Engagement and Safety Decision-Making in CINC Cases Involving Substance Use Disorders

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National Center on Substance Abuse and Child Welfare

Acknowledgement

Children's Bureau   ACF   **SAMHSA** Substance Abuse and Mental Health Services Administration

National Center on Substance Abuse and Child Welfare

https://ncsacw.acf.hhs.gov | ncsacw@cffutures.org

Learning Objectives

FOLLOWING THIS TRAINING, PARTICIPANTS WILL BE ABLE TO:

#1

Recognize how language can perpetuate stigma about substance use

#2

Identify engagement strategies that build on family strengths for successful outcomes and family recovery

#3

Understand the effect of parental substance use disorders (SUDs) on child risk and safety

#4

Identify safety, risk, and protective factors for parents with a substance use disorder

#5

Identify the importance of collaboration with collateral contacts

Knowledge Check

True or False – Early identification and quick access to SUD Assessment is an engagement strategy that can improve outcomes for families.

True or False – Person first language is defined as using terms that define the person by their disease.

The Need to Do Better for Families

Substance use disorders can negatively affect a parent's ability to provide a stable, nurturing home and environment. Of children in care, an estimated **61% of infants and 41% of older children** have at least one parent who **is using drugs or alcohol** (Wulczyn, Ernst, & Fisher, 2011)

Families affected by parental substance use disorders have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without substance use disorders (Brook & McDonald, 2010)
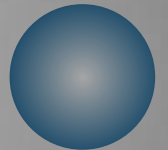
The **lack of coordination and collaboration** between child welfare agencies, community partners, and substance use disorder treatment providers **undermines the effectiveness of agencies' response to families** (Radel et al., 2018)

Language Matters

LEARNING OBJECTIVE 1:

Recognize how language can perpetuate stigma about substance use

"Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic disease."

American Society of Addiction Medicine (ASAM)
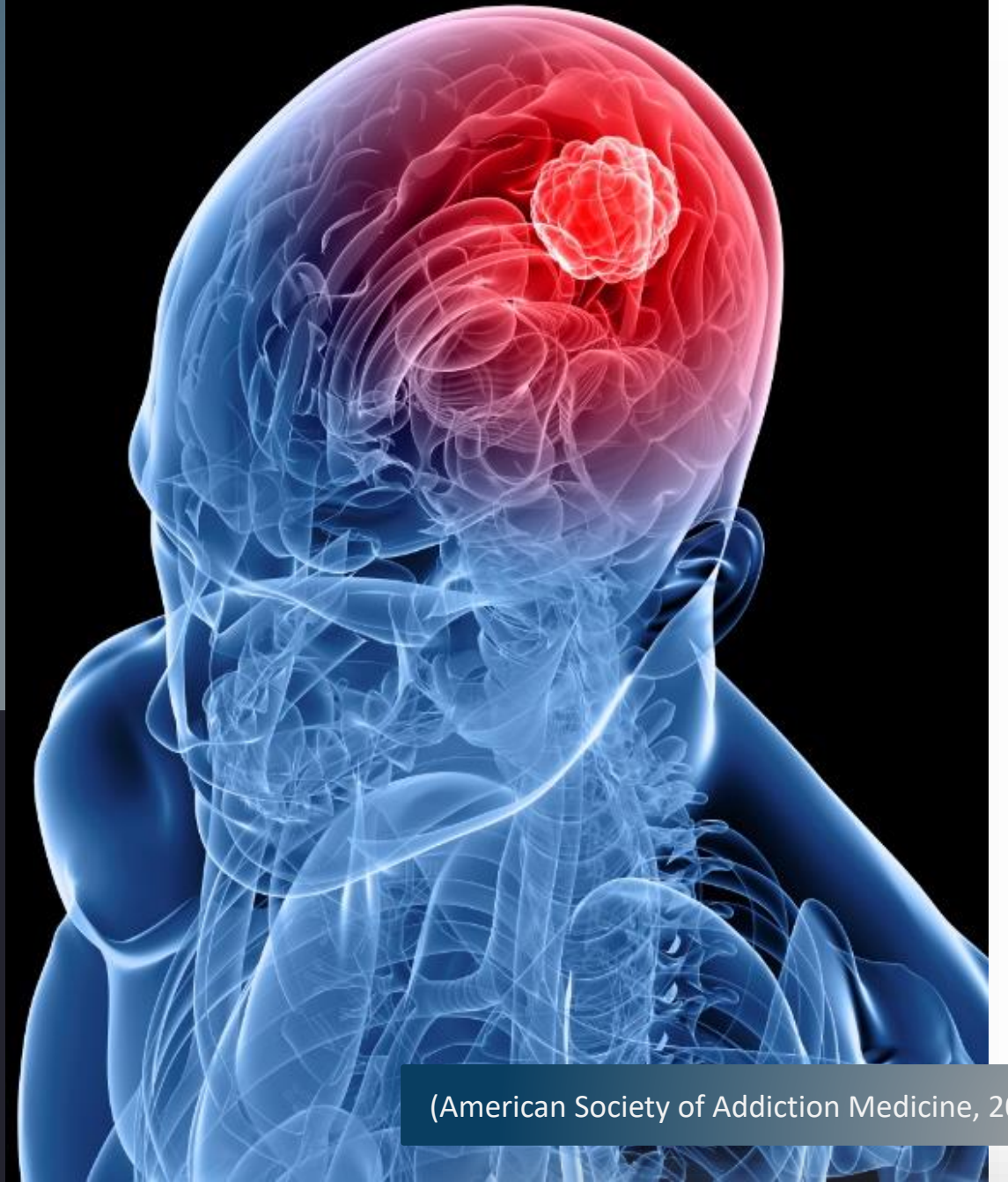
(American Society of Addiction Medicine, 2019)

Addiction is a Family Disease

- **The impact on child development is well-known: addiction weakens relationships – which are critical to healthy development**
- **Child-well-being – is more than just development, safety and permanency – it's about relationships that ensure family well-being**
- Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption
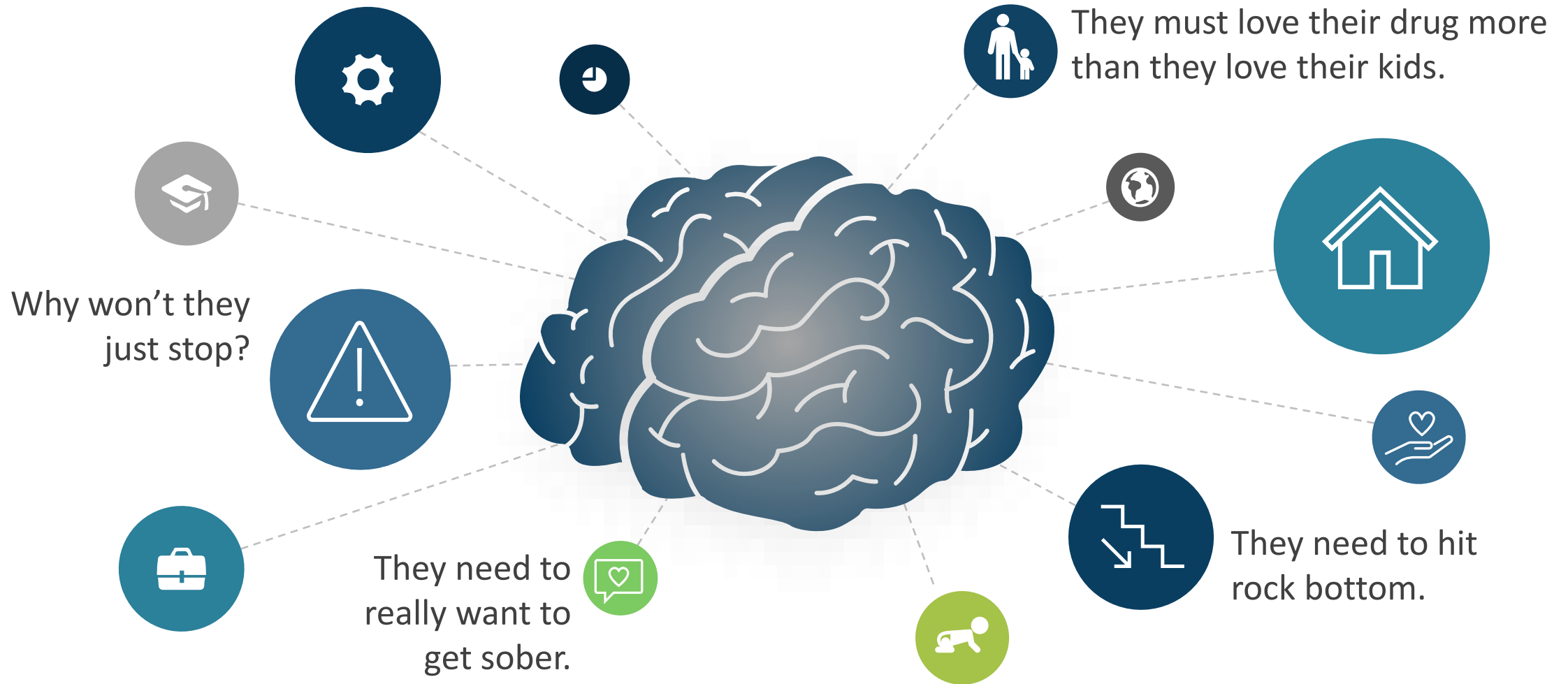
What is Stigma?

Stigma is defined as the relationship between an attribute—such as drug use—and a stereotype that assigns undesirable labels, qualities, and behaviors to a person exhibiting the attribute.

Common Beliefs

They must love their drug more than they love their kids.

Why won't they just stop?

They need to really want to get sober.

They need to hit rock bottom.

Common Responses

"Here's a referral– Let me know when you get into treatment."

"They'll get into treatment if they really want it."

"Don't work harder than the client."

"We will see you back here in 90 days."

Person First vs. Identity First Language

Language Matters

Person *first language* (for example, "a person with a substance use disorder") suggests that the person has *a problem that can be addressed*. By contrast, calling someone an "addict" or "drug abuser" implies that the person is the problem.
— SAMHSA Center for the Application of Prevention Technologies

Your Choice of Language Reflects Your : Understanding of SUD as a Disease

Instead of…	Try…
☒ Addict, Drug Abuser	☑ Person/Parent with a Substance Use Disorder
☒ Clean/Dirty Drug Screen	☑ Screen Tested Negative/Positive for Substances
☒ Former Addict	☑ Person in Recovery
☒ Hard to Place Kids	☑ Children Affected by Trauma
☒ Drug Addicted Baby	☑ Infant Prenatally Exposed to Substances
☒ Foster Child	☑ Child In-Care or Out-of-Home Placement

Engagement Strategies

LEARNING OBJECTIVE 2:

Identify **engagement strategies** that build on family strengths for successful outcomes and family recovery

Values

Culture includes *beliefs*, *traditions*, and *values*

Communities

Culture lives at the family level but also exists in individuals, organizations, and communities

Solutions

Beliefs, traditions, and *values* must be the platform on which solutions are built

Culturally Competent Engagement
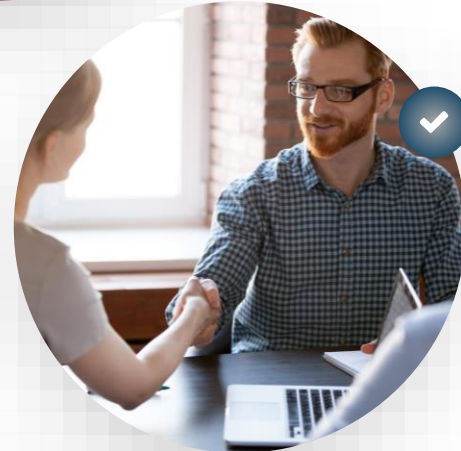
Engaging Families

"*We want them to succeed!*"

Assessment

Engagement starts at the initial assessment/contact with families

Partner

Seeing child welfare as their partner

Everyone

Everyone plays a role in engagement

Rethinking Treatment Readiness

"ROCK BOTTOM"

"Tough love"- in the hopes that they will hit rock bottom and want to change their life

Collective knowledge in the community is to "cut them off, kick them out, or stop talking to them"

Addiction as a disease of isolation

"RAISING THE BOTTOM"

"Getting off on an earlier floor"

Has realistic expectations and understands the 1) neuro-chemical effects on people with substance use disorders, and 2) challenges of early recovery

Readiness

Recovery occurring in the context of relationships

Early Identification & Quick Access to Services

Primary Question | Tools

Is substance use a factor? Yes, or no?

CHILD WELFARE ASSESSMENT

CAGE:

https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf

GAIN: https://gaincc.org/instruments/

UNCOPE:

https://ncsacw.acf.hhs.gov/files/TrainingPackage/MOD2/ExampleScreenQuestionsUNCOPE.pdf

Process

Screening

Referral

SUD/MH Assessment

Treatment

How severe is the substance use disorder? | *DSM V Criteria*

Does level of treatment match the identified need?
ASAM Continuum of Care
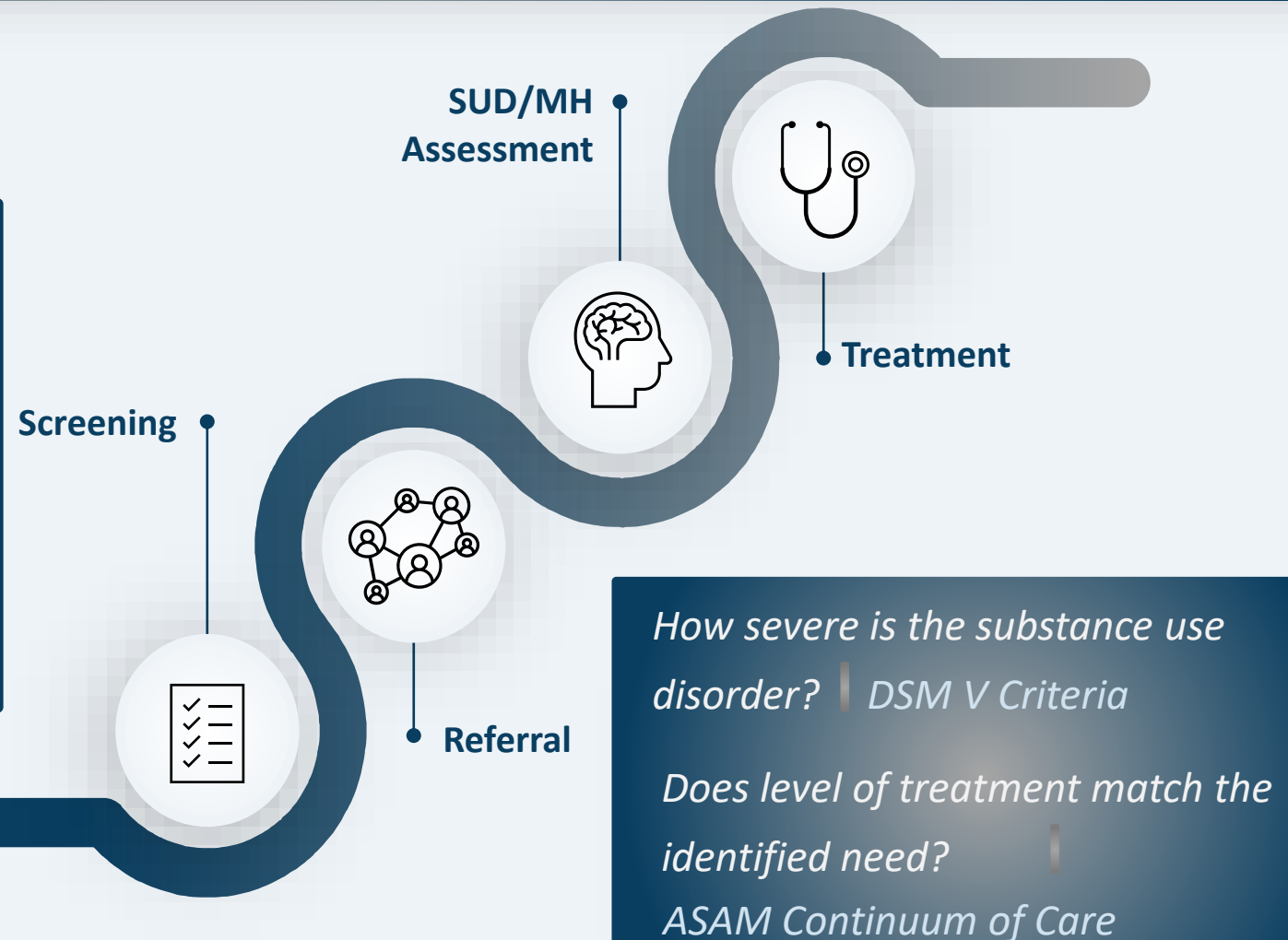
Culturally Sensitive Assessments
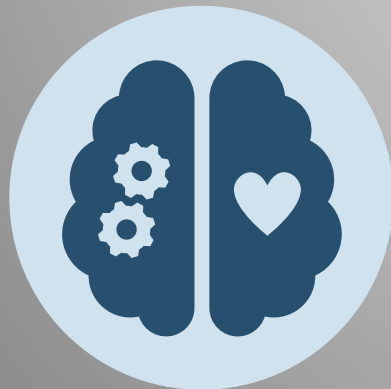
Proportional Access

Equitable Treatment

Equal Outcomes

Parental Substance Use Disorders

LEARNING OBJECTIVE 3:

Understand the effect of **parental substance use disorders** on child risk and safety

There Are Many Signs of Potential Use:

- Absenteeism from work or changes in employment status
- Neglect of the family or children
- Impaired functioning during home visits or other meetings
- Appearance (e.g., changes in hygiene, disheveled, dilated/constricted pupils, track marks)

- Inconsistent reporting or history, not accepting responsibility for past behaviors, attempts to conceal information
- Increased frustration or a change in typical attitude or behavior
- Drug paraphernalia in home

- Physical signs of drug use or withdrawal (e.g., agitation or euphoria, change in speech, mood and/or gait patterns, flu-like symptoms, tremors or shaking, chemical odors)
- Involvement with the criminal justice system

Evaluation and Observation of the Home Environment

Home conditions

Safe sleep space

Safe storage of controlled substances

Safety hazards

Drug paraphernalia in the home

Changes in home conditions that weren't there before

Keeping Children
Safe from Substances

Items to be aware of include:

Nicotine
E-liquids with e-cigarettes, nicotine gum or patches

Alcoholic Beverages
Sweetened mixed drinks

Prescription Medicines
Pain killers and patches, sedatives, and tranquilizers

Illegal Drugs
Cocaine, methamphetamine, heroin, fentanyl

Marijuana
Edibles in the form of baked goods, candy and beverages

Encourage parents to be prepared by saving the phone number for the national Poison Help Hotline in their phone

Center on Addiction, 2018

Parental Substance Use Disorders – **Effect on Parenting**

A parent's use of alcohol or drugs can affect their ability to safely parent their children by **decreasing** their ability to:

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

Knowledge Check

True or False – Early identification and quick access to SUD Assessment is an engagement strategy that can improve outcomes for families.

True or False – Person first language is defined as using terms that define the person by their disease.

Safety, Risk, & Protective Capacities

LEARNING OBJECTIVE 4:

Identify safety, risk, and protective factors for parents with a substance use disorder

Knowledge Check

What child specific factors should be considered when assessing safety threats?
A. Age of the child
B. Special Needs
C. Child Visibility
D. All of the above

The likelihood that a child will be maltreated in the future is a _____.
A. Risk factor
B. Safety factor
C. Protective factor
D. None of the above

What is a Safety Threat?

- A present or impending danger to a child

- Insufficient caregiver protective capacities to assure a child is protected from danger

- Failure to address the problem may result in a future safety issue

Areas to Consider When Assessing **Safety Threats**

When you are concerned about a parent's substance use and assessing a child's safety, consider the following factors related to the child:

age
of the child

child is visible in the **community**

special needs
of the child

parent/child **interaction**

What is a Risk Factor?

CAUTION

The likelihood that a child will be maltreated in the future.

Differentiating Between Safety and Risk Factors

Examples of Safety Factors

Drug paraphernalia in reach of small children	Parent driving under the influence	Ingestion of drugs or alcohol by a child	Physical abuse incident while parent is under the influence	Parental overdose with a child in the home

Examples of Risk Factors

Parental drug use	Co-occurring mental health diagnosis	Co-occurring domestic violence	History of substance use	Frequent traffic in and out of the home

Paula is a 23-year-old first time parent with a two-year-old son, Drake. A report was received by child welfare alleging that Drake was found wandering around the neighborhood alone, wearing only a diaper and t-shirt. The police responded and contacted child welfare for assistance. Upon initial contact with the child welfare worker, Paula admitted to drinking alcohol and taking opiate medication earlier that afternoon. She stated that she fell asleep with Drake, but he must have woken up and exited the family home. Paula shared that she was in a car accident as a youth and still suffered from severe back pain. Paula also shared that she experienced post-partum depression after Drake's birth and had a hard time bonding with him after he was born.

CASE SCENARIO- PART 1

✓ What is your current assessment of safety threats?

✓ What is your current assessment of risk factors?

Drug Testing

What does it tell us?

Drug Testing

Drug Testing...

is just one tool used to guide case planning and permanency decisions with families affected by SUDs

Drug tests alone cannot provide information on the severity of an individual's substance use, progress in recovery, or the effects on parenting capacity

After potential substance misuse is identified, it is key to partner with SUD treatment providers to help engage the parent in an assessment and appropriate services

Child welfare workers must rely on other indicators

Drug testing can provide a chance to discuss a parent's substance use and motivate them to follow their case plans and engage in treatment.

Sharing results provides an opportunity to have a conversation with parents that reduces overall shame and stigma. Consider the following approach:
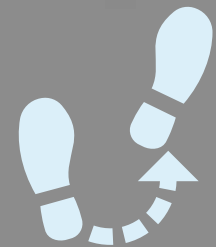
Discuss the results in a timely manner

Be strengths-based

Identify protective capabilities within the family
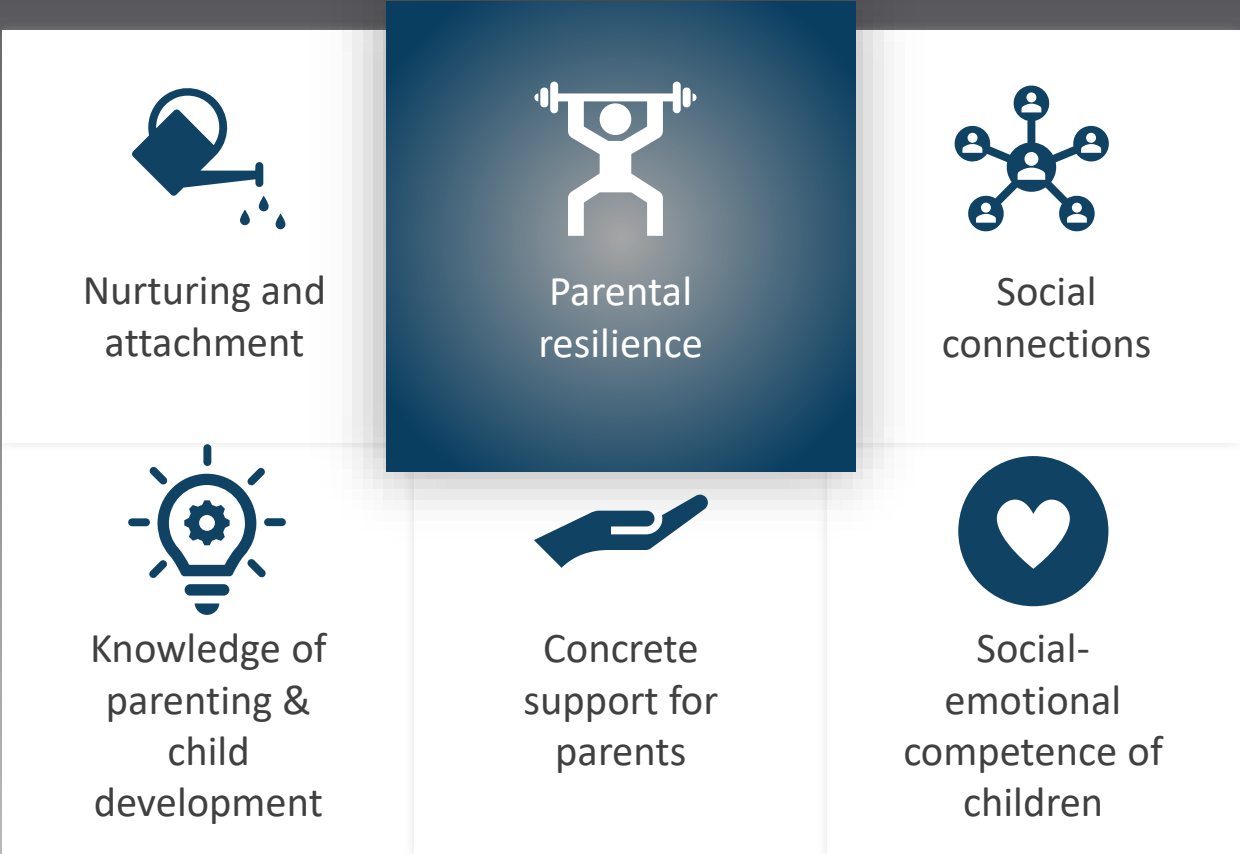
Help the parent determine next steps

What Are Protective Capacities?

- Personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child

- Specific qualities that can be observed, understood, and demonstrated as a part of the way a parent thinks, feels, and acts that makes him/her protective of his or her child

Parental Protective Factors

What are they and how do we build on them?

Six protective factors to strengthen families:

Nurturing and attachment

Parental resilience

Social connections

Knowledge of parenting & child development

Concrete support for parents

Social-emotional competence of children

(https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/)

Developing Protective Capacity for Parents with Substance Use Disorders

- Parent has insight into their behaviors and changes that need to be made to provide safety

- Parent understands the effect their substance use has had on their children and family

- Accessible and consistent childcare to support the parent attending treatment

- Consistent attendance at treatment sessions/recovery support meetings

- Family/friends that are willing to do check-ins/monitor child safety daily

- Parent is willing to attend SUD treatment and/or other services

- Active engagement with treatment provider

- Supportive caregiver in the home

- Priority/quick access to treatment

ENGAGEMENT MATTERS!

Paula receives food stamps and social security due to the death of her husband. She also receives Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for Drake and is on the waitlist for early Head Start. She reported limited supports during her first meeting with child welfare but shared that her sister sometimes babysits Drake so she can look for employment. Paula shared that her sister is a person in long-term recovery, and often encourages her to seek treatment to address her own alcohol and opioid use. Paula shared that she recognizes her need for treatment and may be willing to take the first step towards recovery. She also reported once attending a virtual Narcotics Anonymous (NA) meeting with her sister and enjoying the supportive nature of the group.

CASE SCENARIO- PART 2

✓ What is your current assessment of the family's protective capacities?

If Return to Use Happens...

- **Time is of the essence!**
- **Could "lose" the parent at this point**
  - Is medical attention or detox needed?
  - Is medication-assisted treatment (MAT) part of the treatment plan?
  - Window of opportunity to re-engage parent in services and recovery
- **Child welfare role is critical in locating and re-engaging the parents**
- **Not a time to be punitive**
- **Can be a learning experience**

Return to Use

Visits Matter

- It is the right of the child and family

- Creates a safe place to address feelings

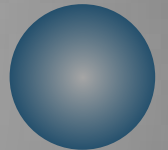- Facilitates bonding and attachment

- Provides opportunity for parental skill building

- Allows for ongoing assessment of safety, risk, and protective capacities

- Improves family outcomes

Importance of Collaboration

LEARNING OBJECTIVE 5:

Identify the importance of **collaboration**

with collateral contacts

The Necessity of Collaboration

Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)

Benefits of **Collaboration**

1. Collaboration contributes to better outcomes and efficiencies in the service delivery systems

2. The investment of time leads to better shared understanding, improved planning efficiency, and more effective monitoring of parental progress

3. Collaboration in case planning and information sharing brings together child welfare workers, substance use treatment providers, mental health treatment providers, court professionals, and other related service professionals to establish joint goals

Community Partner's Role in Mandated Reporting

Report in a timely manner

Report accurate information

Clear observations of what you have seen, heard or witnessed

Attention to culture and implicit bias

Follow up if required or needed

Trust the system to accurately and professionally assess risk and safety threats

A **Collaborative** Approach **Across Systems**

Agreement on common values

Results in improved outcomes for families:

- Increased engagement and retention of parents in substance use treatment

- Fewer children removed from parental custody

- Increased family reunification post-removal

- Fewer children re-entering the child welfare system and foster care

Enhanced communication and information sharing

Blended funding and data collection for shared outcomes

Additional Collaborators in Safety
The Courts

- Regular communication between the Guardian Ad Litem/Court Appointed Special Advocate and child welfare

- Fact-based examples of safety and risk factors, or how these have been resolved or mitigated

- Focus on parent strengths and improvements that are linked to the reason for child welfare involvement (e.g., parent recently completed an intensive outpatient program, is participating in a recovery group, has started parenting classes, and is moving through the stages of change)

Information Needed
From Substance Use Treatment Providers

Whether the parents are participating in a treatment program, including:

|			
Quality of their engagement and progress in treatment	The degree of parental participation	Appointment attendance	Treatment recommendations
If parents relapses or have left treatment	Drug testing results	Discharge plan and aftercare recommendations	Timeframe for anticipated successful completion of treatment measured against Adoption and Safe Families Act (ASFA)

Information Needed From Child Welfare

Reason for referral and current drug and alcohol concerns

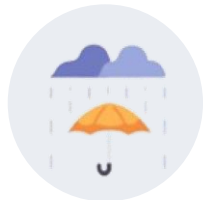**Screening and assessment results and case plan**
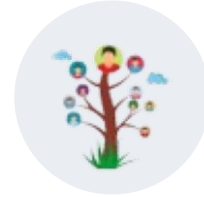
Household composition and any children previously removed

Status of children and visitation plan (including any changes in placement or visitation and permanency goal)

History of child welfare involvement

Family strengths/ protective factors

Confirmation of release of information signed

Drug and alcohol history, if known

Name and contact information of the child welfare worker

Confidentiality

HIPPA

"A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care, and to protect the public's health and well-being."

(HHS, Health Information Privacy)

42 CFR- PART 2

More stringent than HIPAA, 42 CFR outlines under what limited circumstances where information about the client's treatment may be disclosed with and without the client's consent. Recent changes enacted in July 2020.

(Substance Abuse and Mental Health Services Administration, 2020; U.S. Department of Health and Human Services, 2003)

Knowledge Check

What child specific factors should be considered when assessing safety threats?
A. Age of the child
B. Special Needs
C. Child Visibility
D. All of the above

The likelihood that a child will be maltreated in the future is a _____.
A. Risk factor
B. Safety factor
C. Protective factor
D. None of the above

What's Your Next Step?

National Center on Substance Abuse and Child Welfare

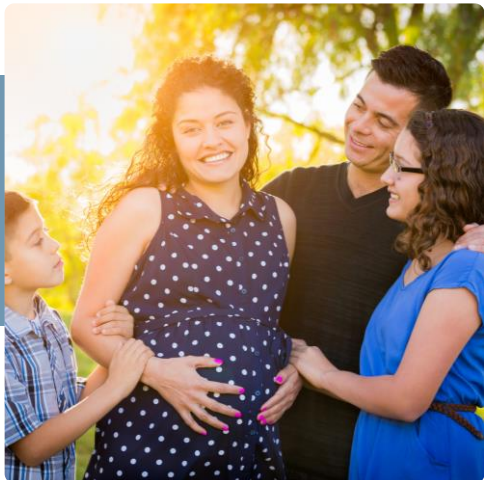A program of the Administration on Children and Families, Children's Bureau, and the Substance Abuse and Mental Health Services Administration

https://ncsacw.acf.hhs.gov/

ncsacw@cffutures.org

Contact the NCSACW TTA Program

Connect with programs that are developing tools and implementing practices and protocols to support their collaborative

Training and technical assistance to support collaboration and systems change
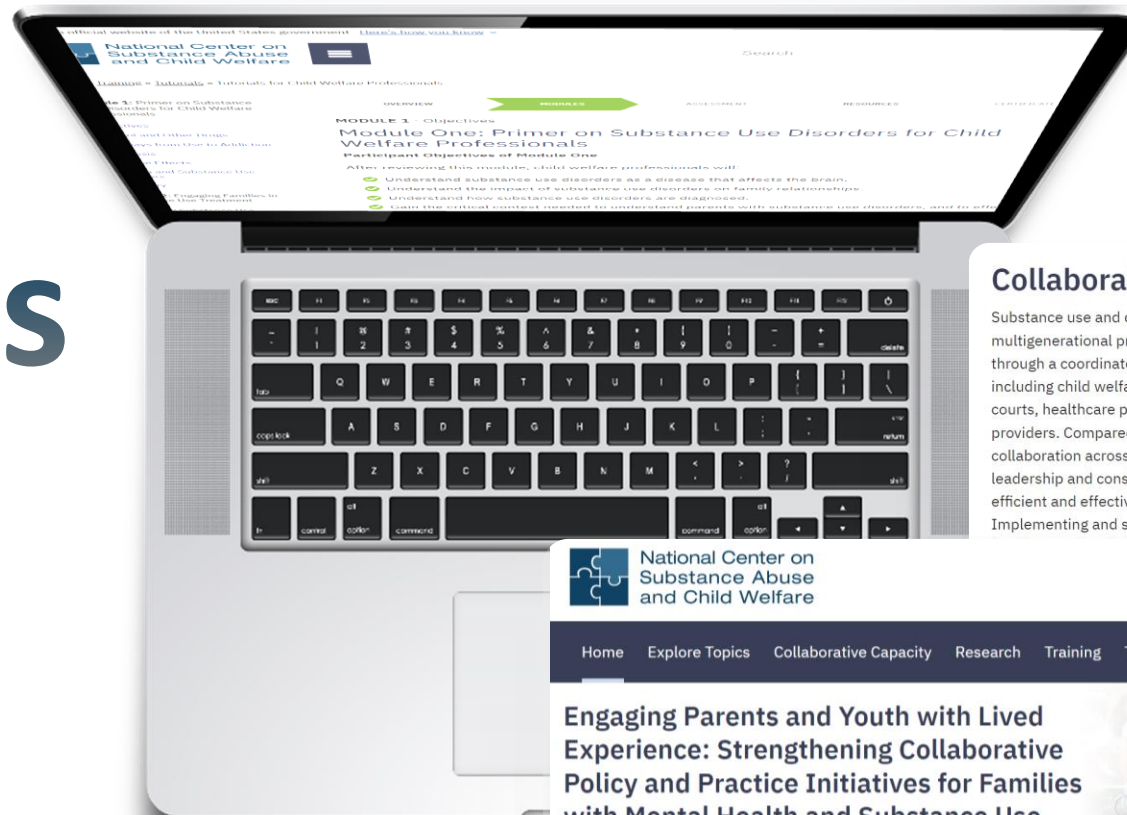
National Center on Substance Abuse and Child Welfare

https://ncsacw.acf.hhs.gov/

ncsacw@cffutures.org

Toll-Free @ 1-866-493-2758

Resources

NCSACW Child Welfare Practice Tip Series

- *Understanding Substance Use Disorders: What Child Welfare Staff Need to Know*

- *Understanding Engagement of Families Affected by Substance Use Disorders-Child Welfare Practice Tips*

- *Understanding Screening and Assessment of Substance Use Disorders-Child Welfare Practice Tips*

- *Identifying Safety and Protective Capacity for Families with Parental Substance Use Disorders and Child Welfare Involvement*

- *Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement*

Download @ https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx

Free Online Tutorials for Cross-Systems Learning

Understanding Substance Use Disorders and Facilitating Recovery: A Guide for Child Welfare Workers

Understanding Child Welfare and the Dependency Court: A Guide for Substance Use Treatment Professionals

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

@ https://ncsacw.acf.hhs.gov/training/default.aspx

Disproportionalities and Disparities in Child Welfare

A resource for child welfare workers to help

- Understand the link between disproportionalities, disparities, and the child welfare system

- Recognize disproportionalities and disparities when working with families affected by SUD

- Implement strategies to increase engagement with families and reduce inequities.

NCSACW Training Toolkit

National Center on Substance Abuse and Child Welfare

Module 1:
Understanding the Multiple Needs of Families Involved with the Child Welfare System

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

- Understand substance use and co-occurring disorders

- Identify when substance use is a factor in a child welfare case

- Learn strategies for engaging parents and families in services

- Understand potential effects for the parent, children, and caregivers

- Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice

Disrupting Stigma

How Understanding, Empathy and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders

National Center on Substance Abuse and Child Welfare

Available @ https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf

Drug Testing in Child Welfare

Brief 1: Considerations for Developing a Child Welfare Drug Testing Policy and Protocol

Brief 2: Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points

BRIEF 1
CONSIDERATIONS FOR DEVELOPING A CHILD WELFARE DRUG TESTING POLICY AND PROTOCOL

National Center on Substance Abuse and Child Welfare

BRIEF 2
DRUG TESTING FOR PARENTS INVOLVED IN CHILD WELFARE: THREE KEY PRACTICE POINTS

National Center on Substance Abuse and Child Welfare

Available @ https://ncsacw.acf.hhs.gov/topics/drug-testing-child-welfare.aspx

Key Considerations for Applying an Equity Lens to Collaborative Practice
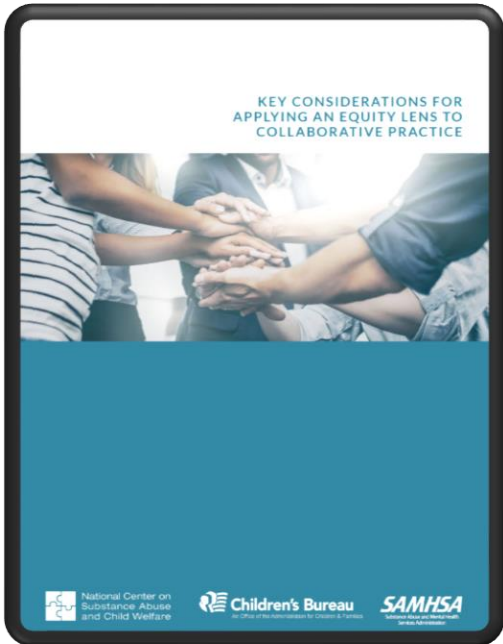
This brief helps collaborative teams formally **assess existing policies** to determine if and how they **contribute to disproportionate and disparate outcomes for families** being served.

By working through the "Questions to Consider", teams begin applying an **equity lens** to collaborative policies and practices.

BUILDING COLLABORATIVE CAPACITY SERIES

This seven-part series is organized into two clusters. The first cluster providers a *framework for establishing a collaborative team*. The second cluster highlights strategies to achieve *timely access* to treatment and support services for families.

AVAILABLE @ https://ncsacw.acf.hhs.gov/collaborative/building-capacity.aspx

Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

Five-Part Video and Webinar Series

Civil Rights Protections for Individuals with a Disability: The Basics

Civil Rights Protections for Individuals with an Opioid Use Disorder

Medication-Assisted Treatment and Common Misconceptions

Child Welfare Case Staffing: Social Worker and Supervisor

Child Welfare Case Staffing: Child Welfare Court Case

Available @ https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx
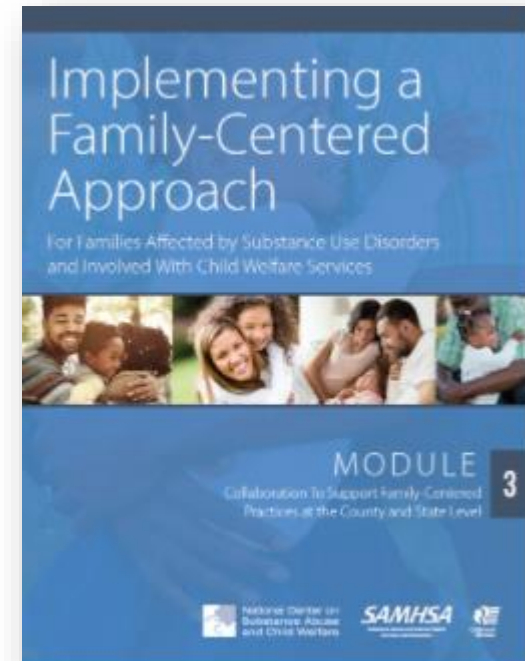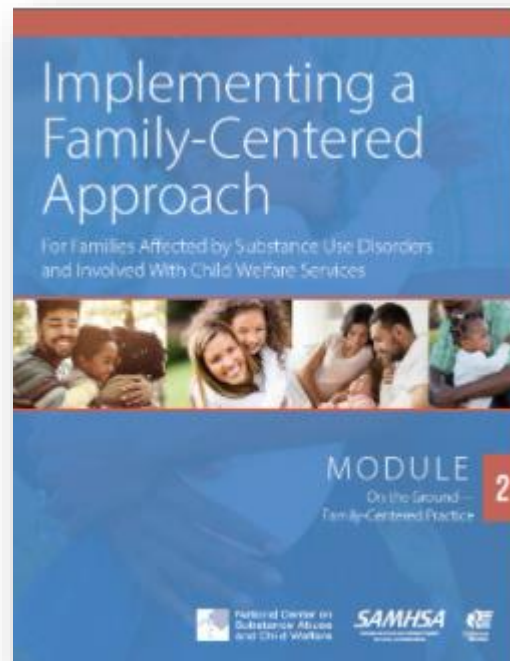
Working with Adolescents: Practice Tips and Resource Guide

- Technical assistance tool provides information for child welfare, substance use treatment, healthcare, and other community agencies serving adolescents at risk of misusing or abusing substances.
- Highlights adolescence as a unique stage of development – one that requires professionals to take a tailored and collaborative approach.
- Guide includes:
  - Examples of services and interventions
  - Terminology
  - Policy considerations
  - Family-centered practice strategies

Available @ https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx

Family Centered Approach Modules

https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx
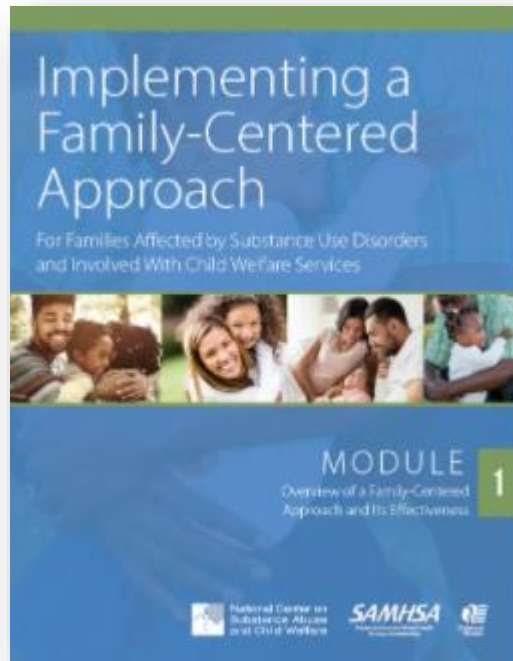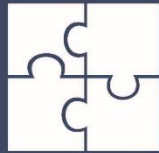
National Center on Substance Abuse and Child Welfare

THE USE OF PEERS AND RECOVERY SPECIALISTS IN CHILD WELFARE SETTINGS

Purpose: The brief offers implementation considerations that professionals can draw from when implementing peer or recovery specialist models in their communities.

Audience: Administrative and executive-level professionals from:
- Child Welfare
- Substance Use Disorder Treatment
- Courts

Key Informant Interviews: Representatives from four programs–2 peer support programs and 2 recovery specialist programs–that have demonstrated positive child welfare and recovery outcomes for families

COMPREHENSIVE FRAMEWORK TO IMPROVE OUTCOMES FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT

- Offers a set of proven strategies for communities to implement to improve outcomes for families affected by SUDs.

- Informed by research and several decades of experience working with hundreds of collaborative partnerships

Available @ https://ncsacw.acf.hhs.gov/collaborative/default.aspx

ENGAGING PARENTS AND YOUTHS
WITH LIVED EXPERIENCE

Strengthening Collaborative Policy and Practice
Initiatives for Families with Mental Health and
Substance Use Disorders

National Center on
Substance Abuse
and Child Welfare

Children's
Bureau

SAMHSA
Substance Abuse and Mental Health
Services Administration

- Provides key considerations for collaboratives that are trying to engage parents who have been involved with the child welfare system due to substance use disorder or other mental health challenges.

- Highlights considerations for those collaboratives trying to engage youth who have been in the foster care system.

Available @
https://ncsacw.acf.hhs.gov/files/live-experience.pdf

Additional Resources on Collaboration

Web-Based Resource Directory

- Includes research, training materials, webinars and videos, site examples and other resources

- Topics include substance use disorders and treatment, medication-assisted treatment, infants with prenatal substance exposure, and supporting families with opioid use disorders

Technical Assistance

- Identifying values and principles of collaborative practice to address differences and develop agency values', missions and mandates

- Examples of effective collaborative practice between substance use providers, child welfare and the courts

ncsacw@cffutures.org I 1-866-493-2758 I https://ncsacw.acf.hhs.gov/

Understanding Substance Use Disorders – What Child Welfare Staff Need to Know

National Center on Substance Abuse and Child Welfare

1. Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel. SUDs affect an individual's social, emotional, and family life, resulting in emotional, psychological, and sometimes physiological dependence.

Be aware of common misperceptions and myths. Many people incorrectly believe that a parent with a SUD can stop using alcohol and/or illicit drugs with willpower alone or that if the parent loved their children they would be able to just stop using the drug.

Relapse rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension. Because SUDs are a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence or return to use is an opportunity to examine a parent's current treatment and recovery support needs, and adjust them as needed.

SUDs can be successfully treated and managed. Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psychosocial therapies, recovery supports and, when clinically indicated, medications.

SUDs can affect each member of the family, relationships, and parenting. SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting, and lack of appropriate care for children. Treatment and recovery support must not focus solely on the parent's substance use, but take a more family-centered approach that addresses the needs of each affected family member.

Recognize co-occurrence of trauma. For many people, trauma is a common experience associated with their SUD. Substance use might be an individual's way to cope with their trauma experience. An effective practice integrates a trauma-informed approach that realizes the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and retraumatization.
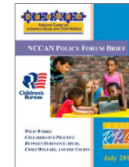
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Collaborative Practice

The goal of the professionals who work with children and families affected by substance use disorders and involved in the child welfare system is to facilitate positive outcomes for these families. Ideally, the parent will receive effective treatment for the substance use disorder so that the child can remain with the parent, while the well-being of the child is fully supported throughout the parent's recovery process. Achieving this outcome requires intensive collaboration by multiple agencies working with the family.

Collaboration among all three systems presents certain barriers that must be overcome. There is a shifting role for professionals as they develop and implement a new way of communicating with one another on policy issues. Differences in practice among stakeholders, from courtroom to courtroom, from agency to agency, and from provider to provider must be recognized and addressed.

Highlighted Resource

NCCAN Policy Forum Brief What Works: Collaborative Practice Between Substance Abuse, Child Welfare, and the Courts

(PDF 1.2MB)

National Center on Substance Abuse and Child Welfare

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Underlying Values and Principles of Collaborative Practice

Underlying values should be addressed in developing collaborations because the partners are very likely to come to the table with different perspectives and assumptions about their agency's or the court's values and mission and mandates. Unless these differences are addressed, the partners will be unable to reach agreement on issues. The underlying values can be clarified and formalized in Memorandum of Understanding, Administrative Policy and Legislation.

▸ Synthesis of Cross System Values and Principles: A National Perspective (PDF 70 KB)
  Reflects the shared values and principles of the NCSACW Consortium Member Organizations and forms the basis for developing collaborative solutions for identified cross-system issues in order to improve outcomes for children and families.

▸ Colorado Overarching Statement of Values and Principles about Families and Colleague – Statement of Values and Principles (PDF 84 KB)

▸ Massachusetts Statement of Values and Principles (PDF 70 KB)

▸ Michigan Director's Statement of Support and Interdepartmental Commitment (PDF 32 KB)

▸ Minnesota Statement of Shared Values and Guiding Principles (PDF 38 KB)

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