

## Topic: Substance Use Disorder in Child Welfare

**How to use this guide:** Spaced Education tests your recall of job-related knowledge using weekly quiz questions. A child welfare professional/professionals in your unit has received six quiz questions related to the theme of substance use disorders in child welfare.

This guide is intended to support supervisors in one-on-one or team discussions to promote critical thinking, address potential substance use disorders in child welfare, and provide a more in-depth analysis about this topic.

The in-depth analysis will be supported by the resources provided by the National Center on Substance Abuse and Child Welfare. Planning for safety around substance use is often complex, stressful, and sometimes seems impossible. It is the responsibility of the child welfare professional to determine if and how the substance use impacts the safety of the child and how to keep the child safe.

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**With each repetition, practice carves pathways in the mind,  
transforming knowledge into instinct and skill into second nature.**

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### Co-Occurring Disorders and Trauma

In the substance use disorder treatment field, “co-occurring disorders” refer generally to coexisting mental health and substance-related disorders. Conditions associated with childhood abuse and neglect or significant trauma or violence, that may co-occur with substance use disorders, include anxiety, depression, and PTSD, as well as dissociative disorders, personality disorders, self-mutilation, and self-harming. These mental health disorders can affect a parents’ daily behavior toward their children and their ability to focus on the children’s needs. In the child welfare field, if substance use is present, often co-occurring disorders are overlooked and the focus is on supporting sobriety. Failure to understand and address trauma, may lead to a lack of engagement in services, increase in symptoms, re-traumatization, increase in relapse, withdrawal from the service relationship, and poor treatment outcomes for families.

### Questions & Application 1

1. When you work with someone with a SUD, what's your initial gut reaction?
2. How do you consider the person’s past experiences when assessing the safety of the child?

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3. When you're doing a comprehensive assessment, what kinds of questions do you ask about, in addition to the SUD questions?
4. How can our time in supervision support changes you'd like to make to your practice regarding co-occurring disorders?

## Environmental Risk Factors for Substance Use

The child welfare professional needs to be mindful that not all people that use substances will develop a SUD. There are unique risk factors and protective factors that will influence people differently. These risk factors include, but are not limited to, biological factors, including genetics and gender. Environmental factors include the home environment and peer influence. Risk and protective factors influence development at different times, often relating to physiological changes or environmental factors, such as biological transitions like puberty or social transitions, like attending a new school, parental divorce, military deployment, or graduation. The chart below shows some parental behaviors that could lead someone to use substances. These are risk factors that could be displayed in a family setting.

Risk Factors	Definition
Family	
Family management problems (monitoring, rewards, etc.) <sup>57-60</sup>	Poor management practices, including parents' failure to set clear expectations for children's behavior, failure to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment.
Family conflict <sup>61-63</sup>	Conflict between parents or between parents and children, including abuse or neglect.
Favorable parental attitudes <sup>64,65</sup>	Parental attitudes that are favorable to drug use and parental approval of drinking and drug use.
Family history of substance misuse <sup>66,67</sup>	Persistent, progressive, and generalized substance use, misuse, and use disorders by family members.

## Questions & Application 2

1. How do you consider risk factors in your assessments?
2. How does understanding a parent's trauma history impact your understanding of risk factors you see play out?

3. Talk about a time it was difficult to distinguish between risk factors and a safety threat? What information did you need to better understand or inform decisions?

## Screening Tools for Substance Use

Screening for substance use should be an ongoing process when thinking and evaluating for safety. The trauma that stems from being a part of the child welfare system can be the catalyst that turns a parent to substances. Although there isn't a specific tool required, there are standardized and validated SUD screening tools that can be used by the child welfare professional.

One standardized assessment tool is the UNCOPE. This tool was designed to be culturally neutral and applicable across various cultures, enabling the screening of various substances. This is a 6-question screening tool that can be used to detect if a parent needs a substance use assessment.

### 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?

This [video](#) demonstrates how to incorporate this screening tool in child welfare practice. This will allow the child welfare professional to reflect on what the parent says and help determine if the parent needs further screening.

Other validated screening tool are the Alcohol Use Disorders Identification Test (AUDIT), the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), or Screening, Brief Intervention, and Referral to Treatment (SBIRT).

## Questions & Application 3

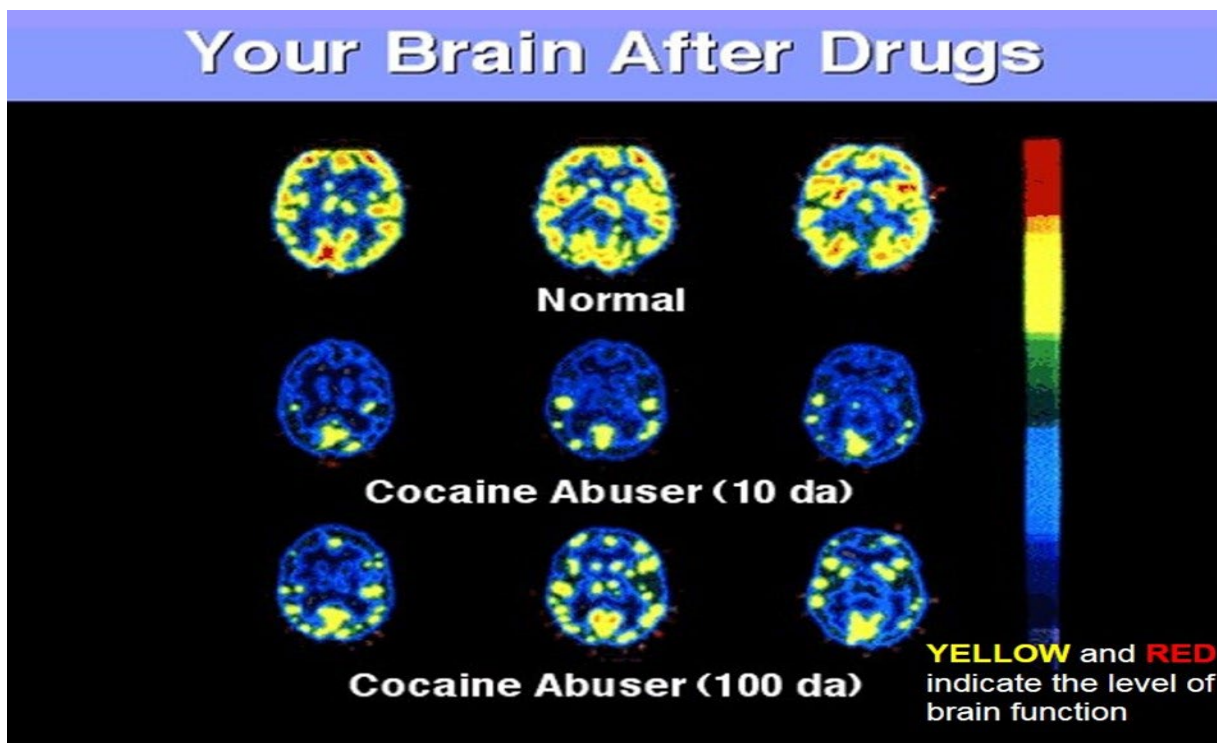
1. How would using a standardized tool change your practice with SUD?
2. What other questions have you asked when dealing with a family with SUD?
3. Would this tool be helpful to you when working with families?

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## Brain Changes & Substance Use

When a SUD is present in child welfare cases, parents may display behaviors that are erratic and hard to understand. These behaviors often result in a parent being labeled as “resistant” or “hard to handle”. The brain scan below shows how drugs can change the brain. Substances, such as meth, cocaine, heroin, and even alcohol, will diminish the brain’s function and effect the pre-frontal cortex, which controls the decision-making process. The scan shows what happens to the brain when someone stops using substances; brain activity (the bright areas) is lower even 100 days after stopping use of cocaine. This means that a person may still make decisions that can affect their lives in a negative way. They may still have disordered thinking and it can push against the CPS timeline. With this knowledge, a child welfare professional can help a parent understand how the brain can be affected for a long time, even after drug use has stopped. Letting a parent know that recovering from a SUD is a process and change doesn’t happen overnight, will help develop a relationship of understanding and mutual trust. Not everyone’s recovery looks the same.



## Questions & Application 4

1. Talk about a time when either you or another professional described a parent’s behavior as “hard to deal with”.

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2. Think about a time when you've worked with a parent with a SUD and the goal was complete sobriety. When sobriety happened, what did you experience in the parent's behaviors? If it wasn't what you expected, can you describe how that felt?
3. How do you want to use this information to inform future decisions in working with parents with an SUD?

## Collaborative and Family-Centered Approaches

Collaborative approaches have proven to have positive outcomes for a family in the child welfare system. This approach can help the family as a whole recover from the trauma inflicted to the family due to substance use. A collaborative approach between child welfare agencies, SUD treatment providers, and family members can ensure cohesive messaging and alignment of goals in case and treatment plans, promoting success. A team meeting with providers and the family can provide clarity of everyone's roles and the expectations. Other benefits include information sharing, shared planning, and joint decision-making that better meets the need of children and families. Families often feel overwhelmed when they have numerous workers they must correspond with. When collaborating with team members, the families feel heard, validated in their own concerns, and only have to explain things once.

## Questions & Application 5

1. What are some of the things you've found beneficial in using team meetings? If you haven't been a part of a team meeting, think about what you might anticipate being beneficial?
2. Think about a time where you had a reservation about pulling together or being a part of a team meeting. What in your experience caused you to feel that way? What was the outcome of that situation?
3. When working with a family, how do you consider healing for the whole family?

## Recovery from Substance Use

According to SAMSHA the working definition of recovery from mental health and substance use disorders is *a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential*. With the different treatment options available, it will be important to understand that each person's recovery is highly personalized. Also remembering that recovery is non-linear, and setbacks are a natural, though not inevitable, part of the recovery process. While a parent is in treatment, they are encouraged to make a relapse prevention plan. When a CPS professional is talking with the parent about their relapse prevention goals, the CPS professional is showing that they know relapse is a part of recovery and that a relapse doesn't mean the case has to start all over. Relapse prevention plans can change as often as the parent feels it needs to be.

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Learn more [here](#) on what could be included in a relapse prevention plan.

## Questions & Application 6

1. What are some things that would be important to CPS to be included on a relapse prevention plan?
2. How might a relapse prevention plan be different and/or incorporated into other plans CPS develops with parents?
3. If you have not tried developing a relapse prevention plan with a parent before, what might you need to feel supported in trying it for the first time? If you have, what was that experience like?

## Resources

### [Spaced Education Substance Use Disorders in Child Welfare Questions](#)

#### Safety and Risk Video Series

- Part 1: Engagement and Safety Decision-Making in Substance Use Disorder Cases  
<https://www.youtube.com/watch?v=4dNRwlbZD-A>
- Part 2: Planning for Safety in Cases When Parental Substance Use Disorder is Present  
<https://www.youtube.com/watch?v=qg2XtA934rQ>
- Screening for Substance Use in Child Welfare Using the UNCOPE  
<https://youtu.be/6B4Z65TQZp4>

#### Guides

- Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment  
<https://ncsacw.acf.hhs.gov/files/understanding-treatment-508.pdf>
- PRACTICE GUIDE 1 A CHILD WELFARE SUPERVISOR'S GUIDE TO Engagement and Safety Decision-Making in Substance Use Disorder Cases  
<https://ncsacw.acf.hhs.gov/files/supervisor-guide-engagement.pdf>
- PRACTICE GUIDE 2 A CHILD WELFARE SUPERVISOR'S GUIDE TO Planning for Safety in Cases When Parental Substance Use Disorder is Present  
<https://ncsacw.acf.hhs.gov/files/supervisor-guide-planning.pdf>

#### Standardized Screening Tools for Substance Use

- [Alcohol Use Disorders Identification Test \(AUDIT\)](#)
- [The Alcohol, Smoking, and Substance Involvement Screening Test \(ASSIST\)](#)
- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- [Screening for Substance Use in Child Welfare Using the UNCOPE](#)