Substance Use Disorders and Trauma among Parents Involved in the Child Welfare System

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Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect
Workshop Objectives

Participants will:

- Identify the prevalence of substance use disorders and trauma among parents involved in the child welfare system.
- Learn how parental substance use disorders and trauma impact caregiver, child and family well-being.
- Identify evidence-based programs that address parental trauma and substance use disorders and promote family well-being.
- Grasp the importance of a collaborative approach to serving families affected by substance use disorders and trauma.

Healing the family begins with ensuring timely, appropriate and effective services for both parents and children to treat substance abuse and trauma.
Substance Abuse among Families

- Over **8.3 million children** in the United States under the age of 18 live with a parent who is dependent on alcohol or needs treatment for illicit drugs, representing 11.9% of children nationwide.
  - **14% of children** under the age of 5

How many child welfare cases involve parental substance abuse?


Child Welfare and Parental Substance Abuse

- U.S. Department of Health and Human Services reported that between **one third** and **two thirds** of children in child welfare services are affected by parental substance abuse.
- A recent study found that **61% of infants** and **41% of older children** in out-of-home care had a caregiver who reported active alcohol or drug abuse.
- In a study of children in foster care, it was found that **87% of the families** had one parent using drugs or alcohol and **67% of families had both parents using**


Reason for Removal: Any Alcohol or Drug Use by the Parents

Overall, 26.1% of all child removals were for parental substance abuse


Child Welfare Outcomes

- Within the child welfare system, parents with substance use disorders are shown to have the lowest likelihood of successful reunification with their children, and their children often have longer stays in the foster care system.
- These families are often involved in multiple systems – dependency court, alcohol and drug treatment, mental health, and child welfare services – which requires increased collaboration across systems to identify and meet their needs.

Trauma among Parents in the Child Welfare System

- Parents in the child welfare system often have their own history of abuse and trauma – contributing to substance abuse
  - Mothers, in particular, are often coping with the combined effects of their own early trauma, substance abuse and mental health disorders
- Milner and colleagues found a strong association between childhood history of physical abuse and risk of child abuse as an adult. Psychological trauma symptoms mediated this association.


Link between Trauma and Substance Abuse

- It was found that women with substance use disorders had a 30% to 59% rate of dual diagnosis with posttraumatic stress disorder (PTSD), most commonly stemming from a history of childhood physical and sexual abuse.
- 60% to 90% of a treatment-seeking sample of substance abusers also had a history of victimization.
- 26.2% of the women and 10.3% of the men with a lifetime diagnosis of alcohol dependence also had a history of PTSD.
- Persons in treatment for methamphetamine report high rates of trauma: 85% for women and 69% for men.

ACE Study: Link between Trauma and Substance Abuse

- Growing up in a home with exposure to adverse, traumatic childhood experiences is associated with lifelong physical, emotional, psychological, and social challenges.
- Adverse Childhood Experiences include:
  - Emotional Abuse
  - Physical Abuse
  - Sexual Abuse
  - Emotional Neglect
  - Physical Neglect
  - Household Dysfunction
    - Mother treated violently
    - Household substance abuse
    - Household mental illness
    - Parental separation or divorce
    - Incarcerated household member

Compared to persons with ACE score of 0, individuals with an ACE score of 5 or more were 7-10 times more likely to have illicit drug use problems, addiction to illicit drugs, and IV drug use; and 2 times more likely to be an alcoholic.


Parental Treatment Outcomes

- Failure to understand and address parent trauma may lead to:
  - Failure of parent to engage in substance abuse treatment services
  - An increase in symptoms
  - An increase in management problems
  - Retraumatization
  - An increase in relapse
  - Withdrawal from the service relationship
  - Poor treatment outcomes

Trauma, Substance Abuse and Child Maltreatment

Maternal History of Sexual or Physical Abuse → Maternal Substance Abuse → Reports of Child Maltreatment

Significant mediated pathway


Impact on Parenting Practices

• Parenting practices associated with substance-abusing parents include:
  – Inconsistent, irritable, explosive, or inflexible discipline
  – Low supervision and involvement
  – Little nurturance
  – Tolerance of youth substance abuse


Challenges for Parents

• The parent or caregiver’s may lack understanding of and ability to cope with the child’s medical, developmental, behavioral and emotional needs
• The child’s physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
• The parent and child did not receive services that addressed trauma (for both of them) and relationship issues
• The parent is working toward his/her own recovery from trauma and substance abuse while parenting
Family Environment

The following are examples of typical experiences of children whose primary caregiver abuses substances:

- The home life may be chaotic and unpredictable.
- There may be inconsistent parenting and a lack of appropriate supervision.
- Substance-abusing adults may provide inconsistent emotional responses to children, or they may provide inconsistent care, especially to younger children.
- Parents may have abandoned children physically and emotionally.
- Parents may emphasize secrecy about home life.
- Parental behavior may make the child feel guilt, shame, or self-blame.


Impact on the Child: Trauma

- Living in a home with a substance abusing caretaker may expose the child to a host of adverse experiences, including:
  - Intimate partner violence, child endangerment, chemical exposure, physical abuse, sexual abuse, attempted murder and assault, and violence against siblings or others in the home
- Children living in a home with drug and alcohol abuse were almost five times more likely to have experienced a traumatic event, and were over two times more likely to have a stress response to the traumatic event, than children unexposed to caregiver substance abuse.

Impact on the Child: Neurodevelopmental Delays

- Trauma and maltreatment lead to activation of the stress response. Frequent and sustained activation of the stress response in the developing brain can lead to higher risk of behavioral and physiological disorders over time.
- Adverse childhood environments and experience of maltreatment can impair the development of executive function skills (such as working memory, inhibitory control and mental flexibility) due to damage to the brain from chronic activation of the stress response.


Impact on the Child: Prenatal Substance Exposure

Prenatal exposure to drugs and/or alcohol can lead to a host of neurodevelopmental deficits for the child, including:

- Learning disabilities
- Hyperactivity
- Challenges with impulse control
- Impaired language, memory, and social skills
- Increased emotional reactivity, anxiety and depressive symptoms
- Challenges in sustaining attention
- Difficulty self-regulating emotion
- Difficulty responding to stressful environments

Substance Abuse and Mental Health Services Administration. FASD Center for Excellence (2007). Effects of Alcohol on a Fetus. Rockville, MD.


**Impact on the Child: Future Substance Abuse and Mental Disorders**

- A diagnosis of PTSD has been shown to significantly increase the likelihood of a substance abuse disorder among older youth in foster care.
- Youth in foster care were **five times** more likely to have a drug dependency diagnosis and **four times** more likely to have attempted suicide in the past year than youth never placed in foster care.
- Involvement in the child welfare system by age nine significantly increases a child’s likelihood of having a **substance use disorder** by age 26


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**Intergenerational Transmission of Trauma**

- Transmission of caregiver symptoms to child (Depression, PTSD, Substance Abuse)
- Impaired parenting practices
- Disruptions to the caregiver-child relationship and attachment
- Exposure of the child to risky, traumatic environments
## Multi-generational Issues

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<thead>
<tr>
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<th>Kim</th>
<th>Kim’s 6 yr old daughter</th>
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<td>Born to a teen mom</td>
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<tr>
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• For a parent with a substance use or co-occurring disorder and has likely experienced trauma, who has just had a child removed...what do you think his/her coping strategy will be?
• So then what is our response?
• What is the difference between a referral and an intervention?

Interventions Can Mediate the Effects on Children and Families

• The effects on children and families can be mediated through early and comprehensive interventions, including:
  – Early identification
  – Timely access to screening and assessment
  – Entry, engagement and retention in treatment services for the parents, children and families
  – Resolving gaps and redundancies in the system, including when people drop out and protracted delays in referrals and access to services
Evidence-Based Interventions for Trauma and Substance Abuse

Trauma-Informed Care

- Being a trauma-informed organization means that every part of the organization – from management to service delivery – has an understanding of how trauma affects the life of an individual seeking services.
- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Trauma-Specific Interventions

- Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:
  - The survivor’s need to be respected, informed, connected, and hopeful regarding their own recovery.
  - The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety).
  - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

Examples from the Field: Regional Partnership Grants

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded in September 2007
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes

RPGs and Trauma Services for Adults

- For more than two-thirds of grantees (69.8 percent), significant co-occurring mental health, trauma, and domestic violence issues is the predominant contributing factor that makes clients harder to serve than originally anticipated.
- 43 grantees (81.1 percent) are providing some level of trauma services (trauma-informed and/or trauma-specific) to the majority of adults they serve
- More than three-fourths of grantees (77.4 percent or 41 grantees) provide trauma-informed services
### Examples of Trauma-Specific Interventions for Parents and Families

- Seeking Safety
- Helping Women Recover; Beyond Trauma and Healing Journey for Women
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Trauma Recovery and Empowerment Model (TREM)

### RPG Implementation of Trauma-Specific Services

- 27 grantees (50.9 percent) provide *trauma-specific services* to the majority of their adult clients. Of these:
  - 20 grantees are using **Seeking Safety**
  - 7 grantees use one of Stephanie Covington’s curriculums (**Helping Women Recover; Beyond Trauma and Healing Journey for Women**)
  - 7 grantees provide some other type of trauma service or program
RPGs and Trauma-Informed Care

• Other grantees focused on the task of strengthening client outreach and identification and becoming trauma-informed.

• One family drug court site added trauma and domestic violence-related questions to the substance abuse assessments and implemented an onsite mental health medication assessment to ensure more comprehensive support for those in substance abuse treatment. This site also brought in a trauma expert to work with each partner agency to develop a trauma-informed parenting module.

One of the three-year grantees stated that in close-out interviews with key stakeholders, a “significant revelation” among partners was the sheer extent of sexual trauma evident in the clients’ lives and the role drugs played to help them cope with that trauma. As the family drug court was stretched to take on dually diagnosed clients, the team had to ensure therapists were trauma informed and trauma focused to effectively handle these more complex cases.
Evidence-Based Services

- Implementing any one of these EBPs requires a thoughtful consideration of your target population, capacity and appropriate settings.
- The “evidence” also points to the equal importance of the multidisciplinary team that ensures timely access to needed substance use disorder treatment and trauma services.

Collaborative Practice and Strategies
Screening, Assessment and Referral

- **Screening** children and parents in families involved in the child welfare system for effects of substance use and for past and present victimization and trauma is an essential part of determining risk and safety for the family.
- **Collaboration and communication** across the systems responsible for helping families are necessary to provide the child welfare, substance abuse treatment, and court systems with timely access to the screening and assessment results they need to make informed decisions.

Collaborative Practice Publications

- Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)
- The Collaborative Practice Model for Family Recovery, Safety and Stability
Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)

• SAFERR is based on the premise that when parents misuse substances and maltreat their children, the only way to make sound decisions is to draw from the talents and resources of at least three systems: child welfare, alcohol and drugs, and the courts.

SAFERR Premises

- The team is the tool, and people, not tools, make decisions
- The family is the focus of concern
- Problems don’t come in discrete packages; they are jumbled together
- Assessment is not a one-person responsibility
SAFERR: Assessment is a Process

Assessment happens along a continuum to determine:

### Presence and Immediacy

- Is there an issue present?
- What is the immediacy of the issue?

### Nature and Extent

- What is the nature of the issue?
- What is the extent of the issue?

### Developing & Monitoring Change, Transitions & Outcomes of Treatment and Case Plans

- What is the response to the issue?
- Are there demonstrable changes in the issue?
- Is the family ready for transition?
- Did the interventions work?
Collaborative Practice Model: Screening and Assessment

- Implement screening protocols to determine:
  - Does a family have a substance use or trauma issue? If so, how urgent is the issue?
  - What is the extent and immediacy of the substance use or trauma issues?
  - How do the systems need to respond to the substance use or trauma issue? Is the family ready to make a transition in the case plan and what does the family need after discharge from treatment and during reunification?

Organizations and statewide systems that have developed effective joint screening and assessment procedures

- Statewide Implementation of UNCOPE Universal Screen
- Statewide screening for co-occurring disorders
  - Washington State – GAIN Short Screen for substance abuse and mental health for child welfare families
  - Florida Department of Children and Families – family intervention specialists to assess families for SUDs
  - New Jersey Child Protection Substance Abuse Initiative – drug and alcohol counselors to aid child welfare offices in conducting assessment, referral and case management
Collaborative Practice Model: Engagement and Retention

• Ensure treatment and recovery success by:
  – Understanding, changing, and measuring the cross-system processes for referrals, engagement, and retention in treatment.
  – Recruiting and training staff who specialize in outreach and motivational approaches and who monitor processes of recovery and aftercare.
  – Jointly monitoring family progress through a combination of case management, counseling, testing, and family support programs.

Organizations and statewide systems that have developed effective joint engagement and retention interventions

• Trauma-informed organizations and trauma-specific services
• Parent Partner Programs
  • Arizona Families F.I.R.S.T. – Families in Recovery Succeeding Together
  • Upper Des Moines Parent Partner Program
• Specialized Treatment and Recovery Services, Sacramento County, California
• Engaging Moms Program, Family Drug Court, Miami, Florida
Principles of Family-Centered Treatment

- Comprehensive and safe
- Women all define their families differently
- Treatment is based on the unique needs and resources of individual families
- Families are dynamic, and thus treatment must be dynamic
- Conflict is inevitable, but resolvable
- Meeting complex family needs requires coordination across systems
- Gender responsive, specific and culturally competent services
- Family-centered treatment requires an environment of mutual respect and shared training
- Treatment must support creation of healthy family systems


Continuum of Family-Based Services

- Parent's Treatment With Family Involvement
- Parent's Treatment With Children Present
- Parent's and Children's Services
- Family Services
- Family-Centered Treatment

Services for parent(s) with substance use disorders. Treatment plan includes family issues, family involvement.

Goal: improved outcomes for parent(s)

Children accompany parent(s) to treatment. Children participate in child care but receive no therapeutic services. Only parent(s) have treatment plans.

Goal: improved outcomes for parent(s)

Children accompany parent(s) to treatment. Parent(s) and attending children have treatment plans and receive appropriate services.

Goals: improved outcomes for parent(s) and children, better parenting

Children accompany parent(s) to treatment; parent(s) and children have treatment plans. Some services provided to other family members.

Goals: improved outcomes for parent(s) and children, better parenting

Each family member has a treatment plan and receives individual and family services.

Goals: improved outcomes for parent(s), children, and other family members; better parenting and family functioning

Screening and Assessment for Family Engagement, Retention, and Recovery

This guidebook and model provides strategies to help improve the connections, communications, and collaborative capacities across child welfare, substance abuse treatment and court systems in serving families affected by substance abuse and child maltreatment.

http://www.ncsacw.samhsa.gov/resources/SAFERR.aspx
Collaborative Practice Model

Defines and provides examples of the ten system linkages for collaboration:

1. Mission, Underlying Values, and Principles of Collaboration Screening and Assessment
2. Engagement and Retention in Care
3. Services to Children of Parents with Substance Use Disorders
4. Working with the Community and Supporting Families
5. Efficient Communication and Sharing Information Systems
6. Budgeting and Program Sustainability
7. Training and Staff Development
8. Working with Related Agencies
9. Joint Accountability and Shared Outcomes
10. Resources and Tools for the Elements of System Linkages

Family-Centered Treatment

- Discusses the role of family in the context of treatment for women with substance use disorders.

http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf
Child Welfare Training Toolkit

6 modules, each containing:
• Trainer Script
• PowerPoint Presentation
• Handouts
• Case Vignettes

http://www.ncsacw.samhsa.gov/training/default.aspx

Online Tutorials

• FREE online tutorials for child welfare, substance abuse treatment and court professionals

http://www.ncsacw.samhsa.gov/training/default.aspx
How do I access technical assistance?

- Visit the NCSACW website for resources and products at http://ncsacw.samhsa.gov
- Email us at ncsacw@cffutures.org
- Call us: 1-866-493-2758
Questions and Discussion