
https://pixabay.com/photos/baby-child-father-parent-2616673/


https://pixabay.com/photos/girl-mother-daughter-black-women-2480361/


https://pixabay.com/photos/family-walking-countryside-sunset-2485714/

Continuous Compassionate Care for Families

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VIRTUAL

Disclosures

Dr. Jones has no disclosures related to the content of this presentation

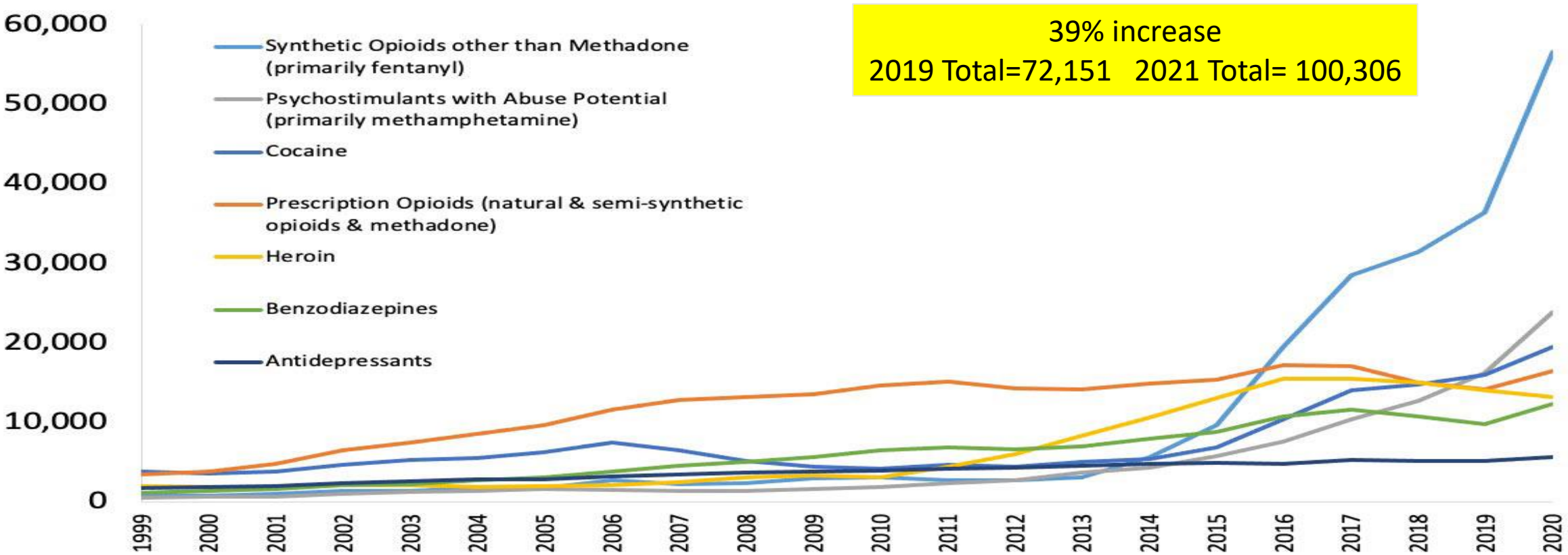
Objectives

- Define the fourth trimester and ways to support parents with substance use disorders
- Identify elements of compassionate Family-Centered Treatment
- Provide examples of care coordination basics and community partner linkages

https://pixabay.com/photos/family-woman-children-female-child-2149453/

2021: The Most Overdose Deaths Ever Recorded

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



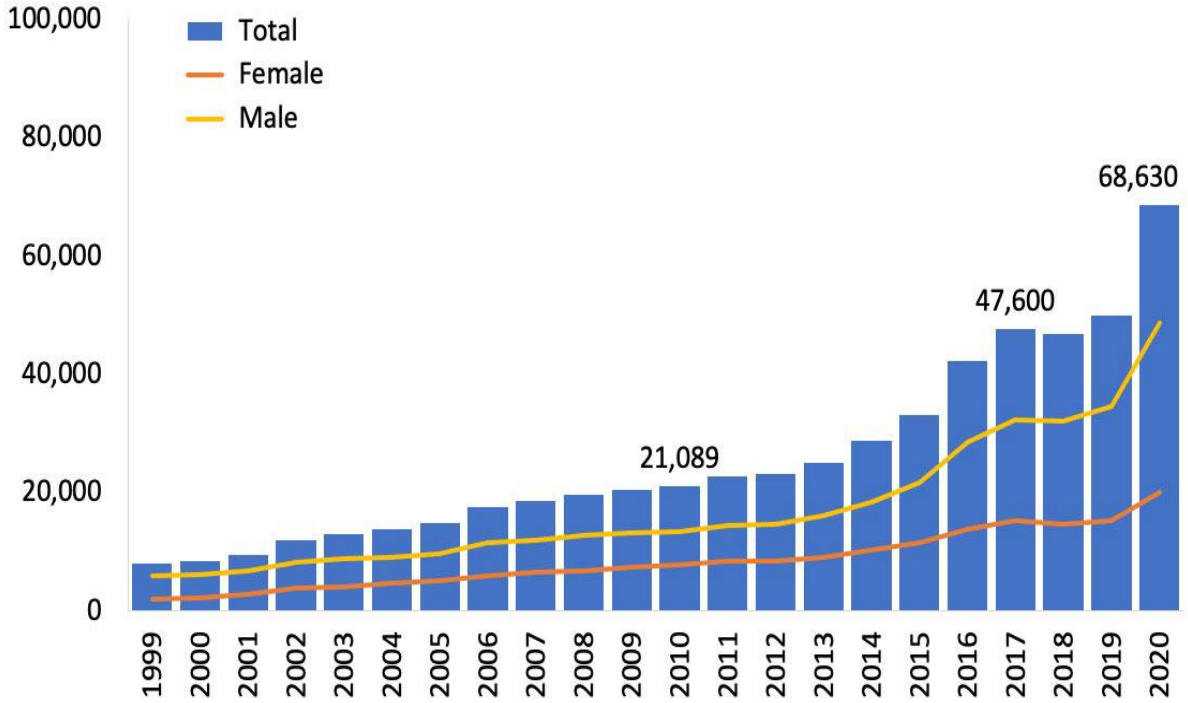
39% increase
2019 Total=72,151 2021 Total= 100,306

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates

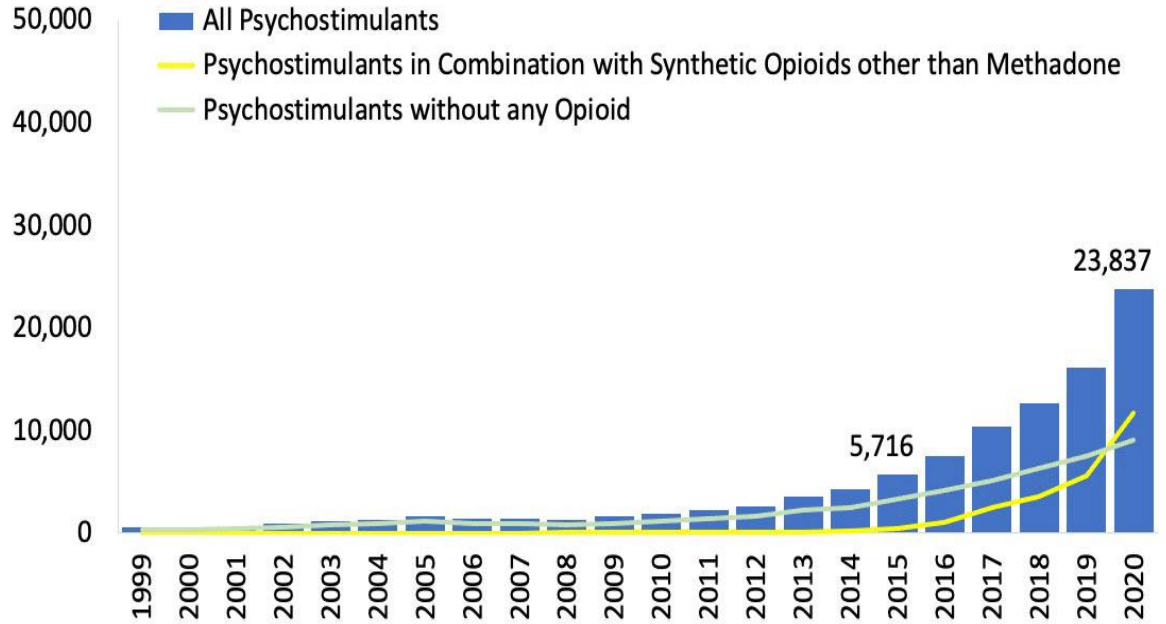
Overdoses with Stimulants are Rising

Figure 3. National Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2020



*Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

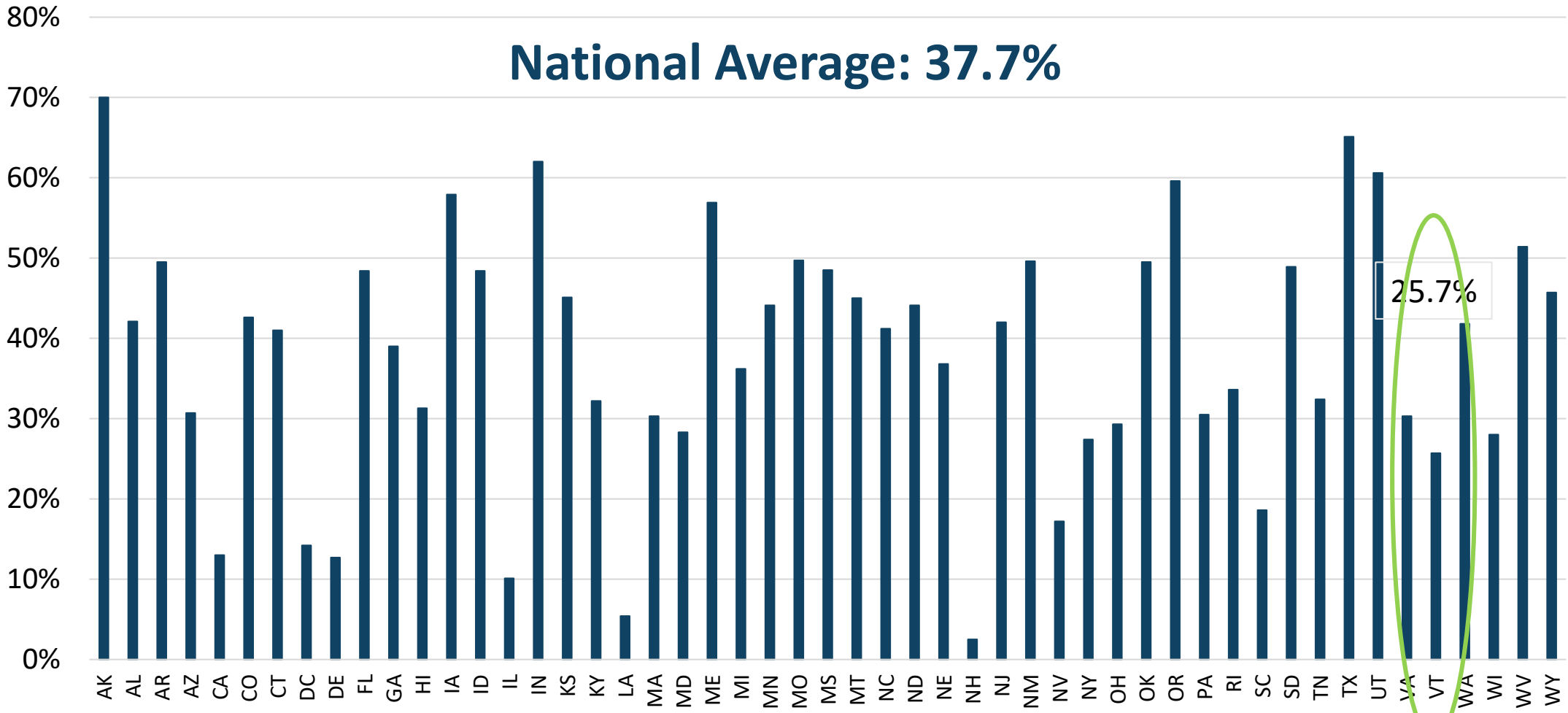
Figure 6. National Overdose Deaths Involving Psychostimulants with Abuse Potential (Primarily Methamphetamine)*, by Opioid Involvement Number Among All Ages, 1999-2020



*Among deaths with drug overdose as the underlying cause, the psychostimulants with abuse potential (primarily methamphetamine) category was determined by the T43.6 ICD-10 multiple cause-of-death code. Abbreviated to *psychostimulants* in the bar chart above. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates

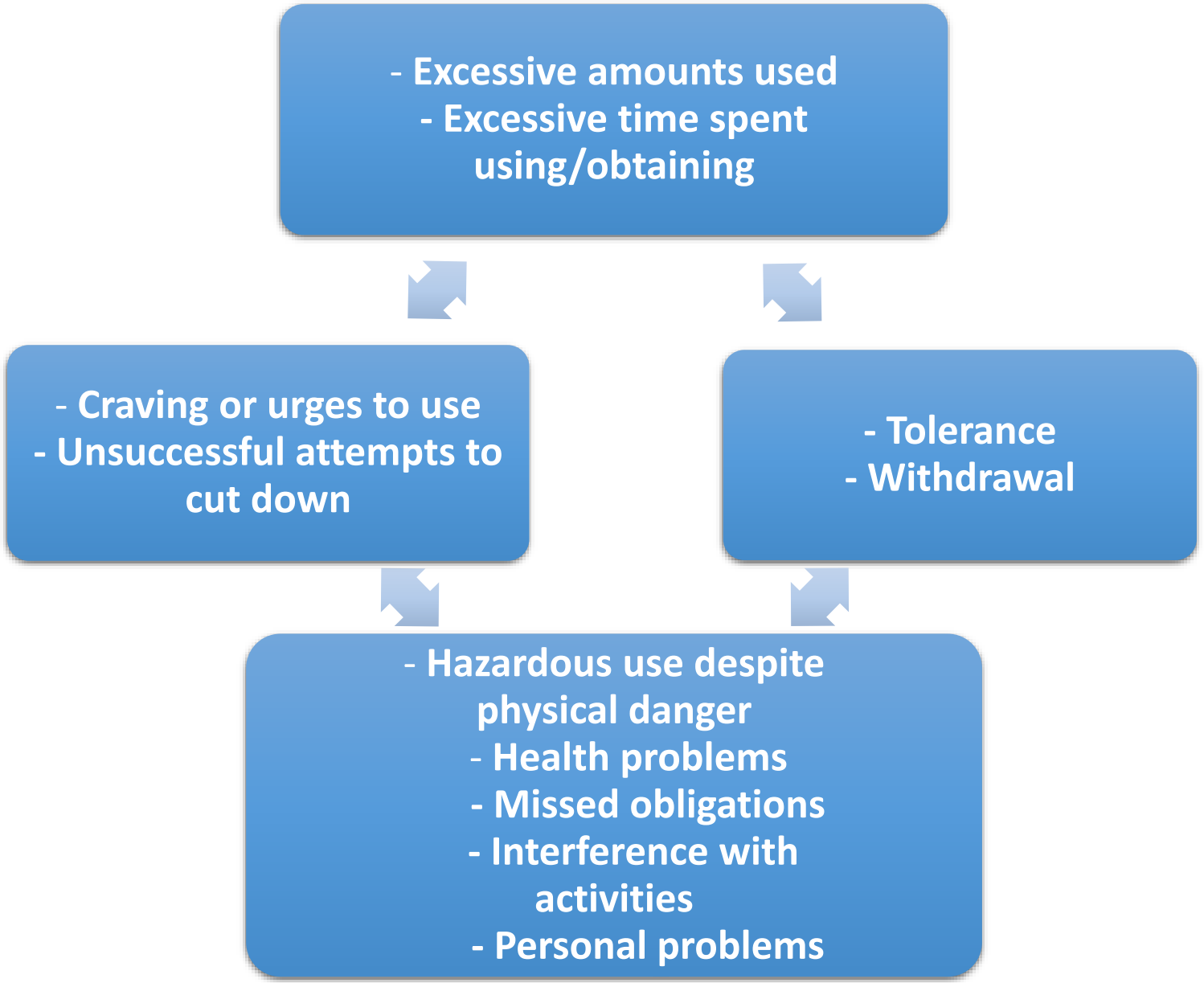
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2017



*Note: Estimates based on **all children in out-of-home care at some point** during the fiscal year.*

(U.S. Department of Health and Human Services, 2018)

11 Signs of Substance Use Disorders



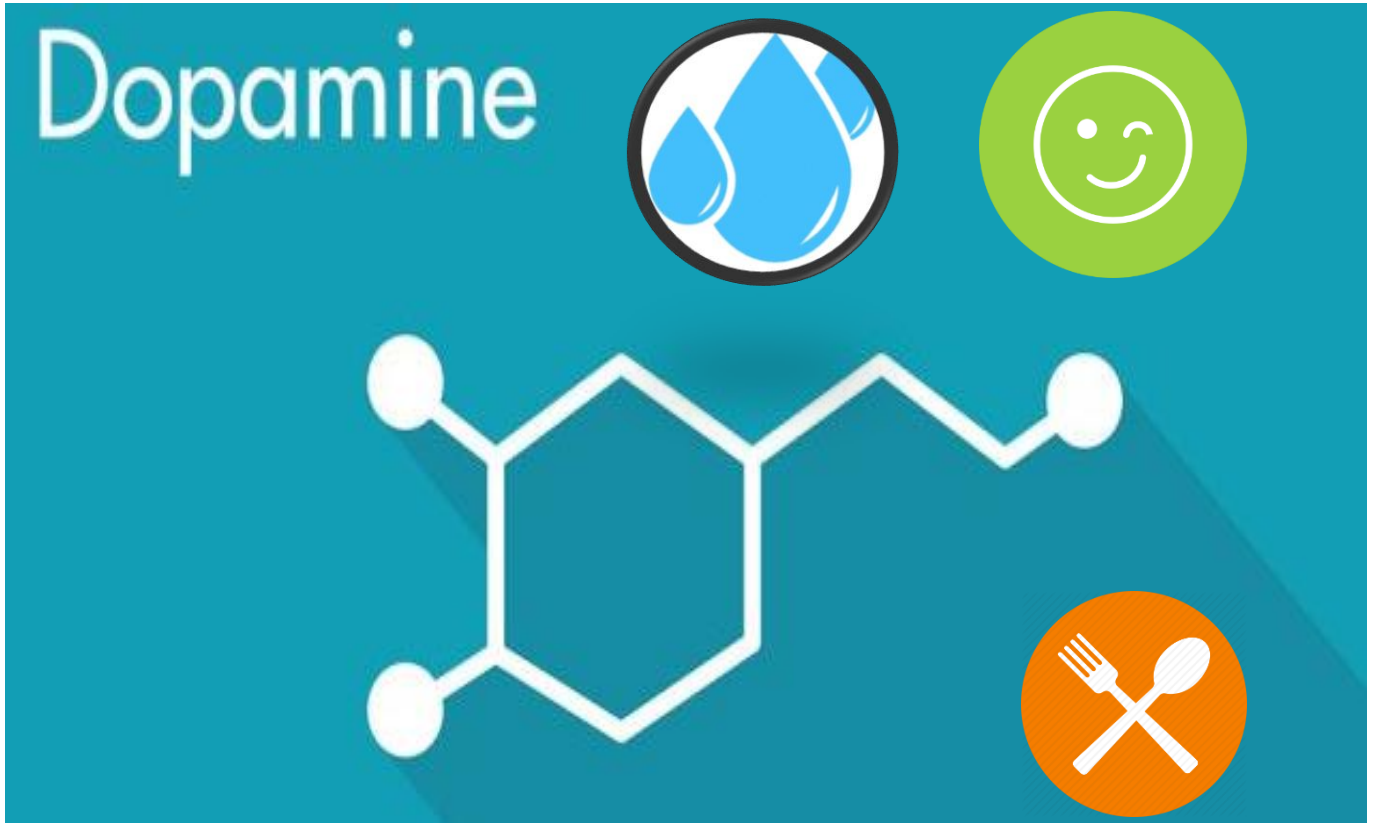
Diagnostic and Statistical Manual Mental Health Disorders, 5th Edition (DSM-5) released May 2013

"Substance Use Disorder" terminology

11 diagnostic criteria over a 12-month period:

- **Mild:** *2-3 symptoms*
- **Moderate:** *4-5 symptoms*
- **Severe:** *6 or more symptoms*

Why “Addiction” Matters



nanograms/deciliter	
40	Worst Day
50	Average Day
100	Great Day!
500- 1,100	Drugs

Addiction Neuroscience 101 with Dr. R. Corey Waller
https://www.youtube.com/watch?app=desktop&v=bwZcPwlRRcc

Dopamine Matters!

Repeated Drug Use

nanograms/deciliter for drugs

500- 1,100

600

500

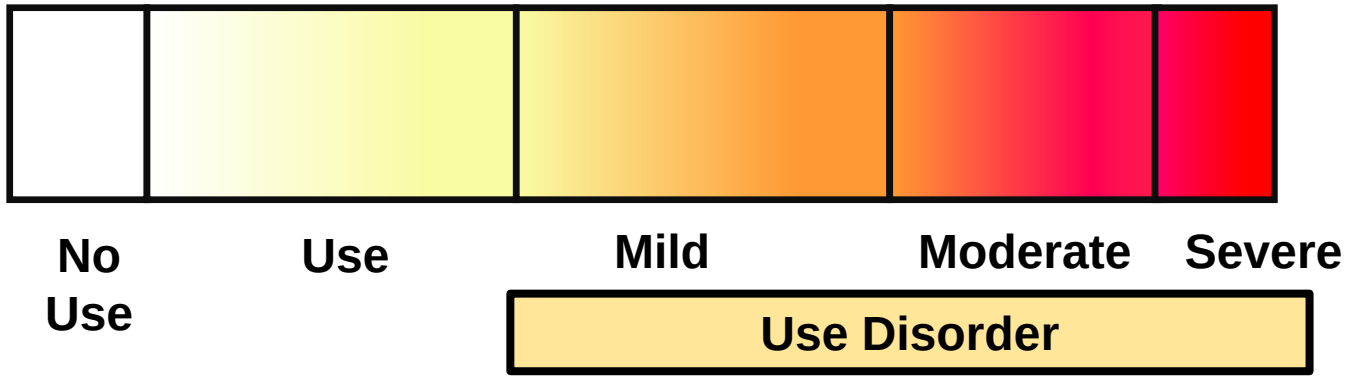
400

50

10 nanograms/deciliter every day

Addiction Neuroscience 101 with Dr. R. Corey Waller
https://www.youtube.com/watch?app=desktop&v=bwZcPwlRRcc

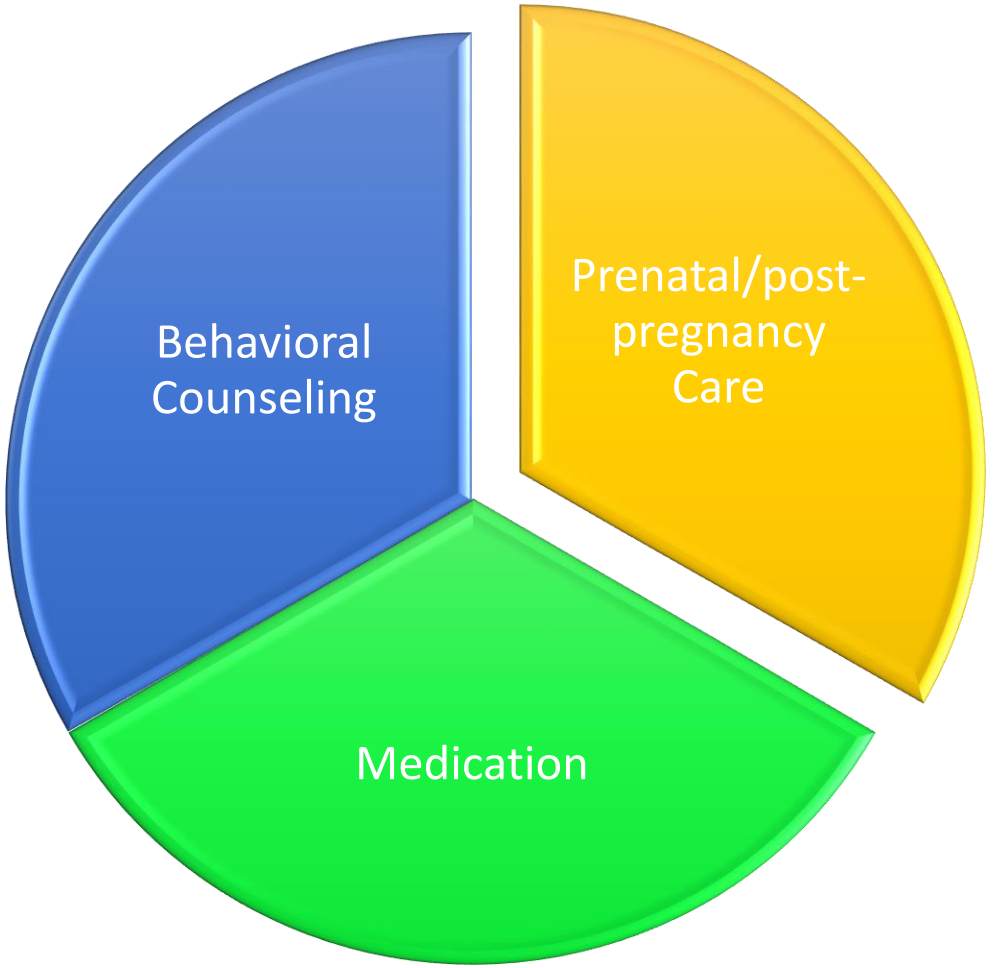
Treatment Response Needs to Match the Severity of the Problems



American Society of Addiction Medicine Placement Criteria

LEVEL 0.5	**Early Intervention**
LEVEL I	**Outpatient Treatment**
LEVEL II	**Intensive Outpatient/ Partial Hospitalization**
LEVEL III	**Residential/ Inpatient Treatment**
LEVEL IV	**Medically Managed Intensive Hospital/ Inpatient Treatment**

During Pregnancy and After: Treatment Principle = Integration



Engagement in prenatal care is effective regardless of continued drug use

The 4th Trimester Defined

The fourth trimester is **the 12-week period immediately after you have had your baby**.

Not everyone has heard of it, but every birthing person and their newborn baby will go through it.

Time of **great physical and emotional change** as your baby adjusts to being outside the womb, and you adjust to your new life as a parent

https://pixabay.com/photos/baby-newborn-child-parenting-4100420/

The Overlooked 4th Trimester

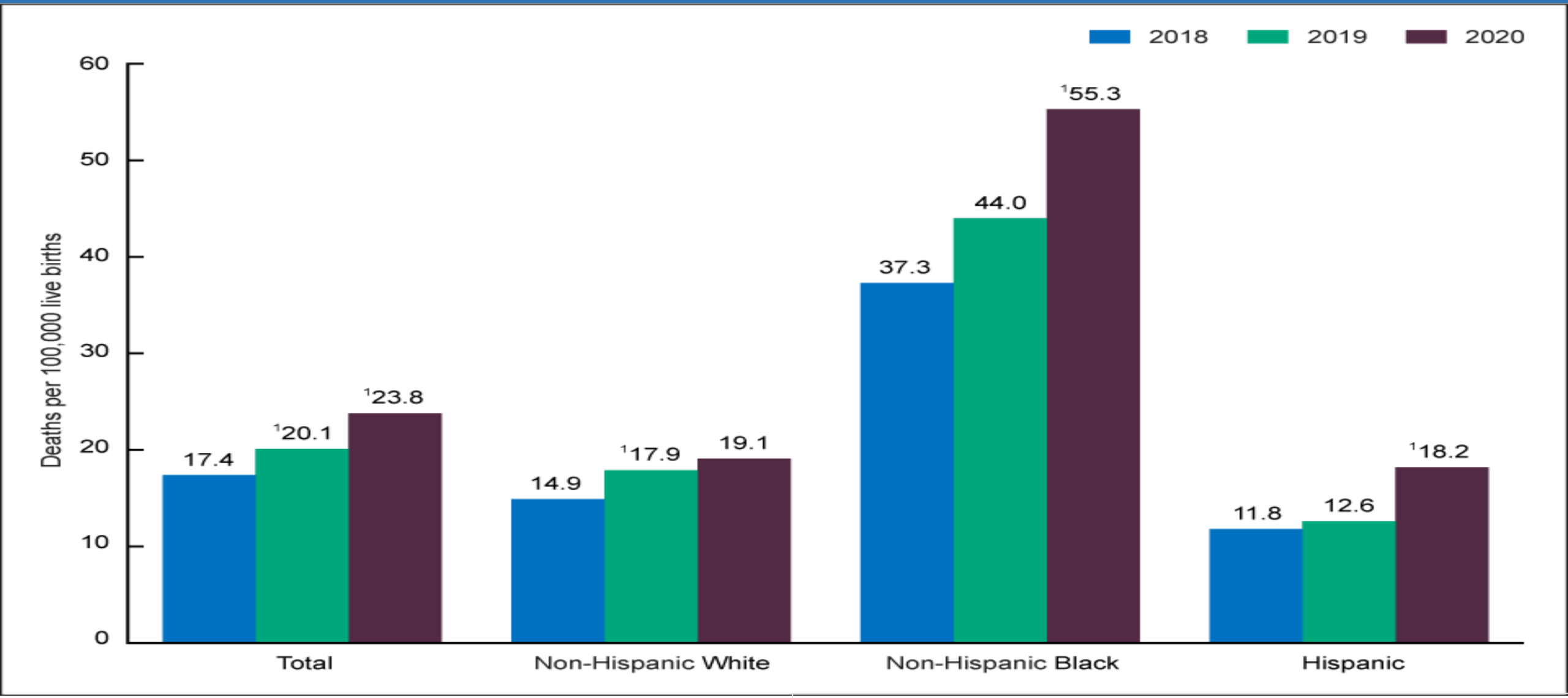
- Challenges the dyad faces
  - Newborn care, breastfeeding, maternal/infant bonding
  - Mood changes, sleep disturbances, physiologic changes
  - Cultural norms, "the ideal mother"

- System issues
  - Medical care contact shifts from mother focus to pediatric focus
  - Maternal contact often is with social services
  - Insurance changes
  - Treatment for substance use disorders may change

"The year after delivery is a vulnerable period for women with OUD.

Additional longitudinal supports and interventions tailored to women in the first year postpartum are needed to prevent and reduce overdose events." Schiff DM et al., Obstet Gynecol. 2018

Birthing People Need Support in the 4th Trimester



[1]Statistically significant increase in rate from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm#:~:text=In%202020%2C%20861%20women%20were,20.1%20in%202019%20(Table).

Ways Providers can Facilitate Collaboration and Inclusion to Promote Parent and Child Outcomes

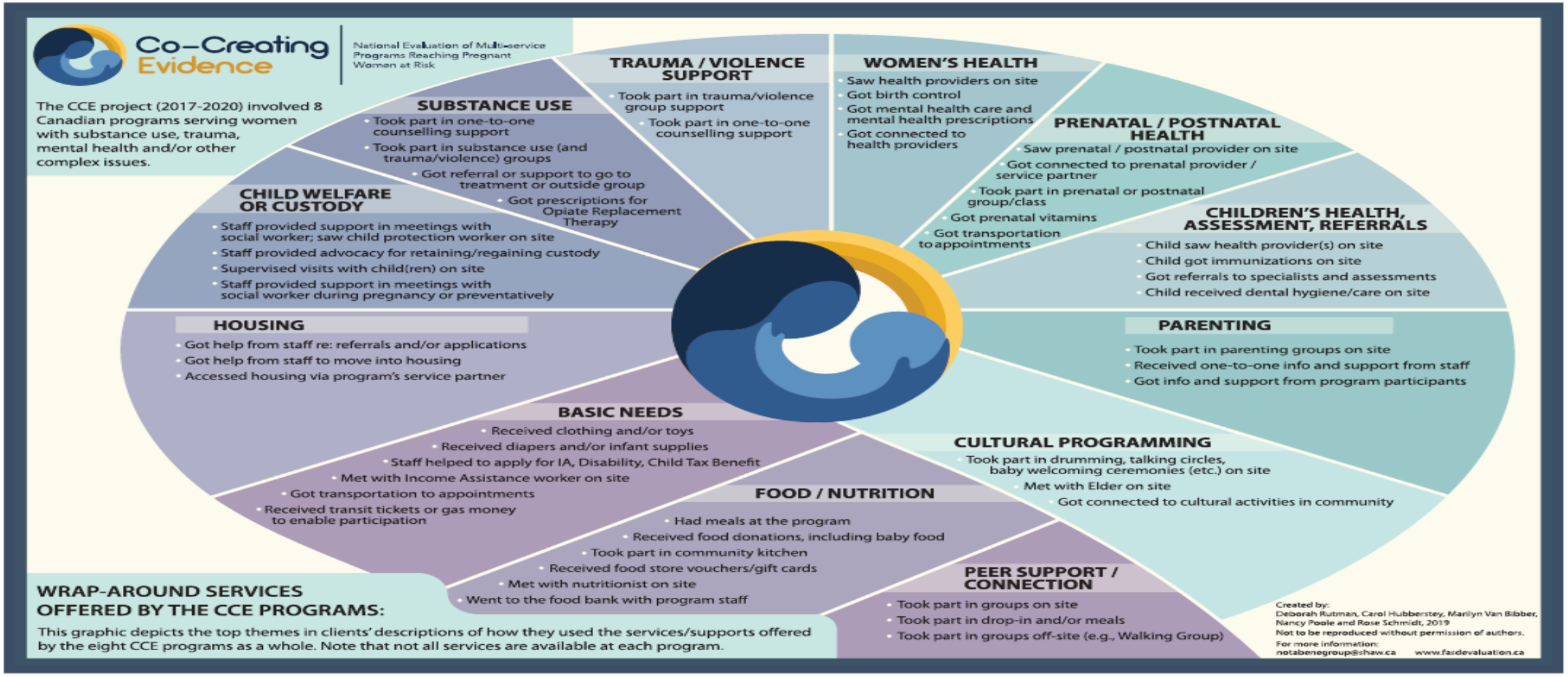
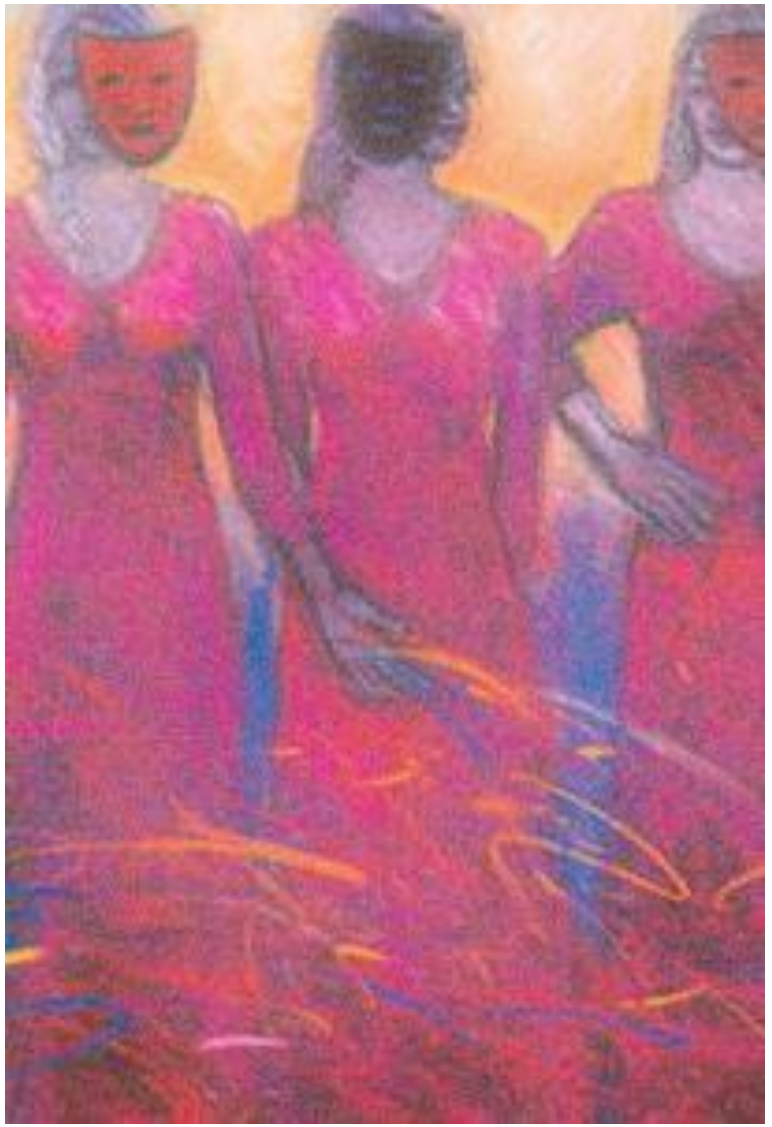


Fig. 2 Clients' descriptions of how they utilized the services offered by their program

Ways Providers can Facilitate Collaboration and Inclusion to Promote Mother and Child Outcomes

- **Approach with empathy and compassion**
- **Trauma responsive approach needed**
- **Listen with eyes, ears and heart**
- **Head to toe physical health integrated with behavioral health (than often needs to include case management)**
- **Connection and continuity of care**
- **LANGUAGE MATTERS!!!**



NIH National Institute on Drug Abuse
Advancing Addiction Science

Search

Health Professions Education /

Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder

This resource offers background information and tips for providers on how to use person-first language* and on which terms to avoid using to reduce stigma and negative bias when discussing addiction or substance use disorder with pregnant women and mothers. Although some language that may be considered stigmatizing is commonly used within social communities of people with substance use disorder, clinicians and others can use language that helps to destigmatize it. This document was compiled with input from 35 staff members and 42 women with lived experience in the UNC Horizons substance use disorder treatment program.

Stigmatizing Language	Preferred Language
abuser	a person with or suffering from, a substance use disorder
addict	person with a substance use disorder
addicted infant	infant with neonatal abstinence syndrome (NAS)
addicted to [alcohol/drug]	has a [alcohol/drug] use disorder
alcoholic	person with an alcohol use disorder
clean	abstinent
clean screen	substance-free
co-dependency	term has not shown scientific merit
crack babies	substance-exposed infant
dirty	actively using
dirty screen	testing positive for substance use
drug abuser	person who uses drugs
drug habit	regular substance use

Adapted from: The Rhetoric of Recovery Advocacy: An Essay On the Power of Language W.L. White; E.A Salsitz, MD., Addiction Medicine vocabulary; Substance Use Disorders: A Guide to the Use of Language Prepared by TASC, Inc. Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS), rev. 4.12.04

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- Define the fourth trimester and ways to support parents with substance use disorders
- Identify elements of compassionate Family-Centered Treatment
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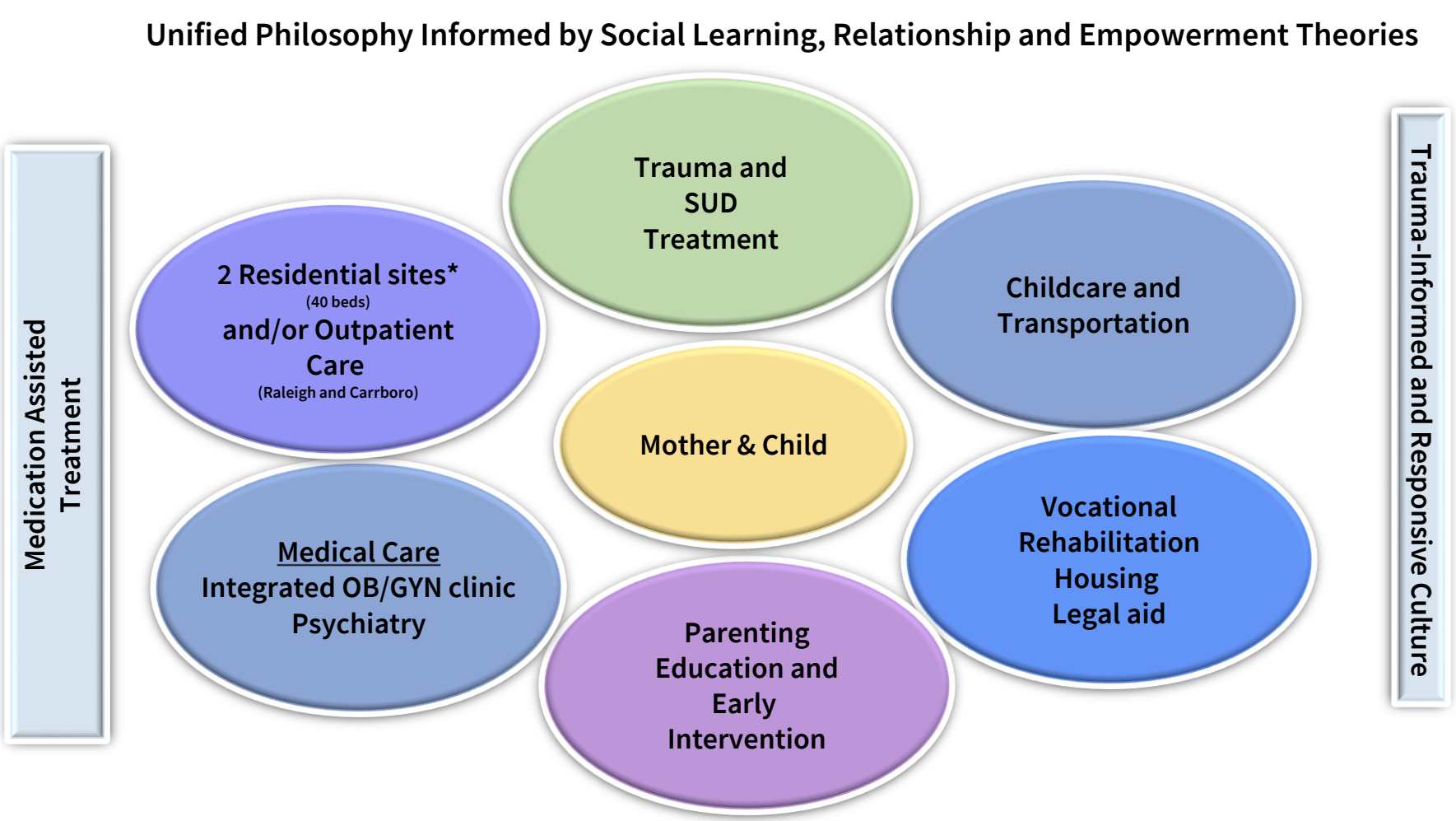
https://pixabay.com/photos/family-woman-children-female-child-2149453/

UNC Horizons: Residential and Outpatient Family-Centered Care



Best Practices for Parenting Skills and Education Foundation in Substance Use Disorder Treatment

- Parent education:
  - Social learning theory
- Skills-based interventions:
  - Teach parents how to improve safety at home or recognize and respond to symptoms of trauma
  - Help families better understand children's emotions and needs
  - Improve attachment between caregiver and child
  - Reduce problem behaviors in children
  - Enhance placement stability

https://www.childwelfare.gov/pubPDFs/parented.pdf

Best Practices for Parenting Skills in Substance Use Disorder Treatment-Attachment Theory Review

- Healthy (“Secure”) relationships with caregivers have a positive impact on child development
- Unhealthy (“Insecure or Disorganized”) relationships are associated with poor developmental outcomes including substance abuse and other mental health issues
- The relationship patterns learned in childhood are often carried into our adult relationships
- We now have interventions designed to improve child and caregiver relationships

Best Practices for Parenting Skills in Substance Use Disorder Treatment: Examples

Common Elements

1. Aim to improve attachment relationship between children and their caregivers

1. Help to improve sensitivity to children's needs in the child's caregiver

1. Have research supporting their efficacy

Three Interventions Grounded in Attachment Theory Used with Families in Treatment for Substance Use Disorder

Circle of Security

https://www.circleofsecurityinternational.com/

Child Parent Psychotherapy

http://childparentpsychotherapy.com/

Attachment and Biobehavioral Catch-Up

http://www.abcintervention.org/

Substance Use Disorder Treatment Contents: Parenting Skills and Education Training- More Examples

Intervention	Population of Focus	Objective	Duration	Delivery setting	Website
Incredible Years (separate programs for parents, teachers, and children)	Parents or caregivers of children 0-12 years old teachers of young children, and children ages 4–8	To promote social and emotional competence and prevent, reduce, or treat behavioral and emotional problems in young children	18 to 30 weeks	Community agency, outpatient clinic, school, birth-family home, foster or kinship home, hospital, or workplace	http://www.incredibleyears.com/
Nurturing Fathers Program	At-risk fathers and families experiencing moderate levels of dysfunction (any age children)	To teach parenting and nurturing skills to men through the promotion of healthy family relationships and knowledge of child development	13 weeks	State or local community agency, school, church, prison, etc.	http://nurturingfathers.com/
Parent-Child Interaction Therapy	Children ages 2–7 with behavioral and parent-child relationship problems and their parents/primary caregivers	To decrease negative externalizing behaviors, increase social skills and cooperation, and improve the parent-child attachment relationship	10 to 20 weeks	Community agency or outpatient clinic	www.pcit.org
SafeCare	Parents with a history or risk of child abuse and neglect (any age children)	To teach parents how to interact positively with their children and respond appropriately to challenging behaviors, recognize safety hazards in the home, and how to respond appropriately to symptoms of illness or injury	18 to 20 weeks	Adoptive home, birth-family home, or foster or kinship home	www.safecare.org
Triple P Positive Parenting Program	For parents and caregivers of children ages 0–16	To inform parents and caregivers about strategies for promoting social competence and self-regulation in children	Varies	Community agency, outpatient clinic, school, adoptive home, birth-family home, foster or kinship home, hospital, or residential care	www.triplep.net

https://www.childwelfare.gov/pubPDFs/parented.pdf

Elements of Effective Parenting Skills Building and Education and Programs

- There is no “one-size-fits-all” approach
- Programs need to:
  - Fit community and cultural needs
  - Have available staff and adequate resources
  - Offer individualized interventions for the parents and children at risk of potential or repeated maltreatment
  - Provide parents with an opportunity to network with, and receive support from, parents who are in or who have been in similar circumstances
  - Make efforts to engage fathers
  - Treat parents as equal partners when determining which services would be most beneficial for them and their children
  - Tailor programs to the specific needs of families
  - Address trauma to ensure that it does not interfere with parenting and healthy development
  - Ensure families with multiple needs receive coordinated services
  - Offer programs that are culturally relevant to meet the needs of diverse populations

https://www.childwelfare.gov/pubPDFs/parented.pdf

How is Family Defined?

- Traditional families
- Single parents
- Blood relatives
- Adoptive families
- Foster relationships
- Grandparents raising grandchildren
- Stepfamilies
- Extended families
- Elected families

For practical purposes, family can be defined according to the individual's *closest emotional connections.*

Substance Abuse Treatment and Family Therapy. Treatment Improvement Protocol (TIP) Series, No. 39. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2004

Treatment that Supports Families

- Treatment that supports the family as a unit has proved to be effective for maintaining maternal drug abstinence and child well-being.
- A woman must not be unnecessarily separated from her family in order to receive appropriate treatment.

Sharon Amatetti, Family-Centered Treatment for Parents with Substance Use Disorders 2007

Key Concepts
Family-Centered Treatment

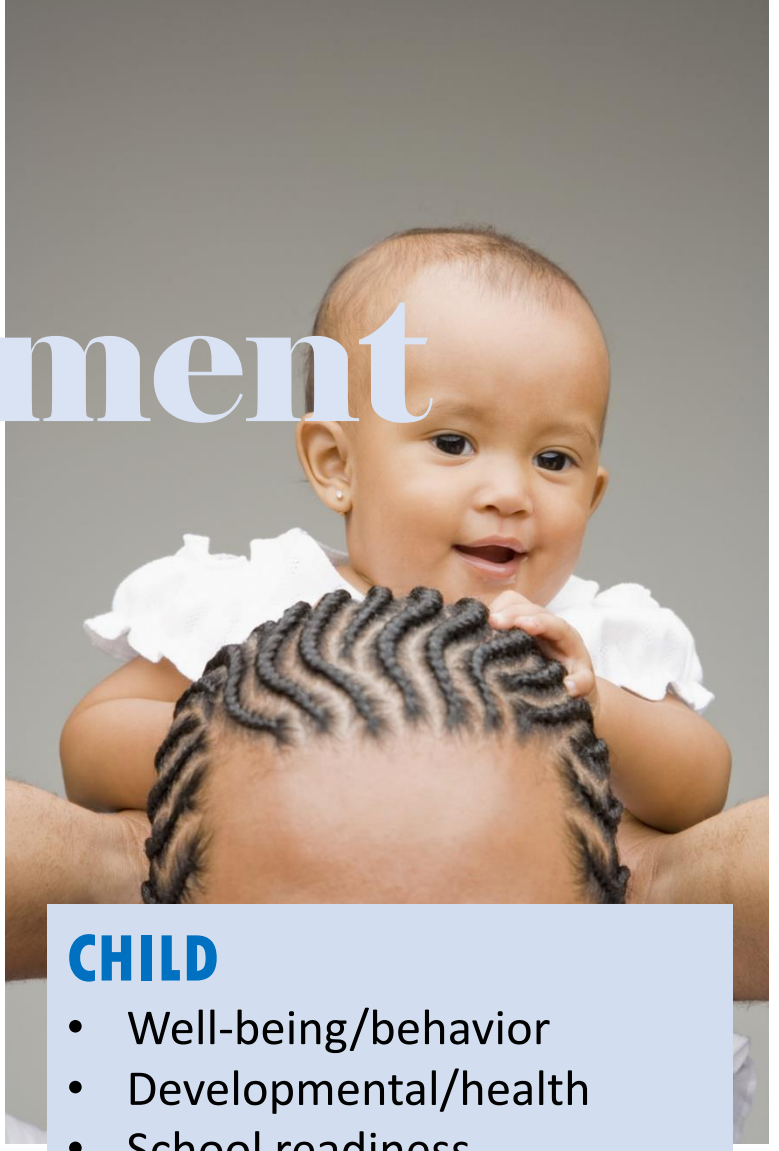
- Substance use disorders are *treatable.*
- Women define their families.
- Families are dynamic with complex needs; treatment must be dynamic.
- Conflict happens and can be resolved.

Safety first!

Young, N.K., Feinberg, F. Wisconsin Bureau of Prevention, Treatment and Recovery (BPTR) Teeleconference Series Thursday, August 26, 2010

Family Treatment

Needs



PARENTS

- Parenting skills/competencies
- Family connections/resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

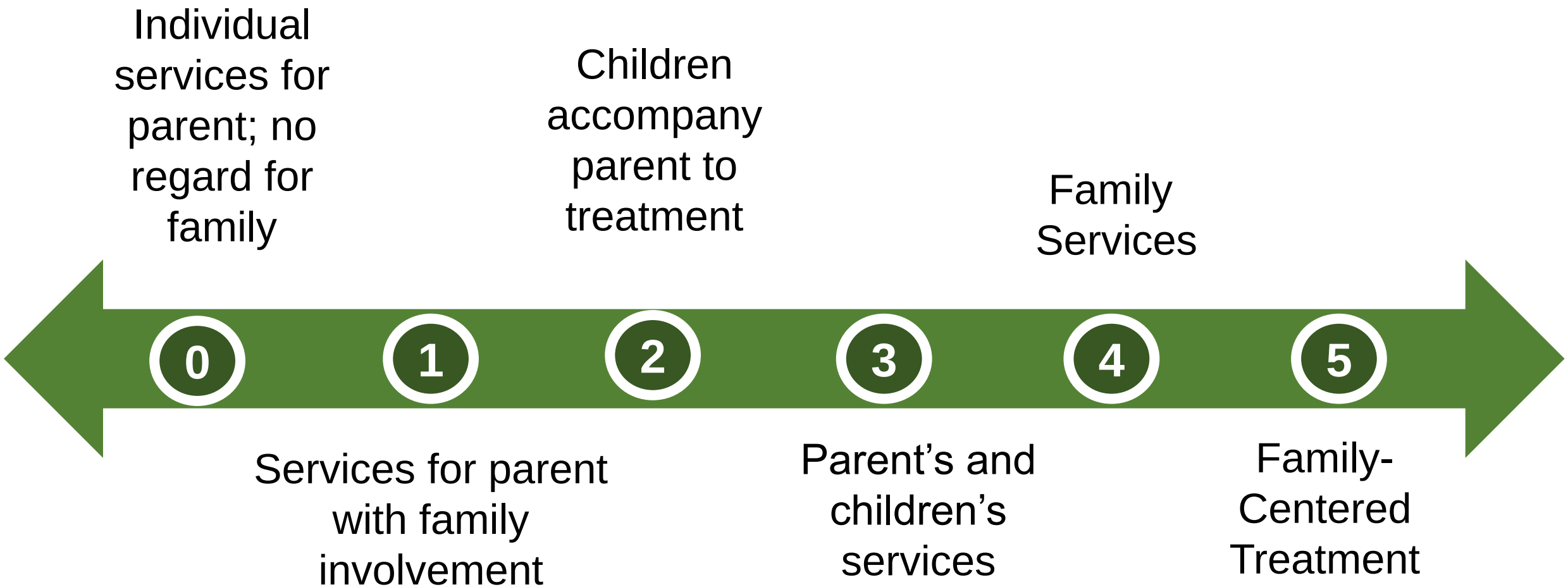
FAMILY

- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling

CHILD

- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

Family-Centered Treatment Continuum



https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Parent Recovery

Parenting skills and competencies

Family connections and resources

Parental mental health

Medication management

Parental substance use

Domestic violence

Child Well-being

Well-being/behavior

Developmental/health

School readiness

Trauma

Mental health

Adolescent substance abuse

At-risk youth prevention

Family Recovery and Well-being

Basic necessities

Employment

Housing

Child care

Transportation

Family counseling

Specialized Parenting

Family Recovery – Is not Treatment Completion Is not a Negative Drug Test

Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges

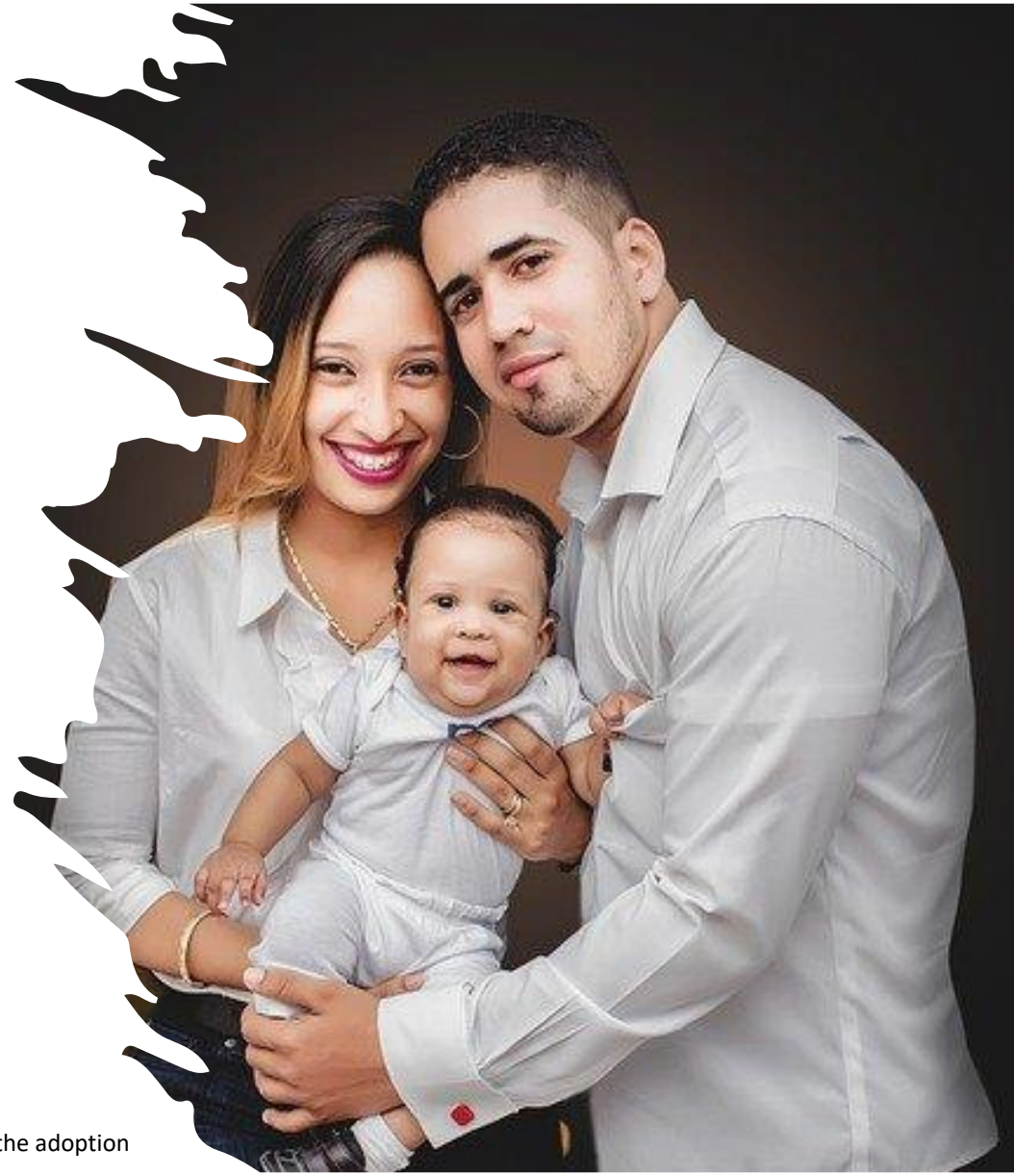
» http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Family-Centered Treatment and Recovery Outcomes

Mothers who took part in Celebrating Families! Program and received integrated case management showed significant improvements in recovery, including reduced mental health symptoms, reduction in risky behaviors and longer program retention.

Women who participated in programs that included a “high” level of family and children’s services were twice as likely to reunify with their children as those who participated in programs with a “low" level of these services.

Retention and completion of comprehensives substance use treatment have been found to be the strongest predictors of reunification with children for parents with substance use disorders.



Zweben JE, et al. Child Welfare. 2015;94(5):145-66; Grella CE, et al., J Subst Abuse Treat. 2009 Apr;36(3):278-93.; Rockhill A, et al.,. Is the adoption and safe families act influencing child welfare outcomes for families with substance abuse issues? Child Maltreat. 2007 Feb;12(1):7-19.

What is a Dyadic Relationship?

- Social and Emotional Exchanges
- Reciprocal
- Can be “healthy” or “unhealthy”
- Quality Matters!
- Developmental perspective
- Attachment = history of a dyadic relationship

Attachment is where the child
uses the primary caregiver as a
secure base from which to explore
and when necessary, as a
haven of safety and a source of comfort

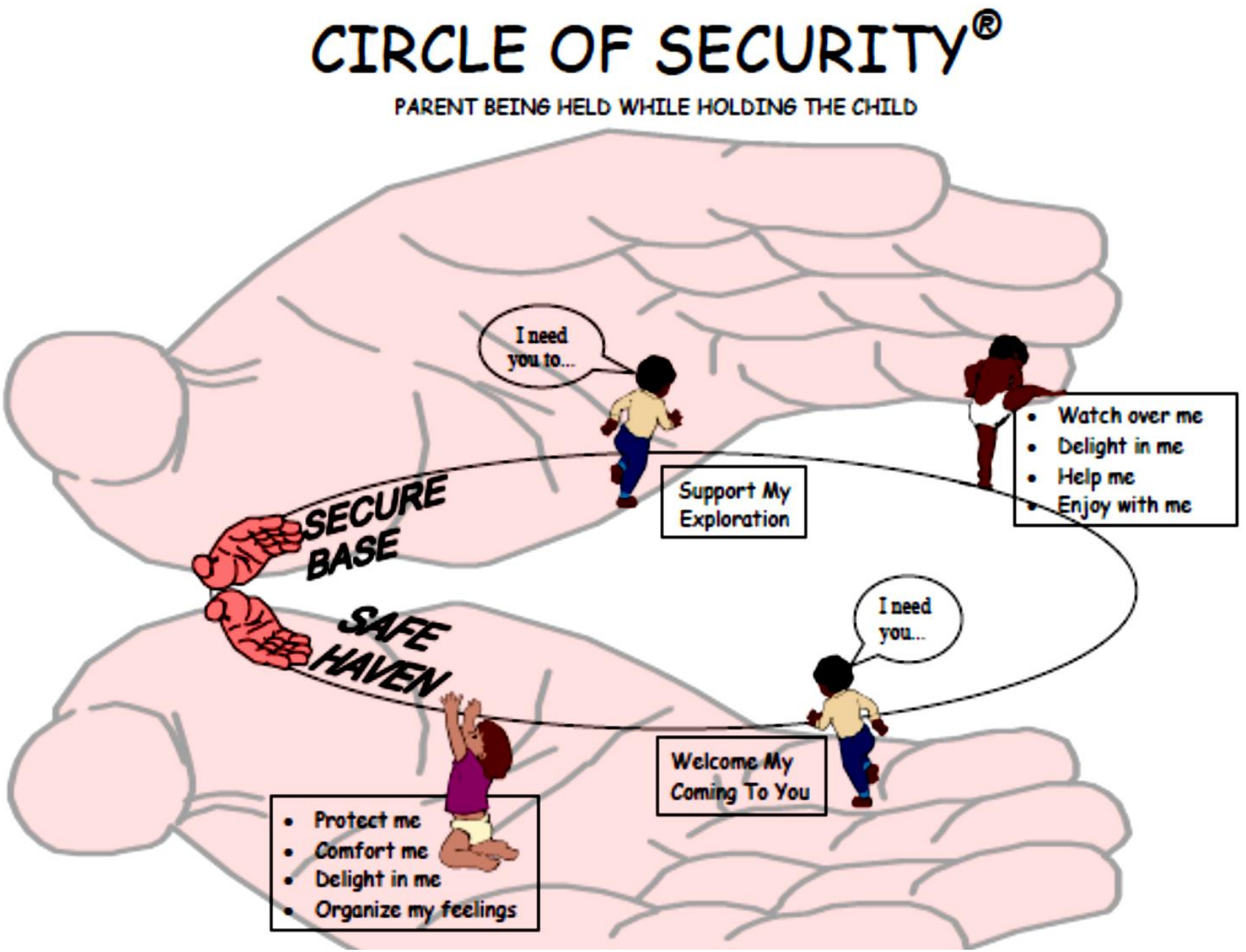
What is a Dyadic Relationship?

- Securely-attached infants would develop a "secure base script" that explains how attachment-related events happen….for example:

"When I am hurt, I go to my mother and receive comfort"

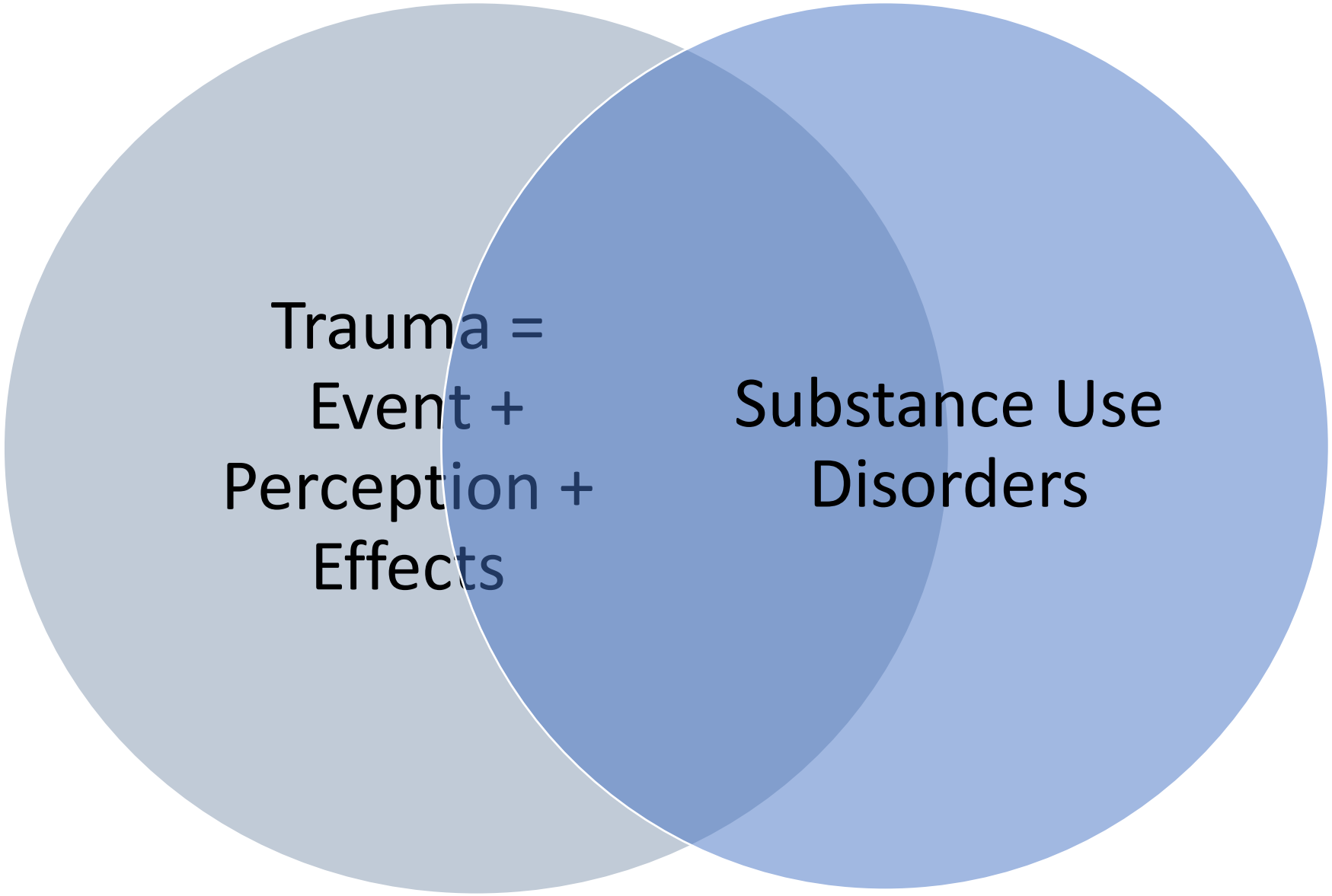
- Children with an insecure attachment and an Internal Working Model that says that the caregiver will be unavailable and/or rejecting when the child needs him/her may develop a chronic activation of the physiological stress-response system

Understanding a Dyadic Relationship



https://www.youtube.com/watch?v=cW2BfxsWguc&t=2s

Intersection: Trauma and Substance Use Disorder



What Makes Parents Feel Rejected?

A. Irritability

B. Hypertonia (tight muscles)

C. Avoidance of eye/face contact

D. Poor/uncoordinated suck

E. All of the above

What is Integrated Care?

ROSC
Recovery Oriented System of Care

Recovery-oriented systems of care (ROSC) are networks of *formal* and *informal* systems; *clinical* and *non-clinical* services and supports developed and mobilized to sustain long-term community-based recovery for individuals and families.

Characteristics of Children Entering UNC Horizons

- Behavioral problems
- Frequent crying
- Difficult separations from caregivers that last longer than typical separation issues.
- Difficult to soothe
- Developmental delays
- Difficulty following routines
- Attachment difficulties

What Can You Do To Help Children?

- When I come to the appointment with my mom, I need you to:
  - Greet me by name
  - Greet me on my level
  - Watch over me
  - Enjoy the play with me
  - Help me if I get frustrated or need to learn how to interact with others
- When I'm upset, I need you to help my mom know how to:
  - Comfort me
  - Help me understand my feelings
  - Work things out

Supporting Mothers

- Encourage mom's attempts to bond with infant
- Encourage family involvement
- Support mom's recovery efforts
- Therapeutic communication techniques
- Empathy - Supportive attitudes and compassionate care
- Positive maternal/family reinforcement can balance maternal guilt & low self-esteem

Mother-Infant Co-regulation Supports Healing

- Skin-to-skin
- Mutual eye gaze
- Breast feeding
- What would the baby say?
- Safe co-sleeping
- Similar routines for mother and child

Supporting a Healthy Dyadic Attachment Relationship

- Work with caregiver and infant *together.*
- Point out signs the infant is orienting to the caregiver.
- Provide specific infant development information that supports attachment.
- Ask caregiver *what positive memories they want the infant to have as he/she grows up.*
- Discuss co-regulation.

Involving Fathers in the Newborn Period

Invite	Invite their involvement
Seek	Seek father's opinions to explore cultural traditions, beliefs about child rearing
Encourage	Encourage participation in prenatal visits and delivery
Screen	Screen for perinatal depression
Educate	Educate father about importance of his role in child development and child outcomes
Discuss	Discuss the stresses of parenting

Addressing Trauma in the Dyadic Relationship

1. Provide psychoeducation around attachment, infant and child development, and brain changes in substance use disorders.

2. Provide a “safe haven” to discuss “ghosts” (aka, voices) from the past.

3. Provide in-the-moment support to social and emotional cues from both mother and infant/child.

All Babies Have a “Fussy” Phase

P U R P L E

PEAK OF CRYING

Your baby may cry more each week, the most in month 2, then less in months 3-5

UNEXPECTED

Crying can come and go and you don't know why

RESISTS SOOTHING

Your baby may not stop crying no matter what you try

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not

LONG LASTING

Crying can last as much as 5 hours a day, or more

EVENING

Your baby may cry more in the late afternoon and evening

How Can We Support Dyads During Tough Times?

- Empower and support mothers when calls to CPS need to be made.
- When appropriate, help advocate for additional support rather than child separation.
- When child separation occurs, encourage phone calls, letter writing to offer a connection, provide updates.
- When separation occurs, allow fictive kin, communal supports, and other cultural influences/wishes of the parent to be embedded in the treatment plan.

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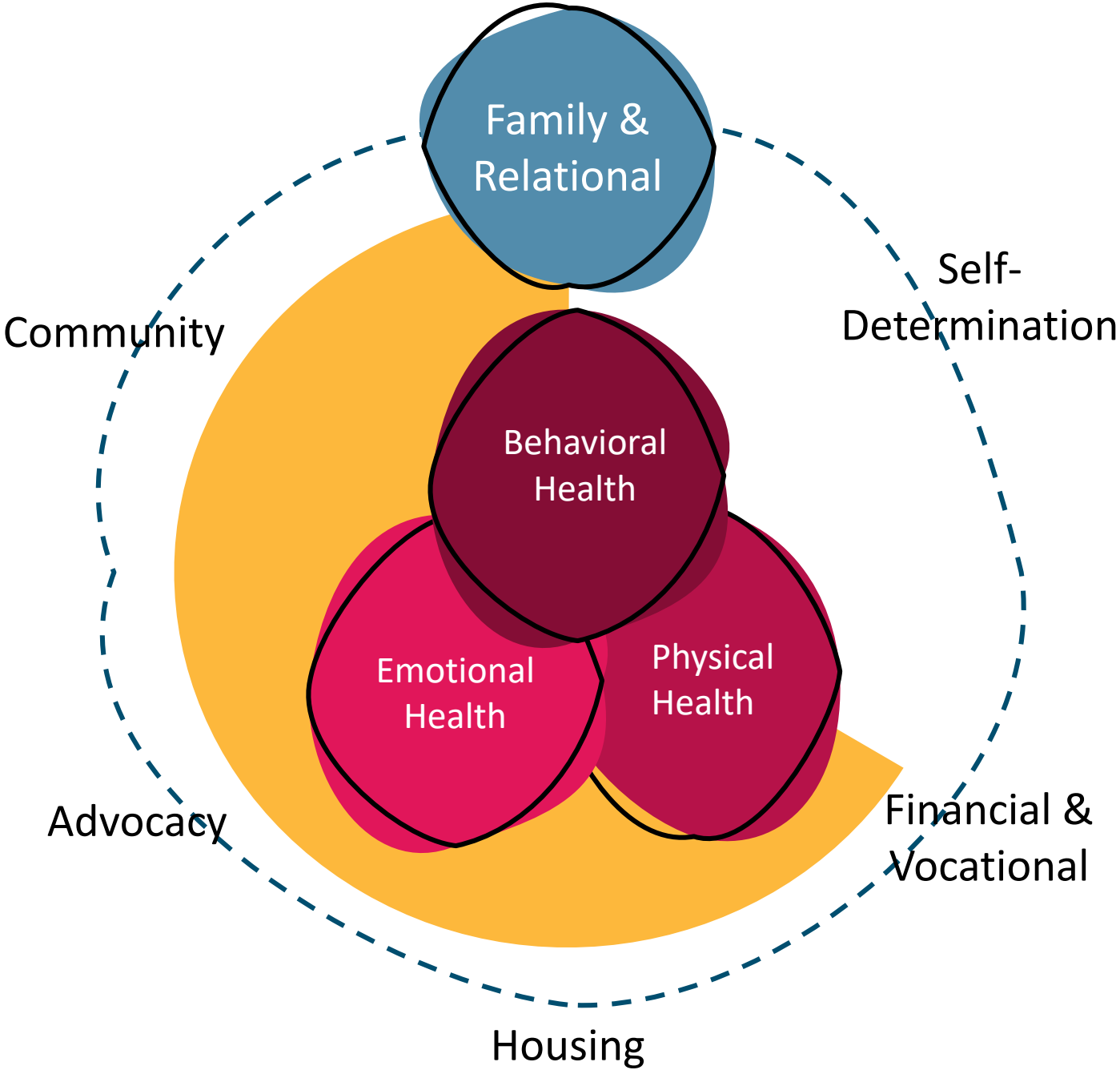
Care Coordination is Key in Treatment for Women with Substance Use Disorders



Improving Engagement and Retention

- Develop relationships early.
- Use motivational strategies.
- Understand and address individual barriers.
- Provide feedback to collaborators.
- Ensure a positive environment – physically and emotionally.
- Address co-occurring disorders.
- Engage women in improving services.
- Ensure services are a good fit.

Research to Practice Brief. National Infants Assistance Resource Center. UC Berkeley.

Care Coordinators Can Support Postpartum Patients

- Highlight what is going well.
- Listen to what is *being said* and what is *not said.*
- Help support medication choices.
- Support family planning choices.
- Screen and provide compassionate responses to psychological/mental health challenges.
- Support obtaining survival needs.

All mothers needs support with babies!

Care Coordination Assessment Checklist

Background and current status:

1) Family situation and relationships
2) Medical issues (including dental and head-to-toe)
3) Trauma history
4) Legal involvement
5) Financial and work status/Education
6) Housing status
7) Substance use patterns, treatment, recovery supports, and family history
8) Emotional/behavioral/cognitive status (including suicidal thoughts and behaviors)
9) General ability to function
10) Food/clothing
11) Transportation
12) Strengths and resources

Identify and Assess Community Supports

- Care coordination is focused on acquiring resources that are external to the patient, such as obtaining housing, medical services, or income assistance.
- It is critical that care coordinators identify community supports in their local area.
- A care coordinator should cultivate knowledge of services, assess the values and accessibility to their patients, and when possible, relationships with providers of these services.
- Care coordinators need to develop a referral database or community resource guide.

Practical Considerations for Care Coordination

- Transportation issues
- Level of concrete expectations and explanations
- Collaboration with Child Protective Services
- Partnerships (HUD, Public Health)- releases of information
- Identifying and addressing needs of other family members
- Financial debt, criminal records prevent safe housing and employment

Never underestimate the power of stigma and discrimination!

More Practical Considerations for Care Coordination

Shared decision making

Concrete language and specific actions

Confidentiality

Cultural responsivity

Ensuring information needed is received in a way that is accessible

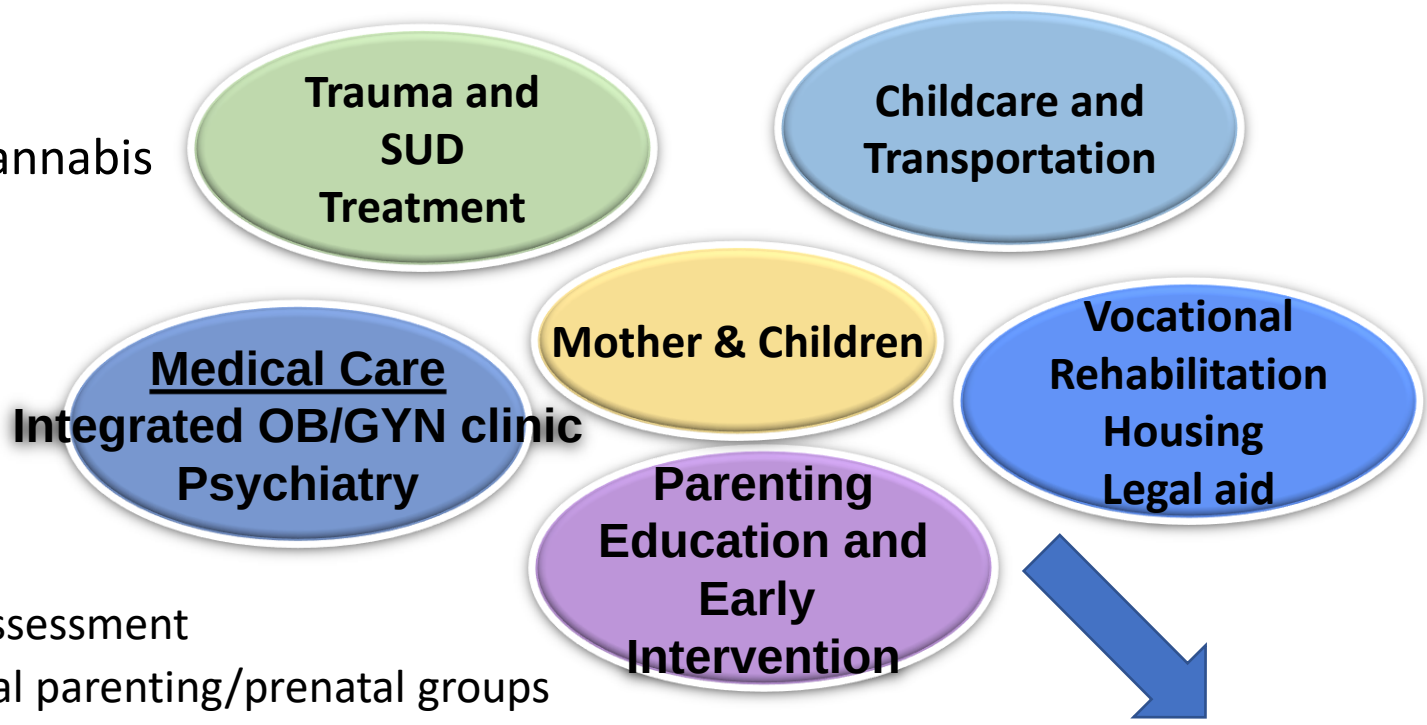
Care Coordination among infant and maternal health care providers, hospitals, substance use treatment provider and child welfare (when needed)

Outpatient Family-Centered Care Coordination

Patient Example: Mother is 25 years old

- Prescription opioid use disorder and smokes cannabis
- Pregnant, first child
- Unemployed
- Living with mother and step-father

- Screened over the phone
- Assessed and intake completed the next day
- Outpatient induction onto medication assisted treatment
- Care Coordination at first prenatal visit
- Every 2 week visit with provider and care coordinator + therapist



- Based on assessment
  - General parenting/prenatal groups
  - Tour L&D and Newborn areas
  - Plan of Safe Care developed
  - Individual Counseling- Motivational Interviewing and Cognitive Behavioral Therapy
  - Car seat, materials for baby, transportation plan
  - Postnatal Horizons care coordination protocol

- Outpatient completion based on goals being met
- *Continuing care includes peer support specialist and parenting support as needed*

Seven Collaborative Practice Strategies

1. **Identification:** A system of identifying families in need of substance use disorder treatment
2. **Timely Access:** Timely access to substance use disorder assessment and treatment services
3. **Recovery Support Services:** Increased management of recovery services and monitoring compliance with treatment
4. **Comprehensive Family Services:** Two-generation family-centered services that improve parent-child relationships

1. **Increased Judicial and Administrative Oversight:** More frequent contact with parents with a family focus to interventions
2. **Cross-Systems Response:** Systematic response for participants based on contingency contracting methods
3. **Collaborative Structures:** Collaborative non-adversarial approach grounded in efficient communication across service systems and the courts

(National Center on Substance Abuse and Child Welfare, 2014; U.S. Department of Health and Human Services, 2013; National Center on Substance Abuse and Child Welfare, 2016)

The Five R's: Core Outcomes for Families

1. **Recovery:** Parents access treatment for substance use disorders more quickly
2. **Remain at Home:** More children remain in the care of their parents
3. **Reunification:** Children stay less days in foster care and reunify at a higher rate
4. **Reoccurrence:** Decreased incidence of repeat maltreatment
5. **Re-entry:** Decreased number of children re-entering foster care

(National Center on Substance Abuse and Child Welfare, 2014; U.S. Department of Health and Human Services, 2013; National Center on Substance Abuse and Child Welfare, 2016)

A Collaborative Approach Across Systems

- Agreement on common values
- Enhanced communication and information sharing
- Blended funding and data collection for shared outcomes

Results in improved outcomes for families:

- Increased engagement and retention of parents in substance use treatment
- Fewer children removed from parental custody
- Increased family reunification post-removal
- Fewer children re-entering the child welfare system and foster care

https://pixabay.com/photos/seedling-soil-green-plant-ecology-1558599/

(Boles et al., 2012; Dennis et al., 2015; Drabble, 2010)

Levels of Collaboration

Systemic Collaboration

At the systems level, collaboration can occur between organizations to exchange information, develop joint policies, and develop joint outcomes

Individual Case Collaboration

At the practice level, collaboration can occur between child welfare workers, treatment counselors, and other providers to coordinate client resources and case planning

(Children and Family Futures, 2011)

Examples of Collaborative Activities

- Developing a common understanding with a treatment counselor about specific expectations, requirements, and practices
- Identifying and working out joint strategies to address specific, identified issues that have affected parenting capacities, such as safety plans for children when parents relapse, difficulties in accessing needed support or treatment services, difficulties arising from placement of children in foster or relative care, or inconsistent visitation practices
- Jointly identifying effective parenting programs for parents who use substances
- Working collaboratively to avoid duplication of services, including coordinating drug testing
- Working out collaborative interventions to re-engage parents in treatment and to reassess the safety of children

(Children and Family Futures, 2011)

Key Steps to Building an Effective Collaboration

1. Identify differences in values and perceptions
2. Establish individual and cross-system roles and responsibilities
3. Establish joint policies for information sharing
4. Develop integrated case plans
5. Develop shared indicators to monitor progress and evaluate outcomes

(Children and Family Futures, 2011)

Joint Outcomes

Substance Use Outcomes

- Access to treatment
- Retention in treatment
- Positive discharge from treatment
- Reduction in substance use

Child Welfare Outcomes

- Children remaining at home
- Occurrence of maltreatment
- Reduced length of stay in foster care
- Timeliness of reunification or permanency

(Children and Family Futures, 2011)

Other Important Outcomes

- Child well-being
- Adult mental health status and reduction in trauma symptoms
- School attendance
- Parenting skills
- Family functioning
- Risk or protective factors

Summary

Integrated care a must!

- Clinical responses to families impacted by the substance abuse *must be*:
  - Trauma-informed
  - Attachment-based
  - Able to look at the whole family
  - Able to hold the hope *for and with* the family
  - Non-punitive
  - Non-stigmatizing
  - Supportive….*"I am on your side!"*
  - Hopeful…."*You CAN do this!"*

"Healing the family begins with ensuring timely, appropriate, and effective services for both parents and children to treat substance abuse and trauma."

Otero & Archer 2013

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