

# Frequently Asked Questions



## Substance Use Disorder: A Family-centered Approach to Understanding Impact WEBINAR (April 22, 2020)

Questions	Answers
<p>What are the requirements that have to be met for a child to be taken due to substance abuse? Do there have to be signs of neglect or just if there is a substance abuse disorder?</p>	<p>When a family comes to the attention of child welfare, determining the safety and well-being of the child is paramount. Child welfare will identify factors that may create safety threats or risk to the child, and whether the nature of substance misuse or a substance use disorder has contributed or creates a risk of child maltreatment. Federal laws and regulations provide standards and guidelines to states specific to child protection and child welfare however each state has its own laws, regulations and definitions for child welfare matters.</p> <p>The NCSACW website includes resources and materials related to <a href="#">Children and Families Affected by Parental Substance Use Disorders (SUDs)</a> In particular the <a href="#">publication Screening and Assessment for Family Engagement, Retention, and Recovery</a> includes <a href="#">information about the roles and responsibilities of child welfare in order to make decisions about children’s safety</a></p> <p>The <a href="#">Child Welfare Information Gateway</a> is an excellent resource to learn more about child welfare practice as it relates to assessment of child safety and identification of protective capacities.</p> <p>The site also has information on state statutes and definitions of Child Abuse and Neglected: <a href="https://www.childwelfare.gov/topics/systemwide/laws-policies/state/">https://www.childwelfare.gov/topics/systemwide/laws-policies/state/</a></p>

Questions	Answers
<p>Do you have a breakdown of county statistics in California? Percentage of SUD cases.</p>	<p>Child Welfare Outcomes Data for each State can be accessed on the Children’s Bureau site here: <a href="https://cwoutcomes.acf.hhs.gov/cwodatasite/byState">https://cwoutcomes.acf.hhs.gov/cwodatasite/byState</a></p> <p>County specific data can be requested through The National Data Archive on Child Abuse and Neglect (NDACAN) at <a href="https://www.ndacan.acf.hhs.gov/">https://www.ndacan.acf.hhs.gov/</a></p> <p>For California, the California Child Welfare Indicators Project (CCWIP) maintained by the University of California at Berkeley School of Social Welfare provides outcome information by county which can be located here: <a href="https://ccwip.berkeley.edu/">https://ccwip.berkeley.edu/</a></p>
<p>Why did opioid use increase so much during those years for pregnant women?</p> <p>Why do so many people begin using substances?</p>	<p>Families and child welfare agencies have been affected by multiple drug epidemics over the past several decades – cocaine in the late 1980s, methamphetamine in the early 2000s, and now opioids.</p> <p>In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive. An estimated 80% of people who use heroin misused prescription opioids prior and roughly 21-29% of patients who are prescribed opioids for chronic pain misuse them.</p> <p>SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ) report titled “Why Do Adults Misuse Prescription Drugs?” provides additional information on prescription drug misuse in the United States and can be found here: <a href="https://www.samhsa.gov/data/sites/default/files/report_3210/ShortReport-3210.html">https://www.samhsa.gov/data/sites/default/files/report_3210/ShortReport-3210.html</a></p> <p>The NCSACW website maintains resources for <a href="#">Supporting Families Affected by Opioids</a></p>

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	<p>For more general information on the opioid crisis visit: <a href="https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis">https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis</a> or The U.S. Department of Health and Human Services at: <a href="https://www.hhs.gov/opioids/about-the-epidemic/index.html">https://www.hhs.gov/opioids/about-the-epidemic/index.html</a></p>
<p>Does the exposure have any correlation to the father or only the mother's use?</p>	<p>The NCSACW website includes resources and materials related to <a href="#">Children and Families Affected by Parental Substance Use Disorders (SUDs)</a></p> <p>For more information on CAPTA sections related to infants with prenatal exposure download the summary linked below: <a href="https://ncsacw.samhsa.gov/files/CAPTA_SEI_Statutory_Summary.pdf">https://ncsacw.samhsa.gov/files/CAPTA_SEI_Statutory_Summary.pdf</a></p> <p>For postnatal exposure, child protection laws that address some aspect of parental substance use as child abuse and visit: <a href="https://www.childwelfare.gov/topics/systemwide/laws-policies/state/">https://www.childwelfare.gov/topics/systemwide/laws-policies/state/</a></p>
<p>Despite a plethora of empirical evidence to show that alcohol consumption has the potential for detrimental effects on prenatal development, nearly 40% of US woman report consumption of some level of alcohol during pregnancy. There is even some level of social acceptance/support for this (as seen on social media; Facebook, Glow, etc.). How do we battle this on a small (or a large) scale?</p> <p>I have read studies that indicate no alcohol is acceptable during pregnancy. Conversely, I've also read studies that conclude an occasional drink or even a small glass of wine or beer daily are</p>	<p>The Centers for Disease Control and Prevention (CDC) guidance indicates that there is no known safe amount of alcohol use during pregnancy, there is no safe time during pregnancy to drink, and all types of alcohol are equally harmful, including wine and beer.</p> <p>To learn how you can help reduce alcohol use and alcohol exposed pregnancies visit the CDC's Collaborative for Alcohol-Free Pregnancy prevention resources here: <a href="https://nccd.cdc.gov/FASD/">https://nccd.cdc.gov/FASD/</a></p> <p>For information on CHOICES, an evidence-based intervention, as a program to prevent alcohol exposed pregnancies visit: <a href="https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html">https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html</a></p> <p>Data presented in part 2 of the webinar series regarding substance use in pregnancy originated from the 2017 National Survey on Drug Use and Health. Additional</p>

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<p>okay. Do the studies used state how much alcohol was consumed by the mother?</p>	<p>metrics and detailed tables supporting this data can be found here:  <a href="https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf">https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf</a></p>
<p>Don't babies also have a withdrawal syndrome from MJ use of the mother at the time after delivery?</p>	<p>The most recently published research reviews found no association between marijuana use and fetal distress (<a href="https://www.ncbi.nlm.nih.gov/books/NBK425751/">https://www.ncbi.nlm.nih.gov/books/NBK425751/</a>) however in 2018, the American Academy of Pediatrics released its first official guidelines advising women who are pregnant or nursing to avoid marijuana use because it is not safe for them or their children. To access the American Academy of Pediatrics guidelines, visit:  <a href="https://pediatrics.aappublications.org/content/142/3/e20181889">https://pediatrics.aappublications.org/content/142/3/e20181889</a></p> <p>For additional information on marijuana and pregnancy visit: <a href="https://www.samhsa.gov/marijuana/marijuana-pregnancy">https://www.samhsa.gov/marijuana/marijuana-pregnancy</a> and <a href="https://www.cdc.gov/marijuana/factsheets/pregnancy.htm">https://www.cdc.gov/marijuana/factsheets/pregnancy.htm</a></p>
<p>What are some of the long-term effects from abandonment, into adult life?</p>	<p>The Children's Bureau published factsheet <i>Long-Term Consequences of Child Abuse and Neglect</i> states that [a]side from the immediate physical injuries children can experience through maltreatment, a child's reactions to abuse or neglect can have lifelong and even intergenerational impacts. Childhood maltreatment can be linked to later physical, psychological, and behavioral consequences as well as costs to society as a whole. These consequences may be independent of each other, but they also may be interrelated. To access the publication, available on the Child Welfare Information Gateway, visit:  <a href="https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf">https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf</a></p> <p>A trauma-informed approach includes an understanding of how trauma affects the life of an individual and family receiving services. For more information on trauma-informed care, visit:</p>

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	<p><a href="https://ncsacw.samhsa.gov/topics/trauma-informed-care.aspx">https://ncsacw.samhsa.gov/topics/trauma-informed-care.aspx</a></p> <p>The Child Welfare Information Gateway published a factsheet that details long-term consequences of child abuse and neglect to include implications for physical, psychological, and behavioral health; social consequences and federal research located here: <a href="https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf">https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf</a></p>
<p>What about verbal abuse?</p>	<p>Almost all States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands include emotional maltreatment as part of their definitions of abuse or neglect.</p> <p>Approximately 33 States, the District of Columbia, Guam, The Northern Mariana Islands, and Puerto Rico provide specific definitions of emotional abuse or mental injury to a child.</p> <p>Typical language used in these definitions is “injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition” and injury as evidenced by “anxiety, depression, withdrawal, or aggressive behavior.”</p> <p>For more information on definitions of child abuse and neglect, visit <a href="https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf">https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf</a> and <a href="https://www.childwelfare.gov/pubPDFs/whatiscan.pdf">https://www.childwelfare.gov/pubPDFs/whatiscan.pdf</a></p>
<p>At what age would you recommend talking to children about their parent's addiction as a disease?</p>	<p>Fostering discussions with children affected by parental substance use and addiction is a powerful tool that can help children recover from their experiences and help protect them against the multigenerational disease.</p> <p>Discussions should be adjusted depending on a child’s age and individual needs. Resources to support the facilitation of this discussion begin as early as 2 years old.</p>

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	<p>Sesame Street in Communities offers information, activities and resources on parent addiction here:  <a href="https://sesamestreetincommunities.org/topics/parental-addiction/">https://sesamestreetincommunities.org/topics/parental-addiction/</a> including a tip sheet, “Explaining Addiction” for children ages 2-6 years old:  <a href="https://sesamestreetincommunities.org/activities/explaining-addiction/">https://sesamestreetincommunities.org/activities/explaining-addiction/</a></p> <p>Partnership for Drug-Free Kids provides additional information and resources on drug prevention tips for children and young adults ages 2-25 located here:  <a href="https://drugfree.org/article/prevention-tips-for-every-age/">https://drugfree.org/article/prevention-tips-for-every-age/</a></p> <p>The Child Welfare Information Gateway offers a booklet to help children and adults talk about a parent’s substance use and is available for download here:  <a href="https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Stars%20Resource%20booklet%20final.pdf">https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Stars%20Resource%20booklet%20final.pdf</a></p>
<p>What supports can we put in place to for long term recovery/sobriety?</p>	<p>The NCSACW has developed several resources that highlight the need for ongoing recovery support:</p> <p><a href="#">Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers</a></p> <p><a href="#">Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment</a></p> <p>SMART Recovery offers resources, education and tools for individuals providing support to someone with addiction based on the Self-Management and Recovery Training (SMART) model and Community Reinforcement and Family Training (CRAFT) Therapy. For more information, visit:  <a href="https://www.smartrecovery.org/family/">https://www.smartrecovery.org/family/</a></p> <p>Behavioral Health Evolution provides a comprehensive tip sheet for strategies to support an individual in recovery from a friend/family member’s perspective which can be found at:  <a href="http://www.bhevolution.org/public/family_support.page">http://www.bhevolution.org/public/family_support.page</a></p>

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<p>As states are beginning to legalize Marijuana, what effects are we seeing, if any, on addiction to this substance?</p> <p>Common thought that smoking weed at an early age will leave lasting effects on the brain and development.</p>	<p>Marijuana is the most commonly used illegal (in some states) substance in the U.S. and its use is growing and the perception of how harmful marijuana use can be is declining. Contrary to popular belief, marijuana is addictive, and research shows that 1 in 6 people who start using the drug before the age of 18 can become addicted and 1 in 10 adults who use the drug can become addicted. The Substance Abuse and Mental Health Administration (SAMHSA) reports marijuana use on the rise among all adult groups, both sexes, and pregnant women with people ages 18-25 reported for the highest rate of use.</p> <p>For more information marijuana, risks and data, visit the following pages:  <i>Know the Risks of Marijuana:</i>  <a href="https://www.samhsa.gov/marijuana">https://www.samhsa.gov/marijuana</a>  <i>Marijuana and Public Health:</i>  <a href="https://www.cdc.gov/marijuana/">https://www.cdc.gov/marijuana/</a>  <i>Marijuana and Public Health- Data and Statistics:</i>  <a href="https://www.cdc.gov/marijuana/data-statistics.htm">https://www.cdc.gov/marijuana/data-statistics.htm</a>  <i>Marijuana:</i>  <a href="https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director">https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director</a></p>
<p>Why is testing for infectious diseases recommended for drug treatment programs?</p>	<p>The Principles of Effective Treatment: A Research-Based Guide (Third Edition) published by the National Institute on Drug Abuse recommends treatment programs test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling and linking patients to treatment if necessary.</p> <p>Drug use is linked to risky behaviors such as needle sharing and unsafe sex and can also weaken the immune system. The combination greatly increases the likelihood of contracting HIV, hepatitis, and other infectious diseases. Typically, substance use treatment programs address some of the drug-related behaviors that put people at risk of infectious disease to ultimately help patients further reduce or avoid substance related and other high-risk behaviors while recognizing that engagement in substance</p>

Questions	Answers
	<p>use treatment can facilitate adherence to other medical treatment to support all aspects of recovery and well-being.</p> <p>For more information on infectious diseases and other health consequences of drug misuse, visit:  <a href="https://www.drugabuse.gov/publications/health-consequences-drug-misuse/hiv-hepatitis-other-infectious-diseases">https://www.drugabuse.gov/publications/health-consequences-drug-misuse/hiv-hepatitis-other-infectious-diseases</a></p> <p>For additional information on the principles of effective treatment, visit:  <a href="https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment">https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment</a></p>
<p>While addiction is treatable with effects on the brain—is the effect reversible?</p>	<p>All addictive drugs act in the brain to produce their euphoric effects. However, some can also cause damage due to seizures, stroke, and direct toxic effects on brain cells. Outcomes specific to organ damage and resilience varies greatly on a number of factors to include type of substance(s), co-occurring medical conditions and duration and quantity of substance use.</p> <p>For more information on the health consequences of drug misuse including a list of drugs with direct correlation to neurological problems visit:  <a href="https://www.drugabuse.gov/publications/health-consequences-drug-misuse/neurological-effects">https://www.drugabuse.gov/publications/health-consequences-drug-misuse/neurological-effects</a></p> <p>To search for individual drugs and their long term effects visit:  <a href="https://www.drugabuse.gov/search/long%20term%20effects">https://www.drugabuse.gov/search/long%20term%20effects</a></p> <p>For details on alcohol’s damaging effects on the brain, visit:  <a href="https://pubs.niaaa.nih.gov/publications/aa63/aa63.htm">https://pubs.niaaa.nih.gov/publications/aa63/aa63.htm</a></p>
<p>When you say most people with substance use disorders should remain in treatment for at least three months, are you referring</p>	<p>Individuals progress through treatment at various rates, so there is no predetermined length of treatment. However, research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for</p>



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<p>to inpatient treatment, outpatient treatment, and/or a combination of both?</p>	<p>residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. For methadone maintenance, 12 months is considered the minimum, and some individuals with opioid use disorder continue to benefit from methadone maintenance for many years.</p> <p>For more information on treatment duration, visit: <a href="https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment">https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment</a></p>
<p>Do you have any information regarding Prozac causing a positive result on a drug screen?</p>	<p>Drug tests vary, depending on what types of drugs are being tested for and what types of specimens are being collected. In federally regulated programs, only urine samples are collected and are commonly used for five categories of drugs: amphetamines, cocaine, marijuana, opiates, and phencyclidine (PCP). Additional categories may include barbiturates, benzodiazepines, ethanol (alcohol), hydrocodone, MDMA, methadone, methaqualone, or propoxyphene.</p> <p>A potential false-positive of a urine drug screen (UDS) should be verified with a different screening test or additional analytical tests should be performed to avoid adverse consequences for the patients.</p> <p>The National Institutes of Health, National Library of Medicine literature review titled “Commonly prescribed medications and potential false-positive urine drug screens” addresses specific medications with urine drug screens and can be found here: <a href="https://www.ncbi.nlm.nih.gov/pubmed/20689123">https://www.ncbi.nlm.nih.gov/pubmed/20689123</a></p> <p>For more information on drug testing in child welfare, visit: <a href="https://ncsacw.samhsa.gov/topics/drug-testing-child-welfare.aspx">https://ncsacw.samhsa.gov/topics/drug-testing-child-welfare.aspx</a></p>
<p>Any treatment centers who can handle individuals with special</p>	<p>SAMHSA’s treatment locator provides referrals to local treatment facilities, support groups, and community-based</p>

Questions	Answers
<p>needs?</p> <p>Asking specifically for facilities that can treat individuals who are Deaf or severe hearing loss.</p>	<p>organizations which can be filtered by need and located here: <a href="https://findtreatment.samhsa.gov/">https://findtreatment.samhsa.gov/</a> or by calling 1-800-662-4357 (HELP), a free and confidential helpline open 24 hours a day, 7 days a week.</p> <p>AllTreatment.com provides a list of deaf and hard of hearing alcohol and drug rehab centers by location and can be found here: <a href="https://www.alltreatment.com/addiction-treatment-for-the-deaf-and-hard-of-hearing/">https://www.alltreatment.com/addiction-treatment-for-the-deaf-and-hard-of-hearing/</a></p> <p>For additional resources in behavioral health, wellness, advocacy and other information to deaf, deaf-blind and hard of hearing visit: <a href="https://healthbridges.info/">https://healthbridges.info/</a> and <a href="https://ireta.org/resources/substance-use-services-for-deaf-communities-what-are-the-issues/">https://ireta.org/resources/substance-use-services-for-deaf-communities-what-are-the-issues/</a></p> <p>For information on the Americans with Disabilities Act (ADA), accommodations and effective communication for individuals with hearing impairment in a treatment setting, visit: <a href="https://www.ada.gov/effective-comm.htm">https://www.ada.gov/effective-comm.htm</a></p>
<p>How effective are treatments like methadone? Why do community corrections not usually allow the use of methadone and suboxone?</p>	<p>As part of a comprehensive treatment program, MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use, decrease criminal activities, re-arrest and re-incarceration, decrease drug related HIV risk behaviors and decrease pregnancy related complications.</p> <p><i>Without</i> medication-assisted treatment, opioid relapse rates are high. At one month following medication-assisted treatment withdrawal, there is a 65-80 percent relapse rate, and over a 90 percent relapse rate at six months.</p> <p>Together with a range of clinical and supportive services, MAT can help individuals achieve stability and focus on other aspects of their recovery, such as obtaining employment, housing, or enhancing their parenting skills. A study showed that parents with opioid use disorders who were involved in child welfare and received MAT had a significantly higher chance of retaining custody of their children than those who did not receive MAT. With each</p>

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	<p>additional month of MAT, parents were 10% more likely to retain custody, and a year of MAT increased the likelihood of retaining custody by 120%.</p> <p>Unfortunately, MAT is greatly underused. According to SAMHSA’s Treatment Episode Data Set (TEDS) 2002-2010, the proportion of heroin admissions with treatment plans that included MAT fell from 35% in 2002 to 28% in 2010.</p> <p>The slow adoption of these evidence-based treatment options for alcohol and opioid use disorders is partly due to misconceptions about substituting one drug for another, discriminations against MAT patients is also a factor, despite state and federal laws clearly prohibiting it, and other factors include lack of training for physicians and negative opinions toward MAT in communities and among health care professionals.</p> <p>For more information and resources on medication assisted treatment visit:  <a href="https://ncsacw.samhsa.gov/topics/medication-assisted-treatment.aspx">https://ncsacw.samhsa.gov/topics/medication-assisted-treatment.aspx</a></p>
<p>At what point does a person that who was recommended to have outpatient, be moved to inpatient?</p>	<p>Treatment for substance use disorders can be delivered across a continuum of care and vary in intensity. Treatment is an individualized and dynamic process designed to meet the specific and unique needs of each client. Initially clients are referred to the least restrictive treatment program based on their ability to maintain sobriety as determined by their clinical assessment. As a client builds sobriety skills, or conversely shows relapse triggers, different treatment services are provided to meet the individualized treatment needs.</p> <p>Determining the level of care is a collaborative process with information sharing between treatment professionals, child welfare professionals, and the parent. This process can be guided using patient placement tools. The tool most widely used to determine the appropriate treatment placement is the American Society of Addiction Medicine’s (ASAM) Criteria.</p>

Questions	Answers
	<p>To learn more about the ASAM Criteria and levels of care, visit: <a href="https://www.asam.org/asam-criteria/about">https://www.asam.org/asam-criteria/about</a></p> <p>The NCSACW has developed several resources that are useful to learn more about the treatment process:</p> <p><a href="#">Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers</a></p> <p><a href="#">Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment</a></p>
<p>Is there a state-by-state directory of facilities?</p>	<p>The Substance Abuse and Mental Health Services Administration (SAMHSA) offers several tools for treatment location by state:</p> <p>For substance use/addiction and/or mental health treatment within the U.S. or U.S. Territories, the behavioral health treatment locator can be found here: <a href="https://findtreatment.samhsa.gov/">https://findtreatment.samhsa.gov/</a> or by calling 1-800-662-4357 (HELP), a free and confidential helpline open 24 hours a day, 7 days a week.</p> <p>A list of opioid treatment programs by State may be found using SAMHSA’s Opioid Treatment Program Directory located here: <a href="https://dpt2.samhsa.gov/treatment/directory.aspx">https://dpt2.samhsa.gov/treatment/directory.aspx</a></p> <p>For medication assisted treatment and assistance locating practitioners authorized to treat opioid dependency with buprenorphine by state, SAMHSA’s Buprenorphine Practitioner Locator can be found here: <a href="https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator">https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator</a></p>
<p>Stats on various techniques such as 12 Step or the use of the Enneagram with the talk therapy?</p>	<p>Approaches used in treatment are designed to address certain aspects of addiction and its consequences for the individual, family, and society. The programs and interventions most widely used are known as evidence-based practices, meaning they have been researched</p>

Questions	Answers
<p>Do faith-based treatment centers have more successful rates than purely secular programs? (Do we know?)</p> <p>What are the stats for the various treatment options from seeing a counselor to outpatient to in-patient short term and then in-patient long-term?</p> <p>The success for “wilderness” type of programs?</p>	<p>academically or scientifically, been proven effective, and replicated by more than one investigation or study.</p> <p>For more information about evidence based approaches to drug treatment, visit: <a href="https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment">https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment</a> and <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678283/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678283/</a></p> <p>For more information about evidence-based practices for children and families involved with the child welfare system, visit: <a href="https://www.cebc4cw.org/">https://www.cebc4cw.org/</a></p>
<p>What substances are most frequently treated with MAT?</p>	<p>The U.S. Food and Drug Administration has approved several different medications to treat opioid addiction, alcohol dependence and tobacco/smoking cessation.</p> <p>For more information on medication assisted treatment including medications used for opioid use disorder and alcohol use disorder, statutes, regulations, and guidelines, visit: <a href="https://www.samhsa.gov/medication-assisted-treatment">https://www.samhsa.gov/medication-assisted-treatment</a></p>
<p>So, we focus here on proper diagnosis and treatment of SUD with parents or primary caregivers. Shouldn't a similar, concurrent assessment be focused on the children affected by SUD caregiver(s) to arrive at a mental health treatment plan for the children, and that plan be part of our work as advocates?</p>	<p>The family centered approach recognizes that substance use disorder is a family disease and that recovery and well-being occurs in the context of families. Key service components to a family centered approach include supports for the parent, child, and family.</p> <p>Services that support child well-being should address health, development, behavior, school readiness, trauma, mental health, adolescent substance use, and at-risk youth prevention.</p> <p>For more information on the family centered treatment, visit: <a href="https://ncsacw.samhsa.gov/topics/family-centered-treatment.aspx">https://ncsacw.samhsa.gov/topics/family-centered-treatment.aspx</a></p>
<p>Is MAT ever used with methamphetamine addiction?</p>	<p>Currently there are no approved medications to treatment amphetamine/methamphetamine and cocaine use</p>

Questions	Answers
<p>Are there any studies available that address direct exposure/ingestion of methamphetamine by infants (birth to 5 years) on their social, emotional and intellectual development?"</p>	<p>disorders according to the U.S. Food and Drug Administration.</p> <p>For information on methamphetamine and child welfare, visit:  <a href="https://ncsacw.samhsa.gov/topics/methamphetamine.aspx">https://ncsacw.samhsa.gov/topics/methamphetamine.aspx</a></p> <p>Resources specific to direct exposure/ingestion of methamphetamine by children and outcomes include:</p> <p>Methamphetamine Exposures in Young Children:  <a href="http://toxicology.usu.edu/endnote/00006565-200709000-00006.pdf">http://toxicology.usu.edu/endnote/00006565-200709000-00006.pdf</a></p> <p>Inadvertent Methamphetamine Poisoning in Pediatric Patients:  <a href="https://www.ncbi.nlm.nih.gov/pubmed/9881979">https://www.ncbi.nlm.nih.gov/pubmed/9881979</a></p> <p>Children Exposed to Methamphetamine Use and Manufacture:  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3029499/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3029499/</a></p> <p>Methamphetamine Poisoning:  <a href="https://calpoison.org/news/methamphetamine-poisoning">https://calpoison.org/news/methamphetamine-poisoning</a></p> <p>Responding to Infants Affected by Substance Exposure:  <a href="https://www.childwelfare.gov/topics/systemwide/bhw/casework/families-sud/children-sud/responding/">https://www.childwelfare.gov/topics/systemwide/bhw/casework/families-sud/children-sud/responding/</a></p>
<p>Is the goal of MAT to maintain an addiction in a controlled manner indefinitely, as there are productive outcomes in terms of reunification, etc?</p> <p>Are their findings to suggest that MAT has positive outcomes for actual recovery (sobriety?).</p>	<p>Medication assisted treatment (MAT) is an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies to sustain recovery.</p> <p>A common misconception associated with MAT is that it substitutes one drug for another. As part of a comprehensive treatment program, MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use, decrease criminal activities, re-arrest and re-incarceration, decrease drug related HIV risk behaviors and decrease pregnancy related complications.</p>

Questions	Answers
	<p>MAT differs from counseling and other behavioral therapies in the way it affects the brain; counseling targets the frontal and temporal cortex associated with thought patterns and processing memories while MAT targets the limbic system and operates to normalize body functions without the negative effects of the misused substance(s), relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs.</p> <p>People may safely take medications used in MAT for months, years, several years, or even a lifetime. <u><i>Plans to stop a medication must always be discussed with a doctor.</i></u></p> <p><i>Without</i> medication-assisted treatment, opioid relapse rates are high. At one month following medication-assisted treatment withdrawal, there is a 65-80 percent relapse rate, and over a 90 percent relapse rate at six months.</p> <p>Together with a range of clinical and supportive services, MAT can help individuals achieve stability and focus on other aspects of their recovery, such as obtaining employment, housing, or enhancing their parenting skills. A study showed that parents with opioid use disorders who were involved in child welfare and received MAT had a significantly higher chance of retaining custody of their children than those who did not receive MAT. With each additional month of MAT, parents were 10% more likely to retain custody, and a year of MAT increased the likelihood of retaining custody by 120%. <a href="#"><u><i>A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers</i></u></a> includes additional information on collaborative practices, case studies and outcomes.</p> <p>For more information on medication assisted treatment and outcome measures, visit:</p>

Questions	Answers
	<p><a href="https://journals.lww.com/hrpjjournal/fulltext/2015/03000/medication_assisted_treatment_of_opioid_use.2.aspx">https://journals.lww.com/hrpjjournal/fulltext/2015/03000/medication_assisted_treatment_of_opioid_use.2.aspx</a></p> <p>For more information on medication assisted treatment, visit: <a href="https://www.samhsa.gov/medication-assisted-treatment/treatment">https://www.samhsa.gov/medication-assisted-treatment/treatment</a></p>
<p>Examples of opioid agonist medications (MA) are Methadone and buprenorphine the only two?</p>	<p>Medications that are Food and Drug Administration (FDA) approved for opioid use disorder and have shown effectiveness in reducing opioid use and harmful opioid related behaviors when used as part of a comprehensive treatment program include:</p> <p>Methadone – Full opioid agonist  Buprenorphine – Partial opioid agonist  Naloxone – Antagonist</p> <p>For more information on pharmacological treatment including agonist vs. antagonist drugs, visit: <a href="https://www.ihs.gov/opioids/recovery/pharmatreatment/">https://www.ihs.gov/opioids/recovery/pharmatreatment/</a></p>
<p>A parent I am working with is aware of her opioid dependence but is convinced she can become sober on her own and so won't stick with treatment programs and minimizes the importance of psychotherapy. Her children were removed from her care, the family support team keeps trying to offer resources...what else can we do to "raise the floor" if this is her perspective?</p>	<p>Nearly all parents with a substance use disorder believe in the beginning that they can stop using drugs on their own, and most try to stop without treatment. Understanding that addiction has such an important biological component may help explain an individual's difficulty in achieving and maintaining abstinence without treatment.</p> <p>Various individual factors impede interest in and commitment to entering treatment. The anticipation of not being able to use substances to cope with stress, to manage weight, or to deal with symptoms associated with other mental disorders creates considerable apprehension in making a commitment to treatment. There are other individual characteristics that may serve as a barrier to treatment, including feelings related to previous treatment failures, feelings of guilt and shame regarding use and behavior associated with use, fear of losing custody of children if the drug or alcohol problem is admitted and treatment is sought, feelings of helplessness, and a belief that change is not possible (Allen 1995; Greenfield 1996).</p>



Questions	Answers
	<p>The identification of barriers is essential to effective treatment planning and is equally important to develop specific strategies to address each barrier as early as possible.</p> <p>For more information on substance use treatment and addressing the specific needs of women including the identifying and addressing barriers to treatment, visit: <a href="https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf">https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf</a></p> <p>To improve outcomes for families involved with the child welfare system who are affected by substance use disorders, a growing number of child welfare agencies and family court programs have integrated peers and recovery specialists into their service delivery models. The peer role is unique because it pairs a parent with a person in recovery who may also have prior child welfare involvement. This shared history allows the parent to have a relatable ally with whom he or she can develop trust and serve as a role model for success. For more information about peer and recovery specialist support, visit: <a href="https://ncsacw.samhsa.gov/topics/recovery-specialists.aspx">https://ncsacw.samhsa.gov/topics/recovery-specialists.aspx</a></p>
<p>Under the FOUR MAJOR DIMENSIONS—where does mental health come?</p>	<p>SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose and community.</p> <p>Of the four major dimensions, health includes overcoming or managing one’s disease(s) or symptoms. For example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has a substance use disorder(s), and for those in recovery, making informed, healthy choices that support physical and emotional well-being.</p>
<p>What would be your recommendation be during this time of COVID-19 with regard to referring our parents to treatment options, especially</p>	<p>Limited local resources, bed availability and a global pandemic can cause a temporary inability to secure treatment space. There are several things that professionals can do to support an individual seeking treatment:</p>

Questions	Answers
<p>when some programs aren't accepting new clients?</p>	<ul style="list-style-type: none"> <li>• Provide parents with lists of local self-help meetings and encourage them to attend (virtually if possible).</li> <li>• Help parents develop safety plans to not drink or use drugs while waiting for treatment. Visit: <a href="https://drugfree.org/wp-content/uploads/2017/11/Early-Recovery-Substance-Use-Safety-Plan.pdf">https://drugfree.org/wp-content/uploads/2017/11/Early-Recovery-Substance-Use-Safety-Plan.pdf</a> for a free template of an early recovery safety plan from drugfree.org.</li> <li>• Develop a plan to regularly speak and meet (virtually) while waiting.</li> <li>• Remain familiar with the various levels of care in the local community and available telehealth services.</li> <li>• Determine if there are pre-treatment or treatment engagement groups available in your community.</li> </ul> <p>SAMHSA's list of virtual recovery resources can be located here: <a href="https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf">https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf</a></p> <p>SAMHSA's Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained counselor.</p>
<p>How many chances should a parent get when going through rehab. I have 2 children, ages 2 &amp; 4, whose mom has gone back three times in the last two years. They have been in foster care and have not had many visits. They need permanency.</p>	<p>The chronic nature of addiction means that for some people relapse can be part of the process. Recovery is a long-term process and frequently require multiple episodes of treatment.</p> <p>Continuing care and aftercare can support recovery, particularly after formal treatment has ended. There are a number of ways to provide support and connect parents and families with services that can support recovery and family healing to include alumni group meetings, home visits from counselors, case management, parenting education and support services, employment services, safe and sober housing resources, mental health services,</p>

Questions	Answers
	<p>income supports, self-help groups, individual and family counseling and recovery or peer support specialists.</p> <p>As parents enter recovery and begin to rebuild their families, they are working to counteract their past behavior by being present for the children and responsive to their needs. Visitation is one tool to help parents achieve this goal. When visitation is denied, cancelled, or reduced, the pattern of neglect is reinforced in these families. Strengthening the parent-child bond through visitation can be a more effective motivator for a parent to address his or her substance use and for a child to develop healthy attachment.</p> <p>For more information on recovery supports and peer support specialists, visit:  <a href="https://ncsacw.samhsa.gov/topics/recovery-specialists.aspx">https://ncsacw.samhsa.gov/topics/recovery-specialists.aspx</a></p> <p>The Administration for Children and Families, within the U.S. Department of Health and Human services, released an Information Memorandum (IM) highlighting the importance of meaningful family time and visitation for children and youth in out-of-home care and their families. The IM provides information on research, best practices, resources, and recommendations for making sure children and youth in out-of-home care have safe, meaningful, and frequent family time that strengthens the family, expedites reunification, and improves parent and child well-being. To read the IM, visit:  <a href="https://www.acf.hhs.gov/cb/resource/im2002">https://www.acf.hhs.gov/cb/resource/im2002</a></p>