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

August 3, 2016 | Orange County, California
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

National Average: 31.8%

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](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
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

- Child welfare: 68%
- Infants < 6 mo.: 17%
- Intercountry: 15%
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?

“This is a secret family recipe. Speaking of family secrets, you were adopted.”
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.
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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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:

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

What You Need To Know About Substance Abuse and Mental Health Disorders To Help Families in Child Welfare.

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

This toolkit is designed to help educate pre-service or in-service child welfare professionals about substance abuse and mental health disorders that exist among families in the child welfare system. It is intended to provide learning opportunities and baseline knowledge on substance abuse and mental health problems and interventions, motivate and facilitate cross-systems work, and incorporate cultural awareness and facilitate cultural competency in child welfare practice.

The toolkit contains the following six modules:

- Understanding the Multiple Needs of Families Involved With the Child Welfare System
- Understanding Substance Use Disorders, Treatment, and Recovery
- Understanding Mental Disorders, Treatment, and Recovery
- Engagement and Intervention With Parents Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Developing a Comprehensive Response for Families Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Understanding the Needs of Children of Parents With Substance Use or Mental Disorders

Each module is approximately 2-3 hours and can be delivered over a series of weeks or through a 1-2 day training program. The modules each contain an agenda, training plan, training script, PowerPoint presentation, case vignettes, handouts, and reading materials. References include a trainer glossary, training guide, and a bibliography.

Don’t miss out on this valuable product! Get your FREE toolkit today!

Modules can be downloaded individually or as a package at https://www.ncsacw.samhsa.gov/training/toolkit/.

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

NCASCW 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 models and strategies to overcome commonly encountered barriers.

Funding Family-Centered Treatment for Women With Substance Use Disorders

A resource place 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.

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.

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 CFSPs 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.

Get a FREE copy of these tools and protocols today!

To download these publications, go to: www.ncsacw.samhsa.gov and http://www.childwelfare.gov/ncapro.cfm

Some publications are available in hard copy and can be ordered at http://store.samhsa.gov/home or by calling 1-877-772-4372.

https://www.ncsacw.samhsa.gov/


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
Please visit: https://ncsacw.samhsa.gov
Thank You