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

Before you Start

Why Should I Take This Course?

The effects of substance use disorders on the welfare of children and families are long-standing concerns of dependency court professionals. Child abuse and neglect is frequently associated with parental substance abuse and the parent's inability to provide a safe and nurturing environment for their children.

Dependency court judges and attorneys involved with child protection, such as child welfare agency attorneys, parent's attorneys and children's attorneys have learned that parental substance use disorders factor heavily in determining dependency matters.

Federal legislation for child welfare and child abuse and neglect has tightened the requirements for families involved in the child welfare system. This has had repercussions for substance abuse treatment; as parents have a relatively short time to demonstrate that they are able to care for their children.

Legal professionals are charged with administering the laws and requirements that set forth what parents must do to show they are able to safely care for their children.

As legal professionals, child welfare professionals, and treatment professionals have shared clients—parents, children, and families—the dependency court, child welfare, and substance abuse treatment case plans need to be coordinated.

Thus, this course aims to provide strategies and information for judges and attorneys to build and expand partnerships with child welfare professionals, and treatment professionals to optimize outcomes for children and families

Purpose of the Course

This curriculum will support judges and attorneys in three key areas:

- Understanding substance use disorders, treatment, and family recovery, and their relationship to parenting
- Introduce judicial and attorney roles and responsibilities
- Highlight treatment and recovery concepts and material that will help inform judicial and legal decision making.

In addition the course will help legal professionals learn the basics of what child welfare and substance abuse treatment professionals do:

- Building and enhancing partnerships and coordinated case planning and management with substance abuse treatment professionals
- Carrying out responsibilities that arise if the in-home investigation or the screening indicates that alcohol or drug use may be a factor in the abuse or neglect

What Does This Course Contain?

Module One—provides fundamental information regarding substance use, abuse, and addiction.

Module Two—discusses motivation to engage in treatment for substance use disorders.

Module Three—describes the substance abuse treatment types, settings, approaches, and key elements of treatment for parents and the unique considerations of women with substance use disorders and issues mothers may face.

Module Four—presents the special considerations for children whose parents have substance use disorders.

Module Five—provides partnership and case management strategies to enhance coordination and collaboration between the court and attorneys, substance abuse treatment and child welfare professionals.

Resources—contains a wealth of information: (1) child welfare Websites, (2) online publications, (3) references and bibliography, and (4) a glossary of terms appropriate to child welfare and substance abuse issues.

Course Goals

Judges and attorneys will learn about substance use disorders, treatment, and recovery so they may be competently informed in daily practice.

Legal professionals will be encouraged to collaborate with treatment and child welfare professionals whenever appropriate.

Judges and attorneys will learn that substance abuse and dependence are brain-based diseases and should be treated like other chronic illnesses.

This course is designed to provide information to legal professionals on several key topics that affect their case work and decision making.

- To understand how people develop substance use disorders and how substance abuse affects parenting
- To know judicial and attorney responsibilities when substance abuse is identified as a factor in a child abuse or neglect case
- To understand strategies that motivate families to engage in treatment for substance use disorders
- To understand substance abuse treatment approaches and ways to help parents secure appropriate treatment for the benefit of children and families
- To recognize unique considerations for women with substance use disorders
- To recognize special considerations of children whose parents are struggling with substance use disorders
- To learn about strategies and resources for families in the child welfare system that are grappling with substance use disorders

How to Use This Course

This course is divided into five modules. We recommend that you begin with Module One and work your way through Module Five because each module builds on the previous one. After completing Module Five, please take the knowledge assessment. After passing the exam, you will be able to print a certificate of completion.

This curriculum has been submitted to the ABA for Continuing Legal Education review. How much CLE credit each attorney gets for completing the curriculum will be determined by each State's CLE regulations. Contact your State CLE organization to determine their regulations about online courses.

This course is designed to provide attorneys and judges comprehensive information regarding substance use disorders and treatment issues. The course is interactive. As you progress through the modules, you will find links to worksheets, pop-up questions, case studies, and information boxes to support your learning experience. You may customize the tutorial by selecting the Learn More links throughout the course which provide further content on specific topics. The Resources section provides an array of Websites, publications, and other sources on substance abuse, treatment, and recovery issues. We encourage you to find out more about areas of interest and relevance to your client casework through these features.

We recommend that you print out the tools and worksheets and use them once you have completed the course. The exhibits and worksheets are prepared in a format that is viewable and printable using Adobe Acrobat Reader. The Adobe Acrobat Reader can be downloaded free of charge. You may use the icon below to connect. Adobe will guide you through the process of installing it on your computer.

Judges and attorneys may need to work through the curriculum one or two modules at a time due to court schedules or client meetings. When you sign back in, you will be returned to your stopping point so you do not skip any modules.

You will find a section with key citations and legal references at the end of the curriculum for legal professionals working in the child welfare system.

Basic practice elements will be discussed in the context of a case scenario. Judge, agency, and children's and parent's attorney practice issues are incorporated into the case example.

Throughout the course a picture of the scales of justice will appear. This image is to draw your attention to a section of the course materials that the developers thought specifically germane to judges and attorneys.

Benefits of This Course

Benefits of this course to judges and attorneys are two-fold:

- Judges and lawyers will get the information needed to effectively represent clients and practice in this area and will find resources and links to updates and latest material on substance abuse and recovery.
- Legal professionals may use this online curriculum to help fulfill mandatory continuing legal education requirements.

In addition, there are benefits to substance-abusing parents and their families when legal, child welfare and substance abuse treatment professionals collaborate. The benefits include:

- **Courts and attorneys, child welfare and treatment professionals can reduce costs and time.** By fostering collaboration and communicating effectively, professionals across systems can save time and money that would otherwise be spent on tasks such as locating the correct contacts and tracking down information.
- **Teaming offers better protection for children.** Judges and attorneys, parents, child welfare professionals, and treatment professionals can develop joint strategies to ensure that children are better protected while families participate in treatment and re-establish parenting responsibilities.

Collaborative Approach to Practice

Collaboration across disciplines and with the agencies charged with providing services to these families can be just as important to winning a case as is litigating. Successful collaboration requires legal professionals to refine counselor-at-law skills: active listening, developing relationships across disciplines, and learning to advocate both in and out of court.

Advocating in court means helping parents to understand their challenges and finding out what the parent wants balanced against knowledge on if the parent's goal is reasonably achievable. Advocating may also mean serving as counsel to parents about the treatment provider recommendations and time available to achieve their goals.

Being an out-of-court advocate means attorneys and judges learn what resources are available in their community. They visit treatment providers and lab testing sites. They look at court data. They ask questions: what is the waiting time to get into a treatment facility? What is the success rate? How is the working relationship between the agency and the treatment provider? Are infants and toddlers getting sufficient visitation with parents in treatment?

Setting the Context for Collaboration: The Timetables and Effects for Families

Families involved in the child welfare and treatment systems are often involved with other health and social services systems as well. While judges and lawyers are required to follow the laws which affect permanency planning, each of the systems that families may be involved with have their own laws with timetables and requirements that can cause conflict for families. One of these laws, the Adoption and Safe Families Act (ASFA) provides that children are not to be kept in foster care for long periods of time.

Under ASFA, a plan for the permanent living situation for children must be made within 12 months of a child entering foster care. Also, a petition for termination of parental rights (TPR) must be filed if a child has been in care for 15 of the last 22 months unless it is shown to not be in the child's best interest to do so.

This course will help Judges and attorneys learn how their roles and responsibilities intersect and are affected by the various timetables that are required by different systems that interact with families.

The Substance Abuse Treatment Timetable

The substance abuse treatment timetable relates to the substance-abusing parent's timetable for treatment and recovery.

Some parents may have timetables that are incompatible with the child welfare and welfare reform deadlines. This includes parents who are not ready for treatment. It includes parents who have co-occurring disorders (e.g., parents with substance use disorders who also have mental health disorders, past traumatic experiences, or a history of domestic violence). It also includes parents who have relapsed but are still working at their recovery.

The Child Welfare/Court Timetable

The child welfare/court timetable relates to the time limits parents with children in the foster care system have to develop a safe and nurturing family environment to which their children can be returned before losing permanent custody.

Permanency is essential for a child's successful development, and even a year is a long time in a child's life. It can also relate to whether parents can maintain an environment that will prevent child abuse and neglect, thus keeping parents and children together.

This 12-month timetable for establishing a permanent home for children may move too quickly to give parents sufficient time to complete treatment or to demonstrate sufficient stability to care for their children.

The Welfare Reform Timetable

The welfare reform timetable relates to the requirements about how long a person can receive cash welfare benefits before she must find work and the total number of years she can receive these benefits in a lifetime.

This timetable may challenge clients' time to complete treatment, or it may compel clients to relegate treatment to a lower priority in their lives based on their work requirements. In turn, this can affect child welfare outcomes.

The Child's Developmental Timetable

The child's developmental timetable relates to a child's developmental stages. For example, the critical period of brain development occurs prenatally and in infancy, and young children

achieve much of their bonding or attachment during the first 18 months of their lives.

By the time children are 3 years of age, they have formed much of their sense of trust and security. By the time children are 9 years of age, the chances for adoption are greatly reduced. It is a challenge to help quickly secure safe and nurturing homes for children while allowing for adequate time for the parents' treatment and recovery. Thus, speedy treatment and recovery can critically affect outcomes for children.

This curriculum will help users understand competing requirements and varying timetables that determine successful outcomes in each arena. It will offer collaboration strategies that can help achieve required outcomes in the legal, child welfare, and treatment systems.

Collaboration: Everyone Benefits

Many parents in the child welfare system have substance use disorders. Parents' involvement with their children and families is an integral part of who they are genetically, emotionally, and socially. Relationships are integral to recovery; therefore, it is beneficial to parents, children, and families when legal, child welfare, and treatment professionals collaborate and work together to sustain and strengthen family relationships.

Collaboration Benefits: Engagement and Outcomes

Collaboration improves family engagement and enhances family outcomes.

Improves engagement. Substance-abusing parents who are not involved in the child welfare system often know their children are in trouble or endangered. They may avoid or leave treatment for fear of losing their children. Treatment can help parents provide for their children's safety and well-being. Explaining this can help engage and retain parents in the treatment process. This support is particularly important for parents of infants and young children who may not have access to other helping adults.

Improves planning. Understanding the context of parents with substance use disorders improves working with parents and optimizes family outcomes. Substance-abusing parents are almost always affected by issues in their relationships with children, partners, parents, and siblings, and may be dealing with trauma and other co-occurring mental health disorders. Understanding the context of a parent's addiction will help to plan treatment approaches that will enhance positive outcomes for children and families.

Collaboration Benefits: Information Sharing

Collaboration among professionals can help address the varying needs for information and the need to protect client confidentiality. Treatment professionals are often asked to give child welfare and court professionals information about their clients' progress in treatment or to testify in court, which raises issues of confidentiality.

Often child welfare professionals and attorneys cite confidentiality laws and regulations as a barrier to sharing information. Rather than using confidentiality as a way to block

information sharing, judges and attorneys should know confidentiality statutes and regulations are *tools* that show how information *can be shared.*

Collaborating with child welfare colleagues and treatment professionals can identify how to share critical information that will help the client without violating client confidentiality.

Learn the Laws and Policies

Attorneys and judges who work with parents with substance use disorders should develop a good understanding of Federal legislation and the respective State laws that have been implemented to carry out the Federal legislation. For example, attorneys and judges should understand the Federal substance abuse treatment confidentiality regulations and HIPAA privacy laws, which are addressed in Module Five. Similarly, attorneys and judges should understand the Federal Child Abuse Prevention and Treatment Act (CAPTA) requirements regarding reporting prenatal exposure and their State's policies and procedures used to respond to the CAPTA requirements. At the same time, attorneys and judges should seek to carefully understand the child welfare and treatment agency's policies and procedures and to learn about any interagency agreements and protocols.

Direct and Specific Guidance to Parents

On occasion, this course suggests that various professionals provide fairly specific guidance to parents who are struggling with early recovery and may need fairly concrete and specific steps. This may make some professionals uncomfortable because it seems to be in conflict with their training.

However, when working with parents who need substance abuse treatment and who are under the ASFA clock to meet statutory deadlines, specific guidance may be needed. Working with persons affected by substance use disorders may require professionals to recognize potential challenges in cognition during early abstinence and to develop skills to increase the parents' motivation to change. Attorneys and judges may need to help parents understand what is being asked of them, the best way to achieve their desired goals, and the consequences of not actively working to achieve these goals.

Legal professionals can support and reinforce child welfare and treatment plan goals through counseling parents to comply with agency and treatment requirements.

Special Issues: Teenagers and Fathers

Teenagers in the child welfare system. Although this course focuses on parents in treatment, children and older youth may also be involved in treatment and with child welfare services. In this course, we primarily address youth who are part of families involved with child welfare and youth involved in independent living programs. Many of these youth may also need support, prevention, or treatment services.

This course does not address the treatment, legal, and court processes for youth in the juvenile justice or criminal justice system. For information regarding these topics, please visit the **Permanency Planning for Children Department Website** of the **National Council of Juvenile and Family Court Judges**, as well as the **Office of Juvenile Justice and Delinquency Prevention Website**.

Involvement of fathers. Fostering healthy relationships between fathers and children is integral to recovery from substance abuse and development of parenting skills. Although mothers are most often the individuals in treatment and may be reluctant to involve the fathers, both parents should be involved with child welfare and treatment services. Both parents should also be involved in the lives of their children to the extent that children are safe and protected. Furthermore, the dependency court and child welfare systems are mandated to locate absent fathers.

It is important for judges and lawyers to realize the importance of looking for fathers early in the case. Fathers need to be given notice of proceedings and should be considered as resources for their child. In many States there are different legal definitions for “father.” These are usually found in statutes and can provide opportunities for notice for fathers. The statutory definition may give fathers the legal right to block certain actions in their child’s case.

Just as it is important to look for and work with fathers, it is equally important to look for and work with kin. Legal professionals need to know if there are any court orders allowing for custody or visitation rights. Legal professionals should also be considering relatives as resources for the children.

American Indian Children and Families

Special provisions under the Indian Child Welfare Act (ICWA) are designed to address the unique legal status and rights of American Indian children and families as members of Federally recognized Indian tribes. The content of this curriculum, while general in its coverage of treatment systems, contains some preliminary information regarding related child welfare issues for American Indian children and families.

If your client base includes members of American Indian tribes, we encourage you to learn more by visiting the **National Indian Child Welfare Association Website** so that you can best meet the needs and honor the culture and values of American Indian children and families.

Under ICWA, there are very specific legal requirements to be followed when children are placed in foster care. Judges and lawyers need to be familiar with ICWA notice and evidentiary requirements.

Cultural Competence

Understanding and respecting cultural values, attitudes, practices, and other issues is critical to providing effective services. Treatment, child welfare and court professionals frequently see clients from different cultural groups and within the context of urban, suburban, and rural/frontier settings. Thus, building cultural competence is an important part of the professional's role. This course does not address the specific issues in depth that may be associated with a particular cultural group or geographic setting. We

encourage you to obtain information through your State and local diversity and cultural competence resources, and we offer the following links to Federal resources on the topic:

Potential Measures/Indicators of Cultural Competence
A comprehensive matrix by the Health Resources and Services Administration (HRSA) containing cultural competence measures, indicators, and resources.

TAP 10: Rural Issues in Alcohol and Other Drug Abuse Treatment
Contains descriptions of innovative programs that engage a variety of diverse populations.

Addiction Treatment for American Indian Communities

A Federal trust relationship exists between Federally recognized Tribes and the Federal Government. Services that include substance abuse treatment are available in some locations through the Indian Health Service (IHS) delivery network or an Indian nonprofit agency under contract with the IHS.

Most tribes operate their own child welfare services, which may range from having a family advocate position to operating a full-service child welfare agency. Native Americans who are enrolled members of Federally recognized Tribes may receive these services in coordination with other community resources that are not designated as IHS.

Child welfare workers and children's attorneys should ask questions about the child's ethnicity in order to determine whether the ICWA should be used in the event that the case is opened after investigation.

Learn More: Review treatment services for American Indian Communities

National Indian Health Board
Indian Health Service
One Sky Center
SAMHSA

Personal-Professional Dimensions of Substance Use Disorders

Many of us know someone who has a substance use disorder. All of us bring to our work our personal perspectives, including views and experiences regarding addiction from our families of origin. Be mindful how your viewpoint may affect the way you view parents with substance use disorders. Remember that each person's experience with substance use disorders is unique and that what worked for you or for your family may be different from what will work for clients.

Remember too that addiction treatment, child welfare and legal practice developed from different philosophies and approaches. As a result, addiction professionals may reveal their history of recovery to clients while legal and child welfare professionals typically do not discuss their personal backgrounds with clients.

We hope this course will provide useful information in support of your work with families struggling with substance use disorders.

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Please proceed to **Module 1**.

Course Modules

Module One:
Primer on Substance Use, Abuse, and Addiction for Legal Professionals

To receive credit for this course, you must complete the Knowledge Assessment at the end of Module 5.

Participant Objectives of Module One

After reviewing this module, judges and attorneys will:

Understand why people use substances and how they become addicted, as well as learn about the continuum of substance use disorders and progression of substance use, abuse and addiction

Understand the brain chemistry changes involved in substance use

Look for opportunities to collaborate with treatment and child welfare agency professionals

Learn substance use, abuse and addiction terms and concepts

Learn judicial and legal roles and responsibilities as they involve substance users before the court or in the child welfare system

Understand child welfare professionals' responsibilities when working with parents with substance use disorders and how they can effectively manage the challenges faced by the parents and their children

What This Module Covers

This module provides basic information about substance use, abuse, and addiction. This information will be highlighted and expanded in the remainder of the course. It provides a basis for legal professionals to understand parents with substance use disorders. It will answer the following questions:

1. Why do people use alcohol and other drugs?
2. What are the pathways from use to abuse and addiction? How is this relevant for judges and lawyers?
3. How do substances affect brain chemistry? Are there risk factors that affect the likelihood that someone will develop a substance use disorder?
4. How do professionals determine that someone has a substance use disorder? What will judges and attorneys do with this information?

5. In what ways can substance use disorders have a negative effect on people's lives?
6. How do substance use disorders affect the ability to parent? How can legal professionals use this information?

> Research indicates that substance abuse contributes to 40 to 80 percent of substantiated child maltreatment cases (Curtis & McCullough, 1993; Magura & Laudet, 1996; Murphy, et al., 1991; Young, Boles & Otero, 2007).

Judicial and Legal Roles and Responsibilities in Understanding Substance Use Disorders

Understanding the biopsychosocial factors that influence parents can help judges and attorneys as they review treatment provider and agency case plan recommendations, ask about individualized treatment situations and interpret reports from drug testing labs, treatment counselors, psychologists, and therapists. To do so, judges and attorneys should be well versed in the terminology and concepts used by treatment and recovery professionals. Knowing the community's agencies and services provided to families are key responsibilities of judges and of attorneys working with child welfare cases. Of particular concern is a judge's responsibility to make findings that reasonable efforts to prevent removal and to reunify children with their parents have been made by the child welfare agency. For attorneys, it is also important to know what resources exist so they can represent their client's interest in regard to reasonable access to appropriate services.

Understanding the availability of various types of substance abuse treatment services is key in this regard. Meeting with and visiting different treatment providers in your community can help you learn about their specialties, how parents access specific treatment slots, the ancillary services that a provider has on-site or how they ensure that the multiple biopsychosocial issues that need to be addressed are provided or if there is ongoing red tape or other regulations that might act as barriers to getting parents into the treatment that they need. Often bureaucratic challenges can be worked through by developing Memorandums of Understanding between the child welfare agency, the court and treatment providers.

> **Reminder:** This course includes a glossary of special terms and their definitions. To view the glossary, click on the "Resources" tab above and select "Glossary." The glossary includes legal terms discussed in this curriculum.

Why Do People Use Alcohol and Other Drugs?

People use alcohol and other drugs for many reasons, which include trying to experience euphoric emotions, attempting to cope with anxious situations, or alleviating

emotional or physical pain. Alcohol and other drugs can elicit mood changes by stimulating or depressing natural brain chemicals (Landry, 1994).

Biopsychosocial factors. The exhibit on the following page illustrates several behavioral, social, and environmental factors that can affect whether a person may develop a substance use disorder. These include risk factors, which increase the likelihood of developing a substance use disorder, and protective factors, which serve to protect against the development of such problems.

This exhibit focuses primarily on child, parenting, and family risk and protective factors. There also exist several biological risk and protective factors. For example, people have differences in relation to brain, sensory, and cognitive functioning. These biological differences can also function as risk and protective factors for substance use disorders (Pandina, 1996). For instance, one person's heightened physiological reaction to a substance of abuse may increase their vulnerability to substance use problems while another person's diminished physiological reaction may decrease their vulnerability.

Unique combination. Each individual has specific risk and protective factors. These combine to form a complex interplay of variables that affect the probability of the individual's use and abuse of substances.

Factors Influencing Potential for Substance Use

Factors Influencing Potential for Substance Use		
Domain	**Risk Factors**	**Protective Factors**
Child Factors	• Poor conflict management skills • Poor social skills • Impulsivity • Favorable attitudes toward substance use • Early initiation of oppositional behavior • Low school readiness • Language delays and learning disabilities • Attention deficit disorder • Difficult temperament, easily frustrated, difficulty in self-soothing	• Social competence (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor) • Autonomy (sense of identity, self-efficacy, self-awareness, task-mastery, and adaptive distancing from negative messages and conditions) • Sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith, and spiritual connectedness) • Problem-solving (planning, teamwork, and critical and creative thinking)

School and Peer Factors	• Ineffective teacher responses • Use of substances among peers • Classroom aggression • Peer rejection • Academic failure beginning in late elementary school • Truancy	• Clear classroom management • Norm of positive behavior among peers • Positive social opportunities • Social bonding • Social skills competency • Academic achievement • Regular school attendance
Parenting Factors	• Harsh and ineffective parenting skills • Favorable parental attitudes towards substance use and own use • Poor monitoring • Poor parent and child attachment • Low cognitive stimulation	• Consistency in rule enforcement • Reinforcement of positive social involvement • Careful and appropriate parental monitoring • Strong parental bonding
Contextual and Family Factors	• Marital discord • Family management problems (e.g., creating and following family rules and rituals) • Family conflict/abuse • Parent criminal activity • Parent substance abuse/history of substance use • Older children who are using substances • Life stressors • Parent mental illness	• Supportive family bonding • Reinforcement for positive social involvement • Positive family dynamics • No tobacco and other substance use/abuse in family • Extended family networks

Community Factors	• Low neighborhood attachment and community disorganization • Community norms (favorable toward drug use) • Transitional communities (e.g., frequent changes in neighborhood members resulting in low cohesion) • Availability of drugs • Extreme economic deprivation • Poverty	• Community connection and supports • Healthy beliefs and clear standards • Community-supported substance abuse prevention efforts and programs • Availability of constructive recreation • Careful and appropriate monitoring of youth's activities
Adapted from the **Partners for Substance Abuse Prevention Website**.		

Case Study: The Dependency Court, Treatment Process, and Collaboration

Throughout this course the case study of Lisa and her family will raise important clinical and practice issues. This case study illustrates a parent's journey through the dependency court, child welfare, and substance abuse treatment systems. It is designed to help you consider processes, procedures, and practice, review challenges, and explore solutions. You will follow Lisa through the dependency court system, treatment program interviews and subsequent treatment, having to meet deadlines, and her recovery process with typical challenges and a relapse.

Lisa's story illustrates clinical issues, observations and decisions made by judges, child welfare and addiction professionals, confidentiality processes and procedures, and decision points related to her children and competing requirements. As you read through the case, look for ways judges and attorneys can work with agency and treatment providers to maximize outcomes for families.

Adjudicating, Representing, Supporting, and Treating Lisa

Lisa will be challenged to navigate her way through the dependency court, child welfare, and treatment systems. But there are legal, child welfare, and treatment professionals who she will interact with to help her become a safe and effective parent for her two children.

Along the way, Lisa will meet:

Name of Professional Working with the Family	Role in the Case
Brenna Jones	Dependency court judge
Jasmine Brown	Lisa's attorney

David Howard	Child welfare agency attorney
George Ito	Lisa's children's (Ian and Ricky) attorney
Martha	County child welfare investigator
Molly	County child welfare caseworker
Sarah	Substance abuse counselor
Jill	Residential program treatment counselor
Will Elstein	Attorney for Dan, (Ian and Ricky's father)

Lisa's case study will highlight Molly and Sarah working together to help Lisa. Molly has another key role: she must document Lisa's progress, including notes from their meetings, and summarize her case notes to prepare the court summary that Judge Brenna Jones reviews before she adjudicates Lisa's case.

Molly plays several roles in Lisa's case: she supports and motivates Lisa in her journey to recovery, she is a liaison to treatment providers and she creates Lisa's child welfare case plan. Molly's overarching responsibilities are to make sure Lisa's children; Ian and Ricky are safe and will be in permanent living arrangements.

Case Study: Lisa's Initial Interview at the Treatment Agency

Lisa is a 42-year-old woman who was referred to treatment by Child Welfare Services (CWS). Her two adult daughters previously attempted an intervention because they felt that she was neglecting their two younger brothers, Ian age 6, and Ricky, age 5. Lisa refused substance abuse treatment evaluation when pressured by her daughters, who then called CWS for help. At present, Lisa's two younger children are remaining at home but the intake CWS worker, Martha, has made a referral to substance abuse treatment as part of Lisa's service plan.

Martha interviewed Lisa at her home and also interviewed Lisa's daughters, and called the school to talk with Ricky and Ian's teachers. Martha also interviewed Ian and Ricky. Based on this initial assessment, Martha decided to try to work voluntarily with Lisa before seeking protective supervision for the children from the court. Martha wants Lisa to get the help she needs, but she is required by law to make sure Ian and Ricky are safe.

During Lisa's initial treatment interview, Sarah, the treatment counselor, conducts a biopsychosocial assessment and takes a substance use history from Lisa to gather information regarding the risk factors that influenced Lisa's substance use. Sarah learns that Lisa married at 17 years old to "get away from" an alcoholic father. Lisa's mother married Lisa's father when she was 16 years old. While drinking, which were most evenings, Lisa's father would become physically abusive with Lisa's mother and verbally abusive to Lisa and her older brother.

In an attempt to remove herself from her home life, Lisa had several male relationships prior to her marriage at age 17. Her first husband was the father of her two older girls, who were born when Lisa was 18 and 20. Her husband was physically and emotionally violent toward Lisa and the girls, and the marriage ended in divorce when Lisa was 24. Following the divorce Lisa began smoking marijuana occasionally and drinking 3 or 4 beers a day to "feel better." Lisa admits she uses methamphetamine but does not believe it is a big problem in her life and doesn't think it affects her younger children.

At age 27 Lisa began a relationship with Dan, and while they never married, he is the father of her two younger boys. Dan is a methamphetamine user and was convicted for drug manufacturing and sales. He has just been released from prison. Before his arrest, Dan introduced Lisa to methamphetamine, which she began using to stay awake while working her job on the night shift at an all-night coffee shop.

The assessment included determining the level of substance abuse treatment that best matches Lisa's need for structure and intensity in the program. Sarah recommends that Lisa participate in a day treatment program including 3 hour sessions 5 days per week.

The intake caseworker, Martha, will schedule an appointment with her agency's legal department to discuss if there are sufficient grounds to file for dependency. While

Martha does not believe grounds exist currently, she does want to give the legal department notice that this case may need legal attention in the future.

Questions to Ask Yourself: What is the safety risk to Ian and Ricky with Lisa's current substance use pattern?

What are the Pathways From Use to Abuse and Addiction?

Various theories examine the way people develop substance use disorders. Scientists are investigating how pathways leading from use to a substance use disorder, such as abuse or addiction, are affected by biological, psychological, social, cultural, and environmental factors. Research notes that men and women often experience different progressions from substance use to abuse and addiction.

Patterns of use. Alcohol and other drug use exist on a continuum. Not everyone who uses substances becomes addicted. The patterns are generally identified as: substance use, abuse, and dependence. Any level of substance use by a parent can present risks for children. Thus, child welfare workers must always determine whether substance use is a factor in the reported abuse or neglect. If it is, assessments must be conducted to determine the nature and severity of the substance use, as identified on the continuum. In such cases, child protective services use substance abuse interventions as a means of reducing risk and maintaining the parent-child relationship. Substance abuse intervention is an essential element in protecting the long-term well-being of the child.

The exhibit on the following page describes the primary categories of substance use problems, the implications for child welfare, and examples of risks to children.

Judges and attorneys must understand the continuum of drug use. Not all persons who use a substance are dependent on it. Not all users are automatically headed toward a substance use disorder. And, certainly not all persons with a substance use disorder abuse or neglect their children. However, legal professionals generally get involved when substance use has put a child in danger or contributed to the child's abuse or neglect.

Alcohol and Drug Use Continuum and Implications for Child Welfare	
Alcohol and Drug Use Continuum	Implications for Child Welfare and Examples of Risks to Children
Substance use—the use of alcohol or other drugs to socialize and feel their effects. Use may not appear abusive and may not lead to dependence; however, the circumstances under which a parent uses can put children at risk of harm.	• Driving with children in the car while under the influence • Use during pregnancy can harm the fetus
Substance abuse—includes at least one of these factors in the last 12 months: • Effects have seriously interfered with health, work, or social functioning • Person has engaged in hazardous activity on a recurring basis, such as driving or operating machinery under the influence • Person has experienced use-related legal problems • Person has continued use despite ongoing or recurring problems caused or exacerbated by use—this includes a maladaptive pattern of use, such as binge drinking	• Children may be left in unsafe care—with an inappropriate caretaker or unattended—while parent is using alcohol or other drugs • A parent may neglect or sporadically address the children's needs for regular meals, clothing, and cleanliness • Even when the parent is in the home, the parent's use may leave children unsupervised • Behavior toward children may be inconsistent, such as a pattern of screaming insults then expressing remorse

Addiction (or substance dependence)—a pattern of use that results in three or more of the following symptoms in a 12-month period: • Tolerance—needing more of the drug or alcohol to get "high" • Withdrawal—physical symptoms when alcohol or drugs are not used, such as tremors, nausea, sweating, and shakiness • Unable to control use—a strong craving or compulsion to use and an inability to limit use • The alcohol or drug increasingly becomes the focus of the person's life at the expense of all other areas, including family, work, social, and recreational • Continued use despite ongoing or recurring physical or psychological problems caused or exacerbated by the alcohol and drug use	• Despite a clear danger to children, the parent may engage in addiction-related behaviors, such as leaving children unattended while seeking drugs • Funds are used to buy alcohol or drugs, while necessities, such as buying food, are neglected • A parent may not be able to think logically or make rational decisions regarding children's needs or care
American Psychiatric Association, 2000; SAMHSA, 2005.	

Alcoholism and Alcohol Abuse

In many States, the number of people treated for alcohol problems equals the number treated for all drugs combined. The amount of alcohol consumed and symptoms of dependence are discussed below and need to be considered in child safety and risk assessments. Importantly, even when alcohol use does not reach the criteria for abuse or dependence, the child welfare worker should assess parental alcohol use or abuse as an indicator of risk to children.

Key questions. Key questions to ask include: "How is the drinking affecting the parent's ability to make sound judgments regarding the welfare of the child?" and "What behaviors are resulting or have resulted from the parent's alcohol use that may put the child at risk?"

How much is too much? The National Institute on Alcohol Abuse and Alcoholism (NIAAA) suggests that health care professionals should be concerned about alcohol addiction if a woman drinks more than 7 drinks per week or 3 drinks at a time. For men, the level is 14 drinks per week, or 4 per occasion (NIAAA, 2004). Further, NIAAA identifies the following four symptoms of alcohol dependence or alcoholism:

- **Craving**—Strong need or compulsion to drink

- **Loss of control**—The inability to limit one's drinking
- **Physical dependence**—Withdrawal symptoms, such as nausea, sweating, shakiness, and tremors occur during periods of non-use
- **Tolerance**—The need to drink more to get "high"

Learn More: Review the NIAAA document ***Alcoholism: Getting the Facts***

Learn More: Review the ***NIAAA Alcohol Alert*** on diagnostic criteria

Substances Affect Brain Chemistry and Functioning

Substances of abuse cause significant changes in brain chemistry. As a result, scientists consider substance use disorders to be brain-based diseases. The following is a brief overview:

- Substance-induced brain chemical imbalances disrupt normal communication between neurons. This can strongly affect the way that people feel, think, behave, and perceive. This helps to explain why substances of abuse can make people feel depressed, think poorly, behave in ways not normal to them, or misperceive what others say or do.
- As the person continues to use the substance, the reward pathway—a part of the brain responsible for experiencing pleasure—is affected.
- Addiction means that the person engages in a compulsive behavior, even when faced with negative consequences. The behavior is reinforcing or rewarding.
- The person's loss of control in limiting his or her intake of the addictive substance is a major hallmark of addiction.

Substance-induced changes to the brain are complex, serious, and may be permanent. It is important that a parent receive a medical evaluation, and that assessments of future risk and permanency planning for the child realistically address parental capacity.

> Blackouts, which begin in the early stage of alcoholism, are not the same as passing out. A blackout is a type of amnesia or memory loss in which the person cannot remember what they did or said. Some people cannot remember how they got home or where they parked their car. A parent may say he or she does not remember an episode of abuse or neglect of the child. The abuse may have occurred during a blackout (Breshears, 2004).

Learn More: Review the **NIAAA publications Website**

Long-Term Effects on the Brain

The brain can be physically injured and changed by drug use, and this injury can last for a long time. The brain scan below illustrates that once an individual is addicted to a drug such as cocaine, the brain can be harmed for a long time. In the brain scan below, the level of brain function activity is indicated in yellow and red.

The top row shows a normal-functioning brain without drugs. In this brain, there are a lot of bright yellow and red areas. This indicates a lot of brain activity. In other words, the neurotransmitters are very active.

The middle row shows the brain of a cocaine addict after 10 days of not using any cocaine. As can be seen, there is much less brain activity than the brain scan from the drug-free individual, even though the cocaine addict has not used cocaine for 10 days. The third row shows the brain of the same cocaine addict after 100 days without any cocaine. As can be seen, there is some improvement. However, the individual's brain is still not back to a normal level of functioning more than 3 months later.

Learn More: Review ***The Brain: Understanding Neurobiology Through the Study of Addiction***

Parents with substance use disorders appear daily in dependency court. Some parents may have multiple counts of child abuse or neglect or may continue to use substances despite their strong desire to care for their children. It may be difficult for judges, court staff and attorneys to understand the compulsive urges of substance use. Understanding the neurobiological effects of substance use can help legal professionals see substance use disorders as a brain disease requiring treatment. Periodic meetings and on-going communication with treatment professionals can help judges and

attorneys stay current on the latest research and methods to treat substance use disorders.

Parents with active substance use disorders are often challenging clients for parent's attorneys to work with and may be a challenging presence in the courtroom.

Judges and attorneys recognize that these parents also experience tremendous societal stigma. Many parents feel once they have been labeled as "abusive parents," during the early stages of court and legal contact that it will be impossible for the judge or attorney to see them as capable parents later, no matter what they do — so they give up out of a sense of hopelessness.

Parents may also be very afraid that their substance use will lead to their children being taken from them forever; their panic and feelings of humiliation coupled with their active addiction and dysfunctional brain activity may lead them to unwise behavior both in and out of the court room.

Court staff and legal professionals may worry that to be non-judgmental and supportive or approach parents cooperatively signals acceptance of the substance use and risk to the child.

A judge or lawyer who believes substance abuse is a moral failing and is unfamiliar with the research showing substance use disorders change a brain chemistry requiring intervention may unintentionally undermine the agency's need to provide reasonable efforts and may undermine the parent's chance at recovery.

For example, an attorney who advises her client to not participate in treatment until the judge requires participation via a court order risks the parent's chance for recovery and to reunify with her child as the timing for the parent to enter treatment is critical in the context of the brain dysfunction in addiction. Understanding that chemical changes have taken place in the parent's brain should lead the attorney to encourage the parent to participate in treatment as soon as possible and to cooperate with the requirements of the substance abuse program.

Assessing Substance Use Disorders

How do professionals determine whether a person has a substance use disorder? Substance abuse professionals use various tools to assess whether a person has a substance use disorder. This course will address screening and assessment in Module Two.

Generally speaking, substance-related assessment tools draw from the American Psychiatric Association (APA) *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) criteria, which are routinely used to diagnose substance use disorders (APA, 2000). The APA DSM-IV criteria addresses substance abuse and substance dependence, also known as addiction. The next two pages will describe:

- Criteria for substance abuse
- Criteria for substance dependence

Criteria for Substance Abuse

Substance abuse is a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, and occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with a spouse about the consequences of intoxication, physical fights)

Please note: Substance abuse can lead to substance dependence. Also, for substance abuse to be diagnosed, a person's symptoms must not meet the criteria for substance dependence.

Criteria for Substance Dependence

Substance dependence is a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, and occurring at any time in the same 12-month period:

- Tolerance, as defined by either of the following:
    - A need for markedly increased amounts of the substance to achieve intoxication or desired effect
    - Markedly diminished effect with continued use of the same amount of the substance
- Withdrawal, as manifested by either of the following:
    - The characteristic withdrawal syndrome for the substance
    - The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- The substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control substance use
- A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., frequenting bars), or recover from its effects

- Important social, occupational, or recreational activities are given up or reduced because of substance use
- The substance use is continued despite the knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Learn More: Review **Criteria for Substance Dependence Diagnosis**

Adverse Effects of Substance Use Disorders

The lives of people with substance use disorders are out of balance. The person's substance abuse and the negative effects that result from it can have an enormous impact on his or her family and friends. The exhibit below illustrates how substance use disorders can have a negative effect on a person's biological, psychological, social, and spiritual lives.

Adverse Effects of Substance Use Disorders	
Domain	Adverse Effect
Physical	Substance abuse can cause general feelings of malaise, and is associated with an increase in illness and death.
Cognitive	Impairments in thinking and judgment may lead to additional detrimental effects.
Psychological	Suspiciousness of others, depression, and anxiety can result from substance abuse.
Emotional	Instability and lack of emotional bonds and supports.
Social	Tendency to be surrounded by others who are abusing leads to social isolation and existence in an unhealthy social sphere.
Spiritual	The relationship with inner self and "higher power" is confused and often lost during the addictive phase.
Parenting	The relationship with children is compromised by substance abuse.
Family Abuse	The relationship with partner/spouse and others is strained by substance abuse.
Financial	Spending to support the substance use disorder can lead to financial ruin.

Legal	Criminal activity related to substance abuse can lead to incarceration or other legal consequences (e.g., removal of child or termination of parental rights).

Several Native American tribes have teachings that health and well-being is dependent on the balance between mind, body, spirit, and context. This model, known as the relational worldview (Cross, 1997), suggests that life is a complex interplay between all of these factors. Substance abuse affects each of these factors in unique ways, often causing life to spin out of balance. Families often experience escalating problems, along with the progression of the disease. However one understands it, substance use disorders have pervasive effects on the user and on people related to the user.

While it is important for social workers and treatment counselors to know the areas of life functioning that need to be addressed, judges need to understand if the substance use disorder has had adverse effects on parenting and if it has contributed to the child abuse or neglect.

The parent's attorney will want to know what specific adverse effects the parent is experiencing so that he/she can advocate for services to ameliorate those conditions in order for his client to have appropriate visitation and to regain custody.

The agency attorney will want to know that the specific adverse effects of substance use have been documented by agency workers and that the agency case plan and treatment provider recommendations target those effects in their case plan.

Children's attorneys will want to know if the adverse effects of the parent's substance use present an imminent risk of harm to the child so that visitation plans can be made appropriately and that the child can be safely cared for.

Case Study: Lisa's Current Situation

This is the situation for many parents before they come to the formal attention of the court. At this point Lisa is "voluntarily" working with child welfare services and she still maintains custody of her children. However, CWS may be considering filing a dependency petition to ensure that Ian and Ricky are safe.

When Lisa arrives for her initial interview at the day treatment program, the substance abuse counselor Sarah notes that she appears frail, underweight and unkempt, her skin is pale, her teeth are in poor condition and a front tooth appears to be chipped. Lisa chain-smokes throughout the entire interview. The probing questions of the seasoned counselor (a certified addiction counselor in recovery) help to uncover information about Lisa's situation.

Sarah learns that Lisa's housing situation is currently stable. However, Lisa feels that her night job interferes with her relationship with her boys and is an unsafe environment for anyone trying to not use drugs. She has not seen a doctor since Ricky was born. She says that her night job is her only employment option and means of paying her rent. Lisa states that her only friends are the other waitresses at the coffee shop. They also use methamphetamine to stay awake on the job, and after work they have a few drinks before heading home. Sarah believes that Lisa is minimizing the amount of drugs she is using and that she does not clearly understand the adverse consequences of her drug use on her own health or on her children.

Lisa admits that Ian and Ricky have been absent from school 28 days this year, but she claims they haven't been absent for the last 2 weeks. While she admits to using methamphetamine to get through her shifts and having "a couple drinks to wind down," she feels her current substance use has no effect on her household. She states, "It is just hard for me, working evenings, and making sure the boys stay on track."

When asked about her intentions in regard to her relationship with Dan (Ian and Ricky's father) now that he has been released from prison, Lisa admits she doesn't know what the relationship will be like now but that she is still in love with him. She also says that having another person around making money would help out a lot since now she's barely making ends meet—barely being able to pay for food for the kids by the end of the month.

Questions to Ask Yourself:

What are the legal implications for Lisa? Are the children safe with Lisa?

What other information do you need to know to determine if the children are safe?

Should a dependency petition be filed to make sure that the court is monitoring this situation, given Lisa’s admitted methamphetamine and alcohol use after work?

What is your State law on truancy in regard to neglect petitions?

Conclusion to Module One

Each individual has specific risk and protective factors. These combine to form a complex interplay of variables that affect the probability of the individual’s use and abuse of substances. When parents have substance use disorders, there are additional considerations for child welfare. By taking these factors into consideration, in addition to

the brain function changes involved in substance abuse, child welfare workers can gain the critical context needed to understand parents with substance use disorders, and to effectively manage the challenges faced by the parents and their children.

Judges and attorneys now know that substance use disorders are brain-based changes in brain chemistry. They recognize treatment professionals are a resource to help them learn about substance use disorders and effective treatment. They have learned that visiting local treatment agencies is an effective way to understand community resources that are needed to ensure that parents have access to services under reasonable efforts provisions of Adoption and Safe Families Act (ASFA). They have learned about the path from use to abuse and addiction. Legal professionals have learned about the risks substance use disorders pose to children and families.

Please proceed to **Module 2**.

Module Two: What Legal Professionals Need to Know About Engaging Families in Substance Abuse Treatment

To receive credit for this course, you must complete the Knowledge Assessment at the end of Module 5.

Participant Objectives of Module Two

After reviewing this module, legal professionals will be able to:

- Engage and interact with treatment providers, and community support organizations.
- Understand what judges' and lawyers' roles and responsibilities are in supporting parents as they decide to enter treatment for substance use disorders
- Learn from treatment professionals that lapse and relapse are part of recovery
- Understand their roles and responsibilities under the Indian Child Welfare Act (ICWA)
- Learn about their roles and responsibilities during the different stages of treatment and recovery
- Recognize the crucial role of child welfare and treatment professionals in helping parents enter and sustain treatment for substance use disorders

What This Module Covers

This module provides information and strategies that legal professionals can use to help parents who have substance use disorders engage in and maintain substance abuse treatment. It answers the following questions:

- How can judges interact with treatment professionals and community groups? Why would attorneys want to develop good working relationships with treatment providers and community support organizations?
- What do attorneys and judges need to learn about engaging parents in the treatment process?
- What is the role of child welfare and treatment professionals in screening for substance use disorders?
- What do child welfare professionals need to know about parents' needs and experiences that bring them into treatment?
- What roles can legal professionals play in motivating parents? How can child welfare and treatment professionals motivate and assist parents to seek and engage in appropriate treatment?
- What role do Adoption and Safe Families Act (ASFA) provisions play in helping parents understand they must seek treatment? What role do judges and attorneys play in educating parents about ASFA?
- What resources can child welfare and treatment professionals use to complete assessments of parents? Why would legal professionals want to learn about these assessments?
- How can child welfare professionals interpret and use assessment information from treatment providers? What do judges and attorneys need to know about treatment provider assessments?

Strategies for Legal Professionals Collaborating With Treatment Providers and Community Groups

Judges and attorneys need to know what treatment resources are available for parents. Building relationships with the provider organizations in your community will help to facilitate communication between the provider and the court and assist the court in making key rulings about the cases it hears.

The knowledge about the community and effective communication are critical for the court to make decisions regarding the child welfare agency's fulfillment of the requirement that they have made reasonable efforts (and in the case of a Native-American child that they have made active efforts) to prevent child placement and to reunify the child with his/her parents.

Knowing the community's resources also allows the court to play a more active role in enforcing its orders requiring parents to participate in treatment. If a community has a wait list for accessing services, judges need to be aware of those issues in holding the parent accountable for complying with the child welfare agency's case plan.

The following section highlights some key strategies that can be used to better understand your community's service mix.

Get to Know Your Providers. Every community has its own set of substance abuse treatment providers and its own system configuration of how services are paid for and delivered. Knowing what resources exist to pay for treatment when a parent does not

have personal resources or health insurance is an important first step in understanding the community's service system. When parents are served through the publicly-funded substance abuse treatment system, they may receive services through the State agency's funds or some may qualify for Medicaid-funded treatment.

In some jurisdictions, treatment services are provided directly by the State or county's health care or social service agency. In other cases, treatment is provided through a contract between the substance abuse agency administration and a community-based organization.

One of the strategies that legal professionals can use is to build a relationship with these key providers so you will get to know each other as professionals. You may want to create a file on each treatment provider and find out several key facts about the agency including:

- Who are the agency director and key program managers?
- What type of treatment programs are provided (e.g., residential, day treatment, outpatient)?
- How many clients are served in each of the treatment programs?
- Who are the clients the agency typically serves (e.g., men or women, special populations such as specific racial or ethnic groups)?
- How many of the clients they serve are typically also involved with child welfare?
- Is there generally a wait list to receive services?
- What are their admission policies (e.g., must have a health clearance first)?
- Is child care provided on site?
- Do they also treat co-occurring mental health disorders?

Often these questions can be answered if you arrange a meeting and visit the organization or ask for a tour with the director or administrator. As you gather information you will want to note the size of the facility, number of beds or outpatient treatment slots, turnover of staff, and working relationship with the child welfare agency.

Ask child welfare agency caseworkers to go with you if you decide to tour a new treatment provider; ask the caseworker if treatment staff respond quickly to agency questions. Attorneys can cement working relationships with treatment providers by offering to give legal training during a provider's in-service training, and by showing respect in meetings and in court.

Get to Know Community Self-Help Groups. Many treatment providers use Twelve-Step anonymous support groups as adjuncts to their programs (e.g., Alcoholics Anonymous [AA] or Narcotic Anonymous [NA]). It is important to know which treatment providers use approaches based on the Twelve-Step programs and to know about the availability of Twelve-Step meetings in your community. Most communities have "open" AA meetings, meaning that persons who are not participants may attend. It is very informative in understanding treatment and recovery to attend a Twelve-Step meeting-to experience how meetings are conducted and to gain a basic understanding of their terminology and approach. To locate an open Twelve-Step meeting, check your local

phone book or the internet for the organization's central office that can provide a directory of community meetings.

Support buy-in from provider and attorney stakeholders. In addition to understanding treatment resources, judges can plan critical roles in orchestrating collaborative approaches to practice. One frequently used strategy to build better understanding and more effective communication among the various parties working with these families is for judges to sponsor a bimonthly coffee hour at the court for treatment professionals, child welfare agency and legal professionals. Use the meetings to discuss what's working well and where challenges persist. If funding is an issue, consider inviting local legislators to a provider tour or several of the coffee meetings to showcase good works and educate them about budget shortfalls.

It is important for judges to take the lead in supporting buy-in to collaborative approaches from attorneys, especially those who represent parents. Their support for assisting parents in treatment and recovery is imperative. This can begin by including parents' attorneys in organizational meetings and provider tours. If parents' attorneys do not feel their clients are getting appropriate treatment or support, they might derail progress parents are making by not encouraging parents in their treatment and recovery process.

Engaging Families in Treatment

Why is it important to engage parents and families in substance abuse treatment?

Since the passage of the Adoption and Safe Families Act (ASFA) courts, child welfare and treatment providers have increasingly come to understand the critical role that engagement in the treatment process plays in enabling parents to successfully re-gain custody of their children. The timing of specific engagement strategies is critical to meet the statutory timelines of ASFA. There are specific roles and responsibilities of the various court professionals to ensure engagement in treatment is effective.

Engaging parents and families in substance abuse treatment is a continuous process for child welfare workers. It involves screening parents for potential substance use disorders, motivating parents to engage in and remain in treatment, and helping parents to sustain recovery.

Whose role? A child welfare worker or court professional may mistakenly believe that substance abuse treatment occurs first, before other interventions can occur; and that it happens someplace else, under someone else's watch. Some may believe that their key decision is to send the parents to treatment and have the parents return for the next step in the child welfare and court process when they are "cured."

Remain engaged. However, child welfare workers must remain involved throughout the treatment and recovery process. Child welfare workers, along with treatment counselors and the dependency court, have important roles and responsibilities, and make important decisions during each stage of this process.

When child welfare workers and court professionals understand what brings parents into treatment and the ongoing process of engaging parents in treatment, they are better able to help parents meet dependency court timetables and ensure ongoing child safety and well-being.

Dependency court role. Judges can facilitate parents' engagement and retention in treatment so they can be safe caregivers for their children by ensuring that parents have timely access to services. In following the requirements of ASFA, judges can use those requirements as a tool to help parents enter and comply with treatment quickly so that permanency decisions are timely.

Parent's attorneys play a pivotal role in engaging parents in substance abuse treatment. The attorneys need to recognize that when a parent has a substance use disorder, the best way for their client to regain custody of their children is though treatment and recovery. To that end the parent's attorney will work to get her client to accept that treatment is needed. Parent's attorneys can use ASFA timelines to advocate for timely access to treatment to better assure that treatment is an opportunity for the client to be in recovery.

An Agency attorney will want a parent to engage in treatment quickly and to complete it successfully because completing treatment may be necessary before the agency will recommend reunification and to close the case. In addition, it is important for child welfare and agency attorneys to know when engagement strategies have been provided and parents have not taken advantage of those services so reasonable efforts provisions are documented and alternative permanency plans can be pursued if reunification will not be possible.

A child's attorney wants the parent to enter and complete treatment and to demonstrate sustained recovery as a means for the child to live safely with her parent.

Screening: The Role of Child Welfare and Court Professionals

What is the role of child welfare and court professionals in screening for substance use disorders?

Screening. When there has been a report of child abuse or neglect that is to be investigated, emergency response workers or investigators are generally the first to see parents. These child welfare professionals may have the first opportunity and primary responsibility to conduct the initial screening of parents for potential substance use disorders. Overt signs and symptoms may be observed as part of the initial screening and assessment for child abuse and neglect. Screening can also be performed by other agencies that may be working with parents such as mental health agencies, maternal and child health agencies, or the criminal justice system. Treatment programs do not usually perform screening.

Referral. When the child welfare or other professional notes that the screening indicates potential substance abuse, the child welfare professional should refer the parent to a substance abuse treatment provider for further assessment. At that time the substance abuse treatment provider may provide further referral, as necessary, to the most appropriate treatment program.

While screening determines if an assessment is needed, an assessment determines the areas of life functioning affected by the person's substance use.
Tip: Check your jurisdiction's child welfare agency handbook or manual regarding the specific protocols and procedures used in your community for screening and assessment of substance use disorders.

Who Needs to be Screened?

Substance abuse screenings tend to be viewed in two main ways. In one approach, child welfare professionals try to determine which parents might have a problem with substance abuse, and conduct the screening for those parents they have identified to determine if their hunch is true. Alternatively, child welfare professionals can assume that everyone involved with child maltreatment may be at high risk for substance-related problems and therefore screen everyone, and then rule out individuals who do not appear to be at risk for substance-related problems.

Screen everyone. Evidence suggests that the second approach should be followed. Child welfare professionals are recommended to screen everyone, identify those who may be at risk, and rule out those who appear not to be at risk. Although caseworkers should follow agency protocols, all individuals should be screened for substance-related problems and court professionals should be looking for the results of these screenings in the court documents such as petitions for protective custody.

Parent's attorneys should be aware that the child welfare agency will be documenting all steps in the substance abuse screening and assessment process. It is important for attorneys to encourage parents to participate in the substance abuse screening and assessment to ensure parents are engaged in services quickly so that they can meet ASFA timelines. In fact, parents' attorneys may also want to ask screening questions to identify those parents who need an assessment so that they can advocate for timely services. Information that is made available to the court should also be made available to the parent's attorneys.

Agency attorneys should ensure agency workers have been trained to document investigations, referrals, and screening requests so such documents will be accepted by the court.

As a reminder, you'll meet these people in the case scenarios for this module:

Lisa, who has a substance use disorder, and is the mother of 2 boys Ian and Ricky.

Name of Professional Working with the Family	**Role in the Case**
Brenna Jones	Dependency court judge
Jasmine Brown	Lisa's attorney
David Howard	Child welfare agency attorney
George Ito	Lisa's children's (Ian and Ricky) attorney
Martha	County child welfare investigator
Molly	County child welfare caseworker
Sarah	Substance abuse counselor
Jill	Residential program treatment counselor
Will Elstein	Attorney for Dan, (Ian and Ricky's father)

Case Study: Lisa's Safety Assessment Home Visit

Lisa's referral to the day treatment program resulted from initial observational screens conducted by Martha, the Child Welfare Services (CWS) investigator. Following Lisa's daughters' phone call to CWS, Martha went out to Lisa's home to conduct an in-home safety assessment. This was to determine if a case should be opened and whether or not the children were in immediate danger.

Martha reported that the family was living in complete disarray. The living room was cluttered with empty pizza boxes, soda and beer cans, and dirty dishes were piled high in the sink and on the stove in the kitchen. There was no milk, dairy products, fruit, vegetables, or meat in the refrigerator. Clothes were strewn throughout the home's two small bedrooms.

She also noted that the two boys were dressed in clothes that they had outgrown and that were filthy and worn out. During the visit, Lisa appeared anxious and jittery although there were no overt signs of drug use in the home such as drug paraphernalia. Martha asked Lisa direct questions about her substance use pattern and adverse consequences that resulted from her alcohol and drug use.

These observations and Lisa’s answers about feeling that she was using drugs more than she intended and was having problems stopping led Martha to believe that the children were being neglected and that Lisa might have a substance-related problem. The caseworker felt that a case needed to be opened and that Lisa should be referred to a local treatment program for an assessment of substance use disorders. As part of her intake with CWS, Lisa signed release of information forms that allowed the caseworker to share the observations made at the in-home visit with the treatment counselor who would be conducting Lisa's substance abuse assessment.

At this point, the investigator determined that Lisa’s children were at a moderate level of risk and that immediate removal was not necessary. However, she opened a case, and asked her agency attorney David Howard to petition the court to require Lisa to participate in family maintenance services and referred Lisa’s family to Molly who would provide on-going in-home services to the family.

The caseworker, Molly, will visit the family at least three times per week to ensure the children’s safety and that their needs are being met. If Molly sees that the children are ill and not being treated, or the children haven’t eaten and there is insufficient food in the house, she will seek an immediate removal of the boys. One of Molly’s first tasks is to make sure that Lisa participates in the substance abuse assessment and that the treatment provider makes the recommendation for an appropriate treatment program for Lisa.

Legal Practice

David Howard, the child welfare agency attorney will file a petition for protective supervision with allegations of child neglect in Judge Brenna Jones' dependency court. Judge Jones assigns attorney George Ito to represent Ricky and Ian, Lisa's children.

Molly tells Lisa a petition has been filed in dependency court and suggests that she may need her own attorney. Lisa is upset and tells Molly she has no money for a lawyer. Molly provides her with information about applying to the Public Defenders' office which is the office in their jurisdiction that represents indigent parents. Lisa is appointed Jasmine Brown as her attorney.

Purpose of Screening for Substance Use Disorders

Screening is a combination of observation, interviews, and the use of a standardized set of questions, such as those that are included in many effective screening tools.

Determine need for assessment. The purpose of a substance-related screening is to determine the risk or probability that a parent has a substance use disorder, and whether more in-depth assessment by treatment professionals is needed. Many effective screening tools are available for use by child welfare professionals, and your agency may already have one they use.

Characteristics of Effective Screening Tools for Substance Use Disorders

In general, an effective screening tool has the following characteristics:

- **It is easy to administer**—for example, it can be memorized and administered orally without reference to a written form; it can be administered separately or worked into other screening checklists or tools, as appropriate; and it contains no more than four to six questions.
- **It is capable of detecting a problem**—because it contains the types of key questions that are best known to indicate the presence of a substance use disorder, such as the following:
    - Questions that address unintended use and/or desire to restrict use (control of use/abuse): "Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?" "Can you stop drinking without a struggle after one or two drinks?"
    - Questions about some form of consequences of use or concerns about such consequences (consequences of use/abuse): "Have people annoyed you by criticizing your drinking or drug use?" "Have you ever felt bad or guilty about your drinking?" "Have you ever lost a job because of drinking or drug use?"
- **It is inexpensive and does not require much time to administer**—or much paperwork to record.

- **It is fast and simple**—and can be completed quickly without need of explanations and directions to respond.
- **It is designed for use with a broad range of individuals**—including those with all types of substance use disorders, and diverse populations. (Many screening tools focus only on alcohol and may not be appropriate for screening for other substance use disorders.)

The box below lists the questions in the UNCOPE as an example of questions in one screener that has been shown to be a valid and reliable screening tool that can be used to ascertain if further assessment is warranted.

Example of Screening Questions: The UNCOPE

U – Have you continued to **use** alcohol or drugs longer than you intended?

N – Have you ever **neglected** some of your usual responsibilities because of alcohol or drug use?

C – Have you ever wanted to **cut down** or stop using alcohol or drugs but couldn't?

O – Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?

P – Have you ever found yourself **preoccupied** with wanting to use alcohol or drugs?

E – Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or boredom?

Scoring: Two or more positive responses indicate possible abuse or dependence and need for further assessment.

The UNCOPE can be obtained from Evince Clinical Assessments at **http://www.evinceassessment.com/UNCOPE_for_web.pdf**

Child welfare workers routinely carry out screening and assessment for child maltreatment that involves interviews, observations, and document reviews. As part of their assessment for child maltreatment, child welfare workers can add a screening tool for substance use disorders.

Determine contribution. This allows them to combine the results of the screening tool with other observations and interviews about substance use or abuse to determine the extent to which the substance use disorder contributes to endangering children. In general, the child welfare worker is assessing the extent to which:

Screenings Versus Assessments

Substance abuse screenings are brief, rapidly administered tools while assessments are comprehensive processes designed to identify critical areas to be addressed in the client's treatment plan. Child welfare professionals frequently conduct screenings, while assessments should be conducted by addiction professionals.

Parent's attorneys should routinely check to make sure treatment professionals are in fact doing the assessments or that the court has not relied too heavily on screening results as opposed to assessments for making decisions about requirements of treatment.

- The children are in a life-threatening living situation that may be caused by parents who abuse substances and leave their children unattended or uncared for.
- The child is viewed very negatively by the parent, particularly when the child's emotional or physical needs interfere with the parent's search for or use of substances.
- The family cannot meet the basic needs of the child because financial resources are being used to purchase substances.
- The parent or someone living in the home exhibits harmful behavior toward a child, particularly when they are under the influence of substances.

In-Home Indicators of Potential Substance Abuse

Child welfare professionals should check for the following indicators as part of onsite investigations (Young & Gardner, 2002):

- A report of substance use was included in the child protective services call or report
- Paraphernalia is found in the home (syringe kit, pipes, charred spoon, foils, large number of liquor or beer bottles, etc.)
- Possession of unusual materials, such as large amounts of over-the-counter allergy/cold/diet medications (including ephedrine or pseudoephedrine), or large quantities of solvents (such as acetone, Coleman fuel, or toluene)
- Discarded items such as ephedrine bottles, coffee filters with oddly-colored stains, lithium batteries, antifreeze containers, lantern fuel cans, and propane tanks are present.
- The home or the parent may smell of alcohol, marijuana, drugs or chemicals
- The child reports use by parent(s) or other adults in the home
- A parent exhibits physical behavior of being under the influence of alcohol or drugs (slurred speech, inability to mentally focus, physical balance affected, extremely lethargic or hyperactive, etc.)

- A parent shows signs of addiction (needle tracks, skin abscesses, burns on inside of lips, etc.)
- A parent admits to substance use
- A parent shows or reports experiencing physical effects of addiction or being under the influence, including withdrawal (nausea, euphoria, slowed thinking, hallucinations, or other symptoms)

As with all cases of child abuse and neglect, workers must observe persons who frequent the home. The behaviors of parents' friends or associates can be an indication of behaviors practiced or of potential dangers to the child.

Determining ICWA Protection

As part of the screening and assessment process in child welfare services, workers need to determine if Indian Child Welfare Act (ICWA) applies to the family. ICWA provides safeguards to protect the interests of Indian families and addresses the removal of Indian children from their families and the considerations that must take place in doing so. The ICWA applies to unmarried Indian children and youth under 18 years of age who are:

- A member of a Federally recognized Indian tribe, or
- The biological child of a member of an Indian tribe and eligible for membership in a tribe.

The two most common violations of ICWA are: (1) the failure to identify Indian children and (2) the failure to inform the tribe once children are identified. To carry out the intent of ICWA, the State child welfare agency and other service providers must fully participate in these provisions and make active efforts to contact the appropriate tribes, involve the tribes in decisions about the family, and allow the tribe to take over the responsibility if it wishes to do so.

Judges and court staff are responsible for ensuring that ICWA provisions are followed when an Indian child comes before their court.

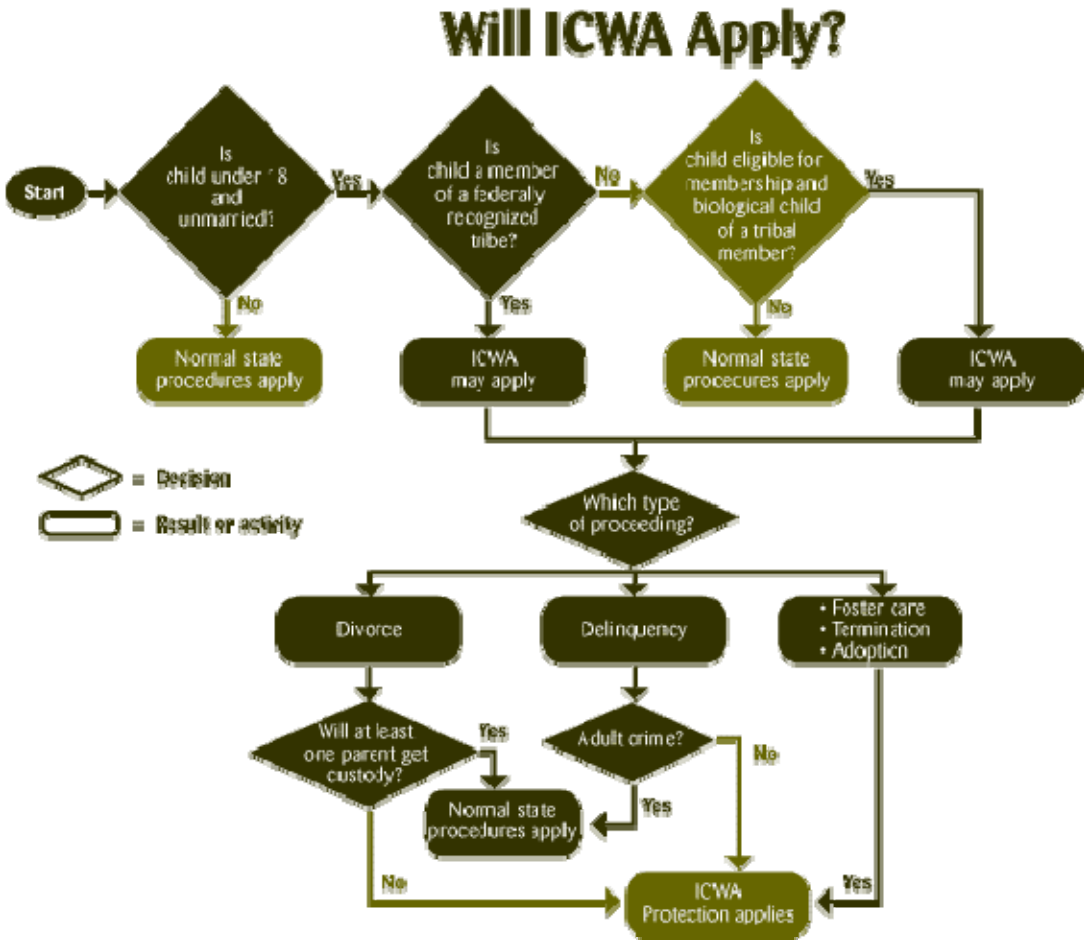
Higher standards of proof and efforts required in ICWA cases.

In cases where ICWA applies, a higher standard of proof applies in dependency and termination cases. In many States, the standard of proof in dependency cases is “preponderance of the evidence;” in ICWA cases the standard of proof is “clear and convincing evidence.”

In termination of parental rights cases, in cases where ICWA does not apply, the standard of proof “is clear and convincing evidence.” In ICWA cases the standard of proof is “beyond a reasonable doubt.” Also, to prove a termination of parental rights case, the State must demonstrate that “active efforts” have been made to provide

remedial services and rehabilitative programs to prevent the breakup of Indian families and that these efforts have proved unsuccessful.

Learn More: Will ICWA Apply?



Will ICWA Apply?

1. Is child under 18 and unmarried?
    a. No. Normal state procedures apply.
    b. Yes. Go to step 2.
2. Is child a member of a federally recognized tribe?
    a. Yes. ICWA may apply. Skip to step 4.
    b. No. Go to step 3.
3. Is child eligible for membership and biological child of a tribal member?
    a. No. Normal state procedures apply.
    b. Yes. ICWA may apply. Go to step 4.
4. Which type of proceeding?
    a. Divorce. Go to step 5.

b. Delinquency. Skip to step 6.
c. Foster Care, Termination, Adoption. ICWA Protection applies.

5. Will at least one parent get custody?
    a. No. ICWA Protection applies.
    b. Yes. Normal state procedures apply.
6. Adult crime?
    a. No. ICWA Protection applies.
    b. Yes. Normal state procedures apply.

Assessment for Substance-Related Disorders

Once a screening indicates there may be a substance use problem, and in concert with other child welfare assessments, the child welfare worker should refer parents to a substance abuse treatment professional for a complete assessment.

Based on diagnostic criteria. The substance-related assessment process generally includes interview questions that address criteria for substance-related disorders, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). In addition, the treatment professional will conduct assessments for co-occurring disorders, if applicable, and treatment planning and placement.

Ongoing process. Comprehensive assessments are designed to determine current treatment needs and level of care. Patients' treatment and level of care are based on their treatment needs, which drive the treatment process. Since treatment needs change over time, assessment and treatment planning is an ongoing process. It is discussed in more detail in Module Three.

Learn More: Review the National Institute on Alcohol Abuse and Alcoholism (NIAAA) report, ***Alcohol Problems in Intimate Relationships: Identification and Intervention—A Guide for Marriage and Family Therapists***

Judges' and Attorneys' Roles and Responsibilities in Screening and Assessment

Dependency court judges and court staff will read screening and assessment reports to determine a child's risk of harm. Judges and court staff will want to become familiar with local screening protocols and assessment tools since screening and assessment results will be reported to the court.

Since screening and assessment plays such a big role with the dependency caseload, judges, court staff and dependency attorneys will find it helpful to ask their local treatment providers to regularly train them on the topic.

Parent's attorneys will need to be familiar with local screening and assessment protocols since the parent's attorney is responsible to make sure this work is done on behalf of his client. Screening and assessment information is the basis supporting his

request for appropriate treatment. The parent's attorney will want the agency's assessments and screening reports to accurately reflect the extent of the parent's substance use disorder (i.e. substance use, abuse, or dependence). Parent's attorneys should cultivate a good working relationship with the treatment providers who conduct the assessments since their information is crucial to making the parent's case in court.

Agency attorneys will read the assessment reports to determine if the reports are needed to advance the agency's position in court and to determine if the agency has sufficient proof to file a dependency case.

Children's attorneys will look to the assessment and screening results to find out about possible risk of harm to the child.

Of Special Note: Many jurisdictions across the country have improved their practice and facilitated parents' access to substance abuse assessment by providing office space for a substance abuse treatment provider's staff member to be on-site for conducting assessments. This practice reduces the time that parents may need to wait for an assessment and reduces the possibility that parents may not keep their appointment. The change of location of the assessor is generally not a new cost to the program.

Case Study: Lisa Receives a Substance-Related Assessment

The release of information forms were signed at the first appointment with Lisa. This permits the information from the home visit to be shared with the treatment counselor Sarah, along with other information from the CWS case. This information includes: (1) the children have not been removed from the home but will be under court-ordered family maintenance; (2) the family will be receiving in-home services, and Lisa will be required to complete parenting classes and weekly random drug tests; (3) there was no previous CWS involvement; and (4) Lisa has no criminal history, but the father of the two boys has recently been released from prison on drug-related charges.

With this information, Sarah is better prepared to conduct an in-depth assessment with Lisa. The immediate goal is for Sarah to be able to obtain as much information as possible, from Lisa and from other persons with knowledge about the family. This includes child welfare, other service providers and family members if appropriate. By gathering information from multiple sources, Sarah can get an accurate picture of Lisa's needs and use this information to help increase Lisa's motivation to actively engage in treatment.

During the assessment interview, Sarah uses her program's standard assessment tool. It includes questions based on DSM-IV diagnostic criteria. After weighing the information that she has gathered regarding Lisa and her family, Sarah determines that Lisa has substance dependence and Lisa agrees to enter treatment. Sarah recommends to Lisa's child welfare worker, Molly, that Lisa enter the intensive outpatient program for a minimum of 90 days with a planned transition to longer-term outpatient treatment. She will be attending 3 days per week for 5 hours, be required to randomly drug test each week and attend a minimum of 3 self-help groups each week.

Molly is pleased that Sarah has been able to conduct an informed assessment and supports her recommendation. However, she expresses concern about Lisa's level of motivation and about child care arrangements for Ian and Ricky while Lisa is attending meetings and is at the treatment program. Molly will help Lisa secure after-school child care options for the 3 days that Lisa is at the treatment program. Sarah and Molly agree to remain in close contact regarding Lisa's progress in treatment and agree that their separate drug tests requirements will be coordinated so that Lisa does not have two drug testing requirements. Lisa enrolls in the program and is assigned a counselor and a family advocate. The advocate graduated from the program, was trained in motivational interviewing, and provides support services to Lisa and other women in the program.

Molly will document her time with Lisa, and prepare a report on Lisa's progress for the court as the agency is seeking an order allowing agency supervision over the family.

Understanding Parents with Substance Use Disorders

Legal professionals will find it useful to understand the dynamics of substance abuse because so many substance abuse cases come before the dependency court.

What do child welfare and court professionals need to know about the needs and experiences (clinical issues) of parents with substance use disorders?

Coexisting problems. It is critical for child welfare and court professionals to understand the issues that may have encouraged or controlled substance use disorders among parents. Many parents in the child welfare system have experienced significant trauma or violence in their lives, or have undiagnosed mental health disorders, such as depression.

Reasons for use. Although addiction is characterized as a primary disorder (not simply a symptom of a different, underlying problem), parents may use substances to cope with life problems. For example, they may use substances to:

- Self-medicate the pain of loss and destruction in their lives (e.g., experiences of domestic violence)
- Express anger and discouragement about their inability to make "normal" progress with their lives
- Manage untreated anxiety or depression
- Medicate the pain or discomfort of untreated health problems
- Punish themselves for failure

Characteristics of Parents with Substance Use Disorders

Many parents are likely to have a combination of the following characteristics that may contribute to substance abuse and consequently have a negative effect on the safety of their children:

- Limited educational, vocational, and fiscal resources may affect their ability to earn a living and provide for their children.
- Mental and physical illnesses, such as Post Traumatic Stress Disorder (PTSD), other anxiety disorders, depression, and bipolar disorder can affect their daily behavior toward their children and their ability to focus on children's needs.
- Physical illnesses can affect their stamina and their ability to sustain nurturing care over a continuous period of time.
- Difficult and traumatic life experiences, including childhood experiences of abuse or neglect, domestic violence, or homelessness, may have interrupted their development as children. These may have deprived them of normal parental role models and life experiences.

The Effects of Substance Abuse on Parenting

Parents and caregivers are expected to perform basic functions and tasks for their dependent children to support the children's physical, social, emotional, intellectual, and spiritual development. When a parent has a substance use disorder, it reduces their

ability to perform many parenting functions and fully meet their children's needs. Frequently, life becomes topsy-turvy and chaotic for the children.

Prenatal exposure effects. Parenting may become particularly difficult when children have been prenatally exposed to substances and may exhibit the neurological and behavioral effects of this exposure. This may include continuous fretting and crying among infants, emotional and developmental issues among toddlers and young children such as failure to attach, or hyperactivity and behavioral management problems among older children and adolescents. Without mental health and medical treatment these behavioral needs will further exacerbate the difficulties of parenting.

In addition, long-term effects of prenatal exposure to alcohol and other drugs can include lower IQ; reasoning problems, including difficulties in higher executive functioning, fine motor, or visual-perceptual-motor deficits; and communication/language problems (Young, 1997).

The Effects of Specific Substances on Parenting

Different substances can require different treatment. Legal professionals should learn what treatments generally are recommended for specific substances of abuse. Being aware of the effects of the specific substance may help legal professionals assess treatment recommendations and assess if their community has sufficient treatment programs available when indicated for specific substances (e.g., opiate use in some regions of the country may necessitate more opiate treatment programs than in other regions).

The following are illustrations of the ways that specific substances of abuse may affect parenting. Keep in mind that this list is illustrative and substances of abuse can have a wide range of effects on parenting.

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
ALCOHOL		
Alcohol	• Lowers inhibitions, often leading to inappropriate or risky behaviors • Impairs judgment • Diminishes motor coordination	• A parent may forget or neglect to attend to parenting responsibilities. • A parent may stay out all night and leave children alone due to intoxication. • A parent may have rages and depressive episodes, creating an unstable environment for children.
ILLEGAL DRUGS		
Cocaine	• In addition to an influx of energy, cocaine also heightens the senses. Colors appear brighter, smells seem stronger, and noises sound louder. • After prolonged use, cocaine also increases irritability and aggression in the user. • Cocaine can result in psychotic distortions of thought such that the user imagines and acts on projections to others of his or her own aggression.	• A child's crying, which may be only a mild annoyance to a non-using parent, is magnified in its intensity to the parent on cocaine. • A parent may become angry or impatient with a child for any reason because of thought distortion and misperception of the child's intent.

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
Crack/Crack Cocaine	• In the smokeable form known as crack, cocaine cycles rapidly through the body so that a physical and psychological "high" vanishes quickly, within 5 to 15 minutes, leaving in its wake anxiety, depression, and paranoia, as well as an intense craving for a return to the euphoric state. • Crack heightens feelings of power and control over one's life, feelings that may be sorely lacking in those belonging to oppressed social groups.	• A parent addicted to crack can leave an infant or toddler alone for hours or sometimes days at a time to pursue the drug. • CPS workers frequently investigate maltreatment reports in homes barren of furniture and appliances that have been sold to purchase crack and other drugs. • The absence of food in the refrigerator or cupboards is evidence of parental inability to attend to a child's most basic needs. • Some parents will do whatever it takes to pursue their habit, even if it means sacrificing the health and well-being of loved ones. • Crack can contribute to a significant increase in sexual abuse of young children in two ways: o The heightened physical sensations induced by crack can lead users to seek out sexual encounters. A child who is available and unprotected by a functioning adult, as when children accompany parents to so-called crack houses, is an easy

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
		target for sexual abuse by an individual high on crack. o Very young children, even babies, can be prostituted by their crack-addicted parents desperate to obtain the drug.
Heroin	• Highly addictive drug leading to serious, even fatal health conditions. • Injecting, snorting, or smoking heroin causes initial euphoria, followed by an alternately wakeful and drowsy state. • Tolerance to the drug develops with regular use, meaning that the abuser must use more heroin to produce the same effect. Physical dependence and addiction develop, and withdrawal can occur as soon as a few hours after the last use.	• A parent may forget or neglect to attend to parenting responsibilities. • Parents may leave children alone while seeking, obtaining, or using the drug. • Parents may "nod out" while under the influence of heroin and be unable to supervise or protect their children. • Parents may expose their children to heroin dealers, other users, and hence unsafe and dangerous situations.
Methamphetamine	• Releases high levels of dopamine, which stimulates brain cells, enhancing mood and body movement. • Smoking or injecting methamphetamine causes a euphoria that is notable for its intensity and length. Snorting or ingesting methamphetamine	• Methamphetamine is an increasing problem among parents in the child welfare system. • Parents may not supervise children or provide for their basic nutritional, hygienic, or medical needs. • Violence, aggression, and paranoia may lead to serious consequences for

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
	produces a milder and less intense euphoria. • Following the initial euphoria, the user "crashes" into an irritable, anxious, paranoid, aggressive, or empty feeling. The user may continue to use methamphetamine to regain the euphoric state. • Severe withdrawal symptoms may include psychotic episodes and extreme violence. • Methamphetamine use can quickly lead to addiction and is linked to long-term brain damage, and cardiovascular and other major health problems.	children of meth abusers. • Additional risks to children can be quite extreme if the drug is being "cooked" in their residence. These risks include fire and explosions as well as unintentional absorption of the drug from the home environment.
MARIJUANA		
Marijuana	• It slows down the nervous system function, producing a drowsy or calming effect	• A parent may forget or neglect to attend to parenting responsibilities • Parents may leave children alone while seeking, obtaining, or using the drug. • Parents may fall asleep while under the influence of marijuana and be unable to supervise or protect their children.

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
MARIJUANA		
PRESCRIPTION DRUGS AND PAIN MEDICATIONS		
Opioids (usually prescription pain medications)	• They block the transmission of pain messages to the brain and produce euphoria followed by drowsiness. • Chronic use can result in tolerance, dependence, and withdrawal. • Methadone, buprenorphine, and naltrexone are synthetic opioids used to treat heroin addiction.	• A parent may forget or neglect to attend to parenting responsibilities. • Parents may leave children alone while seeking, obtaining, or using the drug. • Parents may "nod out" while under the influence of opioids and be unable to supervise or protect their children. • Parents may expose their children to dealers, other users, and hence unsafe and dangerous situations.

The Effects of Substances of Abuse on Behavior and Parenting		
Substance	General Effects	Parenting Effects
Stimulants, including amphetamines and methylphenidate (prescription drugs)	• They are stimulants to the central nervous system, which increase alertness, attention, and energy. • A stimulant user may feel energetic with very little sleep.	• Because their own sleep-wake cycles are so distorted by the drug, parents on amphetamines may be unable to attend to a child's need for structure and pattern. • The parent may become impatient or irritated with the child, who is unable to adapt to the parent's level of energy. • When a parent is not hungry, due to appetite-suppressive effects of stimulants, and therefore is not preparing meals for herself, she may also fail to consider a child's hunger and therefore ensure that he is fed on a regular basis.
Central nervous system depressants	• They slow down the nervous system function, producing a drowsy or calming effect. • Stopping high dosage/prolonged usage of these drugs may lead to withdrawal symptoms, including seizures.	• A parent may forget or neglect to attend to parenting responsibilities. • Parents may leave children alone while seeking, obtaining, or using the drug. • Parents may fall asleep while under the influence of depressants and be unable to supervise or protect their children.
Adapted from Dore, 1998; Gold, 1992; National Institute on Drug Abuse (NIDA), 2001; NIDA, 2003		

Issues Specific to Methamphetamine and the Manufacturing of Drugs in the Home

The number of users and producers of methamphetamine has continued to increase over the past several years. While the majority of the methamphetamine manufacturing and treatment admissions for methamphetamine addiction have been located in the west and mid-west parts of the country, there has been a gradual progression across the country with southern and eastern States reporting increasing impact of methamphetamine on their communities.

Methamphetamine is inexpensive and easy to make and the ingredients are easy to obtain. The chemicals, production process and the waste generated by the production of methamphetamine in clandestine labs pose serious dangers to public safety and the environment. Some of these dangers are toxic poisoning, chemical and thermal burns, fires, and explosions. One pound of methamphetamine produces six pounds of toxic waste and this waste may be introduced into the environment by burning or dumping.

Child welfare workers must be aware of the potential of chemical exposure during home visits and ensure that their own personal safety is protected. Workers, especially in areas hit hard by methamphetamine use, need to be aware of the signs that methamphetamine is being manufactured in the client's home. These signs include the presence of manufacturing equipment, pills containing ephedrine or pseudoephedrine, a large variety of chemicals, and a chemical odor.

For more information about methamphetamine abuse, and for supporting worker safety when working with families potentially affected by methamphetamine use or addiction, see the information prepared for the Illinois Department of Children and Families:

Webber, R. (2006) Working with Methamphetamine Abusers: Personal Safety Recommendations and Procedures.

Case Study: Lisa Participates in Intensive Outpatient Treatment

During her first few weeks in the day treatment program, Lisa appeared to be increasingly engaged in the recovery process. She initially denied the impact of her substance use on her sons' well-being. Since then, she admitted first to her counselor and then in a group session that her substance use may be affecting her ability to provide Ian and Ricky with a healthy home environment. She stated that her goals for Ian and Ricky are to be sure they don't end up using drugs.

Lisa's family advocate is able to help her understand that by focusing on her recovery, and the issues related to her substance use she will be better able to parent Ian and Ricky and less likely to have them removed from her care.

Because of the supportive environment of the treatment program and Lisa's realization that she is surrounded by women who have had similar life experiences, she has a breakthrough. She admits for the first time that she was molested as a young girl by a neighbor. Within the safety of the treatment environment, Lisa is able to explore how childhood sexual abuse, her early home environment, parental substance abuse, and domestic abuse by her first husband all contributed to her substance use. She also recognizes that she did not have healthy role models to teach her how to effectively parent her children.

After Lisa's initial 30 days in the intensive outpatient program Ian and Ricky begin attending sessions with Lisa at the treatment program after school. Both boys are assessed using a variety of screening and developmentally appropriate tools.

Ian fits a typical profile of children of substance abusers who have serious behavioral problems. He is aggressive, manipulative, oppositional, and defiant. He is below grade level in most academic areas and has rapidly destroyed several toys and property belonging to other children at the program. Ricky, who was prenatally exposed to methamphetamine, has early signs of attention-deficit/hyperactivity disorder (ADHD) and other neuro-behavioral complications. He has difficulty following instructions, is easily frustrated, and has poor motor skills and frequent angry outbursts.

Case Study: Molly Calls Sarah the Addiction Counselor

Molly is a child welfare worker with the county department of human services. It is a typical day and she is frustrated. It seems that most of her cases involve parents who are abusing substances. While each of the situations are different, they share a common thread: it is difficult for Molly to know if the parents' treatment is working, if they will be able to continue caring for their children, and if they will meet the court deadlines for making such a determination.

The child welfare agency and the treatment centers have signed agreements regarding the disclosure of information, which Molly feels is a step in the right direction. But the information she receives from the treatment facilities is generally focused on the parent. It does not provide a clear picture about the parents' abilities to provide for their children's safety and well-being.

Knowing that for one family - Lisa and her two children - an important review hearing is coming up, Molly picks up the phone. At the other end of the phone is Sarah, a substance abuse treatment counselor at the local day treatment facility where Lisa has been in treatment for the past month.

Molly: "Sarah, it's Molly, the caseworker for Lisa's children. I'm checking in to see how her treatment is progressing and I need a report for court." Sarah: "Molly, glad you called. I've been so swamped with all these clients and paper work … Yes, I know Lisa's hearing is coming up, and I've been gradually trying to help her get ready. She's really committed to treatment once and for all … but it's a hard road, recovery. You know what they say, "One day at a time, for the rest of your life!"

Questions to Ask Yourself:

With Molly's concerns about Ian and Ricky's safety, how do you think Molly feels when Sarah responds, "One day at a time?"

What information would you want from Sarah to justify Sarah's statement that Lisa is committed to treatment?

Legal Practice

Molly prepares a report for the court summarizing her conversation with Sarah about Lisa's progress. Both child welfare agency attorney David Howard and children's attorney George Ito request appropriate services for the children including play therapy and counseling as deemed appropriate.

Court and Attorney Responsibilities for Confidentiality in Treatment

Information about people in alcohol and drug treatment programs (including whether a person is even participating in the program) is subject to strict confidentiality requirements. Information concerning any patient in a Federally-assisted alcohol or drug treatment program is covered by confidentiality provisions under Federal and State law.

The Federal confidentiality law is codified as 42 U.S.C. § 290dd-2. The implementing Federal regulations, "Confidentiality of Alcohol and Drug Abuse Patient Records," are contained in 42 Code of Federal Regulations (CFR), Part 2.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 also governs some aspects of information sharing in regard the health records. In general, HIPAA does not apply in the exchange of information between child welfare, substance abuse treatment providers and the court as payment or insurance information is not usually being transmitted. However, different States and localities may interpret HIPAA in different ways and legal professionals must know how HIPAA is interpreted and applied in their jurisdiction.

Procedures can be developed that ease the information sharing process while remaining within the law. Best practice would be for the courts, child welfare agency, treatment providers and attorneys to have written procedures on when and how information can be released. Assistance in developing communication procedures are provided in ***Screening and Assessment for Family Engagement, Retention, and Recovery***.

The Rules of Disclosure

The law and regulations state that most disclosures are permissible if a client has signed a valid consent form that has not expired or been revoked.

Click here for details on what is required in a valid consent.

The Center for Substance Abuse Treatment publication *Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy* provides additional guidance on how to address issues of confidentiality including the specific provisions that allow disclosure of confidential information when a consent form has not been obtained.

It is important to note that when disclosure of information is made with the person's written consent, the system making the disclosure must include with the information conveyed a notice that "redisclosure" is prohibited without authorization. For example, if a parent authorizes a substance abuse treatment provider to share certain information with the child welfare worker, that worker is not allowed to share this information with someone else (even the parent's attorney) if they are not identified on the consent form (i.e., the definition of "redisclosure").

Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy

One of the methods for disclosure of this information is when a judge issues an order that authorizes an alcohol or drug treatment program to disclose patient-identifying information in the absence of a consent form. The court must follow certain procedures in order to release the information including making a finding that there is "good cause" for the disclosure prior to making the order for the release of information.

Agency attorneys should train agency staff in the confidentiality protections under Federal law and the procedures for seeking written consent and court orders. Agency

attorneys may be required to craft a written policy about the redisclosure of treatment information.

Parent's attorneys are not automatically entitled to treatment information simply because they represent the parent. Parent's attorneys must obtain a voluntary parental consent allowing them to gain access to treatment information or obtain a court order.

Children's attorneys must also seek a voluntary parental consent to access treatment information. Children's attorneys are responsible for assuring the safety and well-being of the child and often feel they need access to a parent's treatment information to fulfill that responsibility.

Legal Practice: Disclosure of Information
42 USC § 290dd-2

Substance abuse records are to be kept confidential. However, there are ways that these records can be disclosed as appropriate. Under 42 USC § 290dd-2, records containing the identity, diagnosis, prognosis, or treatment of a patient involved in substance abuse treatment or education are to be kept confidential unless one of the following exceptions occurs:

- Where medical personnel need information for a medical emergency;
- Where a qualified person is conducting research or program evaluation;
- Where a court orders release after an application is made showing good cause for the release of information. To release the information the court needs to balance the need for disclosure against possible injury to the patient, the doctor-patient relationship, and treatment services;
- When a report of suspected child abuse or neglect needs to be made.

Working with Families: Developing Case Plans

Developing effective case plans that address underlying problems can help child welfare and court professionals assess the safety and well-being of children of substance-abusing parents throughout the life of the case. It can also help motivate parents to enter and continue treatment.

Child welfare professionals already know the importance of establishing an initial relationship with parents that demonstrates an interest in and concern about their well-being. They also know how to use social work competencies such as documentation, observation, and interviews to determine what has happened to the parents and children and to establish a case plan to remediate issues that placed children at risk.

Adapt existing skills. Child welfare workers can use these techniques with parents and children to explore issues relevant to substance use disorders, focusing especially on the parents' feelings about safety and their experiences with trauma. Some child welfare agencies may already have specific protocols and procedures in place, which can then be expanded to incorporate the issues, specific to substance use disorders.

Dependency court judges will be assessing the case plan to see if it addresses potential safety and well-being of children. The court will also be looking to the case plan for service, therapy and treatment recommendations that will ameliorate the conditions which brought the child into care.

The agency attorney will want to be familiar with the case plan if the case is contested in court and the agency attorney must advocate for the agency's recommendations.

A parent's attorney will want to scrutinize the case plan to see if the necessary services and treatments needed for the parent's recovery are being offered.

A child's attorney will review the case plan to see if the child's safety has been addressed. A child's attorney will also want to see if appropriate assessments and services are being provided to the child.

Working with Families: Issues to Explore with Children

Most children who have experienced child abuse or neglect need interventions to appropriately adjust to separation from their parents and may have mental health service needs related to traumatic experiences.

Learn More: Access **resources on trauma-informed services**

Children of substance abusers have specific risk factors that should be included in child welfare's assessment of the family's strengths and needs.

Risks to children can stem from both prenatal substance exposure and postnatal environments. Assessment and intervention with children are addressed in Module 4; however, during initial screening processes in child welfare some special situations for children need specific screening.

Fetal Alcohol Syndrome (FAS) is characterized by a pattern of neurological, behavioral, and cognitive deficits that affect growth, learning, and socialization. It consists of four major components:

- A characteristic pattern of facial abnormalities, including small eye openings, indistinct or flat philtrum (the midline groove in the upper lip that runs from the top of the lip to the nose), and a thin upper lip;
- Growth deficiencies, including low birth weight;
- Brain damage, including a small skull at birth, structural defects, and neurologic signs such as impaired fine motor skills, poor eye-hand coordination, and tremors; and,
- Maternal alcohol use during pregnancy.

The term Fetal Alcohol Spectrum Disorder (FASD) is used to describe individuals with Fetal Alcohol Syndrome (FAS) as well as those with behavioral, cognitive, and other deficiencies who do not have the physical facial abnormalities of individuals with FAS. FASD is not a clinical diagnostic term but refers to FAS, Alcohol-Related Birth Defects, and Alcohol-Related Neurodevelopmental Disorder (ARND).

Many of the deficiencies seen in individuals with ARND are similar to those seen as a result of exposure to other substances. Studies have shown that effects of prenatal substance exposure can manifest in multiple areas, including:

- Physical health consequences
- Lack of secure attachment
- Psychopathology
- Behavioral problems
- Poor social relations/skills
- Deficits in motor skills
- Cognition and learning disabilities

The deficits or delays exhibited by children who have been substance exposed may arise at different times in the child's development. For example, many of the physical health issues are likely to be noticed in an infant, while cognitive and learning disabilities are more likely to become apparent in school-aged children.

There is no consensus on how short term effects may translate into longer term consequences. The symptoms exhibited by a newborn infant do not predict long term dysfunction. Outcomes for children will depend upon a variety of dynamics, including the child's postnatal environment and exposure to other risk factors.

Working with Families: Involvement of Fathers

The dependency court judge is responsible for making sure a father's legal rights are protected. This includes the father being identified and notified of the proceedings before the court. Improper notice to the father or an absent father being identified just before the end of the case may lead to delays in permanency for the child. Judges and attorneys must also ensure proper notice of fathers as he or his family may be critical resources for the child.

An agency attorney is responsible for a protocol to seek out the father as soon as possible. Agency attorneys often train caseworkers on protocols and methods to search for fathers consistent with their legal rights. Wherever possible, fostering healthy relationships between fathers and children is integral to addiction recovery and developing parenting skills. Both parents should be involved in the lives of their children, to the extent that children remain safe and protected. Although the parent in treatment is often the mother, and she may be reluctant to involve the father, both parents should be involved with services provided through the child welfare and treatment systems.

Services for fathers. Child welfare professionals are usually directed by courts and attorneys to seek and involve absent parents, especially fathers. Services for fathers need to include:

- Outreach strategies for fathers who do not initially respond to opportunities to participate in the lives of their children
- Screening for substance use disorders and, when appropriate, referral for further assessment and treatment

- Casework services that address specific needs of fathers, including motivational counseling to motivate participation in treatment, if needed, and to understand the fathers' importance in the lives of their children
- Enhancement of the father's own support system for recovery, including opportunities to create social support networks with fathers-only support groups and activities
- Participation in visitation with children and in other parental responsibilities, as appropriate
- Participation in planning for reunification or termination of parental rights

Learn More: Visit the **Children's Bureau Website** regarding fatherhood concerns

Enhancing Clients' Motivation

Legal professionals should support child welfare efforts to motivate parents to engage in and complete treatment.

Encourage treatment. Once a screening suggests the potential for a substance use disorder and an assessment has been conducted, child welfare workers have a key responsibility to motivate parents to seek treatment and help them find the most appropriate treatment option. Child welfare workers can use motivational enhancement strategies to encourage parents' willingness and commitment to engage in treatment. Collaborative work with attorneys and courts can assist in motivating parents. Parents' attorneys play an especially key role in facilitating treatment entry.

Encourage retention. As treatment begins, in coordination with treatment counselors, child welfare workers can use motivational enhancement strategies to encourage parents to stay in treatment, respond appropriately to relapse, and sustain recovery. They can help parents understand the consequences of not meeting the requirements of the dependency court and provide assurance that their children are safe and in good care.

The Stages of Change

Change, such as adopting healthy behaviors, is rarely a single, sudden event that occurs during a moment of transformation. More frequently, change is a process. It occurs gradually in stages or cycles, such as the following stages of change (Prochaska and DiClemente, 1982):

- **Precontemplation**—no perception of having a problem or needing to change
- **Contemplation**—initial recognition that a problem exists
- **Preparation—**conscious decision to make changes in recognition of a problem
- **Action**—taking initial steps to change
- **Maintenance**—working on sustaining changes over time
- **Relapse**—return to previous problem behavior for some period of time

Motivation to change and motivational interventions go hand in hand with readiness to change and the change process. It may be helpful to view change as a circular, multi-

level process. During the change process, it is normal to fluctuate between stages. A key reason this model of change is helpful for parents with substance use disorders is that relapse, is seen as part of the process of establishing long term behavioral change.

The Effects of Relapse

For the legal professional— understanding the difference between lapse and relapse can be critical to what recommendation is made to the court. For example, if the agency attorney understands the difference between a temporary return to substance use and an on-going pattern of continued alcohol or drug use it will be much more clear as to making recommendations to the court regarding the child's safety and permanency.

If the judge sees that the parent is continuing his or her drug use, does not provide adequate care and safety for his or her children and is not consistent in his or her treatment plan, the judge is more likely to consider the child at risk and ensure that the child is protected from harm. A lapse may include a temporary return to substance use but the parent returns to treatment, re-engages in the recovery process and does not return to a pattern of drug-seeking behaviors and detrimental consequences. Many parents in child welfare lapse and when child safety has not been compromised, the lapse can be used as a critical intervention point in the parent's longer-term recovery.

A relapse is characterized by an on-going pattern of continued alcohol or drug use despite experiencing negative consequences.

For the treatment professional—relapse can be seen as a step toward sobriety and can be an integral part of the treatment process. Parents may need to work their way toward increasing periods of sobriety despite experiencing relapses.

For the child welfare professional—relapse presents a serious risk to the parents' ability to have children remain in the home. Relapse may mean the parents have not yet demonstrated sufficient reliability to care for their children and that the parents may not meet the court deadlines for doing so. Child welfare professionals are concerned that children may not be safe when being cared for by parents who are abusing substances. Although the presence of a relapse plan for their children may mitigate these concerns, it may not completely alleviate them.

What they have in common—parents who are likely to feel guilty when they relapse because they have not yet demonstrated the ability to care for their children. While they may have taken steps forward in treatment and in planning for relapse, they have taken steps backward in reunification. These conflicting messages can confuse and discourage parents who are trying to get their whole lives together through participation in treatment.

Relapsed parents and their family members can experience depression, anxiety, helplessness, distrust, and self-blame. Social workers and court professionals should be alerted to such effects and prepared to provide support. Doing so can prevent problem escalation.

Enhancing Parents' Motivation for Treatment

Child welfare staff, treatment counselors, and court professionals can use specific strategies to enhance parents' motivation to begin and maintain treatment and recovery efforts. They can intervene with parents during each of the six stages of change to motivate them to:

- Continue to work toward meeting the requirements of the dependency court
- Maintain the safety and well-being of their children
- Develop the parenting skills needed to retain or regain custody of their children

Encourage change. The child welfare worker, substance abuse counselor, and significant persons in the life of a substance-abusing parent including their attorney can promote and support motivation to change. Motivation is enhanced when using a nonconfrontational and nonjudgmental approach that supports the parent and facilitates relationship building. Many of the skills of motivational interviewing are based on the social work practices of expressing empathy and using reflective listening strategies.

Case Study: Lisa Receives Motivational Enhancement

At the 30-day mark, Sarah, Lisa's substance abuse counselor, calls Molly, Lisa's child welfare worker, to inform her of Lisa's progress. Molly is pleased to hear that Lisa is engaged in treatment and that she has had all clean drug tests since entering treatment. Sarah shares with Molly that introducing Ian and Ricky into the treatment plan has resulted in some stress for Lisa. For the first 30 days, Lisa's attention had been focused on her recovery, and now the issues of parenting and her sons' needs are being addressed.

Sarah and Molly strategize about how to use the children as a motivating force for Lisa. Sarah explains to Molly that threats about losing her children in the future often don't work with addicted women, particularly those who have been using methamphetamine, because they need more immediate incentives and sanctions based on their behavior. Molly understands that it will not be as effective to tell Lisa, "You better remain sober, or you will lose your kids" and that negative approaches will likely cause more stress, which could prompt a lapse or relapse.

Molly agrees to use a motivational enhancement approach with the message, "Your goals for your children include your being available to them to help them and to watch them grow up as their mom. You have worked hard. You have used several good strategies to get this far in recovery and you have done well. If you can't continue with these strategies and work on maintaining your recovery, you will not be able to be there for them as they need you to be."

Molly tells Lisa she is a resource and support for her, but she is also required to make sure Ricky and Ian are safe. She reminds Lisa she is required to document all her meetings with Lisa for review by the court.

Motivational Strategies for the Precontemplation Stage

When parents are in the precontemplation stage on a specific issue, child welfare and court professionals can use the following motivational strategies to help move them to the next stage:

- Establish rapport and build trust
- Raise concerns about a parent's substance-related risk behaviors to self and children
- Elicit the parents' perceptions of their level of risk
- Elicit the parents' perceptions of their children's level of risk with respect to safety, well-being, and health
- Explore the benefits and risks of risky behaviors and treatment, including the timetable of the dependency court
- Express concern and remain available

Motivational Strategies for the Contemplation Stage

When parents are in the contemplation stage on a specific issue, child welfare and court professionals can use the following motivational strategies to help move them to the next stage:

- Help parents understand that ambivalence about change is normal
- Elicit and weigh their reasons to change and not to change, including the consequences for the child if the parent does not meet the requirements of the dependency court
- Emphasize parents' free choice, responsibility, and self-efficacy for change
- Elicit self-motivational statements of intent and commitment from parents
- Elicit ideas regarding parents' perceived self-efficacy and expectations
- Summarize self-motivational statements
- Elicit ideas for the child's well-being and safety

Motivational Strategies for the Preparation Stage

When parents are in the preparation stage on a specific issue, child welfare and court professionals can use the following motivational strategies to help move them to the next stage:

- Clarify the parents' own goals and strategies for change
- Offer a menu of options for change or treatment
- Offer expertise and specific guidance, with permission
- Make sure that parents follow through on referrals for treatment assessment
- Help negotiate a change or treatment plan and behavior agreement
- Consider how to help parents lower their barriers to change

- Help parents enlist social support
- Explore the parent's treatment expectations
- Elicit from the parent what has or has not worked in the past
- Have the parent publicly announce plans to change
- Explore legal and social consequences to the parent and the child
- Help parents make plans for dependent children

Motivational Strategies for the Action Stage

When parents are in the action stage on a specific issue, child welfare and court professionals can use the following motivational strategies to help move them to the next stage:

- Support a realistic view of change through small steps
- Acknowledge difficulties for the parent in early stages of change
- Help the parent find new reinforcers of positive change
- Help parents assess whether they have strong family and social supports, and how these can be used to support child safety and well-being
- Help parents engage community supports
- Reflect on appropriate legal and social interactions and gains

Social workers and court professionals should be honest with parents about the ASFA timelines. They should inform parents about what lies ahead in relation to the court process. Learning about substance abuse treatment and developing relationships with treatment providers can improve court professionals' understanding of treatment options.

Motivational Strategies for the Maintenance Stage

When parents are in the maintenance stage on a specific issue, child welfare and court professionals can use the following motivational strategies to help them sustain the benefits that they have achieved:

- Support parents' lifestyle changes
- Affirm parents' resolve and self-efficacy
- Support parents' use of new communication or coping strategies
- Maintain supportive contact and availability
- Sustain parents' resolve to meet statutory timetables
- Review long-term goals with parents
- Advocate for legal and community supports and rewards
- Help parents make plans for dependent children
- Help parents, kin caregivers, and children recognize risk factors and behaviors involved with substance abuse

Motivational Strategies for the Relapse Stage

Court professionals are required to consider the child's safety as paramount. Repeated relapses may jeopardize the parent's ability to keep her children safe.

Many clients will not immediately sustain new changes they are attempting to make. Substance use after a period of abstinence may be common in early recovery. Clients may go through several cycles of the stages of change to achieve long-term recovery.

Relapse should not be interpreted as treatment failure or that the client has abandoned a commitment to change. With support, these experiences can provide information that can facilitate subsequent progression through the stages of change and identify new areas in which treatment and case plans can be enhanced. When parents lapse or relapse, child welfare professionals have an especially important role helping parents to reengage by using the following strategies:

- Help parents to reenter the change cycle
- Explore the meaning of relapse as a learning opportunity
- Maintain nonjudgmental, supportive contact
- Help parents find alternative coping strategies
- Keep parents' attention focused on the social and legal consequences of relapse for themselves and for their children

Motivational Enhancement Tools: FRAMES

Based on the stages of change, there are simple motivational enhancement interventions that can be easily incorporated into legal services. While simple and practical, these strategies were identified by research as being common to effective brief motivational enhancement interventions.

These brief motivational interventions are called the FRAMES strategies: **F**eedback, **R**esponsibility, **A**dvise, **M**enu, **E**mpathy, and **S**elf-Efficacy.

F	**Feedback** regarding the parent's impairment or risk behavior
R	**Responsibility** for change is the parent's
A	**Advice** (guidance) to change is provided by the social worker
M	**Menu** of treatment and self-help alternatives is offered to the parent
E	**Empathy** and non-blaming style is used by the social worker
S	**Self-efficacy** or positive empowerment is facilitated in the parent
Hester & Miller, 1989.	

Case Study: Lisa Tests Positive for Methamphetamine

As a requirement of the treatment program, Lisa must submit to random drug testing 3 days per week. Shortly after her first 30 days in the program, Lisa tests positive for methamphetamine. The treatment program's drug testing method provides instantaneous results at the time of testing, rather than sending each test to a lab. As a result of having the results immediately, Sarah is able to talk to Lisa in an individual session that afternoon. However, since Molly is also relying on those drug tests, she tells Lisa that she will be sending out the specimen for laboratory confirmation as required by the court.

During the counseling session, Lisa cries. She states that she had thought that she was holding it all together and was able to manage her treatment, her job, and her parenting classes. She says that although it had been tough to attend the treatment sessions and parenting classes, and work at night, she felt motivated to remain clean and kept pushing on.

She reveals to Sarah that the boys' father, Dan, had shown up last night right before she had to leave for her shift at the coffee shop. He was recently released from prison and was asking if he could move back in with her and the boys. Lisa said that she had to go to work and that they could talk about it later. When she got to work, she was exhausted and stressed out by Dan showing up, and one of her coworkers came over with some meth—"It was just too easy to give in, knowing that I wouldn't be stressed and would get through my shift without falling asleep on my feet."

Sarah and Lisa discussed the situation, with Sarah noting that Lisa has exhibited strong motivation for recovery by remaining clean and sober for more than 30 days, despite working in an environment where drugs are readily available. However, Sarah notes that with the increased stress of parenting classes, and with Dan returning, Lisa was not able to hold up against the temptation. They are able to discuss what this lapse means in regard to potential risks to Ian and Ricky.

Sarah uses Lisa's lapse as a therapeutic tool, getting her to look at her current situation—stressors, protective factors, and motivation—and to determine what must change for Lisa to get back on track with her treatment. Together they plan to call Molly to let her know.

Engaging Fathers

Fostering engagement for parents is a critical child welfare task and fostering healthy relationships between fathers and their children is integral to the family's recovery from substance use disorders and developing parenting skills. Child welfare professionals can support this through outreach, screening and referral to assessment and treatment, casework, and engaging fathers in permanency planning.

Understand needs and services. Child welfare professionals should understand key issues regarding substance use treatment for fathers. They need to know how to help

fathers obtain appropriate treatment and support optimal outcomes for children and families.

Conclusion to Module Two

Judges and attorneys have learned how working with treatment providers and community groups enhances legal practice and outcomes for parents.

Legal professionals have learned about the differences between screening and assessment in substance use and abuse, and how important it is to learn what screens, assessments or other diagnostic tools are used in your location.

They have been reminded about ICWA legal provisions, and the importance of identifying and supporting fathers.

Legal professionals have learned the important distinction between lapse and relapse in the context of recovery.

Child welfare professionals as well as judges and attorneys have important roles to help parents engage in and remain engaged in substance abuse treatment and recovery. This can begin by conducting substance-related screenings of all clients and developing collaborative relationships with addiction treatment professionals.

Through these collaborations, parents can receive comprehensive substance-related assessments. Similarly, substance-related treatment needs can be identified, and a treatment plan can be developed.

Child welfare and treatment professionals can use several motivational enhancement strategies to help clients move from one stage of change to the next. They can use these strategies at all stages of change and throughout the treatment and recovery process.

Please proceed to **Module 3**.

Module Three: Helping Legal Professionals Understand Substance Abuse Treatment and Recovery

To receive credit for this course, you must complete the Knowledge Assessment at the end of Module 5**.**

Participant Objectives of Module Three

After reviewing this module,

Judges and attorneys will have learned treatment and recovery terms and concepts and how collaborating with treatment providers can improve the process

Judges and attorneys will have learned roles and responsibilities during treatment and recovery, plus Adoption and Safe Families Act (ASFA) implications, and testing terminology

Legal professionals will have learned about monitoring and case planning

Judges and attorneys will have used Lisa's case study of her substance abuse treatment and recovery to see how to apply roles and responsibilities in practice

Legal professionals will also have learned about their professional roles and responsibilities during a parent's substance abuse treatment and recovery

What This Module Covers

This module will help legal professionals more fully understand the treatment and recovery processes experienced by parents with substance use disorders. It will show how collaborating with and understanding treatment provider recommendations helps judges shape decisions and attorneys fulfill their counselor responsibilities to parents. While fathers certainly play an important role in their children's life, the majority of parents with active case plans in the child welfare system are mothers. Women with substance use disorders often have unique considerations, including issues related to children and this module will introduce legal professionals to those issues and concerns.

This module also helps legal professionals learn roles and responsibilities to fully address the needs of children of parents with substance use disorders. Questions addressed in this module include the following:

- What do legal professionals need to know about treatment, recovery and child safety? What is treatment for substance use disorders and how can child welfare professionals help parents obtain appropriate treatment? Is it a legal professional's job to help a parent obtain treatment?
- What are the different levels of treatment and what are the key methods used to assess substance use disorders? What are key treatment terms and concepts

judges and attorneys must master, and how can treatment professionals help with this task? What can legal professionals do to foster collaboration with treatment professionals?

- What are the types of treatment services, approaches, and settings parents may experience? What are court and attorney roles and responsibilities in regard to types of treatment and how does ASFA fit in?
- What treatment services are available to American Indian communities?
- What happens as people go through the treatment process and what is included in the continuum of substance abuse treatment?
- What are the key goals for parents in treatment and what do they face after finding treatment and recovery? What are court and attorney responsibilities during discharge and transitions in recovery?
- What do judges and attorneys need to know about treatment monitoring and drug testing? What are the issues for child welfare workers related to treatment monitoring and drug testing?
- What questions do judges and attorneys need to ask about outcomes, aftercare needs, and long term treatment realities? Does treatment work? What outcomes do people experience and what can child welfare professionals expect of a parent after treatment? Who pays for substance abuse treatment?
- What are the unique considerations of women with substance use disorders? Why is this important to legal professionals?
- How do co-occurring disorders, trauma, and domestic violence relate to women's substance abuse?
- What are key research-based approaches to treatment for women?

> **Reminder:** This course includes a glossary of special terms and their definitions. To view the glossary, click on the "Resources" tab above and select "Glossary."

What is Addiction Treatment?

Comprehensive treatment is a mixture of pharmacological and behavioral therapy approaches that provide the tools for managing the chronic, relapsing disease of alcohol and drug dependence over the long term (Leshner, 1994). The time period that is emphasized in modern approaches is a critical distinction; continuing disease management is stressed, not one-shot treatment.

As there are many substances people can use, abuse, and become dependent upon, treatments for specific substances can differ. Treatment also varies depending on the characteristics of the person.

Variation in consequences of substance use is common. Problems associated with an individual's substance use vary significantly. People who abuse drugs come from all

walks of life; however, many experience mental health, health, or social problems that make their substance use disorders more complex to treat.

Treatment is varied. There are a variety of scientifically based approaches to treatment. Treatment can include therapy (such as counseling, cognitive behavioral therapy, or psychotherapy), medications, or their combination. Behavioral therapies offer people strategies for coping with their cravings, teach them ways to avoid situations and people associated with substance use, and help them deal with relapse if it occurs.

When a person's substance-related behavior places them at higher risk for HIV or other infectious diseases, behavioral therapies can help to reduce the risk of disease transmission. Case management and referral to other medical, psychological, and social services are crucial components of treatment for many patients.

Individualized treatment. The best programs provide a combination of therapies and other services to meet the unique needs of the individual patient, which are shaped by such issues as age, race, culture, sexual orientation, gender, pregnancy, parenting, housing, and employment, as well as history of physical and sexual abuse and other trauma (NIDA, 1999).

Types of Treatment Approaches

What types of approaches may parents encounter in treatment?

Clients may receive many different types of approaches, therapies and associated services throughout the treatment process. Each client's unique treatment needs, the treatment program's resources, regional resources, and insurance limitations drive the number, type, and intensity of treatment services. These may include any or a combination of the following—known as an "integrated" approach (CSAT, 1997; Landry, 1995).

Pharmacotherapies
Components: Medications to manage withdrawal, medications to discourage substance use, drug replacement and maintenance therapy; management of other mental disorders (e.g., anxiety, depression)

Psychosocial or Psychological Interventions
Components: Individual therapy, group therapy, family therapy

Behavioral Therapies
Components: Behavioral contracting/contingency management, relapse prevention, behavioral relationship therapy, stress management

Mutual Support Groups
Components: 12-step programs and other group sessions providing peer support

Learn More: Review information about the **use and effectiveness of different treatment approaches from NIDA**

Court and Attorney Roles and Responsibilities in Understanding Substance Abuse Treatment

Dependency court judges are responsible for making decisions about child safety, permanency and well-being after consulting with the various service providers. They also may have the ability to order parents' participation in treatment as a condition for either preventing a child's removal from their parents' custody or for getting a child back under parental care. Since judges' orders for parents to comply with case plans may include specifications of treatment programs, a judge must be aware of the community's treatment resources, the programs that are offered and the types of facilities. Judges also must understand the treatment process to make the best decisions for children and families.

Legal professionals will benefit from visiting different treatment programs, offering to do brown-bag in services trainings and generally creating opportunities for gaining knowledge and fostering collaboration. Judges can take the lead and encourage fellow legal professionals to visit treatment service providers or offer their services during in service trainings.

Judges and attorneys depend upon the reports they get from treatment service providers. The greater the knowledge and respect shared between legal professionals and treatment providers, the easier it is to request clarification, additional information or get a phone call returned quickly.

To make these decisions about court orders, dependency court judges will also want to know the parent's history of substance use and prior treatment, as well as a parenting profile, home environment, and family supports. The judge will want to know what the child welfare agency thinks the parent needs to do to get their children returned and recommendations made by the substance abuse treatment provider. The judge will also listen to the parent's attorney explain her client's position on whether or not substance abuse treatment or other services are needed. After listening to all the evidence, at various points in the life of the case, the judge will order what service plan the parent needs to complete to continue or re-instate parental custody.

The agency attorney will present to the court what the child welfare agency thinks needs to happen for the child to be safe at home and to discontinue agency supervision. The agency originates the child welfare case plan and works closely with treatment providers to recommend a parent's substance abuse treatment plan, with input from the parent's and children's attorneys when appropriate. Therefore, all agency attorneys working on child welfare cases must have a working knowledge of treatment so they are able to support what agency caseworkers and treatment providers have recommended. Should a question or problem arise during court review, the agency attorney is the one who will communicate decisions in court that make modifications to the case plan.

The child's attorney must be familiar with the history of the case and any specific needs the child might have. A child's attorney must be familiar with children's developmental needs and how parental substance use can impact a child's development and safety. A child's attorney is responsible for understanding the program, including factors such as program duration, approach to visitation and other factors that may impact the parent's participation, and the child's safety, permanency and well-being.

The parent's attorney will represent what the parent thinks should happen to regain custody or to have his or her child released from agency supervision. Parents' attorney's responsibilities include advocating for the best fit between the parents' needs and the reasonable efforts being put forward by the agency. The parent's attorney must understand treatment to be able to advocate to the court for what the client needs to recover. As a parent's needs change, the parent's attorney must be able to present those changes to the court along with advocating for needed changes in services for the parent.

Ethical considerations: All the attorneys must be aware of their roles and responsibilities in these cases. All attorneys must zealously advocate for their client(s). In doing so, various situations may arise that create challenges for attorneys to consider including:

- An agency attorney may face an ethical challenge if the agency recommends treatment for the parent at the treatment facility where the agency has a contract but the facility may not provide the most appropriate level of care or treatment approach that is needed by the parent.
- A parent's attorney may have an ethical challenge if the attorney knows or suspects a safety issue in the parent's home, but the client wants the child returned home.
- A child's attorney can face an ethical challenge if the client wants to return home but the attorney does not believe the child would be safe. This ethical issue is more pronounced when the child is older and wants to go home. The child's attorney has more of an obligation to advise the court of the child's desires depending upon the type of representation that is provided by the State's statute.

The Treatment Process

Treatment is an individualized and dynamic process designed to meet the specific and unique needs of each client. As a client's needs change and they progress in their understanding and coping, different treatment services are provided to meet those changing needs. The availability of specific treatment services is largely driven by local resources. Thus, to best advocate for clients and their families, you should become familiar with treatment services available in your community.

Some common processes happen as an individual is identified as possibly needing treatment (screening) and begins treatment. These include:

Screening—identifies individuals who have or are at risk for developing substance-related problems and individuals who require a formal assessment. The basis of screenings consists of brief, rapidly administered questions that can be administered by social workers, counselors, and treatment professionals.

Brief Substance Abuse Assessment—conducted by substance abuse treatment professionals. This assessment is a basis for subsequent diagnosis of substance use disorder.

Brief Intervention—when screening or brief assessment indicates a problem with substance use that is not life-threatening, a brief intervention is recommended. Brief

intervention is a pretreatment tool or secondary prevention technique that involves clinician-patient contacts of 10 to 15 minutes for a limited number of sessions. The number and frequency of sessions depend on the severity of the problems and the individual patient's response and include the following components:

- Give feedback about screening results, impairment, and risks while clarifying the findings
- Inform the patient about safe consumption limits and offer advice about change
- Assess the patient's readiness to change
- Negotiate goals and strategies for change and
- Arrange for follow-up treatment

The sequence and specific emphasis placed on these five elements will vary for individual patients.

Diagnosis—of the substance use disorder, made by a substance abuse treatment professional, according to DSM-IV criteria for "substance abuse" and "substance dependence." Diagnoses are based on the type, frequency and severity of consequences associated with the person's substance use.

Comprehensive Assessment—conducted by substance abuse treatment professionals. Comprehensive assessments are biopsychosocial in nature and conducted several times throughout treatment. These assessments are designed to determine current service needs and level of care, which is monitored to determine if the level of care should be changed (e.g., moving from residential to out-patient care).

Development of Treatment Plan—ongoing assessments of treatment needs clarify the service priorities at different points in time. Treatment planning encompasses understanding treatment needs, treatment goals, recommended level of care, proposed interventions, and plans for continuing care after the client has completed that particular phase of treatment. The treatment plan is modified as needed and reflective of the dynamic and changing nature of addiction, treatment, and recovery.

Learn More: **A Guide to Substance Abuse Services for Primary Care Clinicians**

Overview of Treatment Services

Legal professionals must learn about treatment services to fulfill their court and advocacy roles and responsibilities, and to understand what services are available and what services are being recommended by treatment providers.

Learn More: Review **NIDA's Principles of Drug Addiction Treatment**

Substance-related treatment services can be described in relation to the setting and locations in which services are provided, the types of services provided, and other characteristics. The exhibit below describes major categories of treatment settings, grouped from least to most intensive.

Treatment Settings, Services, and Locations			
Setting	**Services Provided**	**Locations**	**Notes**
Outpatient treatment	1-8 hours per week; pharmacotherapy, health and psychosocial individual and group therapy; case management; drug testing	Freestanding facility Hospital Community based health or social service agency	Levels of intensity and frequency vary, depending on treatment needs
Intensive outpatient treatment	9-70 hours of treatment per week (8-10 hours/day) to patients who do not live onsite Group therapy, medical and psychosocial therapy, pharmacotherapy, relapse prevention training, individual counseling, family involvement, withdrawal management; case management; drug testing	Community based agency Homeless shelter Jail Prison Hospital	Weekend and/or evening programs may be available for working individuals.

Treatment Settings, Services, and Locations			
Setting	**Services Provided**	**Locations**	**Notes**
Residential treatment Therapeutic community Transitional living facility	• 24-hour care and/or support for clients who live on premises • Structured individual and group therapy, pharmacotherapy, stringent behavioral norms and expectations, and increasing task responsibility to accomplish with associated privileges; drug testing as needed • Shared sense of responsibility, loose structure, and emphasis on support and rehabilitation	• Live-in facility • Freestanding facility • Component of correctional facility • Small, home-like settings; may include quarterway and halfway houses and extended care facilities	Professional staff and group leaders (often program graduates) Some have professional staff and offer formal treatment; others provide only peer support
Inpatient hospitalization	24-hour services for: • Short-term detoxification • Medical and psychiatric crisis management • Psychosocial rehabilitation • Combination of above	• General medical hospital • Psychiatric hospital • Freestanding addiction treatment program facility	Stringent safety measures and monitoring, especially for clients who may harm themselves or others
Adapted from Landry, 1995			

How is Treatment Placement Determined?

Two issues must be considered in determining which treatment program will meet the person's needs: treatment placement and treatment approaches. Treatment placement refers to the level of structure and support offered in the program and settings can be thought of as a continuum of intensity, from medically-managed inpatient hospitalization (most intense) to outpatient sessions (least intense). Treatment approaches refers to the type of clinical intervention utilized, such as behavior modification or medication assisted therapy.

Court and legal professionals must be familiar with treatment placements options to fulfill their roles and responsibilities. Learning about treatment placement and approaches is a part of the attorney's counselor and advocacy skills, and judges will find that knowledge of placement and approaches will help them better understand treatment provider recommendations.

Placing patients in the appropriate level of addiction treatment involves matching the patients' treatment needs with treatment services designed to specifically meet those needs. This process can be guided by using patient placement tools. The tool most widely used to determine the appropriate treatment placement is the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) (ASAM, 1996). The ASAM PPC describes several levels of treatment services, as described below.

Level 0.5: Early Intervention
Settings for this level of treatment may include clinical offices or permanent facilities, schools, worksites, community centers, or an individual's home.

Level I: Outpatient Services
Organized non-residential services provided by professional clinicians are included in this level of intervention; typically this is fewer than 9 hours of services per week.

Level II: Intensive Outpatient/Partial Hospitalization Services
A structured day or evening program that may be provided before or after work or school is covered at this level and may be more than 9 hours per week.

Level III: Residential/Inpatient Services
This level consists of residential settings designed to achieve stability and foster recovery skills.

Level IV: Medically Managed Intensive Inpatient Services
Intensive, 24-hour care in a medically managed setting is the foundation of this level of intervention.

Opioid Maintenance Therapy
This category covers various pharmacologic and nonpharmacologic treatment

modalities, and is a separate service that can be provided at any of the previously discussed levels of care.

Treatment needs change. Importantly, clients often progress from a more intensive setting to a less intensive setting as their treatment needs are met, and according to their financial resources and the limits of their insurance coverage. Clients who do not have insurance or money to pay for treatment have several options to find affordable treatment services.

Case Study: Legal Issues as Lisa Agrees to Attend Residential Treatment

You'll meet these people in the case scenarios for this module:

Name of Character	Role in the Case
Lisa	Mother of 2 boys Ricky and Ian; has a substance use disorder
Brenna Jones	Dependency court judge
Jasmine Brown	Lisa's attorney
David Howard	Child welfare agency attorney
George Ito	Lisa's children's (Ian and Ricky) attorney
Molly	County child welfare caseworker
Sarah	Substance abuse counselor
Susan	Residential treatment program counselor
Dan	Ricky and Ian's father
Will Elstein	Attorney for Dan, (Ian and Ricky's father)

Although Lisa had been attempting to address her substance use issues, she and her treatment counselor Sarah determined that she needed inpatient treatment due to her recent drug use.

Together, Sarah and Lisa phone her child welfare caseworker Molly to inform her about Lisa's drug use and decision to leave her job, which Lisa felt contributed to her drug use, and they arrange a meeting. At the meeting, Lisa and Sarah present to Molly an action plan for Lisa to go to residential treatment where she can get intensive substance abuse services and job training. Molly is pleased that Sarah and Lisa have come to her with a voluntary plan regarding Lisa's use. Sarah explains that Lisa can participate in the treatment program's vocational services and job-training classes. Lisa wants her older daughter and son-in-law to take care of Ian and Ricky while she is in treatment.

Molly speaks with Lisa about kinship care and that if Lisa's daughter were to become the kinship provider, under their State laws she would need to become certified. Lisa's

daughter may also be able to receive funds to help pay for Ricky and Ian's expenses while living with her. Molly also advises Lisa that if the children are placed in kinship foster care that Lisa would need to work at addressing what caused the children to come into care quickly and be able to demonstrate that she can re-gain custody of them. Molly reviews the ASFA time frames and explains the importance of permanency planning.

Molly asks Lisa if she would be willing to sign a voluntary agreement placing the children in care. If Lisa does not agree to this, Molly explains that she will need to arrange for the children to be placed in care by an order of protective custody.

Note to Practitioners:

States have different ways to place children into foster care. This case scenario assumes that the children were placed in kinship foster care under a voluntary placement agreement with the child welfare agency. Some States or Counties may not have these types of voluntary placements. In those cases, a dependency petition would need to be filed requesting placement of the children and in some jurisdictions, kinship providers must also be licensed providers rather than certified.

Molly explains that a visit to Lisa's daughter and son-in-law's home must be conducted. If it reveals that they are an appropriate kinship placement for the boys, they may be able to proceed with a certification application or they may need to apply to be licensed as a foster care provider.

Molly explains that if Dan wishes to be involved with his sons, he will need to meet with her. In a meeting with Molly, Dan expresses his desire to be a part of his sons' lives. Molly explains that since his conviction was drug-related, he needs to be referred to a treatment program for assessment in order to have visitation with his sons. Dan agrees and is referred to a different program from the one Lisa has been attending. Molly learned from her treatment colleagues that couples should not be in the same program, and she also knows of a program that provides gender-specific treatment for fathers.

Putting Judicial and Legal Responsibilities into Practice

Jasmine Brown, a **parent's attorney** assigned to Lisa's case, tells Lisa that she is familiar with the in-patient treatment facility Lisa is considering. She advised Lisa to work with her therapist and follow the program. Substance abuse treatment records are protected by Federal law, so Jasmine discusses signing releases for the records with Lisa including the implications of signing the consent, her legal rights regarding the protection of confidential information and her right to revoke the consent. Jasmine will advise Lisa to sign the release and to be open with the agency about her status in treatment as this will assist her whole family in her recovering from her substance use disorder and regaining custody. Jasmine will also inform Lisa that in their jurisdiction if consent for the release of this confidential information is not signed, the agency may

seek a court order to release of the records to the agency. Jasmine also discusses the importance of working with the agency, about ASFA's timelines and the importance of permanency planning.

The court will review reasonable efforts with the agency and Lisa and determine if appropriate efforts were made to prevent the placement before the children came into care.

Dan's attorney, Will Elstein, **a parent's attorney,** will need to consult with Dan about establishing paternity and what it will take for Dan to show he is an appropriate placement resource. Will Elstein will need to review ASFA timeframes with Dan and encourage Dan to immediately go to the substance abuse assessment appointment and to work on a case plan as the ASFA requirements also apply to his legal status as the children's father.

The **children's attorney,** George Ito**,** representing Lisa's children, Ian and Ricky, will want to be sure that placement with Lisa's grown daughter and son-in-law is an appropriate placement and will ensure the boys' safety, permanency and well-being. He too will need to review copies of Lisa's treatment reports to assess her condition. If Lisa will not voluntarily allow him access to her treatment reports, he will have to seek a court order. George Ito should consult with Jasmine Brown to determine the best way to request this information.

Once the **court** is notified by the child welfare agency that Lisa resumed drug use and decided to enter treatment, the judge may order a hearing to determine if Lisa's children are safe despite her drug use. The court will want to know who will care for her sons when she enters residential treatment, and will want to review treatment placement and goals set for Lisa.

David Howard, the **child welfare agency attorney** will supervise the children's kinship placement review and will review Molly's case court summary to make sure the court is informed about Lisa's drug use, her plan to enter treatment, as well as her treatment and job training objectives.

Questions for practitioners:

Your locality is one that rarely agrees to voluntary placements in cases involving parental substance use disorders; based on this scenario how would you as an **agency attorney** advise your agency?

As a **judge**, you notice your area rarely, if ever, uses voluntary placements for parents to enter residential treatment although your statutes allow it. What role can you play to resolve these issues in the larger policy context?

Helping Parents Obtain Treatment

Legal professionals need to know about treatment programs and options in their communities to effectively advocate for their clients and fulfill their responsibilities.

Learn More: Review **CSAT's Quick Guide to Finding Effective Alcohol and Drug Addiction Treatment**

Court and Attorney Roles and Responsibilities

A parent's attorney role requires him or her to be thoroughly familiar with how to find treatment programs. This familiarity should include knowing the resources available, whether or not there is a waiting list, and if funds are available to support participation in the treatment program. If the agency recommends a treatment option to the court that the parent's attorney believes is not in the client's best interests, the parent's attorney should be prepared to provide back-up treatment options to the court.

The dependency court judge must also be familiar with the community's treatment programs, since he or she is the one responsible for ordering compliance with the case plan specifying treatment requirements for the parent.

Agency attorneys must work with the court and parent's attorneys when the agency recommends that a parent participate in treatment as a requirement to prevent out-of-home placement or for the family to be reunited. The agency attorney must be familiar enough with local programs to respond to the court's questions.

Similarly, children's attorneys are responsible to know various treatment programs so they can advocate for the most appropriate programs for the parent that will help the child achieve safety, permanency and well-being. This is particularly important for infants and young children for whom attachment and bonding are paramount.

Locating Treatment Programs

It is important for legal professionals to know what resources are available in their community. For a national perspective, legal professionals can use the following tool.

Use the **Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Treatment Facilitator Locator**:

- Once you enter the Website, select either "Detailed Search" or "List Search" from the menu, and check the boxes for "sliding fee scale" and "other assistance."
- Phone the facilities listed to determine their policies.

Contact your State Substance Abuse Agency

- Select "State Substance Abuse Agencies" from the menu. Most have Websites, and they all have contact information, such as phone numbers.

Call one of the CSAT/SAMHSA Referral Help lines:

- 1-800-662-HELP
- 1-800-662-9832 (Spanish language)
- 1-800-228-0427 (TDD)

This link provides a template for court staff to inventory their community's treatment providers so that they are aware of the types of programs and services and admission requirements in their communities.

This link summarizes key questions that court staff may want to consider as they make recommendations and advocate for treatment resources for families affected by substance use disorders.

Case Study: What Legal Professionals Need to Know About Lisa's Residential Treatment

The court approved placement of the children with Lisa's daughter as a kinship foster placement. Visitation with her sons will be approved with visitation supervision provided by staff of the residential program with the frequency determined in consultation by the various professionals in the case.

Lisa enters residential treatment. During her first few days Lisa's new counselor, Jill, explains what she can expect from the program. At successful completion, Lisa will be eligible to attend outpatient treatment and then aftercare. While she has had 30 days in outpatient treatment already, with her lapse in sobriety and increased level of treatment, Lisa needs to strongly focus on her own sobriety and recovery during this first stage. With a family centered approach, Lisa is responsible for fulfilling appropriate roles as a mother even though she is in residential treatment.

A regular visitation schedule will be created and when appropriate progress has been made in her treatment program, Lisa and the boys will begin family and play therapy. Treatment program staff will work with Molly to ensure appropriate levels of contact with Ricky and Ian and decreased levels of supervision during those contacts.

The **children's attorney** George Ito will make recommendations to the court about Lisa's visitation schedule. When appropriate, other services such as vocational skill testing and development will be introduced into Lisa's program. Other supportive services such as safe housing and medical care will continue during the outpatient and aftercare program.

Jill explains the importance of Lisa focusing on her recovery at this stage. She says the progressive schedule of visitation and other services has been reported to Molly at child welfare. Molly will update Lisa's case file with this information.

When Treatment is Unavailable

When limited local resources cause a temporary inability to secure a treatment space, there are several things that social workers can do for your client:

- Assist the client to receive services in a lower level of care while waiting for the level of care the patient has been assessed as needing;
- Provide parents with lists of local self-help meetings and advise them to immediately begin their participation in the meetings including having a court card signed to document their participation;
- Help parents develop safety plans to not drink or use drugs while waiting for treatment;
- Develop a plan for attorney, client and agency caseworker to regularly speak and meet while waiting; and
- Remain familiar with the various levels of care in the local community.

Court and Attorney Roles and Responsibilities

Attorneys and judges need to know if services in the community are not readily available so they can help advocate for appropriate services such as inpatient or outpatient treatment or attending self-help support groups. Courts may want to monitor treatment availability in their locale.

A parent's attorney will want to verify that there are no treatment spaces for his client. At the minimum, he or she will want to advocate for the client to get the next space and monitor treatment programs until this happens. He or she can also help the client work with the social worker recommendations until a space becomes available.

Agency attorneys will also want to monitor treatment availability since it may impact what happens in court when a judge orders a parent into treatment or mandates a specific program such as a three-month residential program based on treatment provider assessments and those are all currently full.

Contact with Children

While in treatment, parents may or may not have contact with their children. In cases in which the court has jurisdiction, court orders may or may not allow visitation, or may put restrictions on supervision, frequency, or duration of visits. However, visitation is important to both the children and the parents, and research suggests that interventions designed to break the cycle of substance abuse, child neglect, and maltreatment are more effective when they are family-centered (Magura & Laudet, 1996). Attorneys should advocate that visits with children are not used as rewards or sanctions for progress in treatment. Rather, visitation should be viewed as a primary responsibility of parents during treatment and the only contraindication for visitation is an immediate safety concern for the children.

Court and Attorney Roles and Responsibilities in Contact with Children

When a case is in court, the court is responsible for the final decision about allowing visits with parents, supervision, or the number of visits a parent may have with children during treatment. The judge is guided in his or her decision by child welfare case plan recommendations and how visits might impact the child. The judge often asks for input from the agency, the children's attorney and the parent's attorney before making a decision.

One way courts often assess successful interactions between parents and children is to monitor visitation. Visitation offers parents the opportunity to show appropriate parenting skills. Parents must show they can safely parent their children, as well as attend to their emotional and developmental needs.

The agency attorney, children's attorney and parent's attorney will need to be informed about the parent's proposed treatment, compliance, progress toward treatment goals, recovery, support and impact on the child and ASFA timelines as they make their individual recommendations regarding visitation to the court.

ASFA timelines may lead to conflicts as ASFA requires practitioners to move cases to permanency more quickly than in the past. This may lead to tension between substance abuse treatment and child welfare professionals and intense discussions about the interests of parents and children, and long term recovery of the family.

Case Study: Molly and Jill Meet with Lisa at the Residential Program

Molly makes a visit to the residential program and meets with Jill. They confirm that the consent for release of information is in force and they review Jill's treatment notes. Molly gets a better picture about how Lisa is dealing with her substance use and adjusting to the daily schedule of groups and therapy. Molly understands how Jill and the center's staff are supporting Lisa's recovery.

With input from Jill and after talking with Lisa, Molly determines that the treatment progress is sufficient and feels comfortable with Lisa's treatment plan. Like all child welfare workers, Molly's main concern is for the children's safety, permanency, and well-being but she recognizes that the best placement for the children is with their mother if possible. Molly is comfortable with Ian and Ricky being cared for temporarily by Lisa's daughter and they are receiving play therapy and counseling services, but she is also concerned whether Lisa can provide that for her children if she experiences cycles of relapse and treatment.

Molly Documents Her Meeting

Now Molly must return to the agency and document her meeting with Lisa and Jill. Molly will reference Lisa's treatment notes. Molly then writes a court report documenting the facts of the case. Molly knows her court report will be reviewed by the court, the child welfare agency attorney, the children's attorney, and Lisa's attorney.

Jill has helped Molly understand how relapse is common during the recovery process and that strategizing about how to use it as a motivational tool is more effective than framing it punitively or as something that may cause her to lose her rights to her children. This is especially true because Lisa seems so committed to getting her life together and keeping her children. However, Molly recognizes that she will have to wait and see. Molly will include the information on relapse in her notes and case report.

Lisa Attends a Court Hearing to Assess her Progress

Prehearing Meeting

Prior to the three month court review hearing (note to practitioners–court reviews or permanency hearings can be held more frequently than required by statute) to assess her progress, Lisa, and her attorney have a prehearing meeting.

The parent's attorney Jasmine Brown hears that Lisa is nervous about the hearing because of her lapse in abstinence and the fact that she has gone into residential treatment. Jasmine Brown has had a chance to review her treatment notes and tells Lisa that Jill thinks she is doing well. She reminds Lisa she voluntarily chose to enter a more intensive level of treatment so she can give her sons a safe and permanent home. Jasmine Brown tells Lisa she will emphasize that information to the court. Jasmine Brown counsels Lisa that George Ito, the children's attorney may ask questions that might upset Lisa. Lisa must try to stay calm and let Jasmine Brown represent her best interests before the court.

In Practice: Lisa's child welfare three month review hearing

Everyone gathers in the court room for Lisa's child welfare progress hearing. Lisa sits with her **parent's attorney** Jasmine Brown. Molly and the child welfare attorney David Howard are at another table, Lisa's sons Ian and Ricky are not present but are represented by their **children's attorney** George Ito.

Everyone stands when **Judge** Brenna Jones enters and seats herself. Judge Jones greets each person and then explains the purpose of the review hearing is to track Lisa's progress. Judge Jones says she is concerned because Lisa resumed drug use. She tells Lisa that ASFA provisions limit the amount of time the children can spend in foster care and that Lisa must focus on working on her case plan. She asks the child welfare agency what its recommendations are concerning Lisa and her children.

Child welfare agency attorney David Howard has interviewed Molly and read Molly's case file. He heard from Molly that the agency plan is for reunification; that Molly thinks Lisa's willingness to admit her drug use and enter more intensive treatment supports that plan.

Agency attorney Howard tells Judge Jones that based on the submitted court summary the agency's recommendation for permanency is reunification. The agency recommends that Lisa continue treatment, and requests regular progress reports from the treatment programs. The agency also recommends that the children begin counseling and family and play therapy at the treatment center and that they remain in their court appointed kinship foster home. The agency supports the visitation plan recommended by Molly.

Now it is Lisa's **attorney** Jasmine Brown's turn to approach the court with her recommendations. She asks for direct custody of Lisa's sons Ian and Ricky to go to Lisa's daughter with a subsidy for their care, instead of the court-approved kinship foster care placement. Jasmine Brown also asks for unlimited unsupervised visitation for Lisa and her sons at the end of her first intensive 30-day treatment period. She asks that Lisa get weekly cards and photos from the boys and that Lisa be allowed to send cards and letters and make phone calls to the children. She asks that the court order continued treatment for Lisa in her current placement.

The **children's attorney** George Ito rises to address the court. He has some

concerns since Lisa resumed her drug use and wants to make sure she has a safety plan for the children. He asks the court to consider having the agency prepare a concurrent plan for permanency for Ian and Ricky in the event Lisa cannot control her drug use. Given Lisa's lapse, he recommends limited supervised visits to ensure the boys' safety as recommended by the children's counselor. He also asks for ongoing drug screening for Lisa, and recommends no change in placement for Ricky and Ian without prior notification to him and the court.

The Court Rules

Judge Brenna Jones announces her decision based on the positions advocated by the attorneys, and her review of the evidence and reports received by the court. Reunification will remain as the permanency goal, with the child welfare agency to provide information on the appropriateness of a concurrent goal at the next hearing. Custody of the boys will remain with the agency and they will remain in their kinship placement and attend counseling and family and play therapy at the treatment agency. Judge Jones approves Lisa's visitation plans recommended by the agency.

At the end, the **judge** addresses Lisa. She tells her that while she had some concerns at the beginning of the hearing, she was pleased that Lisa recognized she had a problem and voluntarily sought intensive treatment. She recommends that Lisa focus on her treatment since it is the best chance she has to regain custody of her boys with the ASFA clock ticking.

Questions to Ask Yourself

Given Lisa's recent drug use, what do you believe the child welfare agency should recommend as an appropriate permanency goal? Do you believe reunification is viable?

How do treatment providers, child welfare workers and court attorneys cooperate in court hearings in your community? Why or why not would this scenario with the child welfare worker visiting the treatment program happen in your community?

The Goals of Treatment

What happens as people go through the treatment process?

Substance abuse treatment typically occurs with a range of biopsychosocial services, delivered in an array of intensities, provided in a variety of settings, and with recognizable steps that generally occur at various junctures.

Although substance abuse treatment needs to be individualized for the unique treatment needs of each client, treatment programs generally share common overall goals, including the following (Landry, 1995; Schukit, 1994; APA, 1995; CSAT, 1997):

- Improvements in biopsychosocial functioning
- Reductions in substance use and increases in sobriety
- Prevention or reduction of the frequency and severity of relapse

Courts and lawyers need to know that lapse and relapse are often part of a substance user's work in treatment and recovery. It is not evidence of a "moral failing," proof that a child must be immediately removed from the home, or even a failing of the treatment program itself.

Legal professionals may want to refresh their memory of the difference between lapse and relapse, as discussed in module 2.

Most treatment providers expect users to be in and out of treatment and abstinence. Research reveals two factors that increase treatment success and reduce relapse: longer time in treatment (several months or more), and consistent, intensive service delivery.

The child's safety is paramount to the court, agency and children's attorneys. Working to ensure a child's safety includes developing a plan that reduces the potential for lapses by the parent in recovery. Child welfare and treatment staff need to work with clients to develop a step-by-step plan for how to protect the children before lapse or relapse occurs. Identify who the caregiver will call, how the children will be cared for and by whom if and when a lapse occurs.

Learn More: Review **Addiction Treatment Outcome Measures**

Addiction Treatment Outcome Measures

Addiction Treatment Outcome Measures	
Domain	**Example**
Substance Use	Abstinence and recovery Reduced consumption Fewer days or periods intoxicated Substitution of illicit drug with authorized medications
Medical and Physical Health	Basic food and shelter needs met Improved overall health Fewer medical problems Reduced use of health care services Reduced use by spouse and family of health services Reduced high-risk sexual behavior Reduced use of needles or shared needles

Psychosocial Functioning	Creating a substance-free lifestyle Improved quality of interpersonal relationships Reduced family dysfunction, abuse, and neglect Improved psychosocial functioning Treatment of emotional problems Treatment of psychiatric disorders Improved parenting
Employment Stability	Increased likelihood in obtaining work Increased job retention Improved job performance Increased number of days worked Reduced accidents and absenteeism
Criminal Justice Involvement	Reduced involvement with criminal justice system Reduced DUI or DWI arrests Reduced involvement in illegal activities Reduced violent behavior
Relapse Prevention	Reduced likelihood of using substances again Prepare for the possibility of relapse Minimize the adverse effects of relapse
From: Landry, 1995	

What Services Do Parents in Treatment Need?

Addiction treatment should be individualized. However, there are services that most parents in the child welfare system will need at various points in the treatment process. Child welfare professionals can work with treatment providers to ensure that the following critical services are provided for parents in treatment and attorneys and judges should be looking at reports submitted for court hearings that address these service needs:

- Access to physical necessities, such as food, housing, and transportation
- Medical care
- Substance abuse prevention counseling
- Parenting and child development training
- Support in sustaining frequent and continued visitation with children
- Training in childcare techniques (e.g., bathing, holding, packing a diaper bag, giving medication)

- Social services and social support
- Psychological assessment and mental health care
- Family planning services
- Child care
- Family therapy and health education
- Life skills training in such areas as financial management, assertiveness training, stress management, coping skills, home management, anger management, conflict resolution, and communication skills
- Training in language and literacy
- Planned, continuing care after program completion
- Consistent, frequent, and safe visitation with their children

Case Management

For substance abuse treatment professionals, case management refers to identifying treatment and community resource needs; developing, implementing, and revising the treatment plan; and providing linkages to a full range of service providers.

Legal professionals must be familiar with treatment services to effectively fulfill their court and practice responsibilities. Familiarity with such services helps legal professionals make sense of reports and recommendations they get from the agency and treatment service providers.

The Issues of Monitoring Treatment and Drug Testing

Monitoring treatment and assessing the parent's progress in recovery is one of the critical pieces related to decision making in child welfare practice. There are several factors to determining if parents are making progress and reports from treatment agencies should include information on these issues, including interpreting drug test results and progress reports from treatment providers.

Judges can invite court and child welfare staff to conduct a walk through at the drug testing site so they can see for themselves the process that parents go through as well as get detailed information from the staff and scientists on what the various drug tests reveal and how to interpret their results. Gaining a greater knowledge of monitoring and testing can help legal professionals understand the variety of monitoring and test results or reports they must review.

Monitoring abstinence can be accomplished through drug testing. There are many biological specimens that can be collected and tested to detect drug use, including urine, hair, sweat, and blood. Each of the specimens and testing methods detect use over various lengths of time. But generally they only detect recent use and cannot measure frequency or patterns of use or the route of consumption.

Drug testing is used in a variety of settings and for various purposes. It is frequently an appropriate adjunct to treatment services and is used to reinforce positive behaviors and to ensure that the parent is able to maintain abstinence in the treatment setting and structure that he or she is participating in.

An area of case coordination that is often needed between child welfare and the treatment agency is agreement on the type, frequency and duration of the drug tests.

The frequency of drug testing required by child welfare case plans may vary based on the type of program that the parent is participating in. For example, many residential programs only use drug testing when the client has been away from the residence or when staff suspect that there has been drug use. Outpatient programs often set up random drug testing procedures and base the frequency of the testing on the phase of treatment or length of abstinence that has been achieved.

Learn More: **Specifics of drug testing**

Learn More: Review the **State of Arizona's guidelines on the use of drug testing with child welfare clients**

Some of the advanced communities across the nation have standardized the reports they receive from community treatment providers so that consistent objective information is presented to the court. This information includes:

- Participation in treatment services
- Results of drug tests
- Participation in recovery support systems
- Child welfare services plan compliance
- Visitation with children (when appropriate)
- Knowledge gained through substance abuse education
- Parental skills/parental functioning
- Interpersonal relationships
- Client self reports of abstinence

Learn More: Review **Sacramento County's Standardized Reporting Form**

Case Study: Lisa's Recovery Grows, Molly Evaluates and Reports Her Progress to the Court and Attorneys

During her treatment at the residential program, Lisa continues to make progress dealing with the issues related to her previous traumatic experiences of sexual abuse, an abusive alcoholic father, an emotionally unavailable mother, and an abusive marriage. She is increasingly able to open up to her counselor and peers in treatment about how these experiences affected her substance use and problems with properly parenting her sons.

Seeing Lisa's progress, Jill feels comfortable integrating parenting classes and family and play therapy with Ian and Ricky into Lisa's treatment program. As the weeks go on, Lisa is able to continually increase her visitation with her sons.

After several months in the residential program, Lisa continues to thrive in treatment.

Lisa Meets with Molly

In a meeting to review her progress with her child welfare case plan, her caseworker, Molly, tells Lisa that she is looking great, healthy, and happy. Molly notices that Lisa's hair is clean and shiny, her skin has a healthy glow, and that Lisa has on a bright summer dress.

Molly is happy to hear from Lisa that she will be starting the job-training program at the residential program. Lisa has not had any contact with Dan, but learns from Molly that he is doing well in treatment and will soon be having supervised visits with the boys. Molly explains that Dan appears motivated to be a father to Ian and Ricky, and knows that he won't be able to do this unless he continues to work on his recovery.

Molly Documents Lisa's Progress for the Court

Molly returns to the agency where she documents Lisa's progress and updates her case file. She notes that Lisa is continuing her therapy, is working on issues that impeded her ability to parent her children and has begun formal parenting classes. She notes that Lisa is handling more supervised visits with her sons. Molly prepares a case summary to be sent to the court as part of the progress reports the court ordered. Copies of Molly's report will be sent to Lisa's attorney Jasmine Brown, and Ian and Ricky's attorney George Ito.

Questions to Ask Yourself

Should Lisa be required to randomly drug test if she is in residential treatment? Why or why not?

What would you recommend at the next court hearing if you were representing the children as George Ito is in this case?

Does your community have standardized reporting formats for treatment agencies to report progress?

Developmental Model of Recovery

When a parent enters a court-ordered treatment program, the judge must review reports from the treatment provider detailing how the parent is doing. Judges look for signs of progress such as compliance with the program and meeting treatment goals. Understanding the steps of recovery can help give legal professionals a sense of where the parent might be in the recovery stage. This can be very helpful as judges and other legal professionals balance the parent's progress against the ASFA timeline.

The Developmental Model of Recovery describes stages and tasks as part of recovery (Gorski & Kelley, 1996). Recovery stages and associated support strategies child welfare professionals can emphasize include the following:

Stages of Treatment or Recovery and Roles for Professionals	
Stages	**Tasks**
Transition stage—The parent recognizes that her or his attempts to "control" or stop substance use are not working	Foster strong linkages between parent and appropriate assessment and treatment resources, emphasizing a need for children's protection and family involvement
Stabilization stage—The parent goes through physical withdrawal and begins to regain control of her or his thinking and behavior	Ensure the parent knows the children are being cared for, thus allowing the parent to focus on securing needed help for her or his addiction
Early recovery stage—The parent changes addictive behaviors and develops relationships that support sobriety and recovery	Help parents begin rationally considering the safety and nurturing needs of their children and the timetables and requirements he or she must meet, assist with frequent and ongoing visitation between parents and children
Middle recovery stage—The parent builds a lifestyle that is more effective and repairs lifestyle damage that occurred during substance use	Support the family's transition to parent-child reunification or placement of the children through ongoing family interventions

Late recovery stage—The parent examines her or his childhood, family patterns, and beliefs that supported a dysfunctional lifestyle. The parent learns how to grow and recover from childhood and adult traumas	Facilitate access to continuing educational opportunities for parenting improvement and family strengthening
Maintenance stage—The parent learns to cope in a productive and responsible way without reverting to substance use	Continue supporting linkages with appropriate resources, such as housing, self-help groups, employment, and other service needs

Does Treatment Work?

National research has demonstrated that substance abuse treatment is effective. The National Treatment Improvement Evaluation Study (NTIES) was one of the largest and most rigorous studies of substance abuse treatment ever conducted. Commissioned by the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S.Department of Health and Human Services, NTIES showed that:

- Clients served by CSAT-funded programs significantly reduced their alcohol and other drug use.
- Treatment has lasting benefits. Significant reductions in drug and alcohol use were reported a full year after treatment. Reductions were noted regardless of the amount of time spent in treatment or the amount of treatment received.
- Clients reported increases in employment and income, improvements in mental and physical health, decreases in criminal activity, decreases in homelessness, and decreases in behaviors that put them at risk for HIV infection 1 year after treatment.

The National Institute on Drug Abuse (NIDA) indicates that 90 days of residential or outpatient treatment is generally the minimum for effective outcomes. For methadone maintenance, 12 months of treatment is usually the minimum. People may need more than one treatment episode to achieve success, and these treatment experiences can have a cumulative effect for many people.

Learn More: **NTIES Highlights**, *review details about the Drug Abuse Treatment Outcome Study (DATOS)*

Court and Attorney Roles in Assessing and Monitoring Treatment

A dependency court judge will order and be getting reports from the agency as well as the treatment provider to see how the parent is doing in treatment. Judges will want see evidence of progress toward the parent's ability to care for their children demonstrated

by compliance with treatment agency requirements, attendance at treatment sessions and self-help support groups and abstinence monitoring.

Drug court judges may be even more involved in monitoring and assessing parental progress. The court is usually set up to order parents into services quickly and may be able to ensure services for parents are timely and comprehensive.

Dependency court judges and attorneys must be aware of and work under ASFA timelines to provide permanency for children. If sufficient progress is not made early in a case, attorneys must understand how that will affect the rest of the case; lack of parental progress toward recovery and ability to parent could lead to filing a Termination of Parental Rights (TPR) petition.

Agency attorneys will want to make sure parents are complying with the treatment plans as ordered by the judge. Agency attorneys generally want to see the same assessment and monitoring reports the court is getting.

A child's attorney will want to make sure he or she is getting the information needed to make a decision in the best interests of the child. A child's attorney may want to receive copies of a parent's drug testing and compliance with treatment requirements as they will help inform him or her about how a parent is progressing in treatment. The child's attorney will also look for reports showing whether the parent is complying with treatment goals and progressing in her ability to parent her child. This information will be important to helping him make recommendations regarding the child's visitation and custody status.

Parent's attorneys will need assessment and monitoring reports to make sure their clients are getting all the services they need to have the best chance of recovering and getting their child back. A parent's attorney may want more assessments and reports than the court orders. A parent's attorney will want to know immediately if their client is encountering any challenges or stumbles during treatment.

All legal professionals should understand that a service plan in the context of parental substance use disorder refers to that portion of the case plan dealing with services for the parent. Service plan compliance is a measure of how well or compliant the parent is in completing treatment.

Addiction Treatment for American Indian Communities

A Federal trust relationship exists between Federally recognized Tribes and the Federal Government. Services that include substance abuse treatment are available in some locations through the Indian Health Service (IHS) delivery network or an Indian nonprofit agency under contract with the IHS.

Most tribes operate their own child welfare services, which may range from having a family advocate position to operating a full-service child welfare agency. Native Americans who are enrolled members of Federally recognized Tribes may receive these services in coordination with other community resources that are not designated as IHS.

Child welfare workers and children's attorneys should ask questions about the child's ethnicity in order to determine whether the Indian Child Welfare Act (ICWA) should be used in the event that the case is opened after investigation.

Learn More: Review treatment services for **American Indian Communities**

National Indian Health Board
Indian Health Service
One Sky Center
SAMHSA

The Special Issues of Medications for Opiate Addiction

Heroin and other opiate users who are parents may present specific challenges for child welfare workers. These can include risks associated with intravenous drug use and HIV infection. It is important for child welfare workers and court staff to understand the use of medications for heroin and other opiate addiction.

Legal professionals must be aware of the use of medications in opiate addiction treatment as they will deal often with these problems in dependency court and practice.

Treatment for opiate addiction is one of the most researched areas of substance abuse treatment, with multiple studies over 35 years demonstrating the effectiveness of opiate replacement therapy. These studies have shown that an effective treatment for heroin dependency is methadone maintenance. Individuals on methadone maintenance demonstrate reduced levels of HIV risk behavior, crime and violence as well as improvements in child rearing and employment. Methadone is highly regulated by Federal and State laws; it may only be dispensed by Federally-approved Opioid Treatment Programs (e.g., methadone clinics).

One of the most misunderstood issues about methadone is that many people will say that methadone is just another addiction. Both heroin and methadone create a dose-dependent physical dependence and tolerance (i.e., there are physical withdrawal symptoms upon reduction). However, methadone is not associated with the behavioral syndrome of addiction which is characterized by the repeated, compulsive seeking or use of a substance, despite adverse consequences.

Methadone does not produce the behaviors associated with addiction and compulsive use.

More recently, other medications have been approved to treat opiate addiction. These include Levo-Alpha Acetyl Methadol (LAAM) and Buprenorphine. In 2000, Federal laws were changed so that these medications can be prescribed and dispensed by qualified physicians who have been specially trained to work with this population. These physicians may work in Opioid Treatment Programs or may see patients in their private practices.

Risks to children of medication assisted parents should be assessed in the context of the other safety and risk factors associated with child abuse and neglect.

Discharge from Treatment

When a client has demonstrated significant progress in achieving treatment goals, and other associated supports are in place, he or she may be ready for discharge.

Court and attorney roles and responsibilities in discharge

Courts will want to know the parent has completed treatment and made progress as required by their order. Judges need to know that post-treatment the parent can successfully care for children's safety, permanency, and well-being. Simply completing treatment may not eliminate the risk of harm to a child. Treatment discharge represents a step along the process of parents being able to regain custody of children and to care for their children.

The agency attorney will want to know how the parent did in treatment, if the safety factors associated with a risk of harm to children have been reduced, and if the parent is complying with all treatment requirements.

The parent's attorney will want to know if the parent successfully completed treatment and what, if any other treatment or parenting requirements remain outstanding before the parent can move to regain custody of her children.

The children's attorney will want to know about the parent's treatment and parenting successes or failures because it factors into his recommendations to the court on the safety and well being of the children.

The following criteria can be used to evaluate a client's readiness for discharge:

- Substantial progress in achieving individual treatment goals
- Sobriety, with evidence that the client knows how to avoid relapse and live a sober life, such as having a sponsor or regularly attending Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings
- Stabilization or resolution of any serious medical or mental health problems, with appropriate plans for continuing or reentering treatment, as needed
- Demonstration of appropriate parenting skills, including discipline and affection
- Evidence that the parent can take responsibility for himself or herself and the children. Evidence that the children will live in a safe environment (including approval from Child Protective Services (CPS) if the parent has an open custody case) with arrangements for appropriate child care and continuing medical appointments, as necessary
- Promotion through the program's treatment phases, at least to a specified level
- Evidence of a well-developed support system that may include positive relationships with a spouse or significant other, family members, and/or friends
- Employment or enrollment in a program for adult education, literacy, or vocational training
- A legitimate income source, sufficient money saved to meet immediate expenses, a budget, and a savings plan
- Safe, affordable housing
- A self-developed exit plan that specifies activities in which the client expects to participate (including aftercare services provided by the grantee), other arrangements with community-based agencies, and goals for the future
- Evidence that the parent is linked with, or can find, needed family services, and negotiate for these with community agencies and other resources

Continuing Care or Aftercare

Following discharge, people enter the stage of change known as maintenance, and formal treatment gives way to continuing care or aftercare. In practice, many programs may not offer formal continuing care. Rather, continuing care may be an ongoing process of self-management and participation in self-help groups.

Parent's attorneys may want to explore obtaining aftercare services for the parent if she believes it will help the parent stay sober and progress on the path to regaining her children.

Agency and children's attorneys may support a request for aftercare services for the parent if they believe it will lead to a child's long-term safety. They may ask the court to order aftercare services for the parent.

Support recovery. There are a number of ways to provide support for recovery. Substance abuse counselors, child welfare professionals and judges and attorneys play key roles in connecting parents and families to needed services that can support recovery and family healing. Important services that staff professionals may link parents to include:

- Alumni group meetings at the treatment facility
- Home visits from counselors
- Case management
- Parenting education and support services
- Employment services
- Safe and sober housing resources
- Legal aid clinics or services
- Mental health services
- Medical and healthcare referrals, including HIV testing and prevention programs
- Dental health care
- Income supports, including the earned income tax credit
- Self-help groups, including 12-Step programs, such as AA and NA
- Individual and family counseling

Use this **Recommended Resources Worksheet** to help document resources that your clients should contact, the points of contact, and the actions that they should take.

Recommended Resources Worksheet

Based on your individual needs, the following resources are recommended for your successful recovery and sobriety, and for the health of your family:

□ Alumni group meetings

□ Home visits from counselors

□ Case management

□ Parenting education and support services

□ Employment services

□ Safe and sober housing resources

□ Legal aid clinics or services

□ Mental health services

□ Medical and healthcare referrals, including HIV testing and prevention programs

□ Dental health care

□ Income supports, including the earned income tax credit

□ Self-help groups, including 12-Step programs, such as AA and NA

□ Individual and family counseling

Resource: _____

Contact: _____

Action: _____

Resource: _____

Contact: _____

Action: _____

Resource: _____

Contact: _____

Action: _____

Resource: _____

Contact: _____

Action: _____

Resource: _____

Contact: _____

Action: _____

Resource: _____

Contact: _____

Action: _____

Post-Treatment Expectations

What do courts and lawyers need to know about the recovery stage?

Judges and attorneys need to remember that lapse and relapse is often part of a long-term recovery from a substance use disorder.

Remember: most treatment providers expect users to move in and out of treatment and abstinence.

Remember that research reveals two factors that increase treatment success and reduce relapse: longer time in treatment (several months or more), and consistent, intensive service delivery.

Remember too that the child's safety is paramount. Working to ensure a child's safety includes developing a plan that keeps the child safe in the face of a potential for lapses to occur. Develop a step-by-step plan for how to protect the children before lapse or relapse occurs.

What can a dependency court professional expect of a parent after treatment, in the recovery stage?

Maintaining sobriety and sustaining a life of recovery is a fundamental and profound biopsychosocial and spiritual process for an individual. The individual in recovery is making lifestyle changes to support healing and regain control of his or her life, and accepting responsibility for his or her behavior. He or she may have a new job, a different living situation and/or location, and a new set of friends. Their new friends may be peer and self-help group members instead of former substance-using friends.

Providing Ongoing Support

The importance of a range of on-going services, including economic support, vocational and employment services, housing, parenting skills, medical care, and community and social supports for a parent in early recovery and through the stresses associated with reunification cannot be underestimated.

Case Study: Lisa Graduates from Residential Treatment But Must Show She Can Live Drug Free

Ian and Ricky are tugging on Lisa's leg. They want to go outside and play with the other kids. Her daughter brought them to see Lisa's graduation. Lisa tells them that they will be able to go in a few minutes, but first mommy has to do something really important. Jill asks Lisa to come to the front of the room to accept her graduation certificate. Lisa has successfully completed 120 days in residential treatment.

Lisa Moves to Aftercare

As Lisa begins to transition to the aftercare program, she meets with Molly. Molly praises Lisa for her success in the residential program. Molly tells Lisa she has one more step to go before she regains custody of her boys. She must live drug free for several months and to show that she can provide for her son's safety, permanency and well-being. While the boys are still staying with Lisa's daughter, Lisa will be able to have them for longer and longer unsupervised visits, building up to overnight and then weekend visits in her new apartment. Molly asks Lisa about her plans for outpatient services and aftercare and maintaining her sobriety.

Lisa explains that each week she and Jill agreed Lisa should participate in three self-help support groups and one individual session each month at the treatment program. She will continue with the job-training program which will help her to find a new job. Until she is able to afford an apartment, Lisa will temporarily live in a halfway house for women who are receiving treatment for substance use disorders.

Molly asks if she has attended support groups in her new neighborhood. Lisa says that she will look for a Narcotics Anonymous (NA) group near her new home, but she is concerned about being away from her boys so much of the time. Molly hands Lisa a list of NA groups near her new address.

Lisa tells Molly that she is concerned about her sons' developmental and behavioral issues. She is concerned that without the proper resources and supports she will not be able to manage their needs when she regains full custody. Molly puts Lisa in touch with a local child care agency, where she is able to enroll Ricky, her younger son. This agency has a contract with a local child guidance clinic, which provides developmental assessment services and monitors the progress of the children in the center. In addition, Molly refers Lisa to a home visitor employed by the child welfare-funded Family Resource Center in her new neighborhood.

As Lisa leaves, Molly is pleased that Lisa has done so well. She will suggest at the 6-month hearing for the judge to order Lisa regaining full custody of her sons if Lisa has been able to find an apartment. Molly will recommend the court order in-home support services. Ian and Ricky will be able to safely live with their mom.

Molly Documents the Meeting

Molly writes up her meeting notes for Lisa's case file. She jots a quick note to ask the boys' counselor her opinion about Ian and Ricky's overall development and behavior. Molly writes that Lisa has completed her residential treatment. She says Lisa's goals are to stay drug free, continue with job training, attend out-patient treatment, and provide for her sons' safety, permanency and well-being. She notes that Lisa will be increasing her unsupervised visits with her boys.

Questions to Ask Yourself

Do you think that Lisa is ready to assume custody of Ricky and Ian?

Do you think Ricky or Ian need on-going services based on their experiences?

The Unique Needs of Women with Substance Use Disorders

While fathers certainly play an important role in their children's lives, the majority of parents with active case plans in the child welfare system are mothers. Women with substance use disorders often have unique considerations, including issues related to children. This module addresses areas child welfare professionals need to be aware of to fully address the needs of women and their dependent children, including the following:

- What are the unique considerations of women with substance use disorders?
- How do co-occurring disorders, trauma, and domestic violence relate to women's substance abuse?
- What are key research-based approaches to treatment for women?

Judges and attorneys should learn how women experience substance abuse and recovery differently to fulfill their court and advocacy roles and responsibilities. As judges work with treatment providers and review their recommendations, they will be looking to see that the programs and treatment being recommended for women address women's needs and requirements.

Judges, court staff, attorneys and child welfare staff may want to hold brown bags or in-service trainings with treatment providers to learn how women can be supported in treatment and recovery.

The court and attorneys should become familiar with the special types of programs that are available to women with substance use disorders, such as programs that a woman can keep her child with her while going through treatment.

Unique Considerations: Lower Threshold

Women tend to have a lower threshold for experiencing the physical effects of and becoming addicted to alcohol and other drugs than men (CSAT, 2001; NIDA, 2000; CSAT, 1999; Blanchard, 1998). In many cases, women use alcohol or other drugs for a shorter time than men before becoming addicted.

Physiological differences. Why does this occur? Using alcohol as an example, women absorb and metabolize alcohol differently than men. In general, women have less body water than men of similar body weight, so that women achieve higher concentrations of substances in the blood after consuming equivalent amounts. In addition, women appear to eliminate alcohol from the blood faster than men.

Learn More: Review **NIAAA Alcohol Alert on women and alcohol**

Domestic Violence

Women who abuse substances are more likely to become victims of domestic violence (Miller, et al., 1989). Victims of domestic violence are more likely to become dependent on tranquilizers, sedatives, stimulants, and painkillers and are more likely to abuse alcohol (Start & Flitcraft, 1988a).

State laws vary in the degree and definition of the mandatory involvement of the family if substantiated domestic violence is a factor in the child welfare cases.

Dependency legal professionals should become familiar with services in the community geared toward helping victims of domestic violence, including programs designed to prevent unnecessary removals from the mother's care.

Co-Occurring Disorders

In the substance abuse treatment field, co-occurring disorders refers generally to coexisting mental health and substance-related disorders.

Legal professionals should educate themselves about co-occurring disorders since this material will inform their routine court and advocacy work. For example, simply completing substance abuse treatment may not be enough to help a parent overcome her parenting challenges. The parent may also need to address her emotional or mental health issues before she can ensure her children's safety, permanency, and well-being.

Judges may need to request mental health assessments and child welfare staff may need to add parenting skills classes to the case plan.

Common examples. Conditions associated with childhood abuse and neglect, which may co-occur with substance use disorders include anxiety, depression, substance abuse, and PTSD, as well as dissociative disorders, personality disorders, self-mutilation, and self-harming (CSAT, 2000). Among individuals with substance abuse problems, more women than men have a second diagnosis of mental illness (CSAT, 2001).

Unique needs. Women may experience any one of these conditions, or a combination of several. Findings from the SAMHSA/CSAT Women, Co-Occurring Disorders and Violence Study highlight the need to acknowledge women's roles as parents, provide coordinated services, tailor treatment to integrate women's children and provide parenting education and focus on their strengths.

Integrating services. In addition, a recent SAMHSA report to Congress highlights the need for integrated services that include medications and psychosocial treatments to address co-occurring disorders. Evidence-based practices for treating people with co-occurring disorders are emerging, with an emphasis on identifying co-occurring

disorders through thorough screening and assessment, specialized integrated services tailored to the individuals being treated, and partnership-building between substance abuse and mental health programs.

Learn More: Review **recommendations about co-occurring disorders and violence**

Learn More: Review **SAMHSA Report to Congress on co-occurring disorders**

Parenting Role

The parenting role of women with substance use disorders is a complex matter that cannot be separated from their treatment. Many of these women have not learned to be good parents, may not know about normal child development, and may have unrealistic expectations of their children (Kassebaum, 1999).

Others may have been positive parents. However, their positive parenting abilities may have been compromised because of the loss of balance and wellness caused by the addiction and as the substance abuse cycle intensified.

Dependency legal professionals must educate themselves about how substance abuse affects a parent's roles and responsibilities. This is a key and recurring challenge for courts and advocates.

When a parent has a substance use disorder, numerous safety considerations arise for the children which need to be addressed. These issues are discussed in Module Five.

> Treatment programs that accommodate women and children are generally more successful establishing trust and engaging mothers. It is essential for women to feel safe and assured that their children are being cared for during the treatment process.

CSAT Women and Children Programs: Highlights

The following is crucial information for dependency legal professionals. A key challenge for legal and child welfare professionals is getting a parent *effective* treatment, not just *available* treatment.

Characteristics of effective treatment programs that serve women and their children include:

- Comprehensive and holistic
- Coordinated with transition services, such as housing and employment, that can assist with relapse prevention
- Nurturing environment with peer and staff support
- Professionally trained staff
- Individualized and flexible treatment services
- Long-term residential
- Phased treatment

- Other approaches (e.g., case management, group emphasis, cultural and gender-appropriate focus, and family-focused)

Learn More: Review highlights from the **Benefits of Residential Substance Abuse Treatment for Pregnant and Parenting Women**

Summary of Women's Unique Issues

People with substance-related problems experience many similarities related to the addiction, treatment, recovery, and relapse processes. However, there are important exceptions. Of particular note, women with substance-related disorders have unique considerations including that they have a lower threshold for substance use and addiction than men.

Many women with substance-related problems have experienced childhood abuse in the form of physical, sexual, and/or emotional trauma. These experiences often lead to PTSD or other mental health problems that require professional interventions.

In addition, women with substance-related disorders have an increased likelihood of becoming victims of domestic violence, and women victims of domestic violence have an increased likelihood of having substance-related problems. Women in treatment often need to address parenting issues, which may have been compromised because of their substance use.

> Relationships are integral to recovery. For women in treatment, relationships with counselors and therapists, peer relationships with other women, and relationships with a higher power are major contributors to recovery.

Conclusion to Module 3

While dependency courts and advocates must remember the *child's safety is paramount, they are also responsible to* understand what parents in substance abuse treatment encounter during the treatment and recovery processes. They should gain knowledge about treatment services, approaches, settings, and outcomes to inform and fulfill their court and advocacy responsibilities. Collaborating with service providers is a key component of what legal professionals can do to help children and families.

Dependency court judges are responsible for issuing court orders that specify what parents must do to prevent child placement or to reunify with their child. The orders may include a requirement that the parents participate in substance abuse treatment. The judge will want to review the child welfare case plan and treatment provider recommendations.

Agency attorneys present the child welfare agency case plan and the substance abuse treatment provider recommendations to the court.

A parent's attorney is responsible for advocating for the best possible treatment program that fits her client's treatment needs, if she has been able to counsel the parent that entering treatment is the best route to regaining her children. A children's attorney

wants to make sure the parent gets effective treatment so children will be safe when the parent cares for them.

Dependency judges and advocates will practice more effectively with a thorough understanding of women's unique considerations in substance use and abuse.

The Personal-Professional Dimension of Substance Abuse

Many of us know someone who has a substance use disorder. We all bring our personal perspectives, including views and experiences regarding addiction, from our families of origin. Consider how your own viewpoint may affect the way you view parents with substance use disorders.

Remember that each person's experience with substance use disorders is unique and that what worked for you or for your family may be different from what will work for your clients.

Recognize that this work is difficult, and it is normal for your work to bring out emotions or feelings about past experiences.

Importantly, do not stop yourself from acknowledging your personal experience and feelings, but be able to identify them and discuss them with your supervisor so that they do not interfere with your professional work.

Please proceed to **Module 4**.

Module Four: What Legal Professionals Need to Know about Children Whose Parents Have Substance Use Disorders

To receive credit for this course, you must complete the Knowledge Assessment at the end of Module 5.

Participant Objectives of Module Four

After reviewing this module, legal professionals will have:

- Learned terms and concepts about developmental tests and assessments
- Learned their roles and responsibilities related to children experiencing parental substance use disorders
- Explored how legal professionals can connect with treatment providers, foster parents, and special education groups to support children
- Become aware of safety issues and responsibilities
- Gained knowledge and understanding of what child welfare professionals do for children who have experienced parental

substance abuse

- Increased understanding of children's needs and experiences connected to having a parent with a substance use disorder
- Learned ways child welfare professionals can enhance case planning and safety planning
- Recognized how important linkages are to other services for children experiencing parental substance abuse

What This Module Covers

This module covers information and strategies that legal professionals can use to help children who are affected by parental substance abuse. It answers the following questions:

- What are key judicial and attorney responsibilities toward children experiencing parental substance abuse? What are the three key responsibilities of child welfare professionals for children in the child welfare system?
- What are the common experiences of children whose parents have substance use disorders? What are the typical needs of children from homes where parents have substance use disorders?
- What do legal professionals need to know about children's assessments and developmental tests? What do judges and lawyers need to know about safety planning?
- What are the key elements that must be addressed in a child welfare case plan to ensure the children's needs are met? What relevance does case planning and monitoring have for judges and lawyers?
- How do Adoption and Safe Families Act (ASFA) timelines factor into judicial and attorney responsibilities? What are the key tasks of child welfare professionals in meeting the safety and well-being needs of children whose parents have substance use disorders?
- What are the appropriate services that children need to be able to access? Why do judges and lawyers stress documenting these services?
- How can the court support positive and safe visitation that promotes and supports the child-parent relationship?

Introduction

Not all children of substance-abusing parents have been abused or neglected. Most parents in treatment are not in the child welfare system. However, for those parents with substance use disorders who are involved in the child welfare system, protecting children from harm often involves more than physical safety.

Address consequences. Parental substance abuse is often associated with specific risks to children's well-being. These risks may include developmental problems, mental

health issues, lack of medical care, the need for educational support, and other issues in the children's lives. Addressing these factors ensures the children are able to achieve their potential.

Address child's needs. While the child is in the custody of or under the protection of the State, the child's needs related to the parent's substance abuse problem become the responsibility of the child welfare agency. It must take appropriate measures to meet these needs.

Key Responsibilities

There are many **Roles and Responsibilities** for judges and attorneys who monitor a child's safety and ensures their well-being. When a child is under court supervision, the **dependency court** is responsible for monitoring a child's safety and ensuring they have permanency in their care giving relationship in accordance with the timelines specified in the Adoption and Safe Families Act.

To do this, a **dependency court judge** will require the agency to provide a plan for the child's safety, to plan for the child's permanent living arrangement and to provide the child with necessary services to promote the child's well-being.

The **child's attorney** is to monitor the agency to make sure the child is being kept safe and that the child is getting services he or she may need. These may include various types of assessments, therapy, medical care, or educational services. Promoting the child's access to substance abuse prevention programming may be a key feature of ensuring the child's long-term success and the child's ability to overcome their own risk factors for developing a substance use disorder in adolescence or adulthood.

The **agency attorney** is responsible for making sure appropriate court orders are in place and that the agency's permanency goals are documented and case plans will lead to achieving those goals.

The **parent's attorney** works with his client to ensure the client knows what is expected and that the agency is providing reasonable efforts and services to the parents so that they can reunify with their child.

Legal professionals will be reviewing the agency plan. Plans for children cover more than physical safety so legal professionals must become familiar with children's developmental, mental health and educational needs. Agency plans will address children's assessments and base their recommendations on those tests and assessments.

The child welfare agency has three key responsibilities related to children in the child welfare system:

- Ensuring a child's safety
- Developing a permanency plan
- Providing for the child's well-being

Working with substance abusing parents involved in the child welfare system can be challenging but rewarding. It requires understanding

both the child welfare and addiction treatment systems, goals, and processes. However, child welfare professionals are in a unique position to understand families' larger pictures, and make critical contributions to the health, safety, well-being, and permanency of children and families.

Key Responsibility: Ensuring Children's Safety

Safety is the core responsibility of the child welfare worker. When investigating charges of child abuse and neglect, the worker must determine whether and to what extent child maltreatment is occurring and ensure the safety of children.

Evaluate extent. Determining the extent of substance use and its relationship to child safety issues is a primary function for child welfare. As has been noted in other modules, the child welfare worker needs to establish partnerships with the court, attorneys, and the treatment counselor so that they can work together to ensure the ongoing safety of children.

Key Responsibilities: Approving a Permanency Plan

Developing a permanency plan for the family is at the core of a child welfare worker's responsibility and enforcing the plan is the court’s responsibility. Successful implementation has life-long consequences for children and their parents.

Protect and help heal. When children have been removed, or are under consideration for removal, the child welfare professional must work with the parents, the treatment system, and the dependency courts to determine what will best protect children from harm, and help them heal from the harmful effects of parental substance use disorders.

Permanency plan. The permanency plan becomes the framework of requirements within which these activities occur. The permanency plan must describe specific services and supports that will be provided for children and parents. Careful attention to the substance abuse issues can help to ensure a smoother reunification of parents and children or better prepare children for other permanency options.

Permanency options. Reunification of the child with his or her family is the preferred permanency option whenever that can be safely achieved. In those cases where reunification is not appropriate, adoption is viewed as providing the greatest degree of permanence. In some situations, however, adoption may not be a realistic or appropriate option. For example, some older children may object to losing legal ties to their birth parents. Or, some children have special needs that prevent placement in a home environment, so an adoptive placement is difficult to achieve. Consequently, more attention is being focused on alternative permanency options such as guardianship with relatives. Permanency options such as guardianship do not provide the same level of permanency available through adoption but frequently facilitate continuity of family ties, which may be in the child's best interest.

The hierarchy of permanency options is as follows:

- Return to parent

- Adoption
- Placement with a fit and willing relative (kinship care)
- Legal guardianship
- Another planned permanent living arrangement

For a comprehensive, yet practical explanation of these goals, including helpful checklists, see ***Making It Permanent, Reasonable Efforts to Finalize Permanency Plans for Foster Children***.

To see how your State addresses this issue, visit the **State Statutes Search**.

To find information on all of the States and territories, view the complete printable PDF, **Court Hearings for the Permanent Placement of Children: Summary of State Laws**.

The dependency court reviews the agency's permanency goal to determine if plans for reunification are sufficient and if a concurrent plan is also being considered. Elements in the case plan that the judge will want to review include the identification of underlying issues that the parents must remedy to have the child returned to their care. The judge will look at agency and treatment professionals' recommendations to see if the services identified sufficiently link to the needs of the parents and child and that the agency is providing reasonable efforts to ensure children can be returned to the parent(s)' custody.

The **child's attorney** reviews the agency's permanency goal to determine if the case plan ensures the child's safety, permanency and well-being. The child's attorney will also consider the case plan to determine if concurrent planning for alternative permanency options should be addressed.

The **parent's attorney** will review the permanency goal to determine if aspects of the case plan related to parent-child interaction including visitation, access to substance abuse treatment and other needed services are being provided in a timely manner consistent with the timelines of ASFA and that the agency is making reasonable efforts to reunify the family. The parent's attorney will want to see which treatment provider is partnering with the agency on the parent's behalf. The attorney will also want to be sure services to the parent are properly identified and that appropriate linkages to those services are made.

The **agency attorney** will review the plan since he will be representing the agency's recommendations before the court. The attorney will look at the permanency goal and case plan to determine if the statutory requirements for reasonable efforts (and active efforts in the case of a Native American child) are being met and that the agency clearly met all legal requirements in the family's care.

Developing Support Systems

When developing support systems for the children, child welfare workers need to do the following and legal professionals must ensure that these components in the case plan are enforced:

- Ensure that the child receives a comprehensive assessment including their developmental progress, neurodevelopmental effects of potential prenatal substance exposure, learning disabilities, health and mental health care needs. Services to intervene and treat children for these potential effects of parental substance abuse or child abuse and neglect are critical. The services are often provided by a variety of agencies and disciplines through agreements with the child welfare agency. It is important that referrals to these agencies include information about the parent's status in treatment. This is particularly important for foster parents who may be responding to special needs of foster children. Foster parents may require special training regarding the neurodevelopmental effects of prenatal substance exposure or postnatal environments, including exposure to violence, to provide effective care giving.
- Help children develop an understanding of substance abuse that is supportive and nonjudgmental. Information about their parents' substance abuse must be conveyed in a way that defines the disorder, not the person, and is appropriate to their developmental stage and age.
- Where appropriate to the permanency plan, develop an effective visitation program between parents and children. The visitation program should enhance the children's understanding of what is occurring in their lives, and give them an opportunity to safely and positively maintain a relationship with their parents.

Legal professionals must learn about psychological testing, developmental assessments and therapy summaries.

The dependency court will be reviewing the results of the developmental assessments and any psychological testing that were conducted. Judges and dependency court staff must become familiar with the terms and concepts expressed in psychological testing and developmental and educational assessments that are used with children. Visiting the local children's shelter, consulting with a developmental psychologist who is experienced with children of parents with a substance use disorder who are in the child welfare system, visiting a children's treatment provider and meeting with the local school district's offices of special education are all strategies that can help legal professionals more fully understand how assessments are conducted and how treatment plans and individualized educational programs (IEPs) are developed.

The **court** can sponsor staff trips to emergency shelters where children go directly after they are removed from parents. They can work with the child welfare agency so that court staff and attorneys attend portions of foster parent training that include information on child development and the effects of child abuse or neglect on children. Learning what a child experiences in a shelter, foster care or special education session can motivate judges and attorneys to seek ways to support the professionals who support the children.

Legal professionals can also be encouraged by the court to meet with special education and disability professionals, since many children in the care of the agency will require such services and knowing what services are available to children is key to ensuring their needs are met.

The **child's attorney** must become familiar with assessments, test results and therapy summaries and to understand the implications of those results for the child's long-term well-being. If, for example, a parent's assessment indicated a need to work on anger management, the child's attorney might advocate to the court that the parent have supervised visitation until she successfully completes anger management therapy so she can safely care for her children.

Parent's attorneys too must become familiar with assessment results and child developmental issues. The agency may use test results or therapy assessments as a basis to deny visitation with parents and the parent's attorney needs to understand the basis for those determinations if they disagree with the agency's plans and recommendations to the court.

The **agency attorney** too must be familiar with psychological testing, developmental assessments and therapy summaries since he or she will be advocating the agency's recommendations to the court.

> **Training Strategy:** One large jurisdiction that recognized the need to provide this child-centered information to its legal staff arranged a series of brown-bag lunches entitled "Lawyers for Lunch." The training series included community experts who came to the court once per month during the lunch hour to present information on the needs of children and their families, community resources that were available to the families and specific strategies on how the legal staff could access those services for families they were working with.

ICWA Requirements

Stricter requirements. The Indian Child Welfare Act (ICWA) provides specific and stricter safeguards for Indian families with respect to removing a child from the family. For example, the court may not issue an order effecting a foster care placement of an Indian child unless clear and convincing evidence is presented, including the testimony of one or more qualified expert witnesses, demonstrating that the child's continued custody with the parents or Indian custodian is likely to result in serious emotional or physical damage to the child.

Specific conditions. Evidence that shows only the existence of community or family poverty, crowded or inadequate housing, alcohol abuse, or nonconforming social behavior does not constitute clear and convincing evidence. Rather, the evidence must show the existence of specific conditions in the home that are likely to result in serious emotional or physical damage to the child. It must also show the causal relationship between the conditions that exist and the damage that is likely to result.

Clear and convincing. A child may not be removed simply because there is someone else willing to raise the child who is likely to do a better job or because it would be "in the best interests of the child" for him or her to live with someone else. A placement or termination of parental rights cannot be ordered simply based on a determination that the parents or custodians are "unfit parents." It must be shown that it is dangerous for

the child to remain with his or her present custodians. Evidence for removal must meet the legal standard of "clear and convincing." Evidence for termination of parental rights must be "beyond a reasonable doubt" (Bureau of Indian Affairs, 1979).

Legal professionals must be familiar with ICWA requirements and the additional information needed to prove a case involving ICWA. Judges and attorneys will want to be sure appropriate notice was served on the Tribe and that correct standards of proof are being applied.

Learn More: Register for **ICWA's online training course**

Minimum Sufficient Level of Care for Children

The practice concept known as "minimum sufficient level of care" is a basic practice guide for child welfare and child protection workers. It applies to all children and is an important concept that helps prevent the child welfare system from not overly intruding in families' lives. It is intended to stop workers from imposing subjective or rigid standards. It is also intended to recognize that a top priority in "well-being" is the relationship with the parent.

The removal of a child from a parent by the State is the greatest intrusion into a family's life and civil liberties next to incarceration. It cannot be done without due process, which includes a judicial finding regarding the minimum sufficient level of care for a child.

Judges need to have sufficient evidence presented so they can make legal decisions on these issues. Judges need to balance safety concerns for a child with the need to provide a minimum sufficient level of care for children.

Key ASFA Timetables. ASFA child welfare requirements are organized around a series of timetables that come into play as decisions are made about children who are moving along the child welfare continuum into situations of greater risk. For each step in the timetable, the child welfare system provides services representing reasonable efforts to prevent the placement of a child or to facilitate the return of a child to the home as soon as possible. Abused or neglected children of substance-abusing parents often end up in foster care placement. **The following information describes the key steps and timetables.**

Summary of Key ASFA Timetables

Some children initially remain with their parents and receive in-home services that will prevent removal. States determine the timetable for these services. Most of these children are in and out of the child welfare system within 3 months. Some may return several times for in-home services and may eventually move into foster care. Some States require that these cases be brought to the court's attention after a certain period of time if services are not successful.

The Federal foster care requirements follow a series of timetables that are estimates of the length of time it takes to ensure a reasonable decision can be made about the best interests of the child to either return to the family or move into another permanency status. The timetables are built into the service plans that are developed with parents and represent conditions that parents must successfully meet to have their children

returned to their care. The timetables are supervised by, and parents are under the jurisdiction of, the dependency courts as these decisions are made:

- Time-limited family reunification services are those provided to a child and family where the child has been removed and placed in foster care. With certain exceptions, family reunification services must be provided in the first 15 months from the date the child enters foster care.
- Each child must have a case plan that places the child in a safe environment that has the least restrictive (most family-like) setting available and is in close proximity to the parents' home, consistent with the best interests of the child. A case review is conducted on the status of each child in foster care no less than once every 6 months, either by a court or by the child welfare agency, to determine: safety of the child, continuing necessity for placement, extent to which the parents have complied with the case plan, progress toward alleviating the circumstances that required placement, and projection of a likely date by which the child may be returned.

Each child must have a permanency hearing, usually held in a family or juvenile court, no later than 12 months after the child enters foster care and not less than every 12 months thereafter during continuation of foster care, depending on the State statute. This hearing determines the permanency plan for the child. Many States require more frequent permanency plans. A permanency plan can always occur more frequently than required by statute.

When a child has been in foster care for 15 of the most recent 22 months, the State must file a petition to terminate parental rights, unless one of the following three conditions applies: (1) a relative is caring for the child, (2) there is a compelling reason that termination would not be in the best interests of the child, or (3) the State has not provided the family the needed services within the required deadlines.

This exception to the Termination of Parental Rights (TPR) requirement can be a very important consideration when parents with a substance use disorder are making progress in their recovery but may not yet be sufficiently able to regain custody at the 15 month time line.

Exceptions to ASFA Requirements

The ASFA legislation provides exceptions to its requirements to provide assistance and services to parents to prevent removal and reunify children. The exceptions are:

- The parent has subjected the child to aggravated circumstances, such as abandonment, torture, chronic abuse, and/or sexual abuse.
- The parent has committed or aided in the murder, voluntary manslaughter, or felony assault of another child.
- The parental rights to a child's sibling have been involuntarily terminated.

Under these exceptions, as permitted by State statute, the child welfare and court systems may determine there is reason to suspend the requirement to make reasonable efforts to provide assistance and services to parents, and move more quickly toward an alternative placement for the child.

Consider aggravated circumstances. In assessing the ongoing safety of a child, courts consider the extent to which a child of substance-abusing parents has been subjected to any of the aggravated circumstances. This will help them weigh the severity of the addiction and consequent parental behavior in the context of prior abuse and neglect and is valuable information about the potential for reunification.

The **dependency court judge** will closely review agency plans in the case of aggravated circumstances to decide if reasonable efforts to reunify is or is not in the child's best interests. Of particular importance are the parent's prior treatment history and any prior efforts the agency may have made to ensure access to substance abuse treatment if parental rights termination for a sibling is the exception being sought by the agency.

The **agency attorney** should discuss ASFA's requirements regarding aggravated circumstances with agency caseworkers and supervisors to consider whether the aggravated circumstances are such that making reasonable efforts is not in the child's best interests. In particular, the attorneys should look at any patterns in these cases when parental substance use disorders are present and determine if a system-wide remediation is required.

Parent's attorneys will need to counsel their clients about ASFA requirements and explain that treatment and recovery time is limited. This is a key factor in assisting the parent in their motivation to enter and remain in substance abuse treatment. If prior termination of parental rights of a sibling is the basis for the current exception to providing services, the parent's attorney should carefully review the parent's prior access to and participation in treatment.

A **child's attorney** may have a heightened sensitivity to parental behavior she views as falling under aggravated circumstances. She may ask the court to move immediately for termination and disagree with the agency's plan.

Childhood Experiences of Parental Substance Abuse

What are the common experiences of children whose parents have substance use disorders?

Many experiences of children whose parents have substance use disorders can be grouped into prenatal exposure or postnatal family environments.

Prenatal exposure. Children may have experienced prenatal exposure to alcohol and/or other drugs that has interfered with normal growth and development.

Postnatal family environments. Children may have experienced postnatal family environments that lack the resources to meet their needs. Children may suffer from inconsistencies in relationships or support provided by their parent. They may also lack the steady presence of care-giving persons.

Prenatal Effects of Substance Abuse

Children may have experienced prenatal exposure to alcohol and/or other drugs that has interfered with normal growth and development. Court professionals should explore

as much information as possible about the substance use of the mother and the condition of the child at birth.

Children under age 3 should be seen by a pediatrician and referred to the community's provider of services under the Individuals with Disabilities Education Act (IDEA) Part C, Early Intervention Services (the local school district will be able to refer you to the Early Intervention Service Provider in the child's neighborhood). The Early Intervention Service Provider will be experienced in the assessment and treatment of children who were prenatally exposed to alcohol and/or other drugs, and will make a determination of the child's eligibility for services based on the type and severity of the developmental delay.

Older children should also be seen by a pediatrician and may qualify for specialized pre-school programs and interventions provided by the local school district through IDEA Part B services. A referral to a school district should state that the social worker is requesting a determination that the pre-school or school-aged children qualifies for services under Part B.

Dependency judges, children, agency and parent attorneys all must master eligibility criteria and what services are provided under IDEA, parts C and B. These legal professionals also must master reading the assessments that describe type and severity of developmental delay. Meeting with child development specialists and attending training offered on child development and the implications for children with prenatal substance exposure can help speed an attorney's learning curve.

You can learn more about children who have been prenatally exposed to alcohol at: **http://www.fascenter.samhsa.gov/index.cfm**

And take their on-line course at: **http://www.fascenter.samhsa.gov/educationTraining/courses/FASDTheCourse/index.cfm**

You can learn more about IDEA and special education services at: **http://www.ed.gov/programs/osepeip/index.html**

Prenatal Exposure: Federal Law

There are Federal requirements for serving substance-exposed infants. The 2003 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) has requirements for responding to the identification of infants who are identified to be prenatally exposed to drugs.

Promotes service availability. The amendments to CAPTA were developed to ensure that children who have been exposed in utero and their parents have access to the treatment and intervention services that they need. The goal of these requirements is to ensure that timely and appropriate services are made available to newborns who are identified as substance affected.

State responses. The law allows for variation in State practice and does not mandate a child abuse or neglect report, only notification of Child Protective Services (CPS) when a child is identified. It is the responsibility of each State Child Welfare Service (CWS) to

decide how to incorporate this required notification into their system and develop a plan of safe care for these infants.

Legal professionals working in the dependency area must learn what their State mandates are for CAPTA requirements. You can start by meeting with the child welfare agency to more fully understand their system of identification and service provision for children with prenatal substance exposure. Many child welfare agencies have programs with social workers who specialize in meeting the needs of these infants and their families.

Prenatal Exposure: State Requirements

What are key State requirements for responding to reports of substance-exposed infants?

States must operate a statewide program relating to child abuse and neglect that has two components: policies and procedures and a plan of safe care.

Policies and procedures. States must develop policies and procedures (including appropriate referrals to CPS systems and for other appropriate services) to address the needs of infants who are identified at birth as affected by illegal substance abuse or who have withdrawal symptoms resulting from prenatal drug exposure. These policies and procedures must require health care providers involved in the delivery or care of such infants to notify the CPS system about these infants (although not in the form of a child abuse or neglect report or to prosecute).

Plan of safe care. States must develop a plan of safe care for the infant born and identified as being affected by illegal substance abuse or having withdrawal symptoms.

Understand your State's response. Child welfare workers must know how their States have responded to these requirements. They must know what provisions they have made for developing a plan of safe care for newborn infants who have been prenatally exposed. Some States have developed responses involving more than the referral of a drug-exposed infant to CPS. These State responses coordinate with other agencies, such as maternal and child health, developmental disabilities, children's mental health, and child care.

Dependency judges and attorneys must also know their State policies and local procedures and requirements as well. **Judges, children’s, parent’s and agency attorneys** must understand the roles and responsibilities they have under their State laws. Frequent meetings with child welfare supervisors and workers can help judges and attorneys understand the local policies for identification of these infants and services provided to the infants and their families.

Prenatal Exposure: Plan of Safe Care

The goal of the CAPTA amendments in relation to ensuring that infants who are identified as substance affected are referred to child welfare is to address their needs and to ensure their safety. While these referrals are not synonymous with child abuse and neglect, they may indicate a potential risk to the child. Screening and

developmental assessments will reveal that some children need medical and developmental interventions to assure their safety and optimal development.

Prenatal Exposure: CPS Responses

Notifying CPS can mean a routine report is received and filed. Or, it can mean that priority treatment is given, with a specific time limit for response, using a screening instrument that reviews safety and risk issues in depth.

Some States and localities use structured decision-making tools to assess risk and safety factors that assist workers in making informed decisions about their safety responses. A "dual-track" or differential system has been implemented in some States in response to drug-exposed infants. In this approach, CPS assesses reports of positive substance-exposed births without a traditional investigation. Hospital referrals of positive substance-exposed births would result in a CPS family assessment for services and investigations would be undertaken only in those cases in which it is believed that the child is at risk of child abuse or neglect.

Prenatal Exposure: Promising Practices

Treatment and safety plans. In some States, the birth of a substance-exposed infant triggers several events aimed at ensuring child safety and the mother's recovery. These include developing a substance abuse treatment plan that is linked through an interagency protocol with a formal safety plan.

Interagency protocols. In some States, an interagency protocol governs the information that CPS, treatment, and other agencies can share about the family's history once a prenatally exposed child is identified. This includes prior births of drug-exposed children, any available information on prenatal care, and any prior CPS reports for abuse or neglect.

Home services. Once a substance-exposed child has been identified, some States immediately begin voluntary or involuntary home visiting services, using trained nurses, paraprofessionals, or other personnel. They may provide services that emphasize mother-child attachment and parenting skills, the benefits of quality child development services, nutritional education, and information about the full array of family income support programs available for parents of children with special needs.

Referrals. In some States, a referral for a developmental screening and assessment is made for all children known to be born drug-exposed, and eligibility for services is based on the prenatal exposure rather than type and severity of developmental delay. It is important that court professionals are familiar with their own State and communities' programs and services for these children. The child welfare agency is a good starting place to ask about your community's resources.

Postnatal Effects of Substance Abuse

Children may have experienced postnatal family environments that exhibit a lack of resources to meet their needs or suffer from serious parental inconsistencies in relationships with or support of a child. Or, they may lack the steady presence of care-giving persons.

The following are examples of typical experiences of children whose primary caregiver abuses substances (Breshears, Yeh & Young, 2005):

- The home life may be chaotic and unpredictable.
- There may be inconsistent parenting and a lack of appropriate supervision.
- Substance-abusing adults may provide inconsistent emotional responses to children, or they may provide inconsistent care, especially to younger children.
- Parents may have abandoned children physically and emotionally.
- Parents may emphasize secrecy about home life.
- Parental behavior may make the child feel guilt, shame, or self-blame.

Because of their life experiences, children may have developed feelings, such as:

- Believing they have to be perfect
- Believing they have to become the parent to the parent
- Difficulty with trusting others
- Difficulty with maintaining a sense of attachment
- Difficulty with achieving self-esteem
- Difficulty with achieving self-autonomy
- Feelings of extreme shyness or aggressiveness

Special Considerations for Children of Parents who Use or Produce Methamphetamine

Children are particularly vulnerable when living in a home where methamphetamine is being used or produced. It is important to understand the different ways in which children can be affected by environmental exposure to methamphetamine and the possible associated risks to their safety and well-being. Each group of children is likely to experience separation from their parents due to the potential that parents will be incarcerated at some point.

Type of Exposure	Implications and Potential Risks
• Children of parents operating a "Super Lab" manufacturing large quantities of drugs	• Children are less likely to be in these settings but may experience environmental exposure and parents will be incarcerated
• Children of parents who are manufacturing drugs in the home	• This group of children is most at-risk for contamination and need for medical interventions
• Children of parents who distribute or sell drugs	• Children are at increased risk due to persons frequenting the home who are purchasing and/or using drugs
• Children of parents who are methamphetamine users	• Children experience many of the same risks as other drug users but may be less likely to have parents incarcerate

Children who are living in a home in which methamphetamine or other drug manufacturing is occurring may need to go through a decontamination process facilitated by law enforcement, emergency medical services or other public health agency staff. Law enforcement officials should be consulted about the need for medical interventions for children based on their knowledge of the extent of contamination in the home. Workers need to be aware of the child's clothing, toys, blankets and other personal items that may not be safe to take with the child to his/her placement outside of the home.

The children should be assessed by a physician for any immediate health or safety concerns. The physician should screen for drug and chemical exposure so necessary treatment can be delivered. This screening may include but is not limited to obtaining a urine sample within 2 to 4 hours, taking the children's vital signs, liver and kidney functioning tests, baseline blood tests and a pediatric physical exam.

The children may not need to be decontaminated if they have been out of the home for 72 hours, but they will need to be examined by their physician. If the children are at school, the risk is minimal that they may have contaminated other children or school personnel because most of the chemicals dissipate in the air once the child is out of the area where the manufacturing is conducted. Source: North Carolina Department of Health and Human Services. Online Publications: Drug Endangered Children. **http://Info.dhhs.state.nc.us/olm/manuals/dss/csm-65/man/CSs1000-05.htm**

Legal professionals should monitor the extent to which methamphetamine or other patterns of substance use are present in their locality. Be aware of the challenges methamphetamine use presents to child welfare, foster care and judicial systems.

The **agency attorney** will need to work with **caseworkers and supervisors** to develop or modify rapid response protocols with law enforcement.

The **agency and court** may want to meet with **treatment providers** to see what protocols or agreements need to be developed to handle a rapid response situation.

Postnatal Exposure: Talking With Children

How to Talk to Children about Their Parents' Addiction

The legal and child welfare professionals' roles can include talking to a child about his or her parent's substance abuse. These professionals can help the foster parent or kinship care provider talk to the children in his or her care about the parent's substance use or dependence.

Use the following four talking points to help guide these discussions:

Addiction is a disease. Your parent is not a bad person. She has a disease. The alcohol or other drugs cause your parent to lose control. When they drink or use drugs, parents can behave in ways that do not keep you safe or cared for.

You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use.

There are a lot of children like you. In fact, there are millions of children whose parents are addicted to drugs or alcohol. Some are in your school. You are not alone.

Let's think of people whom you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or to an adult in your family that you trust.

Postnatal Exposure: The 7 Cs of Addiction

The **National Association for Children of Alcoholics** developed the 7 Cs of Addiction, which can help children to understand that they are not responsible for another person's addiction to alcohol or other drugs.

> **Remember the 7 Cs**
>
> Some children with moms and dads that drink too much think that it is their fault. Maybe you are one of those children. Well, it's not your fault and you can't control it. But, there are ways that you can deal with it. One important way is to remember the 7 Cs.
>
> I didn't **Cause** it.
> I can't **Cure** it.
> I can't **Control** it.
> I can **Care** for myself by
> **Communicating** my feelings,
> Making healthy **Choices**, and
> By **Celebrating** myself.
>
> Reproduced with permission from the National Association for Children of Alcoholics.

Learn More: Review **You Can Help: A Guide for Caring Adults Working With Young People Experiencing Addiction in the Family**

Postnatal Exposure: Needs of Children

What are the typical needs of children from homes where parents have substance use disorders?

- Children need the opportunity to identify and express feelings with a safe and trusted adult.
- Children need information about substance abuse and the disease of addiction so that they know they are not to blame.
- Children need to be screened for developmental delays, medical conditions, mental health problems, substance abuse problems, and appropriate follow-up needs to be provided.
- Children may need to participate in counseling or support groups.
- Children need consistent, ongoing support systems and caregivers who will keep them safe and help them recover over the long period of time.

Postnatal Exposure: How Workers and Legal Professionals Can Help

How can the needs of children be met by child welfare workers and legal professionals through a partnership with substance abuse counselors?

Child welfare, legal, and substance abuse treatment services need to work together to address the entire family, rather than separately addressing the needs of children in the child welfare and dependency court system and the needs of parents in the treatment system.

Ongoing process. Addressing family needs is an ongoing process. It begins with the initial screening and assessment for child abuse and neglect, and screening for substance use disorders. It continues throughout the family's participation in the child welfare and dependency court system, during which:

- The parents receive treatment
- Child welfare staff and the dependency court monitor the progress of parents to meet both goals of sobriety and establishing their capacity to take care of their children
- Parents continue to relate to their children through regular visitation in appropriate settings
- The child welfare worker, judge, attorneys and treatment counselor partner to meet the needs of parents and children to support a positive outcome
- A child's attorney can meet regularly with the child and monitor the permanency plan
- An agency attorney can work with child welfare workers and supervisors to determine if the permanency and treatment plans are being followed
- A parent's attorney can ensure the parent is able to visit and interact with the child as appropriate.

Case Plans and Children's Needs

What are the key elements that must be addressed in a child welfare case plan to ensure the children's needs are met?

Child welfare workers must develop detailed case plans that specifically address the children's needs and court professionals should assess the adequacy of those plans. The development of these case plans will require the child welfare workers to:

- Oversee the assessment of the child's health, mental health, educational, social, behavioral, and emotional needs
- Arrange for interventions that address the assessed needs of the child
- Determine the strengths and limitations in the family's capacity to meet the child's needs, and which unmet needs require special services
- Specify the services that are needed by parents, as they progress through treatment, that will enable them to better meet their children's needs

- Collaborate with school or childcare systems to best determine how to provide support

Using this information, the child welfare worker can supervise and monitor the progress of children to address improvements in their development and health that parallel the efforts that are being made by and for the parents in treatment.

Just as judges and attorneys need to understand the permanency goals proposed by the child welfare agency, they will need to become familiar with the agency's case plan. The case plan provides the detailed information on family goals and how the agency and family will work together to achieve those goals as it is important information regarding the family's needs and progress.

Meeting Children's Needs: Relapse Plan

Child welfare workers must work with legal and treatment professionals to ensure there is a safety plan for children of substance-abusing parents in the event of a parent's relapse. The plan could include the following:

- Persons who will regularly check on the well-being of children, such as family members or neighbors
- Persons or locations, agreed upon ahead of time, where the child can stay if the parents abandon the children or are unable to provide a safe environment
- Monitoring of trigger behaviors that would bring safety plans into play
- Identified safe havens where parents can send children if they feel they are going to start using substances or relapse into inappropriate behavior around and toward children

Promote skills. Child welfare workers must provide opportunities for children to participate in substance abuse prevention programs that will give them strategies and skills to avoid repeating the substance-abusing behaviors of parents.

Promote expression. Child welfare workers must link children to safe and trusted adults who can help them learn to identify and express their feelings in healthy ways, and can provide age-appropriate messages about substance abuse and the disease of addiction.

The child's safety will always be paramount to all of the professionals working with the family. Legal professionals need to assess and monitor the safety plans to know what steps parents are taking to protect their children in case a relapse occurs.

Model Programs Dissemination Project

The Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to bringing effective substance abuse prevention and behavioral health promotion programs to every community. For more than 10 years, SAMHSA's Center for Substance Abuse Prevention (CSAP) has developed the Model Programs National Dissemination System, which promotes the development, identification, and use of evidence-based prevention and treatment initiatives.

SAMHSA Model Programs offer services suitable for use with children, youth, and families involved with the child welfare system. Some of these programs are available in some communities and can accept child welfare referrals. In other communities, the child welfare program may need to partner with other groups and organizations to establish these programs, so that they are accessible to better meet the needs of child welfare families.

Dissemination project. The SAMHSA Model Programs Dissemination Project (MPDP) is central to the National Dissemination System. It organizes, manages, and advances the information and education that make evidence-based programs visible and accessible to the agencies, organizations, and communities that the programs are designed to serve.

Model programs. After an evidence-based program is designated an "effective" program by the National Registry of Evidence-based Programs and Practices (NREPP), MPDP staff determine whether it has the additional components required of a Model Program. These include program developers with the desire and ability to provide quality materials, training, and technical assistance to practitioners seeking to adopt their program. If an "effective" program meets the additional criteria, it becomes a Model Program. Programs that have not undergone the rigor of NREP are not considered ineffective; rather, their developers are encouraged to submit their additional or updated materials for NREP review.

To learn more about the MPDP, visit the **Model Programs Website**.

Fifteen SAMHSA Model Programs

Characteristics of the 15 SAMHSA Model Programs	
They target troubled behavior of children and youth, such as: • Conduct disorder • Substance use • Violence • Aggression • Trauma • Stress • Emotional problems • Academic problems	They target parent needs for skills in parenting, such as: • Family management • Parent-child conflicts and family interaction • Communication and expectations • Discipline • Problem solving

They provide support services needed by child welfare families, such as: • Intensive therapy • Counseling • Training • Mentoring • Group work • Case management	They have been delivered at a wide variety of referral sites used by child welfare systems, such as: • Mental health clinics • Treatment centers • Alternative schools • Adolescent residential substance abuse and/or mental health treatment centers • Foster care facilities for troubled youth • Community-based programs to prevent child abuse and neglect • Most can be added to the array of ongoing community programs through the provision of training and certification programs for appropriate staff.

Matrix of SAMHSA Model Programs

We have prepared a matrix of 15 SAMHSA model programs that are suitable for use with children, youth, and families in the child welfare system. This matrix provides the following information:

- Program name
- Type of program or focus (e.g., therapy, prevention, family strengthening)
- Type of individuals who are served (e.g., children, parents, teachers)
- Type of youth who are targeted (e.g., urban, sexually abused, at-risk children)
- Application in child welfare settings (e.g., homeless shelters, child protection offices, foster parent training)
- Cost (e.g., training costs, material costs)

I would like to view the **matrix of 15 SAMHSA model programs**.

Gather and Maintain Information

Workers need to gather information and keep updated files about community prevention, early intervention, and treatment services provided by the mental health and medical systems, the schools, child care programs, and community-based organizations.

Legal professionals need much the same information to fulfill their monitoring and advocacy responsibilities. In particular, both workers and legal professionals need to have ready access to the following:

- Individual counseling services for children who are having mental health or substance abuse problems
- Substance abuse prevention and early intervention programs to support children and youth in developing healthy lifestyles that are free of the use of alcohol and other substances
- Support groups, such as Children of Alcoholics, that can assist children with the behavioral consequences of having substance-abusing parents (e.g., self-blame, guilt, parenting the parent, etc.)
- Medical screenings and care so that physical conditions associated with learning, development, and stress are addressed
- Ongoing, daily, quality childcare (whether from kin, foster care, or child care programs) that addresses their developmental needs
- Regular contacts with special education teachers and schools to ensure that children with learning disabilities are receiving the necessary special education services, and to help prevent behavioral problems that arise from untreated medical or learning problems
- Counseling and other service referrals for children whose families are in recovery and who have returned home, to ensure they continue to have access to ongoing support

Collaborative brown bag lunches are good ways to share and update information. Sharing information, discussing new treatment providers, assessment or special education services can foster the partnership between agency, attorney, court, and service professionals.

Resources for Children with Disabilities

Provide IDEA services. Research links prenatal use of alcohol and illegal drugs with learning disabilities, including ADD. There is a wide range of possible effects, both from prenatal drug exposure and from the impact of alcohol and drugs on the family environment. These may be severe, such as Fetal Alcohol Syndrome or alcohol-related neurodevelopmental effects. They may also be relatively mild experiences with learning problems. It is critical to supply these children with resources provided by the Individuals with Disabilities Education Act (IDEA) as early as possible in their lives and to provide them with family and caretaker environments that work with and nurture children with these needs. Services will be tailored to the needs of the child and may include such programs as speech and language, sensory integration, occupational therapy, and fine and gross motor skill development. The child's local school district can direct you to the appropriate provider for these services.

ADDA, service plan, and LEA. For children under 3, child welfare workers can request diagnostic assistance from the Area Developmental Disability Agencies (ADDA), the organizations designated to provide these services for a geographical area. States may

provide these early intervention services through State agencies devoted to developmental disabilities, school districts or non-profit organizations. When a disability is confirmed, the child and family participate in the development of an Individualized Family Service Plan, which provides services to the child and the family at the earliest possible age, and assists with the transition to preschool services. For children 3 or older, these services can be continued or initiated by working with the Local Education Agency (LEA), the designated special education units located in each school district.

Diagnostic services. Court professionals must know the local agencies that provide these services for their families and they must request diagnostic services at the earliest possible age. Parents and/or caretakers must participate in the diagnostic and planning services, and work together with schools and preschool programs to help each child achieve his maximum potential.

Conclusion to Module Four

Judges and lawyers have responsibilities for children's safety and permanency. Legal professionals play crucial roles in monitoring and reviewing permanency and safety plans for children.

Judges and lawyers also play key roles in ICWA; they need to recognize the importance of Tribes and ensuring that the appropriate standards of proof are being followed.

Legal professionals must understand psychological testing, developmental assessments, and service recommendations for children who have been exposed to alcohol or other substances in either the prenatal or postnatal environment. Working with treatment and service professionals can help legal professionals build their knowledge base.

The responsibility rests with judges, children's, and agency attorneys to ensure that safety planning for children is carried out by the service professionals and parents. Legal professionals need to be very familiar with safety planning to ensure that the child's safety needs have been addressed and plans are in place in case of parental substance use. Child safety is paramount to those who work with families in the child welfare system.

Court professionals must be aware of the special considerations for children whose parents have substance use disorders. Child welfare workers and court professionals have critical responsibilities for ensuring children's safety and developing a permanency plan. They also play an important role in helping to develop support systems for children, including ensuring that they are evaluated and treated for problems that arise because of parents' substance abuse.

Court professionals should be knowledgeable about ICWA requirements and the stricter safeguards for Indian families with respect to removing a child from the family. In the event the children are protected by ICWA, notification of their tribe is a requirement. Download and use this **list of Federally recognized Tribes**.

Workers should understand prenatal exposure to alcohol and other drugs and be familiar with the Federal and State laws and policies regarding reporting prenatal exposure. They should know how their State has responded to the Federal requirement to develop policies and procedures, and to develop plans of safe care. Workers should

understand the potential postnatal effects of substance abuse, and ways to speak with children and caregivers about them. Agency attorneys often provide training to workers on Federal and State laws and stress the importance of documenting all interactions during the case.

Legal professionals should understand the needs of children exposed to parental substance abuse, know how to partner with treatment professionals, develop case plans that address the children's needs, and ensure that there is a safety plan in case of parental relapse.

Please proceed to **Module 5**.

Module Five: Helping Legal Professionals Develop Partnering Strategies to Serve Families Affected by Substance Use Disorders

To receive credit for this course, you must complete the Knowledge Assessment at the end of Module 5.

Participant Objectives of Module Five

After reviewing this module, legal professionals will:

- Know their roles in the collaborative process with treatment and child welfare professionals
- Understand their roles and responsibilities in working through confidentiality of treatment and recovery records and requirements for information exchange
- Understand that collaboration with treatment and service professionals is key to advocacy

Legal professionals will learn about key responsibilities in helping families, such as:

- Identifying key approaches to collaborate with treatment counselors and other service providers at different stages in the treatment and recovery processes
- Identifying the treatment confidentiality requirements that professionals may encounter
- Understanding when to advocate to close a child welfare case involving substance abuse and how to support recovery after cases are closed

What This Module Covers

This module reviews information and strategies that legal and child welfare professionals can use to partner with treatment counselors and other programs that are working with parents with substance use disorders in the child welfare system.

The stages of treatment include preparing to enter treatment, participating in treatment, and moving from treatment to life-long recovery. During each stage, legal and child welfare professionals should engage in partnering activities that help parents to access community resources and support systems. Thus, this module answers the following questions:

- What are judicial and attorney roles and responsibilities in treatment confidentiality requirements? How do child welfare workers ensure adherence to treatment confidentiality requirements?
- What are the characteristics of successful collaboration between professionals? What seven things can courts and attorneys do to foster collaboration?
- How can judges and attorneys promote the clear expectations that lead to better outcomes for children and families? How can child welfare workers partner with treatment programs to prepare parents for their participation in treatment?
- What can courts and attorneys do to improve communication? How can legal professionals partner with treatment counselors to improve outcomes for parents with substance use disorders?
- Within agency protocols, how do you decide when to advocate for closing a child welfare case?
- How can legal professionals assist parents to prepare for and sustain life-long recovery after their child welfare cases are closed?
- What are key issues for courts and attorneys as the case progresses to closure?

> **Reminder:** This course includes a glossary of special terms and their definitions. To view the glossary, click on the "Resources" tab above and select "Glossary." Judges and attorneys, this glossary includes many terms child welfare and substance abuse providers use in their practice. These terms are important to learn.

Introduction

To improve outcomes for families, courts, judges and attorneys must work with professionals from all the other systems with which the families are involved. When working with substance abuse treatment professionals, keep in mind:

Differing perspectives. Legal professionals, child welfare workers, and the substance abuse counselors have different types of knowledge about the substance-abusing parents they serve, and different experiences and relationships with them. The legal, child welfare and substance abuse treatment systems each have their own requirements and strategies.

Legal professionals are mandated by law to make permanency decisions in the best interests of the child, and to do so within ASFA's strict timeframes. Those decisions will be based on addressing the child's immediate safety needs.

Share understandings. To maximize the potential of all systems to assist parents, it is important that key professionals share knowledge about the resources of the systems, their practices, and the needs and experiences of the children and parents while respecting each other's professional and ethical concerns and statutory mandates. This will enable all professionals to support each other's requirements and the desired outcomes for children and their parents.

Case Study: Molly and Jill Expand Their Collaboration

Lisa's review hearing goes well. The judge seems satisfied with the way Lisa immediately responded to the relapse by agreeing to enter residential treatment, and with the progress she's making with Jill and the treatment center's team. Once the children are returned to Lisa, the judge will order continued in-home support services for Lisa and her children.

Molly, Jill, and Jasmine Brown (represents the parents' attorney group in their county) decide to hold regular monthly meetings to monitor the progress and issues of clients who are at the center where Jill works. They also decide that, whenever possible, Jill will accompany Molly on home visits. In addition, Molly received the contact information from Jill for their new methamphetamine addiction program and is consulting with that center's staff regarding another client's case. They decide to hold regular trainings for the attorneys.

Questions to Ask Yourself:

What information should Molly ask Jill to send her as regular updates about Lisa's progress?

Are there certain facts that might lead to increased risk to Ian and Ricky and should be communicated to Molly immediately?

Are there ways in your community to better understand the collaborations that are needed between child welfare, the substance abuse agencies and the courts?

Working Together: Tasks for Counselors, Workers, Attorneys and Judges

Child welfare and substance abuse treatment professionals must accurately represent to the parents the requirements of the dependency court that must be met for parents to retain their children or have their children returned to them. The following exhibit illustrates the responsibilities that treatment counselors, child welfare workers, dependency court judges and attorneys have when working with parents who are in treatment.

Tasks for Counselors, Workers, Attorneys and Judges			
Treatment Counselor	**Child Welfare Worker**	**Dependency Court Judge**	**Attorneys**
Help parents end their denial and envision a positive life without substance dependence. Help parents understand how their substance abuse has affected their lives and the lives of their families and friends.	Conduct investigations to assess the safety of children. Conduct casework and case management to provide a nurturing environment for children while helping parents heal and develop needed capacities to care for their children.	Assess information to make judicial decisions that lead to permanency for children who are in the child welfare system. Follow the procedures and timetables specified in the State statute and the Federal law (Adoption and Safe Families Act). Preside over a series of hearings that examine whether reasonable efforts have been made by the child welfare agency to provide needed services to prevent removal and/or to achieve reunification.	Provide information to the court Monitor their client's needs and progress and determine appropriate advocacy role Advocate for their clients for appropriate and timely services Advocate in the community to provide timely and effective services for their clients Agency attorneys advocate with the court for the provisions of treatment provider's recommendations Parent's attorneys ensure that the agency's case plans will meet their client's needs The child's attorney advocates for interventions and therapeutic programs that best meet their client's needs.

Collaboration: A Continuum

What are the characteristics of successful collaboration between professionals? There is a continuum of opportunities for collaboration, ranging from full systems collaboration, to agency collaborations, to collaborations between two professionals.

Since judges and attorneys adjudicate and advocate for different players in the child welfare and treatment systems, they possess crucial information. They can be a key in promoting collaboration among all stakeholders.

Seven Things Judges and Attorneys Can Do to Foster Collaboration

- Do their job well, in a timely manner.
- Collaborate with treatment and service providers to ensure most effective and responsive treatment.
- Establish family treatment drug courts or drug court dockets.
- Advocate for support services in the community for children whose parents are substance abusers.
- Establish a Court Appointed Special Advocate (CASA) program to ensure children's needs are represented to the court.
- Attend training on substance abuse issues including how it affects permanency planning.
- Realize each child and his or her needs must be considered individually as the court makes decisions about permanency with parents. Teens, for example, might be safe and have better long-term outcomes continuing to live in their own home with a substance user and with appropriate support systems in place, rather than being placed in a group or foster home far away from family, friends, and school.

Collaboration among systems can take considerable time and effort. It requires the support of organizations as well as individuals. The goal of collaborative efforts can range from efforts to more efficiently exchange information among workers on a regular basis, to develop joint projects that better coordinate services across systems, and may lead to joint efforts to change the rules of specific systems to better meet the needs of children and families who have service needs from multiple systems.

Collaboration: Workers, Legal Professionals and Counselors

Although system and agency collaboration does not always occur, there are levels of networking, coordination, and cooperation that can be successfully carried out by individual child welfare, legal and treatment professionals who are working with the same parents. Collaboration can involve levels of increasing and more comprehensive interaction between child welfare workers, legal professionals and treatment counselors, such as:

- Networking between professionals to exchange information about resources, systems, requirements, and clients
- Cross-training about each profession's key responsibilities which can provide opportunities to problem solve and create partnerships
- Coordination between professionals to schedule activities and requirements with each other's requirements in mind
- Cooperation between professionals to work toward common outcomes for specific clients by developing a common or joint plan
- Collaborative strategies between workers to carry out a commonly defined and supported set of agency, court or system outcomes

Many federally recognized Tribal governments and States have agreed to provide child welfare services through intergovernmental agreements. The knowledge and use of these agreements can provide a level of communication and collaboration of functions to assist both systems.

Case Study: Molly and Jill Review Their Collaboration

Molly, Jill and Jasmine meet with their individual supervisors to discuss the improvements in their case management process. Molly's supervisor asks her to host a brown bag lunch to share ideas with other child welfare workers in her division. Molly includes their agency attorney in this training so the attorney can learn about how the agency and treatment provider can successfully collaborate and to answer any legal questions that may come up. Jill and Molly share their success stories and introduce one another to colleagues and supervisors.

Over time, the agencies develop formal memoranda of understanding (MOUs) to address issues such as disclosure. The collaboration becomes a model that other treatment centers and the child welfare agency replicate and adapt. The collaboration results in many benefits, such as better coordination, time-saving, and resource streamlining. Molly and Jill couldn't have imagined how their small efforts could grow into cross-agency partnerships. And the biggest beneficiaries of all are the children and families struggling with addiction, such as Lisa and her children, Ian and Ricky.

Questions to Ask Yourself:

Have you ever met with your local treatment providers? What are the barriers that you encounter working with substance abuse providers?

Are there strategies that you can use to build a better bridge between your court, attorneys, agencies and substance abuse services?

Creating a Collaborative Environment

To work together, child welfare, legal and treatment professionals need to establish an environment where effective problem solving can be achieved. This environment needs to include opportunities for the following rapport and interactions to occur:

- Development of mutual respect, understanding, and trust
- Honest and frequent communication, both formal and informal
- Recognition that collaboration is in the self-interest of professionals
- Understanding of shared values and instances where values differ
- Development of a mutual sense of ownership and planning for the success of specific parents
- Identification of jointly developed concrete and attainable objectives for specific parents

The judge needs to collaborate with treatment providers to better meet the needs of children and families involved in juvenile/dependency court matters. The judge can call community meetings to develop plans that work for the agency, the courts and the providers.

While the judge makes final decisions on a case, the judge has to have confidence in the professionals who have made the recommendations and confidence that the recommendation will meet the family's needs. The judge must question the recommendations if he has concerns or if he does not understand something in the treatment recommendation.

While attorneys should collaborate, they may have ethical constraints as they work toward collaboration. For example, an agency attorney may know of a treatment opportunity that is not being offered due to high costs. Or, a parent's attorney may have information from their client about the client's substance use that could be important for child welfare and treatment providers.

Attorneys in both of these situations need to balance their ethical obligations with the overarching priority of child safety and permanency as well as recovery for the parent and the child.

Collaborative Values Inventory

Many collaborations begin their work without much discussion of the underlying values on which their members agree or disagree. The Collaborative Values Inventory is a neutral way of assessing how much a group shares ideas about the values that underlie its work. It can be used to identify and discuss values between child welfare, court, legal, and treatment providers. It can also be used by a child welfare worker, attorney and a treatment counselor who are working together with a particular family.

After reviewing the results from a collaborative group's scoring of the Inventory, it is important to discuss the areas of common agreement and divergent views. When the Inventory identifies differing values, it is important to discuss the divergent views and develop common principles that workers can share.

- Formal and informal communication within the programs
- What programs can offer each other in a collaborative relationship

A dependency court judge may need to know this information as he or she reviews agency and treatment recommendations. The judge may need to know, for example, how success is defined and measured to see how program success for the parent translates into safety for the child. He or she may also be concerned if the length of program participation that is expected of the parent will exceed the time guidelines provided by ASFA.

The agency attorney will likewise need to be familiar with such information because he may be answering questions from the judge about the agency's treatment recommendations.

A parent's attorney will often want to evaluate programs in terms of suitability for his client and be prepared to offer alternatives to the court if he feels the agency recommendations are inappropriate. He or she may feel the client requires a longer inpatient program than has been recommended; all of this information will factor into the parent's attorney's role as advocate.

A child's attorney will want to make sure the child's safety is being addressed and will want to assess agency and treatment provider recommendations from the perspective of the child's best interest.

Help Parents Prepare: Referrals and Expectations

Child welfare workers and parents' attorneys both have a role in helping parents with the treatment program referral and engagement process. They can provide parents with contact information and recommendations, and assist them in following through with the referrals.

Prepare parents. Child welfare workers and attorneys should develop an understanding about treatment programs' services, expectations, and requirements. They should convey this information to parents to help them know what to expect and what to do.

Work with specialists. Child welfare workers and attorneys are not expected to be treatment specialists however. Once a parent has received an initial referral to treatment, the treatment program receiving the parent will conduct additional assessments and determine if it is the best available choice or whether the parent needs to be referred to a more appropriate treatment resource.

Good problem solvers. Attorneys can be good problem solvers and may be helpful to the child welfare worker if obstacles arise in getting the parent into treatment.

Judges need to be understanding, while at the same time holding parents accountable. Drug court training teaches judges that using incentives to obtain compliance with court orders regarding recovery from substance use disorders is effective. Incentives may include praise from the judge or a certificate of accomplishment for various lengths of sobriety. Judges should be supportive of parental successes while providing meaningful sanctions for their lapses and relapses.

For information about this tool, visit the **Children and Family Futures Website** and select "Collaborative Values Inventory."

Help Parents Prepare: Know Resources

How can child welfare workers and legal professionals partner with treatment programs to prepare parents for their participation in treatment?

Child welfare workers and legal professionals need to know about treatment resources, organizations, and practices in their communities. With this information, they can establish successful partnering relationships with treatment counselors regarding their shared clients. They need to:

- Know the extent and range of treatment resources available to parents in their communities
- Understand the characteristics of the various treatment programs
- Understand the services that the programs provide
- Understand the requirements, expectations, and conditions for participating in treatment

Courts and attorneys can play a useful role for parents in setting clear expectations about what is needed for the parent to safely live with their child again. For example, a parent may not “automatically” regain custody of his or her child upon finishing a treatment program. Other issues may also have contributed to the removal of the child, and those issues must be addressed. Was the family homeless? Did the parent have an anger-management problem? What services and resources exist in the community to help the family address the problems?

Knowing community services and treatment providers and resources helps inform the court and attorneys in their role as advocates for services for families.

Help Parents Prepare: Gather Information

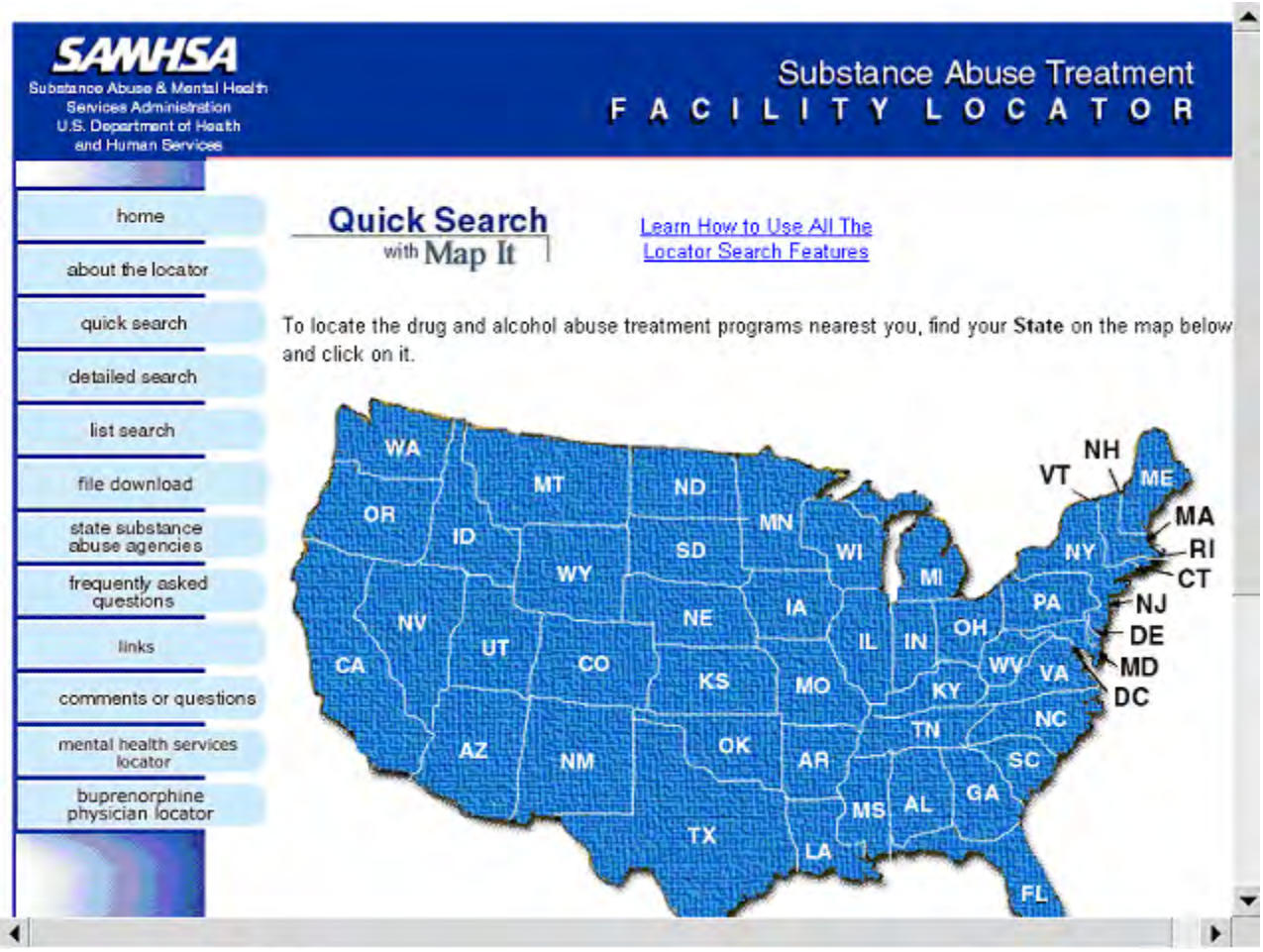
Child welfare workers, court staff and attorneys should develop a knowledge base about treatment programs to which parents are referred. Gather information about the following areas in relation to both the child welfare and treatment programs that are collaborating regarding specific parents:

- Mission of the programs
- Policies, rules, procedures, and statutes that must be followed to deliver services (especially confidentiality requirements and procedures)
- Time commitment expected of participants
- Funding sources and limitations of spending
- How success is defined and measured
- Language, terms, and acronyms (develop a common understanding of each other's language and meaning of words)
- Staffing structure of organizations and who makes decisions about which issues

A parent's attorney should advocate for the most suitable treatment for his or her client and resist having the client placed into a treatment slot without regard to the client's particular needs.

Use the Treatment Facility Locator

The **SAMHSA Substance Abuse Treatment Facility Locator** is a searchable directory of substance abuse treatment programs throughout the country. This easy-to-use online resource includes more than 11,000 addiction treatment programs, including residential treatment centers, outpatient treatment programs, and hospital inpatient programs for drug addiction and alcoholism.



You can choose "Quick Search" and search for treatment programs within a specific city, street, and/or ZIP code. You can choose "Detailed Search" to search for specific treatment services, type of care, special programs and groups, special language services, forms of payment accepted, and payment assistance.

Help Parents Prepare: Suggestions

Parents receiving in-home services. When helping parents who are receiving in-home services, provide parents with opportunities to improve parenting skills and interactions with children. Help parents set up a household that offers stability and

continuity to the lives of their children. Develop safe arrangements for children when parents are having difficulty being available to children because of alcohol or drug use.

Parents with children in foster care. When helping parents whose children are in foster care, support parents' participation in treatment so that they can meet dependency court requirements and participate fully in visitation rights. Help parents get help to set up a household once treatment is well underway and dependency court requirements are being met. Collaboratively work with treatment providers to address relapse.

Treatment providers. Keep treatment providers informed about the dependency court schedule of hearings and their outcomes, information the court needs about parental progress in treatment, and problems that the judge is addressing throughout this process. When possible and appropriate, invite treatment counselors to hearings, and offer testimony.

Courts and Attorneys. Work out a plan for scheduling and docketing that is respectful of other professionals' time and availability. Providing a space where waiting professionals can use cell phones or work at laptop computers works in many courts. Support parents who appear before the court by applauding treatment success and/or holding them accountable for their actions.

Measuring Progress

Treatment counselors, child welfare workers, legal and court staff have similarities and differences in the ways in which they measure and define progress among shared clients.

Substance Abuse Counselors' view. For treatment counselors, progress is measured in two ways. First, whether the client's treatment is resulting in increased periods of sobriety and decreased periods of relapse. Second, by the scope and durability of changes the client is able to make in other areas of life so that sobriety will be maintained.

Child Welfare Workers and Dependency Courts' views. For the child welfare workers, agency attorney and dependency court judges, progress may be assessed similarly. Progress is measured by whether the parent is fully participating in treatment and all the services being offered. However, the parent has the added requirement to accomplish these outcomes within the strict statutory deadline established by the court to achieve sobriety and provide a safe and nurturing home for the children.

Children's attorneys too will be seeking to measure progress by the parent being able to provide for his child's safety and well being.

Attorney views. Parent's attorneys will want to assess progress against statutory guidelines but also will want to know about any challenges or obstacles a parent may be facing. If the obstacle is that treatment is inappropriate or ineffective, then the parent's attorney will need to take action to maximize the parent's limited time for treatment.

Shared views. Workers, legal professionals and counselors depend on parental treatment participation to accomplish the basic goals required by each system. All depend on parents' motivation to achieve the conditions that will result in retaining or

reuniting with children. As they work on their respective system goals for parents, these professionals are also working toward a larger, common goal of restoring health to the parents and their families.

Court and legal professionals will benefit from regular communication between all participants. Courts and attorneys have required monitoring and oversight responsibilities, as well as responsibility for the child's permanency. Agency attorneys may be involved in concurrent planning; good progress or the lack thereof will help drive how detailed reunification or termination plans must be.

Confidentiality Procedures for Sharing Information

Just as courts, attorneys and child welfare agencies need information from substance abuse treatment providers, providers need information from agencies, courts and attorneys.

In general, the substance abuse counselor, child welfare worker, attorneys and the court have confidentiality procedures that require either permission from the parent to share specific information across agencies or with other services or a court order to obtain the information.

Typically, the treatment consent forms, rather than the child welfare forms, need to be used, as they are designed to conform to Federal Government regulations (42CFR, Part II and HIPAA Privacy Rule) that address the key treatment confidentiality requirements for sharing information. They are likely to be more guarded and specific in the types of information that can be shared.

Treatment Confidentiality Requirements

How do child welfare workers and court staff ensure adherence to treatment confidentiality requirements?

Workers must understand that adhering to substance abuse treatment confidentiality requirements is a core responsibility of a treatment professional. It is on a par with a child welfare worker's responsibility to ensure that information about a person who has filed a child abuse report is held to the highest standard of confidentiality.

Workers must also be careful not to redisclose information obtained from treatment professionals except as is appropriate and permitted.

Purpose of regulations. Treatment confidentiality requirements are strict to encourage people to enter treatment without fear of public judgment that could bring about harmful results. These include being fired, losing housing, being denied benefits or services, or losing parental rights.

Obtain permission. Because confidentiality requirements for addiction treatment are very stringent, the worker/counselor team must work with parents to obtain permission to share information about the type and progress of substance abuse treatment.

Child welfare workers must be informed that if parents do not consent to release of information, this information may be obtained by a court order in a two-step court process.

Positive outcomes. This information sharing must follow very strict procedures. However, it can help both of the professionals ensure that children are safe, determine whether parents are meeting the dependency court requirements, and provide appropriate support for the parents throughout the treatment process. Guidance for sharing this information must adhere to Federal Government regulations 42CFR, Part II and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Legal professionals. Review Module 2 for additional information on court and attorney responsibilities for confidentiality in treatment.

Court and Attorney Responsibilities for Confidentiality in Treatment

Information about people in alcohol and drug treatment programs (including whether a person is even participating in the program) is subject to strict confidentiality requirements. Information concerning any patient in a Federally-assisted alcohol or drug treatment program is covered by confidentiality provisions under Federal and State law.

The Federal confidentiality law is codified as 42 U.S.C. § 290dd-2. The implementing Federal regulations, "Confidentiality of Alcohol and Drug Abuse Patient Records," are contained in 42 Code of Federal Regulations (CFR), Part 2.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 also govern some aspects of information sharing in regard the health records. In general, HIPAA does not apply in the exchange of information between child welfare, substance abuse treatment and the court as payment or insurance information is not usually being transmitted. However, different States and localities may interpret HIPAA in different ways and legal professionals must know how HIPAA is interpreted and applied in their jurisdiction.

Procedures can be developed that ease the information sharing process while remaining within the law. Best practice would be for the courts, child welfare agency, treatment providers and attorneys to have written procedures on when and how information can be released. Assistance in developing communication procedures are provided in *Screening and Assessment for Family Engagement, Retention, and Recovery*.

Attorneys are encouraged to use confidentiality regulations as tools to assist their clients. The regulations detail what needs to be done to access or protect confidential information. By mastering the complexities of the regulations, attorneys can be a resource to child welfare or treatment professionals.

Since confidentiality can be a difficult topic for legal professionals, agency workers and treatment professionals, it would be a good topic for cross-training. Sometimes just discussing what is required of each professional can lead to better understanding and increase collaboration.

The dependency court judge also has the ability to order that treatment information be shared if good cause exists.

A resource for developing information exchange protocols among the professionals involved with these families is **Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)**.

Information Needed by Child Welfare Workers

Information needed by the child welfare worker from the treatment provider includes:

- Whether the parents are actively involved in a treatment program
- The degree of parental participation: whether they are regularly attending, not missing appointments, and demonstrating a willingness to engage in treatment
- When parents are experiencing relapse or have left treatment
- The continuing care plan of the parents if they are in residential treatment

Information Needed by Substance Abuse Treatment Counselors

Information needed by the treatment provider from the child welfare worker includes:

- Whether the family is an in-home case or if the child has been removed from the home
- Whether some children have been removed while others remain at home
- Whether it is a voluntary case or if the court is involved
- The permanency goal for the child
- Whether there is a concurrent plan for reunification and another permanency goal
- The court requirements and deadlines for specific hearings and achieving necessary outcomes

Information Needed by Courts and Attorneys from Agencies and Treatment Providers

- Whether the parents are participating in a treatment program
- The degree of parental participation: whether they are regularly attending, not missing appointments, and demonstrating a willingness to engage in treatment
- When parents are experiencing lapse, relapse or have left treatment
- Whether it looks like the parent will successfully complete treatment within ASFA timelines
- The continuing care plan of the parents if they are in residential treatment
- Whether the family is an in-home case or if the child has been removed from the home
- Whether some children have been removed while others remain at home
- The permanency goal for the child
- Whether there is a concurrent plan for reunification and another permanency goal such as adoption

- The safety plan for the children if a lapse or relapse should occur

Obtaining Confidential Information

A good summary of Federal confidentiality issues for treatment can be found in the CSAT Technical Assistance Publication (TAP 24) entitled ***Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy***. We recommend that you read Section Three. This section reviews disclosure between the treatment and welfare systems, client revocation of consent, reporting relapse, combined case planning, and qualified service organization agreements.

Each State may have its own confidentiality laws and regulations. Attorneys need to be familiar with Federal and State law on this issue. State laws and regulations must provide for the same confidentiality protections as Federal law; States can be even more restrictive in what information can be shared.

Legal professionals. Review Module 2 for additional information on court and attorney responsibilities for confidentiality in treatment.

The Rules of Disclosure

The law and regulations state that most disclosures are permissible if a client has signed a valid consent form that has not expired or been revoked.

Click here for details on what is required in a valid consent

The Center for Substance Abuse Treatment publication **Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy** provides additional guidance on how to address issues of confidentiality including the specific provisions that allow disclosure of confidential information when a consent form has not been obtained.

It is important to note that when disclosure of information is made with the person's written consent, the system making the disclosure must include with the information conveyed a notice that "redisclosure" is prohibited without authorization. For example, if a parent authorizes a substance abuse treatment provider to share certain information with the child welfare worker, that worker is not allowed to share this information with someone else (even the parent's attorney) if they are not identified on the consent form (i.e., the definition of "redisclosure").

One of the methods for disclosure of this information is when a judge issues an order that authorizes an alcohol or drug treatment program to disclose patient-identifying information in the absence of a consent form. The court must follow certain procedures in order to release the information including making a finding that there is "good cause" for the disclosure prior to making the order for the release of information.

Agency attorneys should train agency staff in the confidentiality protections under Federal law and the procedures for seeking written consent and court orders. Agency attorneys may be required to craft a written policy about the redisclosure of treatment information.

Parent's attorneys are not automatically entitled to treatment information simply because they represent the parent. Parent's attorneys must obtain a voluntary parental consent allowing them to gain access to treatment information or obtain a court order.

Children's attorneys must also seek a voluntary parental consent to access treatment information. Children's attorneys are responsible for assuring the safety and well-being of the child and often feel they need access to a parent's treatment information to fulfill that responsibility.

Legal Practice: Disclosure of Information

42 USC § 290dd-2

Substance abuse records are to be kept confidential. However, there are ways that these records can be disclosed as appropriate. Under 42 USC § 290dd-2, records containing the identity, diagnosis, prognosis, or treatment of a patient involved in substance abuse treatment or education are to be kept confidential unless one of the following exceptions occurs:

- Where medical personnel needs information for a medical emergency;
- Where a qualified person is conducting research or program evaluation;
- Where a court orders release after application is made showing good cause for the release of information. To release the information the court needs to balance the need for disclosure against possible injury to the patient, the doctor-patient relationship, and treatment services;
- When a report of suspected child abuse or neglect needs to be made.

The American Bar Association's Center on Children and the Law can provide assistance to child welfare and legal professionals working through confidentiality issues. The Center has developed tools and training to promote attorney-court-agency-treatment provider collaboration on confidentiality.

Learn More: Review the **American Bar Association Center on Children and the Law Website**

Case Planning With Partners

Child welfare professionals normally prepare case plans with families that include activities, objectives, and service strategies that will help parents meet child welfare and dependency court requirements for the safety and well-being of their children. When agency professionals, judges, attorneys, service and treatment professionals all work as partners, case plans need to incorporate joint goals and activities that are mutually supportive and informative. Case planning activities need to:

- Incorporate objectives related to parents' treatment and recovery
- Ensure that, when possible, child welfare case plans, dependency court requirements, ASFA timelines and treatment plans do not conflict

- Include reviews of the case plans with court staff, attorneys, treatment staff and family
- Share case plans with treatment and service providers
- Regularly review parents' progress to meet the qualitative and quantitative goals of the case plan, and especially when critical events occur
- Contain indicators of parents' capacities to meet the needs of their children and outcome data pertaining to the case plans
- Be regularly monitored and shared with attorneys, service providers, and treatment counselors
- Share new information with attorneys, service providers, and treatment staff when there are changes that might create stresses for the parents or affect the parents' participation in treatment
- An important part of case planning is documentation. Agency workers must document all meetings, efforts made to work with the family including referrals, and case conferences

Closing a Child Welfare Case

Treatment completion is not the only condition that is considered when closing a child welfare case. Dependency courts and child welfare agencies are also concerned that parents have established the capacities to provide ongoing safety and well-being for their children.

Different clocks. A parent's progress in the child welfare and treatment systems may not be parallel—their 12-month permanency hearing might occur before they have completed treatment. This may be a compelling reason not to terminate parental rights. In such instances, if a judge makes the decision to return children while parents are still in treatment, reunification does not necessarily mean that court ends jurisdiction in the care of the children It is especially important to work out relapse prevention strategies, child safety plans in case relapse occurs, and plans to re-engage treatment if it is needed.

Conduct joint case review. When considering whether a child welfare case involving parental substance abuse is ready to be closed, child welfare workers must conduct a joint case review with the treatment counselor that ensures child safety and well-being at a minimum sufficient level of care for a particular child. They must meet with agency attorneys to ensure that State statutes and agency protocols are followed.

Court and attorney roles and responsibilities in closing a case.
Dependency courts need to make sure ASFA provisions and timelines have been followed, that the child has a permanency plan and that the child's safety and well-being have been thoroughly addressed. If a parent completes treatment but is still not able to safely care for his child, the court will remain involved in overseeing the care and protection of the child.

Agency attorneys will want to make sure child welfare workers are documenting every meeting, every goal, and every plan. The agency must show the court it has made

reasonable efforts to help the parent reunify with her child by providing essential services such as parenting skills, transportation and treatment. A thorough, current and detailed case plan document that specifies the efforts made by the agency to prevent the child's removal from his parents as well as efforts to safely return the child to the parent's care is key to having sufficient evidence documenting the agency's efforts to the dependency court. The agency also needs to document that they have made reasonable efforts for the child to achieve a permanent living situation.

Before a case is closed, the child must achieve permanency by having been reunified with their parent or another permanency goal: freed for adoption, placement with a fit and willing relative, guardianship, or another planned permanent living situation. The court may order the agency to keep its case open to monitor the child. The court may also order continued court supervision.

Joint Case Review

Attorneys and judges may receive reports on joint case reviews in cases of parental substance abuse. Attorneys may or may not be invited to attend these case reviews, depending on local practice.

The joint case review needs to address whether:

- Parents demonstrate the capacity to meet the needs of their children, appropriate to their age, development, and special requirements
- Children show evidence of improved care and development
- Parents have completed the recommended treatment program at an acceptable level and a safety plan is in place for the child
- A safety assessment of the children ensures there are no remaining unsafe conditions or other conditions that pose a risk to them
- Any additional reports of child abuse or neglect have been substantiated.
- The family has established positive family supports and community links that are available when needed
- The parent has demonstrated the ability and willingness to use community supports when needed
- The children have a safe, stable, and appropriate permanency goal of reunification, adoption, placement with a fit and willing relative, guardianship, or another planned permanent living arrangement

Helping Parents Prepare for Recovery

Recovery from substance abuse is an ongoing, life-long process. During the early months of recovery, parents with substance use disorders are especially vulnerable to relapse. Many clients may need to return to a more intensive level of treatment. Parents will need help and support for the following activities:

- Maintaining sobriety

- Adjusting their lifestyles to avoid situations that contributed to the substance abuse
- Finding basic services that will help them re-establish their lives, jobs, and families
- Acknowledging the loss of relationships with, and the oversight provided by attorneys, judges, child welfare workers, and substance abuse treatment workers
- Finding and connecting with new support systems and resources in the community that will continue after termination of the relationships with attorneys and court staff, child welfare and treatment counselors

Attorneys and judges should work with treatment providers to help address the parent's need to have a positive recovery experience.

Helping Families Leaving the Child Welfare System

When working with parents during the case closure phases and helping them develop life-long recovery strategies, judges, attorneys and child welfare workers must consider developing and using the following resources:

Encourage 12-Step participation. Use motivational enhancement interventions to encourage ongoing participation in the 12-Step programs and to obtain a 12-Step sponsor.

Know resources. Maintain a directory of local community- and faith-based organizations and social support services. Obtain relevant contact information (e.g., phone numbers, addresses, hours of service, and referral requirements). Establish relationships with organization representatives to make ongoing, informed referrals for parents, as needs arise.

Identify individualized services. Work with the substance abuse counselor to determine the specific services that parents will need for themselves and their families during the recovery period.

Helping Families Leaving: Support and Safety Planning

Help families establish a community network of support and safety planning for parents and children on which they can rely when the case is closed. This network needs to provide linkages, relationships, and benefits.

Legal professionals will want to review safety planning from Module 3.

Court and Attorney Roles and Responsibilities in Understanding Substance Abuse Treatment

Dependency court judges are responsible for making decisions about child safety, permanency and well-being after consulting with the various service providers. They also may have the ability to order parents' participation in treatment as a condition for either preventing a child's removal from their parents' custody or for getting a child back under parental care. Since judges' orders for parents to comply with case plans may include specifications of treatment programs, a judge must be aware of the community's treatment resources, the programs that are offered and the types of facilities. Judges

also must understand the treatment process to make the best decisions for children and families.

Legal professionals will benefit from visiting different treatment programs, offering to do brown-bag in service trainings and generally creating opportunities for gaining knowledge and fostering collaboration. Judges can take the lead and encourage fellow legal professionals to visit treatment service providers or offer their services during in service trainings.

Judges and attorneys depend upon the reports they get from treatment service providers. The greater the knowledge and respect shared between legal professionals and treatment providers, the easier it is to request clarification, additional information or get a phone call returned quickly.

To make these decisions about court orders, dependency court judges will also want to know the parent's history of substance use and prior treatment, as well as a parenting profile, home environment, and family supports. The judge will want to know what the child welfare agency thinks the parent needs to do to get their children returned and recommendations made by the substance abuse treatment provider. The judge will also listen to the parent's attorney explain her client's position on whether or not substance abuse treatment or other services are needed. After listening to all the evidence, at various points in the life of the case, the judge will order what service plan the parent needs to complete to continue or re-instate parental custody.

The agency attorney will present to the court what the child welfare agency thinks needs to happen for the child to be safe at home and to discontinue agency supervision. The agency originates the child welfare case plan and works closely with treatment providers to recommend a parent's substance abuse treatment plan, with input from the parent's and children's attorneys when appropriate. Therefore all agency attorneys working on child welfare cases must have a working knowledge of treatment so they are able to support what agency caseworkers and treatment providers have recommended. Should a question or problem arise during court review, the agency attorney is the one who will communicate decisions in court that make modifications to the case plan.

The child's attorney must be familiar with the history of the case and any specific needs the child might have. A child's attorney must be familiar with children's developmental needs and how parental substance use can impact a child's development and safety. A child's attorney is responsible for understanding the program, including factors such as program duration, approach to visitation and other factors that may impact the parent's participation, and the child's safety, permanency and well-being.

The parent's attorney will represent what the parent thinks should happen to regain custody or to have his or her child released from agency supervision. Parents' attorney's responsibilities include advocating for the best fit between the parents' needs and the reasonable efforts being put forward by the agency. The parent's attorney must understand treatment to be able to advocate to the court for what the client needs to recover. As a parent's needs change, the parent's attorney must be able to present those changes to the court along with advocating for needed changes in services for the parent.

Ethical considerations: All the attorneys must be aware of their roles and responsibilities in these cases. All attorneys must zealously advocate for their client(s). In doing so, various situations may arise that create challenges for attorneys to consider including:

- An agency attorney may face an ethical challenge if the agency recommends treatment for the parent at the treatment facility where the agency has a contract but the facility may not provide the most appropriate level of care or treatment approach that is needed by the parent.
- A parent's attorney may have an ethical challenge if the attorney knows or suspects a safety issue in the parent's home, but the client wants the child returned home.
- A child's attorney can face an ethical challenge if the client wants to return home but the attorney does not believe the child would be safe. This ethical issue is more pronounced when the child is older and wants to go home; the child's attorney has more of an obligation to advise the court of the child's desires depending upon the type of representation that is provided by the State's statute.

Linkages. Help promote linkages with community-based organizations and resources that will provide ongoing support and assistance to families about issues for which they need help. Reinforce the linkages with contacts, arrange for initial visits while the family is still in the child welfare system, and have follow-up discussions to determine how effectively the linkages met family needs.

Relationships. Help families establish relationships with family members, friends, churches or temples, or other social support groups that can support the family members as they make their way through recovery.

Benefits. Ensure that parents are receiving the full income and other benefits from the State's Temporary Assistance for Needy Families (TANF) Program and are participating in the Earned Income Tax Credit.

Learn More: Review the IRS page on **Earned Income Tax Credit**

Conclusion to Module Five

Court staff and attorneys can play a unique role in collaboration with child welfare workers, service and treatment professionals. A judge can set the standard for collaboration by meeting with and developing working partnerships with service and treatment professionals. Attorneys often possess valuable information and can share it with appropriate professionals to help promote a good treatment outcome for the parents and the potential of a safe home for the child.

For example, a parent's attorney can be a good resource in advocating for the best possible treatment program for the parent, so the case worker could collaborate with the parent's attorney to locate the most suitable program for the parent's needs.

A child's attorney focuses on the child's safety and well-being and could have useful information such as potential location or frequency when considering how to structure and arrange visits.

As much as an attorney may want to collaborate however, he or she needs to consider their professional and ethical responsibilities including zealous advocacy for the client. Remembering these various obligations throughout the dependency court system is helpful when considering possible collaboration.

Child welfare workers, addiction treatment counselors, attorneys and dependency court judges have shared and distinct responsibilities. Given the distinct and often conflicting timelines imposed on parents, the need for collaboration among attorneys, court staff, agency workers, service providers and counselors is critical.

The confidentiality requirements for child welfare workers and addiction treatment providers may also differ. Workers and counselors must learn and adhere to these Federal, State, and agency requirements. Courts and attorneys must uphold confidentiality rules and regulations. Attorneys do not need to use confidentiality regulations as a barrier or shield to sharing necessary information. Thinking of confidentiality rules as a tool or set of instructions can have a positive effect on collaboration.

Collaboration ranges from working with multi-disciplinary groups, agency collaborations, and attorney-worker-counselor collaborations on individual cases. Professionals can take numerous steps to promote all levels of collaboration. This can include establishing an environment conducive to collaboration, and taking steps to help parents through the processes.

Congratulations! You have finished the course. Please take the Knowledge Assessment.

Resources

Child Welfare Websites

The **Child Welfare Website** provides a gateway to information related to the well-being of children. This site contains an electronic journal called the *Child Welfare Review*, access to the *Children and Youth Services Review* print journal, a library with information on a variety of related subjects and links to major journals and research organizations, a section on children and the Internet, and an Oxford University Press series providing serious analysis of child welfare practice, policy, and research.

The **http://www.nationalcasa.org/** (CASA) volunteers are everyday people who are appointed by judges and specially trained to advocate for the best interests of abused and neglected children. A CASA volunteer remains with a child until he or she is placed into a safe, permanent, and nurturing home. The National CASA Website provides information about the CASA program and includes a search function to identify local CASA resources.

The **Child Abuse and Neglect Test** contains 25 true-or-false questions that can help you determine how much you know about this important subject. The test comes from

the Ohio Department of Human Services, and it is used in their training sessions. At the end of the test is a collection of links, including one to a site that provides a definition of child abuse and neglect.

The **Federal Interagency Forum on Child and Family Statistics** hosts a Website that offers easy access to Federal and State statistics and reports on children and their families, including population and family characteristics, economic security, education, health, and behavior and social environment. Also available on the site are comparisons of children in America to those in other parts of the world and a search engine to help find international, national, and State-level statistics on children's well-being from other Federal or non-Federal sites.

Head Start is a comprehensive program designed to foster the healthy development of young children from low-income families. Head Start provides children from low-income families with daily nutritious meals and many opportunities for social, emotional, and intellectual growth that can prepare them for success in school and in life. The program also connects children to a health care source and provides vital support services to their families. The Website provides a wealth of useful information regarding the national program and contact information for local programs.

The **National Institute of Child Health and Human Development** is a subdivision of the National Institutes of Health that conducts and supports research into the reproductive, neurologic, developmental, and behavioral processes that determine and maintain the health of children and adults. The Institute's Website also contains several sources of information on health topics and research findings in child development.

The **National Resource Centers and Clearinghouses of the Children's Bureau**, within the Administration on Children, Youth and Families, the longest standing Federal agency dedicated to children's issues, offers information on numerous topics.

Formerly the **National Clearinghouse on Child Abuse and Neglect Information** helps professionals locate information and the National Adoption Information Clearinghouse, the **Child Welfare Information Gateway** provides access to information and resources to help protect children and strengthen families..

The **National Center on Substance Abuse and Child Welfare** is an initiative of the U.S.Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

NCSACW's goals are to develop and implement a comprehensive program of information gathering and dissemination, provide technical assistance, and develop knowledge that promotes effective practice, organizational, and system changes at the local, State, and national levels.

The NCSACW is implemented by staff from **Children and Family Futures (CFF)** under contract with **CSAT**.

A consortium of organizations has been developed to support the implementation of the NCSACW. The consortium members are national associations and organizations who have been invested in these issues for several years and who represent the various

stakeholder populations of the NCSACW. They bring invaluable expertise and resources to the work of the NCSACW and facilitate access to an enormous constituency base for information gathering and dissemination. Consortium member organizations represent families, professionals, national leaders on practice and policy issues in substance abuse, child welfare and family courts, the Tribes, and policymakers. Consortium members include:

American Public Human Services Association (APHSA) Founded in 1930, APHSA is a nonprofit, bipartisan organization of individuals and agencies concerned with human services. Our members include all State and many territorial human service agencies, more than 1,200 local agencies, and several thousand individuals who work in or otherwise have an interest in human service programs. APHSA educates members of Congress, the media, and the broader public on what is happening in the States around welfare, child welfare, health care reform, and other issues involving families and the elderly.

Child Welfare League of America (CWLA) The Child Welfare League of America (CWLA) is the Nation's oldest and largest membership-based child welfare organization. CWLA's mission is to engage people everywhere in promoting the well-being of children, youth, and families and protecting every child from harm. CWLA's almost 1,200 public and private nonprofit member agencies serve 3 million abused and neglected children and their families each year. Agencies look to them for practice standards, cutting-edge publications, expert training and technical assistance, authoritative data and research, and legislative advocacy. CWLA is the largest publisher of child welfare materials in the world.

National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) NASADAD is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State Drug Agency Directors, and then in 1978 the membership was expanded to include State Alcoholism Agency Directors. Today, all States have combined State Alcoholism and Drug Agency Directors.

National Council of Juvenile and Family Court Judges (NCJFCJ) Founded in 1937, the NCJFCJ is the oldest national judicial membership organization in the United States. The NCJFCJ's primary purpose is the education and training of State and local judges of juvenile and family jurisdiction and the employees of such courts. There are more than 1,800 dues-paying members, including judges, juvenile law enforcement officers, attorneys, child protective services, and probation personnel. In 1969, the NCJFCJ moved its headquarters to the University of Nevada campus in Reno, Nevada, and established its National College of Juvenile and Family Law.

National Indian Child Welfare Association (NICWA) NICWA is dedicated to the well-being of American Indian children and families. Its vision is that every American Indian child has access to community-based, culturally appropriate services, which help them grow up safe, healthy, and spiritually strong and free from abuse, neglect, sexual exploitation, and the damaging effects of substance abuse. NICWA defines its primary constituencies as Tribal Governments and urban Indian social service programs that serve Indian children and families. NICWA is the only national Indian organization,

either public or private, that is focused on child abuse and neglect issues that impact Indian children and families.

The **National Data Archive on Child Abuse and Neglect (NDACAN)** is a service of the Children's Bureau, U.S. Department of Health and Human Services. It seeks to facilitate ongoing analysis of research data by making it available on its Website, which also contains: publications, including the NDACAN Updata newsletter and an investigator's handbook; information on training institutes and workshops; an email list for child maltreatment researchers; announcements regarding events and research funding; and links to other resources on the Web.

Parents Anonymous encourages all parents to ask for help early to effectively break the cycle of abuse. Parents Anonymous groups meet in local community centers, churches, schools, housing projects, shelters, and prisons. Parents Anonymous also operates local 24-hour hotlines. The Website provides contact information for local Parents Anonymous groups.

The **Economic Success Clearinghouse** includes resources on welfare, workforce development, work supports, income supplements, asset development and links to more than 9,000 organizations and publication pages containing program information, policy analysis, legislative information, and best practices.

The **Treatment Improvement Exchange (TIE)** of the Center for Substance Abuse Treatment provides an easy-to-navigate portal to the Center's Treatment Improvement Protocols, Technical Assistance Publications, TIE Communiqué series, and other online publications. The site also contains a directory of State alcohol and drug abuse agencies, as well as documents on a variety of special topics, including HIV/AIDS, children's health insurance, criminal justice, dual disorders, and healthcare reform.

Online Publications

Building Bridges: States Respond to Substance Abuse and Welfare Reform. National Center on Addiction and Substance Abuse, 1999. Prepared in partnership with the American Public Human Services Association, this 105-page document details findings of a 2-year study of people on the "front lines" in welfare offices, job training programs, substance abuse agencies, and government organizations to find out what works and what doesn't. Of particular interest are five key factors that facilitate or inhibit integrating substance abuse treatment and welfare reform.
Visit **http://www.aphsa.org/Publications/reports.asp** for more information.

A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice, U.S. Department of Health and Human Services, 2003. This document provides a philosophical overview of child protection; defines child abuse and neglect in legal and operational terms; discusses the nature, extent, causes, and effects of child maltreatment; describes the Federal, State, and local responsibilities in child protection; and details the roles of the court, community agencies, and professionals in the prevention, identification, and treatment of child abuse and neglect.
Visit **http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm** for more information.

Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence, and Depression in the Context of Welfare Reform. Child and Welfare Reform Issue Brief 8. National Center for Children in Poverty, 2000. This short document addresses the needs of children and families affected by welfare reform in which the adults—particularly mothers—experience substance abuse, domestic violence, and serious mental health problems.
Visit **http://www.nccp.org/pub_cwr00h.html** for more information.

Substance Abuse Treatment and the State Children's Health Insurance Program. TIE Communiqué Special Issue. Substance Abuse and Mental Health Services Administration, 1999. This 28-page edition of the newsletter produced by the Treatment Improvement Exchange, as "a memo to the field," focuses on issues related to the founding of the Children's Health Insurance Program, including substance abuse and mental health treatment.
Visit **http://www.treatment.org/communique/CHIPtreatment.pdf** for more information.

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Glossary

The following is a glossary of definitions for key terms and concepts used in this course.

Adjudication hearing—in child welfare proceedings, the trial stage at which the court determines whether allegations of abuse or neglect concerning a child are sustained by the evidence and, if so, are legally sufficient to support state intervention on behalf of the child; provides the basis for state intervention into a family, as opposed to the disposition hearing, which concerns the nature of such intervention; in some states, adjudication hearings are referred to as "jurisdictional" or "fact-finding" hearings.

Adoption and Safe Families Act of 1997 (P.L. 105-96)—on November 19, 1997, the President signed into law the Adoption and Safe Families Act of 1997 (ASFA), which amended Titles VI-B and IV-E of the Social Security Act to clarify certain provisions of P.L. 96-272. ASFA made changes in a wide range of policies established under the Adoption Assistance and Child Welfare Act to improve the safety of children, to promote adoption and other permanent homes for children, and to support families.

Assessment in child welfare—broadly refers to gathering information that affects a child's immediate safety, potential risk of future harm, and a family's level of functioning and well-being based on their strengths and needs. These include safety, risk, and family assessment.

Biopsychosocial—describes an approach or model that takes into account the biological, psychological, and social factors or perspectives, in this case, related to substance use disorders. A biopsychosocial perspective on addiction results in promoting the integration of different perspectives on the illness; explaining and preserving some common clinical dimensions; necessitating multidimensional assessment; and promoting effective matching of the client with individually prescribed treatment.

Behavioral therapies—are psychotherapy that aims to stop or reduce a problem behavior, in this course, substance use disorders. There are various types of behavioral therapies, including behavior modification, psychotherapy, assertiveness training, and aversion therapy, to name a few.

Case plan—an individualized plan of action with measurable goals and outcomes developed by a family and child welfare services worker to ameliorate risk to children and ensure their safety, permanency, and well-being.

Child abuse—to hurt or injure a child by maltreatment. As defined by statutes in the majority of states, the term is generally limited to maltreatment that causes or threatens to cause lasting harm to a child.

Child neglect—to fail to give proper attention to a child; to deprive a child; to allow a lapse in care and supervision that causes or threatens to cause lasting harm to a child; to fail to perform or discharge a duty to a child, such as medical neglect or educational neglect.

Child protective services (CPS)—the division within child welfare services that is responsible for maintaining a child abuse and neglect referral system and for determining whether a child is in need of protection.

Child welfare services (CWS)—includes the broad continuum of programs and strategies designed to protect children from child abuse and neglect and to strengthen families.

Child welfare services staff (CWS staff)—social workers and other personnel with specialized knowledge and skills that provide services to prevent and intervene with families at risk of and involved with child abuse and neglect.

Dependency cases—cases that go before a juvenile court in which allegations of child abuse or neglect are heard. The specific definition of a dependency case and a dependent child varies by State statute.

Dependent child—a person under the age of 18 who is subject to the jurisdiction of the court because of child abuse, or neglect, or lack of proper care.

Diagnosis of a substance use disorder—using criteria established by the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision to determine if a person is classified as a substance user, substance abuser, or is substance dependent.

Disposition hearing—the stage of the juvenile court process in which, after finding that a child is within jurisdiction of the court, the court determines who shall have custody and control of a child; elicits judicial decision as to whether to continue out-of-home placement or to remove a child from home; service plans, treatment plans, and conditions of placement are discussed and determined.

Family assessment—evaluates how well a family is functioning in several domains that affect child and family well-being, including needs and strengths of the family.

Identification of a child who is potentially a victim of abuse and/or neglect—an awareness of behaviors, signs, or symptoms indicating that there is reasonable suspicion that a child has been the victim of abuse and/or neglect. Some health, social service and education professionals are required by law to report such suspicions to child protective services.

Identification of a person with a potential substance use disorder—observations or knowledge that a person's substance use is associated with adverse consequences in areas of life functioning, including interpersonal relationships, family responsibilities, employment, criminality, and/or emotional well-being.

Intake—refers to the step that follows referral in which a person is admitted to a treatment program, a type of "in-processing", in which a person formally enters treatment for a substance use disorder.

Minimum sufficient level of care—A "minimum sufficient level of care" is the point below which a home is considered inadequate for the care of a particular child. It is a practice value and decision-making guide that helps workers and judges ensure that children are safe but also not removed from their families unnecessarily. This practice value is reinforced by Federal policy that requires the safety and well-being of children be protected under ASFA.

Permanency planning hearing—a special type of post-dispositional proceeding designed to reach a decision concerning the permanent placement of a child. ASFA established a permanency planning hearing within 12 months of a child's placement, rather than within 18 months as in current law. At the hearing there must be a determination whether and when a child will be returned home, placed for adoption and a termination of parental rights petition filed or referred for legal guardianship, or, when other options are not appropriate, another planned permanent living arrangement made. For children for whom a court determines reasonable efforts to reunify are not required, a permanency planning hearing must be held within 30 days of such determination.

Pharmacotherapies—are medications intended to ameliorate or abate the effects of a particular illness or health behavior, in this case, substance use disorders. Pharmacotherapies may be used on a short-term basis to manage intoxication, overdose, or withdrawal, or on a long-term basis to manage the addiction itself and maintain sobriety, such as with bupropion SR, nicotine gum/inhaler/spray/patch for smoking cessation, and methadone maintenance to achieve and maintain recovery from heroin addiction.

Preliminary protective hearing—the first court hearing in a juvenile abuse or neglect case, referred to in some jurisdictions as a "shelter care hearing," "detention hearing," "emergency removal hearing," or "temporary custody hearing," occurs either immediately before or immediately after the child is removed from home on an emergency basis; may be preceded by an ex parte order directing placement of the child; and in extreme emergency cases may constitute the first judicial review of a child placed without prior court approval.

Reasonable efforts—the reasonable efforts requirement of the Federal law is designed to ensure that families are provided with services to prevent their disruption and to respond to the problems of unnecessary disruption of families and foster care drift. Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, required that "reasonable efforts" be made to prevent or eliminate the need for removal of a dependent, neglected, or abused child from the child's home and to reunify the family if the child is removed. To enforce this provision, the juvenile court must determine, in each case where Federal reimbursement is sought, whether the agency has made the required reasonable efforts. (42 U.S.C. 671(a)(15), 672(a)(1).)

ASFA expanded reasonable efforts provisions by requiring that when a court determines that reasonable efforts to reunify are not required, a permanency planning hearing must be held within 30 days of such determination. Reasonable efforts also

must be made to place the child in a timely manner in accordance with the permanency plan and to complete whatever steps are necessary to finalize the plan.

Recovery—describes the process by which a person becomes aware of the substance use as a problem and initiates and maintains a substance-free life and, as a part of that process, generally achieves a stronger sense of balance and control of his or her life. Recovery is a life-long process that takes place over time and often in specific stages. In addition to abstinence from substance use, recovery includes a full return to biopsychosocial functioning (HHS/SAMHSA, 1996). The Developmental Model of Recovery includes six steps: Transition; Stabilization; Early Recovery; Middle Recovery; Late Recovery; and Maintenance.

Review hearing—court proceedings that take place after disposition in which the court comprehensively reviews the status of a case, examines progress made by the parties since the conclusion of the disposition hearing, provides for correction and revision of the case plan, and makes sure that cases progress and children spend as short a time as possible in temporary placement.

Referral—describes the step that follows screening in which a person receives instructions to seek treatment for a substance use disorder.

Relapse—is not an isolated event, but rather a process in which an individual becomes dysfunctional or unable to cope with life in sobriety, and thus can no longer avoid using a substance. This process may lead to renewed alcohol or drug use, physical or emotional collapse, or even suicide. Predictable and identifiable warning signs, such as physical, psychological, or social distress, and seeking out social situations involving substance-using people, often begin long before the relapse occurs (HHS, 1999).

Risk assessment—evaluates potential future threats to the life or well-being of a child in the context of existing protective factors.

Safety assessment—evaluates immediate threats to the life or well-being of a child.

Screening for substance use disorders—a set of routinely administered observations and questions leading to a determination that a person has a potential substance use disorder. Screening is conducted by child welfare service staff as well as community-based providers, hospital staff, other health or social services agency staff, or may be a specialized service conducted by an alcohol or drug counselor.

Screening for child abuse and/or neglect—observations and questions leading to a determination that a child may have been the victim of abuse and/or neglect. These observations or questions are centered on issues of physical or sexual abuse, deprivation and neglect of basic needs or child's well-being.

Substance abuse—a pattern of substance use that results in at least one of four consequences: (1) failure to fulfill role obligations; (2) use placing one in danger (e.g., driving under the influence); (3) legal consequences; or (4) interpersonal or social problems.

Substance abuse treatment (also treatment)—includes the broad continuum of programs and strategies designed to prevent and treat substance abuse and dependence and ameliorate adverse consequences associated with substance use.

Substance abuse treatment professional (also counselor, provider)—refers to counselors and other personnel with specialized knowledge and skills to provide services that prevent, intervene, and treat substance use disorders.

Substance dependence—a pattern of use resulting in at least three of seven dependence criteria as specified in the DSM IV/TR: (1) tolerance; (2) withdrawal; (3) unplanned use; (4) persistent desire or failure to reduce use; (5) spending a great deal of time using; (6) sacrificing activities to use; or (7) physical or psychological problems related to use. In this course, the term dependence is used interchangeably with addiction.

Substance use—the consumption of legal and/or illegal psychoactive substances.

Substance use disorders (SUDs)—include the spectrums of substance abuse and dependence as defined by the diagnostic criteria of the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV/DSM-IV-TR).

Termination of parental rights (TPR) hearing—a hearing or trial in which severance of all legal ties between child and parents is sought, and in which the burden of proof must be by clear and convincing evidence; also referred to in some states as a "severance," "guardianship with the power to consent to adoption," "permanent commitment," "permanent neglect," or "modification" hearing. ASFA requires that a termination of parental rights petition must be filed, except in certain cases, when a child of any age is under the responsibility of the state for 15 months out of the most recent 22 months. (The clock starts to run on the date of the first judicial finding of abuse or neglect or 60 days after the child is removed from the home, whichever is earlier.) ASFA also requires that a termination petition be filed when a court has determined a child to be an abandoned infant, or in cases where a parent has committed murder or voluntary manslaughter of another child of the parent or a felony assault that has resulted in serious bodily injury to the child or another child. ASFA lists some exceptions that can be made to these requirements.

Treatment plan—an individualized plan of action with measurable goals and outcomes developed by a client and substance abuse specialist to reduce substance use and related adverse consequences.

Withdrawal—refers to the voluntary (through seeking treatment) or involuntary (through not being able to obtain the substance) absence of substance use after a tolerance has been established through prolonged and/or heavy use. When an individual is described as "going through withdrawal," she or he may exhibit mild, moderate, or severe physical and psychological symptoms depending on the level of previous use, the substance used, and the person's condition.

Withdrawal symptoms—refer to the physical and psychological effects of withdrawal. Mild to moderate psychological symptoms include the feeling of jumpiness or nervousness; feeling of shakiness; anxiety; irritability or excitability; emotional volatility; depression; fatigue; difficulty thinking clearly; and bad dreams. Mild to moderate psychological symptoms include headache; sweating (especially palms and face); nausea; vomiting; loss of appetite; insomnia and sleep difficulties; paleness; rapid heart rate; enlarged pupils; clammy skin; hand tremors or eyelid twitching. Severe symptoms

include a state of confusion and visual hallucinations called delirium tremens; agitation; fever; convulsions; and blackouts.

Definitions of Child Welfare Terminology

In the first two modules, you may have encountered a number of unfamiliar concepts and words that have very specific meanings in the child welfare system. To collaborate with the child welfare system, it is important to remember these terms and how child welfare workers and dependency court judges use them. This is a summary of key definitions for you to print out and keep in your files.

The **Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996**, was amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (Public Law 108-36). CAPTA provides States and local public agencies with the funds and basic Federal guidelines to develop and maintain their child protective services (CPS) systems. CAPTA is the key Federal legislation regarding child abuse and neglect. CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities, and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. In addition, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and mandates the National Clearinghouse on Child Abuse and Neglect Information. CAPTA also sets forth a minimum definition of child abuse and neglect. Visit the **Child Welfare Information Gateway** or your State's Website, or contact your local Child Welfare office to learn the latest on your State's implementation of CAPTA, particularly the June 2003 amendments.

Adoption and Safe Families Act of 1997 (ASFA): Legislation designed to improve the safety of children; promote permanency, adoption, and other permanent homes for children who need them; and support families. This new law makes changes and clarifications in a wide range of policies established under the Adoption Assistance and Child Welfare Act, which is the major Federal law enacted in 1980 to assist the States in protecting and caring for abused and neglected children. Source: CWLA Website.

Child Welfare Services: Programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes. These services, encompassed by requirements in CAPTA and ASFA, include child protective services (child abuse and neglect), family preservation and support, foster care, adoption, and independent living.

Child Protective Services: The State or local agency that conducts investigations and makes determinations on reported child abuse or neglect.

Dependency Courts: In this course dependency courts are the State courts that make judicial decisions about children in the child welfare system.

Permanency Planning: The processes and services to reunify children who have been removed from their parents and/or the decision to terminate parental rights. Source: NCJFCJ Website -.

Termination of Parental Rights (TPR): The judicial proceeding that permanently ends the legal parent-child relationship and frees the child for adoption. Termination may be voluntary, based on the informed consent of the parent, or termination may be involuntary, following court proceedings brought against the parent. Source: Child Welfare Information Gateway - **http://www.childwelfare.gov/permanency/adoption/legal/parentalrights.cfm**

Indian Child Welfare Act (ICWA): ICWA is Federal legislation providing special procedural and substantive safeguards to protect the interests of American Indian families in culturally appropriate ways. It specifically addresses the removal of Indian children from their families and the considerations that must take place in doing so. Source: NICWA online curricula.

Open Adoption: Placing children in adoptions where birth parents maintain some limited and well-defined contact and exchange information. Source: Child Welfare Information Gateway - **http://www.childwelfare.gov/adoption/index.cfm**

Initial Assessment and Service Plan: This plan serves to record information gathered about the family members when a child has entered placement. It includes actions to be taken toward achieving the permanency goals set forth in the plan. Source: **http://www.gahsc.org/nm/pp/2002/SafeKidsFinalA.pdf**

Concurrent Planning: Encourages child welfare caseworkers to pursue more than one goal for the child. From the beginning of the case process, caseworkers can simultaneously attempt to locate a permanent or adoptive home for a child while they seek to preserve or reunite the child with his or her family. Source: **http://aspe.hhs.gov/hsp/CW-dads02/**

Reasonable Efforts: A court finding that the agency has made reasonable efforts to finalize a permanency plan, either to reunify the family or to find the child a new permanent home. Source: **http://www.abanet.org/child/adopt-reform.pdf**

Guardian *ad litem*: A person, usually a lawyer, appointed by the court to represent the best interests of the child.

Court-Appointed Special Advocate (CASA): A specially screened and trained community volunteer appointed by the court, who conducts an independent investigation of child abuse, neglect, or other dependency matters, and submits a formal report of advisory recommendations as to the best interests of a child. In some jurisdictions they are also appointed as guardians *ad litem*, even though they do not have legal training. Source: NCJFCJ.

Multiple Response System: A relatively new concept in child protective services, which offers an alternative to the traditional screen-in/screen-out decision-making process in which all screened-in cases are investigated, and screened-out cases receive no services. Under a multiple response system, a State or community has several tracks for different risk levels, and there are one or more tracks that include services that are not the result of an investigation.

Another Planned Permanent Living Arrangement (APPLA): This term is sometimes used to designate permanent foster care as an alternative to adoption.