UNIVERSITY OF MINNESOTA

CASCW Practice Notes

Center for Advanced Studies in Child Welfare

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Protecting Children in Substance-Abusing Families

Parental substance abuse is widely acknowledged as the primary risk factor associated with child abuse and neglect.

In Minnesota, more than half of all child maltreatment incidents involve a substance-abusing parent. Children from families with substance abuse conditions are more likely to remain in out-of-home placements for longer periods of time and have less chance of being reunified with their parents or being adopted. The long-term consequences for children are profoundly disabling.

While the substance abuse treatment and child welfare systems frequently work with the same families, each system operates with different goals, legal mandates, and desired outcomes. As the frameworks diverge; the challenge is to bring these two fields into a common perspective on the child and family. Given the time limits for planning decisions that have been imposed by the Adoption and Safe Families Act of 1997, this is a matter of great urgency.

This issue of *Practice Notes* will explore these issues and provide guidelines for assessing a child's safety and well-being when parental substance abuse is occurring in the home.

Emerging Issues

- Levels of use, abuse, and safety of the child
- Recovery and relapse and the safety of the child
- Defining success in terms of the well-being of the child

An Assessment Guideline

For Infants in Substance-Abusing Families

Infants may be at greater risk if ...

- The newborn exhibits infant drug withdrawal symptoms (including vomiting, watery stools, fever, poor feeding, sleeping less than two hours after feeding, marked tremors, high-pitched cry, seizures, lethargy), tested positive for drugs, and/or is on medications for drug withdrawal.
- The infant was born prematurely; symptoms related to prenatal substance exposure may be indicated by the infant's degree of illness or the immaturity of the central nervous system.
- One or more of the siblings were born drug- or alcohol-exposed.
- The infant has medical or physical problems that could significantly impact critical life functions or long-term physical and intellectual development; the infant will require close medical monitoring, special medication or equipment, and/or frequent pediatric visits.

National Center on Child Abuse and Neglect (1994). *Protecting Children in Substance-Abusing Families: The User Manual Series*. Washington, DC: U. S. Department of Health and Human Services.

Literature References

Howard, J. (1994) Barriers to successful intervention. In *When drug addicts have children.* D. J. Besharov, Ed. Washington, DC: Child Welfare League of America and American Enterprise Institute.

Hampton, R. L., Seratore, V., & Gullotta, T. P. (1998). *Substance abuse, family violence, and child welfare: Building perspectives.* Thousand Oaks, CA: Sage.

National Center for Child Abuse and Neglect (1995). Protecting children in substance abusing families: The user manual series. Washington, DC: U. S. Department of Health and Human Services.

National Clearinghouse of Child Abuse and Neglect Information (1998). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* Washington, DC: author.

Rieke, A. (1998). *Selected highlights from a brief literature review: Substance abuse and child welfare issues.* Minneapolis: University of Minnesota Center for Advanced Study in Child Welfare.

Singer, L., Arendt, R., Minnes, S., Farkus, K., Yamashita, T., & Kliegman, R. (1995). Increased psychological distress in post-partum cocaine-using mothers. *Journal of Substance Abuse, 7*(2), 163-174.

Stevens, S., & Arbiter, N. (1995). A therapeutic community for substance abusing pregnant women and women with children: Process and outcome. *Journal of Psychoactive Drugs 27*(1).

Tracy, E. M. (1994, Sept). Maternal substance abuse: Protecting the child, preserving the family. *Social Work 39*(5).

United States General Accounting Office (1998, Sept). *Agencies face challenges securing stable homes for children of substance abusers.* GAO/HEHS-98-182.

Young, N., Gardner, S., & Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention/Child Welfare League of America Press.

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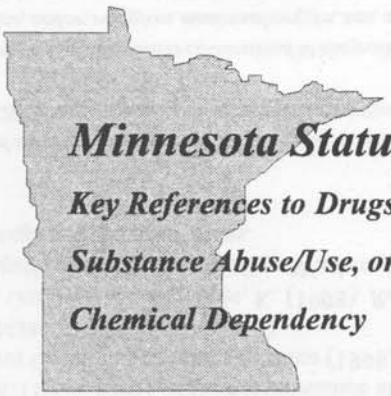

Minnesota Statutes (1998)

Key References to Drugs, Alcohol, Substance Abuse/Use, or Chemical Dependency

Public Inspection of Records (§260.161) Chemical dependency evaluations, from proceedings involving a child in need of protection or services, are not accessible to the public.

Reporting of Prenatal Exposure of Controlled Substance (§626.5561) A person mandated to report under section 626.556, subdivision 3, shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy... The local welfare agency shall immediately conduct an appropriate assessment and offer services indicated under the circumstances. Services offered may include...a referral for chemical dependency assessment, a referral for chemical dependency treatment if recommended and a referral for prenatal care.

Termination of Parental Rights (§260.221)

It is also presumed that reasonable efforts have failed if...

(i) the parent has been diagnosed as chemically dependent by a professional certified to make the diagnosis; and

(ii) the parent has been required by a case plan to participate in a chemical dependency treatment program; and

(iii) the treatment programs offered were culturally, linguistically, and clinically appropriate; and

(iv) the parent has either failed two or more times to successfully complete a treatment program or has refused at two or more separate meetings with a caseworker to participate in a treatment program; and

(v) the parent continues to abuse chemicals.

Reporting of Maltreatment of Minors (§626.556) Neglect includes prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects or developmental delays during the child's first year of life that medically indicate parental exposure to a controlled substance.

Evidence of Abandonment (§260.221 subdivision 1a) Abandonment is presumed when the parent has had no contact with the child on a regular basis and has not demonstrated consistent interest in the child's well-being for six months and the social service agency has made reasonable efforts to facilitate contact, unless the hardship or treatment for mental disability or chemical dependency or other good cause prevented the parent from making contact with the child.

Culturally Specific Chemical Abuse Treatment Programs

There are several programs throughout the state that offer culturally competent treatment for substance abuse. Two examples are given below. Both offer access to their reference libraries and provide technical training throughout the state.

Minnesota Indian Women's Resource Center
2300 15th Ave S, Minneapolis, MN 55404
(612) 728-2000; http://nnic.com/miwrc.html

The "Two Medicines" program identifies the two medicines of laughter and sharing as the path to recovery within all women. The program provides assessment, primary and relapse treatment, and aftercare services. Specialized services are provided to pregnant women through the "Circles Beginning" program and to women in late-stage chemical dependency through the "Healing Journey" program. Talking circles and guided exploration of traditional cultural values in terms of personal identity, children, and family roles are used. Family reunification and stabilization services and a children's learning center are also offered.

African American Family Services (AAFS)
2616 Nicollet Ave S., Minneapolis, MN 55408
(612) 871-7878; http://www.aafs.net/content.html

Formerly Institute on Black Chemical Abuse. According to AAFS, establishing a positive self-image and self-esteem is extremely difficult for many African Americans due to years of painful experiences, simply because they are members of an oppressed and devalued group. The comfort and trust that is enhanced through cultural familiarity and acceptance is significantly related to treatment outcomes. Within this culturally specific context, AAFS offers chemical health services spanning the continuum of care, including prevention, treatment, and aftercare services. Family counseling, crisis intervention, and home-based services address some of the issues that often coexist with chemical dependency such as family violence.

Predictors of Success in Parental Chemical Dependency Treatment

- Over age 30
- Stable employment history; fewer stressors such as poverty
- Desire to recover; fear of consequences if reinforced by sanctions
- Family members/peers pressure to stop using drugs and support them in recovery
- Little contact with drug culture
- Became addicted at an older age, primarily used one drug only, and was sober for a period before entering treatment; longer length of time in treatment
- No concurrent psychiatric disorders and in good physical health

American Bar Association (1998). *Child Law Practice, 17*(6), 81-95.

Treatment in Minnesota

- In 1998, about 25,000 men and 9,400 women were admitted for substance abuse treatment in Minnesota. About one in three of these women and about one in six of these men lived with minor children. At admission, 4% acknowledged being pregnant.
- The great majority (71%) of those admitted were Caucasian, while 15% were African American, 8% were Native American, 4% were Hispanic, and 0.5% were Asian.
- About two thirds of the Minnesotans admitted for treatment in 1998 had one or more prior treatment admissions.
- At discharge, clients were characterized as being dependent on the folowing substances: alcohol (57%) marijuana (14%), cocaine (10%), amphetamines (3%), and opiates (2%).

Minnesota Department of Human Services, DAANES, 1998.

Thank You to the following for providing some of the information presented in this issue: **Rose Robinson,** Minnesota Indian Women's Resource Center; **Pat Harrison**, Minnesota Department of Human Services; the staff at **African American Family Services**; and **Dr. C. David Hollister,** University of Minnesota School of Social Work.

"The Four Clocks"

As families affected by substance abuse try to recover, they face several conflicting timelines.

The Minnesota child welfare system. A permanency placement determination must be held within 6 months of out-of-home placement for children under the age of eight.

Treatment and recovery. The timetable of recovery is uncertain. Relapses are to be expected; an approach to recovery may be summarized by the phrase "one day at a time."

Welfare recipients. Clients of MFIP (Minnesota Family Investment Plan) face a 60- month time limit to economic assistance; typically each client must participate at least 20 hours per week in job activities. Families who face cut-off from MFIP may still be eligible for food stamps and medicaid.

Childhood development. The developmental timetable affects children, especially younger children, as they achieve -- or fail to achieve -- bonding and attachment and age-appropriate development.

Young, N. K., and Gardner, S. L. (1998, winter). Childrenat the crossroads. *Public Welfare 56*(1), 3-10. 40.

ASFA and Substance Abuse

The federal Adoption and Safe Families Act of 1997 (ASFA) tightens requirements for achieving permanency for children in foster care. The act sets shorter deadlines for agencies and courts to decide permanent plans for children and calls upon states to bypass efforts to provide reunification for certain children in foster care. When it comes to making permancy decisions for children whose parent(s) abuse substances, difficult decisions will have to be made.

American Bar Association (1998).*Child Law Practice, 17*(6), 81-95.

Two Separate Frameworks

to Respond to Substance Abuse in the Family

Identifying the Client

Most models of substance abuse treatment typically focus on the individual and the addiction itself, whereas child welfare case plans focus on the child and the family.

Recovery and Relapse

Child welfare agencies see relapse as extremely negative and something that requires an immediate response. Addiction treatment programs consider relapse as a normal part of recovery and use relapses as building blocks for long-term success.

Defining Success

Child welfare agencies may define success as cases in which a minimal standard of care is provided to the child. When parents are not mistreating the child and the child's basic needs are being met, the case may be considered successful. Treatment programs define success for the client as being clean and sober for 3 to 5 years and taking responsibility for one's life (e.g., caring for the family, being employed).

Legal Mandates

Finally, the child welfare system is operating from time limited legal mandates, whereas the substance abuse treatment system identifies addiction related to drugs and alcohol as a chronic, relapsing disorder that has no "real" cure, and which does not always respond to quick fixes.

American Bar Association (1998). *Child Law Practice,* 17(6), 81-95.

Reconciling these Frameworks

Several collaborative models around the country are being tested in which a chemical dependency counselor and a child protection worker jointly arrive at a case plan.

An Assessment Guideline (cont.)

For Toddlers and School-Aged Children in Substance-Abusing Families

Children may be at serious risk if they exhibit the following behaviors...

- Impaired emotional functioning (e.g., anxiety, depression, negative self-concept, low self-efficacy); difficulty in appropriately managing feelings such as anger, fear, and anxiety
- Guilt and shame ("If only I had done better in school, mom wouldn't drink so much...)
- Isolation and loneliness; socially withdrawn; poor peer relations
- Difficulty in self-regulation of behavior and ability to focus on assigned tasks; aggressive behavior

Morrison Dore, M., Kauffman, E., Nelson-Zlupko, L., & Ganfort, E. (1996). Psychosocial functioning and treatment needs of latency-age children from drug-involved families. *Families in Society* 77(10), 595-604.

Azzi-Lessing, L. & Olsen, L. J. (1996). Substance abuse-affected families in the child welfare system: New challenges, new alliances. *Social Work 41*(1).

There Is Increased Risk to Children if ...

- The parent lacks history of adequate social, occupational and personal functioning before the onset of drug use
- The parent's primary support networks are also habitual drug users
- The parent has little or no history of successful parenting before the onset of drug use, and limited identity as a parent

American Bar Association (1998). *Child Law Practice, 17*(6), 81-95.

Protective Factors: The Child...

- Has adequate supervision from a competent adult and meaningful relationships with others
- Has appropriate supplies and provisions in the home and is receiving ongoing health care
- Has stability in housing and school

Watkins, K.P., & Durant, L., Jr. (1996). Working with children and families affected by substance abuse. New York: The Center for Applied Research in Education.

Developmental Consequences of Prenatal Drug and Alcohol Exposure

	Cocaine	Opiates	Alcohol
At Birth	Low birth weight; small head circumference; increased muscle tone; sleeping/easting disorders; hard to comfort	Low birth weight; small head circumference; increased muscle tone; sleeping/eating disorders; neonatal abstinence syndrome; ecreased attentional abilities/ social responsiveness; heightened sensitivity to various stimuli; exaggerated reflexes; stuffy or runny nose; rapid respiration; apnea; chest contractions	Low birth weight; small head circumference; cranial malformatins (small eyes/eye openings, malformed ears, poorly defined philtrum;, thin upper lip/nose,flattened midfacial features, crossed eyes); heart murmurs; kidney/liver problems; undescended testicles; hernia; increased muscle tention; sleep problems; hard to comfort; mental retardation
Toddler	Low scores on measures of development; less appropriate play; more impulsive; less securely attached	Functions normally on developmental/ cognitive tests	Small for height and weight; alert, talkative, friendly; exhibits fluttering movements; difficulty in making transitions; severe tantrums
Pre-schooler	Most test normally on developmental/ language/ behavioral tests; some show expressive language/ behavioral /organizational deficits	Normal results for most tests; some show memory/ perceptual/ other cognitive deficits	Unable to handle a wide range of stimuli; difficulty attending; motor/ developmental delays; learning disabilities

Watkins, K.P., & Durant, L., Jr. (1996). *Working with children and families affected by substance abuse.* New York: The Center for Applied Research in Education.