

NATIONAL RESOURCE CENTER

NRCCM

ON CHILD MALTREATMENT

“Between Two Worlds” Child Maltreatment and Substance Abuse

**A Framework for Dialogue and Action:
Working Paper and Program Abstracts**

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Adam's Mark Hotel
San Antonio, TX

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CHILD MALTREATMENT & SUBSTANCE ABUSE

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Sponsored by the NRCCM
and the Office of Child Abuse and Neglect

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1

Introduction

The child welfare (CW) and child protective services (CPS) community reports that from 50% to 80% of the families served are negatively affected by alcohol or other drugs. The U.S. Department of Health and Human Services figures show that from 1988 to 1996 the number of children entering foster care grew dramatically from 340,000 cases in 1988 to 500,000 cases in 1996, a 47% increase. Estimates from the field show that substance abuse may be a factor in three-fourths of all foster care placements. Parental substance abuse has a negative effect on children's safety, health, development, and well-being. Substance abuse impairs the ability of parents/caretakers to assume responsibility as parents in ensuring the safety and healthy development of their children. The most pressing practice, funding, and policy challenge facing the CW/CPS field is the impact of substance abuse in child maltreatment cases. This challenge is made even more crucial with the tighter permanency time-lines required in the Adoption and Safe Families Act of 1997.

Families served through CW/CPS are often involved with other service systems that are also confronting the challenges of substance abuse. Temporary Assistance to Needy Families (TANF) workers confront substance abuse as a significant barrier in moving a mother from welfare to work. The children that end up in the juvenile justice system are often children from families which have become dysfunctional due to drug or alcohol dependency and are themselves involved in substance-abusing behavior. The family violence (domestic violence) community sees the effect of substance abuse on the battered and batterer, and also on the children in the home. The interconnection of family dysfunction, family violence, and child maltreatment with the abuse of alcohol and other drugs is clear.

The National Resource Center on Child Maltreatment (NRCCM) has undertaken a national leadership initiative to explore the issues surrounding substance abuse and child maltreatment. The process includes:

- C Literature review
- C Facilitated input from a national panel of experts from both the CW/CPS and Substance Abuse Treatment community (**Attachment A**)
- C A national symposium

Goals

The goals of this NRCCM leadership are:

- C To identify the key issues facing CPS in substance abuse cases
- C To identify the core issues facing substance abuse treatment programs in working with CPS
- C To provide CPS decision makers, supervisors, and caseworkers with policy, structural, and practice considerations for improving services and outcomes in substance abuse cases
- C To identify model approaches for effectively responding to CPS cases involving substance abuse

This working paper and attachments are meant to provide a framework for dialogue and action to improve the responsiveness of CPS to the needs of children and families affected by substance abuse.

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Universe of Issues

In developing responses to the challenges that parental substance abuse brings to child maltreatment cases, clearer definitions and understanding are needed in a broad range of areas. Programmatic results and research demonstrate that stand-alone or “one size fits all” solutions will not be effective. Training alone will not realize better outcomes in CPS substance abuse cases without the organizational structure, financing, and policies necessary to support these outcomes.

Environmental Issues

Substance-abusing behavior, family dysfunction, and the potential of child abuse and neglect exist within and are affected on by environmental factors. The interdependency of these factors is an important consideration. “Drug-infested” neighborhoods include a high rate of poverty, crime, and domestic violence along with child maltreatment. Environmental considerations, however, can lead to different responses. Some believe it is important to remove the substance-abusing parent from the problem environment to ensure the effectiveness of substance abuse treatment and to minimize the potential of relapse. The recovering abuser will eventually return to a neighborhood where there is easy access to drugs. Will there be the necessary supports in place to support the client through the relapse/recovery cycle? Other approaches focus on developing drug treatment programs, aftercare services, and support groups within the neighborhood to build a natural system of connections to support the recovery of the client.

Substance Abuse Impact

The use of alcohol and other drugs impairs the mental functioning and judgment of parents and produces harmful and inconsistent approaches to meeting the safety, health, and developmental needs of children. Substance abuse is a barrier to the bond between parent and child that is crucial to the healthy emotional development of the child. Parental substance abuse affects the relationships and dynamics of the family system and contributes significantly to family dysfunction. Resources, both in time and money, are dedicated to buying and using drugs and/or alcohol, reducing the resources essential to fulfilling the basic needs of the child. There is substantial research on the neonatal and infant complication and problems associated with parental substance use, including:

- C Neurological disturbances
- C Premature births
- C Low birth weight
- C Infectious disease
- C Fetal alcohol syndrome
- C Failure to thrive

In children, the behavioral impact of parental substance abuse can include:

- C Delayed language development
- C Poor fine motor development
- C Short attention span
- C Impulsiveness
- C Moodiness

There has been less research dedicated to the causal and interdependent relationship of substance use/abuse and child maltreatment. The field needs better information on the different relationships that exist between the two. It is understood that substance use can cause child maltreatment. It is also understood that substance abuse can co-exist without being the causal factor in child abuse or neglect. Women who use drugs during pregnancy can cause harm to their unborn child, yet women who test positive for drugs during pregnancy do not have a higher rate of future child maltreatment incidents than mothers that tested negatively during pregnancy. More research is required to sort out the characteristics and behaviors that are important in determining the child safety and risk factors of parental substance use.

The impact of substance abuse on the CW/CPS worker is also an important consideration. The values and beliefs as well as life experiences of the worker may hinder or support their ability to assess and respond to cases involving substance abuse.

Assessment Process

Within the CPS, three types of assessments are typically employed: Safety, Risk, and Case. The safety assessment focuses on determining the immediate danger of maltreatment that the child faces. The risk assessment attempts to determine whether or not the child is at risk for future maltreatment and what level of CPS intervention and services is required. The case assessment focuses on the psychosocial and family needs to develop case plans and services designed to minimize the risk of future maltreatment. It also promotes a permanency solution within required time-lines.

In the substance abuse treatment field there are usually two levels of assessments. The first level ascertains whether substance abuse is present and determines the level, structure, and intensity of treatment required. The second level of assessment focuses on the impact of substance abuse on the psychosocial functioning of the client. The CPS and substance abuse assessment processes use different instruments/tools and differently trained staff. The CPS assessment process is not designed to assess the extent to which substance abuse is a direct or indirect problem in

relationship to child maltreatment, or if substance use is a co-existent and not a causal factor. The substance abuse assessment process does not focus on the impact of substance abuse on parenting, family functioning, or on the immediate, near term, and long term risk of child maltreatment.

Both the CPS and the substance abuse community need to look at ways to connect their individual assessment processes with some common indices, including:

- C Patterns and extent of substance use
- C Impact of substance use/abuse on parenting
- C Impact of substance use/abuse on fulfilling day-to-day responsibilities
- C Parent's commitment to treatment and recovery
- C Recovery support and relapse prevention resources

Practice Implications

The practice implications for CPS and the substance abuse treatment field are crucial. However, training will not change practice unless the resources, systems, and policies support a model of practice that promotes partnership and collaboration. Additionally, CW/CPS staff need to identify and understand their personal beliefs, values, and biases regarding substance use/abuse and substance users/abusers. The substance abuse treatment provider staff need to identify and understand their beliefs, values, and biases regarding child maltreatment and the identified perpetrator. Both communities of service providers need to be committed to expanding their roles, to work in concert, and to address both child maltreatment and substance abuse issues.

CW/CPS staff need to develop skills that support them in:

- C Assessing the extent to which substance abuse is a factor CPS cases
- C Promoting client readiness and commitment for treatment
- C Working collaboratively with the substance abuse treatment provider

Substance abuse provider staff need to develop skills in:

- C Assessing the impact of substance abuse on the client's parenting ability
- C Facilitating a family systems approach to treatment, recovery, and relapse prevention
- C Working collaboratively with the CW/CPS caseworker

Each community of providers needs to understand:

- C The dynamics of the change paradigm in substance abuse cases
- C That substance abuse is a family dysfunction/disease
- C The dynamics of families in which substance abuse is a problem
- C The impact of substance abuse on parenting skills, child development, and on child maltreatment safety and risk factors
- C The other's model of practice, service modalities, and approaches

There needs to be clarity regarding who is addressing substance abuse treatment issues, who is addressing parental responsibility and the building of appropriate parenting skills, and most importantly, who is addressing the issues of child maltreatment. Working collaboratively, the two service systems can address all three. Case coordination in CPS substance abuse cases needs to integrate the CPS case/services plan, risk reduction, and safety enhancement goals with the substance abuse treatment and recovery plan.

Special Populations

The needs and issues of special populations should be taken into consideration when building or enhancing responses to child maltreatment cases in which substance abuse is a factor, including:

- C Pregnant women
- C Substance exposed infants
- C HIV/AIDS
- C Individuals abusing substances who also have mental health problems
- C Substance abusing single parent women
- C Substance abusing teen mothers
- C Children of alcoholics/substance abusers
- C Native Americans, African Americans, and Hispanics

Substance Abuse Services

Substance abuse treatment models and approaches vary. It is clear that no one approach will meet the diversity of needs facing CW/CPS's substance-abusing clients. Easily accessible neighborhood-based alternative programming, gender-specific treatment, enhanced aftercare, and relapse-prevention services will be crucial to effectively meet the needs of substance-abusing parents. A full continuum of substance abuse services would include substance abuse screening, substance abuse assessments, detoxification services, early intervention services, out-patient treatment, intensive out-patient treatment, relapse prevention, aftercare and support programs, and

professional development services for other community service providers.

In partnership with the CW/CPS community, treatment providers need to develop effective approaches for referral readiness, working with the involuntary nature of CPS clients, and fulfilling confidentiality requirements without making them a barrier to accessing assessment, treatment, and aftercare services. The landmark article by Brower, et al, “Treatment Implications of Chemical Dependency Models: An Integrative Approach” (**Attachment C**), provides thoughtful guidance to the substance abuse treatment community in developing a more flexible approach to meeting the needs of substance abusers with a model of treatment that is aligned with their needs. Treatment and aftercare programs that are developed within the substance abuser’s community have proven effective in developing a drug-free culture and natural supports to assist the substance abuse client and the family through the treatment process, and ongoing recovery.

System and Policy Issues

There are six system and policy issues that are crucial cornerstones for developing effective responses to child maltreatment cases in which substance abuse is a factor:

- C **Substance Use Threshold** - Criteria need to be identified for both the CPS and substance abuse treatment community regarding the definition of substance abuse within a CPS case, its relationship to the maltreatment, and its effect on the child, parent, and family system. What will define a CPS case as a substance abuse case? What threshold of use will be acceptable, if any? What definitions of use, abuse, dependency, and addiction will be used?
- C **Child Protective Services Role** - There needs to be clarity in defining the scope and role of CPS in those cases in which substance abuse is a key factor. What should the scope of CPS involvement be beyond the traditional child protective assessment and service planning and delivery role? What specific substance abuse service role, if any, should the CPS worker play? When approaching the needs of the child, parent, and family, who is responsible for addressing child safety needs, parental development, substance abuse intervention needs, and the child maltreatment issues?
- C **Time-Lines** - Legislative time-lines, juvenile/family court orders, and service delivery time-lines need to be reflected in the coordination of CPS/substance abuse services and CPS/substance abuse case plans. How will the time-lines of the Adoption and Safe Families Act, TANF, court order, and the substance abuse treatment recovery/relapse cycle be reconciled, met, and facilitated? How must these systems work together to ensure that the time-lines reflect, in each case, the reality of the substance abuse treatment and recovery cycle?
- C **Resources** - Investment of time, personnel, and dollars needs to reflect the most effective and efficient approach to meeting the needs of substance-abuse-involved CPS cases. How can CPS and substance abuse funding and staff be best allocated consistent with the defined role of CPS, the caseload that meets the threshold criteria, and the time-lines required?

C **Collaboration** - Governmental collaboration across CW/CPS, substance abuse, juvenile/family court, domestic violence, and mental health along with public/private partnerships, will be essential to realizing improved responsiveness to CPS cases in which substance abuse is a problem. What collaborative agreements, purchase of service contracts, confidentiality qualified services agreements, and/or legislative relief will be required to insure the seamless integration of public and private services in support of substance-abuse-involved CPS cases? The integration of practice, policy and systems is a crucial consideration in the enhancement of services and improvement of outcomes in substance abuse involved CPS cases. Through the life of the case (intake, assessment, service planning, service delivery, case coordination, court activity, discharge planning, and discharge/case closure) the systems involved need to identify and define how this integration will be realized. In developing a seamless and integrated approach to assessment and services, service delivery systems need to consider the flowing systems integration matrix (see Table 1).

System:	CW/CPS	Substance Abuse	Juvenile/Family Court	Other Services
Define:				
Provider Role				
Decision Making Framework				
Model of Practice				
System Goals and Desired Outcomes				
Policy Requirements				
Resource Allocation				

**Systems Integration Matrix
Table 1**

- C **Research and Evaluation** - In addition to more research focusing on the relationship between substance use/abuse and child maltreatment (discussed earlier) commitments need to be made to evaluate the practice, policy, and systems changes that are made in response to the dynamics and needs of substance-abuse-involved CPS cases. This evaluation should focus on the impact of policies, intra- and cross-systems collaboration, and practice development in ensuring child safety and well being, and promoting an appropriate and timely permanency solution for children served. The results should lead to further refinement and enhancement. Three levels of evaluation should be included:
- C **Input** - The policy framework and the adequacy of the program's structure, financial and human resources, and collaboration with others (including those being served, internal/ external service partners, purchase of services agencies, and juvenile/family court) essential to realize goals and objectives of CPS substance abuse services.
 - C **Process** - The effectiveness and efficiency of the service activities and the integration between policy, organizational structure, and service delivery practice (Table 1) to realize goals and objectives.
 - C **Outcome** - The results realized and how they are defined.

3

Leadership Symposium

Through the NRCCM Leadership Symposium on Child Maltreatment and Substance Abuse, participants from both the CW/CPS and the substance abuse treatment field will:

- C Learn more about the factors and issues confronting both fields in working with substance-abuse-involved CPS cases.
- C Hear about model approaches to more effectively respond to substance-abuse-involved CPS cases.
- C Assist the NRCCM in furthering the national discussion on improving services to children and families who are affected by the abuse of alcohol and other drugs.

Attachment B provides abstracts of the symposium workshop presentations. In addition to the workshops, there will be six focus groups. Through the focus groups, the NRCCM will solicit input from symposium participants to support the expansion of this working paper into a resource document for the field.

Symposium Focus Groups

The NRCCM has identified, through literature review and input from a panel of leaders from both the CW/CPS and substance abuse treatment field, six areas needing further exploration:

Threshold Issues

- C What defines a CPS case as a case in which substance abuse is a factor? When is substance abuse a component in a CPS case? When is it a casual factor?
- C When is substance abuse a safety issue and when is it a risk factor?
- C What, if any, is an acceptable level of alcohol or drug use?
- C What is the impact of recovery and relapse on CPS “threshold” issues?

Practice Development

- C What are the core practice competencies required of a CPS worker when working with a CPS case in which substance abuse is an factor?
- C What are the core practice competencies required of a substance abuse service provider when working with CPS-involved clients?
- C What are the value and belief issues that need to be addressed for both CPS and substance abuse treatment staff?

Service Coordination

- C What needs to be the focus, scope, and role of CPS staff in substance-abuse-involved CPS cases? What needs to be the focus, scope, and role of the substance abuse treatment provider in serving treatment clients involved in CPS cases?
- C What continuum of responses and services is required in CPS cases in which substance abuse is a key factor?
- C What are the core attributes and guiding principles of an effective service coordination system? What governmental and community-based linkages are required to support the work of CPS in substance-abuse-involved cases?

Juvenile/Family Court

- C How can the court process in substance-abuse-involved CPS cases be improved?
- C What criteria should provide guidance for court decisions in substance abuse cases?
- C How should the court respond to the anticipated recovery/relapse cycle of substance abusers and maintain the intent of the Adoption and Safe Families Act time-lines?

Financial Considerations

- C What current changes in funding mechanisms and requirements are necessary to ensure more responsive and effective approaches and services to substance-abuse-involved CPS cases?
- C What approaches to financing substance abuse assessments, treatment, and aftercare are required to ensure easy access to these services by CW/CPS?

Assessments

- C What is the role of CPS in assessing the level of substance use?
- C How can CPS safety and risk assessments be enhanced to respond to substance abuse issues?
- C What is the role of substance abuse treatment providers in assessing safety and risk, and the level of parenting skills, and abilities of CPS-involved clients?
- C What ongoing assessment process is necessary between CPS and substance abuse services during the life of a CPS case?

The challenges facing both the CW/CPS and the substance abuse treatment field are tremendous. However, the ability to successfully meet these challenges lies within each community of providers and their capacity to work together effectively. The current categorical and isolated approach to services will not realize a better future for children and families experiencing the effects of substance abuse. It is the hope of the NRCCM that this leadership initiative builds upon the work and dialogue already underway across our nation to ensure every community's ability to build its capacity to respond more effectively to the ravages of substance abuse that confront more and more of the families they are asked to serve.

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Resources

It is not the intent of this working paper to identify a comprehensive bibliography of resources to support the effort to improve services to substance-abuse-involved CPS cases. However, we do want to identify resources that we have found extremely helpful in undertaking this initiative.

National Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, DC 20013
(800) FYI-3366

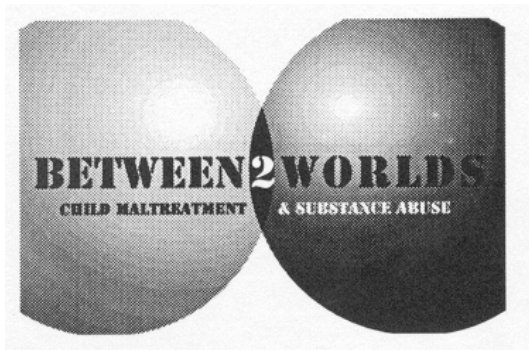
The Clearinghouse is the nation's major resource for comprehensive information on all aspects of child maltreatment. The Clearinghouse can conduct topic-specific searches and has provided the NRCCM a comprehensive substance abuse bibliography and abstracts.

“Protecting Children in Substance-Abusing Families.” The User Manual Series. National Center on Child Abuse and Neglect. Available through the National Clearinghouse on Child Abuse and Neglect Information.

“Protocol for Making Reasonable Efforts to Preserve Families in Drug-Related Dependency Cases.” National Council of Juvenile and Family Court Judges Permanency Planning For Children Project. Reno, Nevada, 1992.

“Weaving Together Practice and Policy: Responding to Alcohol and Other Drug Problems in Child Welfare.” A report produced by The Chemical Dependency Task Force of the Child Welfare League of America. CWLA, Washington, DC, 1998.

Attachment A



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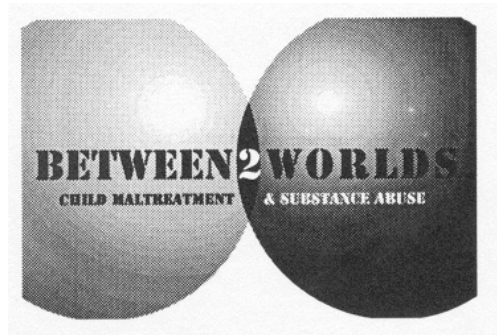
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Attachment B



***The National Symposium on Child
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Workshop Abstracts
Policy and Practice Implications of Welfare
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Abusing Families and Their Service Providers***

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States are currently in the midst of implementing some of the most significant changes to American social policy in recent history. Major modifications are being made, in particular to welfare and child welfare programs. Families with substance abuse problems are likely to be among the populations for whom new expectations and service paradigms have the most important implications. This session will explore the specific elements of new welfare and child welfare laws that are likely to be most significant to families with co-existing substance abuse and child maltreatment problems and the human services and substance abuse treatment providers trying to assist them.

In this session the overlapping problems and populations will be discussed. This session will explore how many parents have substance abuse problems, how many substance abuse treatment clients are also child welfare system clients and how many child welfare clients are in need of substance abuse treatment. How welfare and child welfare agencies have typically responded to substance abuse and vice versa will be reviewed.

The presentation also discusses the specific provisions of welfare reform and the Adoption and Safe Families Act (ASFA) that will impact families with substance abuse issues. In welfare reform these include work requirements, time limits, and sanction policies as well as the bans on benefits for drug felons and probation/parole violators. In ASFA these include provisions on reasonable efforts and expedited adoptions as well as swifter timelines that include the filing of petitions to terminate parental rights after a child has been in foster care 15 of the most recent 22 months. These new realities of time limits, reciprocal expectations, and self-sufficiency goals can provide opportunities for innovation as service provision and policy adapt. The presentation will provide examples of policies and program modifications being tried around the country to more effectively serve these parents and their children.

Goals

- C Describe the implications of specific requirements of the new laws that will affect families with both substance abuse and child maltreatment issues and ways in which program practice will need to adapt to these new realities
- C Provide ideas about ways programs might be tailored to better meet the needs of families with substance abuse problems
- C Explain the importance of stronger partnerships between welfare, child welfare, and substance abuse treatment providers in their home communities

Parental Substance Use and the Risk of Child Maltreatment

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As child welfare administrators and policy makers continue to grapple with the issue of maternal substance use, researchers have yet to answer satisfactorily a fundamental question: To what extent does perinatal substance use pose a risk of subsequent harm to children's safety and developmental well-being? As of yet, no study has convincingly explained the growing association between perinatal substance use and child welfare involvement.

The purpose of this study was to assess the extent to which perinatal substance use predicts increased child safety risks among families already involved with child protective services. Illinois is well-suited for a study of this type. In Illinois, unlike many states, perinatal substance use is identified as a particular type of CPS allegation. The mothers of all infants testing positive for illicit drug exposure are charged with neglect and have a child welfare case opened. Thus, through state administrative data, we have the capacity to follow longitudinally all infants identified as being exposed to illicit drugs.

The study analysis draws on survey data collected from a probability sample of 277 mothers who had an open family or child case with the Illinois Department of Children and Family Services (DCFS) in June of 1995. To assure adequate representation of families with substance-exposed infant (SEI) allegations, the sample was stratified so that half of the sample members had an indicated allegation of perinatal substance use. The data has since been weighted to be representative of mothers having an open child welfare case in Cook County. Social work students conducted in-home interviews with the sample members during the spring and summer of 1996. DCFS subsequently linked the survey information with administrative records on child maltreatment reports, child placements and arrest data to follow longitudinally the impact of perinatal substance use on child safety and family permanency. The data link currently provides an observation window extending from June 1995 through March 1998. An analysis of the merged survey-administrative data was conducted to compare the risk of subsequent maltreatment among families whose case opened due to an allegation of perinatal substance use (the SEI group) to the subsequent maltreatment risk among families whose case opened due to other types of allegations (the non-SEI group).

This presentation will discuss some of the findings of this study. Approximately 18 percent of the respondents in the study had an indicated subsequent report of maltreatment during the 33-month observation window. An SEI allegation was the most severe indicated allegation for almost half of all sample members and for almost two-thirds of those in the SEI group.

Mothers in the SEI group were more likely than mothers in the non-SEI group to have a subsequent allegation during the observation window. However, the data reveals important differences between the two groups in the types of subsequent allegations. Whereas subsequent allegations of physical abuse were rare in general (less than three percent of indicated subsequent allegations were allegations of physical abuse), none of the mothers in the SEI group had an indicated allegation of physical abuse during the nearly three-year observation window. Mothers in the SEI group also had a lower incidence of “lack of supervision” allegations than mothers in the non-SEI group. In fact, among mothers in the SEI group who had indicated subsequent allegations during the observation window, about three-fourths of the time the most serious allegation was either an additional SEI allegation or an allegation of “risk of harm.”

Illinois opens a child welfare case for every indicated SEI allegation because it is believed that children in such families are at substantial risk of subsequent maltreatment. This study’s findings suggest that although families whose child welfare case opened due to an SEI allegation may indeed have a higher rate of subsequent maltreatment allegations than families whose cases opened due to other types of allegations, the most serious types of subsequent “maltreatment” allegations identified among families in the SEI group are primarily allegations of “risk” This data suggests that the increased maltreatment risk associated with families whose child welfare case opened due to an SEI allegation has not manifested in higher rates of subsequent physical abuse or lack of supervision.

Goals

- C Share findings of research designed to assess the risk of subsequent maltreatment among families with child welfare services
- C Share research findings which provide important clues about the risk of child maltreatment associated with parental substance use
- C Contribute to policy and practice discussions about the appropriate child welfare responses to parental substance use

A Child's Death: A Community Responds

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The brutal death of a toddler at the hands of his drug-addicted mother and her partner shocked and enraged the sensibilities of Lancaster County residents, mobilizing community groups to work together to examine how this tragedy could have been predicted and prevented. The investigation ultimately questioned the core philosophy of Pennsylvania's child protective laws and drug/alcohol confidentiality laws, the community's understanding of these laws and the coordination and roles of all community child-serving systems.

The assessment included a rigorous critique of the CPS agency's policies and procedures by state officials, a review of child welfare systemic issues by a multi-disciplinary committee headed by a county commissioner and a county administrator, and hearings of testimonies of families, judges, and child welfare professionals by a state select committee. This collaboration involved state legislators, state welfare officials, elected county officials and judges, local CPS agency staff, professionals from a number of disciplines, child welfare clients and members of the community, all engaged in a comprehensive effort to determine how the system could be improved to protect children, especially those from families with substance abuse or addiction problems.

Concerns raised are influencing the direction of Lancaster County systems reforms. In the CPS agency, steps have been taken to improve staff morale, address questions of confidentiality and provide additional drug and alcohol training. The local newspaper has featured CPS workers in an effort to educate the public.

To prevent future breakdown in communications between counties when a family is transferred between counties, as occurred in the investigated case, an intercounty case transfer policy has been written and promulgated by the Pennsylvania Children and Youth Administration Association. A local state representative is introducing legislation to modify current confidentiality laws regarding drug/alcohol clients.

CPS agencies and their communities can learn from the recommendations of this extensive investigation and the changes implemented in response to this tragic death.

Goals

- C Describe a comprehensive investigation of the death of a child undertaken in an effort to prevent future tragedies through more effective policies, procedures and practices
- C Examine the impact of the death, media publicity and state investigation on a CPS agency and the steps taken by the agency to improve staff morale and client services
- C Review recommendations from state investigators, legislative hearings and a county government multidisciplinary team
- C Provide models of collaborative policy and practice initiatives developed to improve the response of the CPS system and the community to the needs of vulnerable children from families with substance abuse or addiction problems

Policy Assessment of Models to Link Services for Alcohol and Other Drugs and Child Welfare

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This seminar will describe the essential elements that are operating in nine different models of linkages between Alcohol and Other Drug (AOD) Treatment and Child Welfare Services (CWS). Efforts to provide better linkages between CWS and services for AOD problems have been developed in communities across the country in response to the growing awareness that a substantial majority of the families entering the child welfare system have problems with alcohol and other drugs.

This workshop will present a policy framework to assess these cross-system efforts. The framework was developed for a set of focused discussions funded by the Stuart Foundation which brought together AOD and child welfare administrators from five California counties and their state agency counterparts. The policy framework includes the following domains which will be further defined during the workshop discussion: 1) daily practice (including line worker assignment of cases across systems), 2) training and staff development, 3) outcomes and information systems, 4) budgets and financing mechanisms and 5) service delivery (including managed care and community-based approaches).

Models of linking services include examples from around the country that have been developed over the past several years. These models include several variations to provide front-line child welfare workers with AOD expertise, including co-assignment of child welfare cases with AOD counselors, persons in recovery, community members and AOD treatment agencies. Other efforts include intensive training efforts, multi disciplinary teams, gatekeepers to AOD treatment agencies, community partnerships and family drug courts. The elements of the policy framework will be explored for each of the models. Advantages, lessons and local conditions that should be considered in implementing a specific model will be discussed.

Goals

- C Present models of AOD-CWS linkages that are currently operating
- C Present a policy framework useful in assessing cross-system models of practice
- C Discuss issues which should be considered in implementing a specific model
- C Refine evaluation methods used in assessing the effectiveness of AOD-CWS linkages

The Emotional and Developmental Impact of Parental Substance Abuse on Children

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There are more than 11 million children of alcoholics in the United States. When children whose parents are addicted to drugs other than alcohol are also considered, the numbers swell dramatically. Though these children number in the millions, so many of them believe they are the only ones, and they are isolated, lonely and silent. Everyone in the family gets adversely impacted by parental substance addiction, especially the children. Broken promises, neglect, parental fighting and the threat of abuse add to the chaotic, unpredictable and inconsistent environment where the rules change and no one knows what will happen next. All too often alcoholism and other addictive problems become a family legacy.

These children grow up in an alcohol and/or other drug-centered family, not a child-centered family. With parental attention often focused elsewhere, children of substance abusers learn steadfast adherence to the strict rules of "don't talk, trust, or feel." In the dance of development, if parents are not consistently available the children have no partner for the dance. Often children dance alone. In their confusion, many carry mistrust, self-doubts, shame, guilt and low self-worth into adulthood. They are at high risk to repeat the cycle of addiction for another generation.

Historically, most of the literature and research about these children, as well as the therapeutic interventions designed to help them, have largely been based on a damage model, specifically a model which focuses on what is wrong and what is missing with the children of substance abusers. There's been a prevalent bias focusing on sickness and pathology. There has recently been a paradigm shift to a challenge model which explores the strengths and resilience many youngsters develop growing up in an addicted family. Emmy Werner's resilience research clearly points out those traits children can develop to cope positively with their home environment, even if the disease of addiction remains active. By developing social competence, problem solving, self-care skills, autonomy and a sense of purpose and future, children of substance abusers can overcome the pain and hurt they experience and learn to lead healthy and balanced lives. There is hope for these children. They need the support of caring, nurturing adults to lead the way.

Goals

- C Explore the impact of parental substance addiction on the social and emotional development of their children
- C Present a challenge model as opposed to damage model for children of addicted parents
- C Discuss traits children of substance abusers can develop to cope positively

Clean, Sober and Safe: Redesigning Service Delivery and Treatment for High Risk, Addicted Parents

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When addicted or alcoholic parents maltreat or are at high risk for maltreating their children, these parents cannot receive services or treatment along the same lines as non-addicted parents. The liabilities associated with these parents' disease means that service delivery and treatment need to be reconfigured. This workshop reviews key effects of addiction and alcoholism which need to be taken into account to help shape new approaches to service delivery and treatment. These effects include acute and chronic protracted withdrawal, emotional augmentation and educational/self-diagnostic group therapy. One unique approach to educational/self-diagnostic group therapy, specifically the 16-week Double Abuse Group Treatment Program, will be presented in detail.

Goals

- C Define acute and chronic protracted withdrawal and discuss the implications of each for service delivery
- C Define emotional augmentation in families and explain how it affects risk in families
- C Review implications of these concepts for permanency planning and TPR considerations
- C Describe a 16-week educational/self-diagnostic approach to treating addicted/alcoholic parents who maltreat or at high risk for maltreating their children

CPS and Drug/Alcohol Treatment Services Partnerships

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In June 1995 the Connecticut Department of Children and Families (DCF), Connecticut's consolidated child welfare agency, implemented Project SAFE (Substance Abuse Family Evaluation). SAFE is a model that connects the child welfare system and the adult substance abuse treatment system through the provision of treatment services to substance-abusing primary care givers involved with child protection services. A 1994 Connecticut study identified substance abuse as an issue in 66 percent of the cases reviewed. Other estimates report that percentage to be higher. SAFE is one of the few programs in the country that has developed a statewide Child Protection Service (CPS) and Drug/Alcohol Treatment Service Partnership.

DCF contracted with managed care company Advanced Behavioral Health, Inc. (ABH) to coordinate central intake and priority access to drug screens, substance abuse evaluations, and ambulatory substance abuse treatment services. ABH is a non-profit, managed care organization created by a group of substance abuse and mental health providers. ABH manages a network of 38 substance abuse treatment providers with 69 sites statewide to serve SAFE clients. Through SAFE, the DCF protective service system has priority access to the ABH service network.

DCF has a regional structure with a total of 14 offices in all the regions. Each region has a substance abuse specialist who is available as a liaison and consultant to both the protective service and the treatment staff involved with SAFE clients.

Since the inception of this project, in June, 1995, through June, 1998, it is estimated that there will be more than 17,000 DCF unduplicated referrals for a drug screen and substance abuse evaluation. Although participation is voluntary and the population is often resistant to this type of intervention, there has been a 62 percent show rate for the screen and evaluation. SAFE has become a major, if not Connecticut's major, case finder of substance-abusing women with children. There is, however,

a lower rate of those who show for treatment (32 percent). In this project the use of hair testing to detect drug abuse in specified instances indicates that cocaine and marijuana are the most commonly used drugs by this population.

The standardized clinical summary for each client that is completed by the providers for the DCF social workers insures a significant and consistent reporting mechanism between the treatment system and the child protection system. ABH's monthly data reports on unduplicated clients have provided the basis for programmatic changes in pilot projects that have enhanced the project's effectiveness.

The major outcomes to date include: the availability and accessibility of the adult substance abuse treatment system for protective service clients; standardized preferred practices to guide the project's implementation statewide; efforts on the part of both systems to understand each other's priorities, values, beliefs and culture; and the integration of Medicaid-managed care as a payer of services.

The challenges SAFE continues to face include the need to engage and to retain in treatment the clients referred to those services, hiring outreach workers to support engagement and retention, the continuation of cross training for staff of both systems, and the need for outcome research.

Goals

- C Share the Project SAFE model with conference participants
- C Identify enhancing and restraining factors of the model
- C Share process and preliminary outcome data

Treatment and Child Placement Outcomes of Chemically Dependent Child Welfare Clients

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This workshop presents the research findings from two studies conducted at Lancaster County Children and Youth Agency in Lancaster, Pa., with families identified as having drug and alcohol problems. The first study was a collaborative effort with Lancaster Freedom Center, during which drug and alcohol services were offered to 165 chemically-dependent child welfare clients over a three-year period. The purpose was to improve or restore their abilities to provide care for their children, many of whom had been placed in foster care. Funding of assessment and treatment services for clients with no other financial resources was provided by a state grant.

This study examines the relationships between client characteristics, external variables, assessment and treatment completions, use of substances six months or more after assessment referral, and custody status 24 months or more after assessment referral. The most striking finding of the study was that the attitude of significant others toward client participation in chemical dependency services was highly correlated with assessment completion rates, use of substances six months or more after assessment, and child custody status 24 months or more after assessment. Building on the findings of the first study, the characteristics and behaviors of significant others influencing the assessment and treatment completion rates, client functioning and custody outcomes are being furthered examined in the second study. Preliminary findings will be discussed.

Goals

- C Identify factors associated with outcomes of interventions with chemically-dependent child welfare clients
- C Discuss implications for CPS decision making
- C Provide strategies for practice with chemically-dependent child welfare clients and their families

A Single System Study of Substance-Abusing Mothers Reported to Child Welfare

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The increased use of drugs by pregnant and parenting women is endangering the health of mothers and children and straining the resources of health and child welfare agencies. A single system study was undertaken to assess the effects of an intensive, family-oriented approach to maternal drug addiction. The study examined the “Working Together Project,” a Department of Social Services (DSS) sponsored, family-oriented, interdisciplinary program for women (all African-American) in South Carolina under court-mandated treatment. The “Working Together Project” included 50 participants in 1995 and 70 participants in 1996.

Intensive case management and monitoring are provided by interdisciplinary teams of co-located professionals. This program is a significant departure from traditional approaches employed separately by DSS and drug treatment agencies. The program has a strong feminist orientation and designs its services around the central role of mothering. Extended family and community resources are tapped to maximize support for the mother during her treatment and at termination. A single system research methodology was employed to study the relationship between the program services and the dependent variables. The nature of the program and its service philosophy will be fully described in this presentation. Service outcomes include the results of random drug screens, the number of subsequent child protective reports, months of maternal employment, and degree of family intactness over a 24-month study period. In addition, mothers were interviewed for additional qualitative data about their experiences with drug addiction, their

parenting roles, and their aspirations for themselves and their children. Encouraging results will be discussed. Graphic analyses showing trends and use of the C statistic will be described and demonstrated. Clinical and policy implications of the study will be discussed.

Goals

- C Explain the complex practice and legal issues in maternal drug addiction
- C Present concepts important in designing a program for drug-addicted women who are mothers
- C Explain a single system research protocol
- C Identify and describe the use of a public agency data system for research and evaluation purposes
- C Provide information and resources which will aid participants in advocating for the needs of drug-addicted women who are mothers

Child Maltreatment and Substance Abuse: Implications for Consideration in Family and Juvenile Court Cases

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Substance abuse has become the unwelcome architect and planner of our court systems, but a number of jurisdictions have countered this trend with the implementation of coordinated treatment delivery with judicial oversight. This practice has borrowed the phrase ‘treatment improvement protocol,’ but has commonly come to be referred to as ‘drug courts.’ Drug courts have almost exclusively been the province of the criminal justice system and while they vary widely in approach and practice, all share the underlying premise that substance abuse is neither a criminal justice matter nor a treatment problem alone.

The Office of Drug Court Programs of the Department of Justice has identified more than 400 drug courts in a broad cross-section of states and jurisdictions. A report by Caroline Cooper at the Office of Drug Court Programs at American University shows that about half of all drug court participants are the parents of minor children, many of whom are in foster care. Many of these parents are grossly unemployed, have a 15-year substance abuse history, and one-third have previously, but unsuccessfully, participated in substance abuse treatment. Ms. Cooper reports that even with these dismal profiles, more than 70 percent graduate from the drug court programs, their continued drug usage is low, and parents whose children are in foster care frequently regain custody of their children. An unplanned program impact is the subsequent birth of drug-free babies.

The efficacy of drug courts is seldom argued anymore and more courts are attempting to access money appropriated by Congress to start drug courts. Some existing drug courts have experimented with a broader approach that links social services with existing programs, offering a better alternative to conventional agency and court practice. We should begin to think of drug courts that practice better systems integration as treatment courts.

Treatment courts complete early identification of those persons before them who are in need of treatment and make immediate referrals to treatment that are matched to the specific needs of the

individual being referred. They provide for court monitoring or treatment, hold regular judicial reviews and adopt administrative procedures to supervise treatment, holding those in treatment responsible through appropriate sanctions and rewards. Sufficient aftercare and support services complete the process.

The collaborative/partnership approach takes place in a non-adversarial environment that protects the fundamental due process rights of the individual. The primary function of a treatment court is to stop the abuse of alcohol and other drugs in connection with a case plan designed to prevent unnecessary removal of high-risk children and to return as soon as possible those children who have been placed in foster care.

Case plans in treatment courts give clear rules, clear expectations and a definable goal, which makes compliance always within the control of the client.

Goals

- C Review the effects of substance abuse on families
- C Discuss the underlying premise of treatment improvement protocols/drug courts
- C Define treatment courts and explain their purpose
- C Discuss the systems integration approach of treatment courts

Removing Barriers at the Intersection of Welfare Reform, Child Welfare and Substance Abuse

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With increased emphasis on a welfare-to-work philosophy, the removal of barriers to employment has become critical to families. Substance abuse is often a very powerful barrier. It also can be a catalyst for domestic violence and poor childhood outcomes. In many states, financial assistance is removed for noncompliance with work/training requirements, placing dysfunctional families (by virtue of noncompliance) at increased risk. In Michigan culturally sensitive, collaborative ventures at state and local levels seek to address the families' intersecting issues of welfare, child well-being and substance abuse through 1) training of service providers and policy makers, 2) follow-up on sanctioned families and 3) providing a full understanding of drug testing issues. In this presentation collaboration and implementation issues will be addressed critically as several of these initiatives are examined.

Goals

- C Provide a general understanding of the link between substance abuse, child welfare and compliance with state and federal TANF requirements
- C Provide a general understanding of avenues of collaboration between substance abuse, child welfare and TANF
- C Provide a critical examination of collaborative efforts used in Michigan to address these issues

Responding to Alcohol and Other Drug Problems in Child Welfare

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The focus of this workshop will be an in-depth discussion of a new guidebook developed by Children and Family Futures and the Child Welfare League of America (CWLA), *Weaving Together Practice and Policy: Responding to Alcohol and Other Drug Problems in Child Welfare*. The presentation will review the efforts of CWLA over the past several years, including the recommendations developed by the Chemical Dependency Task Force in its landmark publication, *Children at the Front*, and more recent analyses of child welfare agencies' responses to AOD problems among their clients and estimates on the extent of the problem. The issues that are commonly cited as barriers to working across child welfare and AOD treatment agencies will be discussed including differences in values, the various "time clocks" operating in the lives of clients, definitions of the primary client, training and education of workers and funding mechanisms. The AOD implications inherent in recent child welfare innovations will be discussed, including kinship care, concurrent planning, family decision-making models and the family support movement.

In addition, innovations within the AOD treatment field and their implications for child welfare will be described, including flexibility in program structure and intensity in levels of care, assessment of treatment outcomes, managed care principles, matching services to immediate needs, medications development, motivational interviewing, contingency contracting, the philosophy of harm reduction and treatment models for women and adolescents. Particular attention will be devoted to AOD screening and assessment techniques in child welfare practice. The presentation will delineate commonalities in assessment across the two systems which form the basis of cross-system linkages. In addition, specific AOD content that is needed in each of the functional areas of child welfare will be suggested. Finally, the presenters will discuss the specific recommendations from the guidebook that are suggested as the next steps to improve practice and policies for families with AOD-related problems in the child welfare system.

Goals

- C Discuss *Weaving Together Practice and Policy: Responding to Alcohol and Other Drug Problems in Child Welfare*, including specific recommendations
- C Discuss commonly-cited barriers to cross-system linkages
- C Discuss implications for the AOD treatment field of recent child welfare innovations
- C Discuss implications for the child welfare field of recent AOD treatment innovations
- C Discuss screening and assessment techniques in each field, delineating commonalities and how they can be used in cross-system linkages
- C Suggest specific AOD content needed in each of the functional areas of child welfare

Parents and CPS: Them and Us

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Abuse and neglect of children by their substance abusing parents is regarded by our society as a problem that is very prevalent and very serious, but also preventable. However, a cogent model of intervention is not available to parents who are interacting with Child Protective Service (CPS). Treatment approaches, one could reasonably argue, should correspond to and address the causes and correlation of child maltreatment by substance abusing parents. Instead, CPS interventions seem to encourage labeling the parents who maltreat their children; thus we end up having the “them” and “us” approach for addressing the problem. The result of this approach is that parents are seen as deviant and as agents separate from the contexts of family, culture and society. A second result of the use of this approach is that parents’ relationships with CPS become adversarial rather than therapeutic.

The lack of consistency between customary parenting practices and expectations of substance abuse parents by the CPS system and the lack of a coherent conceptual model employed by the system are apparent in the patchwork of interventions presently offered or coordinated by CPS. A clear map is desperately needed to lead both parents and caseworkers to accomplish the goal of CPS (i.e. to prevent abuse, safeguard and enhance the welfare of abused children and improving family life by stabilizing the family and improving parental capacity). The parenting program suggested in this presentation involves building closer relationships with families, considering feedback provided by families regarding their satisfaction with the program offered and empowering families to help themselves. The proposed approach emphasizes the relationship between the parents' thoughts and actions and promotes the idea that the parents have some control over the events in their lives. It also suggests that caseworkers must review their thoughts and actions. As long as caseworkers think of themselves as the givers, they will see families only as the receivers, not as active participants.

Goals

- C Discuss how intervention must be based on models of secondary prevention aimed at high risk groups; it must occur prior to actual incidents of maltreatment
- C Discuss how intervention must be of sufficient duration to allow families to become customers and to develop trust in the individuals and agencies offering it; parents must stop

fearing CPS

- C Discuss how intervention must be delivered by highly trained and skilled staff; in other words, the treater is more important than the treatment
- C Discuss how intervention must foster parents' strength through family support
- C Discuss how intervention must occur within communities, rather than solely with individuals and agencies

Implications of Shortened Time Frames for Permanency Planning with Drug-Affected Families

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The Adoption and Safe Families Act of 1997 promotes safety and permanency for children through an array of provisions that encourages states to work with families “quicker and better.”

It clarifies when reasonable efforts may not be required to reunify children with their parents (in cases of egregious abuse, abandonment, murder of another child or circumstances that states identify). It further clarifies the time frames in which it is expected that children will return to their biological parents or extended families or in which other legally permanent options should be pursued (within 12 - 15 months of entering care). Time frames for filing termination of parental rights petitions have also been established (children in care 15 of the past 22 months), with exceptions for compelling reasons showing that terminating parental rights would not be in the child's best interest. The new law provides for intensive reunification services to expedite earlier reunification and for funds to be used to provide post-adoption services at the community level. The law also provides financial incentives for states to increase their adoptions each year through the year 2002.

Given shrinking time frames and estimates that more than 70 percent of the children now in foster care come from families where substance abuse has been a contributing factor to their need for child welfare intervention, it is important that strategies to engage drug-affected parents in the permanency planning process begin as soon as child welfare professionals meet them – an important consideration at the CPS intervention level.

This workshop explores new permanency planning expectations which are part of the Adoption and Safe Families Act of 1997. Key family-centered principles and practice strategies will be

linked to the work that is needed with drug-affected families if they are to have a chance of getting the drug treatment they need in order to visit safely with, plan for and resume care of their children within the time frames now expected for permanency planning. Core program components of expedited permanency planning programs will be discussed along with implications for CPS practice with drug-affected families (i.e. redefining success as permanency for children, full disclosure strategies, frequent parental visitation, placements close to family and community, foster families as partners and permanency resources, family group conferencing and mediation, non-adversarial, problem-solving strategies, legal social work collaborations, linkages to community resources and early and frequent case review). Strategies for outreach and working with drug treatment programs will be reviewed, with particular attention to the strategic alliances that are needed between the child welfare community and the drug treatment communities to engage parents in the change process within expected time frames.

Collaboration between the two fields of practice must include an emphasis on using these time frames to help motivate parents 1) make changes so they can be the parental resources their children need and/or 2) actively join in planning for alternative permanency resources for their children. The efforts to work with drug-affected parents will require a family-centered, culturally competent, community-based, open and inclusive approach. These efforts must concurrently consider the range of permanency options for children. If parents can be actively engaged in the change process and they can safely stay in frequent contact with their children, the likelihood will be increased of reunification within or near the reduced time frames.

Goals

- C Explore the permanency planning expectations of the Adoption and Safe Families Act of 1997
- C Identify principles and strategies necessary to working successfully with drug-affected families within the new time frames
- C Discuss core program components of expedited permanency planning programs and the implications for CPS practice with drug-affected families
- C Present strategies for outreach and working with day treatment programs
- C Discuss use of shortened time frames to engage and motivate drug-affected parents to make necessary changes and/or be an active part of the alternative permanency planning process

Building the Safety Net: Vermont's Integrated Programming for Child Protection and Substance Abuse

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Vermont's Child Protective Services received a four-year NCCAN emergency services demonstration grant to develop innovative, in-home substance abuse services for families with abusive parents. Receipt of this grant dramatized Vermont's Child Protective Services' lack of attention to growing substance abuse problems in its family caseloads. Participation in that intensive, collaborative grant project precipitated the development of a multi-faceted program including staff training, development of substance-free foster homes and addition of substance abuse services in placement prevention programs statewide.

The comprehensive program intends to provide integrated services to abused and neglected children from families with addictions. It strives to model the skills and attitudes that families themselves must adopt if they are to move toward increased child safety and recovery.

One of the key components of the program is staff training. Last year, the Department initiated an intensive staff substance abuse training program to improve casework practice. Now in its second year, the Substance Abuse Certificate Program is training CPS staff, community contractors and staff at the Department's Juvenile Rehabilitation Center. The program runs for seven months and includes 60 hours of classroom training and a 12-hour mini-internship at local drug treatment programs. It is built around the teaching of core learning competencies in key CPS substance abuse issues on which participants are tested. The curriculum is approved by the Office of Alcohol and Drug Abuse Programs. Topics include screening and assessment, family substance abuse, family violence and psychological trauma.

Substance-free foster homes are a second key component. The substance-free foster homes pilot provides support and training to foster parents who volunteer to maintain homes in which the use of alcohol, tobacco and other drugs is prohibited. As in the Certificate Program, approximately 40 hours of training in substance abuse and family violence are offered; however, rather than screening, assessment and referral, there is a focus on modeling and family systems.

A final key component is placement prevention substance abuse services. The Department's home-based placement prevention and reunification contracted programs are all now required to have trained substance abuse staff. Ongoing training and technical assistance is provided.

Goals

- C Provide a brief overview of the history of this initiative and policy changes needed to support it
- C Describe the practice, cross-system collaboration and policy issues involved in this initiative
- C Provide detailed program information and consultation for other state child welfare wishing to improve their services to families with substance abuse issues

Working with Substance Abuse in Child Welfare

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The workshop presents an overview of substance abuse in child welfare, providing current information about prevalence and a rationale for working with families in which alcohol and other drug use (AOD) is a problem. The impact P.L. 105-89 (the Adoption and Safe Families Act) is likely to have on care givers who are chemically dependent and in need of treatment will be discussed along with the frustrations of working with AOD-abusing families and reasons why it is important for child welfare workers to learn how to do so.

The workshop will define and differentiate between often confused terms, such as substance abuse, chemical dependence and addiction. Via lecture, handouts and discussion, participants will be able to describe addiction as a behavioral syndrome that may or may not be accompanied by physical dependence on the drug. Chemical dependence is divided into two components, psychological and physical dependence. It is noted that someone can be physically dependent but not necessarily addicted. For example, a baby born with heroin in its system will likely be physically dependent, but not addicted. The infant has no social context or behavioral pattern of drug use. The converse is true as well. Someone can be addicted to gambling, sex, food, without the physical dependence typically associated with dependence on drugs.

DSM-IV definitions and criteria for a diagnosis of abuse and dependence will be presented and discussed. The benefits here are for child welfare workers to be able to use the same terminology as other helping professionals, particularly those they are dependent upon for evaluating and treating their clients.

Another purpose is to aid participants in gaining a realistic view of their clients' capabilities, strengths and needs. To do this, ways of evaluating the severity of the AOD-related problems and current level of functioning will be discussed. In addition to the formal definitions, a working model for looking at use, abuse and dependence will be offered. Here, three key factors help define at which stage a person is in his or her AOD use: 1) problems with AOD, 2) degree of control of AOD use and 3) progression (continued use despite negative or adverse consequences). Participants apply the model to real cases with which they have had experience.

There will be information presented on how psychoactive drugs and brain chemistry intermix and current findings on the effects of dopamine and its relationship to specific types of drugs. This will be followed by a discussion on the causes of chemical dependence and the interrelationship of three factors: host, agent and environment.

Finally, participants will review and discuss six models of chemical dependence with etiology and treatment implications. Participants will identify the model they most believe in. Then, time allowing, they will work in small groups developing advantages and disadvantages of their model and present these to the large group for comment and discussion.

Goals

- C Discuss the impact of the Adoption and Safe Families Act on chemically dependent care givers
- C Define substance abuse, chemical dependence and addiction, including behavioral syndromes and DSM-IV definition and criteria
- C Present a working model for looking at use, abuse and dependence and apply it to actual cases
- C Present six models of chemical dependence

Opening the Doors

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Sacramento County's Department of Health and Human Services (DHHS) has embarked on a major paradigm shift in the provision of alcohol and other drug treatment services. DHHS is responsible for Child Welfare, Public Health, Primary Care, Mental Health and Adult Protective Services. The county's service capacity is being overwhelmed by the increases in alcohol and other drug-related demands. Service capacity is limited and expansion is difficult. In response, the Department created and is implementing the Alcohol and Other Drug Treatment Initiative (AODTI). AODTI is a comprehensively innovative program which 1) trains workers in a new approach for dealing with substance abusing clients that come through the system and, 2) seeks to change the face of the entire organization.

The AODTI 1) establishes a profound paradigm shift dedicated to saturating the community with service capacity, 2) commits the agency to a clear, mission-enhancing staff effectiveness and quality of service, 3) reshapes the agency into a dynamic front-line, active participant in the treatment process, 4) trains workers to provide effective crisis intervention, identification services and primary alcohol and other drug treatment on demand, 5) engages substance abusing clients earlier thereby improving interventions, assessments and treatment outcomes and 6) establishes effective priorities for the use of high cost services.

The seminar will describe the development and implementation of Sacramento's successful training model: The Alcohol and Other Drug Treatment Initiative. The innovations inherent in the AODTI will be discussed and how the training and treatment capacity expansion efforts move the agency and workers away from their typical role of referral agent, reshaping the focus of the entire agency. This training model expands CPS workers' capacity to respond to substance abuse issues and increases their capacity for assessment, intervention, and differentiation. It also develops new treatment group services which augment the shortage of treatment capacity in the community. The seminar will describe 1) the three levels of training, 2) the project's guiding

principles of crossing disciplines, being driven by a sense of mutual responsibility, and being holistically and humanistically oriented and, 3) the systemic impact and necessity of evaluation and automation components. The seminar will address changes in worker skills and attitudes based on the training and the benefits of its cross-systems approach. Some barriers to implementation of a project promoting systemic change will be presented.

Goals

- C Present an effective model for increasing worker effectiveness and systemic improvement
- C Increase awareness of the critical importance of cross-discipline training efforts
- C Increase participants understanding about the efficacy of treatment and the value of expanding capacity to provide services through use of internal resources
- C Discuss ways of replicating the training and service expansion aspects of this project
- C Increase participant's awareness of the barriers to implementation

Assessing Substance Abuse in Caretakers of Children Referred to Child Protective Services

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Substance abuse is considered to be a contributing factor in the majority of child protection cases seen in Colorado. Despite the prevalence of this problem, there has existed until now no formalized model to assess substance use with respect to the parenting issues it impacts because drug and alcohol treatment providers historically have not focused upon parenting issues. This has led to a fragmented approach to dealing with substance abuse in families on child protection caseloads, with the result that often substance abuse is overlooked or under-addressed in the course of intervening with families. This model is an attempt to remedy this gap in assessment and service provision. This presentation outlines a protocol for assessment of substance abuse currently being used at the Adams County Department of Social Services.

In order to obtain good information for an assessment, it is important that both self-report and other-report data be obtained. Self-reported data should be gathered in a standardized format, using a scale or multiple variable measures where the error measurement cancels out. Self-reported data is important because it represents the client's best ability to present information about him/herself at the time of the assessment. Within a cognitive behavioral treatment modality, we expect the client's perception to change before the behavior will change, and in order to measure change, we need to identify and establish a baseline through careful questioning. Collateral data (other-reported) is important because it provides information as to areas of cognitive defensiveness on the part of the client.

This assessment protocol utilizes both an interview form, in which questions are posed in a standard order, and a written assessment tool. Areas of assessment within the interview process include: current living situation; the client's perception about why he or she is currently involved with Social Services; employment history and current employment; legal history; social support network; medical history and current medical situation; mental health history and current mental status observations; background family and educational history; and relationship and current family history, along with current parenting or custody issues. The protocol covers substance use (first use, most recent use, period of heaviest use, benefits associated with use, disruption associated with use, concerns regarding use and style of use) in a standard fashion. The Adult Substance Use Survey (ASUS) is also used as a standardized assessment tool, and renders a profile which measures involvement in substance use, disruption as a result of use, antisocial

behavior and attitudes, mood difficulties and defensiveness.

Risk factors which are connected with substance abuse by caretakers of children include loss of behavioral control, psychophysical withdrawal symptoms and role maladaptation. Family resiliency factors decrease the risk to children as a result of substance abuse. These include a demonstrated desire to cooperate, willingness to disclose information, presence of another non-substance user in the home to monitor safety and provide care for children, demonstration of an understanding of the needs of children, remorse regarding the current crisis, and past participation in treatment with some significant period of abstinence.

Goals

- C Present the Adams County protocol for assessment of substance abuse including case examples
- C Discuss common disruptions resulting from substance abuse
- C Examine self-reported data and collateral data and ways to get good information
- C Describe the use of the Adult Substance Use Survey
- C Discuss risk and resiliency factors

Practical Training Utilizing “The Resource Manual for Multidisciplinary Training in Child Maltreatment and Alcohol and Other Drug Abuse”

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This workshop will present an overview of a four-day, sequential, multidisciplinary curriculum that is designed to enhance the skills of participants to work collaboratively with substance abusing parents whose children are at-risk or have been maltreated. As the incidence of alcohol and other drug abuse (AOD) has escalated in this country, parental substance abuse is increasingly recognized as a significant factor in cases of child maltreatment. This abuse of alcohol and other drugs has had a profound impact on family functioning and the safety and nurturing of children.

The curriculum focuses on two primary skill areas: skills related to working with child maltreatment and substance abusing families, and skills needed to work collaboratively to ensure that services are seamlessly orchestrated and effective in protecting children and preserving families.

These two skill areas are intertwined throughout the curriculum, using interactive skill building role plays and case challenges. Following a brief overview, participants in this workshop will engage in a sample activity from the curriculum.

Because this curriculum is currently a “work-in-progress,” this conference workshop will provide participants the opportunity to react and respond to the current design, serving as a mini-focus group. Comments will be used to refine the curriculum wherever possible. Participants will be asked to react to and provide feedback using the following summaries of the four-day training curriculum:

Unit 1: *Interdisciplinary Systemic Issues* - Focuses on the exploration of values and language stressing the importance of understanding one another’s philosophies. The unit further affords the two disciplines, child welfare and substance abuse treatment services, the opportunity to share information regarding signs of substance abuse and child maltreatment. The groups will mutually explore common risk and protective factors and apply these to a case challenge.

Unit 2: *Family Assessment* - Focuses on the family assessment and intake processes used by both disciplines. Participants will be asked prior to the training to bring related intake forms, assessment materials and any pertinent regulations. They will be given time to prepare and then present a brief presentation on their assessment processes. After the presentations, multidisciplinary teams will apply these processes to a case challenge. The unit further explores assessment through the use of genograms and assessment of family roles and rules, paying particular attention to the issue of both child maltreatment and substance abuse cases. Concepts will be demonstrated and practiced during a family role play.

Unit 3: *Intervention and Treatment Strategies* - Explores treatment approaches by having groups agree on criteria for healthy family functioning and treatment outcomes. Groups will again present material to one another, utilizing decision-tree formats and examples of successful interventions. Where and how these efforts converge, conflict and compliment one another in relation to client outcomes will be highlighted. Skills will be built for discussing AOD abuse with parents and making treatment, education and self-help group referrals.

Unit 4: *Collaboration* - Focuses on collaboration. Participants will engage in a simulation about a family involved in multiple service systems. Strategies for overcoming barriers to collaboration will be presented as well as a collaboration continuum. Finally, participants will return in small groups to a previously presented case and will resolve, as a service team, a set of coordination problems that impeded progress.

Workshop participants will provide feedback in small groups and then report suggestions back to the large group and the curriculum development team.

Goals

- C Present an overview of “The Resource Manual for Multidisciplinary Training in Child Maltreatment and Alcohol and Other Drug Abuse”
- C Provide an opportunity to engage in a sample activity from the curriculum
- C Elicit reactions and feedback to the curriculum

Implications for Child Safety in Cases Involving Substance Abuse

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The Adoption and Safe Families Act of 1997 brings renewed emphasis to child safety by requiring states to certify that their CPS intervention includes specific safety assessments. Many states are in the process of evaluating or designing approaches to safety assessment and safety management. Child protective services supervisors and caseworkers struggle with this area of practice everyday. How to consider substance abuse cases with regard to safety is among the many critical questions being asked in the field about safety assessment and safety management today. This is influenced by two issues: 1) most agencies are inundated with families possessing substance abuse issues and, 2) intervention at large with such families remains in need of clarification and direction.

This workshop provides direct service practitioners and program planners a view of the larger concern of child safety with a direct focus on substance abuse cases. Child safety concepts, definitions, criteria, and procedures will be addressed. Family-centered practice principles concerned with child safety will be explored. Substance abuse will be reviewed with respect to both alcohol and drug use in the context of family systems thinking. Substance abuse as a dimension of family life will be interpreted according to specific threats to child safety. A safety assessment criteria that applies specifically to substance abuse cases will be offered. The criteria is safety based and includes kind of substance, the apparent purpose of function of usage, nature and quality of manifestation, specific events, specific behavior, precipitating life influences, credibility of accounts, related life space reinforcements, viability of options, reliability of family members, and feasibility of safety management. Using a substance abuse/child maltreatment family case, participants will assess safety and consider viable safety management options.

Goals

- C Describe and apply a criteria for threats to child safety
- C Evaluate characteristics associated with substance abuse that affect safety
- C Design a safety management plan for a child maltreatment case involving substance abuse

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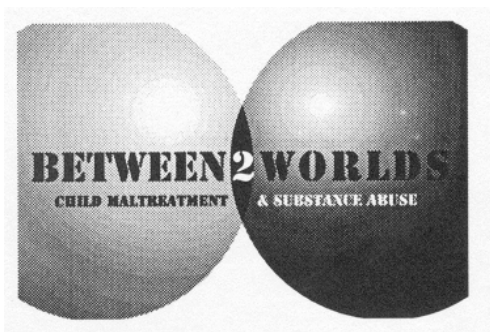
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Attachment C



“Treatment Implications of Chemical Dependency Models: An Integrative Approach”

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