

# Understanding Substance Use Disorders – What Child Welfare Staff Need to Know



National Center on  
Substance Abuse  
and Child Welfare



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**Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel.** SUDs affect an individual's social, emotional, and family life, resulting in emotional, psychological, and sometimes physiological dependence.

**Be aware of common misperceptions and myths.** Many people incorrectly believe that a parent with a SUD can stop using alcohol and/or illicit drugs with willpower alone or that if the parent loved their children they would be able to just stop using the drug.

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**Relapse rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension.** Because SUDs are a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence or return to use is an opportunity to examine a parent's current treatment and recovery support needs, and adjust them as needed.

**SUDs can be successfully treated and managed.** Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psychosocial therapies, recovery supports and, when clinically indicated, medications.

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**SUDs can affect each member of the family, relationships, and parenting.** SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting, and lack of appropriate care for children. Treatment and recovery support must not focus solely on the parent's substance use, but take a more family-centered approach that addresses the needs of each affected family member.

**Recognize co-occurrence of trauma.** For many people, trauma is a common experience associated with their SUD. Substance use might be an individual's way to cope with their trauma experience. An effective practice integrates a trauma-informed approach that realizes the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and retraumatization.

6

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# TO LEARN MORE

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# Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips



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**Know what to look for.** When conducting child welfare assessments, know that specific drugs have specific physiological effects. Common signs in the home environment, and symptoms of substance use or misuse, may include:

## *Personal Appearance*

- Slurred speech
- Nodding off
- Disorientation
- Tremors
- Cold or sweaty palms
- Dilated or constricted pupils
- Bloodshot or glazed-over eyes
- Needle marks
- Bruises
- Poor personal hygiene

## *Behavioral Signs*

- Agitated behavior or mood
- Excessive talking
- Paranoia
- Depression
- Manic behavior
- Lack of motivation
- Criminal activity
- Financial challenges
- Missed appointments

## *Physical Environment*

- Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons)
- Unusual smells
- Reluctance to allow home visits
- Unexplained visitors in and out of home

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**Screen all families for substance use.** The purpose of substance use disorder (SUD) screening is to determine the presence of substance use and identify the need for a further clinical SUD assessment. Gather information from a variety of sources, including review of corroborating reports, signs and symptoms, drug testing, and valid screening tools, such as the AUDIT, AUDIT-C, or ASSIST. The UNCOPE is another valid screening tool that asks the following six questions:

- 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 your alcohol or drug use?
- C** – Have you ever wanted to cut down or stop using alcohol or drugs but could not?
- 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?

Source: Norman G. Hoffmann, Ph.D., Evince Clinical Assessments. For more information about the UNCOPE tool and scoring, please visit: [http://www.evinceassessment.com/UNCOPE\\_for\\_web.pdf](http://www.evinceassessment.com/UNCOPE_for_web.pdf)

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**Refer for a clinical SUD assessment.** When an individual exhibits signs or symptoms of substance misuse or screens positive for a potential SUD, a clinical assessment by a SUD professional is warranted. Use your agency protocol to refer a parent for a clinical assessment as soon as possible, since a delay can affect client engagement and permanency for children.

**Use SUD assessment results to tailor treatment and services to fit individual needs.** A SUD assessment can provide a clinical diagnosis and recommendations for the intensity and setting of treatment needed (outpatient, intensive outpatient, or residential) and supportive services. The SUD assessment may also identify co-occurring mental disorders and areas of life functioning affected, such as family relationships, employment, housing, or criminal justice involvement. Each of these areas may require a specific service or referrals to other agencies. When possible, refer the individual to a treatment provider who understands the child welfare system and its mandates.

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# Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips



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**Engage in conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use “person first” language and avoid using labeling terms such as “addict.” Use a conversational approach with open-ended questions such as the following:

- ▶ “Tell me more about ...”
- ▶ “As part of our work with families, we ask all families about ...”
- ▶ “I’m noticing that ...”
- ▶ “How can I help you with ...”
- ▶ “I’m concerned about you because ...”

**Provide active support in early recovery.** Substance use disorders (SUDs) may affect cognitive functions (e.g., memory) and result in behavior that is often perceived as “resistant.” Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents to attend SUD treatment, court, visitation, and parent strengthening programs. Help the parent make and keep appointments by marking their calendar/schedule and providing reminders and incentives. Identify barriers for making an appointment, such as competing service priorities or lack of transportation, and work together to formulate solutions.

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**Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often held by persons in recovery from SUDs and with child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

**Support the children.** Help children develop an understanding of SUDs that is supportive and nonjudgmental. Convey information about their parents’ substance misuse in a way that defines the disorder, not the person, and is appropriate to the children’s developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

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- ▶ “Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don’t understand when they drink too much or use drugs, but this doesn’t mean that they don’t love you.”
- ▶ “You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent’s drinking or drug use.”
- ▶ “There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone.”
- ▶ “Let’s think of people who you might talk with about your concerns. You don’t have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a trusted family member.”

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**Provide warm hand-offs and maintain ongoing communication.** A warm hand-off is a strategy to actively engage and link parents to treatment and other needed services. A warm hand-off reduces miscommunication and ensures that parents understand the process and have adequate information and support to engage in services. Warm hand-offs also involve following up with the parent and provider to ensure that the referral was successful. Follow-up communication with SUD providers during the child welfare case can also support parent engagement in the assessment, treatment, and recovery continuum of services.

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