Meeting the Needs of Prenatally Substance-Exposed Adopted Children and Their Parents:

Are Adoptive Parents Adequately Prepared for Their Parenting Roles?

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CWLA 2016 National Conference

Advancing Excellence in Practice & Policy: What Works For Families Affected by Substance Use

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Overview

- Prevalence and effects of prenatal exposure to drugs and/or alcohol on infants, toddlers, and older children
- The needs of adoptive and foster parents in responding to these children
- A review of the current training and orientation provided to adoptive parents of these children
  - model programs
  - typical pre- and post-adoption training for parents
- Proposed reforms in financing and improved training for meeting the needs of children and parents affected by prenatal exposure

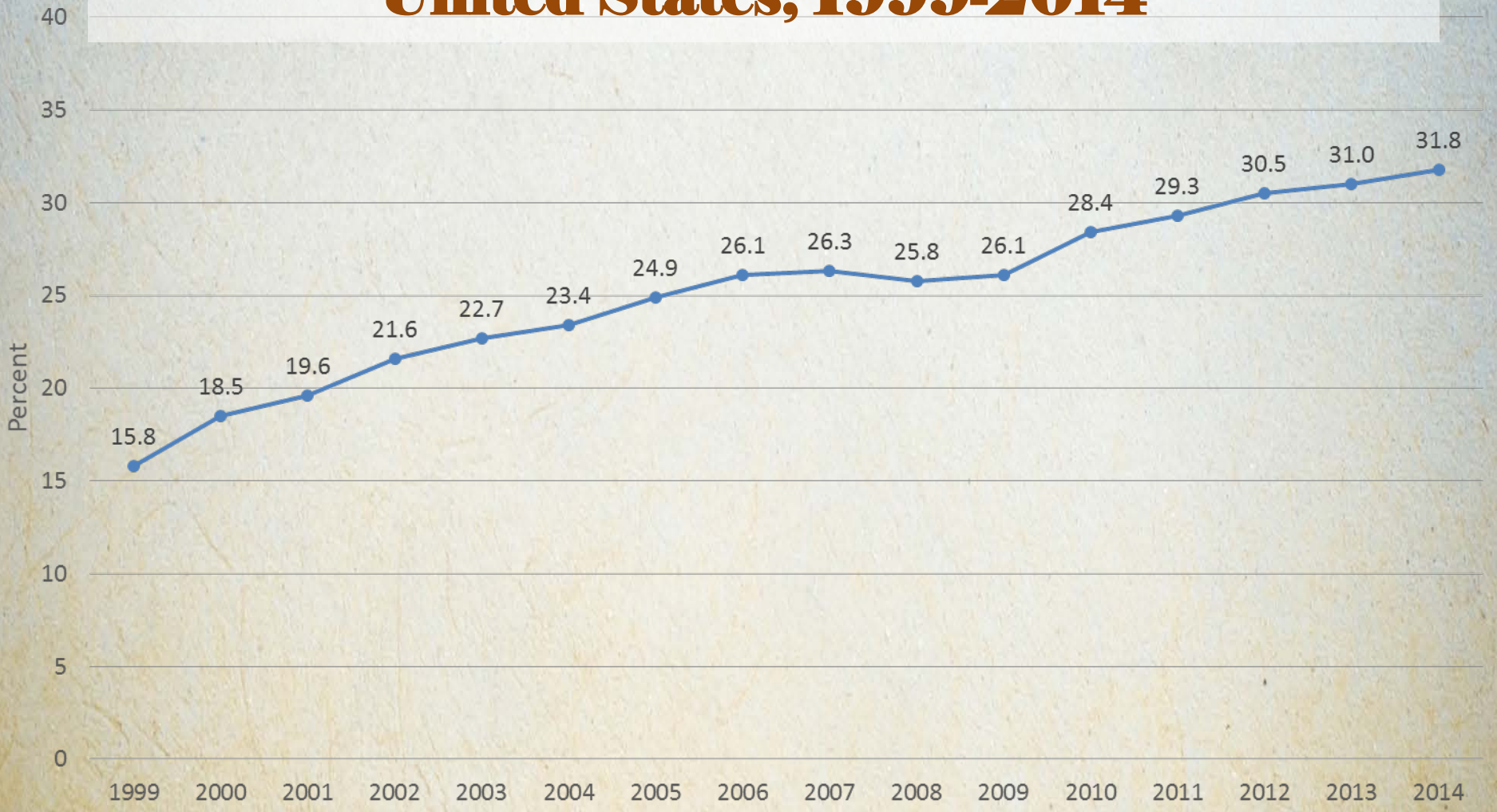
The Scale of the Challenge

A significant number of the more than 50,000 children annually adopted through the public child welfare system, as well as the 14,000 privately adopted and 8,000 international adoptions, were prenatally exposed to illicit drugs or alcohol

That exposure can affect their developmental outcomes and social stability

Estimates within the public caseload range from 60-80% of children having been prenatally exposed to harmful substances, yet frequent lack of information or misdiagnosis of the effects of prenatal exposure make specific data difficult to collect.

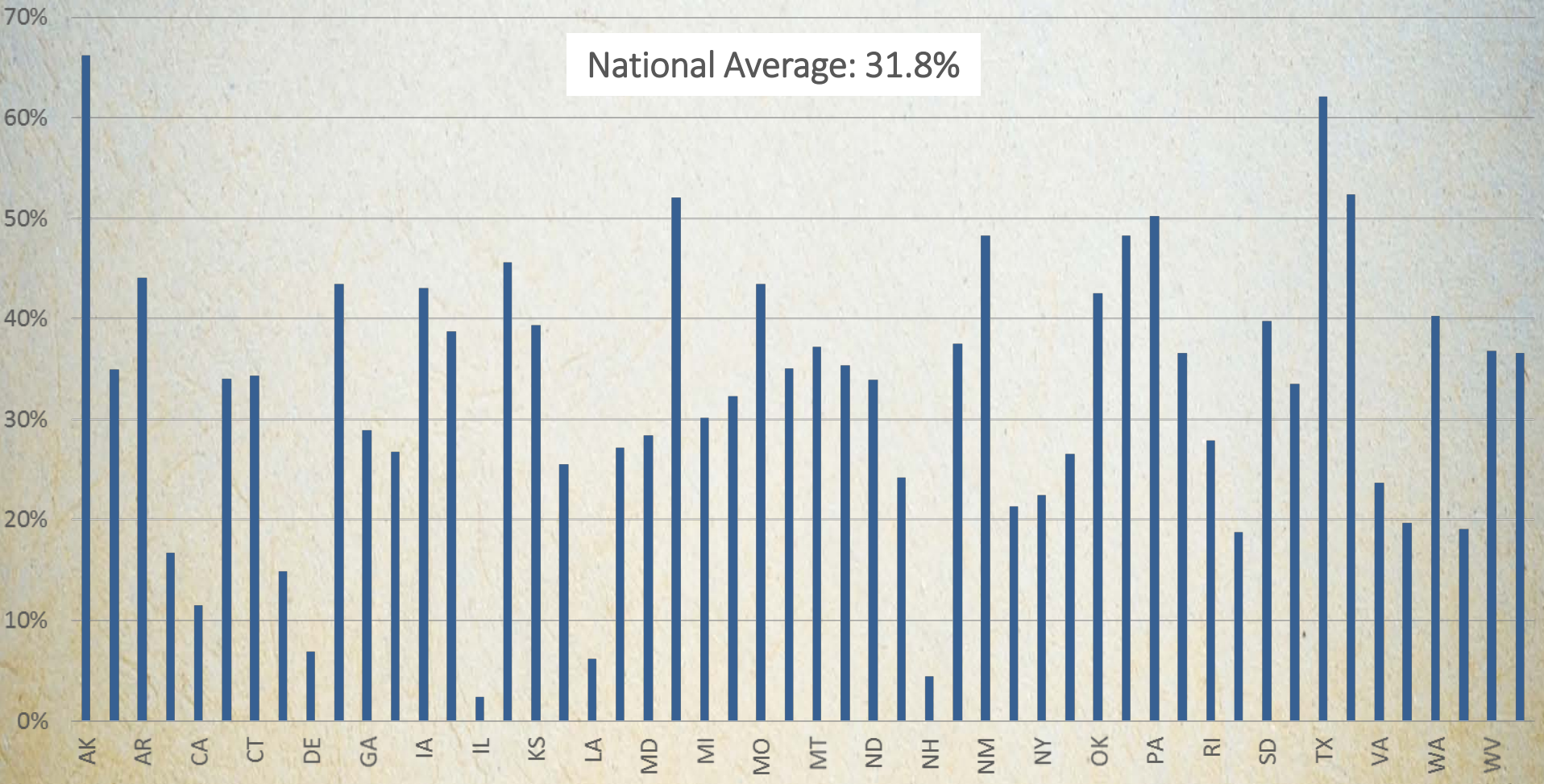
Parental AOD as a Reason for Removal in the United States, 1999-2014



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014

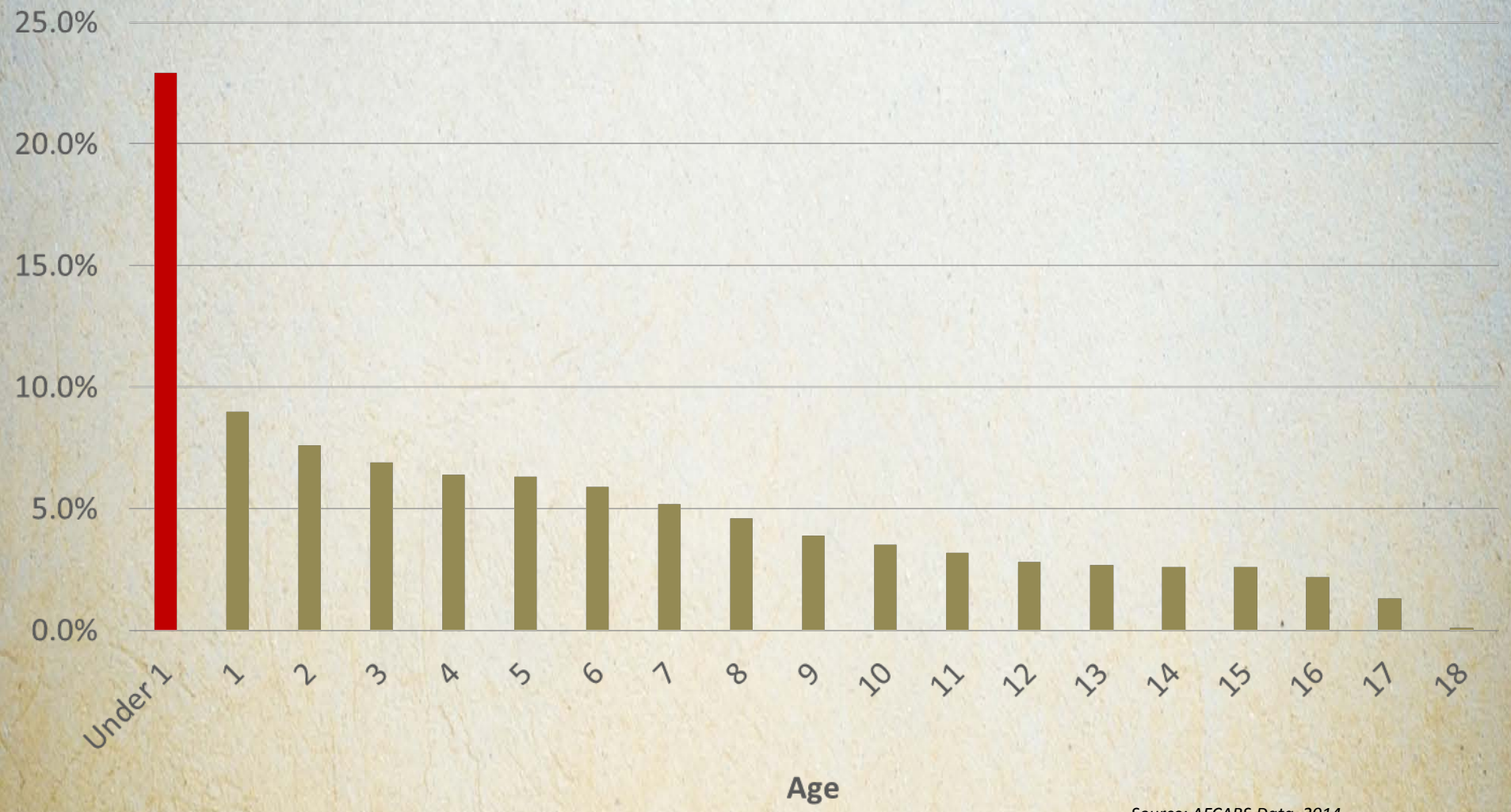
Parental AOD as Reason for Removal by State, 2014



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014

Percent Removed with AOD as a Reason for Removal by Age (N=85,411)



Source: AFCARS Data, 2014

What Are the Challenges?

- Impulsivity and a lack of executive function—self-regulation problems
- Following directions
- Cognitive deficits: math
- Misdiagnoses: ADHD, bipolar, OCD, others
  - Overlapping conditions with effects of prenatal exposure
  - Medications with mixed effects due to co-occurring disorders
- Chasnoff: 80% misdiagnosis in one group assessed*
- Predisposition to substance use disorders
- Search for birth parents as an escape
- Disruption and dissolutions

* http://pediatrics.aappublications.org/content/early/2015/01/07/peds.2014-2171

Challenges in Working With Schools and Agencies

- *Lack of enforcement* of referral requirements under Child Abuse Prevention and Treatment Act (CAPTA)
- *Ineligibility for IDEA Part C* services for developmental disabilities 0-3 or pre-school 3- services
- Schools' *inability to diagnose and respond*: special education placement
  - Prenatal exposure excluded from categories of special education and learning disabilities
- Adoption assistance support does not formally recognize prenatal exposure as a condition requiring support
- Costs often far exceed available support funding and insurance coverage

What do Adoptive Parents Get?

Interviews conducted with adoption agency officials and county staff were uniform in expressing a consensus:

most adoptive parents **do not receive**, either before or during the adoption process—or as post-adoption support—the **full range of services** and **information they need to parent substance-exposed children**, despite these children making up a significant segment of those adopted.

What do Adoptive Parents Get?

- There is *no common pre- or post-adoption screening* for child development and behavioral issues, and evidence-based guidelines are needed for pre- and post-adoption screening for developmental and behavioral issues in pediatric and educational settings (SAMHSA, 2012).
- Trauma-informed curricula is required of some foster and adoptive parents—but *prenatal exposure is not defined as trauma*.

What Would Help?

Reviewing current foster and adoptive parent curricula:
does it mention prenatal exposure and responses to its effects?

Reviewing exemplary programs' *efforts to move toward scale*

Gather information from front-line adoption agency staff and adoptive parents:

what training do they get now, what would work better?

What Would Help?

- *Financing options* for improving and expanding adoptive parents' training and financial support needed for prenatally exposed children
  - tapping the largest expansion of treatment resources in history under the Affordable Care Act
  - Family First Act now pending in Congress
- *Practice and policy changes* aimed at reducing overall prenatal substance exposure by
  - improving prenatal screening,
  - improving access of pregnant women to treatment, and
  - ensuring that infants and toddlers are given developmental screening to which they are entitled.

What Works: What Helps?

- *Model programs*: TIES/UCLA, some county training programs include content on responding to prenatal exposure
- *Training materials* available at NTI Upstream website; Ira Chasnoff videos and webinars
- *Discovering strengths*; multiple intelligences
  - Expressiveness, artistic skills, athletics, support for other youth with shared life experiences
- Affinity and mutual *support groups* with other parents
- *Acknowledging the challenges—and* helping adopted children understand that they can break the cycle of addiction

Enabling Family Success:

Addressing Substance Abuse Disorders with Kinship and Adoptive Parents

A Critical Part of Rethinking Child Welfare in the 21st Century

National Center on Adoption and Permanency
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National Center on Adoption and Permanency
Our Vision: Successful Families for All Children

The National Center on Adoption and Permanency (NCAP) is a unique "one-stop" organization that provides a broad range of information, resources and multidisciplinary services relating to adoption, foster care and child welfare.

NCAP's mission is not only to achieve permanency for all children – in families of origin when possible and in new ones when necessary – but also to reshape policy and practice to enable those children and their families to succeed.

Our Strength is in Our People and Services

Led by Adam Pertman, former President of the Donaldson Adoption Institute, and Carol Biddle, former CEO of Kinship Center, NCAP's work includes:

- Program and project development, consultation and/or evaluation
- Board development, consultation and/or executive transition planning
- Staff development, training to improve clinical and practice competence
- Training to strengthen families with children with histories of trauma
- Writing, editing, media consulting, print and online/social media
- Consultation on development, fundraising and community relations
- Conference/event consulting, including keynoters and other presenters
- Executive coaching, policy development/analysis, practice protocols

To learn more, please write to Adam at apertman@ncap-us.org, call him at 617-332-8944 or go to: www.nationalcenteronadoptionandpermanency.net

What We Know . . . About Adoption

- How many children are adopted in or into the United States each year?

  a) 85,000 b) 125,000 c) 165,000

- Of the three "categories" of adoption in the U.S., which one occurs most?

  a) International b) Foster care c) Domestic infants

- How many people in the United States have adoption in their immediate families?

  a) 45 million b) 85 million c) 100 million

Context for Today's Discussion: Decades of Evolution and Revolution

- For generations, "formal adoption" meant white babies born to white unwed mothers, parented by white married couples – and policy, practices and attitudes grew out of that model.
- Secrecy, stigma and shame characterized the process and all of its participants, even as it was described as a "win-win."
- Acceptance of single mothers, legalization of abortion, birth control instigated major changes.
- World events filled the gap, most notably the Soviet Union dissolved and China imposed a one-child policy.
- The paradigm in foster care shifted to "best interests of the child" as defined by permanency.

So . . . What has Changed?

A Shift in Understanding and Practice
1950s . . . and . . . Today

- Secrecy “protects” members of the triad
- Birthparents told to go on with their lives as if nothing happened
- Adoptive parents feel entitlement and are protected from intrusion
- Adoptees assumed not to have adoption-related issues, so nothing to do

- More openness & honesty in all types of adoptions
- Most first/birth parents want openness and are usually helped by it
- With more openness, adoptive parents feel more entitlement and less fear
- Adopted persons benefit from knowing about and contact with birth families

Fitting a Square Peg into a Round Hole
Then . . . and . . . Now

- Denial of difference between adoptive, bio families
- Match for race, physical traits > adoption undetectable
- “Chosen child” – it was a “win-win” for all parties!
- Agencies did not “interfere” after finalization
- Minimize importance of adoption in child’s identity
- Searching viewed as a sign of maladjustment

- Acknowledgement of difference is healthy
- Diversity in families makes adoption conspicuous
- Focus on helping deal with loss and other issues
- Professional support is important or even vital
- Adoption is recognized as part of identity
- Desire for information and connection seen as normal

Where We are in America Today

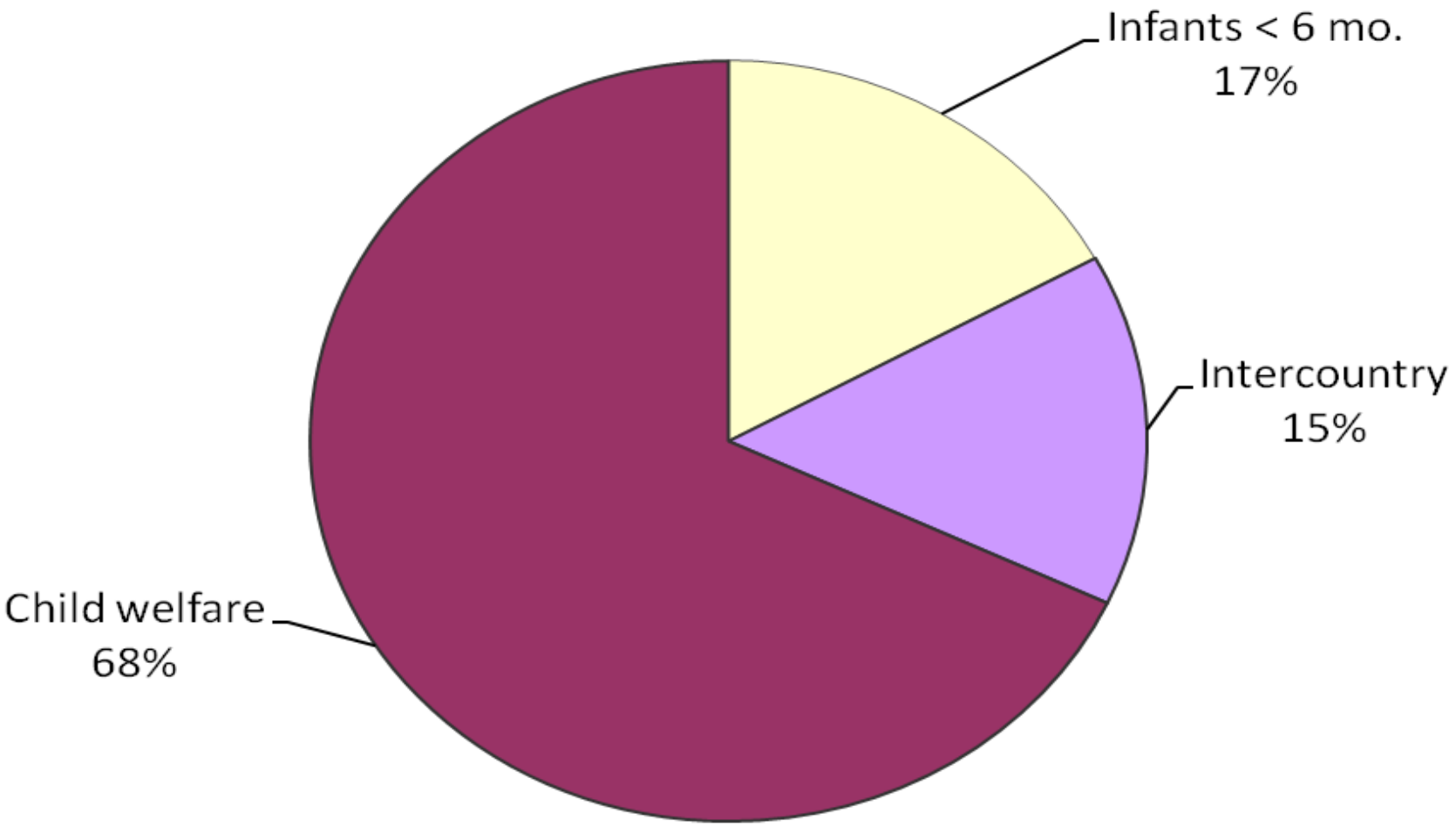
- Fewer than 1% of single women voluntarily place their children for adoption, and most become their parents.
- The paradigm/goal today is still child placement, so most educational opportunities, trainings, supports and other "post-adoption services" are optional add-ons or aren't available.
- Stigma, secrets, embarrassment and shame are lifting; we're not there yet, but move is to greater openness and honesty – and 95% of infant adoptions are now open to some degree.
- Laws, policies, practices and attitudes shifting; we're not there yet, but improving as we learn about adoption's realities.
- Foster, guardian, kin and adoptive parents today are straight and gay, come in all colors, are married and cohabitating and single, young and old – and most children are not white infants.

What Do Adoptive Families Look Like?

The children being adopted – and all their parents – have changed over the decades; here's what they look like today:

- About 14,000 babies, many of color, placed each year with mainly white couples by mostly not-young or single mothers; an unknown, rising number are adopted by gay men/lesbians.
- About 7,000 girls and boys, mostly children of color who are not babies, are born in other countries and overwhelmingly are adopted from orphanages by white couples.
- About 50,000 children and older youth, who had been in foster care – a disproportionate number of color – are adopted alone or with siblings by gay, straight, single, married and cohabitating adults and couples of every age/race/ethnicity.
- The real numbers of those affected by adoption are far larger.

Non-stepparent U.S. Adoptions by Type



Some Bottom Lines

- There's greater/growing openness and honesty in all types of adoption. Do we know how to do it?
- Adoption has contributed to historic changes in perceptions and understandings of what families are, how they are formed, what they look like, etc.
- The vast majority of adoptions are now of children who were abused, neglected or institutionalized before adoption (see the pie chart) – pointedly including exposure to drugs/alcohol
- The population of children has changed. The population of parents have changed. So most laws, policies and practices in place today were created for a world that no longer exists.
- And as if all of that weren't enough . . . the internet (including social media) is changing everything.

So . . . How Profound Is the Internet's Impact?

Big Questions, Profound Consequences

- Practice: What's the impact on ethical professionals – and on children in care who need families – when internet providers promise babies quickly and incentives to pregnant women?
- Search and Reunion: What should professionals tell clients? What should parents tell their kids? What guidance, support, resources does everyone need?
- Law and Policy: How do we address possibly unsafe or traumatizing contacts for children? Do legal obstacles to acquiring information make sense?
- More and More: How do we best utilize all the new opportunities, resources, research and supports?
- It means: Traditional practice is at risk; closed adoptions are near an end; Extended Family of Adoption is coming fast.

The Challenges and the Research

- Use of clinical services by adoptive families is triple rate of birth families.
  Is that a bad thing?
- Over 1/3 of adopted children receive at least one type of counseling or mental health service. (National Survey of Adoptive Parents)
- Behavior problems for many of these children and youth are chronic.
- Underlying emotional issues drive behaviors.
- Most adoptees come to families with higher risks for challenges/problems.
- Layers of issues and dynamics often not understood by parents, professionals.
- Adoption-competent therapy is most sought but, like other services, is lacking.

Into the Future: What We Know Will Happen (Almost) for Sure

- The era of closed adoption will come to an end.
- Extended Family of Adoption will continue growing.
- The big majority of adoptions will not be of infants.
- Search and reunion will be routine and expected.
- The internet will enable great and awful practices.
- Access by adoptees to own information will grow.

The Best Way to Predict the Future . . .

. . . is to Create It

The future for child welfare in the U.S. should include:

- Supports and services to keep families of origin intact, while minimizing temporary or institutional care (in all countries).
- Supports and services – including those related to alcohol/drug exposure – to help children, families throughout the process and developmental cycle.
- Real options counseling for expectant parents; supports and services to address grief, loss and openness (if relinquishment).

How Do We Get There?

- Educate parents to understand that seeking help is a strength.
- Learn and teach about the impact of the internet/social media.
- Fund and conduct further research to inform best practices.

Bottom line: We need to reshape child welfare policy and practice into a new paradigm, one in which the ultimate goal is not child placement but, instead, is enabling all families to succeed.

"Oh, I'm sorry. . .You couldn't adopt?"

Q&A and Discussion

Contact Information

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Contact Information

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Collaborative Practice

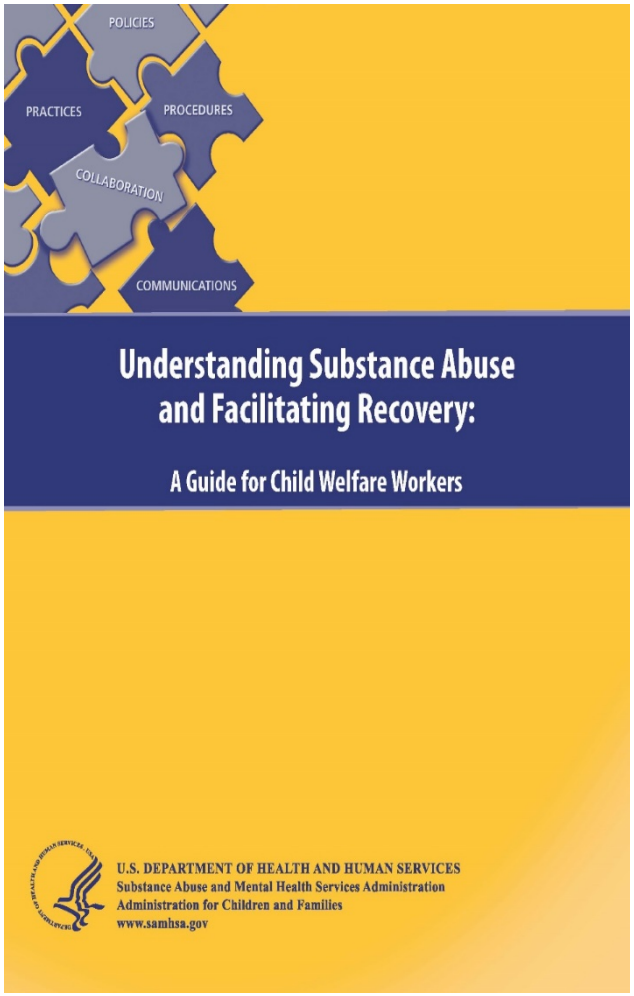
- SAFERR
- Collaborative Practice Model
- Cross-Systems Collaboration Primer
- Cross-Systems Data Primer

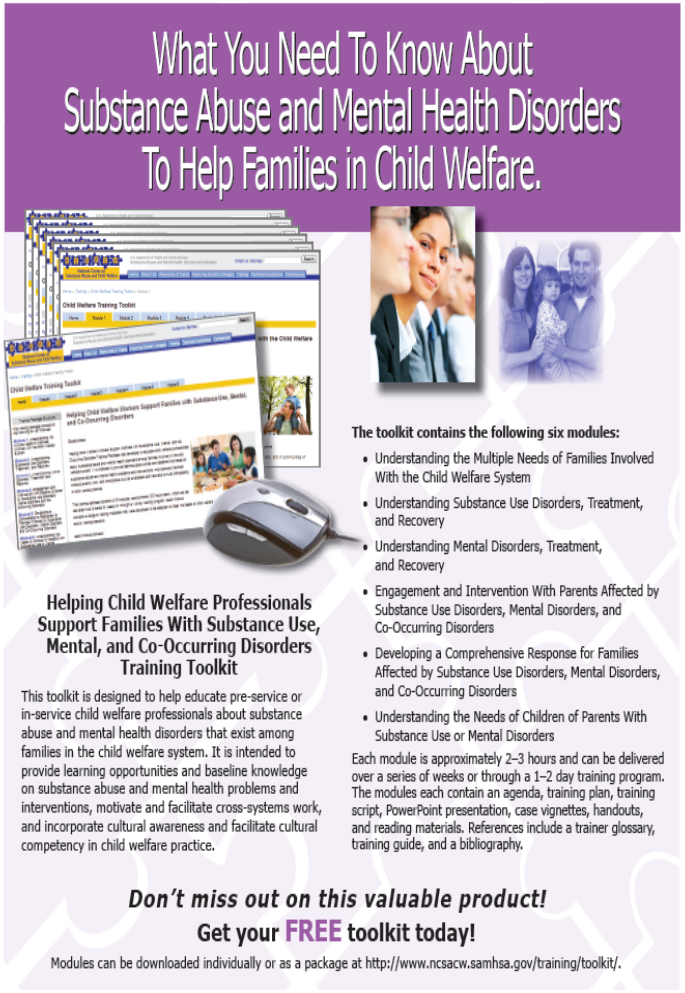
http://www.ncsacw.samhsa.gov/resources

Resource: Substance Abuse Specialist in Child Welfare Agencies and Dependency Courts

To download a copy, visit:
http://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf

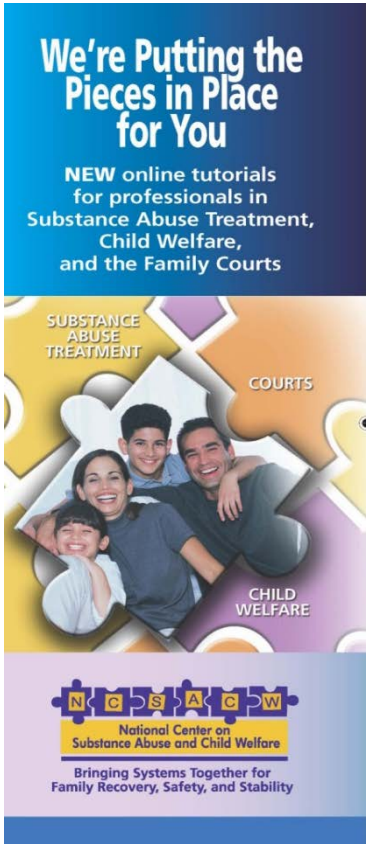
Additional Training Resources





https://ncsacw.samhsa.gov/training/default.aspx

http://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf



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

Additional Resources

NCSACW Technical Assistance Products

PUBLICATIONS ON IMPROVING COLLABORATION (CONTINUED)

Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts

An overview of the primary data reporting systems across the three agencies. It can be used to help identify the prevalence of substance abuse and child welfare issues and measure outcomes for families receiving substance abuse treatment and child welfare services.

Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare (TAP 27)

An overview of the challenges and opportunities that various State- and county-level jurisdictions experienced while building collaboration across the child welfare, substance abuse, and dependency court systems.

TRAINING AND STAFF DEVELOPMENT RESOURCES

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

An indispensible tool for anyone new to the child welfare system. It explains how to recognize substance abuse, motivate families to seek treatment, and facilitate cross-system collaboration.

Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders

A trainer's guide to educate child welfare professionals about substance use and mental health disorders. The kit contains six modules, each with a training plan, trainer scripts with PowerPoint slides, handouts, case vignettes, and training guidelines to facilitate discussions.

To download these publications, go to http://www.ncsacw.samhsa.gov and http://www.childwelfare.gov/index.cfm. Some publications are available in hard copy and can be ordered at http://store.samhsa.gov/home or by calling 1-877-726-4727.

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NCSACW Technical Assistance Products

ONLINE TRAINING COURSES

All online courses are free and intended for anyone working with families involved with the child welfare, substance abuse, and court systems. The trainings take about 4 hours to complete and can be stopped and started as needed. A certificate is awarded upon completion, and FREE continuing education units (CEU) or continuing legal education (CLE) can be created for each course.

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

An online course that provides information to treatment professionals so that they better understand how child welfare and family dependency court requirements affect parents in treatment. It offers strategies for effectively collaborating with child welfare agencies. This course is approved by the National Association of Addiction Professionals to provide four CEUs.

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

An online course that teaches child welfare professionals about the effect of substance use disorders on parents, children, and families. It

OTHER RESOURCES

Substance-Exposed Infants: State Responses to the Problem

An overview of selected State policies and practices to address the needs of infants exposed to substances prenatally. A 5-point intervention framework is provided, which serves as a model for others and explains how to evaluate existing programs and identify gaps in services.

Drug Testing in Child Welfare: Practice and Policy Considerations

An excellent reference to help policymakers and program managers incorporate drug testing policies and procedures into their agency's comprehensive family and child welfare assessment protocol. This publication includes an overview of drug testing methods and an appendix with a sample drug testing policy form.

Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts:

NCSACW Technical Assistance Products

OTHER RESOURCES (CONTINUED)

Funding Comprehensive Services for Families With Substance Use Disorders in Child Welfare and Dependency Courts

A look at existing resources for providing comprehensive services to families with substance use disorders.

Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges

An introduction to the concept of family-centered treatment for women and their families, including application of various treatment modalities and strategies to overcome commonly encountered barriers.

Funding Family-Centered Treatment for Women With Substance Use Disorders

A resource paper that helps treatment providers and State substance abuse agencies identify and access potential sources of funding for comprehensive family-centered treatment. It is a companion to *Family-Centered for Women With Substance Use Disorders—History, Key Elements, and Challenges.*

A Review of Alcohol and Drug Issues in the States' Child and Family Service Reviews (CFSRs) and Program Improvement Plans (PIPs)

A summary and analysis of substance abuse issues from CFSRs and PIPs in all 50 States, the District of Columbia, and Puerto Rico.

Annotated Bibliography on Cross-System Issues

A bibliography including major literature and research papers on cross-system issues involving child welfare, substance use disorders, and dependency courts.

Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers

The latest, up-to-date research on parental use of methamphetamine and its effects on children and families.

Methamphetamine Resource List

A comprehensive list of all the methamphetamine resources available through the various agencies and associated organizations.

Get a FREE copy of these tools and protocols today!

To download these publications, go to http://www.ncsacw.samhsa.gov and http://www.childwelfare.gov/index.cfm.
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Administration for Children and Families

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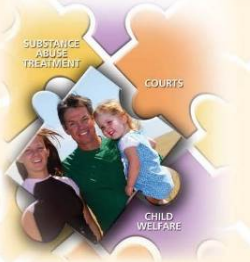
National Center on Substance Abuse and Child Welfare Technical Assistance Products



NCSACW demonstrates the importance of cross-system collaboration among the child welfare, substance abuse treatment, and court systems by providing materials that document current best practices and policies from across the country. The following products are all available FREE online or via the U.S. mail.

PUBLICATIONS ON IMPROVING COLLABORATION

Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)

This step-by-step guide provides a framework to strengthen screening and assessment practices while building a collaborative team among the child welfare, substance abuse, and dependency court systems. Appendixes include examples of screening and assessment tools, factsheets, and information about confidentiality.

Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts

An essential reference providing an introduction to each of the child welfare, substance abuse, and court systems. It helps professionals become familiar with the operations of the other organizations that also serve their clients.

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NCSACW Online Tutorials

Free CEUs!

1. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Updated September 2015: New content including updates on opioids and Family Drug Courts!

https://ncsacw.samhsa.gov/training/default.aspx

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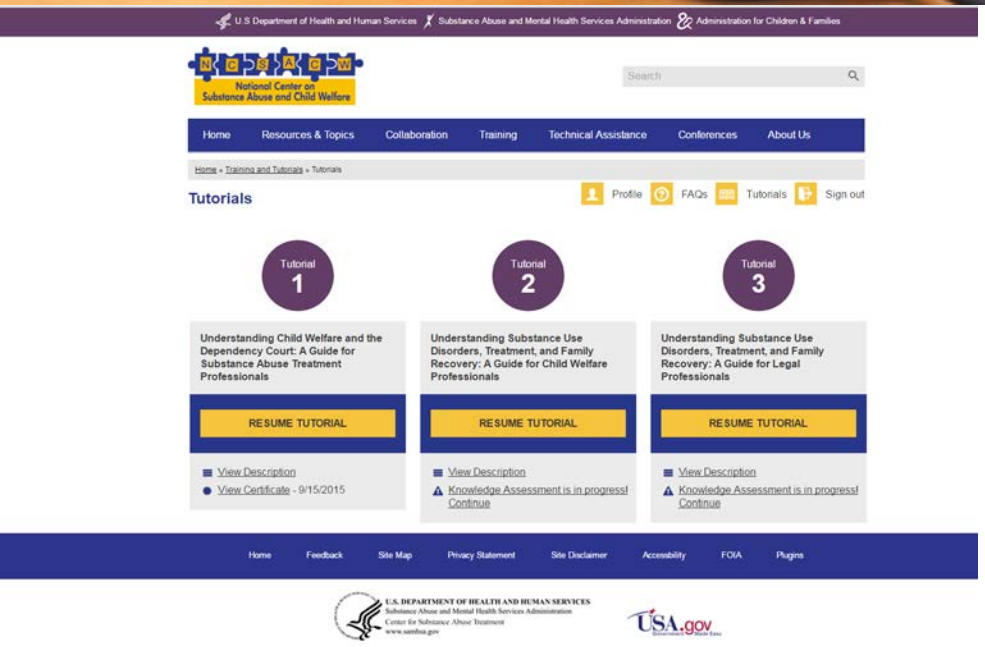

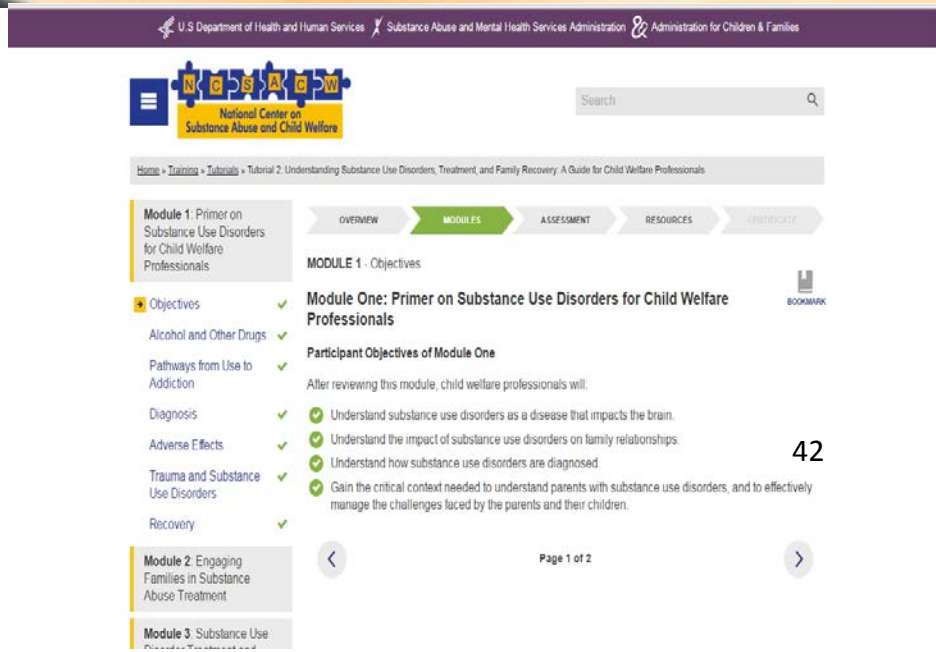

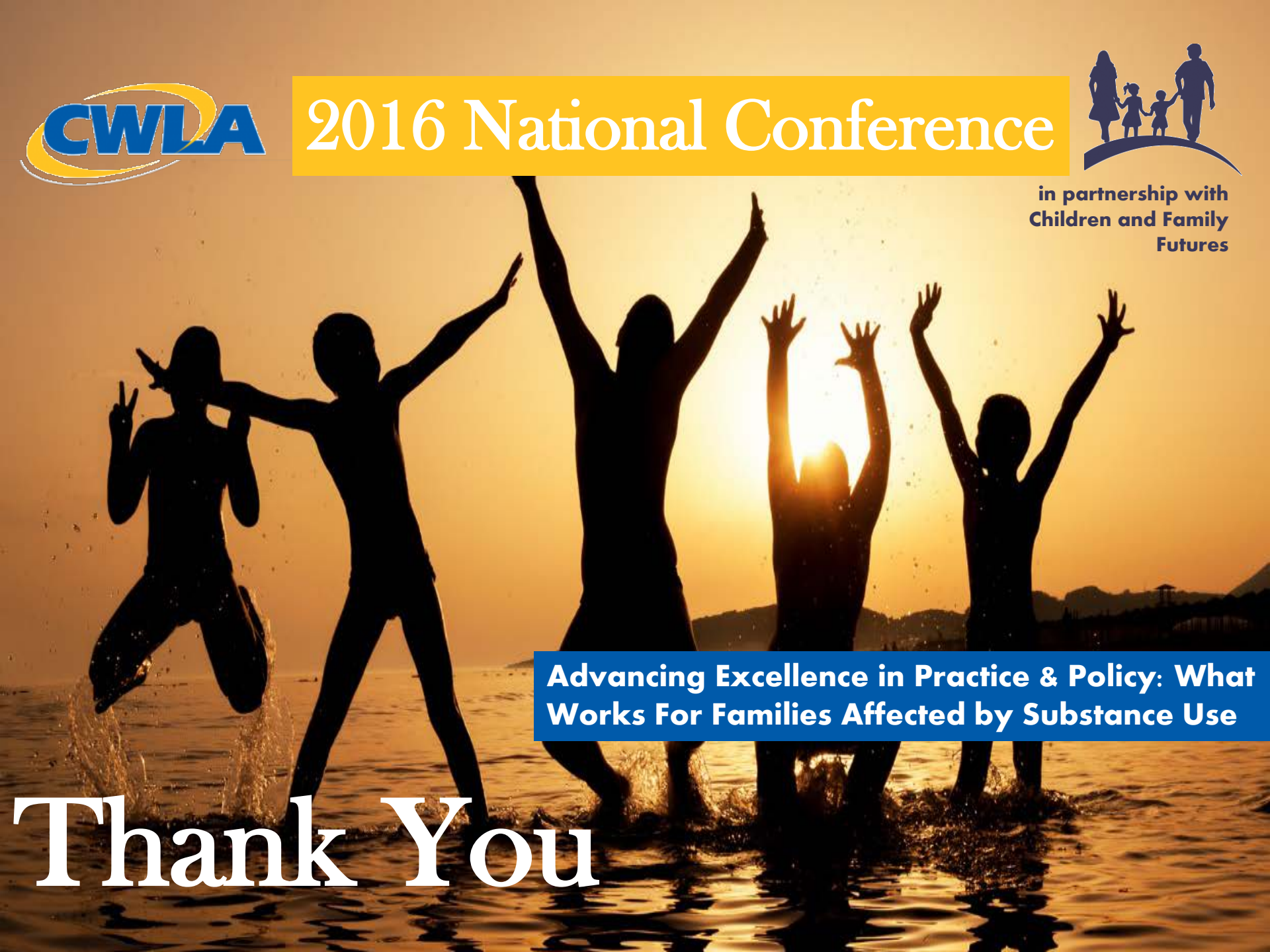
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