



REUNIFYING FAMILIES WITH SUBSTANCE USE DISORDERS



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WHY IT MATTERS

With substance abuse being one of the primary reasons for removal from their homes (accounting for up to a third of all removals in 2015)¹ timely reunification of children and youth in foster care with their parents can be a challenge. Recovery is a lifelong and cyclical process, with relapse not uncommon and often a part of the process to recovery. The federal *Adoption and Safe Families Act* (ASFA) requires that children achieve permanency within 15 months of their 22 months in care, a difficult challenge at best, but especially for those getting treatment for substance abuse. The tension between these two timelines — the urgency for children to be reunified with their families as soon as possible, versus the time needed for

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The single strongest predictor of re-unification for families affected by substance abuse is completion of treatment. Studies have shown that women who complete 90 or more days of treatment nearly double their likelihood of reunification.²

Mothers who enter early into substance abuse treatment programs are more likely to reunify than mothers who don't, and their children spend less time in foster care.³ Strategies that help motivate parents to enter and remain in substance abuse services are critical to enhancing treatment outcomes.

ADVOCACY IN ACTION

8.7 MILLION CHILDREN nationwide have a parent who suffers from a substance use disorder.⁴

ACTIONS

- **Identifying the issues related to substance abuse early** is critical to the success of reunification and long-term recovery. Screening family members for possible substance abuse with culturally appropriate and validated tools should be routine. As the child's advocate, inquire whether this has been completed.
- **Engage recovery coaches.** Studies show that parents are more likely to enter treatment quickly and stay longer if they have a recovery coach. Recovery coaches work with parents, child welfare caseworkers, treatment agencies and advocates to remove barriers to treatment and provide ongoing support to families.
- **Provide encouragement and frequent feedback to parents.** Well-deserved praise can have a powerful impact on adult behavior. Recognize the hard work and struggle that is happening in the recovery and treatment process. Feedback that is timely, therapeutic and motivating instead of punitive or authoritative will be far better received.
- **Inquire about Family Treatment Drug Courts (FTDCs)⁵.** FTDS are courts that bring together treatment services with case management in a supportive setting and coordinate those efforts with child protective services. Research shows that family reunification rates are higher, and children spend less time in care, when their parents participate in FTDC.⁶
- **Ensure that parents are set up for success.** Although reunification is a motivating force for recovery, mothers and fathers report experiencing significant stress from parenting for lengthy periods of time after they have regained custody. The emotional stress of being reunified can overwhelm coping resources and increase the risk of relapse. In addition, many parents do not have strong support networks in place to assist them after they reunify with their children. Help parents identify new and healthy relationships and supports to avoid social isolation. Make sure that they have things in place to be successful in reunification like stable housing, child care, a mentor, a schedule for meetings located in a convenient place, etc.

- **Participate in the development of a safety plan in the event of relapse.** Ensure that the team is coordinating with treatment providers to develop and implement a safety plan in the event of parental relapse. The plan may include identifying individuals who regularly check on the well-being of children. This plan can identify homes where the child can stay if the parents are unable to provide a safe environment. The plan can help the parent identify trigger behaviors that would necessitate safety planning.
- **Celebrate families and equip them with supports** as they journey on their road to recovery. A combination of therapies and other direct services tailored to meet the parent's needs might include housing, transportation, child care, employment, and educational services. Studies show that treatment that provides parenting support and employment opportunities results in higher rates of reunification.⁷

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- **Learn about addiction and how it affects the whole family.** Learn how treating the family holistically — rather than an individual child or parent in isolation — can be more effective in addressing a family's underlying issues.
- **Consider attachment-based parent-child therapy and/or trauma-informed services** as key components to improving parent-child relationship given the stress that addiction can create in child-parent relationships.
- **Collaborate widely and often.** Integrated service provision with providers who are flexible and committed to the success of parents is needed. When all parties work together, studies have shown that treatment works better, faster, and produces stronger families.⁸

BRIGHT SPOT

SOBRIETY TREATMENT AND RECOVERY TEAMS (START) MULTIPLE SITES, UNITED STATES

START serves families involved with child welfare in which caregiver substance abuse is a factor in the child abuse or neglect allegation and in which at least one child is age five years or younger. Specially trained child protection caseworkers and parent mentors share a caseload of 12 to 15 families to provide intensive intervention based on a holistic assessment, shared decision-making, access to treatment, and supportive services such as flexible funding. Parent mentors are recovering individuals with at least three years of sobriety who themselves have been involved in child welfare. Services are based on a holistic assessment and include prompt intervention and access to treatment, shared-decision-making, and flexible funding.

In an evaluation involving a sample of 322 families (531 adults; 451 children), mother's achieved sobriety at 1.8 times the rate of those receiving usual treatment and their children were placed in out of home care at only half the expected rate. 40% of men and 66% of women achieved sobriety compared with treatment as usual rates of 37% for both men and women. Currently, work continues to refine the model to improve treatment outcomes for all recipients, but especially for men.

To learn more:

<http://www.addictionpolicy.org/single-post/2017/03/08/Sobriety-Treatment-and-Recovery-Teams-START>

SELECTED RESOURCES

Below are tools and examples of programs that support reunification of families with substance use disorders.

Name	Description
<i><u>Celebrating Families</u></i> ⁹	This family-inclusive, trauma-informed, skill-building program is for families with a parent with a substance addiction. It was developed to prevent children's future addiction and mental and physical health problems. The program combines prevention and intervention to support the healing of families in early recovery while developing skills to prevent future addiction.
<i><u>Engaging Moms (EM)</u></i> ¹⁰	This 12 week home-based intervention is designed to promote maternal enrollment and retention in substance abuse services. Program specialists address barriers to treatment (e.g., transportation, child care), and therapeutic contacts focus on validating a mother's feelings about delivering a substance-exposed baby; highlighting losses and missed opportunities as well as competencies and strengths; helping a mother understand her life situation as a consequence of her difficult life circumstances; instilling hope; and strengthening bonds between a mother and her child, family, and other natural supports. The program has been found to increase the percentage of women who enroll in drug treatment programs and receive at least four weeks of services.
<i><u>Parent-child interaction therapy (PCIT)</u></i> ¹¹	PCIT is an evidence-based treatment for young children with behavioral and emotional challenges that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. It uses a unique combination of behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent-child relationship. Research shows that parents who participate in PCIT learn more effective parenting techniques, the behavior problems of children decrease, and the quality of the parent-child relationship improves.

ENDNOTES

- 1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *The AFCARS report*. <http://www.acf.hhs.gov/programs/cb>
- 2 Grella, C., Needell, B., Shi, Y. & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and children in child welfare? *Journal of Substance Abuse Treatment*, 36, 279–293.
- 3 Green, B. L., Rockhill, A., Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460–473.
- 4 American Academy of Pediatrics, April 2018.
- 5 See Issue Brief on "Family Drug Treatment Courts."
- 6 Marlow, D., Carey, S. (2012). *Research update on family drug courts*. National Association of Drug Court Professionals. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf>
- 7 Grella, C.E, Needell, B., Shi, Y., Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment*, 36, 278-293.
- 8 Green, B. L., Rockhill, A., & Burrus, S. (2008). The role of interagency collaboration for substance-abusing families involved with child welfare. *Child Welfare*, 87(1), 29.
- 9 See <http://www.celebratingfamilies.net/>
- 10 See <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=56>
- 11 See <http://www.pcit.org/>

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