

IMPROVING EARLY CHILDHOOD OUTCOMES AND SYSTEMS FOR FAMILIES AFFECTED BY PARENTAL SUBSTANCE USE, SUBSTANCE USE DISORDERS, AND CO-OCCURRING MENTAL HEALTH DISORDERS











Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder (SUD) Treatment Programs

This fact sheet provides an overview of how to: 1) meet families' early childhood needs using a family-centered approach; and 2) implement strategies for SUD treatment programs to work with children, parents, and family members for early intervention.

The Importance of a Family-Centered Approach for SUD Treatment Programs

Providing a family-centered approach is crucial for parent recovery and family well-being. Family-centered treatment "provides a full range of services to address the array of problems [individuals] with substance use disorders, their children, and other family members must tackle to reduce substance use and improve individual and family outcomes." Implementing quality, family-centered SUD and mental health treatment not only promotes retention in treatment and improves parenting skills and capacity, 2,3 but also benefits families across two generations by: 1) preventing severe developmental challenges and the future development of

What is a Family-Centered Approach?

A family-centered approach focuses on parental recovery and child development; it's designed to meet the needs of each family member while supporting overall family functioning.

substance use and mental health disorders in children, and 2) breaking the cycle of child maltreatment. See the *Implementing a Family-Centered Approach (Companion Modules) Series* for more information on outcomes associated with family-centered approaches in substance use and mental health disorder treatment.

Given that recovery happens within the context of the family, SUD treatment providers play a critical role ensuring that families (not just their individual clients) receive the array of treatment and concrete services and supports necessary for recovery and long-term well-being.

To implement and strengthen a family-centered approach, see <u>Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children 1-6 and Affected by Parental Substance Use Disorders and Co-Occurring Mental Health Disorders.</u> In addition to discussion questions on collaborative practice, it includes questions for agency leaders of child welfare, early childhood, and SUD and mental health treatment systems to initiate discussion on family-centered policies and practices within their individual systems.

Overview of Early Childhood Needs for Families Affected by Prenatal Substance Exposure (PSE) or Parental Substance Use

Families affected by SUDs and child maltreatment benefit from services and support that meet their children's needs from an early age. Children exposed to substance use in the home are more likely to have experienced a traumatic event (while also showing signs of stress in response to that event) than children not exposed to caregiver substance use.⁴ In addition, the cognitive and neurodevelopmental effects of PSE or parental substance use may affect children's socio-emotional and physical development.⁵

For young children, these effects could prompt disruptions to early childhood activities such as an increased risk of experiencing expulsion from preschool.⁶ Furthermore, children with physical, socio-emotional, and other disabilities are at greater risk for maltreatment.^{7,8}

Meeting the individual needs of young children—and helping parents meet those needs—is very important for their growth and development. SUD treatment agency staff who recognize the importance of this early



Parent Perspectives: Click on this <u>link</u> to view a brief video featuring a subject matter expert discuss challenges in obtaining early intervention services for young children.

childhood period and initiate appropriate services can help families succeed. Many families, however, experience challenges with obtaining services such as: 1) lack of or limited services,

particularly in rural communities; and 2) prohibitive program eligibility requirements (see <u>Fact Sheet 1: Early Childhood Practice and Policy for Child Welfare Agencies</u> for more information).

Still, SUD treatment agencies can partner with other service agencies and work with families to connect their young children to services to meet their needs and developmental milestones (e.g., communication, gross motor, fine motor, cognitive skills).

How SUD Treatment Programs Can Support Families in Early Childhood

SUD treatment programs, through crosssystem collaboration, can advance a family-centered approach and provide early support to families that help shape a child's growth and development. See the <u>Building Collaborative Capacity Series</u> for strategies on establishing a cross-system collaborative team to better serve families affected by SUDs.



Parent Perspectives: Click on this <u>link</u> to view a brief video featuring a subject matter expert share some of the challenges she experienced in navigating service systems to obtain

developmental services for young children. Learn concrete strategies such as providing printed pamphlets that parents and caregivers can take home and making phone calls with parents to inquire about service availability.



SUD treatment providers can better meet families' needs on their own terms by asking clients about their family's strengths and priority needs (i.e., what they need immediate help with).



When SUD treatment providers remain well connected to community partners, they can make more timely and accurate referrals to ensure young children are screened for developmental and socio-emotional concerns.



SUD treatment programs can partner with various agencies (at local, state, and national levels) that work with children, parents, and families to promote family-centered treatment and services (see <u>Fact Sheet 3: Cross-System Collaborative Strategies for Early Childhood Service Providers</u> for information on how to coordinate services with community partners).

Key Agencies to Engage in a Family-Centered Approach to Improve Outcomes for Families with Young Children Affected by Parental Substance Use or PSE

- Child Protective Services (CPS)
- Community-based child abuse prevention
- Courts
- Early intervention and developmental services
- Education
- Home visiting
- Hospitals and hospital associations

- Maternal and child health
- Medicaid and private insurance
- Medical providers (e.g., obstetricians, pediatricians)
- Mental health
- Parenting and children's services
- Public health

SUD treatment providers working with families with children ages 1-6 can consider the following actions to increase understanding of—and stay responsive to—families' early childhood needs.

Understand... ...clients are parents and supporting their parenting roles remains critical.

Integrate... ...the

...the perspectives and lessons of clients, family members, and peer supports into program improvements and treatment planning.

Staff...

...persons with personal expertise of substance use and mental health disorders, recovery, and child welfare involvement in SUD treatment programs.

Partner...

...with family-serving agencies to

- 1) Achieve a more comprehensive understanding of families' strengths, unique needs, and challenges in the early childhood period
- 2) Streamline referral processes and improve service integration and coordinated case planning with a focus on eliminating barriers to starting and engaging in treatment and other services
- 3) Negotiate shared resources based on shared clients, priorities, and outcomes benefiting multiple health and human services agencies

Provide...

...core supports (e.g., housing, financial, employment, food assistance) to families who need them to promote enrollment in services, engagement and completion of treatment, recovery, and healthy child development.

Summary

This fact sheet covered information on using a family-centered approach to meet families' early childhood needs and opportunities for SUD treatment providers and partnering agencies to strengthen their family-centered practice. For more resources on early childhood to help build capacity for providers, refer to:

■ <u>Fact Sheet 1: Early Childhood Policy and Practice Recommendations for Child Welfare Agencies</u> for challenges related to PSE or parental substance use during the early childhood period and accompanying strategies for responding to families' needs

- <u>Fact Sheet 3: Cross-System Collaborative Strategies for Early Childhood Service Providers</u> for details on how to coordinate with community partners to meet the needs of families
- Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children 1-6 and
 Affected by Parental Substance Use and Co-Occurring Mental Health Disorders
 for guidance on questions to initiate discussion with partners in preparation for action

References

- ¹ Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf
- ² Clark, H. W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare*, *80*(2), 179-198.
- ³ Grella, C. E., Hser, Y. I., & Huang, Y. C. (2006). Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services. *Child Abuse & Neglect, 30*(1), 55-73. doi:10.1016/j.chiabu.2005.07.005
- ⁴ Sprang, G., Staton-Tindall, M., & Clark, J. (2008). Trauma exposure and the drug endangered child. *Journal of Traumatic Stress*, *21*(3), 333-339.
- ⁵ Behnke. M, Smith, V.C., Committee on Substance Abuse; Committee on Fetus and Newborn. Prenatal substance abuse: Short- and long-term effects on the exposed fetus. (2013). *Pediatrics, (131)*3:e1009-24. doi: 10.1542/peds.2012-3931.
- ⁶ Zeng, S, Corr, C.P., O'Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension expulsion: A population study. *Child Abuse & Neglect.* (97)104149. doi: 10.1016/j. chiabu.2019.104149. Epub 2019 Aug 29. PMID: 31473382.
- ⁷ Jaudes, P.K. & Mackey-Bilaver, L. (2008). Do chronic conditions increase young children's risk of being maltreated? *Child Abuse & Neglect*, *32*, 671-681. doi: 10.1016/j.chiabu.2007.08.007
- ⁸ Child Welfare Information Gateway. (2018). *The risk and prevention of maltreatment of children with disabilities.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/focus.pdf?VersionId=Vb1Wvg8LLyRdq7txiTGXVCh6vIWCoCas

CONTACT US

This resource is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this resource are those of the authors and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).











