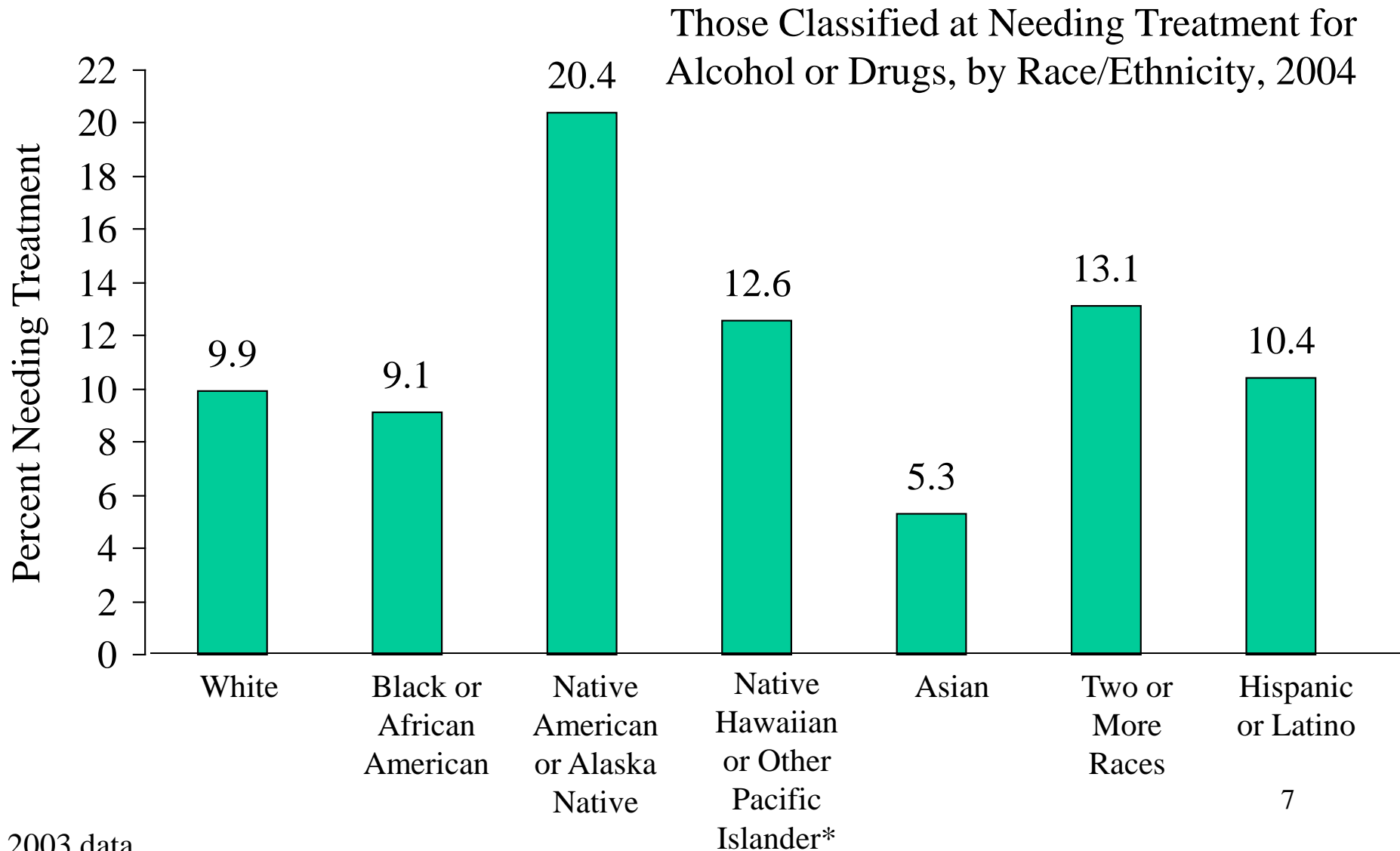
- 68.5% were men
- 31.5% were women



# 2004 Treatment Admissions By Gender

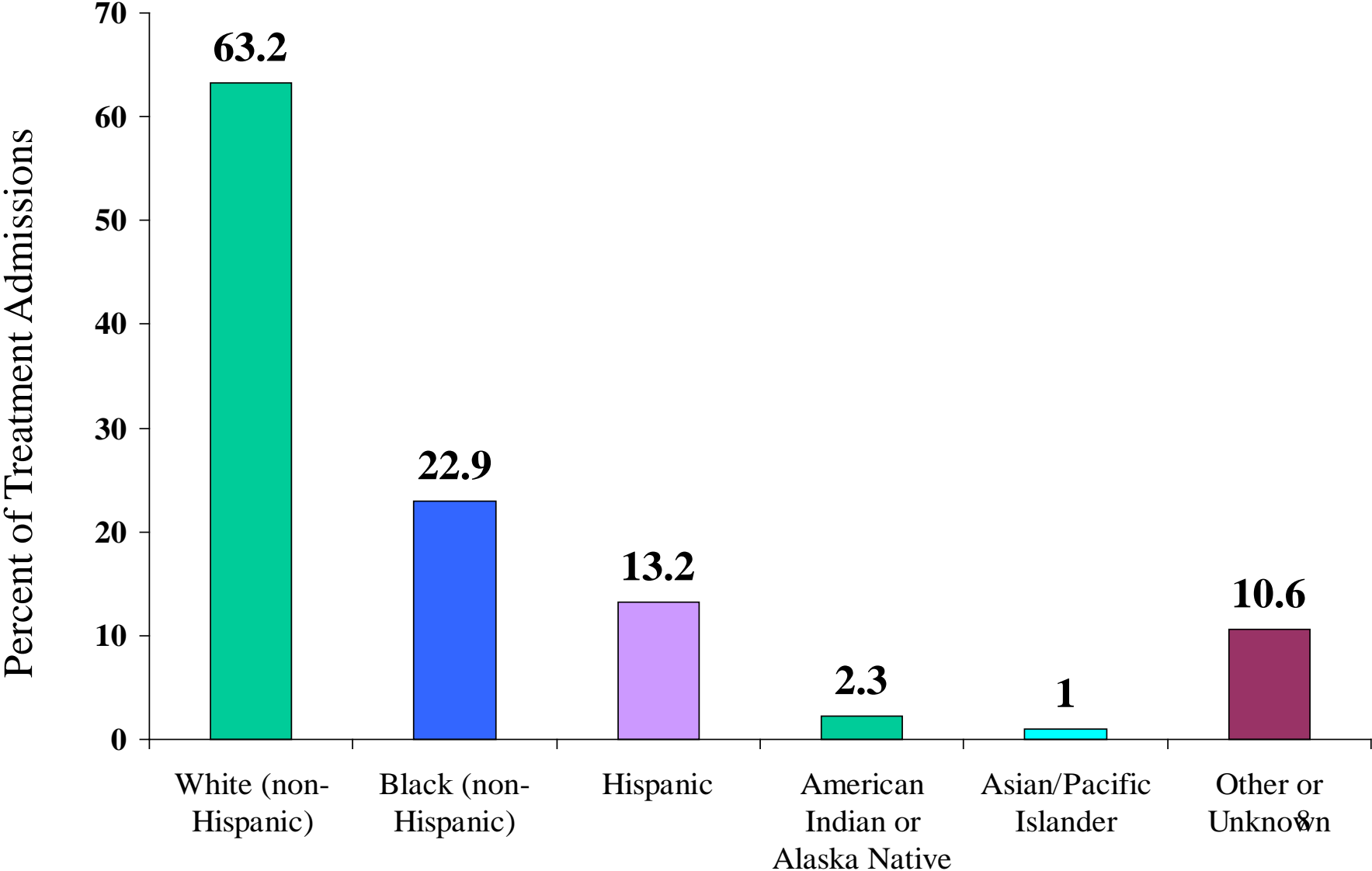


# Prevalence of Substance Use Disorders by Race/Ethnicity



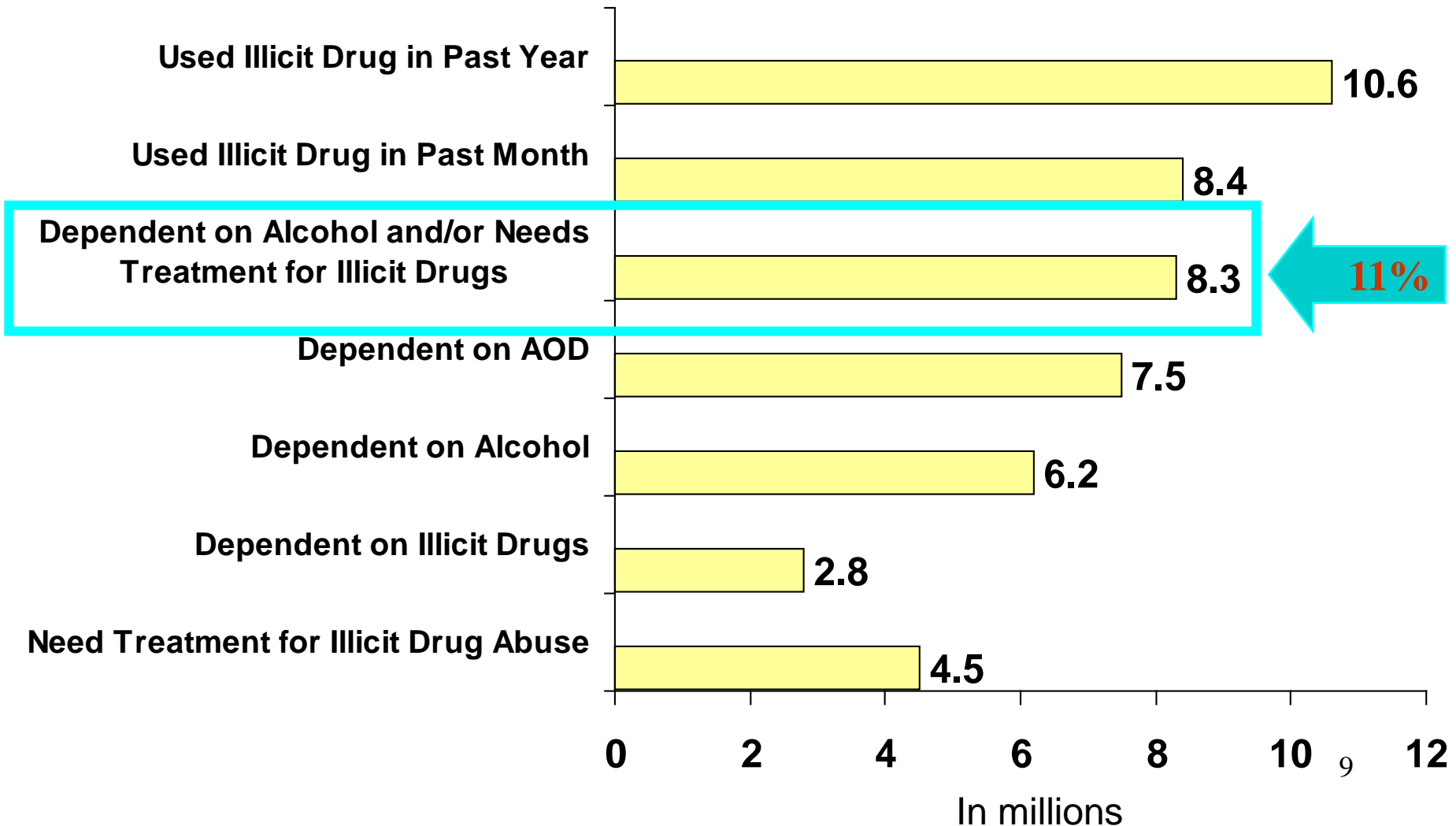
# 2004 Treatment Admissions by Race/Ethnicity

Total Admissions – 1.88 million





# Children Living with One or More Substance Using Parent



# Substance Use Disorders in the Child Welfare Population

- Of the 1.88 million treatment admissions, 58% are parents
  - 27.1% had one or more of their children removed
  - 36.6% had their parental rights terminated
- In-home case estimates: 11.1% of caregivers whose children lived at home with them had a substance abuse problem
  - Caucasian (13.2%), African American (11.3%), Hispanic (6.1%), American Indian (7.5%)

# Substance Use Disorders in the Child Welfare Population

- Out-of-home case estimates:
  - Boston: 43-50%
  - California, New York, and Pennsylvania: 78%
  - Los Angeles and Chicago: two thirds
  - Other studies: 11-79%

# Prevalence of Mental Disorders

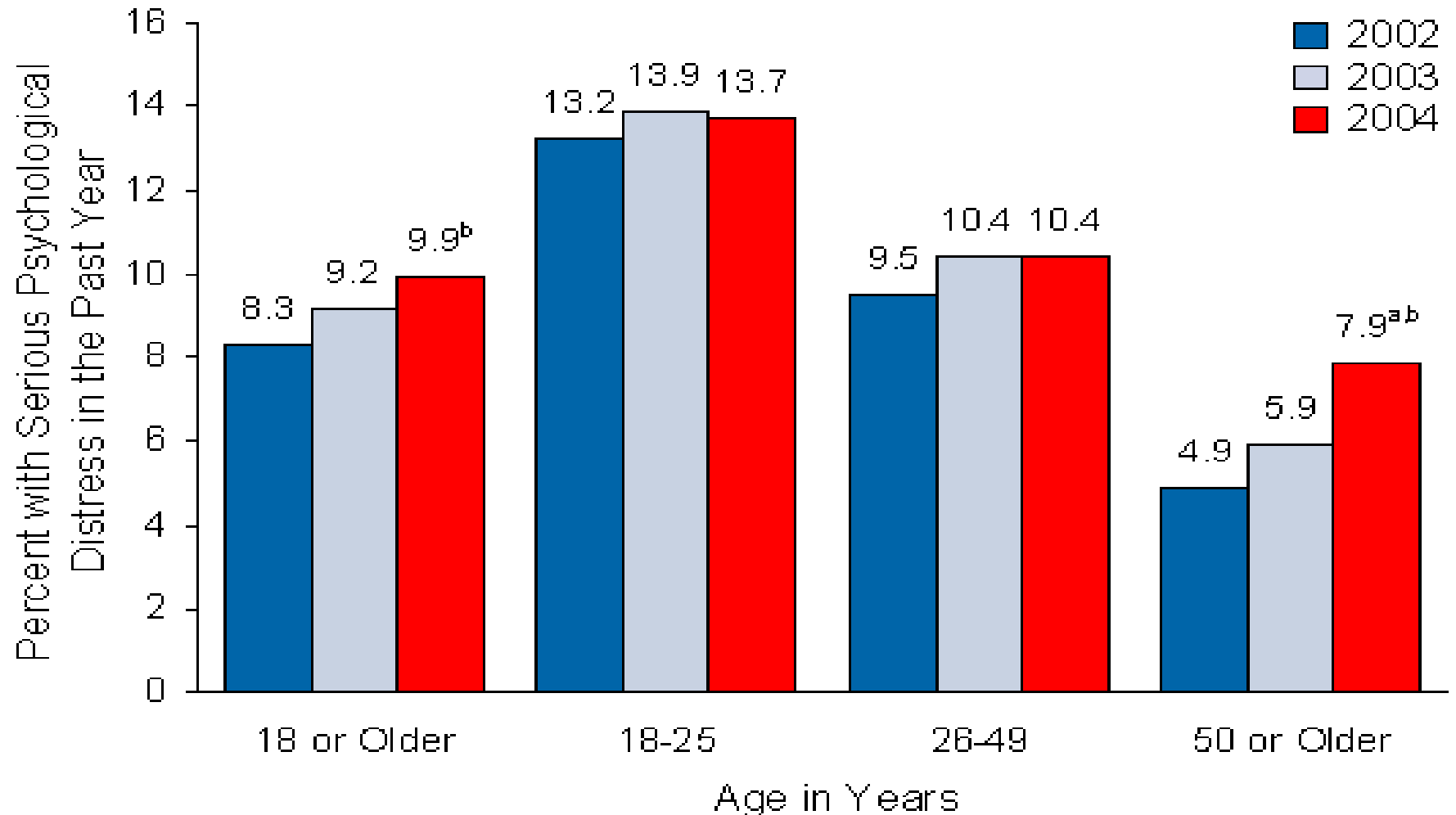
## **“Mental Disorders”**

Includes a spectrum of mental illnesses  
defined by the  
American Psychological Association

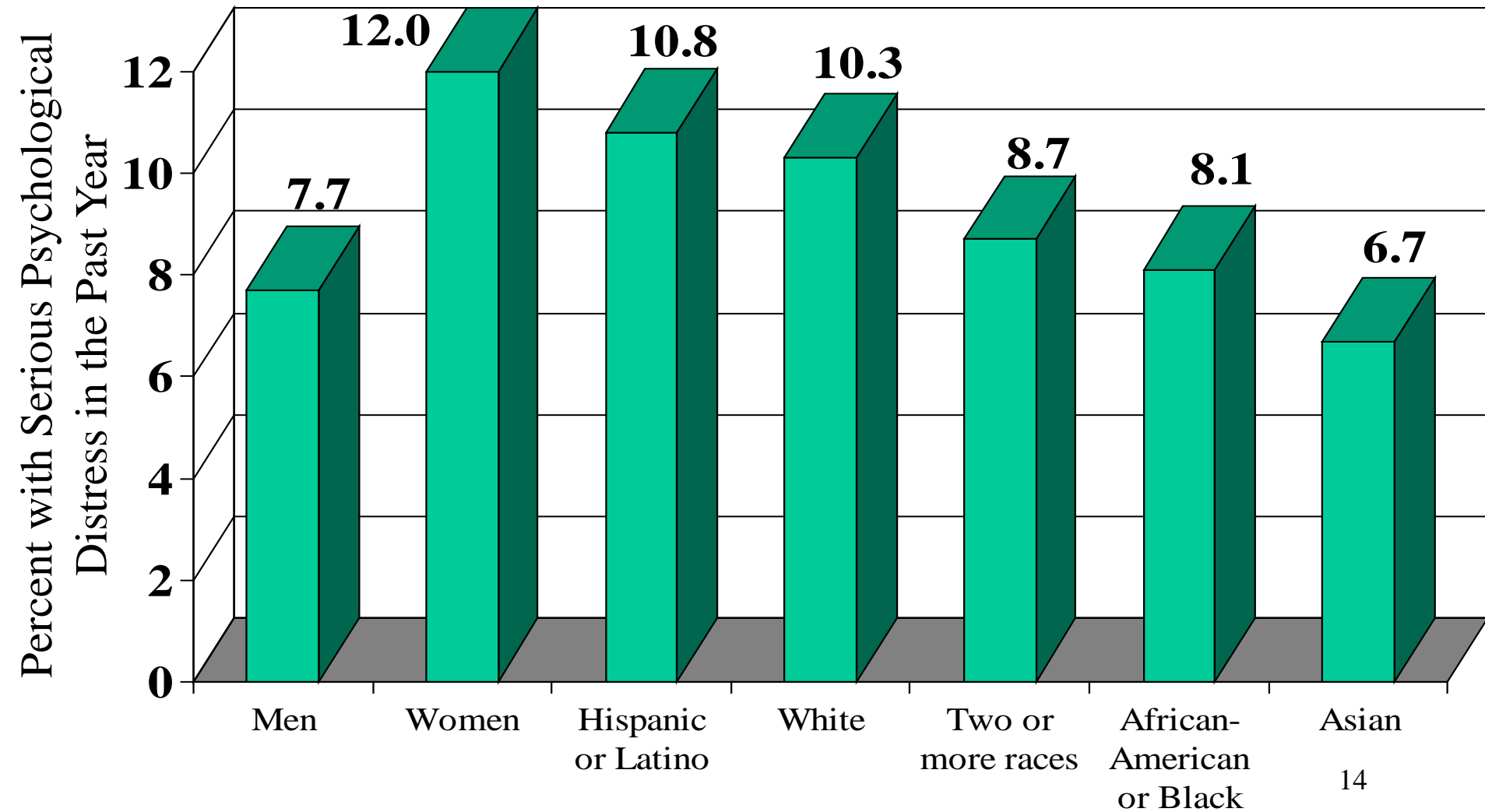
[Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text  
Revision (DSM-IV-TR); American Psychiatric Association, 2000 ]

# Rates of Serious Psychological Distress

21.4 million adults aged 18 or older experienced Serious Psychological Distress (SPD) in 2004



# Rates of Serious Psychological Distress



# Prevalence of Mental Disorders

- *19.0%* of persons unemployed.
- Higher rates in small metropolitan areas (*12.0%*) vs. nonmetropolitan (*9.7%*), and large metropolitan (*8.9%*) rates.
- The West (*10.5%*), Midwest (*10.1%*), Northeast (*9.7%*), and South (*9.6%*) area rates were similar.

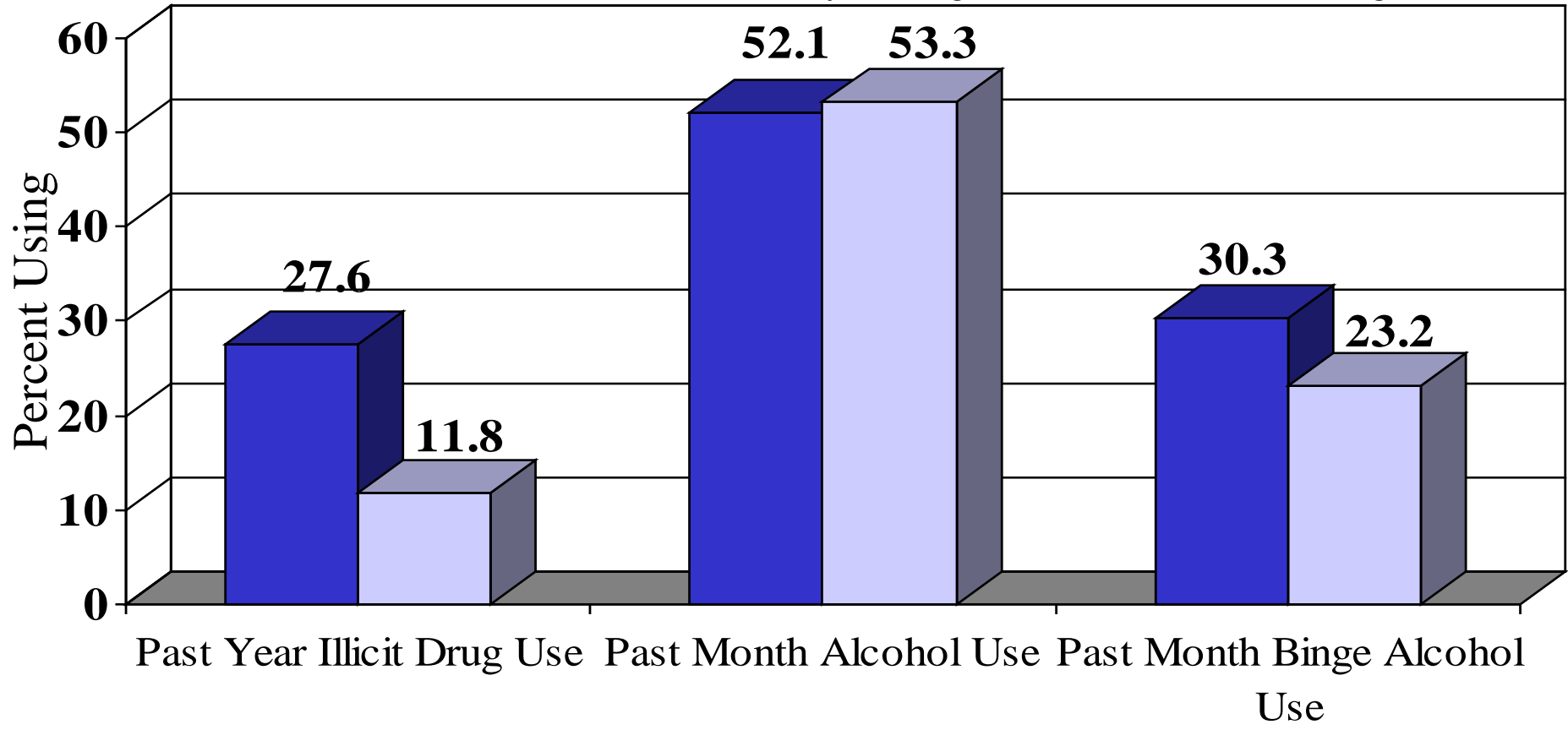
# Mental Disorders Among Parents in the Child Welfare System

- Not much research in this area.
- A study of Cleveland (OH) mothers found:
  - 24.9% with significant psychiatric symptoms;
  - This number was lower than reality;
  - If employed, these mothers earned less;
  - These mothers had other high risk factors;
  - Only 38% of these mothers were receiving any type of mental health services at that time.



# Prevalence of Co-Occurring Substance Use and Mental Disorders

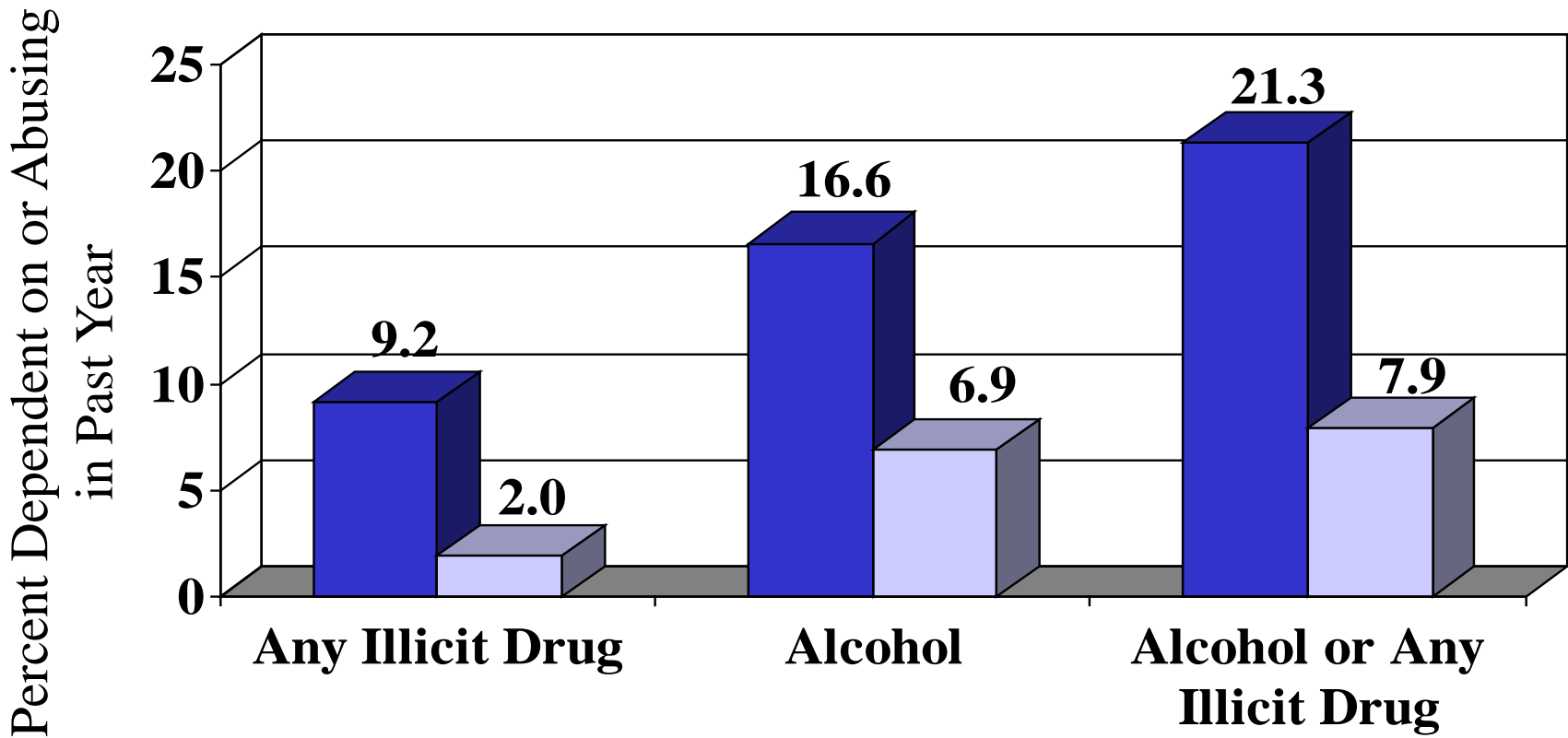
Past Year Substance Use among Persons Aged 18 or Older, by Past Year Serious Psychological Distress: Percentages, 2004



- Had Past Year Serious Psychological Distress
- Did Not Have Past Year Serious Psychological Distress

# Prevalence of Co-Occurring Substance Use and Mental Disorders

Past Year Substance Dependence or Abuse among Persons Aged 18 or Older, by Past Year Serious Psychological Distress: Percentages 2004

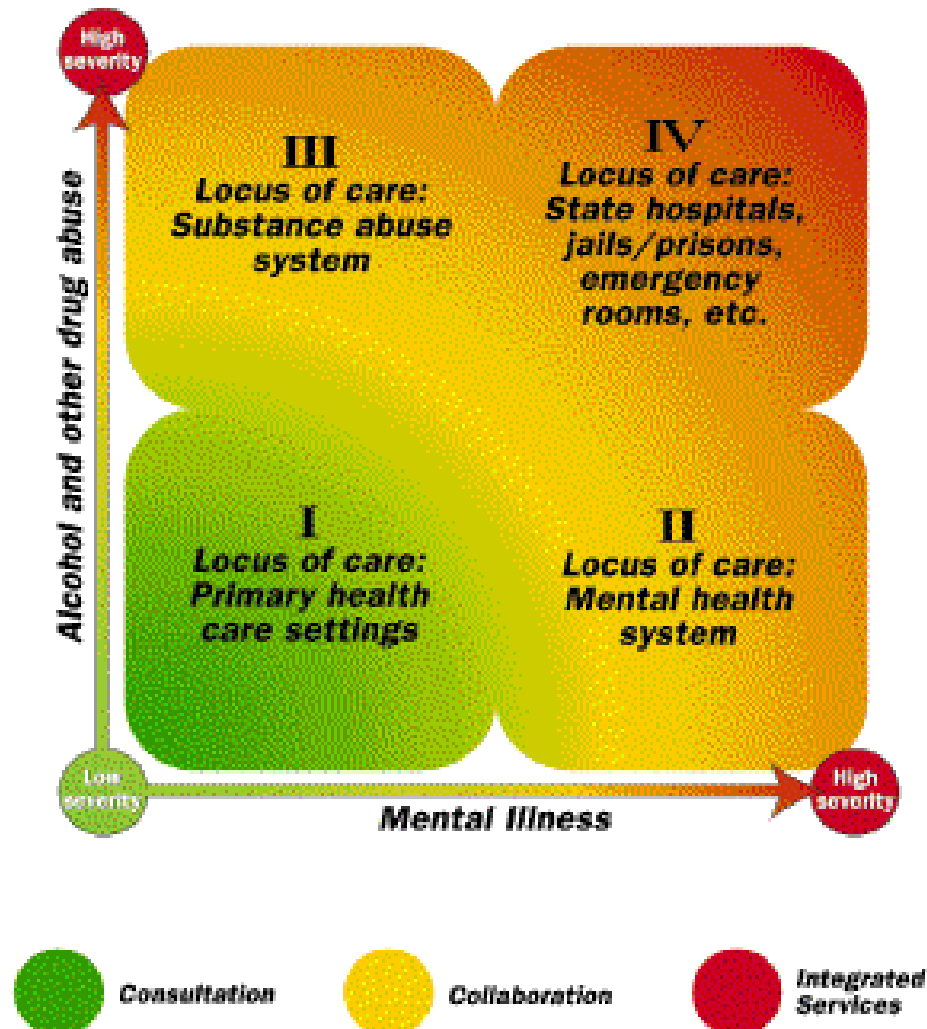


■ Had Past Year Serious Psychological Distress

■ Did Not Have Past Year Serious Psychological Distress

# NASMHPD/NASADAD Co-Occurring Substance Abuse Disorder and Mental Disorder Conceptual Framework

## Service coordination by Severity



# Additional Stressors

- Co-occurring substance use and mental disorders
- Limited educational, vocational, and fiscal resources
- Criminal involvement
- Physical illnesses
- Difficult and traumatic life experiences
- Mothers may present characteristics unique to their gender

# Family Centered Practice: Cultural Competence

1. What are the unique considerations of women with substance use disorders?
2. How do co-occurring disorders, trauma, and domestic violence relate to women's substance use?
3. What are key research-based approaches to treatment for women?

**Special Areas:** Fathers, American Indian Families, Methamphetamine, Critical Issues

# Unique Considerations for Women: Lower Threshold

- Women can become addicted more quickly than men.
- Gender-related physiological differences may cause this difference.
  - Example: Women absorb and metabolize alcohol differently than men.

# Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

- *Childhood Abuse*

- Women with substance use disorders are more likely to report a history of childhood abuse
  - physical, sexual, and/or emotional abuse.

- *Trauma*

- Many women with substance use disorders experienced physical or sexual victimization in childhood or in adulthood, and may suffer from PTSD.
- Alcohol or drug use may be a form of self-medication for people with PTSD and other mental disorders.

# Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

- *Domestic Violence*

- Women using substances are more likely to become victims of domestic violence.
  - More likely to become dependent on tranquilizers, sedatives, stimulants, and painkillers, and are more likely to abuse alcohol.

- *Co-Occurring Disorders*

- Childhood abuse and neglect may contribute to anxiety, depression, PTSD, dissociative disorders, personality disorders, self-mutilation, and self-harming in adults.
- Among individuals with substance use problems, more women than men have a second diagnosis of mental illness.



# Research-Based Approaches for Treating Women

- Treatment Models
  - Relationship-based; peer support, family support and affinity groups
  - Child care, transportation, economic support and vocational/job services.
- Parenting Role
  - Cannot be separated from treatment
  - Treatment programs that accommodate mothers with their children establish trust and engagement.

# Research-Based Approaches for Treating Women

- CSAT Women and Children Programs – Characteristics of effective treatment programs serving women and their children:
  - Comprehensive and holistic;
  - Coordinated with transition services, such as housing and employment, to assist with relapse prevention;
  - Nurturing environment with peer and staff support;
  - Professionally trained staff;
  - Individualized and flexible treatment services;
  - Long-term residential, if needed;
  - Phased Treatment, carefully planned;
  - Other approaches (e.g., case management, group emphasis, cultural and gender-appropriate focus, and family-focused).

# Special Areas of Consideration: Teenagers in the Child Welfare System

- Children and youth may also be involved in treatment and child welfare services.
- This training addresses children and youth in families involved with child welfare and those involved in independent living programs. Many of these youth may also need support, prevention, or treatment services.
- For information regarding the treatment, legal, and court processes for youth in the juvenile justice or criminal justice systems, please refer to the additional resources section of this module.

## Special Areas of Consideration: Involvement of Fathers

- Fostering healthy relationships between fathers and children is integral to recovery from substance use and mental disorders and development of parenting skills.
- Both parents should be involved in the lives of their children to the extent that children are safe and protected.
- The dependency court and child welfare systems are mandated to locate absent fathers.

# Special Areas of Consideration: American Indian Children and Families

- Special provisions under the Indian Child Welfare Act (ICWA) are designed to address the unique legal status and rights of American Indian children and families as members of federally recognized Indian tribes.
- If your families include members of American Indian tribes, you can learn more by visiting the National Indian Child Welfare Association Website at <http://www.nicwa.org/>

# Issues Specific to Methamphetamine

- Between 2002 and 2004, the number of current methamphetamine users remained stable, but the number of current users that met DSM criteria for abuse or dependence significantly increased
- Methamphetamine and other stimulants were 8.1% of all public treatment admissions in 2004
  - Of these admissions, 45% were women
- The chemicals, production process and waste in clandestine methamphetamine labs pose serious dangers to public safety and the environment.

# Methamphetamine: Situations for Children

- Parent uses or abuses methamphetamine
- Parent is dependent on methamphetamine
- Mother uses meth while pregnant
- Parent “cooks” small quantities of meth
- Parent involved in trafficking
- Parent involved in super lab

# Issues Specific to Methamphetamine

## Signs of home methamphetamine manufacture:

- The presence of laboratory equipment.
- Large quantities of pills containing ephedrine or pseudoephedrine (e.g., Tedral, Primatene, or Sudafed).
- Chemical odor.
- Chemicals not commonly found in a home, such as:
  - Red phosphorus, Acetone, Liquid ephedrine, Ether, Iodine, P2P (phenyl-2-propanone).



# Issues Specific to Methamphetamine

## Signs of home methamphetamine manufacture:

- An unusually high quantity of household chemicals such as Lye, Drano or paint thinner.
- Chemicals usually found on a farm (e.g., anhydrous ammonia).
- Residue from “cooking” of methamphetamine.

# Issues Specific to Methamphetamine: Worker Safety

- Inform supervisor/co-worker(s) that you will be visiting a family with a history of making/using methamphetamine
- Carry a cell phone
- Arrange for someone to check on you if you do call in on time
- If you feel unsure of your safety, leave the home
- Do not let anyone get between you and an exit
- Park your car so that you cannot be boxed in
- Do not argue with or antagonize client
- Do not position yourself in the person's peripheral vision or where they cannot see you
- Do not move suddenly

# Issues Specific to Methamphetamine: Worker Safety

- Tell the family what you are doing and why
- Ask permission if you want to go to another area of the home or look in cabinets (e.g., to ensure food is in the house)
- Watch for:
  - Symptoms of stimulant use or methamphetamine paraphernalia
  - Signs that a parent is becoming upset, angry or suspicious
  - Scratch marks or scabs, particularly on a parent's hands and arms (may be evidence of tactile hallucinations and/or indicate a prior episode of stimulant psychosis)
  - Evidence of hallucinations
  - Strong chemical odors

# Issues Specific to Methamphetamine: Worker Safety

- Watch for symptoms of stimulant use or methamphetamine paraphernalia
  - Sweating
  - Rapid/pressured speech
  - Euphoria
  - Hyperactivity
  - Dry mouth
  - Tremor (shaking hands)
  - Dilated pupils
  - Increased breathing and pulse rate
    - Irritability, suspiciousness, paranoia
  - Presence of white powder, straws, injection equipment
  - Lack of appetite
  - Insomnia/lack of sleep
  - Bruxism (teeth-grinding)
  - Depression (“the crash”)
    - Visual and auditory hallucinations
  - Formication (“coke bugs”)

# **Prioritized Interventions: Personal and Agency Values**

- Competing “clocks” (timelines) for parents;
- Collaboration;
- Personal and agency values;
- Impact of stigma on families dealing with substance abuse.

# Multiple Clocks in the Lives of Families

- ④ Recovery from Substance Use or Mental Disorders
  - One Day at a Time for the Rest of Your Life
  
- ⌚ Adoption and Safe Families Act (ASFA)
  - 12 Months Permanent Plan
  - 15 Months out of 22 in Out of Home Care Must Petition for TPR
  
- ⌚ Temporary Assistance for Needy Families (TANF)
  - 24 Months Work Participation
  - 60 Month Lifetime
  
- ⌚ Child Development
  - Clock doesn't stop
  - Moves at Fastest Rate from Prenatal to Age 5

# Benefits of Collaboration

- Collaboration contributes to better outcomes and efficiencies in the service delivery systems.
- The investment of time leads to better shared understanding, improved planning efficiency and more effective monitoring of parental progress.
- Collaboration in case planning and information sharing can include child welfare professionals, substance use treatment providers, mental health treatment providers, court professionals and other related service professionals.

# Types of Collaboration

- Consultation;
- Coordination;
- Cooperation and agreement;
- Collaborative strategies.



# Benefits of Collaboration

*Collaboration can provide many benefits to families in treatment. Families experience benefits when child welfare professionals understand the context of the parent's substance use and/or mental disorders and how treatment works. Collaboration promotes these benefits for families:*

- Collaboration improves family engagement.
- Collaboration improves planning and family outcomes.
- Collaboration reduces family stress.
- Collaboration helps families meet requirements.
- Collaboration improves information sharing.

# Exploring Personal and Agency/System Values 1

## *Concerns of Child Welfare Professionals:*

- Substance use disorder treatment, mental disorder treatment, and child welfare emerged from different backgrounds, philosophies and approaches.
- For example, addiction professionals may be in recovery and may reveal their history of recovery to consumers, while mental health and child welfare professionals typically do not discuss personal backgrounds with families.

# Exploring Personal and Agency/System Values 2

## *Concerns of Child Welfare Professionals*

- Parents who are struggling with early recovery may need fairly concrete and specific steps.
  - Specific guidance may be needed to meet ASFA clock and statutory deadlines set by the dependency court.
  - Parents may experience challenges in cognition during early periods of abstinence.
  - Workers may need to help parents understand what is being asked of them, how to achieve their desired goals, and the consequences of not working to achieve these goals.

# Personal-Professional Dimensions of Substance Use and Mental 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.
- Know how your viewpoint affects your view of parents.
- 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 our families.
- Discuss your issues with your supervisor to ensure that your own life experiences do not interfere with your ability to work objectively with your families.

# Stigma

Stigma is a reflection of community members' judgments about each other.

- Mental disorders are confusing and may be flamboyant. That scares people into judgment.
- Substance use disorders are often viewed as something a person “does to themselves.”

Child welfare professionals can advocate against stigma for families being served.

# Family Centered Practice – 1

- Builds community.
- Builds support and hope.
- Supports families as service designers.
- Blurs boundaries between helpers and persons helped.
- Views family members as helpers.
- Views services as “people helping people”.

# Family Centered Practice – 2

- Uses all resources as creatively as possible.
- Maintains meaningful records.
- Does not allow waiting lists.
- Expects systems to treat helpers as those systems expect helpers to treat recipients.
- Conducts meaningful evaluation.
- Ensures accessible and responsive services.
- Encourages and develops interagency collaboration.

# Understanding Family Culture

- Persons from some cultures will not share internal thoughts and feelings with anyone.
- Substance use and mental disorders may be viewed differently by different cultures.
- The acceptability and methods for asking for help vary across cultures. In some cultures, people simply won't ask.



# Cultural Considerations

- All persons in a defined group do not hold the same beliefs about everything.
- Culture lives at the family level.
- Each family's beliefs, values and traditions are unique. Ask about them.
- If a family's culture places their children at risk, tell them. Beliefs can change.
- A family's culture matters.