



# Addiction, Treatment and Recovery: Implications for Child Welfare Policy and Practice

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

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National Center on  
Substance Abuse and Child Welfare

Bringing Systems Together for  
Family Recovery, Safety, and Stability

# Acknowledgement

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Office on Child Abuse and Neglect

*Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of the above stated federal agencies.*

*Improving  
Family  
Outcomes*

*Strengthening  
Partnerships*

A glowing lightbulb is positioned on the left side of the slide, resting on a wooden surface. The lightbulb is illuminated from within, casting a warm, yellow glow. The background is a blurred wooden texture.

# Super Session Agenda

## **Part 1 – Addiction 101**

- What does brain science tell us about addiction?
- What is substance use disorder treatment?
- What are effective treatment practices for families involved with child welfare?
- What are effective engagement practices?
- What does recovery look like?

## **Part 2 – Practice-Oriented Discussion**

- How can child welfare professionals be good consumers of substance use disorder treatment?
- Small group discussions on strategies for screening, assessment, engagement and retention in treatment



**8.3 million children**

*\* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)*

# Drugs of the Decades



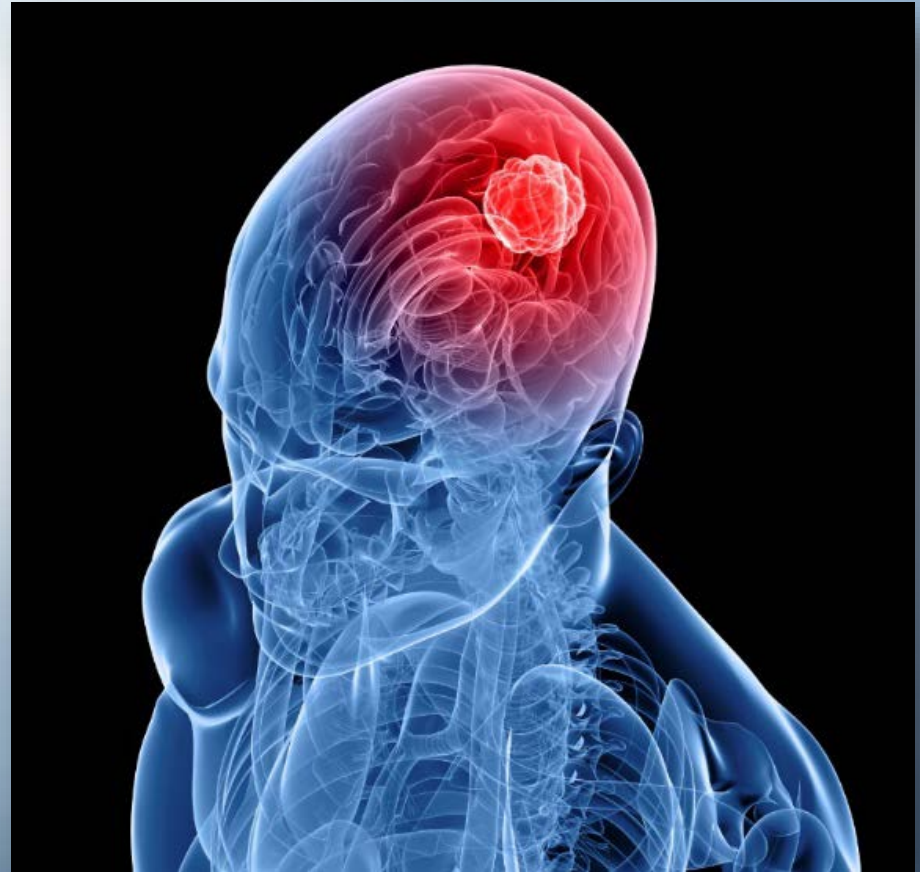
# *Stigma & Perceptions* **Addiction**

- Once an addict, always an addict
- They don't really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before....

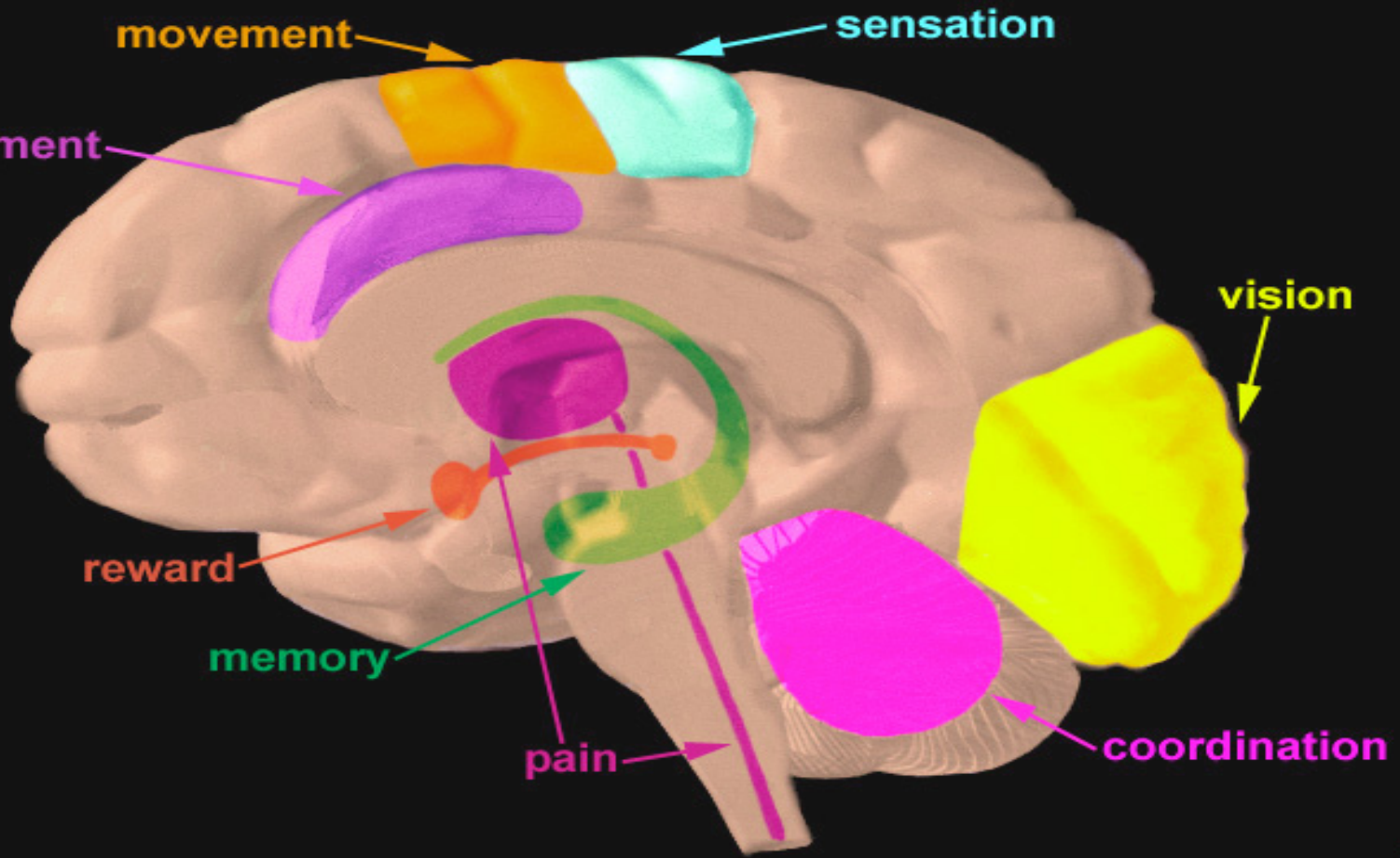


# ASAM Definition of Addiction

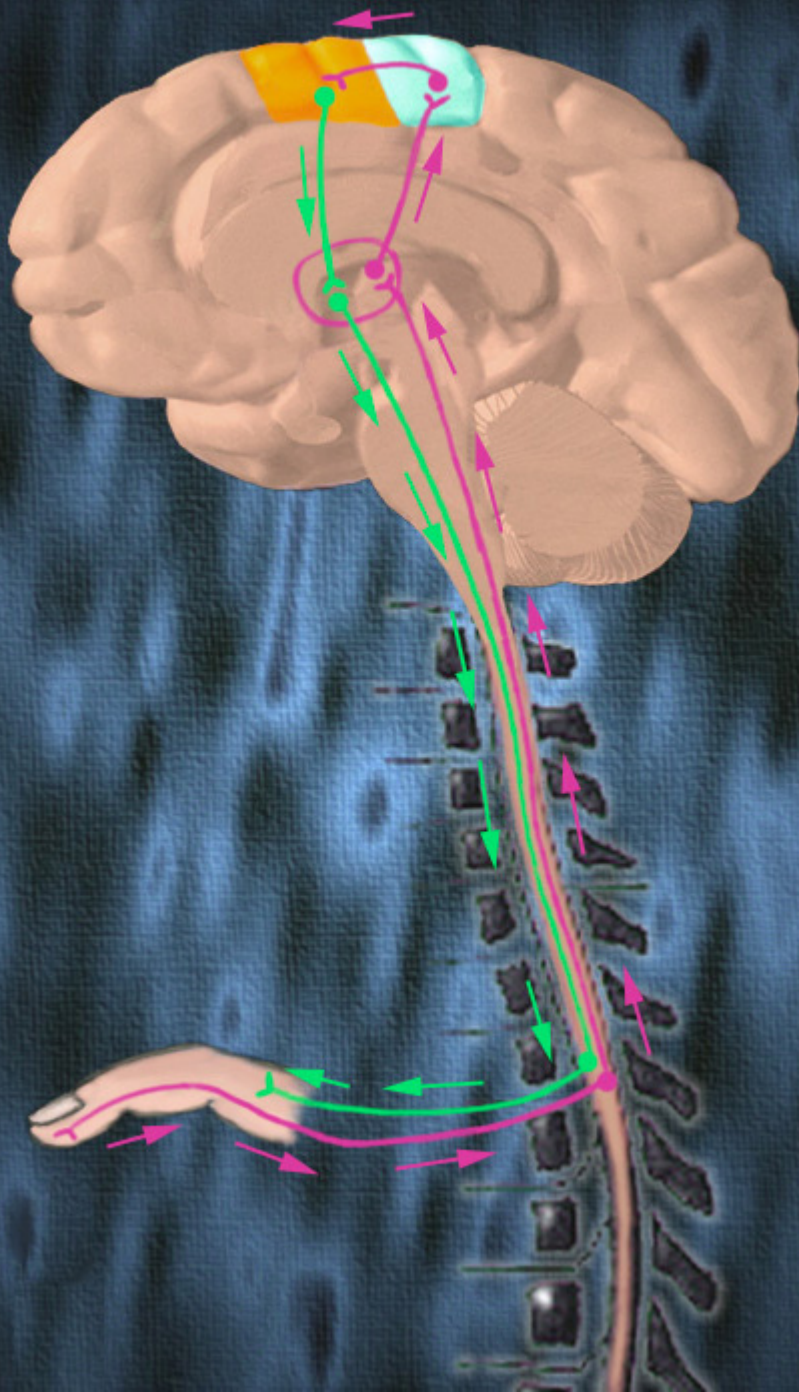
“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”



# Introduction to the Brain

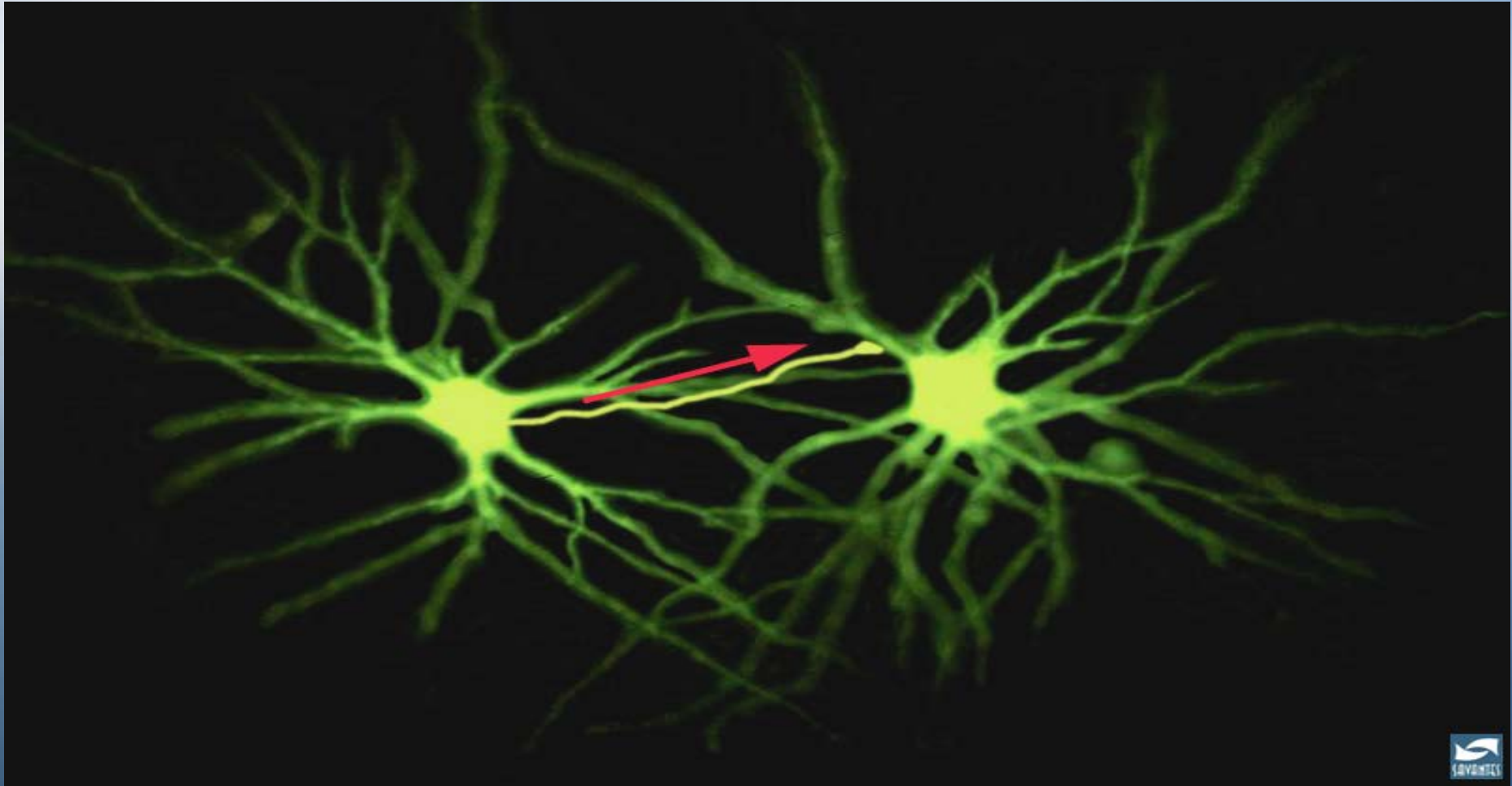


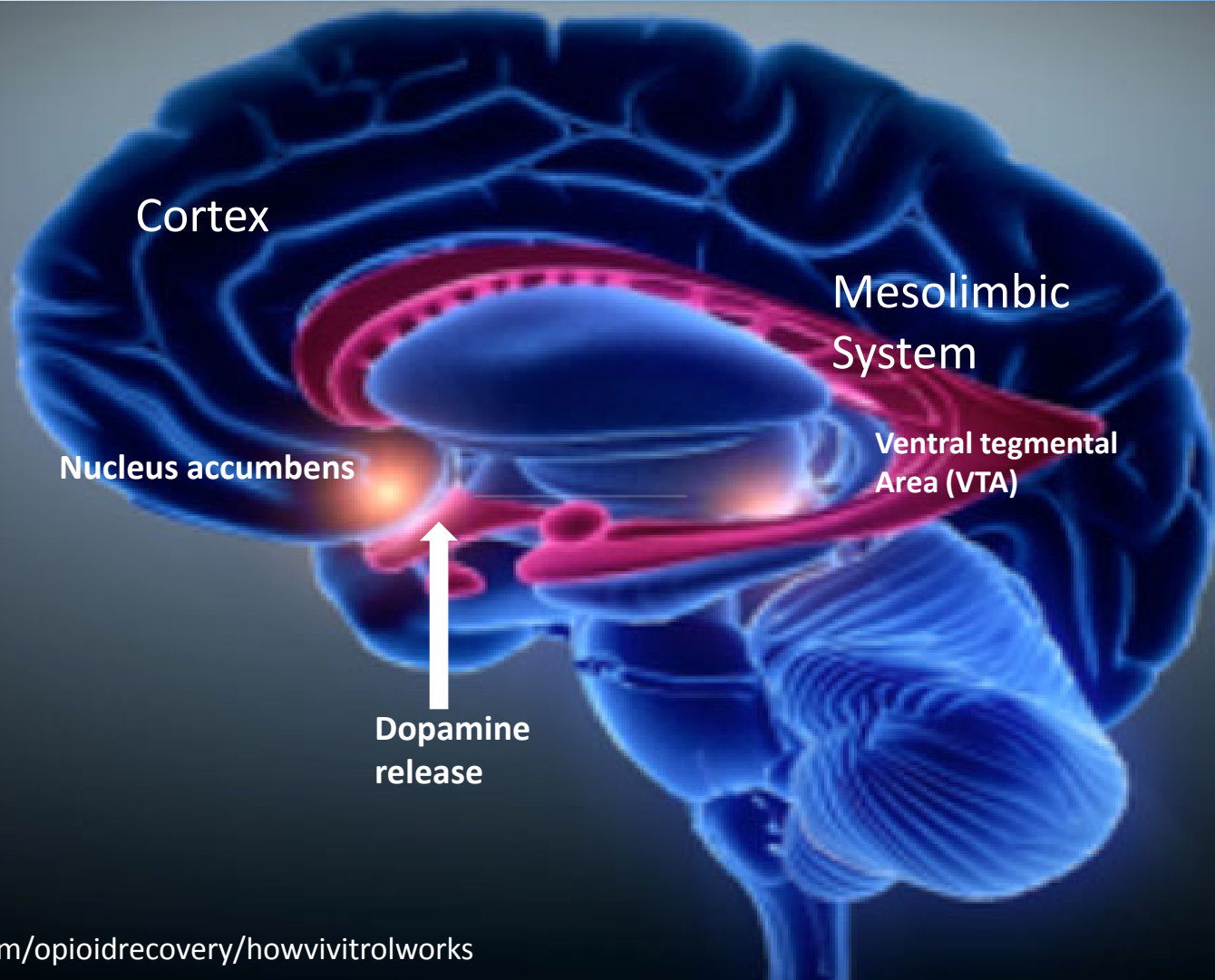




# Pathway for sensation of pain and reaction to pain

# Impulse flow





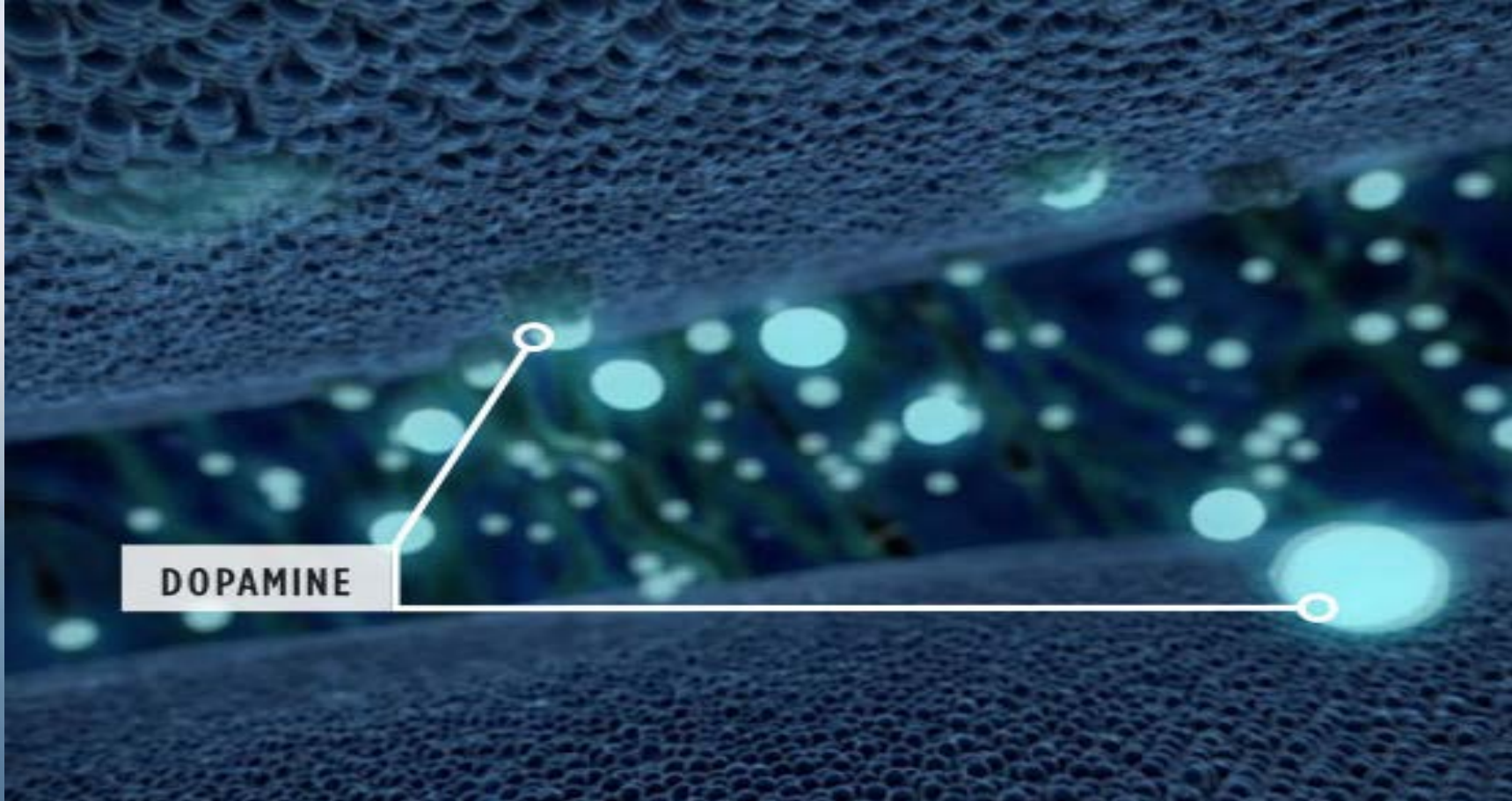
Cortex

Mesolimbic  
System

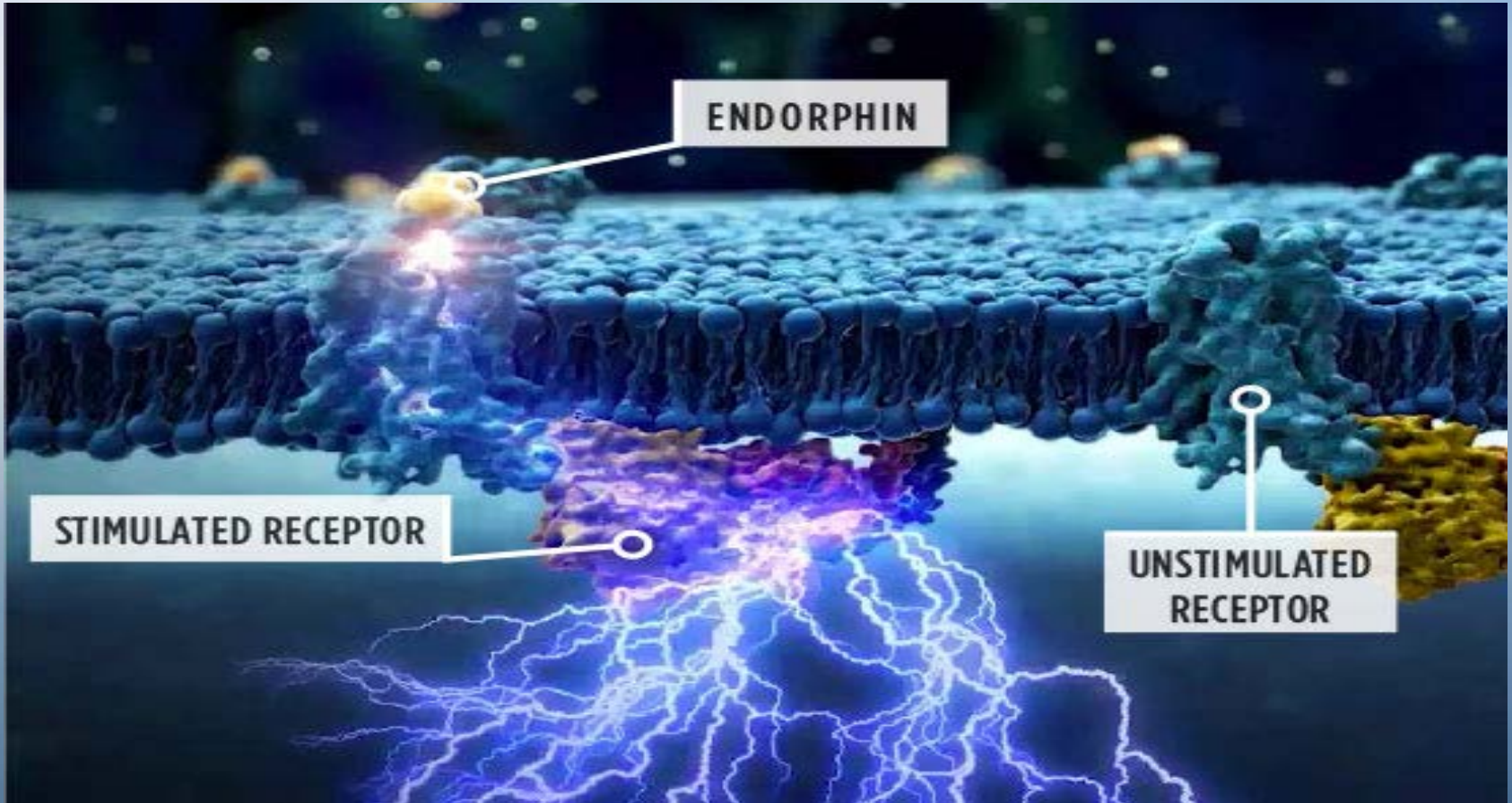
Nucleus accumbens

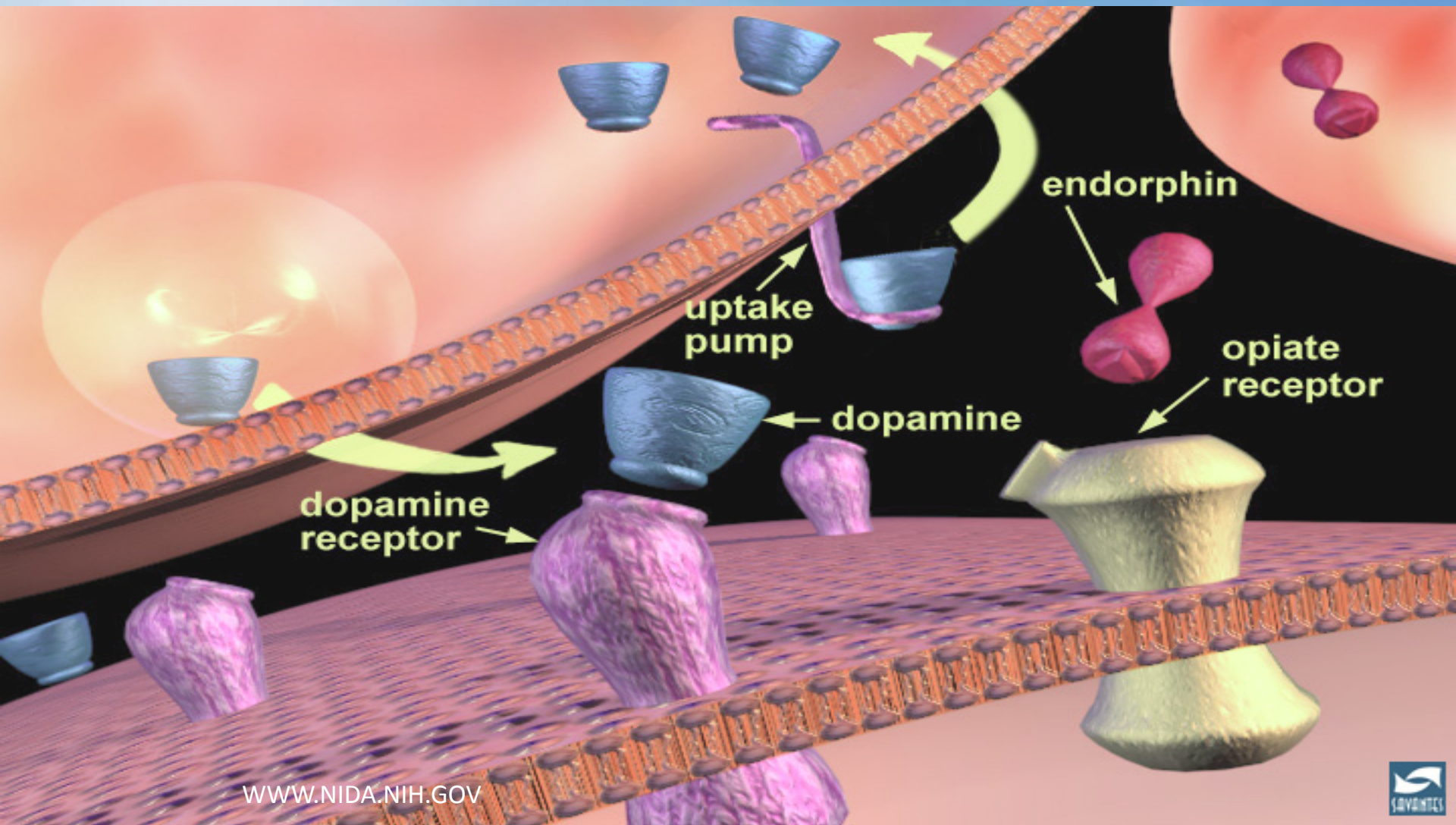
Ventral tegmental  
Area (VTA)

Dopamine  
release

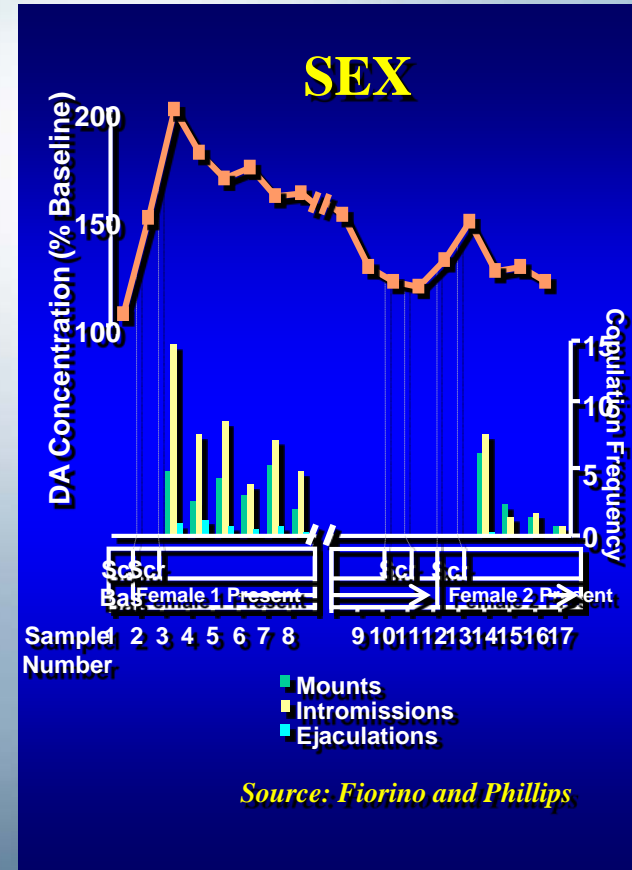
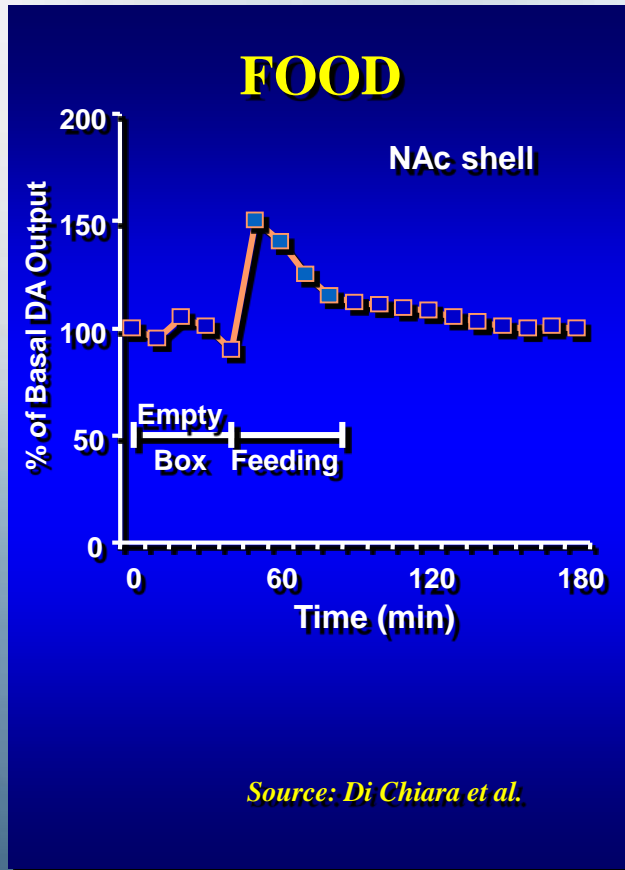


**DOPAMINE**

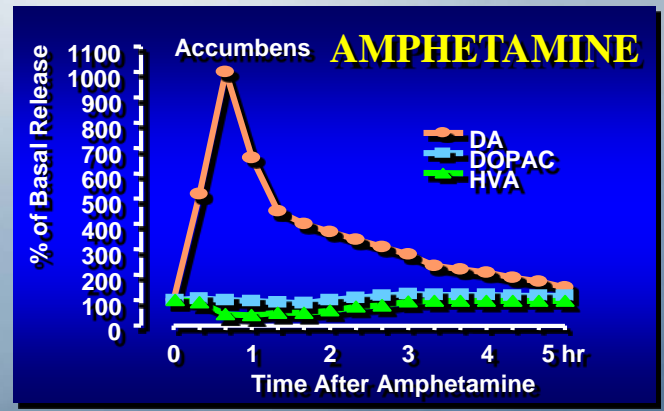
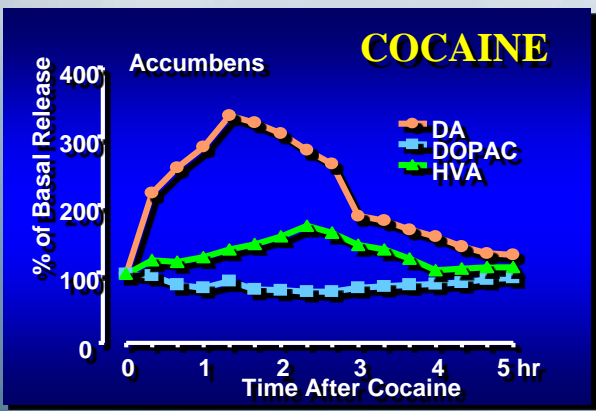
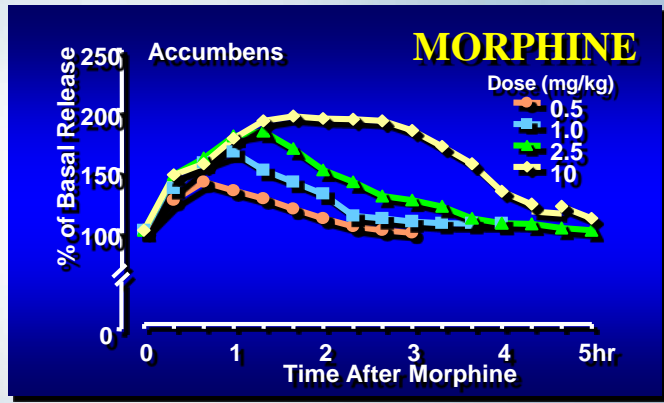
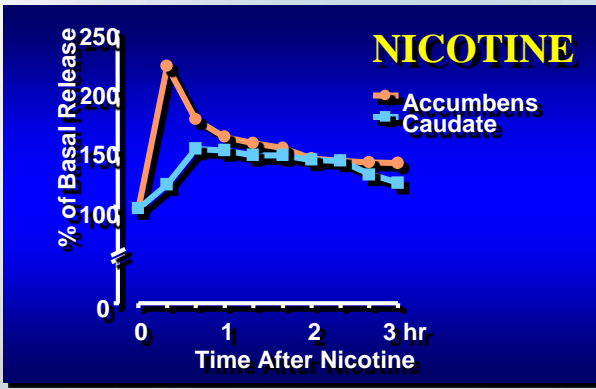




# Natural Rewards Elevate Dopamine Levels

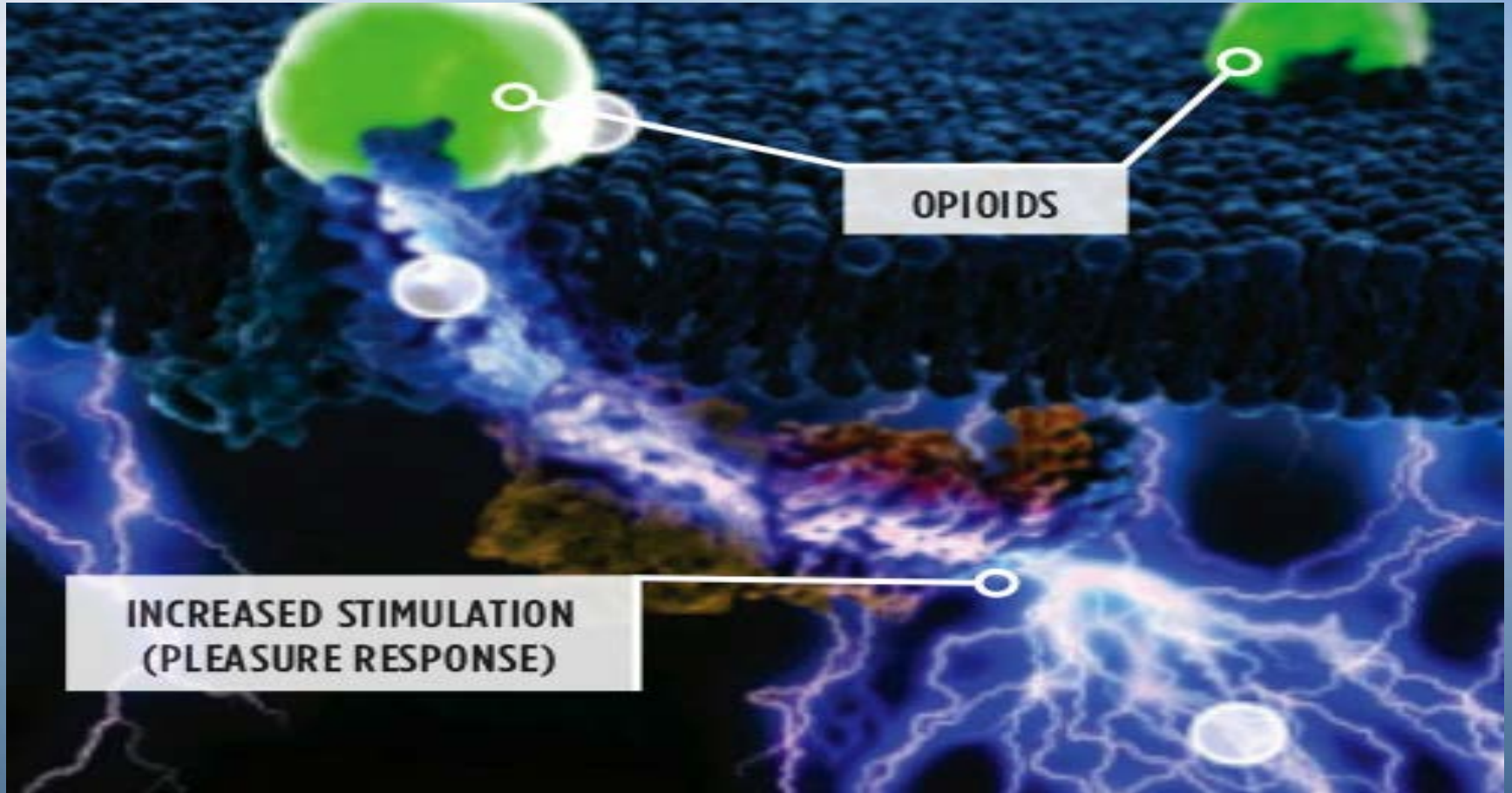


# Effects of Drugs on Dopamine Levels



Source: Di Chiara and Imperato





**OPIOIDS**

**INCREASED STIMULATION  
(PLEASURE RESPONSE)**

# Effects of Drug Use on Dopamine Production



- Think of a pleasant experience (a romantic evening, a relaxing vacation, playing w/ a child). Pleasure is caused by dopamine, a major brain chemical, that is secreted into the amygdala region of the brain causing that pleasure part of the brain to fire. Addictive drugs do the same, only more intense.
- When drug use is frequent and causes a surge of dopamine on a regular basis, the brain realizes the dopamine is being provided artificially, and it essentially loses its natural ability for pleasure (at least for a period of time).

# Effects of Drug Use on Dopamine Production



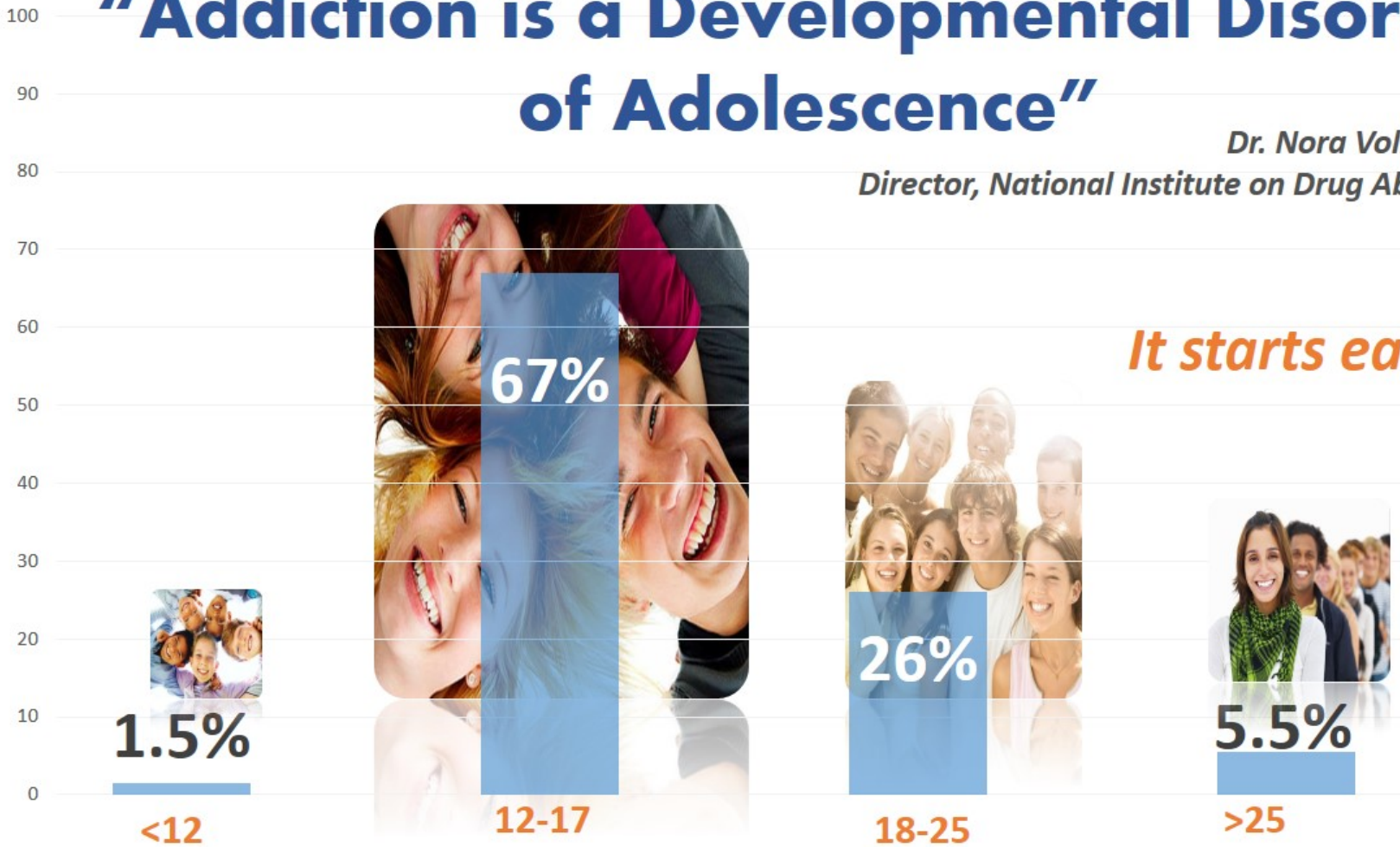
- Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren.
- If you are tasked with observing this visitation, what conclusions might you draw?
- If cues are misread, how might this affect a parent's ability to keep or obtain custody of their child/ren?
- How do we balance compassion, understanding and patience with a parent's temporarily compromised brain condition while maintaining parent accountability and child safety?

# “Addiction is a Developmental Disorder of Adolescence”

*Dr. Nora Volkow*

*Director, National Institute on Drug Abuse*

First Marijuana Use (Percent of Initiates)



*It starts early*

# "Addiction is a disease—a treatable disease—and it needs to be understood"

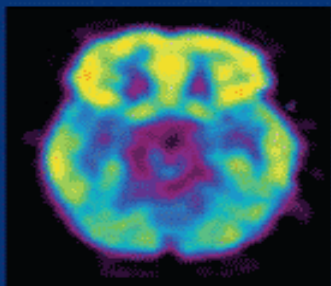


"We now know that addiction is a disease that affects both *brain and behavior*. We have identified many of the *biological and environmental factors* and are beginning to search for the genetic variations that contribute to the development and progression of the disease."

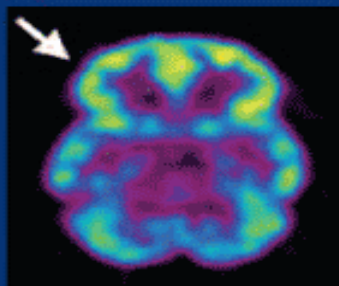
- Dr. Nora Volkow, NIH

# A Severe Brain Injury

## DECREASED BRAIN METABOLISM IN **DRUG ABUSER**



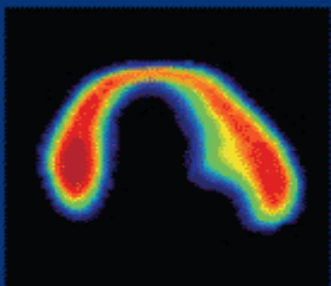
Healthy Brain



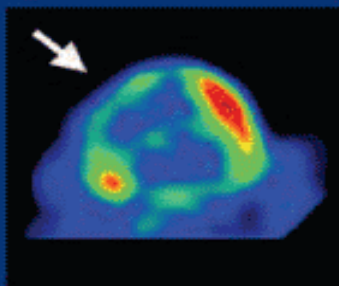
Diseased Brain/Cocaine Abuser



## DECREASED HEART METABOLISM IN **HEART DISEASE PATIENT**



Healthy Heart



Diseased Heart

- Scientific research has shown that alcohol and other drugs can change brain structure and function, affecting and altering critical areas of
  - Judgment
  - Decision making
  - Learning and memory
  - Behavior control
- Substance Use Disorders are similar to other diseases, such as heart disease, that cause damage to vital organs
- Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death

# Diagnosing Substance Use Disorders: DSM 5 Criteria

Severe  
6+ Criteria

Moderate  
4-5 Criteria

Mild  
2-3 Criteria



## 1. Impaired Control

- Larger amounts or over a longer time than originally intended
- Persistent desire to cut down
- A great deal of time spent obtaining the substance
- Intense craving

## 2. Social Impairment

- Failure to fulfill work or school obligations
- Recurrent social or interpersonal problems
- Withdraw from social or recreational activities

## 3. Risky Use

- Recurrent use in situations physically hazardous
- Continued use despite persistent physical or psychological problem that is likely to have been caused or exacerbated by use

## 4. Pharmacological Criteria

- Tolerance: Need for markedly increased dose to achieve the desired affect
- Withdrawal: Syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use

# A Treatable Disease

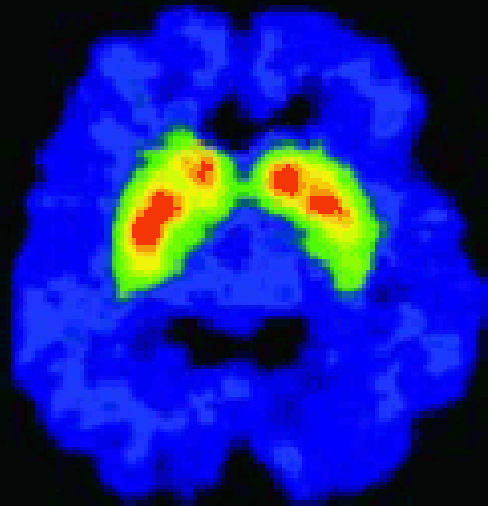
"Groundbreaking discoveries about the brain have revolutionized our understanding of addiction, enabling us to respond effectively to the problem"

- Dr. Nora Volkow,  
National Institute on  
Drug Abuse

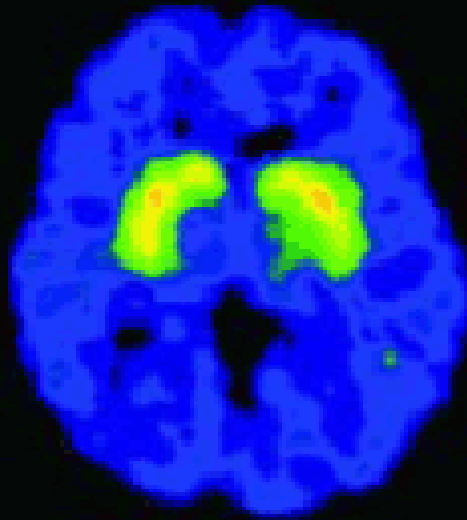
- Substance use disorders are preventable and treatable
- Discoveries in the science of addiction have led to advances in substance use treatment that help people stop abusing drugs and resume productive lives
- Treatment enables people to counteract addiction's powerful disruptive effects on the brain circuitry and behavior and regain areas of life function
- Successful substance use treatment is highly individualized and entails:
  - Medication
  - Behavioral Interventions
  - Peer Support



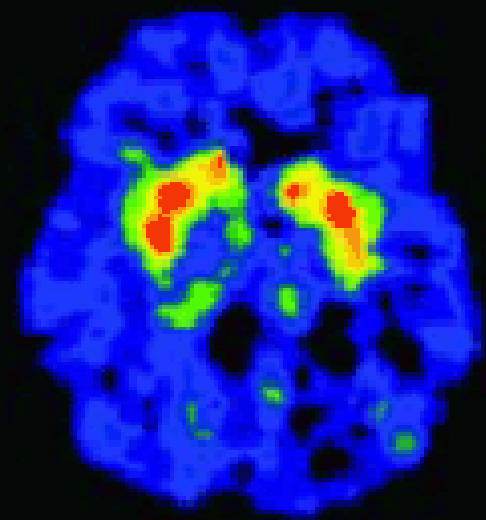
## BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person



METH Abuser  
1 month abstinence



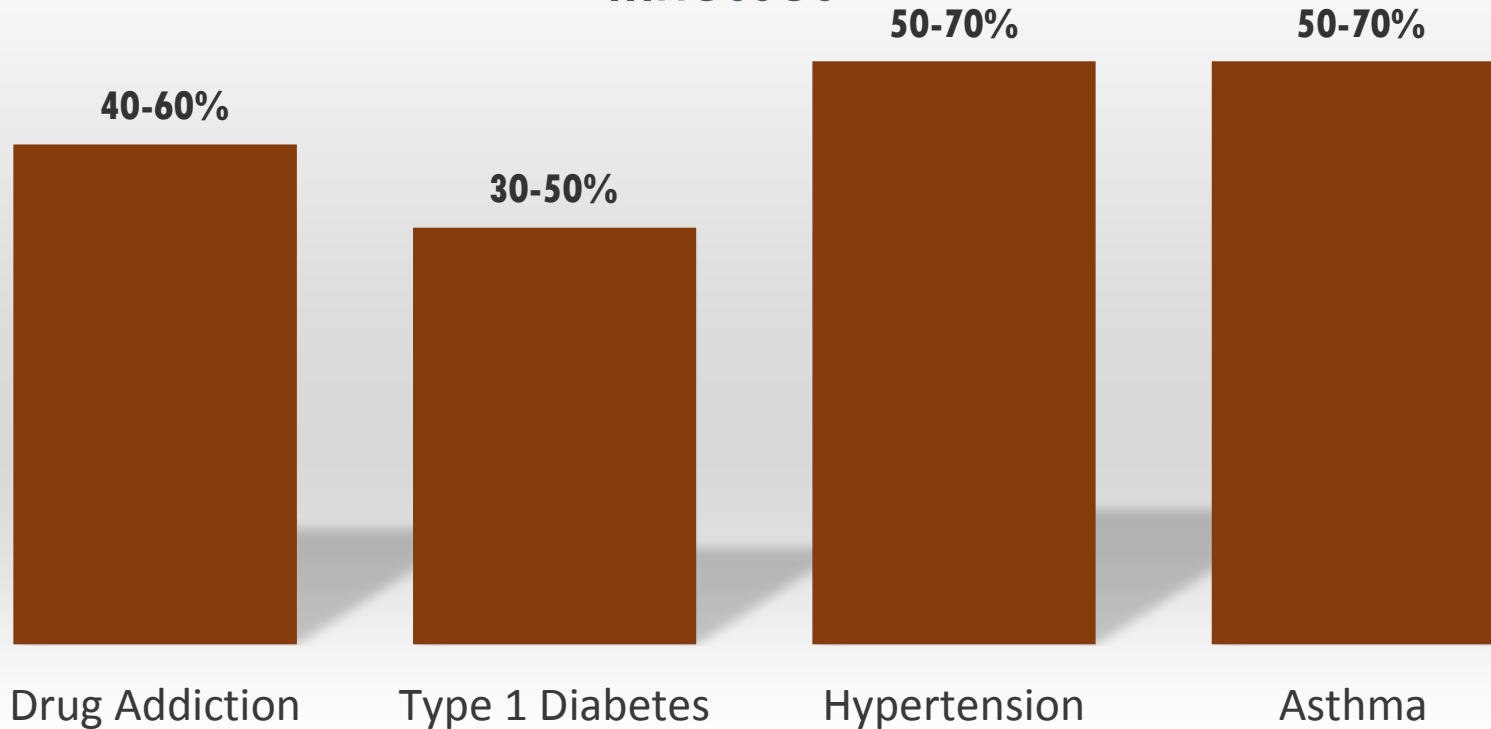
METH Abuser  
14 months abstinence

These images of the dopamine transporter show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.

# Addiction and Other Chronic Conditions

## Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percent of Patients with Relapse





**Developmental  
impact**

**Addiction  
affects the  
whole  
family**

**Generational  
Impact**

**Psycho-social  
Impact**

**Impact on  
Parenting**

# Addiction as 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



# Substance Use Disorder Treatment

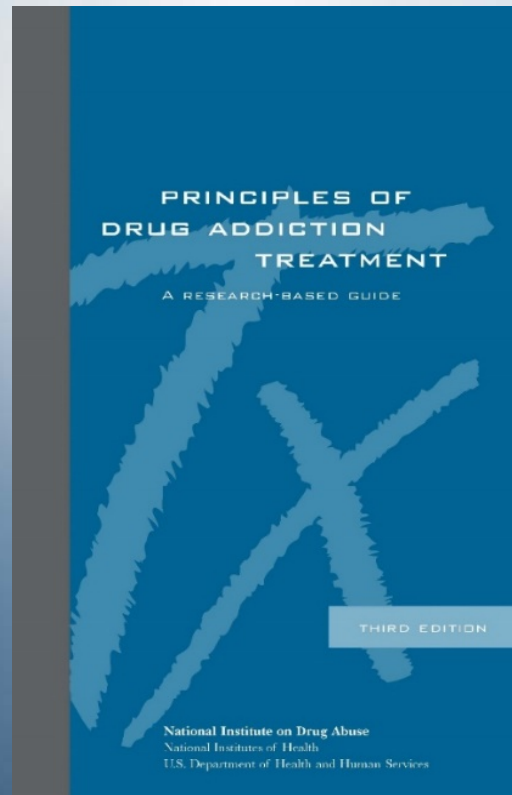


# Effective Substance Use Disorder Treatment



- Is readily available
- Attends to multiple needs of the individual (vs. just the drug abuse)
- Uses engagement strategies to keep clients in treatment
- Uses counseling, behavioral therapies (in combination with medications if necessary)
- Addresses co-occurring conditions
- Uses continuous monitoring

# Principles of Effective Drug Addiction Treatment: A Research Based Guide



1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual
5. Remaining in treatment for an adequate period of time is critical
6. Behavioral therapies are the most commonly used forms of drug abuse treatment
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
8. An individual's treatment and services plan must be continually assessed and modified
9. Many drug-addicted individuals also have other mental disorders
10. Medically assisted detoxification is only the first stage of addiction treatment
11. Treatment does not need to be voluntary to be effective
12. Drug use during treatment must be monitored continuously as lapses do occur
13. Treatment programs should test patients for infectious diseases



## **Missed opportunities**

*“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.”*

*“Call me Tuesday.”*



# Time to Treatment Matters



## Conflicting Timetables

**Child Welfare –  
12-month timetable  
for reunification**

**Treatment and Recovery  
– Ongoing process that  
may take longer**

Early engagement in treatment is crucial. Strategies to improve timely access include:

- Screening and identification
- Service linkage and matching to parent need
- Warm hand-off to assessment

# Overview of Treatment Processes

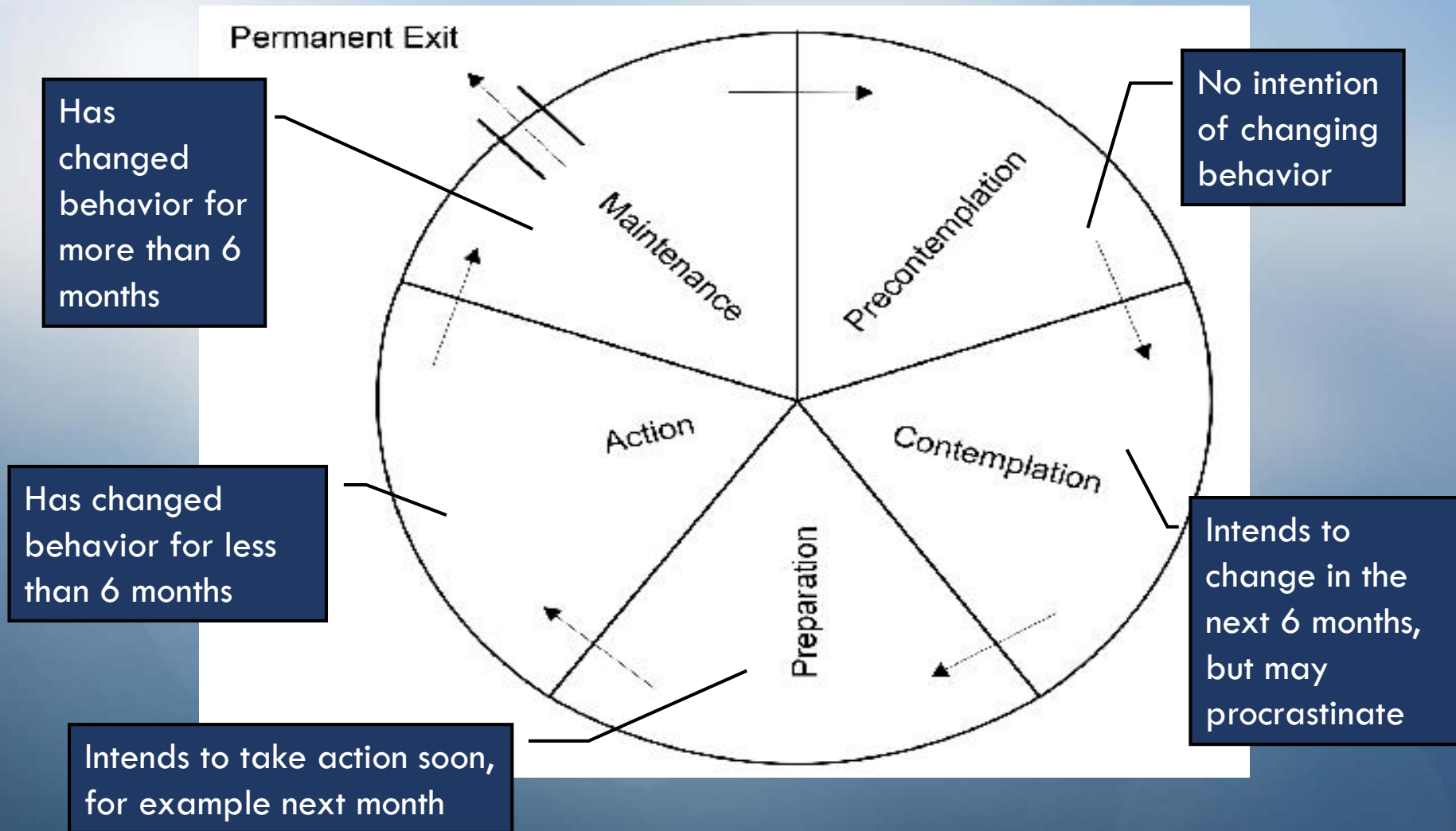
Treatment is an individualized and dynamic process designed to meet the specific and unique needs of each client. Processes commonly found in treatment:

- Early identification, screening and brief interventions
- Comprehensive assessment of an individual's substance use disorder and co-occurring health, mental health and other issues
- Stabilization via medically supervised detoxification, when necessary
- Timely and appropriate substance use disorder treatment – both acute and chronic care
- Continuing care and recovery support

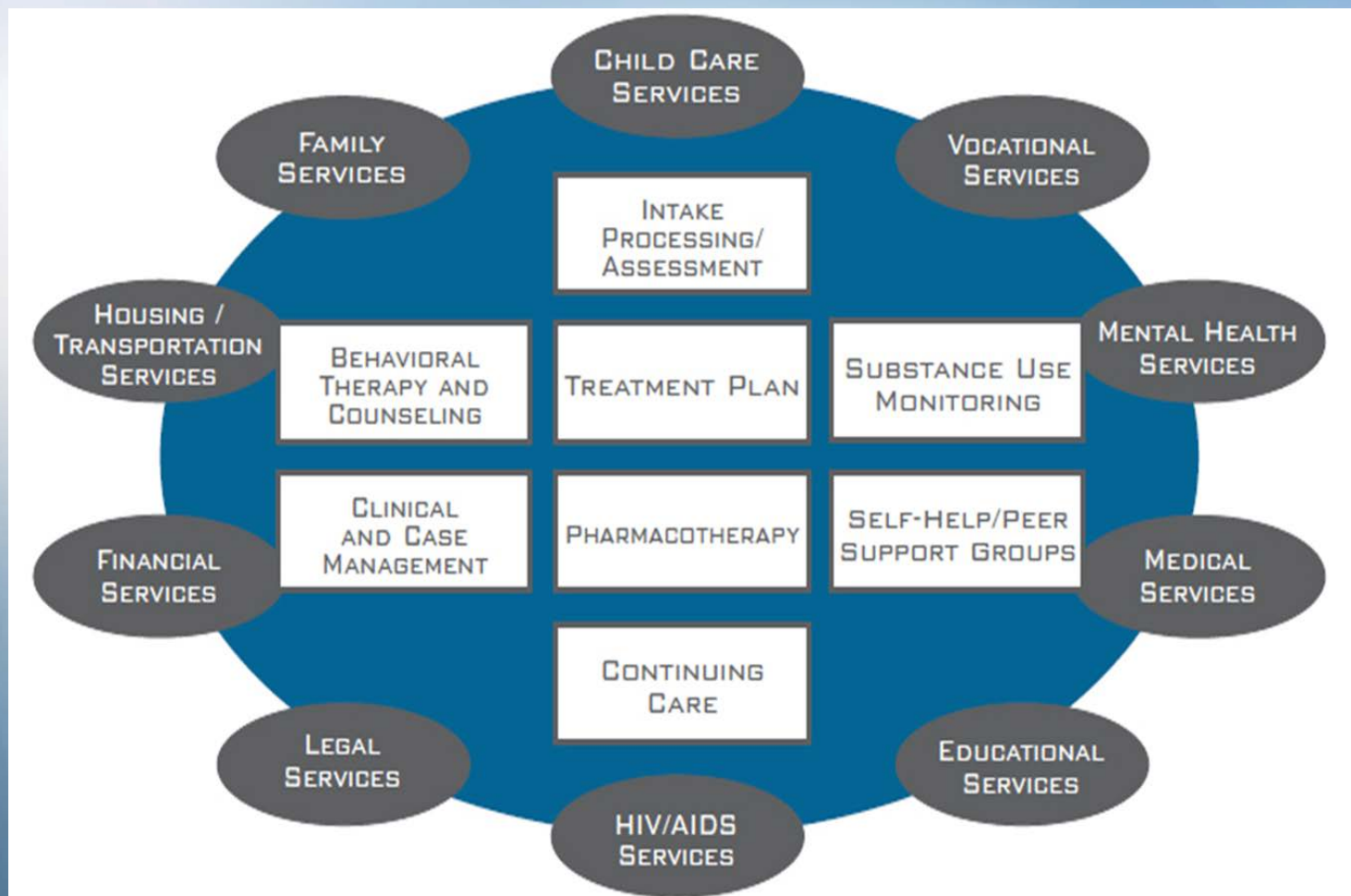
# The Stages of Change Model: Transtheoretical Model

- The central organizing construct of the model is the Stages of Change
- The Transtheoretical Model views change as a process involving progress through a series of five stages
  - Pre-contemplation
  - Contemplation
  - Preparation/Planning
  - Action
  - Maintenance
- The goal is to determine which stage of change the client is in and assist the client in progressing through subsequent stages.

# The Stages of Change



# Full Spectrum of Treatment and Services



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

# Medication Assisted Treatment

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- Tobacco
- Alcohol
- Opioids – Methadone, Buprenorphine, Naltexone, Naloxone

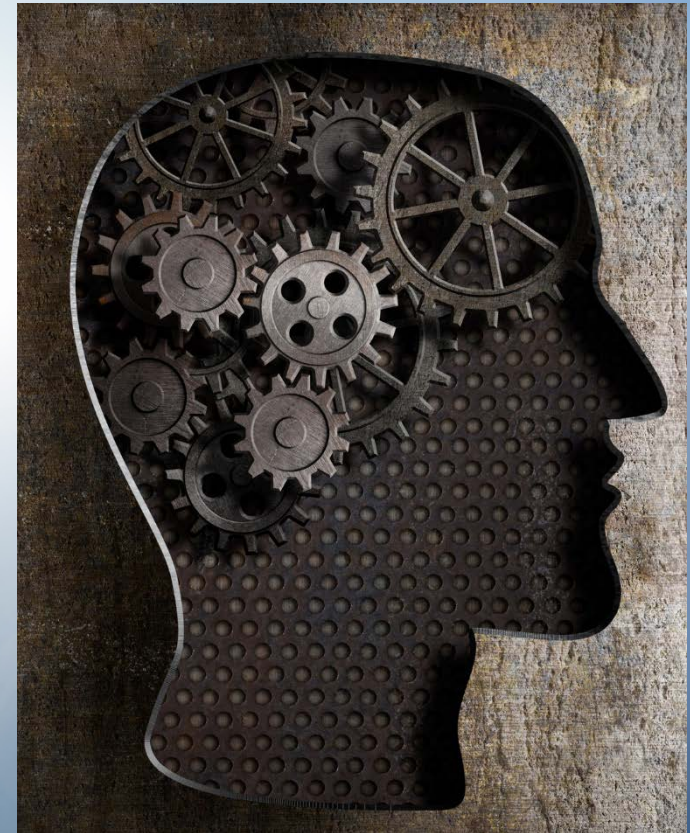
Medical doctors determine the appropriate type of medication, dosage and duration based on each person's:

- Biological makeup
- Addiction history and severity
- Life circumstances and needs

# Medication Assisted Treatment

As part of a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opiate use
- Decrease criminal activities, re-arrest and re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy related complications
- Reduce maternal craving and fetal exposure to illicit drugs



Fullerton, C.A., et al. November 18, 2013. Medication-Assisted Treatment with Methadone: Assessing the Evidence. *Psychiatric Services in Advance*; doi: 10.1176/appi.ps.201300235

The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. *Obstetrics & Gynecology*, 119(5), 1070-1076.

Dolan, K.A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A.D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, reincarceration and hepatitis C infection. *Addiction*, 100(6), 820-828.

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., & O'Grady, K.E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. *Addiction*, 103(8), 1333-1342.

Havnes, I., Bukten, A., Gossop, M., Waal, H., Stangeland, P., & Clausen, T. (2012). Reductions in convictions for violent crime during opioid maintenance treatment: A longitudinal national cohort study. *Drug and Alcohol Dependence*, 124(3), 307-310.

Kinlock, T.W., Gordon, M.S., Schwartz, R.P., & O'Grady, K.E. (2008). A study of methadone maintenance for male prisoners: Three-month post release outcomes. *Criminal Justice & Behavior*, 35(1), 34-47.

PSYCHOLOGICAL EFFECTS

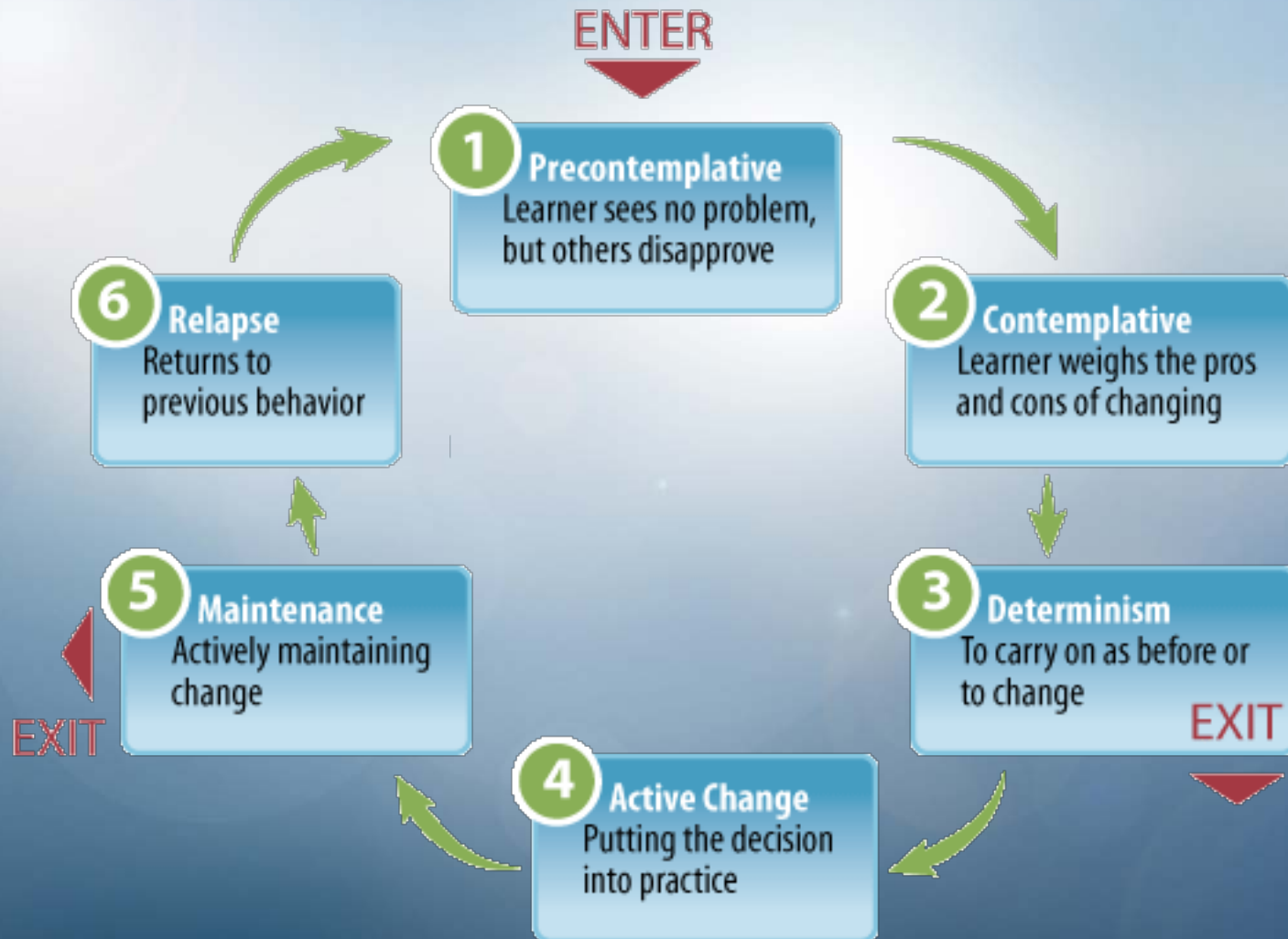
Counseling  
targets the  
cortex

PHYSICAL EFFECTS

Medication  
effects the  
limbic region



# Understanding How People Change



# Rethinking Treatment Readiness



## Re-thinking “Rock Bottom”

- “Tough love” - in the hopes that they will hit rock bottom and wanting 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 both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

# Treatment Retention and Completion

- Women who participated in programs that included a **“high” level of family and children’s services** and employment/education services were **twice as likely to reunify** with their children as those who participated in programs with a **“low”** level of these services. (Grella, Hser & Yang, 2006)
- **Retention and completion of treatment** have been found to be the **strongest predictors of reunification** with children for substance-abusing parents. (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010)
- Substance abuse treatment services **that include children in treatment** can lead to **improved outcomes for the parent**, which can **also improve outcomes for the child**.

# Understanding the Complex Needs of Families



- Lack of parenting skills
- Trauma history
- Substance abuse history
- Unemployment
- Prior CWS history
- Lack of support
- Lack of stable or safe housing
- Transportation needs
- Mental health history
- Education status
- Development disorders

# Family Engagement and Ongoing Support



Ensure family 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 (i.e. Motivational Interviewing) approaches and who monitor processes of recovery and aftercare
- Jointly monitoring family progress through a combination of case management, coordinated case planning, information sharing, timely and ongoing communication
- Aftercare, Community and Family Supports, and Alumni Groups

# What is recovery?

## SAMHSA's Working Definition

*Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.



# The Impact of Recovery Support

- Recovery Support Specialists
- Family-Centered Services
- Evidence-Based Parenting
- Successful Visitation
- Evidence-Based Treatment
- Reunification Groups
- Ongoing Support



# Functions of Recovery Support Specialists



## **Liaison**

- Links participants to ancillary supports; identifies service gaps

## **Treatment Broker**

- Facilitates access to treatment by addressing barriers and identifies local resources
- Monitors participant progress and compliance
- Enters case data

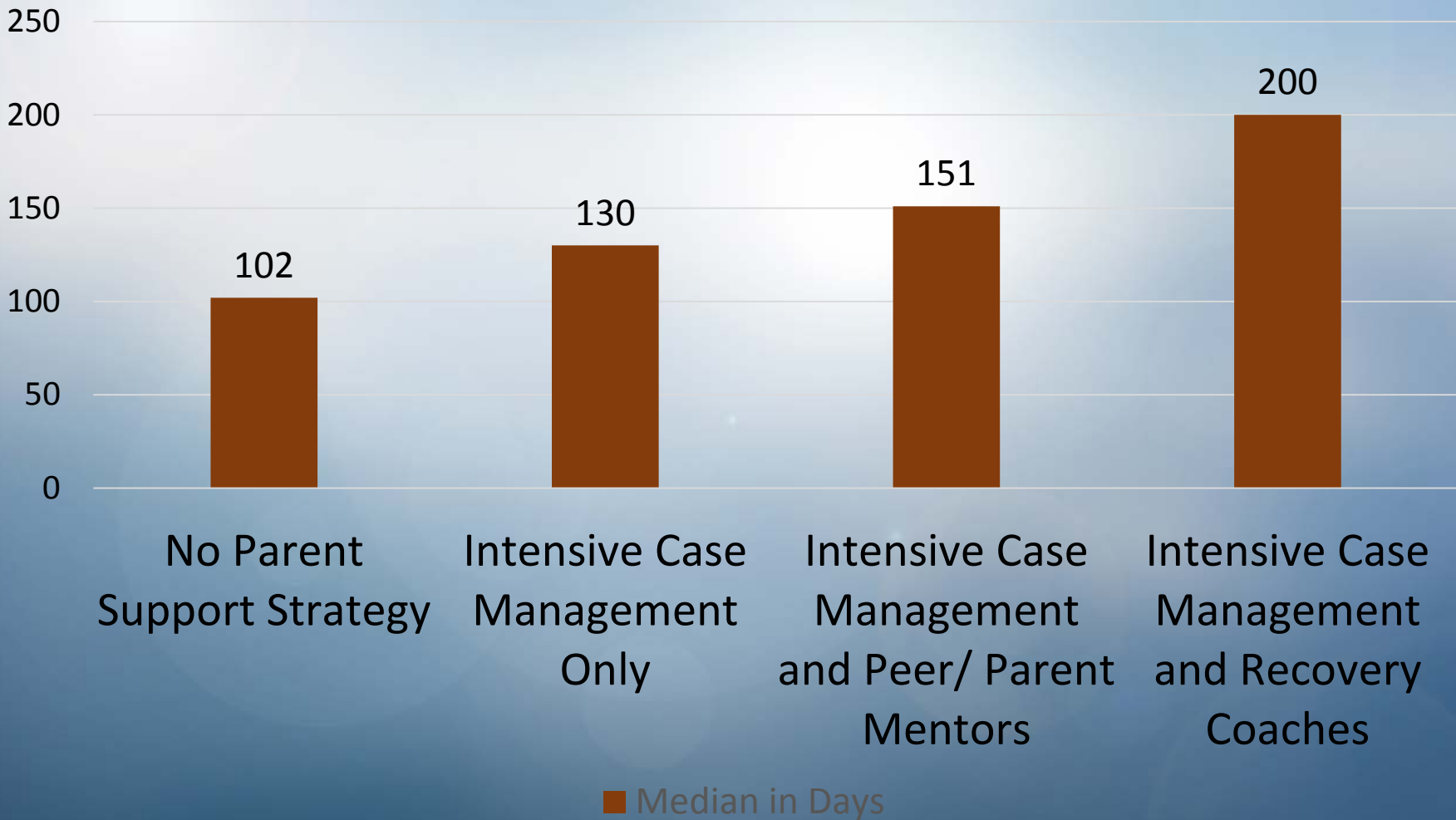
## **Advisor**

- Educates community; garners local support
- Communicates with FDC team, staff and service providers



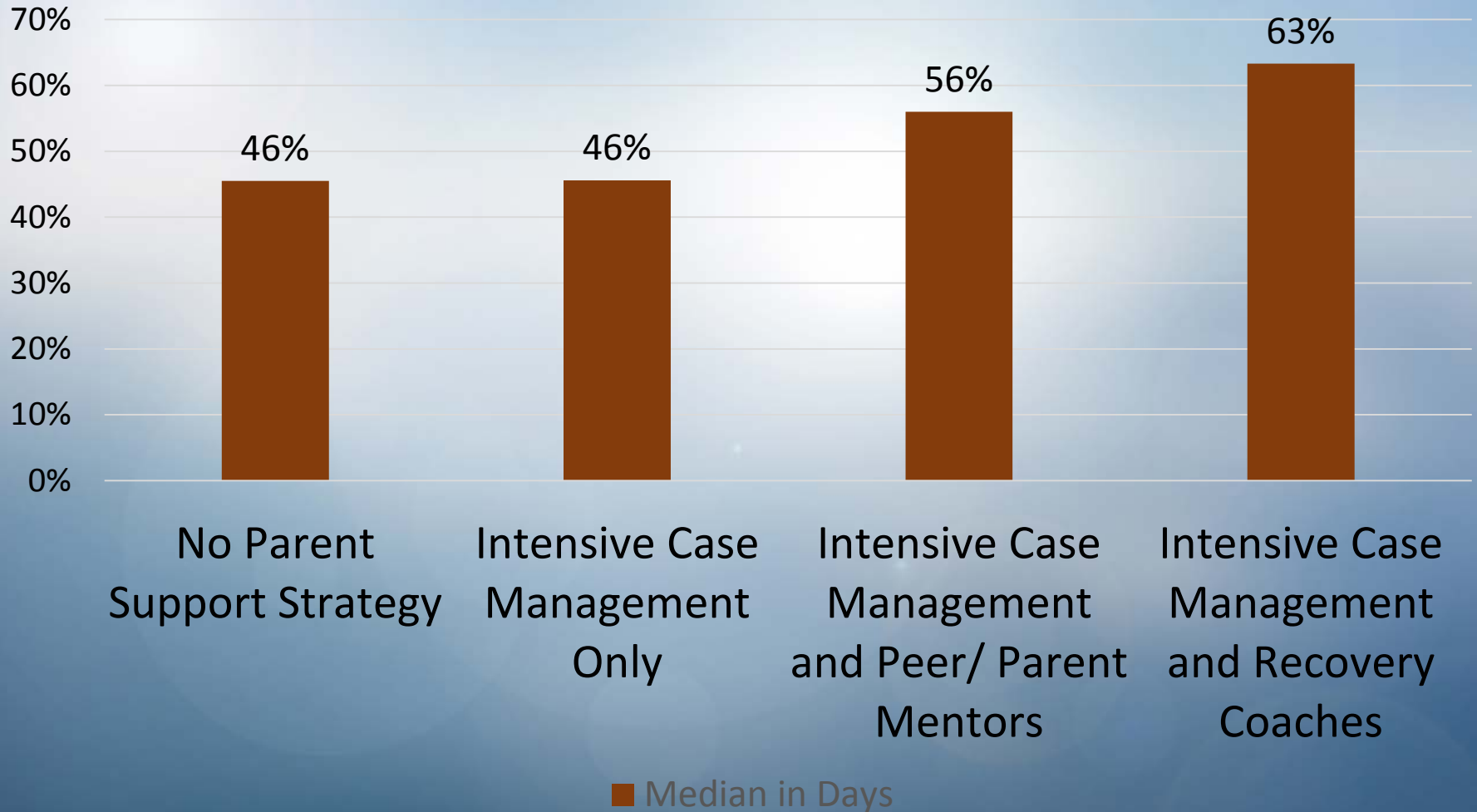


# Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





## Substance Abuse Treatment Completion Rate by Parent Support Strategies

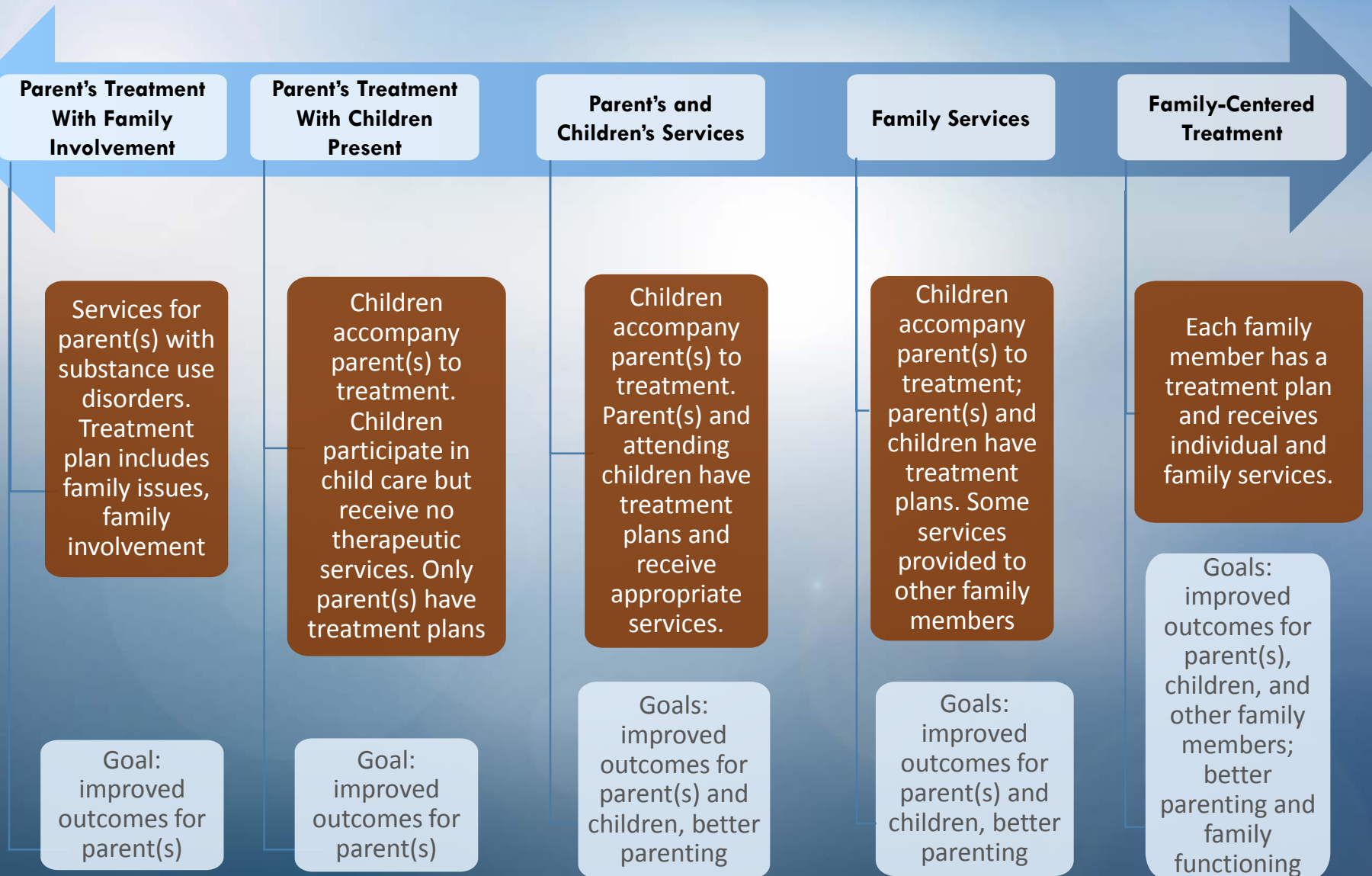


# Family-Centered Approach



Recognizes that addiction is a **family disease** and that recovery and well-being occurs **in the context of families**

# Continuum of Family-Based Services



A photograph showing the back of a person wearing a red t-shirt and blue denim jeans, holding the hand of a child in a white t-shirt. The child is pointing towards the right. The background is a bright, out-of-focus outdoor setting, possibly a beach or park. A semi-transparent white banner with brown text is overlaid across the middle of the image.

**What is the relationship between children's issues and parent's recovery?**

# Focusing only on parent's recovery without addressing the needs of children...



Can threaten parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being

# Challenges for the Parents



- The parent lacks understanding of and the 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

# Connecting Families to an Evidence-Based Parenting Program



- Knowledge of parenting skills as well as a basic understanding of child development has been identified as a key protective factor against abuse and neglect (Geeraert, 2004; Lundahl, 2006; & Macleod and Nelson, 2000).
- The underlying theory of parent training is that (a) parenting skills can improve with training, (b) child outcomes can be improved, and (c) the risk of child abuse and neglect can be reduced (Johnson, Stone, Lou, Ling, Claassen, & Austin, 2008). Characteristics of effective parenting include (a) interaction style with their child, (b) warmth and affection towards their child, and (c) parenting strategies used (Johnson, et al., 2008).



# Children Need to Spend Time with Their Parents

- Involve parents in the child's appointments with doctors and therapists
- Expect foster parents to participate in visits
- Help parents plan visits ahead of time
- Enlist natural community settings as visitation locations (e.g. family resource centers)
- Limit the child's exposure to adults with whom they have a comfortable relationship



# Elements of Successful Visitation Plans

Visits should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision



# Treatment Should be Evidence-Based



EBPs for trauma survivors:

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)



# Aftercare and Ongoing Support

Ensure aftercare and recovery success beyond FDC and CWS participation:

- Personal Recovery Plan – relapse prevention, relapse
- Peer-to-peer support – alumni groups, recovery groups
- Other relationships – family, friends, caregivers, significant others
- Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
- Self-sufficiency – employment, educational and training opportunities

We now know *what works* for families affected by substance use disorders



# Development of Models – Testing Solutions



National Center on  
Substance Abuse and Child  
Welfare

Regional Partnership Grants  
2007-2012 - 53 Grantees  
2012-2017 - 17 Grantees  
2014-2019 - 4 Grantees

Children Affected by  
Methamphetamine  
12 Family Drug Courts

2002 — 2007 — 2010

# Common Ingredients and Strategies

1. Identification
2. Timely Access
3. Recovery Support Services
4. Comprehensive Family Services
5. Increased Judicial Oversight
6. Cross-Systems Response
7. Collaborative Structures



# How Collaborative Policy and Practice Impacts



5Rs

Recovery

Remain at home

Reunification

Re-occurrence

Re-entry



*Building on  
our Success*

**Q&A and Discussion**



# Implications for Collaborative Practice

- ❖ How do the collaborative partners view the disease of addiction?
- ❖ How does your jurisdiction respond to relapse?
- ❖ Is there a coordinated, collaborative response to relapse for parents in treatment?
- ❖ How do treatment and recovery timelines work with or against permanency planning timelines, especially from the perspective of the child?

# Implications for Collaborative Practice

- ❖ How does your jurisdiction screen for and identify parents with substance use disorders?
- ❖ How and when is this documented?
- ❖ Are treatment professionals screening for child safety and parenting capacity?
- ❖ Are you aware of the criteria used by treatment providers to determine the level of substance abuse treatment for the parent? What, if any part of that decision includes your input?
- ❖ How quickly are parents engaged in substance abuse treatment? Challenges, successes?

# Implications for Collaborative Practice

- ❖ Are there policies or practices in place that are barriers to accessing MAT?
- ❖ Is MAT available to an expectant mother? How does your jurisdiction respond to an infant born dependent to a mother who is engaged in recovery?
- ❖ Have agreements and protocols been developed for sharing clinical and case information (e.g. treatment success or relapse)? What written agreements exist to address issues of confidentiality?

The background features a decorative design with green leaves and a color palette. The top and bottom edges show a detailed color palette with various shades of green, blue, and brown. The central area is a light green gradient with faint, overlapping leaf patterns and a circular graphic element on the left side.

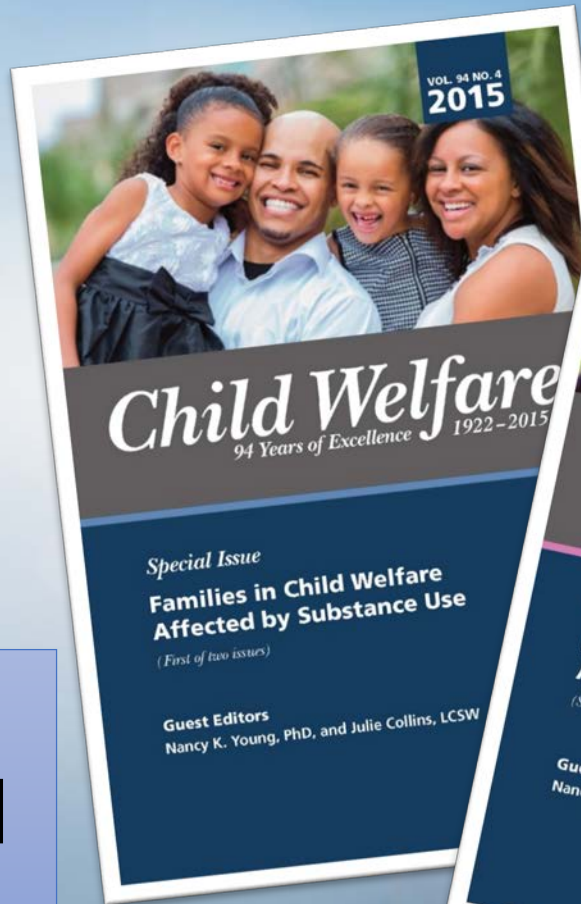
# Resources

# 2015 Special Issue

# CWLA

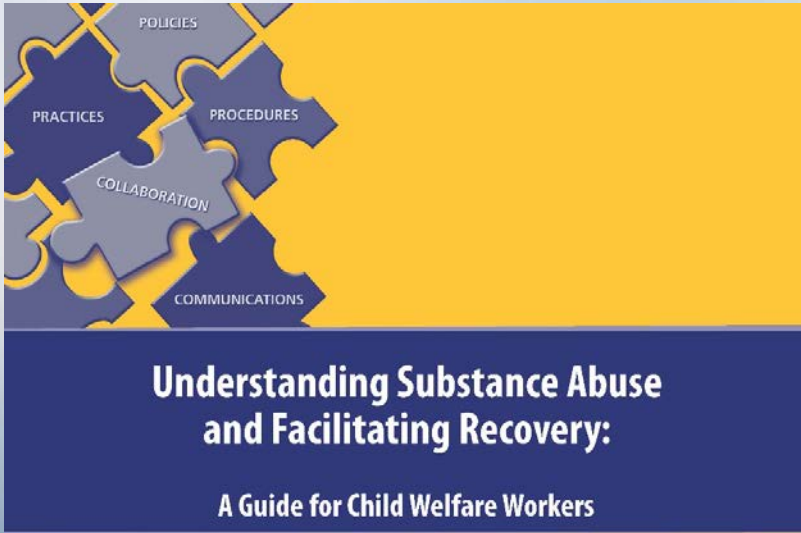
[www.cwla.org](http://www.cwla.org)

## Families in Child Welfare Affected by Substance Use




<http://www.cwla.org/child-welfare-journal/cwj-featured-issues/>

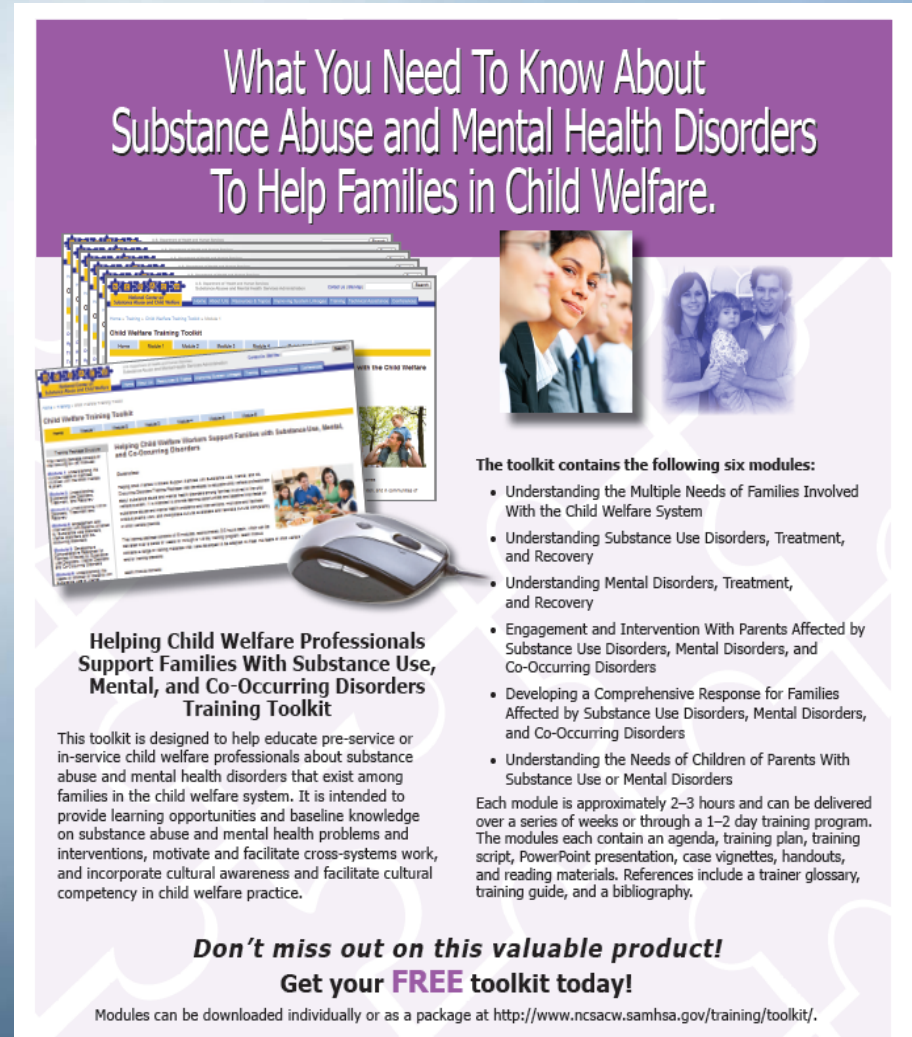
# Understanding Substance Use and Facilitating Recovery: A Guide for Child Welfare Works



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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
[www.samhsa.gov](http://www.samhsa.gov)



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

**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.

**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.

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

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

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

**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 indispensable 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.

**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 credited 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**

**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

**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>.

Some publications are available in hard copy and can be ordered at <http://store.samhsa.gov/home> or by calling 1-877-726-4727.



National Center on Substance Abuse and Child Welfare  
Visit our Web site at <http://www.ncsacw.samhsa.gov>.  
For assistance, call 866-493-2758.



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# Additional Resources

National Center on Substance Abuse and Child Welfare  
Technical Assistance Products



**PUBLICATIONS ON IMPROVING COLLABORATION**

**Screening and Assessment for Family Engagement, Retention and Recovery (SAFER)**



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. Appendices 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.

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.



National Center on Substance Abuse and Child Welfare  
Visit our Web site at <http://www.ncsacw.samhsa.gov>.  
For assistance, call 866-493-2758.



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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!**

# Contact Us

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