National Center on Substance Abuse and Child Welfare

CONNECTING WITH YOUTH:

A Toolkit for Child Welfare Professionals Supporting Families Affected by Substance Use

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THE PROBLEM

One in four children in the United States lives with a parent who has a substance use disorder (SUD).[1] Parental SUDs represent a critical—and often overlooked—challenge nationally, but even more so within the child welfare system. These disorders are linked to numerous adverse effects on children, including educational difficulties, anxiety, trauma, and increased risk of emotional, physical, or sexual abuse.[2,3] Children* in these circumstances are also more vulnerable to developing their own substance use issues.

State-by-state variations of the Adoption and Foster Care Analysis and Reporting System (AFCARS) suggest national figures are likely an undercount. In 2025, 38% of children in out-of-home care were reported as having parental alcohol or drug abuse as a circumstance reported at removal.[4] Data from AFCARS show the number of children in out-of-home care decreased by 41.2% between 2000 (N=812,163) and 2025 (N=477,607). At the same time, the number of children in out-of-home care with parental alcohol or drug abuse as a circumstance reported at removal increased by 32.8% between 2000 (N=136,769) and 2025 (N=181,620).[5]

NINETEEN MILLION CHILDREN LIVE WITH A PARENT WITH A SUBSTANCE USE DISORDER.

THE RESPONSE

In response to the alarming statistics related to parental substance use and the long-term effects on children, the Administration for Children and Families (ACF), Children's Bureau (CB), and the Substance Abuse and Mental Health Services Administration (SAMHSA) recognized the urgent need for effective strategies to support adolescents and transitional-age youth in foster care affected by parental substance use.

The National Center on Substance Abuse and Child Welfare (NCSACW) hosted a virtual convening in 2024: *Meeting the Needs of Youth in Child Welfare Services Affected by Their Parents' or Their Own Substance Use Disorder and/or Mental Health Challenges*. The convening aimed to: 1) highlight the unique needs of young adults who have experienced child welfare involvement and parental substance use; and 2) share best practices, innovations, and challenges in developing, implementing, and sustaining positive outcomes for adolescents and transitional-age youth.

Participants included

- Young adults with personal experience in the child welfare system due to either parental SUD or their own history of substance use or mental health challenges
- Child welfare professionals working with youth, particularly those transitioning to adulthood
- Substance use and mental health treatment providers serving adolescents

Discussions highlighted challenges and solutions for delivering services to adolescents and youth affected by parental substance use. In addition, all sessions identified helpful information and strategies to reduce the risk of adolescents and youth developing a SUD and ensure their well-being. The most striking insight came directly from a young person:

> **"NO ONE EVER TALKED TO ME ABOUT MY PARENTS' SUBSTANCE USE."**

*Age Definitions: Children are defined as ages 0-12. Adolescents are defined as ages 12-18. Transitional-aged youth is defined as ages 18-23.

To equip child welfare professionals with tools for effective, compassionate conversations about addiction, parental substance use, and mental health, NCSACW developed a comprehensive toolkit. This resource includes

- Practical strategies and conversation starters tailored to different age groups
- Guidance for building strong, therapeutic relationships with children and adolescents
- Supplemental materials for deepening knowledge about this population
- Key considerations when talking with youth affected by parental substance use

Federal, public, and private agencies vary in the way they define children and youth. For the purposes of this resource, "youth" is used as an all-encompassing term meaning children, adolescents, and transitional-aged young people.

CREATING MEANINGFUL CONNECTIONS WITH YOUTH IN FOSTER CARE

Child welfare professionals play a unique and powerful role in supporting children, adolescents, and transitional aged young people affected by parental substance use. By opening honest, empathetic conversations, they help turn confusion into insight, offering reassurance when its needed most. These discussions not only normalize feelings but also create space for healing. When approached with sensitivity, they empower young people to express themselves, ask questions, and begin to make sense of their family's challenges, laying the foundation for resilience and recovery.

Want to Learn More?

NCSACW Resources:

- *Improving Early Childhood Outcomes and Systems for Families Impacted by Parental Substance Use, Substance Use Disorders, and Co-Occurring Mental Health Disorders*
- *Child Welfare Training Toolkit—Module 5: Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders*
- *Child Welfare Training Toolkit—Module 6: Understanding the Needs of Children & Adolescents Affected by Parental Substance Use & Co-Occurring Disorders*

For families experiencing substance use problems, discussing challenges with young people can be especially crucial since they are extremely perceptive. Even during preschool and kindergarten, children are highly observant and sensitive to the emotional climate of their homes. When they overhear conversations or witness behaviors related to substance use (e.g., erratic moods, absence of caregivers, unsafe situations) they may feel confused, scared, or anxious. As children grow, they're more aware of the complexities within their family dynamics, especially when substance use is involved. Once in school, children and teens may experience feelings of shame, guilt, anger, or fear, and often lack the tools to process these emotions.[6]

Every interaction between caring adults and youth in foster care is an opportunity for co-regulation.[7] To promote engagement and successfully build therapeutic alliances with youth in foster care several resources are linked in the section below to implement strategies, child welfare workers can:

1. Build Trust Slowly

Fostering an environment of trust encourages meaningful dialogue that empowers youth to make informed choices and actively shape their path to overall health and resilience. This resource on using non-stigmatizing language will help child welfare workers implement strategies for using open and non-judgmental communication which is essential to creating a secure space where youth can freely express their experiences and perceptions. This approach helps establish a trusting relationship between workers, youth, and families.[8]

2. Create an Environment That Encourages Regular and Open Communication

Youth are experts in their own lives and it is essential they play a major role in their case and treatment planning.[9] Authentic youth engagement involves partnering with them during all aspects of case planning. This approach promotes well-being, healthy development, co-regulation, and positive outcomes, such as building skills, increasing protective factors, and overall empowerment.[10,11] Child welfare workers can encourage youth to actively create a circle of supportive peers and trusted adults (e.g., teachers, coaches, mentors, youth group leaders). By asking thoughtful, intentional questions, workers can help youth envision and build environments that foster success. While reaching out to others may feel challenging for youth with experience in foster care, developing this skill can lead to meaningful connections and lasting rewards.[12]

3. Provide Education and Access to Resources

To further enhance engagement, child welfare workers can provide materials and resources offering accurate, age-appropriate information about SUDs and their effects on individuals. Using peer networks and other support systems can reinforce positive behaviors and nurture an environment that encourages youth to seek assistance when necessary. Child welfare workers can also encourage young people to actively seek out their own resources while building a supportive peer and adult environment (i.e., learn self-sufficiency and reach out when needed).

WHAT IS CO-REGULATION?

- A supportive process where caring adults nurture youth development through three core elements:

  Relationships: Engaging over time, validating experiences, showing commitment, respecting identity, and balancing flexibility with structure.

  Day-to-Day Interactions: Modeling self-regulation, offering feedback, prompting reflection, and balancing support with autonomy.

  Environments: Co-designing routines, connecting youth to supportive networks aligned with their values and goals.

Why Co-Regulation Matters in Child Welfare

- Many foster youth demonstrate resilience, but trauma, placement instability, and separation often disrupt self-regulation. Co-regulation helps bridge that gap.
- It builds youth skills, resource networks, self-belief, and capacity to face future challenges, acting as both a guide and a safety net.

Outcomes You Can Support

- Co-regulation helps youth
  - Form healthy relationships & boundaries
  - Better manage emotions and stress
  - Learn from their experiences
  - Build agency and empowerment
  - Foster a sense of belonging

For more information on co-regulation, such as conversation starters, strengthening your co-regulation capacity, and more, see the Office of Planning, Research and Evaluations' brief *Child Welfare Professionals Guide: How to Support Older Youth with Foster Care Experience Through Co-Regulation* and watch the short video *Co-regulation: What It Is and Why it Matters*.

ENGAGEMENT STRATEGIES AND CONVERSATION STARTERS

Effective communication remains essential to help youth in out-of-home care process their experiences. The following strategies and conversation starters offer suggestions to help child welfare workers speak with young people in a developmentally appropriate, compassionate, and supportive manner.

These phrases were written for child welfare professionals, drawing on themes and resources developed by the National Association for Children of Addiction, Sesame Street®, and the Hazelden Betty Ford Foundation® children's program. NCSACW developed additional content specifically for conversations with foster youth affected by parental substance use. The phrases are organized into sections with age-appropriate conversation starters.

CONVERSATIONS WITH CHILDREN

Children are defined as ages 0-12.

Strategy: Use Simple, Clear Language

Use simple, clear language by avoiding complex terms and describe addiction in ways children understand, such as saying someone is 'sick' or 'not feeling well.'

- *"Your mom/dad is sick right now and getting help from special doctors."*
- *"Your parent is sick with something called a substance use disorder. It's a kind of illness that affects how they act and feel."*
- *"Your parents love you very much even if they can't be with you right now."*
- *"Sometimes people use substances to try to feel better, but it can make them act in ways that are scary or confusing."*
- *"Just like someone might go to the doctor for a broken arm, your parent needs help from special people to get better."*

Strategy: Be Honest but Gentle

Be honest but gentle by sharing truthful information in a way that fits the child's age and developmental level; avoid making promises you cannot keep, such as when a parent will return.

- *"It's okay to miss them. Lots of kids feel that way."*
- *"Your parent is working hard to get better, but it might take some time."*
- *"Do you want to know more about where your parent is and what they're doing?"*
- *"You didn't cause this and it's not your fault."*

KEY RESOURCE

The *Child Welfare Strategies for Supporting Children Affected by Parental Substance Use* video demonstrates how a worker can use these strategies to engage with a child regarding parental substance use.

Strategy: Normalize Their Feelings

Let the child know it's normal to feel sad, angry, confused, or even relieved; validate their emotions by reassuring them that these feelings are okay.

- *"It's okay to feel sad, mad, or confused. You can talk to me about anything you're feeling."*
- *"Sometimes kids think it's their fault, but it's not. You didn't do anything wrong."*
- *"Can you show me with your face or hands how you're feeling right now?"*
- *"Who helps you feel safe or happy right now?"*

Strategy: Reassure Safety and Stability

Reassure the child that they are safe and their daily routine will remain stable, explain the steps being taken to ensure consistent care, and emphasize that adults are working hard to help their parents get better.

- *"Where do you feel safest and what helps you feel safe?"*
- *"Even though things are different right now, we're going to keep you safe."*
- *"Do you know who you can talk to if you feel scared or worried?"*
- *"Would it help to make a plan for your day, so you know what to expect?"*

Want to Learn More?

Resources Specific to Children

Sesame Street®

- *Elmo Learns About Parental Addiction*
- *Explaining Addiction*
- *Hand in Hand: Supporting Children and Families Impacted by Parental Addiction*

National Association for Children of Addiction

- *Language When Talking with Kids and Teens*
- *Understanding the Seven Cs*
- *Tools for Kids*

Hazelden Betty Ford Foundation®

- *Addiction Resources for Children, Teens, Parents, and the Community*

Strategy: Encourage Expression Through Play or Drawing

Encourage the child to express their feelings through play or drawing by offering materials like crayons, toys, or puppets, and gently observe and engage during playtime to better understand their emotions.

- *"Can you show me with toys or blocks what your day feels like?"*
- *"If your feelings were a color, what color would they be?"*
- *"Would you like to draw a picture of a fun thing you and your mom/dad like to do together?"*
- *"Would you like to draw a picture of your family or your feelings?"*
- *"Let's make a feelings chart together so that you can let your (foster parent/caregiver) know how you're feeling each day."*

TRANSITIONING FROM CONNECTIONS WITH CHILDREN TO CONNECTING WITH ADOLESCENTS AND TRANSITONAL-AGED YOUTH

As children move into adolescence, they change in significant ways—and the approaches used to engage them must evolve as well. While the foundational principles that guide work with younger children still apply, these approaches need to be adapted to reflect adolescents' increasing cognitive, emotional, and social development.

When talking to younger children about a parent's substance use, child welfare workers might use simple, concrete language—explaining that their parent is sick or making choices that aren't healthy, and reassuring them that it's not their fault and that adults are working to help.

With adolescents and transitional-age youth, however, workers can shift toward a more nuanced approach. At this stage, their brain is actively developing capacities for abstract thinking, complex reasoning, empathy, and self-regulation.[13] Teens are not just able to understand more sophisticated explanations around addiction and recovery—they are also seeking to make sense of emotions, stress, and family roles in more personal and principled ways. So, when case workers begin the conversation with an adolescent, they can directly acknowledge the emotional effect—such as stress, confusion, or worry—invite them to share their perspective, and explain the complexity of substance use disorder in terms of brain changes, impulsivity, and emotional coping. Workers can draw on a young person's growing ability to question and understand motivations, clarify why they're not responsible for their parents' behavior, and ask them to think about how the family can support recovery together.

CONVERSATIONS WITH ADOLESCENTS AND TRANSITIONAL-AGED YOUTH

Adolescents are defined as ages 12-18. Transitional-aged youth are defined as ages 18-23.

Strategy: Build Trust First

Start by building trust through casual conversation (e.g., showing genuine interest in the child's thoughts, hobbies, and daily life) before moving on to sensitive topics.

- *"I want to get to know you and understand what life has been like for you."*
- *"Is it okay if we talk for a bit? You can stop me anytime."*
- *"You don't have to share anything you're not ready to talk about."*
- *"I'm here to support you, not judge you."*
- *"What's something you wish adults understood better about what you've been through?"*

Strategy: Be Honest, Clear, and Respectful

Be honest and respectful by using clear, direct language that avoids euphemisms while staying age appropriate.

- *"I'll do my best to be open with you even when things are hard to talk about."*
- *"I don't have all the answers, but I'll do my best to explain what I know."*
- *"Your parent is struggling with a disease called addiction that affects how they think, feel, and act. It doesn't mean they don't love you."*
- *"Do you need me to explain anything differently or more clearly?"*
- *"You deserve to know what's going on in a way that makes sense to you."*

KEY RESOURCE

View the *Child Welfare Strategies for Supporting Adolescents Affected by Parental Substance Use* short video that provides a case scenario on how a worker can use these strategies to engage with an adolescent regarding parental substance use.

Strategy: Normalize Their Emotions

Normalize their emotions by reassuring them that feelings like anger, sadness, guilt, or even numbness are valid, and encourage open conversation without fear of judgment.

- *"It's completely normal to feel confused, angry, sad, numb, or even not sure how you feel."*
- *"A lot of teens in your situation feel the same way about their parent's substance use. You are not alone."*
- *"There's no "right" way to feel about this. Whatever you're feeling is okay."*
- *"Have you been feeling a certain way lately that you want to talk about?"*
- *"What's been the hardest part for you?"*
- *"What have you been thinking or feeling about your parent's situation?"*

Strategy: Empower With Information

Empower the adolescent with information by explaining that addiction is a medical condition and not their fault and provide age-appropriate facts and resources to support their understanding.

- *"Would it help if I explained more about addiction and how it affects people?"*
- *"You didn't cause your parent's addiction, and it's not your job to fix it."*
- *"There are things you can control, like how you take care of yourself and whom you talk to."*
- *"Do you want to know more about what treatment or recovery looks like?"*
- *"What questions do you have about what's happening?"*
- *"Is there anything you want to ask about your parent...or what happens next?"*
- *"Would it help to talk to someone who's been through something similar?"*

Want to Learn More?

Resources Specific to Adolescents

Substance Abuse and Mental Health Administration

- *Talk. They Hear You.*
- *Screen4Success*

National Association for Children of Addiction

- *Just For Teens*
- *Understanding the Seven Cs*
- *Language When Talking with Kids and Teens*

Hazelden Betty Ford Foundation®

- *Addiction Resources for Children, Teens, Parents, and the Community*

Strategy: Offer Consistent Support

Offer consistent support by reassuring the child that they're not alone and help is available; follow up regularly to build trust by being reliable and adding a sense of stability.

- *"Whom do you feel comfortable talking to when things get tough?"*
- *"What kind of support do you think would help you right now?"*
- *"Let's find ways for you to express what you're feeling—whatever that looks like for you."*
- *"We are working to make sure you stay safe."*
- *"You have people who care about you and want to support you."*
- *"Let's figure out together what kind of support feels right for you."*
- *"I'm here for you and I'll keep showing up."*
- *"Let's make a plan together that works for you."*

Youth who have experienced foster care show significant strengths and resilience. At the same time, trauma may increase their need for additional co-regulation supports. Family separation and frequent placement changes can disrupt opportunities to receive this support. Caring adults can engage youth in supportive conversations in many different ways, depending on the situation and the young person's needs. For additional conversation starters see Office of Planning, Research, and Evaluation's *Child Welfare Professionals Guide: How to Support Older Youth with Foster Care Experience Through Co-Regulation*.

ADDITIONAL CONSIDERATIONS WHEN WORKING WITH YOUTH AFFECTED BY PARENTAL SUBSTANCE USE DISORDERS

Effects of Pre and Postnatal Substance Exposure on Infants and Children

When talking with youth in child welfare and affected by parental substance use, it's important to recognize that many may have been prenatally exposed. An estimated 1.2 million births in 2020 involved prenatal substance exposure, including alcohol, tobacco, illicit drugs, and prescription opioids.[14]

Prenatal substance exposure can disrupt fetal neurodevelopment and may lead to neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS). Among infants diagnosed with NAS, 50–80% experience symptoms such as severe irritability, feeding difficulties, gastrointestinal issues (e.g., diarrhea), respiratory problems, and seizures.[15] Both NAS and NOWS are treatable conditions. However, children affected by prenatal substance exposure or parental substance use—including alcohol—remain vulnerable to health consequences, developmental delays, socioemotional challenges, and adverse childhood experiences.[16,17,18]

Want to Learn More?

NCSACW Resources:

- *Understanding Fetal Alcohol Spectrum Disorders: Child Welfare Practice Tips*
- *Infants with Prenatal Substance Exposure and their Families: Five Points of Family Intervention*
- *Child Welfare Training Toolkit—Module 10: Special Topic: Care Coordination Considerations for Children & Families Affected by Prenatal Substance Exposure*

Fetal alcohol spectrum disorders (FASD) result from prenatal alcohol exposure and can cause difficulties with self-regulation, memory, and reasoning—often misinterpreted as "disobedience."[19] These complex neurobehavioral symptoms can overwhelm caregivers who lack access to appropriate interventions and support services.

Effects of Parental SUD on Adolescents and Transitional Age Youth

Studies show adolescent and transitional age youth exposure to parental substance use can lead to: 1) difficulty forming healthy attachments, 2) challenges in maintaining friendships, 3) internalizing or compensating behaviors, and 4) low self-esteem and self-efficacy—all of which place them at an increased risk for anxiety or depression.[20,21,22] Adolescents lacking consistent parental support may also experience adjustment challenges due to limited coping skills to manage everyday life stressors. These limited coping skills can lead to increased *internalized* behaviors like withdrawal or isolation as well as *externalized* symptoms like challenging rules or authority figures.

Some adolescents may show a decrease in academic performance, increased truancy, and heightened verbal or physical aggression in the home, school, or community setting. Negative coping behaviors like substance use, self-harm, and high-risk behaviors can also occur. These behaviors are exacerbated by the increased risk of their own SUD. What began as experimentation with alcohol or drugs could quickly turn into substance use, or in some cases, accidental overdose.[23]

Adolescents involved in the child welfare system and placed in out-of-home care associated with parental substance use often face lower reunification and permanency outcomes compared to those in out-of-home care for other reasons.[24] They often experience significantly longer waits to reunify or achieve permanency due to complications related to foster care involvement and have an increased risk of reentry.[25]

Screening and Assessment Tools

Screening and assessing youth in child welfare for SUDs, mental health conditions, developmental delays, and trauma is essential to their long-term well-being. Early identification and connection to treatment and supportive services help children, adolescents, and transitional-age youth begin healing and build a foundation for growth and stability. Universal screening ensures timely referral to evidence-based early intervention services. Often, youth may feel over-assessed and screened; thus, professionals are encouraged to conduct any screenings and assessments in partnership with them. Children affected by parental SUDs face increased risks of social, emotional, and behavioral challenges due to unpredictable home environments, trauma, abuse, and neglect. The American Academy of Pediatrics recommends screening all infants and young children for developmental delays as part of routine health care. Child welfare workers, health care providers (e.g., pediatricians), and other family-serving professionals are well-positioned to identify developmental delays, socioemotional challenges, and behavioral concerns using validated, age-appropriate screening tools.

Want to Learn More?

NCSACW Resource:

- *Screening for Substance Use in Child Welfare Using the UNCOPE*

Additional Resources:

- *Screening Technical Assistance and Resource (STAR) Center* (American Academy of Pediatrics)
- *Screening and Assessment Tools Chart* (National Institute on Drug Abuse)
- *Screening and Treatment of Substance Use Disorders Among Adolescents* (SAMHSA)

Barriers to Youth in Out-Of-Home Care Receiving and Engaging in Treatment

SUD and mental health disorder interventions designed for the general adult population are typically not a good fit for youth. These interventions often fall short due to insufficient consideration of contextual factors among youth in the child welfare system and the unique barriers they face when seeking substance use treatment services. Despite connections to Medicaid and other state-supported services, young people in foster care are not often assessed for substance use problems or referred to treatment.[26] Barriers to treatment access remain significant even when services are available. Common challenges include a mistrust of institutions, inconsistency in service delivery, lack of coordination among agencies, the high cost of treatment services, and continuity of care due to housing instability and workforce turnover.[27]

Want to Learn More?

NCSACW Resource:

- *Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment*

Additional concerns that may prevent youth from engaging in services include

- **Limited time** during assessments, making it difficult for them to share personal information
- **Service disruptions** that reinforce feelings of abandonment and trauma
- **Distrust** of professionals that may lead to youth withholding information
- **High cost of treatment** that may prevent access to services if youth are uninsured or underinsured

Interventions and Treatment for Families and Youth Affected by SUDs

It is critical that child welfare professionals know effective SUD and mental health treatment interventions for youth to improve safety, permanency, and well-being outcomes:

- **STRENGTHEN PARENT-CHILD RELATIONSHIPS:** Provide interventions that build and strengthen communication and relationship building.[28] Some evidence-based interventions include Attachment-Based Family Therapy, *Celebrating Families!*, and the *Strengthening Families Program*. For more information on evidence-based practices, see *Appendix A: Evidence-Based Interventions for Parents, Youth, and Families Affected by Substance Use and Mental Health Disorders*.
- **ENHANCE PARENTING SKILLS AND STRENGTHEN FAMILY BONDS:** Engage parents and youth in services that use a family-centered approach to help all involved build lasting recovery, health, and well-being.
- **ENGAGE WITH THE SCHOOL SYSTEM:** School is often a haven for youth because of teacher support, access to food, and a stable, safe environment. Child welfare professionals can work with schools to improve service coordination, facilitate caregiver engagement in school-based services, and collaborate on delivering joint training initiatives (e.g., mandated reporting, mental health, substance use trends, trauma-informed care, and education strategies. For more information, see Casey Family Programs' *How can child protection agencies partner with early care and education to improve outcomes for children?*.

Want to Learn More?

NCSACW Resources:

- *Implementing a Family-Centered Approach Series*
- *Collaborative Teams Toolkit for Trauma-Informed Care*
- *Child Welfare Training Toolkit*
- *Online Tutorials for Child Welfare Professionals*

Additional Resources:

- *Positive Childhood Experiences (Healthy Outcomes from Positive Experiences)*
- *Five Steps to a Stronger Child Welfare Workforce* (Annie E. Casey Foundation)

POSITIVE CHILDHOOD EXPERIENCES (PCES)

Why PCEs Matter:

- Positive Childhood Experiences—such as feeling safe, supported, and connected—help youth build resilience, improve mental health, and thrive despite adversity. Case workers play a key role in enabling caregivers to create these experiences.

How case workers can boost opportunities for foster parents, kinship placements, or biological families:

- Educate caregivers on PCEs: Provide training and resources that explain what PCEs are (e.g., feeling safe, having supportive adults, opportunities to learn and grow) and why they matter for a child's healing and development.
- Facilitate meaningful connections: Encourage case workers to help caregivers create routines that foster trust and belonging—such as shared meals, family traditions, or regular check-ins.
- Promote community involvement: Suggest ways caregivers can connect youth to positive peer groups, extracurricular activities, or faith-based organizations that reinforce identity and stability.
- Empower caregivers with tools: Offer conversation guides or question prompts that help caregivers engage youth in discussions about their interests, goals, and feelings—building emotional safety and agency.
- Highlight strengths-based approaches: Frame interactions around what is working well in the family or placement and how those strengths can be expanded to create more PCEs.

- **IDENTIFY AND PROMOTE POSITIVE CHILDHOOD EXPERIENCES:** These include recognizing achievements, facilitating educational opportunities, nurturing positive interpersonal relationships, enrolling in after-school activities, community involvement, mentorship, safe neighborhoods, resilient family dynamics, and supportive caregivers.[29] Caseworkers can also support adults in a young person's life by providing strategies to strengthen their co-regulation skills, such as prioritizing self-care, monitoring their emotional responses, and practicing self-compassion, while modeling acceptance of youth. Adults can also seek support and resources proactively to manage stress before it escalates into a crisis.
- **HELP YOUNG PEOPLE ACCESS SERVICES:** Ensure they know how to access school-based community health services, college or university health centers, social services, and faith-based organizations:
  - NCSACW's *Stronger than You Know: Tools for Navigating Life's Challenges* is a resource guide for adolescents and young adults affected by substance use, mental health, and child welfare involvement.
  - SAMHSA's Find Support webpage offers links to varying types of support groups for mental health, substance use, and other recovery support services.
  - FosterClub includes an app that helps young people in foster care connect with peers, share experiences, access programs, and discover tips, events, and opportunities for navigating the child welfare system. Their Help and Guides webpage provides links to crisis and immediate support hotlines, downloadable help guides specifically for young people with foster care experience, and essential resources by topic—from education and health care to rights in foster care and more.
  - The Fostering the Future Accounts initiative is designed to help youth in foster care build long-term financial stability. National Child Welfare Center for Innovation and Advancement's *Understanding Fostering the Future Accounts Infographic* helps states, caregivers, community partners, and youth understand eligibility, benefits, and shared responsibilities for opening, funding, and supporting these accounts.
- **ENGAGE IN ONGOING TRAINING:** Receive ongoing training on the needs of youth affected by parental substance use, along with an understanding of the profound influence that trauma experiences among youth in foster care have on their physical health, mental health, and potential substance use.[30]

- **REDUCE STAFF BURNOUT AND TURNOVER:** Ensure children and families receive consistent, high-quality support. When child welfare professionals are overwhelmed or leave their roles, it disrupts services and can affect outcomes for vulnerable families.
- **PROVIDE NON-CLINICAL STRATEGIES FOR STRESS MANAGEMENT:** Talk with youth about alternative ways to manage their stress outside of clinical settings. Professionals can encourage youth to get 9-12 hours of sleep, discuss the benefits of exercise, spend time outside, make time for fun, express oneself through writing or art, and even learn mindfulness.

Evidence-Based Prevention and Treatment Programs for Youth, Parents, and Families

The National Registry of Effective Programs and Practices, which operated under the SAMHSA in the early 2000s, identified and surveyed hundreds of "substance abuse prevention programs." They found that effective programmatic elements include efforts to: 1) improve students' motivation to avoid drug use, 2) develop personal competencies like decision-making and goal setting, and 3) enhance social skills, specifically increasing resistance skills to peer pressure.[31]

SUD prevention programs are conceptualized in three distinct categories:[32]

- **UNIVERSAL PREVENTION:** Encompasses strategies that can benefit the entire population
- **SELECTIVE PREVENTION:** Targets subpopulations at elevated risk, such as youth in out-of-home care
- **TARGETED OR INDICATED PREVENTION:** Provides intensive interventions for individuals assessed as being at increased risk

For more information see *Appendix A: Evidence-Based Interventions for Parents, Youth, and Families Affected by Substance Use and Mental Health Disorders*.

Best Practices for Interagency Collaboration

Child welfare professionals can establish a standardized referral process for children, adolescents, transitional-age youth, and family members after identifying needs and obtaining appropriate releases of information. Sharing client-level information ensures partner agencies can coordinate services effectively and build rapport with youth and caregivers.

PRACTICE STRATEGIES:

- Have a comprehensive understanding of the available service array in the community
- Discuss identified needs and jointly select resources with youth and caregivers
- Support initial contact with service providers
- Address barriers to attending appointments
- Explain what to expect during intake and assessment
- Hold joint meetings with youth, caregivers, and treatment professionals to align goals
- Inform families about communication with providers (with consent) and review plans

Want to Learn More?

NCSACW Resources:

- *Building Collaborative Capacity Series Module 3 Building: Establishing Practice-Level Communication Pathways and Information Sharing Protocols*
- *Building Collaborative Capacity Webpage*

Additional Resources:

- *Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement* (Children and Family Futures)
- *Confidentiality of Substance Use Disorder (SUD) Patient Records* (Department of Health and Human Services Office of the Secretary)
- *The Center of Excellence for Protected Health Information*

Family-serving agencies are encouraged to develop agreements and memoranda of understanding (MOUs) that define roles, responsibilities, and protocols for the sharing of screening results, assessments, and treatment information. Use standardized release of information forms that meet legal and operational requirements.

Agreements must comply with 42 CFR Part 2 and HIPAA, which protect client privacy while allowing necessary information flow to support high-quality care.

SUMMARY

Child welfare professionals can strengthen resilience and improve outcomes for children, adolescents, transitional-age youth, and families by

- Building engagement through establishing trust and rapport
- Using developmentally appropriate communication
- Screening for developmental, socioemotional needs, and substance use and mental health disorders for all youth
- Partnering with treatment providers and other family-serving systems to develop shared agreements that promote interagency collaboration and communication

For more resources on youth affected by parental substance use, refer to

- Video: *Child Welfare Strategies for Supporting Children Affected by Parental Substance Use*
- Video: *Child Welfare Strategies for Supporting Adolescents Affected by Parental Substance Use*
- Guide for Youth: *Stronger Than You Know: Tools for Navigating Life's Challenges*
- Video: *Reshaping Your Story: Youth Voices on Healing and Change*

APPENDIX A: EVIDENCE-BASED INTERVENTIONS FOR PARENTS, YOUTH, AND FAMILIES AFFECTED BY SUBSTANCE USE AND MENTAL HEALTH DISORDERS

The following tables summarize available evidence-based and family-centered SUD and mental health prevention and treatment interventions for youth, parents, and families. Interventions listed in the tables have been rated by

- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
- Title IV-E Family First Prevention Services Clearinghouse
- NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide*

Table 1: Substance Use Disorder Prevention and Treatment Interventions for Youth, Parents, and Families

Intervention Name	Prevention Type or Treatment	Title IV-E Prevention Services Clearing-house Rating	CEBC Research Rating	CEBC Child Welfare Relevance Level	NIDA Examples	Family-Centered Program	Population
Adolescent Community Reinforcement Approach	Treatment	Promising	2—Supported by research evidence	Medium	X	X	Caregivers and children ages 12-25
The All Stars Core Program	Universal	-	3—Promising Research Evidence	Medium	-	X	Children 10-12
Communities Mobilizing for Change on Alcohol	Universal	-	3—Promising Research Evidence	Medium	-	X	Youth 13-20
Families Facing the Future	Treatment	Supported	2—Supported by Research Evidence	Medium	X	X	Parents receiving methadone treatment and their children 5-14
Family Matters	Universal	-	2—Supported by Research Evidence	Medium	-	X	Parents/caregivers and youth ages 12-14
Guiding Good Choices	Universal	Well-Supported	2—Supported by Research Evidence	Medium	X	X	Parents/caregivers of youth 9-14
KEEP SAFE	N/A	Does not currently meet criteria	2—Supported by Research Evidence	High	-	X	Children and adolescents in foster care 11-17
Strengthening Families Program ages 0-17	Selective	Recommended	3—Promising Research Evidence	Medium	X	X	Children and adolescents 0-17 and their parents
Strengthening Families Program: For Parents and Youth 10-14	Tiered: Universal, Selective	Supported	1—Well Supported by Research	Medium	X	X	Children and adolescents 10-14 and their parents

Table 2: Interventions Categorized as Substance Use Disorder and Mental Health Prevention for Youth

Intervention Name	Prevention Type	Title IV-E Prevention Services Clearing-house Rating	CEBC Research Rating	CEBC Child Welfare Relevance Level	NIDA Examples	Family-Centered Program	Population
Celebrating Families!	Selective	Does not currently meet criteria	3–Promising Research Evidence	High	-	X	Children and adolescents 0-17 (CEBC) Children and adolescents 4-18 (Title IV-E Clearinghouse)
Early Risers "Skills for Success" Risk Prevention Program	Tiered: Selective, Targeted	-	1—Well Supported by Research Evidence	Medium	X	X	Children 6-12
Familias Unidas	Selective	Well Supported	-	-	-	X	Adolescents 12-18 (Spanish speaking youth and their families)
Guiding Good Choices	Universal	Well Supported	2—Supported by Research Evidence	Medium	X	X	Parents/caregivers of children and adolescents 9-14
Nurturing Skills for Families	Selective	Supported	3—Promising Research Evidence	High	-	X	Youth 0-19
Strengthening Families Program ages 0-17	Selective	Recommended for Review	3—Promising Research Evidence	Medium	X	X	Children and adolescents 0-17 and their parents
Strengthening Families Program: For Parents and Youth 10-14	Tiered: Universal, Selective	Supported	1—Well Supported by Research	Medium	X	X	Children and adolescents 10-14 and their parents
Strong African American Families	Universal	Well-Supported	-	-	-	X	Children and adolescents 10-14

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