**Pre-Service Module: Co-Occurring Considerations**

**Section 1: Substance Use in Child Welfare**

**Section Learning Objectives**

By the end of Section 1: Substance Use in Child Welfare, child welfare professionals will be able to:

* Recognize the impact of bias and stigma with substance use
* Become familiar with the effects of substance use on parenting, children, and families
* Recognize the signs and symptoms of common substances and substance use
* Understand the importance of collaboration with a system of care

**Section Themes and Key Points**

Below is a summary of the themes and key points covered in this section. This summary is intended to remind learners of the key learning points addressed and assist supervisors / coaches in understanding what was covered in order for them to guide and support the application of learning for new child welfare professionals related to this section.

1. This section outlines the stigma of substance use and potential barriers to successful partnerships with families. Compassion and understanding, while maintaining parent accountability and child safety is key. Child welfare professionals are encouraged to analyze their own personal experience, along with thoughts and perceptions about the stigma of substance use.
2. This section reviews the indicators of substance use which include slurred speech, nodding off, disorientation, cold/sweaty palms, tremors, dilated/constricted pupils, bloodshot eyes, needle marks, bruises, and poor personal hygiene.
3. This section outlines the effect of substance use on the brain and the impact on thoughts, emotions, and the ability to understand situations. This could have an impact on behavior including agitated mood, excessive talking, paranoia, manic episodes, depression, lack of motivation, criminal activity, missed appointments and financial challenges.
4. This section identifies the signs that could indicate substance use including unusual smells, reluctance with home visits, unexplained visitors, and signs of paraphernalia (straws, rolling papers, razor blades, etc.).
5. This section defines addiction. While not everyone who uses substances will develop a substance use disorder, substance use becomes a substance use disorder when an individual no longer can control their behaviors. Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Brain imaging studies also show physical changes in areas of the brain when drugs are used that are critical to judgement, decision making, learning, memory, and behavior control.

1. This section identifies drug classification. Drugs are classified according to their common effects and actions on the mind and body.
* Hallucinogens distort the perception of reality and cause altered perception and feeling (i.e., Marijuana).
* Opiates are powerful painkillers (i.e., Morphine, Oxycontin).
* Depressants are medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. These medications act directly on the central nervous system to create a calming or sedating effect (i.e., Alcohol).
* Stimulantschange the way the brain works by changing the way nerve cells communicate with one another. Stimulants can accelerate the activity of the central nervous system and make users feel energetic, focused, and alert. They can also make users feel edgy, angry, or paranoid. (i.e., Ritalin, Meth, Cocaine).
1. This section identifies the effects of substance use on families. Substance use can interfere with a parent’s ability to care for their children and provide a safe, nurturing environment. Children and youth of parents who use substances have an increased chance of experiencing a variety of negative outcomes including neglect, violence, depression and paranoia as the result of drug use. Not all children of parents with substance use issues will suffer child maltreatment or negative outcomes. However, a parent’s substance use may affect the ability to function effectively in the parental role. The effects on family functioning can include:
* Child Development - children may present with fetal alcohol syndrome or have a history of neonatal abstinence syndrome. Infants exposed to substances may experience a range of social, emotional, and behavioral effects because of exposure.
* Household Safety - children may be left without adult supervision. Parental use may include manufacturing substances or selling drugs. Children may be exposed to harsh chemicals (such as those used in methamphetamine labs) or dangerous and traumatic situations.
* Psychosocial Impact - children may struggle with communication difficulties, overstimulation, emotional regulation, insecure attachment, or other social-emotional concerns.
* Parenting - children may feel they cannot trust the parent and/or that they must be the parent. Parents may lack the skills to parent effectively, using harsh and inappropriate discipline.
* Intergenerational - sometimes multiple generations of the family have been affected by substance use disorders. Parents from these families may lack basic family and community support, and they may have poor models for caretaking and discipline.
1. This section identifies practice strategies that child welfare professionals can use to help parents and caregivers through substance use issues, while promoting children’s safety, permanency, and well-being:
* Family Engagement
* Motivate parents/caregivers to enter and remain in substance use treatment
* Develop case plans to address individual needs in the family
* Be nonjudgmental – use “person first” language
* Use a conversational tone with open-ended questions when discussing concerns
* Supportparentsin treatment and recovery by:
* Coordination of services
* Supporting the coping and parenting efforts
* Assisting in identifying triggers for substance-using behaviors
* Collaboration
* Coordinate with courts, substance use disorder treatment providers, and community partners to address parents’ substance use disorders and provide services to support child permanency with their families
1. This section addressesconsiderations in treatment for substance use disorders. Research indicates that most individuals with substance use disorders need at least three months in treatment to significantly reduce or stop their drug use and the best outcomes occur with longer durations of treatment that is individualized. Parents in treatment need services that include medical care, psychological assessments, mental health and trauma treatment, parenting, childcare, child development education, social support and life skills training.

**On-the-Job Application Activities**

Listed in this section are optional transfer of training activities to support the learner in applying the knowledge acquired during the Co-Occurring Considerations: Substance Use Pre-Service Module to their CPS roles and responsibilities.

These three activities are optional and are provided only to aid the child welfare professional and supervisor/coach in supporting transfer of learning from pre-service to the agency. The child welfare professional, with input from their supervisor/coach, may choose to complete all, some, or none of these activities or substitute in other activities.

**Option 1: Video “Child Welfare Substance Use – Parent Perspective, Sarah” Activity**

* Watch the video, “Child Welfare Substance Use – Parent Perspective, Sarah” (2:24):

<https://www.bing.com/videos/search?q=child+welfare+substance+use&ru=%2fvideos%2fsearch%3fq%3dchild%2bwelfare%2bsubstance%2buse%26FORM%3dHDRSC3&view=detail&mid=13DAF4C16ECAAC53A64413DAF4C16ECAAC53A644&&FORM=VDRVSR>. [Created and produced by the Center for Advanced Studies in Child Welfare. Permission to use this video extends to other entities and organizations that use this video for training and educational purposes.  This is a Title IV-E training product.]

* Identify ideas that will increase your success with families struggling with substance use issues and discuss these with your supervisor or coach.

**Option 2: County Resources for Assessing Substance Use Activity**

* Discuss and explore the resources available in your county to assess families with substance use issues with your supervisor or coach.
* Identify:

|  |
| --- |
| **Who/which agencies you can collaborate with** |
| **Where the resources are located** |
| **How families access the resources** |

**Option 3: Substance Use Services in Wisconsin Activity**

The Department of Health Services (DHS) works with local counties, health care providers, community partners, and others to provide alcohol and other drug abuse prevention.

* Review the DHS Substance Use: County Services Dashboard:

<https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm>.

* Find your agency’s information on the types of substance use services provided in the public behavioral health system as well as demographic breakdowns of service recipients.
* Identify the demographics and trends for substance use in your agency.
* Discuss how the trends and agency specific information on the statistics could assist you as you work with families with substance use issues with your supervisor or coach.