MODULE 5

Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders









National Center on Substance Abuse and Child Welfare

Contents

Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to enhance child welfare workers knowledge and understanding about substance use and co-occurring disorders among families involved in the child welfare system. The toolkit is designed to provide foundational knowledge and skills to help advance child welfare casework practice.

The toolkit consists of both foundational and special topic modules:

Module 1: Understanding the Multiple Needs of Families Involved with the Child Welfare System

Module 2: Understanding Substance Use Disorders, Treatment & Recovery

Module 3: Understanding Co-Occurring Disorders, Domestic Violence & Trauma

Module 4: Engagement & Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma

Module 5: Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders

Module 6: Understanding the Needs of Children & Adolescents Affected by Parental Substance Use & Co-Occurring Disorders

Module 7: A Coordinated Multi-System Approach to Better Serve Children & Families Affected by Substance Use & Co-Occurring Disorders

Module 8: Special Topic: Considerations for Children & Families Affected by Methamphetamine Use

Module 9: Special Topic: Considerations for Children & Families Affected by Opioid Use

Module 10: Special Topic: Care Coordination Considerations for Children & Families Affected by Prenatal Substance Exposure

NCSACW will add special topic modules to the Child Welfare Training Toolkit to stay ahead of emerging trends. These new modules will cover the latest developments and innovations, ensuring that training resources remain relevant and impactful. Regularly check the NCSACW website for the latest modules and enhancements.

In addition, the Child Welfare Training Toolkit is designed to offer states and local jurisdictions flexibility with delivery methods—the modules can be delivered as a series or as standalone in-person or virtual trainings. Note, each module is equivalent to a half day or 3-hour training which should also account for one 15-minute break for learners during instruction.

Each module contains a detailed facilitator's guide outlining identified learning objectives, a presentation slide deck, a comprehensive reference list, and supplemental resources. To better support state and local training capacity, detailed talking points for each slide's content have been included which can be used as a script or a starting point to help acclimate and support facilitator readiness. As with all training curricula, facilitators are also encouraged to infuse their own subject matter expertise, practice-level experience, and knowledge of state or local policy or practice to help reinforce the toolkit's contents and learning objectives.

Lastly and more importantly, the toolkit is designed with careful attention to adult learning theory and principles to maximize child welfare workers learning experience. Each module considers the diverse learning styles and needs including auditory, visual, kinesthetic techniques, as well as individual, small, or large group transfer of learning activities or exercises.

Intended Audience

The contents of this training toolkit can be applied across the full child welfare services continuum, enriching the practice of alternative (differential) response, investigations, in-home, out-of-home, and ongoing units. State and local jurisdictions may use the toolkit to supplement their current onboarding (pre-service) or ongoing (in-service) workforce learning opportunities. Use of the training toolkit is also highly encouraged for all cross-training needs—promoting collaboration and system-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and all other family-serving entities.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare practice. They should also be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If a facilitator does not hold knowledge in one of these identified areas, then partnering with a respective community agency is recommended to augment co-facilitation and/or subject matter expertise.

Language & Terminology

Discipline-specific language and terminology are used throughout this training toolkit. A trainer glossary has been incorporated as part of the toolkit to better support knowledge and understanding of the purpose and intended meanings of commonly referenced terms and recommended use of person-first and non-stigmatizing language.

Materials Needed

In-Person Training Delivery

- Laptop Computer
- A/V Projector or Smart Board
- External Speakers (if needed)
- Internet or Wi-Fi Access
- Presentation Slide Deck
- Facilitator's Guide
- Flip Chart Paper
- Pens and Markers
- Training Fidgets

Virtual Training Delivery

- Laptop Computer
- Internet or Wi-Fi Access
- Virtual Meeting Platform (e.g., Zoom)
- Access to Free Online Word Cloud Generator (e.g., Mentimeter)
- Presentation Slide Deck
- Facilitator's Guide

Frequently Asked Questions

Question: Who can deliver the training toolkit modules?

Answer: Child welfare professionals, including but not limited to frontline workers, supervisors, managers, and workforce development specialists; as well as opportunities for partnership with substance use disorder treatment professionals such as counselors, therapists, social workers, and peer recovery support specialists.

Question: Are there any costs associated with using the training toolkit modules?

Answer: No, the training toolkit modules were developed for the public domain and are available for use at no cost.

Question: Is there a specific way child welfare agencies should acknowledge or give credit when using the training toolkit modules?

Answer: Yes, each training toolkit module includes an acknowledgement slide with detailed talking points recognizing NCSASW and its key federal funders.

Question: Can the training toolkit modules be branded with local child welfare agency logos and other identifying information?

Answer: Yes, child welfare agencies can add logos and other identifying information to any existing or new slides at their discretion.

Question: Can the training toolkit modules be modified or enhanced?

Answer: Yes, child welfare agencies are encouraged to adjust based on their local needs. This includes adding, removing, or consolidating slides and adjusting talking points for state or local policies, practice-level experience, community service array, or preferred language and terminology. Please just be sure to honor all original source information in the form of slides, scripts, and full reference citations.

Question: If a child welfare agency has questions related to using or implementing the training toolkit modules, who should they contact?

Answer: All additional inquiries about the training toolkit modules can be addressed to NCSACW@cffutures.org or toll free at 1-866-493-2758.

Supplemental Online Training Resources

NCSACW Online Tutorial for Child Welfare Professionals

This self-paced course provides tailored information on substance use and co-occurring disorders, focusing on the effects on parents, children, and families. Learners will acquire knowledge and skills to improve access to treatment services and implement effective case planning. The course promotes a family-centered approach that supports recovery, enhances safety, and improves overall family well-being through cross-system collaboration. This course consists of five modules and is eligible for submission to the National Association of Social Workers (NASW) to earn five CE credits.

Satisfaction Survey

Please take a moment to complete a brief survey about your experience with the Child Welfare Training Toolkit. The survey should take no more than five minutes to complete. Participation is voluntary, and all responses are anonymous—no identifying information will be linked to your answers. Your feedback is incredibly important and will help us enhance the quality and effectiveness of the Toolkit.

Module 5 Description & Objectives

The goal of module 5 is to provide in-depth knowledge and understanding about case planning considerations for families affected by parental substance use and co-occurring disorders. Child welfare workers will acquire knowledge to improve their identification of safety and risk factors with enhanced assessment of indicators specific to the child, caregiver, family, and home environment; define, identify, and promote caregiver protective capacities and protective factors with knowledge of how these serve to mitigate identified safety threats; understand how safety and risk assessments inform safety planning including actionable steps to increase child safety and family unification whenever possible; identify, plan, and respond to a parent's potential return to use with knowledge of recovery management plans to support parental stabilization; understand the limitations of drug testing with knowledge of best practice considerations for use in child welfare settings; advocate for improvements to quality family time to support reunification goals and objectives; and finally, identify, plan, and determine family readiness for case closure with coordination of aftercare services and supports.

After completing this training, child welfare workers will:

- Differentiate between safety and risk factors for families affected by parental substance use
- Assess for child safety with knowledge of specific indicators related to the child, caregiver, family, and the home environment
- Define, identify, and promote caregiver protective capacities and protective factors with knowledge of how these serve to mitigate identified safety threats
- Use safety and risk assessments to inform safety planning with clear and actionable steps to increase child safety and family unification whenever possible
- Identify, plan, and respond to a parent's potential return to use with knowledge of recovery management plans to support parental stabilization
- Understand the limitations of drug testing with knowledge of best practice considerations for use in child welfare settings
- Advocate for improvements to quality family time to support reunification goals and objectives
- Identify, plan, and determine family readiness for case closure with coordination of aftercare services and supports

Presentation Slide Deck & Talking Points

This next section of the facilitator guide provides detailed information about the contents of each slide and is organized uniformly throughout the deck to help with your training preparation. These sections include:

- Facilitator Script: ready to use talking points that can be used in its current form or modified based on a facilitator's training capacity and subject matter expertise.

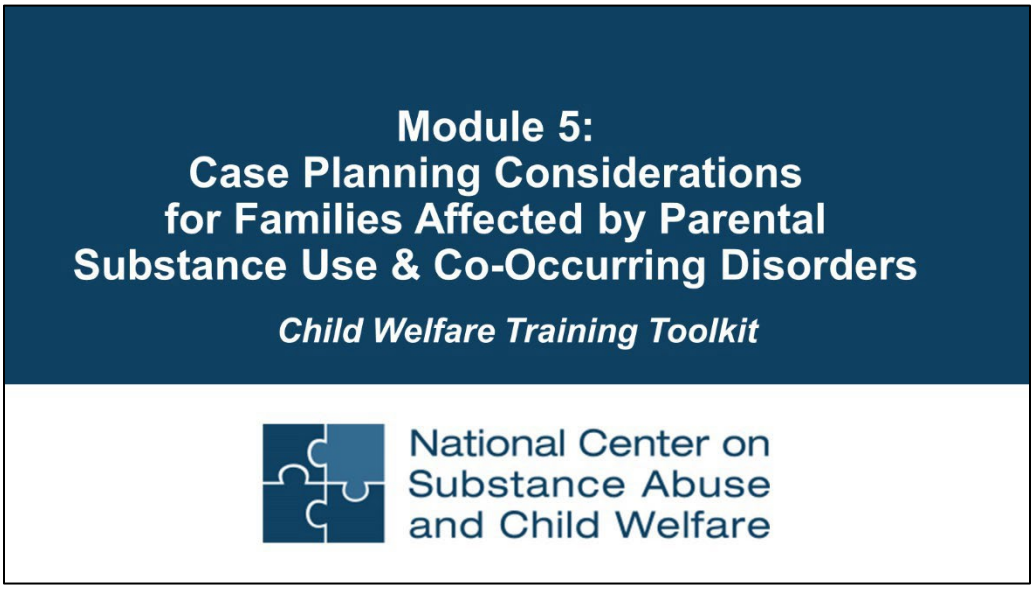
- Facilitative Prompts for Participants: content-specific inquiries developed to engage learners in further discussion and application of knowledge and skills (**bolded for easy reference**).

- Additional Facilitator Notes: contextual information to support the facilitator's knowledge and readiness, or specific mention of supplemental resources available to the learners hyperlinked within the resource section at the end of the presentation slide deck (*italicized for easy reference*).

- Underlined Content: a tool used to draw attention or emphasize specific content within the facilitator script.

Slide 1

Module 5: Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders

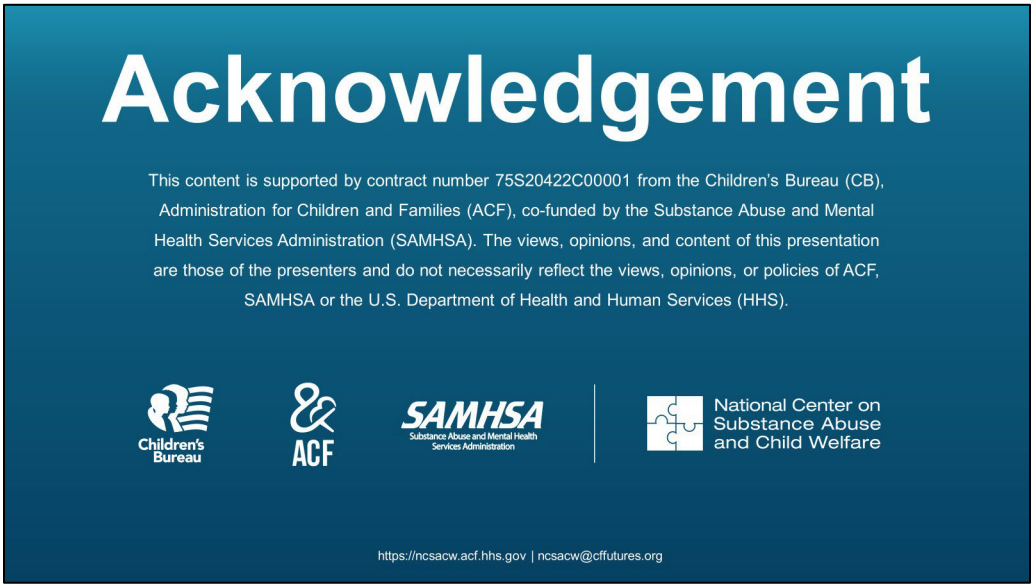


Facilitator Script:

Hello and welcome! Thank you for creating time in your schedule for today's training discussion. The next three hours were carefully designed to be a robust learning experience. We encourage your active participation in the various adult learning exercises leading to a more in-depth understanding about case planning considerations for families affected by parental substance use & co-occurring disorders.

Slide 2

Acknowledgement

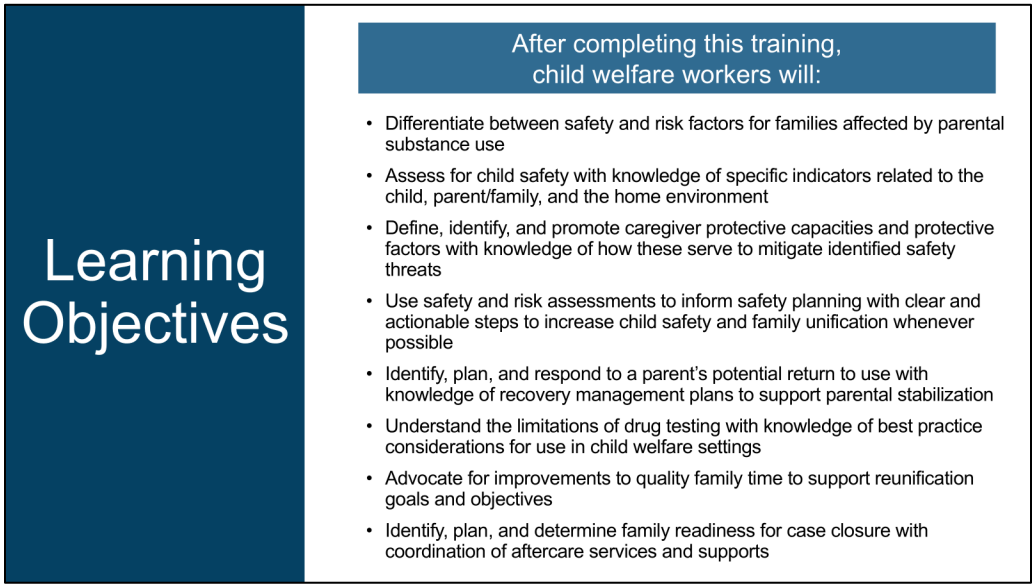


Facilitator Script:

Before we begin, I'd like to acknowledge that this training module was developed by the National Center on Substance Abuse and Child Welfare an initiative of the U.S. Department of Health and Human Services and is co-funded by the Children's Bureau, Administration for Children and Families, and the Substance Abuse and Mental Health Services Administration.

Slide 3

Learning Objectives



Facilitator Script:

The goal of module 5 is to provide in-depth knowledge and understanding about case planning considerations for families affected by parental substance use and co-occurring disorders. Child welfare workers will acquire knowledge to improve their identification of safety and risk factors with enhanced assessment of indicators specific to the child, caregiver, family, and home environment; define, identify, and promote caregiver protective capacities and protective factors with knowledge of how these serve to mitigate identified safety threats; understand how safety and risk assessments inform safety planning including actionable steps to increase child safety and family unification whenever possible; identify, plan, and respond to a parent's potential return to use with knowledge of recovery management plans to support parental stabilization; understand the limitations of drug testing with knowledge of best practice considerations for use in child welfare settings; advocate for improvements to quality family time to support reunification goals and objectives; and finally, identify, plan, and determine family readiness for case closure with coordination of aftercare services and supports.

Slide 4

Assessing for Safety, Risk & Protective Capacities

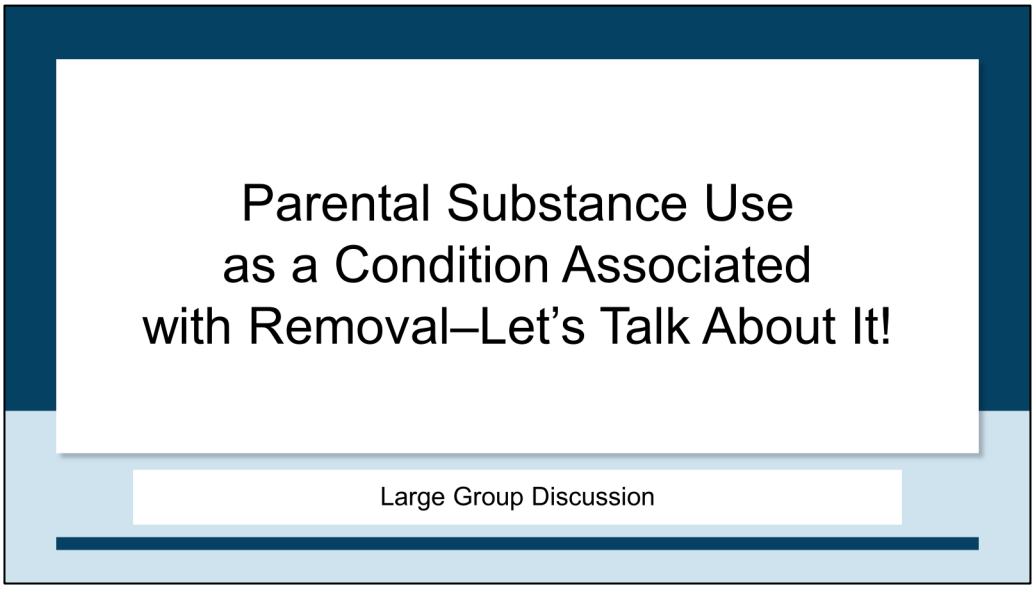
Facilitator Script:

We are going to start off today's training discussion a little differently. Did you know that more than 21 million children lived with a parent who misused substances in the past year, representing 16% of all children in the United States. Now of course that doesn't mean that all those families would necessarily come to the attention of child welfare agencies. As we've learned from the AFCARS data from previous modules—in 2021 alone, there were 606,187 children in out-of-home care with 236,143 with parental substance use listed as a condition associated with their removal—totaling a national average of 39%.

Sources: (AFCARS Data 2021, as of 10/01/24; Ghertner, 2023)

Slide 5

Parental Substance Use as a Condition Associated with Removal—Let's Talk About It!



Facilitator Script:

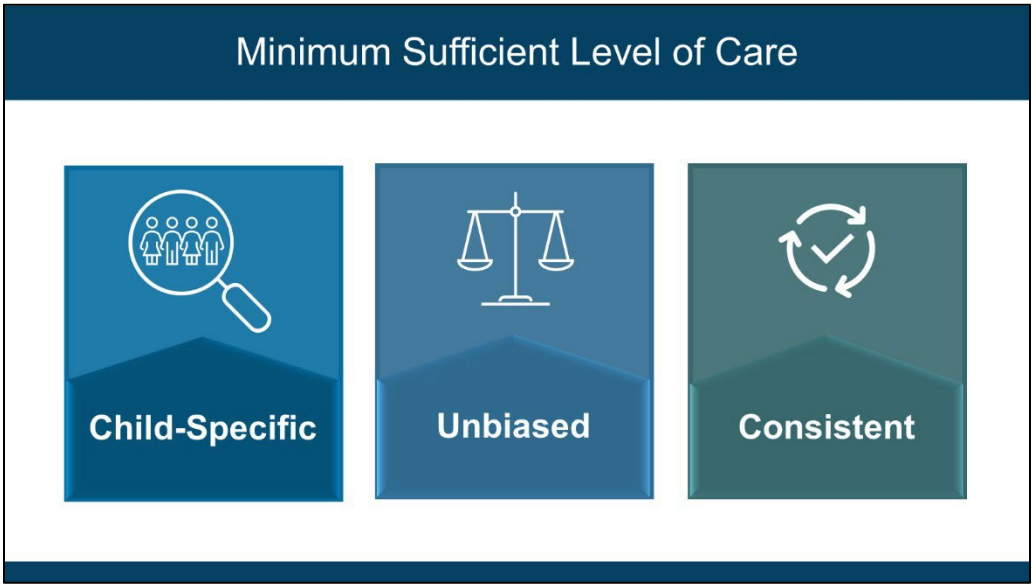
So, parental substance use as a condition associated with removal. This is such an important topic, so let's spend some more time talking about it together as a large group.

Prompts for Participants:

- **Any initial reactions to these figures? Do these figures seem high or low to you?**
- **How does this align with your state or county?**
- **Is parental substance use cause for automatic removal?**
- **What percentage of families affected by substance use disorders receive in-home preservation services compared to out-of-home reunification services?**

Slide 6

Minimum Sufficient Level of Care



Facilitator Script:

Differing values about parental substance use as a condition associated with removal underscores the purpose and intent of establishing a minimum sufficient level of care, known as MSL or MSLC; the point below which a home is considered inadequate for the care of a child. It's a practice standard tied to reasonable efforts that guides child welfare casework practice and the courts in ensuring a child's safety while also not causing unnecessary separation through removal.

Here are some tips to help guide your case planning practice…

Child-Specific: MSLC should be determined on a case-by-case basis. The same standard won't apply to all families and may not be the same for each child within one family.

Consistent: Once determined, the MSLC should remain consistent throughout the life of the case. The only exception being is if the child's needs have changed.

Unbiased: Again, MSLC sets the standard for the minimum sufficiency and should not be interpreted as the ideal standard. In addition, the standard for removal should not differ from the standard for reunification. This is an area of case planning and decision-making that is prone to influence due to our own personal values and beliefs related to what should or shouldn't constitute MSLC for these two critical points of child welfare intervention—child removal and family reunification.

Let's now open this one up for discussion…

Prompts for Participants:

- **What is your current practice of MSLC?**

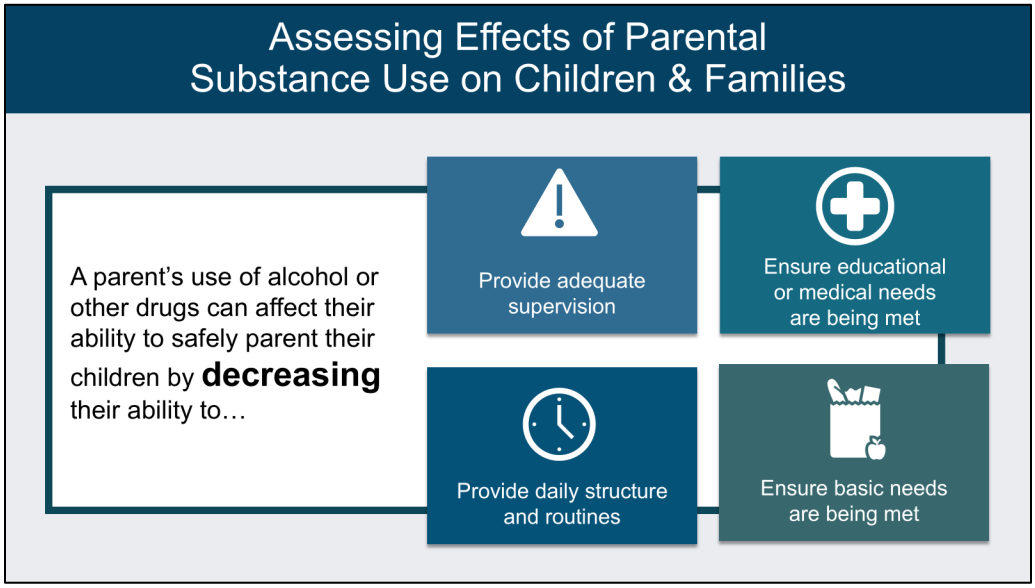
- **What role does a parent's substance use or co-occurring disorder play in your assessment and standard of MSLC?**
- **What would it take to allow children to safely remain with their parent during their active recovery? Or what would it take for children to be reunified with their parent while in active recovery?**

This was a great discussion and provides the perfect segue for our next discussion on assessing the effects of parental substance use.

Sources: (California Social Work Education Center, 2018; National Center on Substance Abuse and Child Welfare, n.d.)

Slide 7

Assessing Effects of Parental Substance Use on Children & Families



Facilitator Script:

In our practice, we are charged with the assessment and ongoing safety of children and families involved with the child welfare system. For families affected by substance use disorders, this means determining the level of effect the parent's use may be causing, such as any immediate child safety concerns, including considerations to past, present, or future risk of harm.

As we've discussed in previous modules, a substance use disorder is a complex disease that can influence a parent's actions or inactions. A parent's preoccupation with their substance use may result in their reduced capacity to safely parent their children, which may present as leaving children unsupervised or with an inappropriate caregiver during active use—often a parentified sibling. This may also involve parents not meeting their child's educational or medical needs due to the effects of their substance use, which may include not getting their children to school, children falling behind in schoolwork due to a high number of absences or not completing homework, children missing their annual well child exams, not receiving timely medical care for emergent healthcare needs. We sometimes also notice challenges with home conditions, including difficulty maintaining employment or managing household expenses.

As a reminder, substance use alone doesn't warrant child welfare intervention. When assessing child safety in families affected by substance use disorders, we are carefully evaluating the causal relationship between the parent's substance use and their capacity to safely parent their children. For parents affected by co-occurring disorders, this also means assessing for the complex interplay between the substance use, mental disorder, and parenting capacity.

Let's now continue our discussion of assessment by spending some time differentiating between safety and risk factors.

Slide 8

Differentiating Between Safety & Risk Factors

Facilitator Script:

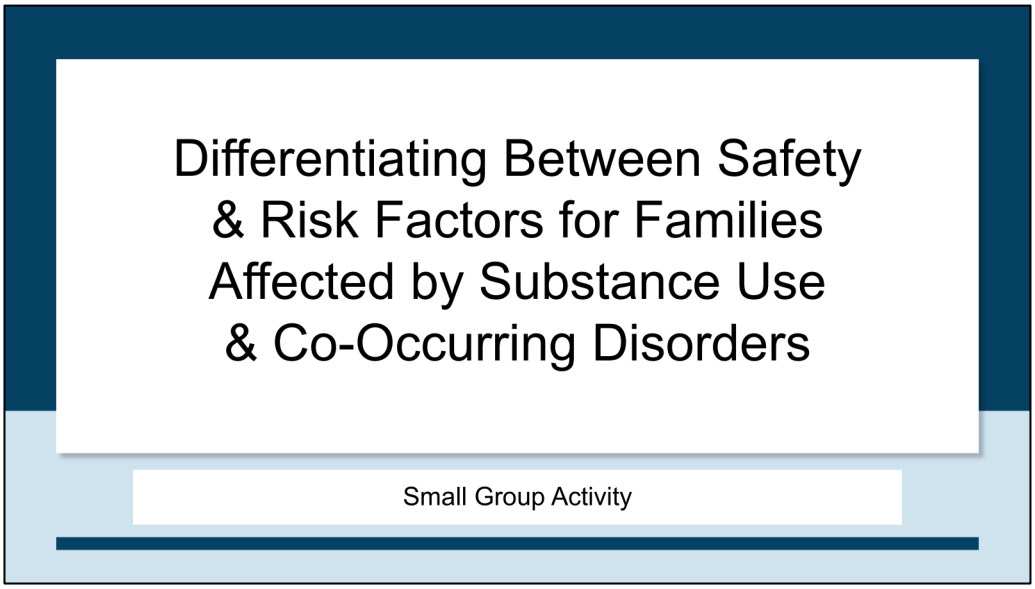
While specific language and terminology will vary based on your state or local practice framework, safety factors generally refer to present or impending dangers to a child or insufficient caregiver protective capacities to ensure a child is protected from harm. Safety factors are immediate problems that need to be resolved to protect a child or prevent further harm.

Whereas risk factors refer to the likelihood of a child's future maltreatment. This may include any reasonably foreseeable substantial risk of harm to a child—while these are not considered active safety threats, they can be anticipated to have severe effects on a child at any time. Often risk factors aren't observable at the onset of child welfare intervention but become clearer as we develop a partnership with the family and begin to understand the full scope of their history and needs.

Facilitator Note: An additional resource is available for more information on this topic: Safey and Risk Video Series.

Slide 9

Differentiating Between Safety & Risk Factors for Families Affected by Substance Use & Co-Occurring Disorders



Facilitator Script:

Now that we have covered their definitions, let's practice differentiating between safety and risk factors for families affected by substance use and co-occurring disorders.

Facilitator Notes: Ask learners to convene in small groups for an activity on, 'Differentiating between safety and risk factors for families affected by substance use disorders.' Instruct learners to use the provided easel paper and markers to generate two columns titled 'Examples of Safety Factors' and 'Examples of Risk Factors.' Proceed with handing out one activity envelope to each small group containing a mixture of pre-filled post-it notes. Ask learners to work with their group members to differentiate safety versus risk factors by sorting and attaching accordingly to their easel paper. Let learners have approximately 10 minutes to discuss before bringing the small groups back together for a large group discussion.

Answer guide to support facilitation of results:

Safety Factors:

- Ingestion of alcohol or other drugs by a child
- Parent driving under the influence of alcohol or other substances with children in the vehicle
- Physical abuse incident while parent was under the influence of substances
- Drug paraphernalia in reach of small children
- Lack of or inappropriate supervision of children during active substance use
- Parental drug overdose with children present in the home
- Parent stopping their medication for bipolar disorder and experiencing a manic episode while caring for young children

Risk Factors:

- Parental alcohol or other drug use
- Parental history of child endangerment while under the influence of substances
- Familial history of domestic violence
- Children's exposure to substance use and high traffic in and out of family's home
- Absence of a supportive caregiver to provide adequate levels of child supervision
- Parental history of drug overdose and no observable recovery-oriented services or supports in place
- Parent's diagnosis of bipolar disorder

**Alternative Instructions for Virtual Training*

Use your virtual platform's polling feature to create the following prompts and use answer key provided above to support a discussion of poll results:

1. Parent stopping their medication for bipolar disorder and experiencing a manic episode while caring for young children:

- Safety Factor
- Risk Factor

2. Parental history of drug overdose and no observable recovery-oriented services or supports: [select only one answer]

- Safety Factor
- Risk Factor

3. Lack of or inappropriate supervision of children during active substance use: [select only one answer]

- Safety Factor
- Risk Factor

4. Children's exposure to substance use and high traffic in and out of family's home: [select only one answer]

- Safety Factor
- Risk Factor

5. Parent driving under the influence of alcohol or other substances with children in the vehicle: [select only one answer]

- Safety Factor
- Risk Factor

6. Familial history of domestic violence: [select only one answer]

- Safety Factor
- Risk Factor

7. Parental alcohol or other drug use: [select only one answer]

- Safety Factor
- Risk Factor

8. Physical abuse incident while parent was under the influence of substances: [select only one answer]

- Safety Factor
- Risk Factor

9. Parental history of child endangerment while under the influence of substances: [select only one answer]

- Safety Factor
- Risk Factor

10. Drug paraphernalia in reach of small children: [select only one answer]

- Safety Factor
- Risk Factor

11. Parental drug overdose with children present in the home: [select only one answer]

- Safety Factor
- Risk Factor

12. Absence of a sober caregiver to provide adequate levels of child supervision: [select only one answer]

- Safety Factor
- Risk Factor

13. Ingestion of alcohol or other drugs by a child is a: [select only one answer]

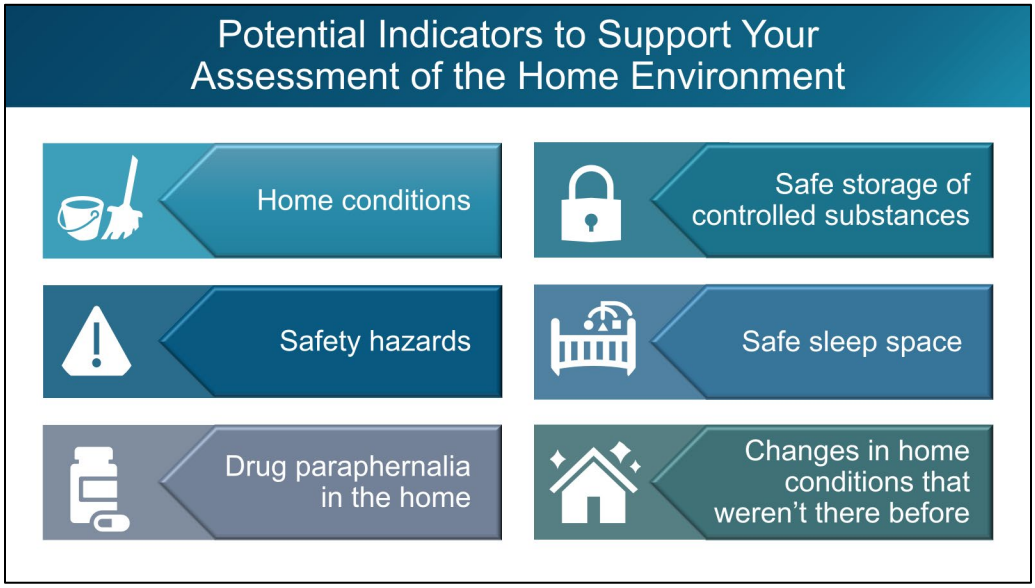
- Safety Factor
- Risk Factor

14. Parent's diagnosis of bipolar disorder

- Safety Factor
- Risk Factor

Slide 10

Potential Indicators to Support Your Assessment of the Home Environment



Facilitator Script:

Case planning for families affected by substance use and co-occurring disorders relies on us gathering accurate and comprehensive information to inform our assessment of safety and risk, as well as identifying strengths and areas of need. Previous modules of this toolkit have helped improve our awareness and understanding about substances and their effects, which in turn, help us better recognize potential indicators of use through our assessment of the home environment:

Home conditions: During your assessment of the home environment, you may discover conditions that are either unkept, disorganized, or lacking essentials like food, water, gas, or electricity.

Safety hazards: There may be the addition of safety hazards due to makeshift manufacturing, which could look like the presence of hazardous chemicals and supplies, or unusual smells or odors.

Drug paraphernalia in the home: Similarly, your assessment may discover the presence of drug paraphernalia in the home, including residuals of controlled substances or other contraband. As we know, family living arrangements are not monolithic, so obtaining information about who else resides or frequents the home can support your assessment of potential safety and risk factors.

Safe storage for controlled substances: For parents with medicinal cannabis, including states with legalized recreational cannabis, or opioid pain prescriptions, we would also be assessing for safe storage of these controlled substances to ensure they are kept out of reach and inaccessible to all children and adolescents residing in the home. Child welfare and community partner agencies often provide lockboxes and other hardware free of charge as part of their increased safety and harm reduction efforts.

Safe sleep space: An additional consideration would be safe sleep practices for parents and their infants. This is especially important for parents with known or potential substance use histories as it provides an opportunity for awareness around the increased risks and dangers associated with co-sleeping, including sudden infant death syndrome.

Changes in home conditions that weren't there before: One final note on our assessment of home environments is just a reminder to stay mindful of any changes you may observe over time. Our work as child welfare workers involves initial assessments, but also just as importantly, ongoing, continual assessment:

- Is the condition of the home destabilizing?
- Are previous safety measures no longer in place?
- What can this tell us about the safety and well-being of the children, parents, and other family members in the home?

Facilitator Note: An additional resource is available for more information on this topic: Planning for Safety in Cases When Parental Substance Use Disorder is Present.

Slide 11

Considerations for Assessing Child Safety

Facilitator Script:

When we are concerned about a parent's substance use or co-occurring disorder and assessing a child's safety, we should consider the following factors related to the child…

Age of the child: Younger children are naturally more dependent on their parents for their basic needs. For infants and very young children, there is total reliance on their parents, as they do not have the capacity to protect themselves. Older children have more of an ability to keep themselves safe and communicate with others if in need of help. However, each developmental stage presents a challenge related to parental substance use and co-occurring disorders and should be considered.

Special needs of the child: Children with special needs may be at higher risk due to the complexities of their daily caretaking, higher levels of parental stress, and subsequent effects on the parent's recovery and stability. This reinforces the need for thorough developmental screening and assessments, including our own awareness and understanding of the unique challenges of special needs children and families to inform objective decision-making as it relates to potential safety and risk, including areas of strengths and needs.

Child's visibility in the community: Children that are visible in the community through attending school, childcare, or other community activities have more exposure which can enhance their safety. Relationships formed in these settings allow children to harm and talk about what might be going on at home to a caring or trusting adult. This in turn, also provides an opportunity for the caring or trusting adult to watch for potential risk factors or threats of harm.

Level of parent-child interaction: We should observe the parent-child relationship and interactions as part of an ongoing assessment process:

- Is the parent responsive to their child?
- Does the child go to the parent for comfort or guidance?

Staying attune with the parent-child relationship can help us identify more subtle threats of harm and eventually can be part of safety planning and improving caregiver protective capacities and protective factors for the family. More on these in just a moment.

Source: (National Center on Substance Abuse and Child Welfare, 2022b)

Slide 12

Additional Considerations for Assessing Child Safety

Facilitator Script:

When assessing child safety, we also want to observe factors specific to the parents and family members:

- Is the parent asking for help or in treatment now?
- Do they recognize they need treatment?
- Do they have a history of reaching out for help in the past?
- Do they have any past recovery time?
- Does the parent understand how their substance use, or mental disorder affects their children?

All of these indicators help us better understand how the parent has responded in the past, through both their actions or inactions, and gives indication on how they might engage in services and treatment in the future.

In addition, one of the most concrete forms of protection for children affected by parental substance use or co-occurring disorders is their family's access to natural support systems. Our assessment should explore the extent of the parent's relationships with extended family, friends, faith-based, or recovery-oriented communities. This includes the presence or potential for an identified supportive caregiver to allow children to safely remain at home. These along with other family strengths or protective capacities, help mitigate identified safety and risk factors. Let's spend some more time amplifying the message about these capacities.

Facilitator Note: Additional resources are available for more information on this topic: Planning for Safety in Cases When Parental Substance Use Disorder is Present and Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement.

Source: (National Center on Substance Abuse and Child Welfare, 2022a)

Slide 13

What Are Caregiver Protective Capacities?

Facilitator Script:

Caregiver protective capacities, or parental strengths, refer to behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's protective behavior toward their child. These qualities can be observed, understood, and demonstrated as part of a parent's thinking, feelings, and actions. Protective capacities speak to the ability to act on behalf of a child to ensure their immediate and ongoing safety. In summary, caregiver protective capacities serve as the framework for our continuous assessment of child safety and risk:

Behavioral: Behavioral protective capacities represent the ability to control impulses, act on behalf of, or adapt to the needs of the child, including setting the child's needs before one's own.

Cognitive: Cognitive protective capacities represent the ability to recognize and understand potential threats of harm and the need for child safety, including one's own role in ensuring a child's protection.

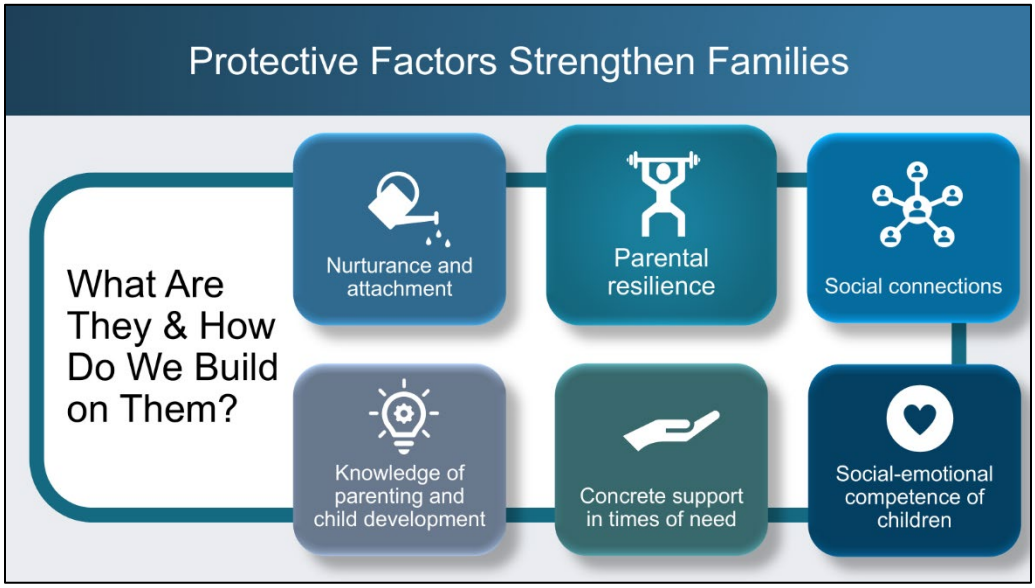
Emotional: Emotional protective capacities represent a parent's ability to meet their own emotional needs, while demonstrating resilience and expressing unconditional love and empathy for their children.

Facilitator Note: An additional resource is available for more information on this topic: Identifying Safety and Protective Capacities for Families with Parental Substance Use Disorders and Child Welfare Involvement.

Sources: (Capacity Building Center for States, 2016; Center for the Study of Social Policy, n.d.)

Slide 14

Protective Factors Strengthen Families



Facilitator Script:

Now separate from caregiver protective capacities at the individual level, we also have a protective factors framework that extends beyond the parent or caregiver to include strengths and attributes of families, communities, and larger societies that reduce risk and promote the overall health and well-being of children, parents, and families.

While our initial and ongoing assessments are heavily focused on identifying safety and risk factors, protective factors or capacities should be viewed just as equally important for families involved in the child welfare system. Protective factors represent positive attributes that speak to a family's inherent strengths despite the initial safety event that brought them to the attention of the department. These will look different for each family but generally include knowledge, skills, strengths, supports, or connections that serve to protect against threats of harm and are associated with a greater likelihood of positive family outcomes.

There are six core protective factors to support your work with families. While it can be difficult to identify family strengths within the complex interplay of child maltreatment, this serves as a good reminder that all families have inherent strengths, and it is our role to identify and foster their development during the child welfare intervention period to help move families toward greater stability. Let's now spend some time with each of these factors:

Nurturance and attachment: While parental acts of nurturance and attachment will look differently based on children's age and various stages of development, all will be underscored by a common pattern of positive parent-child interactions. For parents with infants, it is important to look for indicators such as verbal and non-verbal cues. Does the parent talk to their baby, exchange facial or vocal expressions; what are other ways that the parent physically interacts with their baby such as holding, rocking, or other soothing techniques? For parents with preschoolers, indicators of nurturance and attachment can be found in how play is encouraged and approached. Do parents plan activities for their little ones; does the parent actively engage

in these activities or create routines to allow for parent-child bonding such as daily walks, trips to the park, or bedtime stories? For parents with school-aged children, indicators of nurturance and attachment can be found in how parents engage with and structure their time outside of the school day.

- What is the family's morning routine?
- Do parents make breakfast and/or sit with their children?
- Who's helping children get ready for school?
- Do parents spend time talking to their children about their days such as over dinner or during family time before everyone gets ready for bed?

Parental resilience: Parental resilience by nature is more difficult to measure and requires more intentional efforts to understand and identify for the families we serve. For starters, resilience represents how we manage and respond to stress, adversities or challenges. For parents, this involves our understanding of the full extent of their stressors while paying careful attention to both direct and subtle forms of coping.

- How do parents cope with a stressful day?
- Are they demonstrating self-regulation and other problem-solving skills in response to their reported stressors?
- Are you observing signs of them reaching out for support during these high stress periods or incidents?

With parental resilience, the emphasis is less on the stressor itself and more about how a parent taps into their inner strengths and capacities to come back from and thrive despite their adverse circumstances.

Social connections: Parenting can be an extremely rewarding yet challenging experience for many. Social connections can very much become a lifeline for emotional support and guidance during this stage of life, such as positive relationships or friendships to lean into, learn from, and grow your families with. Ways to explore indicators of healthy social connections are to explore a parent's meaningful relationships.

- Who do they identify when you ask about their support network?
- Are these people who can offer sound parenting advice?
- Or are they people who they can call and know that they will be there to listen with empathy and compassion?
- Are there others who can offer more concrete types of support such as transportation or childcare?

Knowledge of parenting and child development: Knowledge of parenting and child development is both inherent and learned. Often, parents take experiences from their own upbringing and pair it with new knowledge, resources, and tools as they navigate how best to support their child's growth and development. Observable indicators may look like:

- a parent's general understanding of developmental milestones; or
- a parent having age-appropriate expectations of their child;
- parents who are able to recognize and respond to their child's needs; and demonstrate healthy and effective forms of parenting and behavior management.

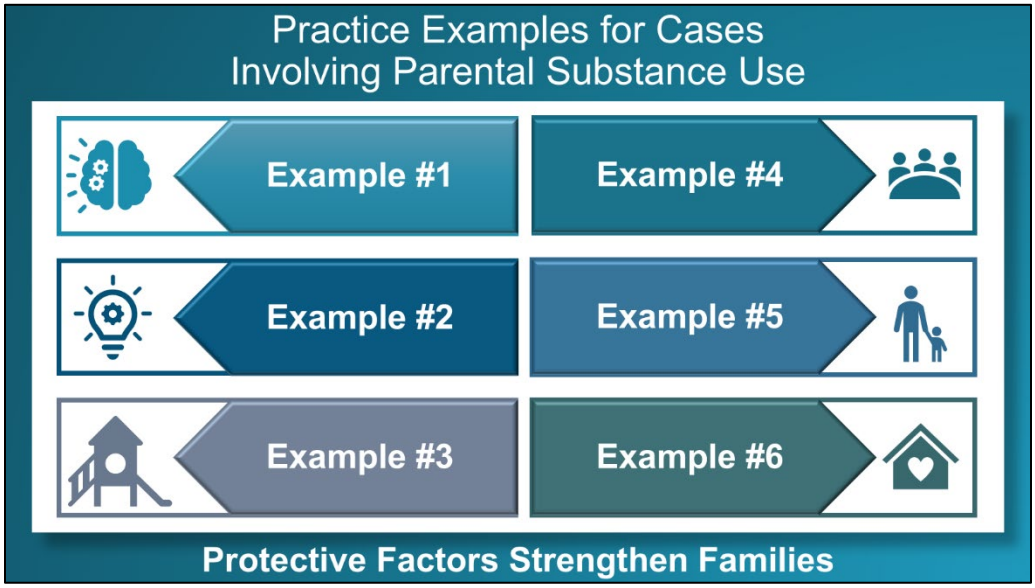
Concrete support in times of need: Families that come to the attention of child welfare services often face a high-level of economic uncertainty. As we covered in previous modules, this might look like employment instability, housing or food insecurities, and other psychosocial stressors. Indicators of this protective capacity may look like a parent seeking out knowledge of community resources and supports to meet their family's needs. Another similar indicator would be whether a parent follows through with accessing needed services and supports; or their ability to advocate for their family's needs when faced with barriers or challenges.

Social-emotional competence of children: Social-emotional competence is developed through positive parent-child interactions whereby children learn healthy patterns of communication, self-regulation, and interpersonal relationships. Parents model this for children and may include indicators such as openly talking about feelings, both the positive and the negative; owning or acknowledging when a situation could have been handled differently; or using techniques or strategies to self-regulate such as taking deep breaths or expressing a need for quiet time, a break, or formal respite

Sources: (Capacity Building Center for States, 2016; Center for the Study of Social Policy, n.d.)

Slide 15

Practice Examples for Cases Involving Parental Substance Use



Facilitator Script:

So, what do protective factors for parents affected by substance use disorders look like in practice? Let's review some concrete examples:

Practice Example #1: Parent understands the effect their substance use has had on their children and family members.

Practice Example #2: Parent has insight into their behaviors and changes that need to be made to provide for and increase child safety.

Practice Example #3: Parent has reliable childcare in place to support their treatment and recovery management plan.

Practice Example #4: Parent is regularly attending their treatment and recovery-oriented support meetings.

Practice Example #5: Parent has family and friends that are willing to conduct daily check-ins to help support and monitor child safety.

Practice Example #6: Parent has the support of an additional caregiver in the home to support their recovery and family stability goals.

Each of these protective factors helps to mitigate the safety and risk associated with a parent's substance use disorder allowing for further assessment and decision-making about in-home versus out-of-home service provision.

Slide 16

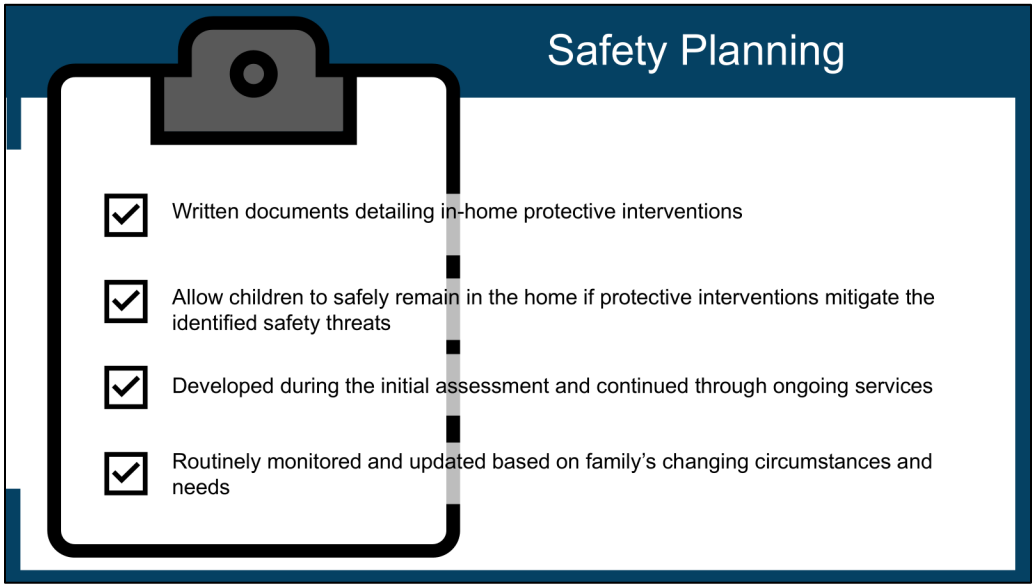
Safety Planning for Families Affected by Substance Use Disorders

Facilitator Script:

Let's now take what we've learned about assessment of safety, risk, and protective capacities and discuss how it informs safety planning for families affected by substance use disorders…

Slide 17

Safety Planning



Facilitator Script:

Safety planning with families begins with the onset of child welfare intervention. We take the information obtained from our initial safety and risk assessments about imminent threats of harm and the likelihood of future maltreatment, to determine the level of protective intervention needed to ensure a child's safety.

For some families, the level of safety threats identified will require removal and placement into out-of-home care with the goal of family reunification. For other families, the level of safety threats can be mitigated by the use of a safety plan detailing in-home protective interventions. This allows families to remain intact during the child welfare intervention period, often referred to as in-home family preservation or family maintenance services.

As safety plans are informed by our initial and ongoing safety and risk assessments, they require routine monitoring and updating to reflect point-in-time protective interventions, such as changes in family circumstances or modifications to the identified protective interventions.

Slide 18

Contents of the Safety Plan

Facilitator Script:

States and local jurisdictions will document safety plans on their own specific template or forms guided by policies, procedures, or practice models. However, contents of the safety plan generally include a detailed description of each identified safety threat or factors placing the child at imminent risk of harm.

As a reminder, safety plans are designed to be a collaborative practice tool and should always be written in a way that helps parents and families fully understand the reason for the protective intervention.

This is reinforced with detailed action steps that clearly outline what needs to happen to ensure a child's safety. This may include information like how the safety threat will be mitigated, steps that the parent will take to protect their child, and/or steps others will take to support the parent in keeping the child safe in the home environment.

Similarly, detailed information about how the plan will be monitored during the child welfare intervention period should also be included. This may include information specific to the identified participants, their role and responsibilities, and the specific timeframe for each identified protective intervention.

Safety plans should be formalized with signatures from all participating parties, allowing for increased transparency and accountability from all members of the child and family team.

Facilitator Note: An additional resource is available for more information on this topic: The Child Welfare Supervisor's Practice Guides to Safety and Risk—Practice Guide 2: A Child Welfare Supervisor's Guide to Planning for Safety in Cases When Parental Substance Use Disorder is Present.

Source: (Evident Change, n.d.)

Slide 19

Additional Safety Planning Considerations for Families Affected by Substance Use & Co-Occurring Disorders

Facilitator Script:

Now, for families affected by substance use or co-occurring disorders, additional safety planning may need to be explored…

Natural supports includes identifying family support caregivers, or natural supports, who are available and willing to help monitor child safety during the parent's early recovery process. All identified family support caregivers should be assessed for their suitability and capacity to carry out identified action steps within the safety plan.

Alternative living arrangements may require us to get creative with in-home protective interventions. This may look like avoiding removal and separation altogether by considering potential alternatives that allow the parent and child to remain intact:

- Instead of placing the child with a relative, would the relative be open to taking in the parent and child, and serve as an in-home supportive caregiver?
- If residential treatment is indicated for the parent, are there family-centered treatment programs that allow children to live on-site with their parent during the duration of their programming?

Safety plans are only as good as they are realistic and achievable for families. An action step for a parent that says, "parents will stop using substances" may not carry the same effect as an action step that says, "parents will call on their recovery-oriented supports to help abstain from substance use as noted by calling their sponsor, meeting with their peer recovery specialist or SUD counselor, or attending mutual self-help groups."

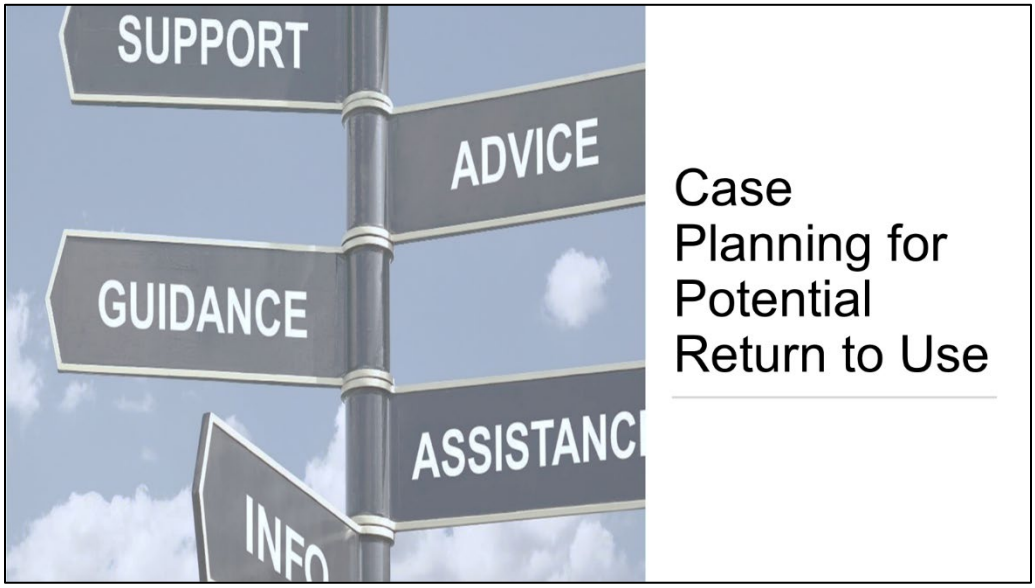
These are just a few examples of safety planning considerations for families affected by substance use disorders—but let's also hear from you and your casework practice.

Prompt for Participants:

- **What are some other considerations or examples specific to safety planning?**

Slide 20

Case Planning for Potential Return to Use



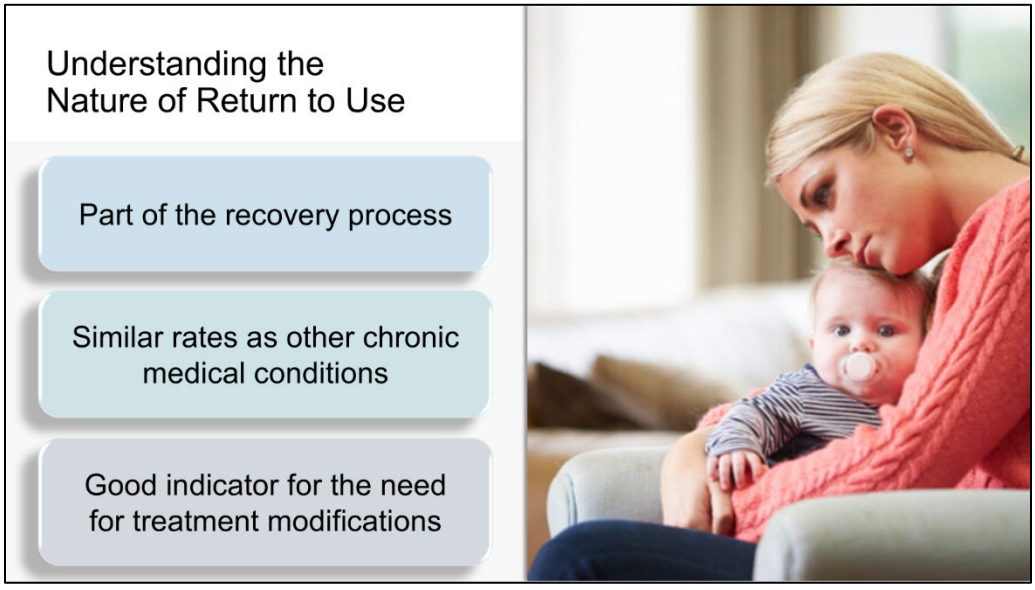
Facilitator Script:

As we've learned in previous modules of this toolkit, behavior change is a difficult and often non-linear process—especially when it involves recovery from a substance use or co-occurring disorder. Parents with child welfare involvement may have periods of time where they are not actively engaged in treatment and supportive services, making limited progress toward their case plan goals, or at times completely disengaged with no form of contact with their caseworkers.

Our work to normalize the ambivalence parents experience during the change process also means not giving up on these families and having realistic expectations about the potential for return to use during the family's child welfare intervention period. Let's spend some more time discussing return to use, including strategies to identify, plan, and respond for improved family recovery outcomes.

Slide 21

Understanding the Nature of Return to Use



Facilitator Script:

Understanding the nature of return to use begins with acknowledging that the language we use to talk about substance use and recovery matters!

Part of the recovery process: Substance use disorders are just like other chronic, life-long conditions; and for some, this will mean a return to use will be part of their recovery process. This may look like a single episode of return to use after an attempt to stop or multiple episodes spanning years of long-term recovery.

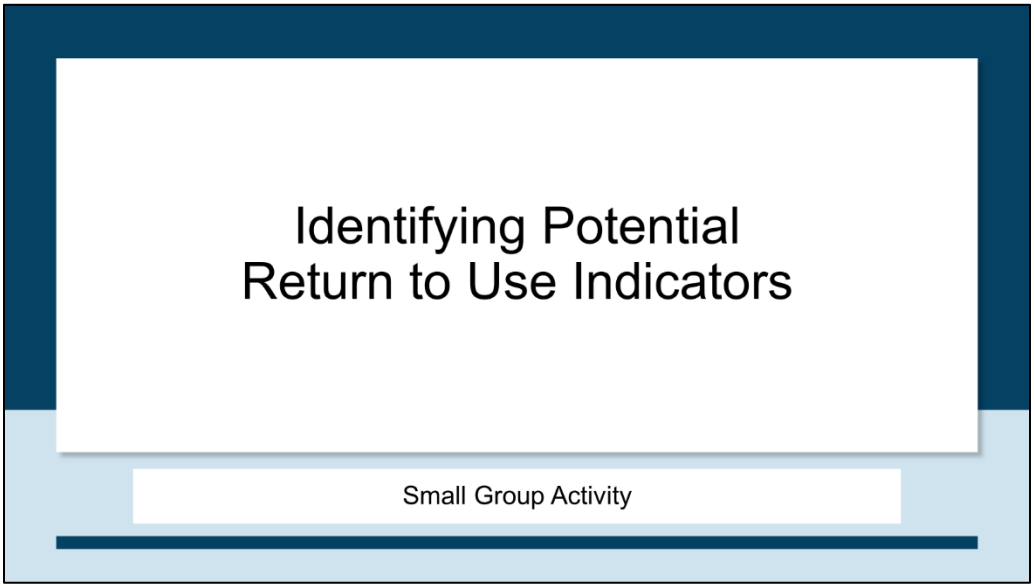
Similar rates as other chronic medical conditions: Regardless of the nature and frequency, return to use rates for persons with substance use disorders are no different from rates for other chronic medical conditions. The National Institute on Drug Abuse, or NIDA, emphasized these similarities by demonstrating how recurrence rates for substance use disorders were between 40-60% whereas rates for hypertension and asthma were 50-70%.

Good indicator for the need for treatment modifications**:** Despite the ongoing public stigma associated with it, return to use is not a sign of failure. Rather it's an indicator of the need for modified, enhanced, or new forms of treatment and recovery planning.

Source: (National Institute on Drug Abuse, 2023)

Slide 22

Identifying Potential Return to Use Indicators



Facilitator Script:

Facilitator Notes: Ask learners to reconvene in their small groups for an activity on, 'Identifying Potential Return to Use Indicators.' Instruct learners to use the provided easel paper and markers to generate a list of potential indicators with consideration to three categories: 1) Personal appearance 2) Behavioral signs and 3) Physical home environment. Bring small groups back together for a large group report out– encouraging each small group to share their full or partial list (depending on time allotted).

Sample Answer Key/Guidance to Help Facilitate Activity:

Potential Indicators for Return to Use (Alcohol Disorder)

- Personal Appearance: Slurred speech, Poor coordination
- Behavioral Signs: Mood swings (highs and lows), Impaired judgment
- Physical Home Environment: Empty bottles of liquor or beer; strong alcohol odors

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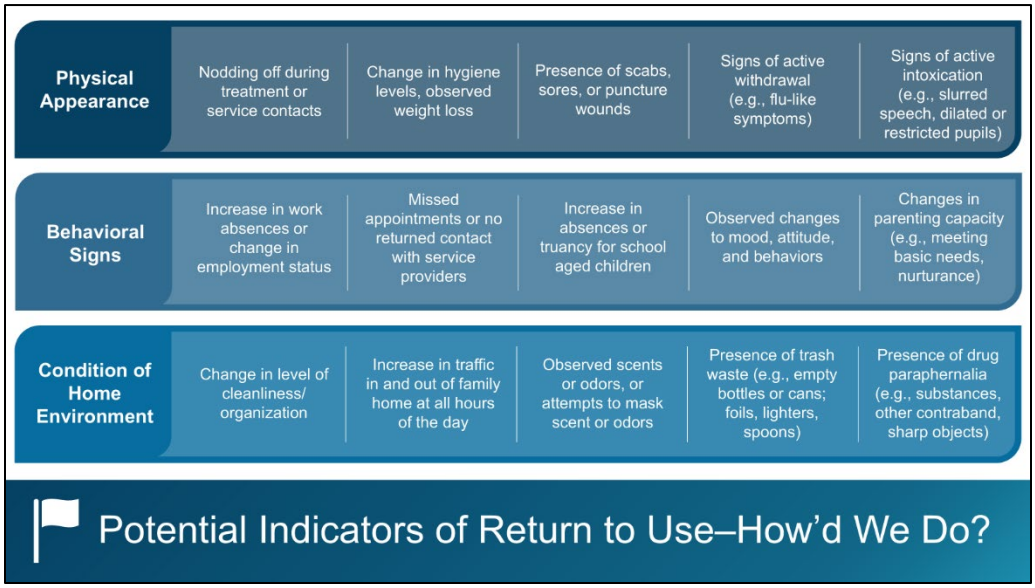
**Alternative Instructions for Virtual Training*

Prepare a link for a word cloud generator through www.mentimeter.com. Ask participants to identify potential return to use indicators for any of the three following categories: personal appearance, behavioral signs, and/or physical home environment. Then display the completed word cloud for the learners in real-time to create a similar effect as the in-person exercise.

Slide 23

Potential Indicators of Return to Use—How'd We Do?



Facilitator Script:

Facilitator Notes: Review the compiled list of potential indicators of return to use as a follow-up to the small group activity. Opportunity to reinforce what the learners identified as well as fill in any potential gaps.

As we just learned from our small group activity, there are many potential indicators of a return to use—some indicative of a parent's progressive destabilization prior to a return to use, as well as signs of active return to use. As child welfare workers, it's important that we discuss with the child and family team the slightest shifts in our observations of the parent's physical and behavioral presentation as well as any observable impacts on the family and home environment, as these all provide important insight into how best to re-engage, modify, or enhance treatment and supports necessary for optimal family stability and recovery outcomes.

Source: (National Center on Substance Abuse and Child Welfare, 2022d)

Slide 24

Child Safety & Return to Use

Facilitator Script:

So, by now we've covered identifying potential return to use indicators, but we also need a clear plan and response. These next steps require open communication among all members of the child and family team—this includes parents, peer recovery specialists, child welfare workers, substance use treatment providers, and any other child and family service providers.

It is important for everyone to understand that return to use is a common part of an individual's recovery process and does not have to automatically result in removing a child from their parent's care. The latter is made possible through helping parents plan for their child's safety in the event that a return to use occurs—often referred to as recovery management or contingency plans.

We all share a collective responsibility in these planning efforts; for example, treatment providers work with parents on increasing their awareness of and ability to identify activators or triggers for their cravings or use, including corresponding thoughts or behaviors so that they can interrupt past patterns of decision-making. This level of behavioral change is reinforced by identified recovery supports and services that serve as alternative adaptive options in place of the preferred substance or steps to immediately engage in, should a return to use transpire. These plans often include the following types of information:

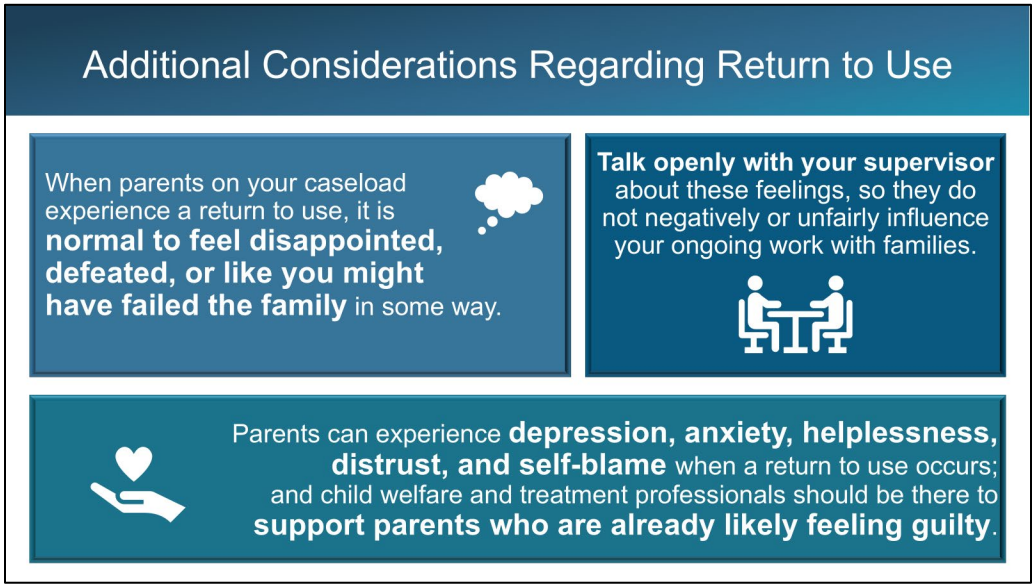
- Personal sensitivities for return to use;
- Red flags or potential indicators of an impending return to use;
- People, places, and things to avoid, often referred to as activators or triggers;
- Supports to call if or when struggling with maintaining active recovery, such as a recovery sponsor, recovery-oriented network, or treatment provider;
- Self-help meetings or other recovery-oriented activities to attend for increased support;

- Specific steps to carry out to protect and ensure child safety, such as contacting the identified sober caregiver, child welfare worker, or peer recovery specialist;
- Immediate and subsequent increase in parent and family contacts for crisis stabilization;
- Time sensitive family team meeting, also referred to as a shared decision-making meeting, to revisit the child safety plan and recovery management plan; and
- Signatures of child and family team members for increased transparency and accountability.

Source: (National Center on Substance Abuse and Child Welfare, 2022c)

Slide 25

Additional Considerations Regarding Return to Use



Facilitator Script:

When parents on your caseload experience a return to use, it is normal to feel disappointed, defeated, or like you might have failed the family in some way. As child welfare workers, we should be talking openly with our supervisors about these feelings, so they do not negatively or unfairly influence our ongoing work with families.

Similarly, parents may also experience depression, anxiety, helplessness, distrust, and self-blame when a return to use occurs; and child welfare and treatment professionals should be there to support parents who are already likely feeling guilty. And finally, while they may have taken steps forward in treatment, a return to use often means a delay in progress toward reunification. These conflicting messages can confuse and discourage parents who are trying to recover from a substance use disorder and underscore the need for compassion and ongoing support toward restabilization.

Slide 26

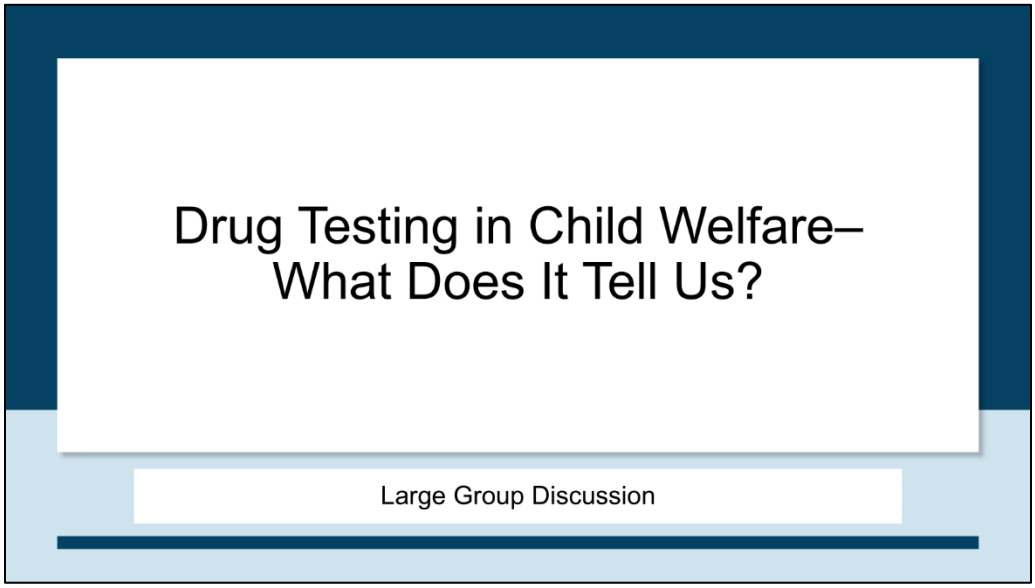
Considerations for Drug Testing & Child Welfare Case Planning?

Facilitator Script:

Let's now take what we've learned from our discussion on child safety and return to use and fold in important considerations specific to drug testing and case planning.

Slide 27

Drug Testing in Child Welfare—What Does It Tell Us?



Facilitator Script:

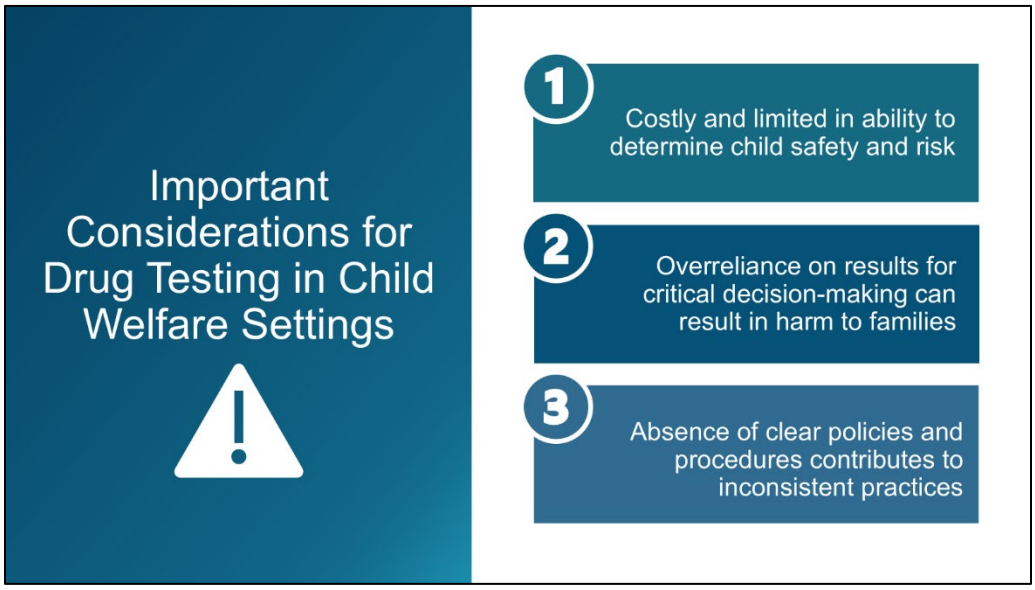
Before we jump into the slides on drug testing in child welfare, let's start by hearing a little more about your local policy and practice…

Prompts for Participants:

- **First, has your child welfare agency implemented drug testing policies and procedures?**
- **How are parents' drug test results used to support case planning practice?**
- **What happens if a parent does not show up for a scheduled drug test? Is this considered a "positive" drug test and are there any negative consequences attached to missed or positive results?**

Slide 28

Important Considerations for Drug Testing in Child Welfare Settings



Facilitator Script:

The National Center on Substance Abuse and Child Welfare (NCSACW) suggests three important considerations for drug testing in child welfare settings. These include,

- Awareness that drug testing is costly and limited in terms of determining child safety and risk—as a drug test alone cannot determine the existence or absence of a substance use disorder; or the level of severity; whether or not a child is safe; or any information related to the parent's strengths or protective capacities—including how these may serve to mitigate safety and risk.
- Child welfare agencies also risk relying too much on drug test results to inform decisions on child removal, parent-child family time, reunification, and termination of parental rights. Using drug test results in the absence of greater context and comprehensive assessment of the family's safety, risk, and protective capacities can result in lasting and irreparable harm to families.
- We witness this level of harm when drug testing is administered inappropriately, such as in the absence of clear policies and procedures. This might look like having no set guidelines on who to test and when. Another example of this is when drug testing is administered inconsistently, such as when drug test results are used punitively. This might include decisions to cancel scheduled quality family time or visits, sanctions in family treatment court models, or justification to remove, deny reunification, or move toward termination of parental rights. The harm from inappropriate or inconsistent drug testing policies have and will continue to contribute to inconsistent practices for families affected by substance use disorders.

Now, this is not to say that there is not a place or need for drug testing in child welfare—rather more emphasis on developing a cross-system collaborative approach with clearly defined

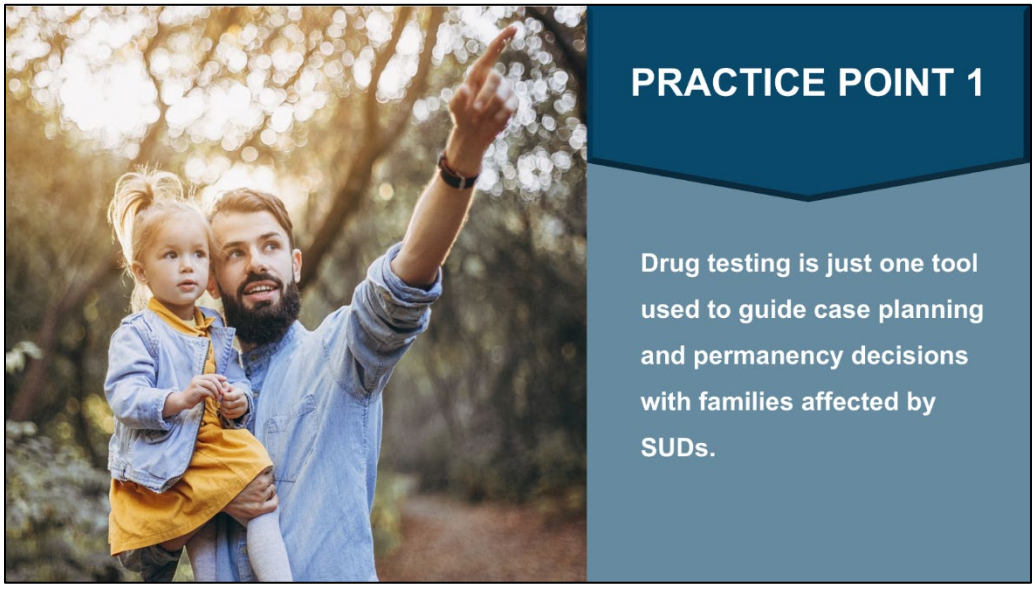
policies and practices that are designed to promote parental recovery and family well-being. Let's now review some helpful practice tips…

Facilitator Note: Additional resources are available for more information on this topic Brief 1: Considerations for Developing a Child Welfare Drug Testing Policy and Protocol; Brief 2: Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points; and the Trauma-Informed Drug Testing in Child Welfare: START's Approach Webinar.

(National Center on Substance Abuse and Child Welfare, 2021a; National Center on Substance Abuse and Child Welfare, 2021b)

Slide 29

Practice Point 1



Facilitator Script:

Drug testing should be one of many tools to help inform and guide collaborative case planning and decision-making for families affected by substance use disorders. Again, drug testing alone only provides us with a biological sample to help determine whether a parent has used a particular substance within a specific timeframe.

As we covered in previous modules in this toolkit, screening tools provide a brief set of standardized questions to help determine if a substance use is a presenting concern followed by steps to take to refer a parent for a clinical assessment by a qualified substance use disorder treatment provider.

We are also now well versed in our understanding of substance use disorders including their effects on the parent and family with the ability to identify potential indicators of use through our observation of a parent's physical appearance, behavioral signs, and the condition of the home environment—all significant to informing a comprehensive and objective assessment of each family's individual needs.

Our toolbox also consists of standardized safety and risk assessment tools that allow for systematic collection of information to help determine the presence of any immediate safety threats to children while also identifying any potential risks for future harm.

When used collectively, all four tools help to advance casework practice for families affected by substance use disorders.

Source: (National Center on Substance Abuse and Child Welfare, 2021a)

Slide 30

Practice Point 2

Facilitator Script:

Results from drug tests provide an opportunity for us to engage parents and families in the treatment and recovery process. Discussing the results in a timely and supportive manner—one that is free of judgement helps to eliminate the personal shame internalized by the parent. Strategies, such as using strength-based and person-first language is a good example of this—it can look like replacing old stigmatizing language, such as "clean versus dirty" with more neutral terms such as "negative versus positive" or "substance not detected versus substance detected" terminology. All small actionable steps that go a long way in building and restoring trust with parents.

Results also provide an opportunity to reinforce, modify, or enhance substance use disorder treatment and recovery support services. For negative results, this can provide an opportunity to talk about what is working well about the current treatment and service plan and provide positive reinforcement through recognizing the actionable steps the parent has taken on their path to early recovery. For positive results, this too, presents an opportunity to talk about what isn't working well and making necessary modifications or enhancements to support or re-engage the parent into substance use disorder treatment and recovery support services.

- Is the parent de-stabilizing and needing more intensive services and supports?
- Would the parent benefit from peer recovery supports or increased recovery-oriented activities such as attending recovery support groups or obtaining a recovery sponsor?

Source: (National Center on Substance Abuse and Child Welfare, 2021a)

Slide 31

Practice Point 3

Facilitator Script:

When used appropriately, drug testing can be a therapeutic tool to help engage and retain parents in substance use disorder treatment and recovery support services—ideally resulting in families meeting their case plan goals and objectives. For this to happen though, drug testing needs to be implemented within a strength-based motivational approach. This includes our understanding of the complexities of early recovery and the time needed to fully heal and integrate new ways of coping with everyday life stressors.

As we covered in detail in previous modules of this toolkit, motivational interviewing offers us specific techniques and strategies to engage parents and promote their intrinsic desire for behavior change. This approach may be used for parents who are experiencing ambivalence about their level of substance use or their engagement in treatment services. This strength-based motivational approach with parents will help them come to their own realization about how their actions or behaviors are either moving them closer to, or farther away from, their desired recovery goals.

Source: (National Center on Substance Abuse and Child Welfare, 2021a)

Slide 32

Considerations for Quality Family Time for Families Affected by Substance Use Disorders

Facilitator Script:

In addition to drug testing, we should also be discussing considerations for quality family time for families affected by substance use disorders…

Slide 33

Visitation or Family Time—What's the Difference?

Facilitator Script:

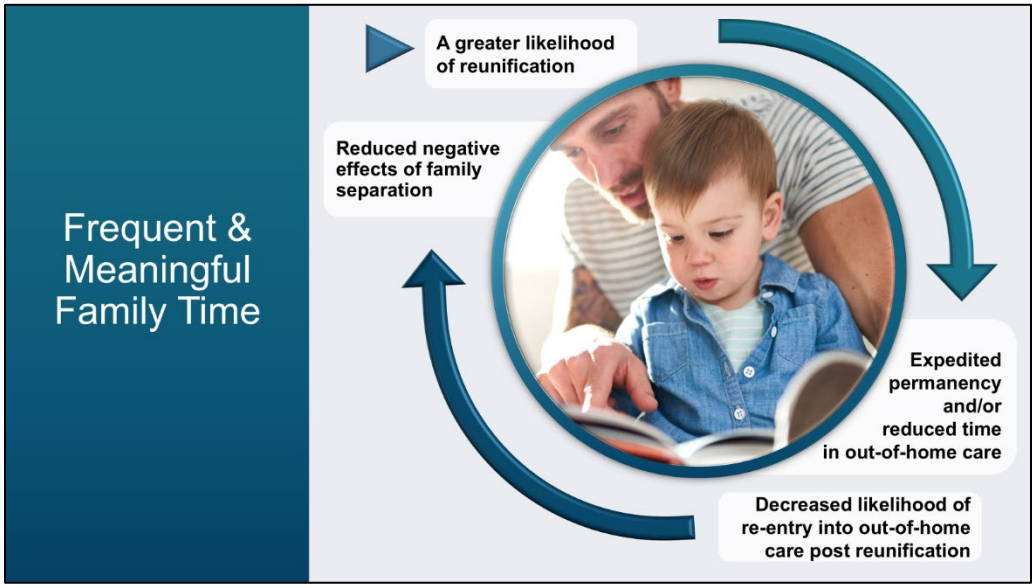
What the field most often regards as visitation or visitation plans seldom fulfills the needs that parents and children have for meaningful and nurturing time together. Use of this language often implies standard visitation schedules, whereby all parents receive a predetermined amount of supervised time with their children often without consideration to their own unique set of circumstances or protective capacities. Also common is the view or belief that visitation is something that is earned—something to be incentivized—longer, more frequent, or unsupervised time with children being tied to 'good' behavior which also can in turn be taken away or reduced for 'bad' behavior—for example parental substance use. We'll speak more on this in the next slide.

Alternatively, viewing child and family contacts during out-of-home care less as visits and more as family time highlights the critical importance of the length and quality of time that children get to spend with their parents, siblings (when separated), and other important relative or non-relative extended family members. This shift in language reinforces the view and belief that family time is a right of parents and children, and our role as child welfare workers is to ensure these rights are being met in the most natural and family-friendly settings.

Source: (Children's Bureau, 2020)

Slide 34

Frequent & Meaningful Family Time



Facilitator Script:

Family time for parents and children affected by substance use or co-occurring disorders is incredibly important to their safety, permanency, well-being, and recovery outcomes. We know that frequent and meaningful family time is associated with:

- A greater likelihood of reunification;
- Expedited permanency and/or reduced time in out-of-home care;
- Decreased likelihood of re-entry into out-of-home care post reunification; and
- Reduced negative effects of family separation.

We also know that the road to early recovery can be a very stressful and uncertain time for parents, which may require additional support from both treatment and child welfare providers in relation to meeting their case plan goals and family time expectations. Here are some practice tips for you to consider:

A parent's substance use disorder treatment program may not align with the schedule for family time visits. For example, if a parent is participating in residential treatment, they may need your support in coordinating with their treatment provider to arrange visits at their treatment location or obtain approval to leave their residential location for purposes of attending the family time visit.

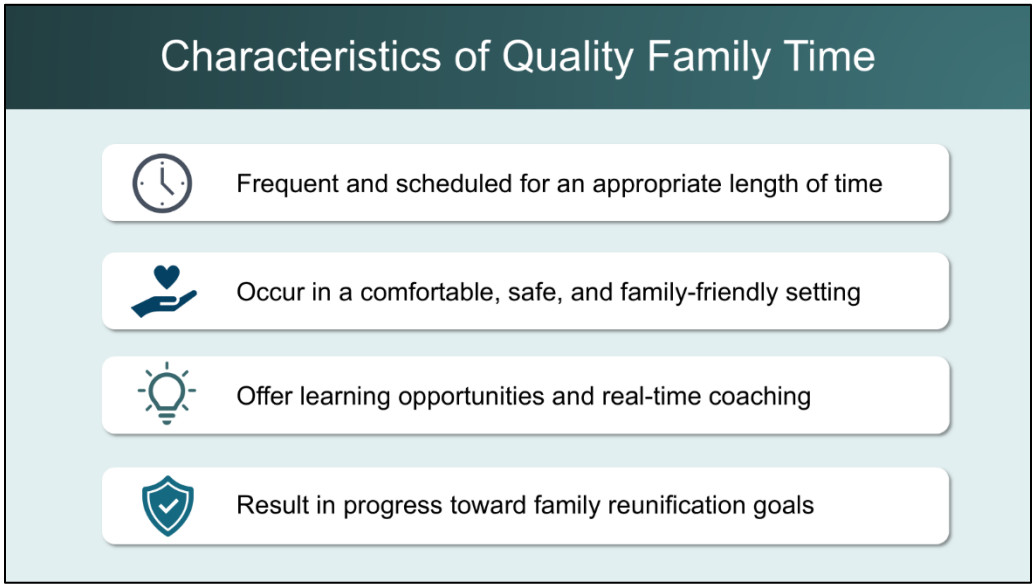
Treatment providers and child welfare workers should also agree that drug testing should never be used punitively in relation to family time. An example would be canceling a visit in response to a positive test, with the only exception being if there are immediate safety threats that cannot be mitigated by any other means.

Family time is critical for maintaining the parent-child relationship, the child's well-being, and the parent's motivation to participate and remain in treatment. It's also important that we not automatically assume the worst when a parent cannot attend a scheduled visit—assumptions such as lack of interest in reunifying with their child or a return to use. The best way to support parents through these challenges is to talk openly and explore what contributed to the missed visit and strategize on how best to reduce challenges or barriers moving forward.

Source: (Children's Bureau, 2020)

Slide 35

Characteristics of Quality Family Time



Facilitator Script:

Characteristics of quality family time include frequent visits, scheduled for an appropriate length of time, in a comfortable, safe, and family-friendly setting. As child welfare workers, we can help guide the interaction between the parent and child, offering learning opportunities and real-time coaching through modeling, reflecting upon skills and experiences before, during, and after family time. When structured in this way, quality family time then becomes the vehicle allowing parents to practice new skills and develop protective capacities across different settings, allowing for exposure to a wide range of scenarios, and preparing them for their goal of family reunification.

Facilitator Note: An additional resource is available for more information on this topic: Strong Families: Strategy Brief.

Slide 36

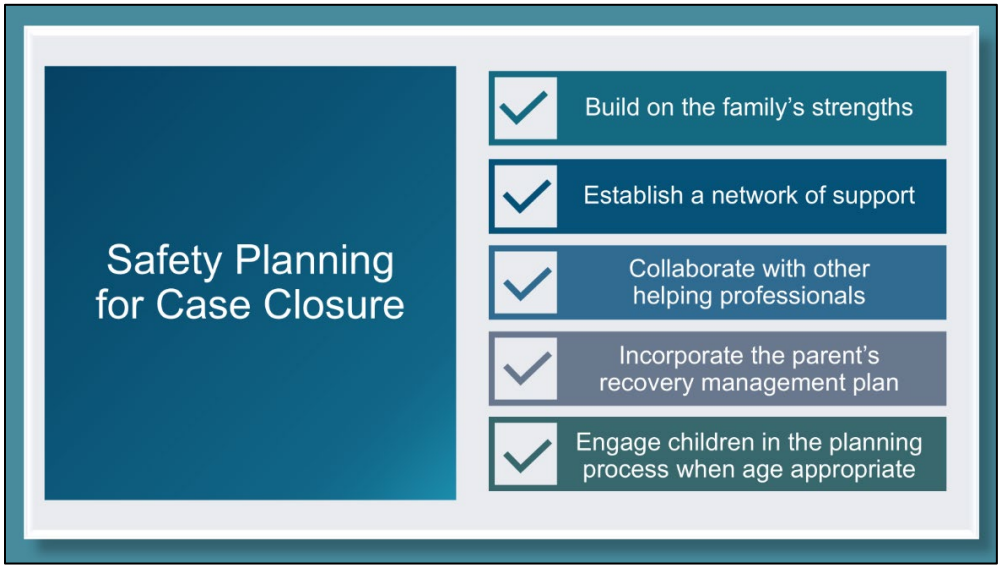
Moving Toward Family Recovery & Case Closure

Facilitator Script:

Let's now transition our discussion to steps we can take in our role as child welfare workers to support families as they move toward their long-term recovery and family stability goals.

Slide 37

Safety Planning for Case Closure



Facilitator Script:

Sustaining safety and protective capacities for families beyond the formal child welfare intervention period is a critical final step in the case planning process and includes:

- Building on the family's strengths by helping parents articulate what they have learned and self-identifying their strengths.
- Identify other supportive family members or friends who agree to be part of the process. These supportive family members or friends should go to a meeting to talk about what kind of support they can offer the family.
    - Can they watch the children if the parent needs a break?
    - Can they provide transportation?
    - Will they check in on the family and how often?
    - Can they be contacted if the parent needs help?
- Determine what helping professionals will stay involved with the family.
    - What will their role be?
    - Are they able to monitor ongoing safety for the family?
    - What signs will they look for to know whether the parent or family is starting to struggle?
    - How do they feel about calling child welfare if they have concerns in the future?
- Determine whether or not the parent has a recovery management plan. If not, work with treatment providers to establish one.
    - Has the parent had to implement their plan?
    - If so, what worked well?
    - And were there any worries or concerns related to the plan that need to be modified for the future?

- Include the children in safety planning, if age appropriate.
    - If they have a concern about their parent, who is a safe person they would reach out to?
    - Do they have a way to connect with this person?

When working with children, it is key to review each step of the plan to make sure they know what to do and who to reach out to with consideration to the child's age and developmental capacity.

Source: (National Center on Substance Abuse and Child Welfare, 2023)

Slide 38

Determining Family Readiness for Case Closure

Facilitator Script:

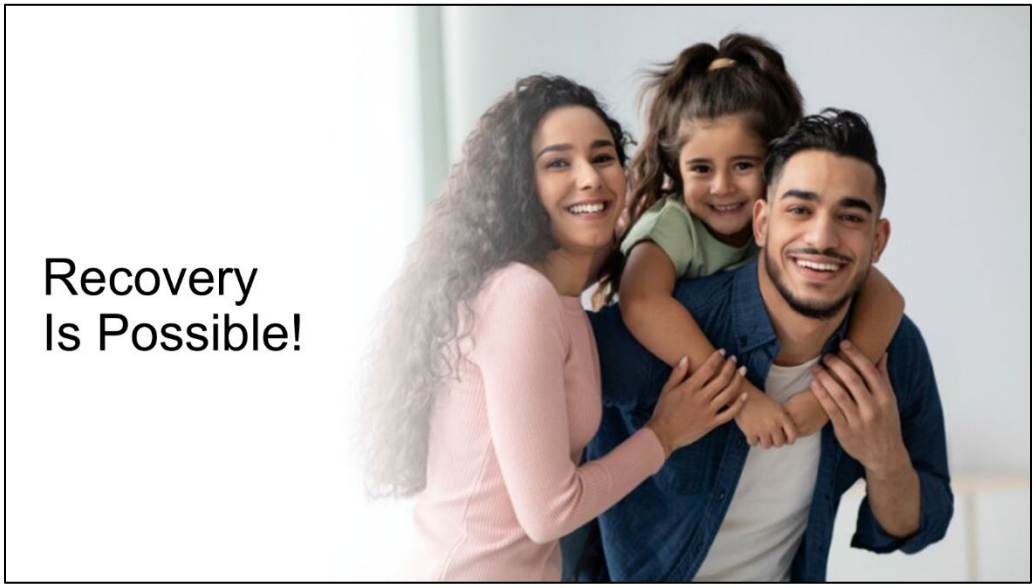
Determining when a family is ready for case closure is a critical final step in the case planning process. It's a decision that balances both the family strengths and progress achieved with any remaining concerns regarding child safety. Here are some 'green flags' to support your decision-making in your work with children, parents, and families affected by substance use and co-occurring disorders:

- The presenting reason for child welfare involvement has been resolved;
- Parents are engaged and making progress in substance use disorder treatment;
- Parents are actively participating in recovery-oriented supports and services;
- Parents demonstrate increased parental capacities and protective factors;
- Parents have an established safety plan and can identify how they will seek help if needed;
- Parents have natural supports present and active in their life;
- Parents have increased stability with their concrete needs, such as housing and income; and
- A concurrent plan is in place in case the family's needs destabilize.

Source: (National Center on Substance Abuse and Child Welfare, 2023)

Slide 39

Recovery Is Possible!

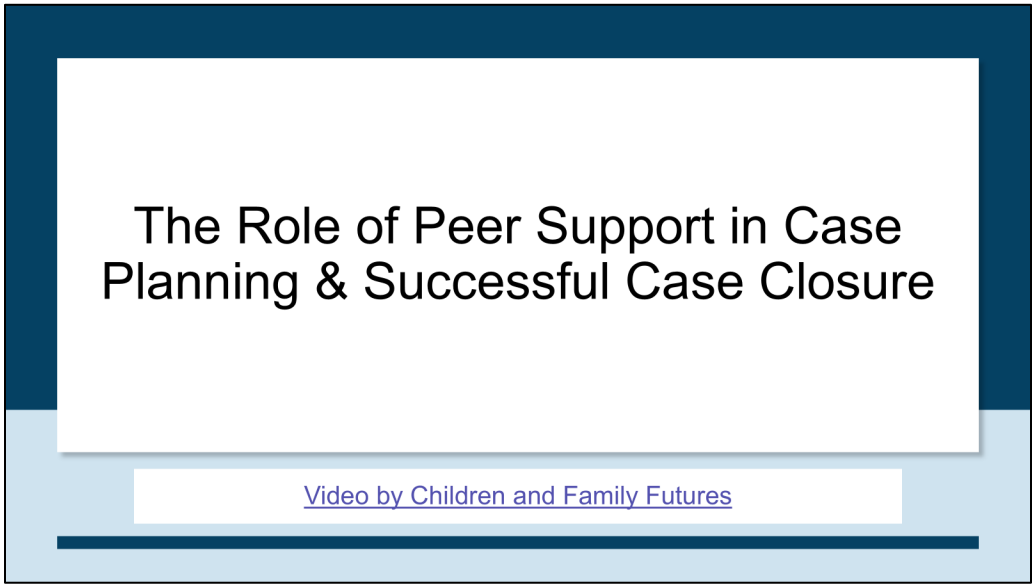


Facilitator Script:

We have covered a lot of detailed information on such an important topic affecting children and families across all communities. Recovery from a substance use or co-occurring disorder can be complex, but with the right combination of collaborative case planning, including treatment and recovery-oriented services and supports, it absolutely remains a possibility for the families we serve in child welfare.

Slide 40

The Role of Peer Support in Case Planning & Successful Case Closure



Facilitator Script:

Facilitator Notes: Internet or Wi-Fi permitting, follow the hyperlink for a 9-minute digital story about the role of peer recovery in engaging families in case planning and promoting successful case closure. Proceed with facilitating a large group discussion using the following prompts:

Prompts for Participants:

- **Any initial reactions to the peer recovery video?**
- **Which parts of Angela's experience or role resonated with you the most?**
- **Any key takeaways about the importance and value of peer recovery support as seen through Angela's experience?**

Video Source: Children and Family Futures

Slide 41

Contact the NCSACW TTA Program

Facilitator Script:

Well, this wraps up the instructional content for module five. If you have any follow up questions from today's training, feel free to reach out to the National Center on Substance Abuse and Child Welfare at ncsacw@cffutures.org or toll free at 1-866-493-2758. Thank you all for our rich discussion today and for your continued work on behalf of children, parents, and families affected by parental substance use and co-occurring disorders. Have a nice day, everyone!

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Resources

- Children and Family Futures*: Trauma-Informed Drug Testing in Child Welfare: START's Approach Webinar* (2025)
- Child Welfare Information Gateway: *Protective Factors Approaches in Child Welfare* (2020)
- National Center on Substance Abuse and Child Welfare: *Brief 1: Considerations for Developing a Child Welfare Drug Testing Policy and Protocol* (2021)
- National Center on Substance Abuse and Child Welfare: *Brief 2: Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points* (2021)
- National Center on Substance Abuse and Child Welfare: *Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement* (2022)
- National Center on Substance Abuse and Child Welfare: *Engagement and Safety Decision-Making in Substance Use Disorder Cases* (2023)
- National Center on Substance Abuse and Child Welfare: *Frontline Collaborative Efforts: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services. National Center on Substance Abuse and Child Welfare* (updated 2022)
- National Center on Substance Abuse and Child Welfare: *Identifying Safety and Protective Capacities for Families with Parental Substance Use Disorders and Child Welfare Involvement* (2022)
- National Center on Substance Abuse and Child Welfare: *Mitigating Safety & Risk for Children Affected by Parental Substance Use Disorders* (2023)
- National Center on Substance Abuse and Child Welfare: *Planning for Safety in Cases When Parental Substance Use Disorder is Present* (2023)
- National Center on Substance Abuse and Child Welfare: *Safey and Risk Video Series* (2023)
- National Center on Substance Abuse and Child Welfare: *The Child Welfare Supervisor's Practice Guides to Safety and Risk—Practice Guide 2: A Child Welfare Supervisor's Guide to Planning for Safety in Cases When Parental Substance Use Disorder is Present* (2024)