National Center on Substance Abuse and Child Welfare

Special Topic:

Considerations for Families in the Child Welfare System Affected by Methamphetamine

Contents

Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

1. Understand substance use and co-occurring disorders.
2. Identify when substance use is a factor in a child welfare case.
3. Learn strategies for engaging parents and families in services.
4. Understand potential effects for the parent, children, and caregivers.
5. Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

The Training Toolkit consists of 10 modules—7 core and 3 special topics training modules:

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

Module 2: Understanding Substance Use Disorders, Treatment, and Recovery

Module 3: Understanding Co-Occurring Substance Use Disorders, Mental Health/Trauma, and Domestic Violence

Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma

Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder

Module 6: Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders

Module 7: Collaborating to Serve Parents with Substance Use Disorders

Special Topic: Considerations for Families in the Child Welfare System Affected by Methamphetamine

Special Topic: Considerations for Families in the Child Welfare System Affected by Opioids

Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications

The entire Training Toolkit can be delivered in a series, or each module can be delivered individually as a stand-alone training. Each module is approximately 2 hours

in length and contains a range of materials that can be adapted to meet the needs of child welfare trainers for in-person workshops or more formal training sessions. This flexibility allows the facilitator to determine the best format and timing for the training, according to the needs of the agency and staff. The special topics, in particular, lend themselves to brown-bag or lunchtime trainings.

Each module includes a Facilitator's Guide with training goals and learning objectives, a PowerPoint presentation, resources, and references. The PowerPoint presentation contains talking points and key details in the notes section of the slides. These talking points are not intended to serve as a script to read aloud to attendees, but rather as key points to highlight while presenting. Facilitators are encouraged to infuse their own content knowledge, expertise, and real-world experience to bring the training to life. NCSACW integrated discussion questions and experiential activities throughout the training sessions.

The Facilitator's Guide includes a list of resources where facilitators and participants can find additional information on related topics. Facilitators can customize content to include state or local child welfare practice information and terminology where appropriate.

NCSACW provides a free online tutorial, *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*, which is a self-guided online training that complements the content of this Training Toolkit. Toolkit facilitators may encourage the training participants to complete the online tutorial to augment their knowledge. The online tutorial is approved for 4.5 Continuing Education Units.

Intended Audience

The Training Toolkit contains information considered foundational for child welfare practice. The content is general enough for all child welfare workers, but it should be tailored to the audience's experience and role in child welfare practice (such as investigations, in-home services, or ongoing case management) to enrich the learning opportunity.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare systems. They should 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 the facilitator does not have specific knowledge in substance use disorders or mental health, he or she should partner with local substance use and mental health treatment agencies for support.

Terminology

Field-specific terms are used during the course of this training. To understand the purpose and intended meanings of these terms, please review the Trainer Glossary at https://ncsacw.samhsa.gov/training/toolkit. This glossary is also a useful resource for training participants.

Special Topic Description and Objectives

The goal of this special topic training is to provide an overview of the effects of methamphetamine use on families. The training provides information on methamphetamine and signs of use. Participants will be able to assess how methamphetamine use may impact the safety and well-being of the family, and gain an understanding of the warning signs of methamphetamine manufacturing. Participants will learn referral and treatment options for family members.

After completing this training, child welfare workers will:

- Discuss the context and prevalence of methamphetamine use.
- Identify the effects of methamphetamine use.
- Recognize signs of methamphetamine use with families in child welfare.
- Recognize signs of methamphetamine manufacturing.
- Understand the effects of parental methamphetamine use on risk and safety to children.
- Identify evidence-based and practice-informed strategies to address methamphetamine use disorders, engagement strategies, and treatment resources.
- Apply casework practice strategies in child welfare cases involving methamphetamine.

Training Tips

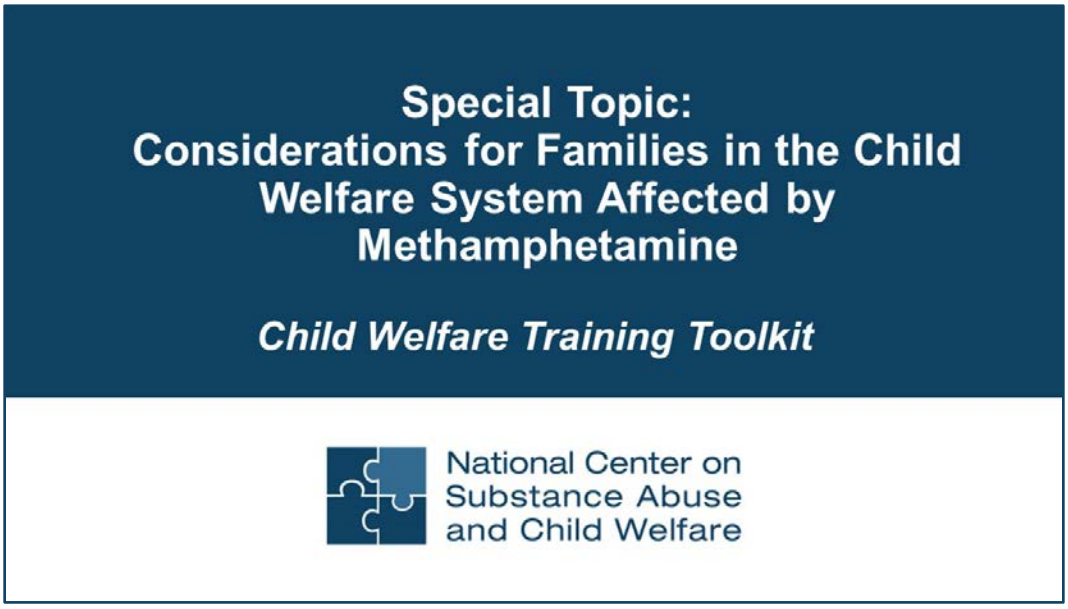
- ✓ Partner with a local expert on substance use disorders to co-facilitate the training.
- ✓ Use the ***** bolded** discussion questions integrated in the module talking points to enrich the training.
- ✓ Share specific screening tools for substance use disorders used or vetted by the child welfare agency.
- ✓ Supplement content with information about how child welfare workers can locate treatment for parents in the community.
- ✓ Highlight local child welfare programs with expertise in serving families affected by substance use disorders or programs that provide family-centered treatment.
- ✓ Include content related to Drug Endangered Children used in the community.
- ✓ Include information about agency safety policies for staff.
- ✓ Contact the National Center on Substance Abuse and Child Welfare for more information about using the Collaborative Values Inventory, a self-administered questionnaire that provides jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts, in your community.

Materials

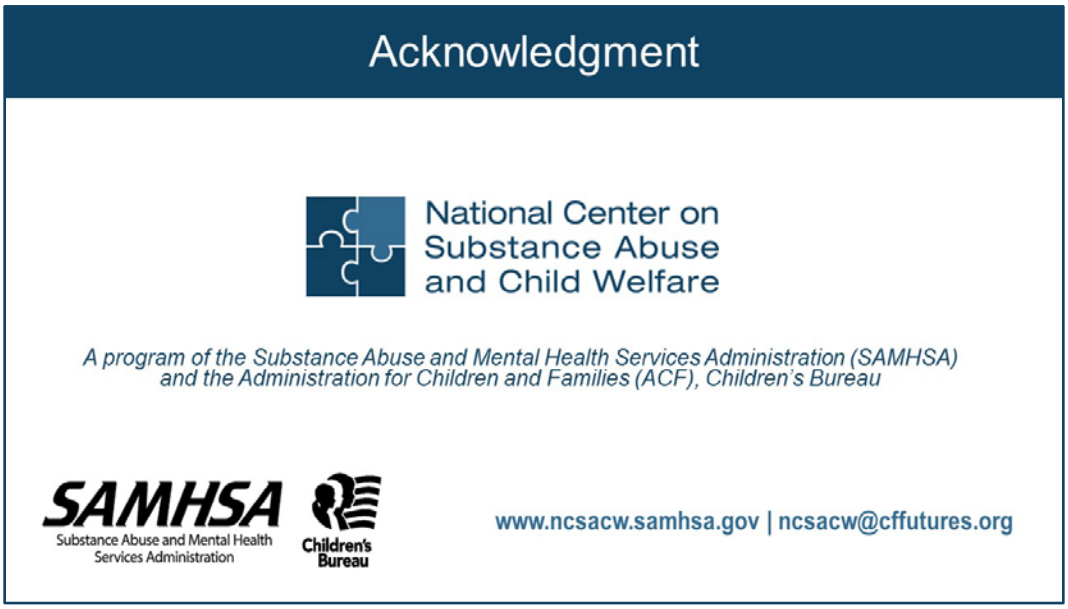
- ✓ Computer and projector
- ✓ Speakers
- ✓ Internet access
- ✓ PowerPoint slides
- ✓ Facilitator's Guide
- ✓ Flip chart paper or white board (for use as a visual aid during discussion)

PowerPoint Presentation and Talking Points

Slide 1

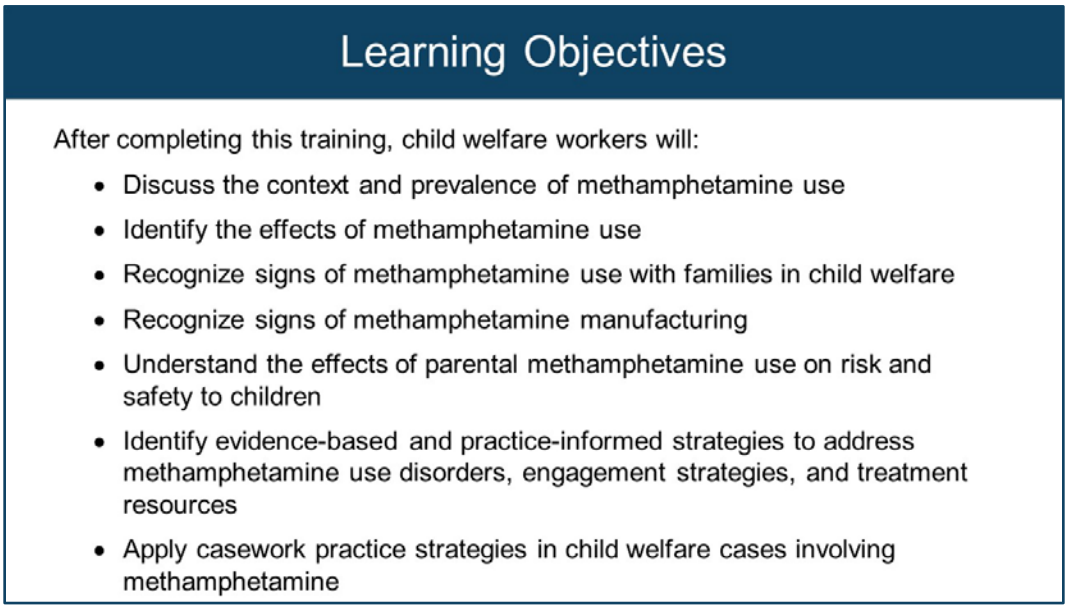


Slide 2



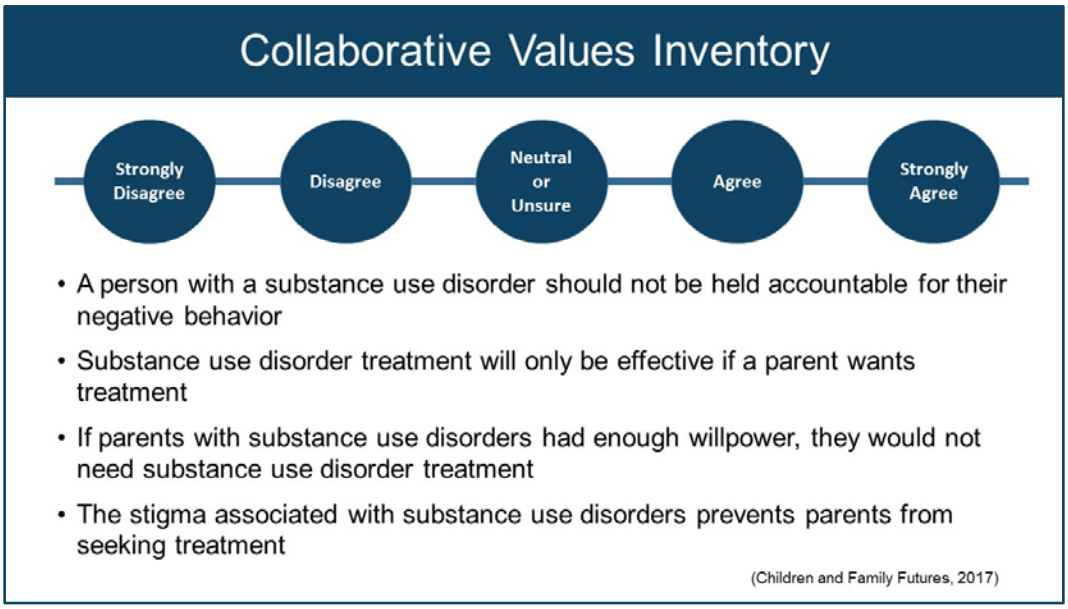
This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the U.S. Department of Health and Human Services jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

Slide 3



The goal of this special topic training is to provide an overview of the effects of methamphetamine use on families. The training provides information on methamphetamine and signs of use. Participants will be able to assess how methamphetamine use may impact the safety and well-being of the family, and gain an understanding of the warning signs of methamphetamine manufacturing. Participants will learn referral and treatment options for family members.

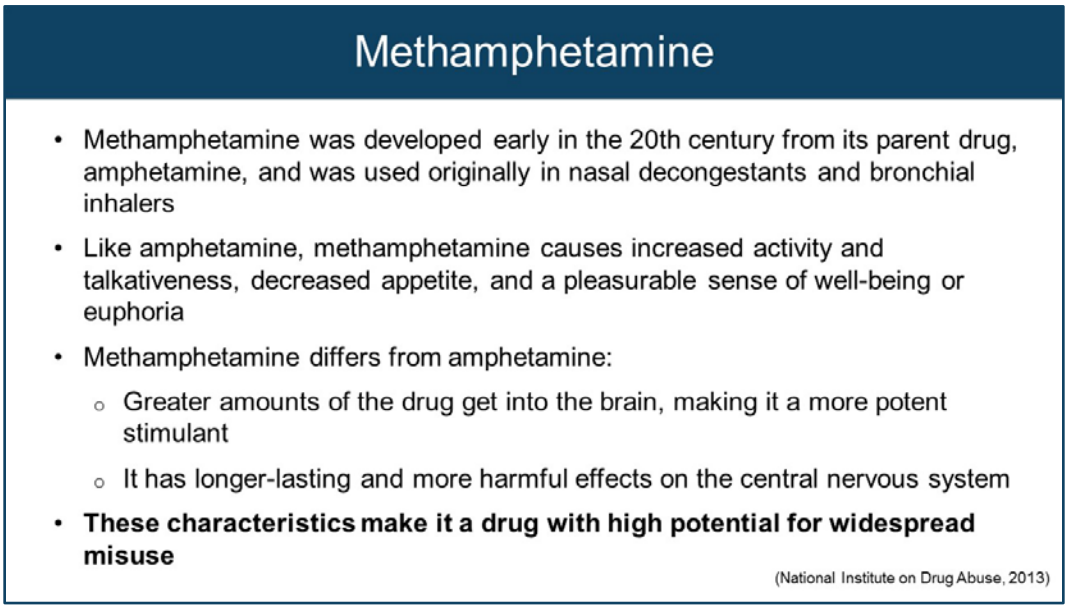
Slide 4



Differences in values among participants are important to recognize, as they may come up in the training and can come up with the families who participants are working with. These questions can be asked at the beginning of this training to help participants understand the different values and perspectives that they bring to the training. Have a brief discussion with participants on how their individual values can affect their work with families.

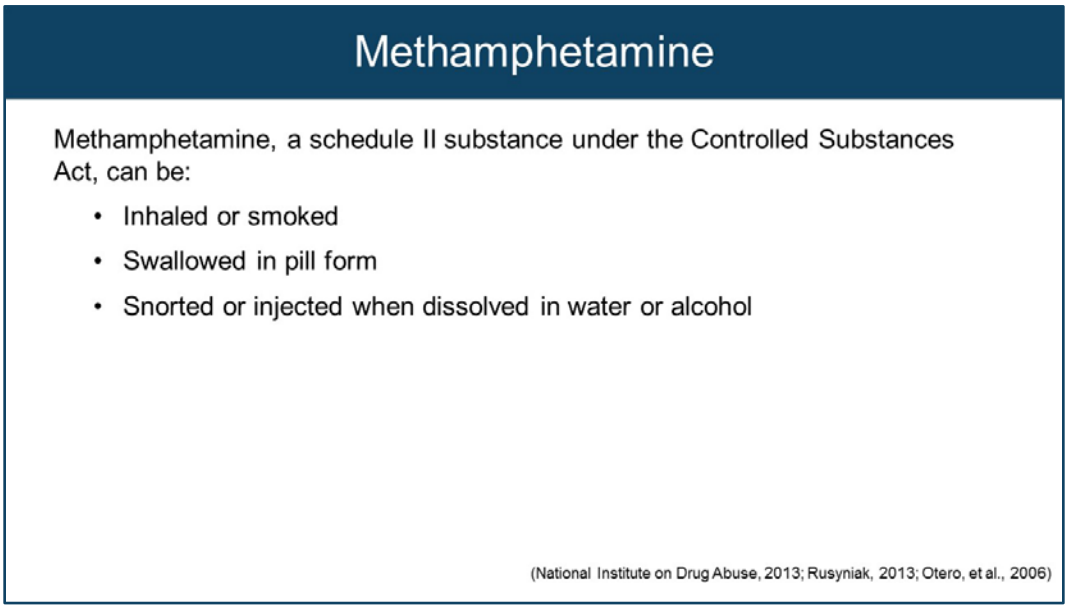
*****Review the slide questions from *The Collaborative Values Inventory (CVI),* a validated tool that assesses how much a group shares beliefs and values that underlie its work. Participants can share their experiences or keep their answers private. Discussion should be limited to understanding value clarification, instead of debating individual answers to questions. Participants' responses will fall along a continuum.**

Slide 5



Review these general facts about methamphetamine.

Slide 6



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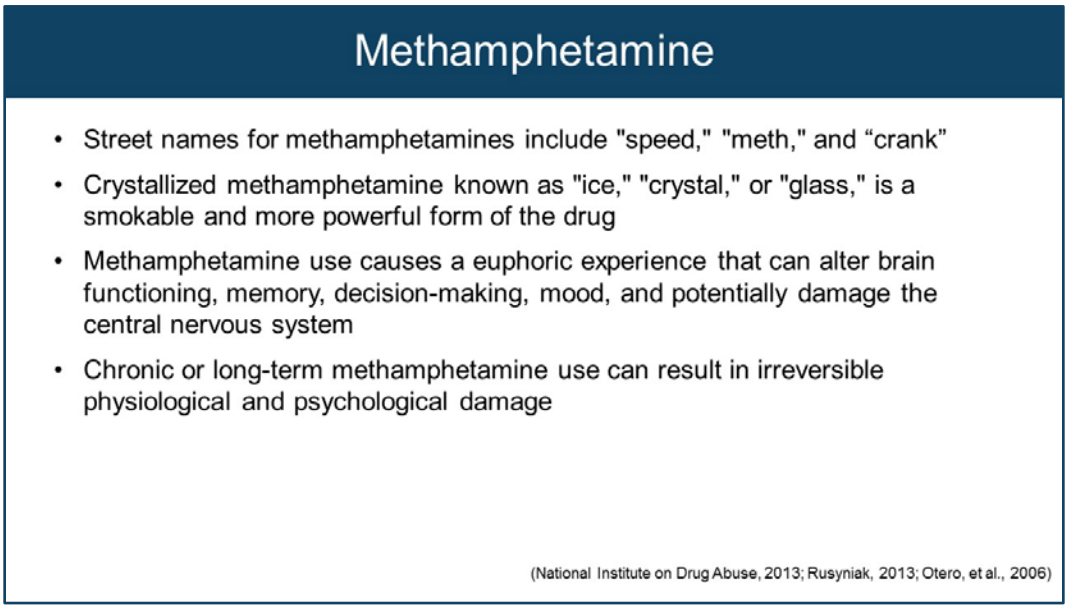
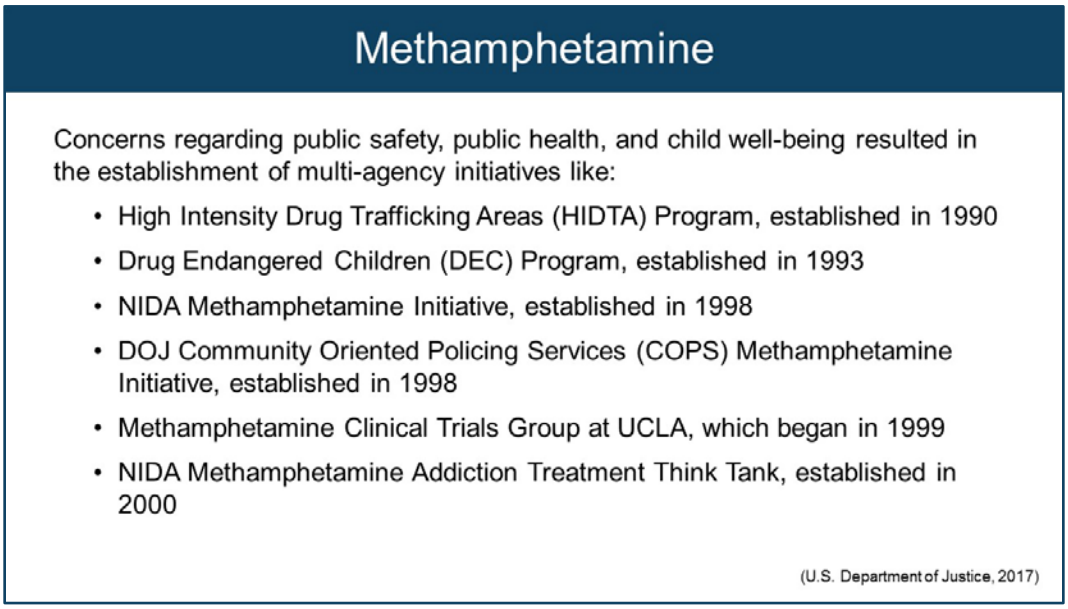
Slide 7



Review these general facts about methamphetamine.

Slide 8



A number of efforts over the years have been initiated to try to address the production and supply of methamphetamine in the United States.

You see this if you go to the pharmacy and try to purchase a product that has pseudoephedrine in it, such as Sudafed.

The restriction of the supply of the products used for home production of methamphetamine helped to decrease the number of home labs.

However, methamphetamine is still produced in large labs called super labs in the United States and in other countries, and is sold on the streets.

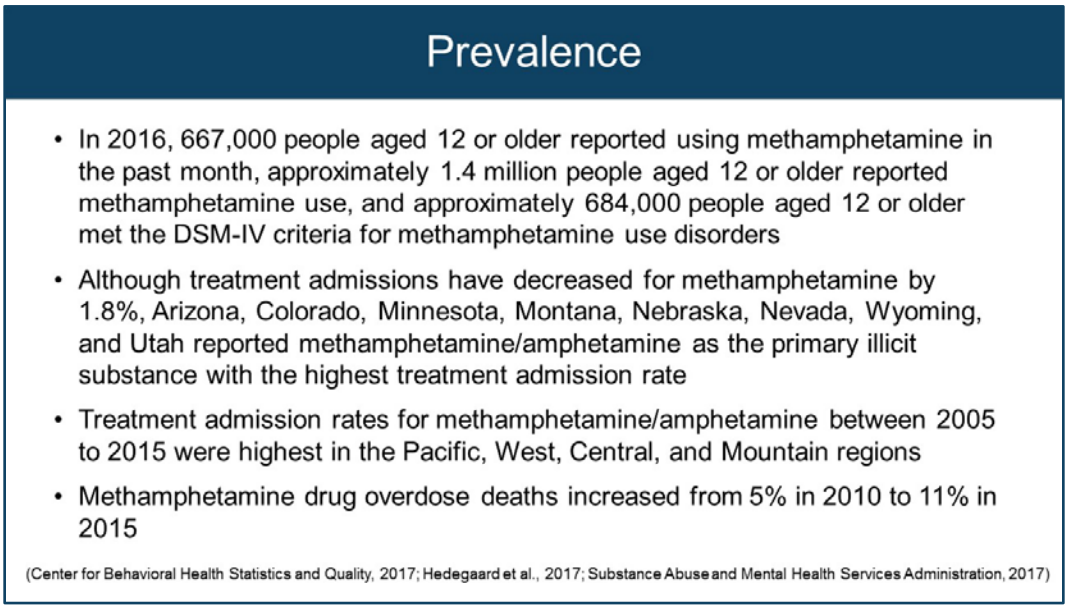
Slide 9

Methamphetamine

- In 2005, the federal government enacted the Combat Methamphetamine Epidemic Act (CMEA) to eliminate or minimize the production of methamphetamine by restricting the purchase of over-the-counter products used for manufacturing, such as ephedrine, pseudoephedrine, and phenylpropanolamine
- Restriction of ephedrine, sanctions on production, and mandatory minimums and sentencing guidelines are in place to address methamphetamine use, home and lab production, trafficking, and public safety

(U.S. Department of Justice, 2017)

Slide 10



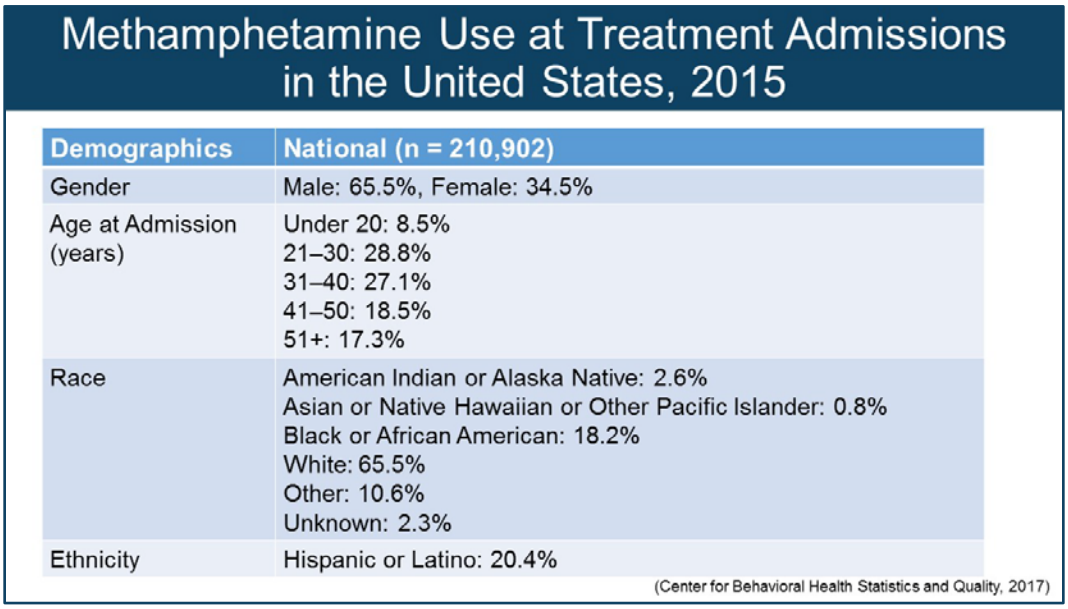
Review these general facts regarding the prevalence of methamphetamine use.

Over 650,000 people met the criteria for methamphetamine use disorder in 2016. Some areas of the country and some communities see a higher prevalence of methamphetamine use and disorders.

Note the increases in overdose deaths due to methamphetamine.

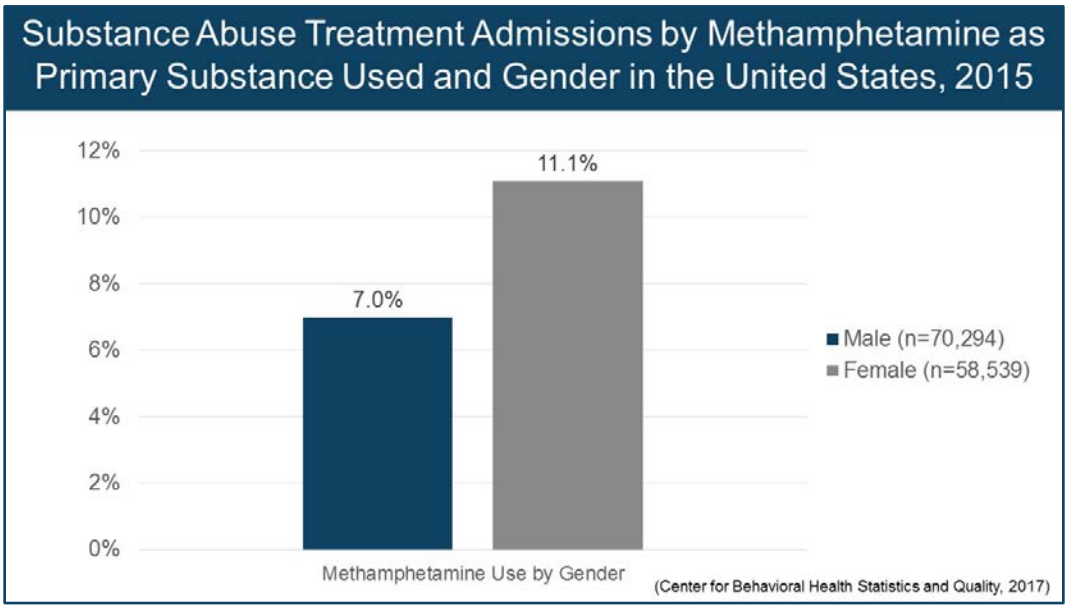
*****If you have local data on prevalence, include that information.**

Slide 11

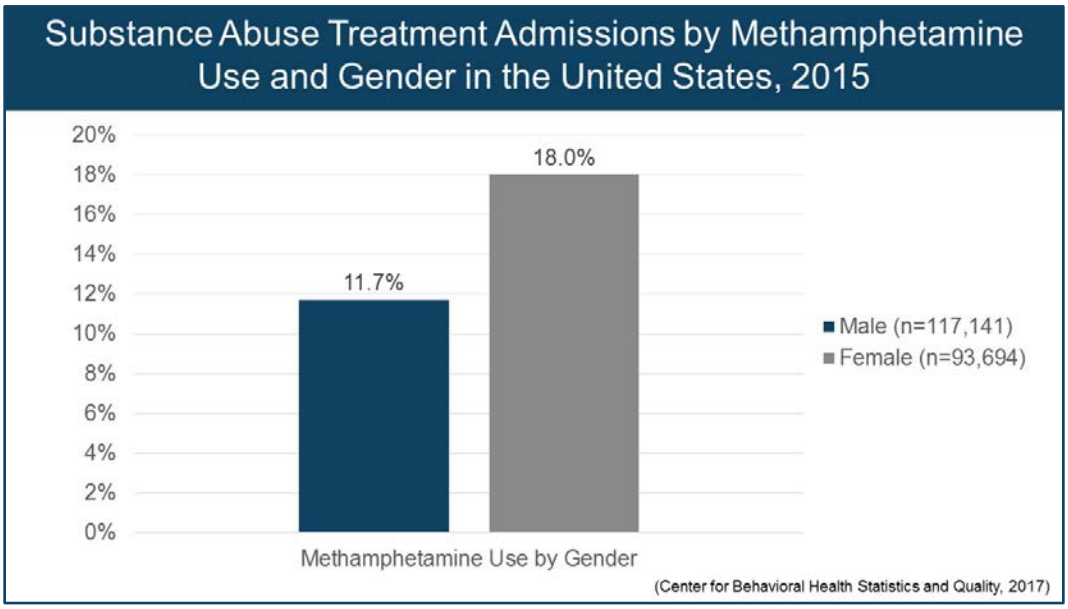


Total treatment admissions in the United States in 2015: 1,645,968.

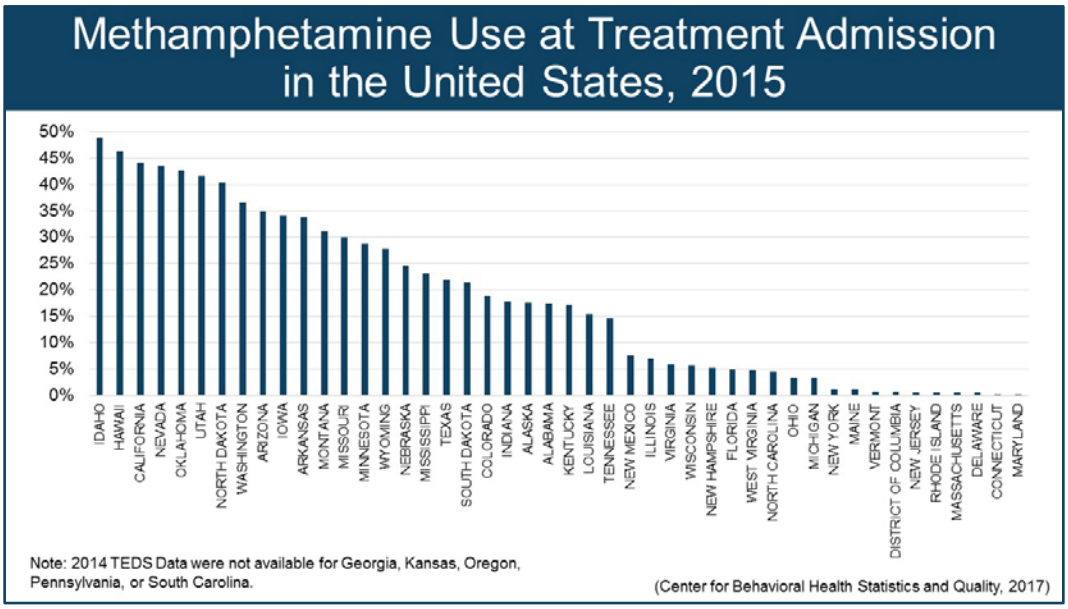
Slide 12


Substance Abuse Treatment Admissions by Methamphetamine as Primary Substance Used and Gender in the United States, 2015
12%
10%
8%
6%
4%
2%
0%
7.0%
11.1%
Male (n=70,294)
Female (n=58,539)
Methamphetamine Use by Gender
(Center for Behavioral Health Statistics and Quality, 2017)

Slide 13


Substance Abuse Treatment Admissions by Methamphetamine Use and Gender in the United States, 2015
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
11.7%
18.0%
Male (n=117,141)
Female (n=93,694)
Methamphetamine Use by Gender
(Center for Behavioral Health Statistics and Quality, 2017)

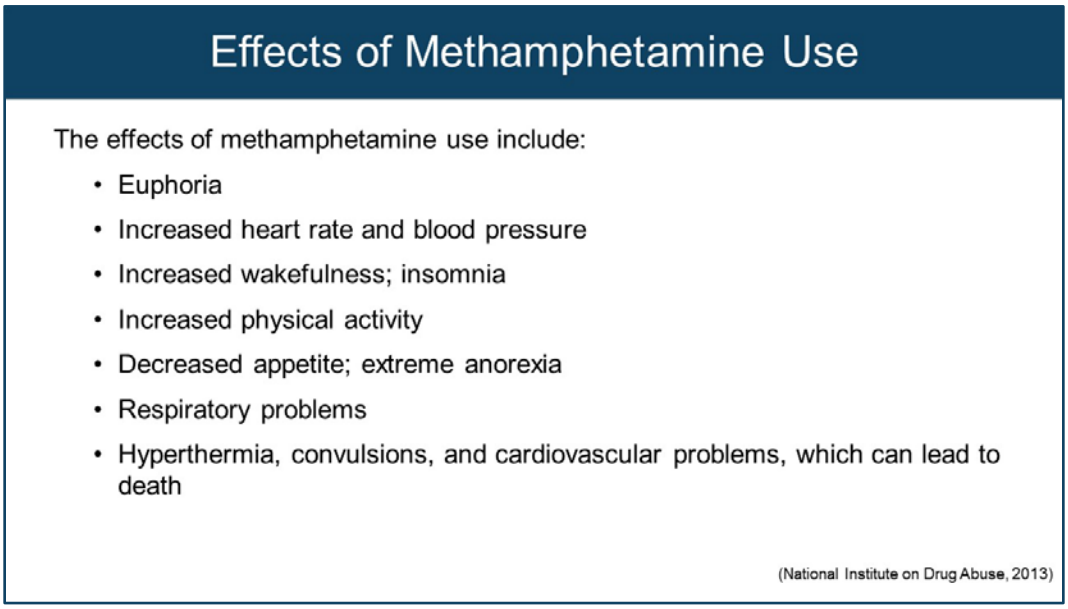
Slide 14



This information is currently not available for any fiscal year after 2015.

Note: Georgia, Kansas, Oregon, Pennsylvania, and South Carolina did not submit valid data in time for the release of the 2015 data set. More recent data sets have not been made publicly available yet.

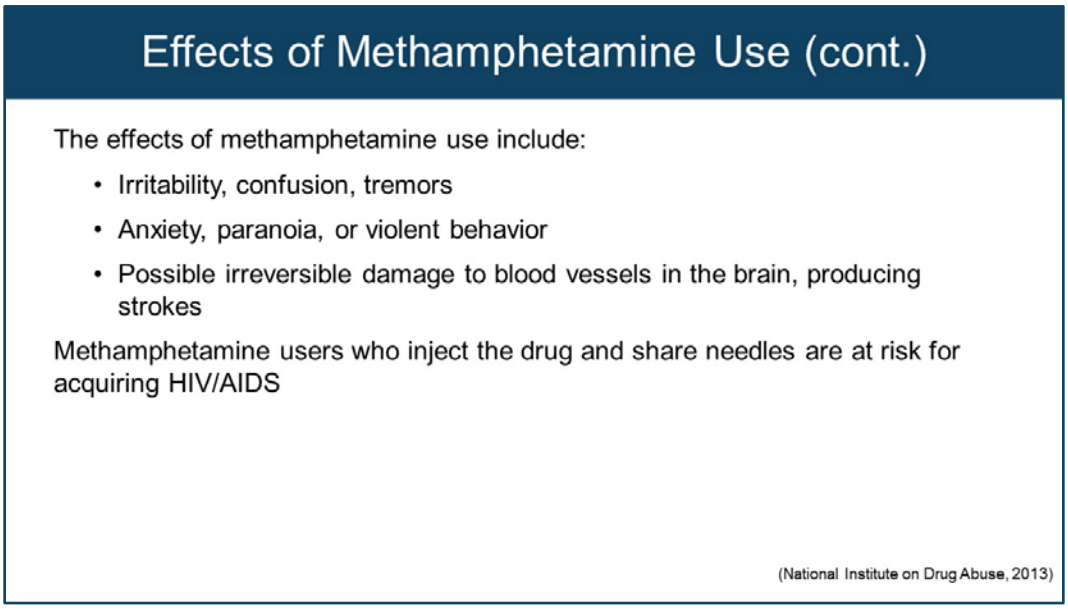
Slide 15



Review the following effects of methamphetamine use:

- Euphoria
- Increased heart rate and blood pressure
- Increased wakefulness; insomnia
- Increased physical activity
- Decreased appetite; extreme anorexia
- Respiratory problems
- Hyperthermia, convulsions, and cardiovascular problems, which can lead to death

Slide 16



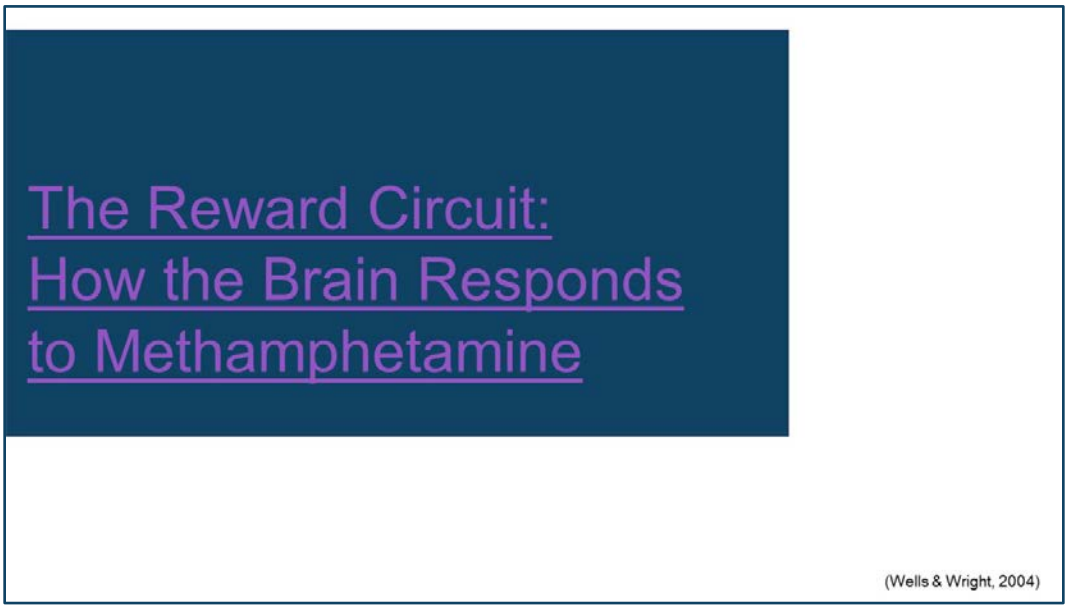
Review the following effects of methamphetamine use:

- Irritability, confusion, tremors
- Anxiety, paranoia, or violent behavior
- Possible irreversible damage to blood vessels in the brain, producing strokes

*****Ask participants to discuss whether other conditions can mirror the listed effects.**

Emphasize the need for a comprehensive assessment of parenting capacity and assessment for a substance use disorder.

Slide 17



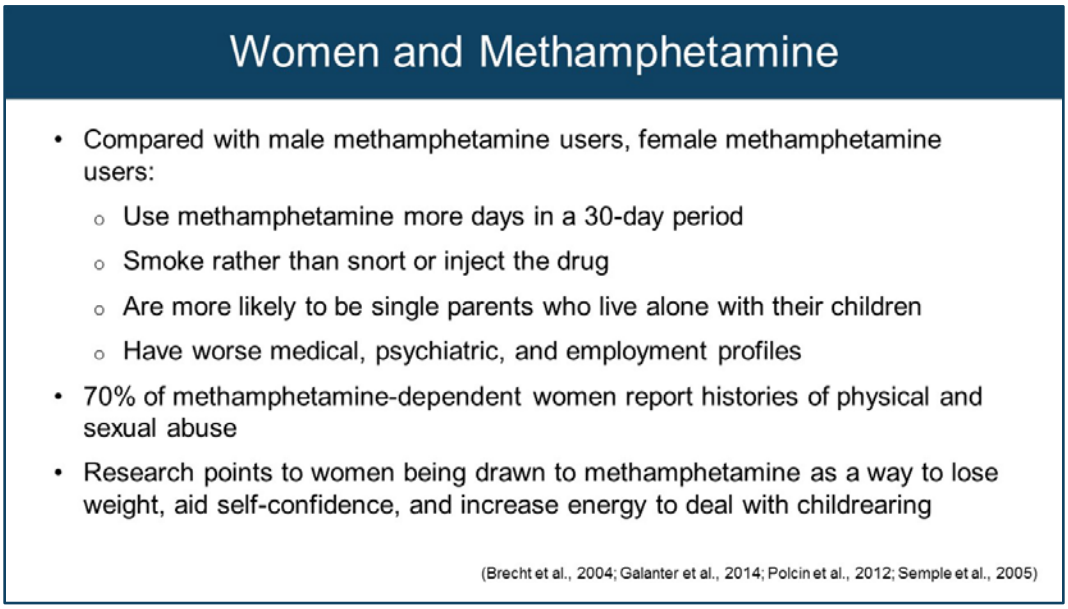
*****Show this video about how the brain responds to methamphetamine.**

For up to six months after they stop using, a person with a substance use disorder recovering from sustained, heavy meth use may have trouble processing information and may experience anhedonia (inability to experience even the simplest pleasures), depression, and anxiety.

However, research finds that the brains of people who use meth show signs of recovery after 12 to 14 months of abstinence.

https://www.youtube.com/watch?v=TTMNXzL4O4s#action=share

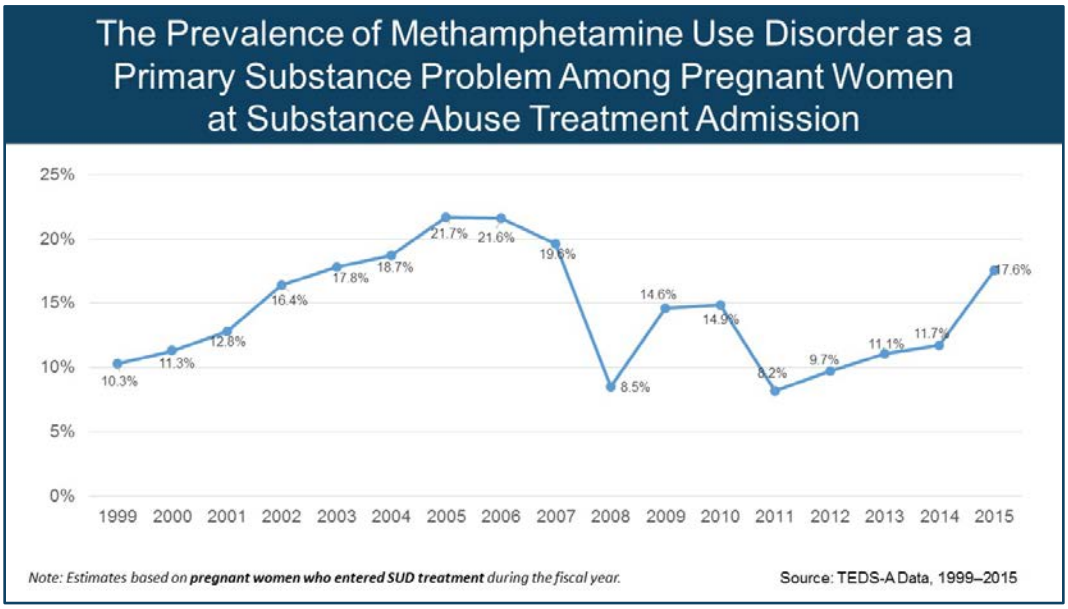
Slide 18



Women have some unique issues related to methamphetamine use.

*****Slide 20 contains a video related to women and methamphetamine use.**

Slide 19



Notice the trend lines. There was a sharp decline in the prevalence of methamphetamine use disorder after federal legislation was enacted to restrict some of the ingredients that are involved in making methamphetamine. There has been a steady increase in treatment admissions for methamphetamine since 2011, with many communities facing methamphetamine and opioids in their community.

*****Based on the data presented, ask participants about their perception of the prevalence of methamphetamines in their case loads. What factors may contribute to child welfare involvement?**

Slide 20

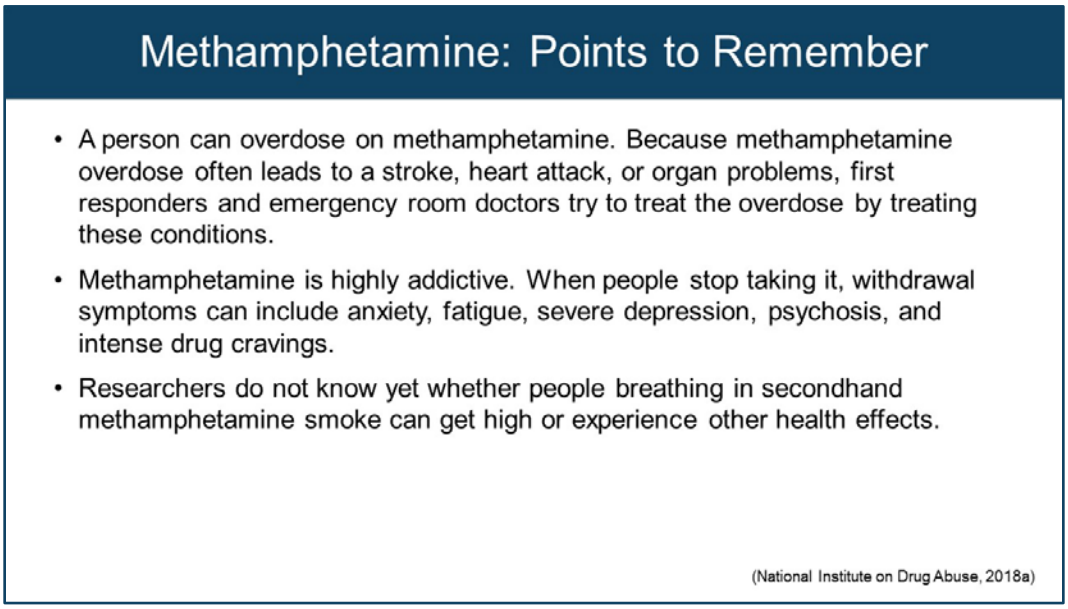
*****Play video: "Meth Inside Out: Human Impact—Women at Risk"**

"Human Impact" provides an eye-opening introduction to the impact of meth on individuals, families, and communities across the globe. The video:

- Explores motivations for use, including the need to escape negative feelings, lose weight, enhance sex, and increase energy.
- Reveals how many of these factors impact women disproportionately, resulting in specialized needs in recovery.
- Focuses on the magnitude and consequences of use, including job and property loss, poverty, incarceration, and effects on children.
- Spotlights the link between meth and violence, especially domestic violence and crimes that result in imprisonment.
- Concludes with realistic solutions.

https://youtu.be/M36726ef6B4

Slide 21

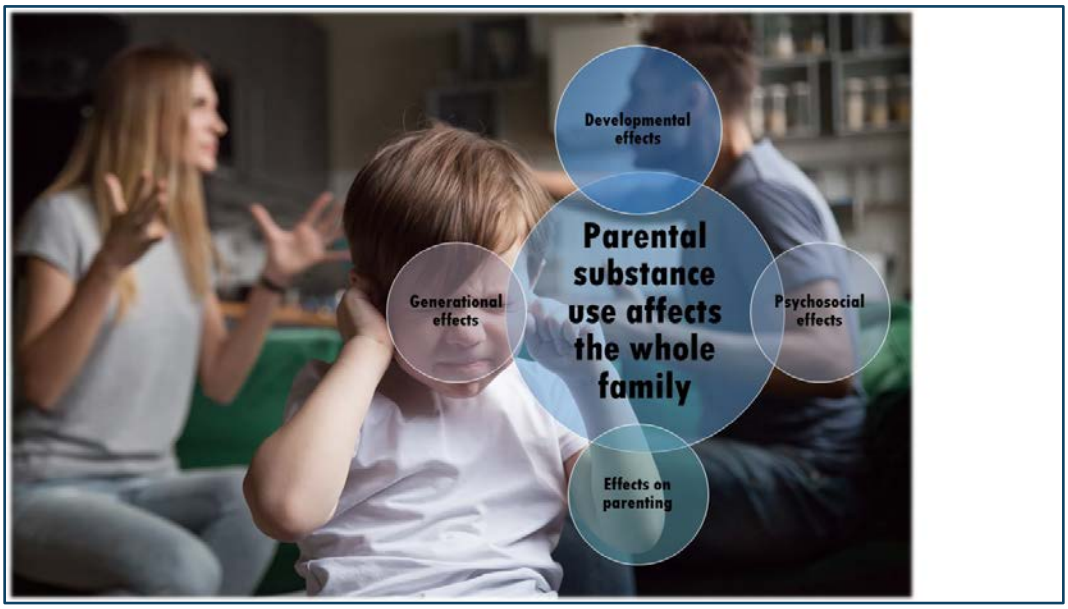


Review these general points to remember.

A person can overdose on methamphetamines, it is highly addictive, and it has withdrawal symptoms that can make engagement and treatment challenging.

Slide 22

Slide 23

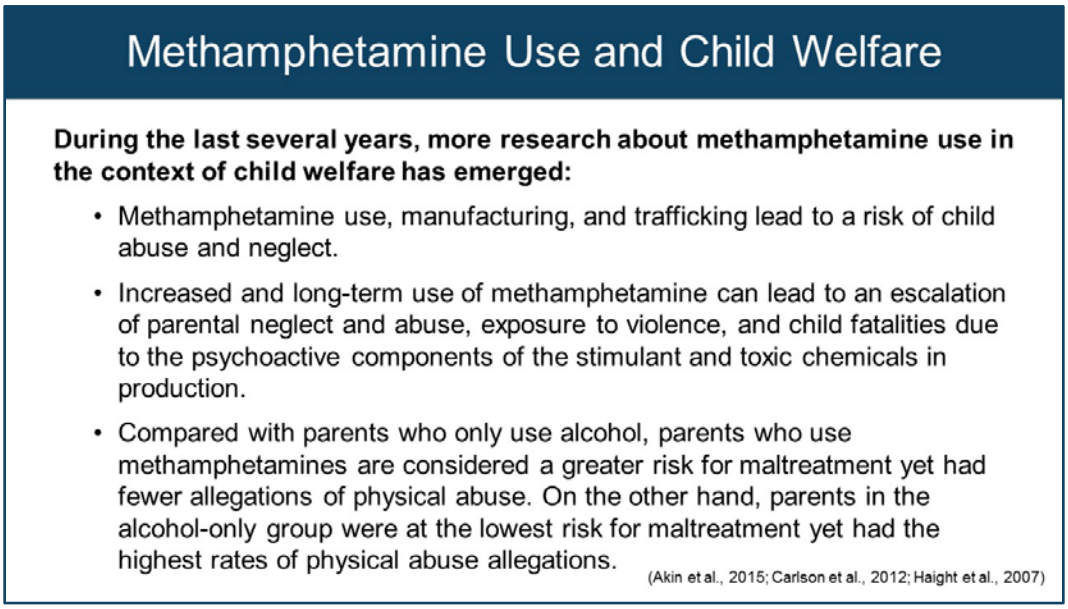


This slide summarizes the ways that parental substance use can affect the family.

The next sections address different aspects of the effects related to methamphetamines. However, as with any substance use disorder, the whole family is affected.

*****Review the highlights from the previous slides and ask participants if they have any other examples of the effects of parental substance use on the family—particularly given the data about the unique characteristics of women who use methamphetamine. Ask participants to discuss how the unique needs of women may require services to address needs or potential barriers to case plan compliance such as employment, child care, trauma, domestic violence, and mental or physical health care.**

Slide 24



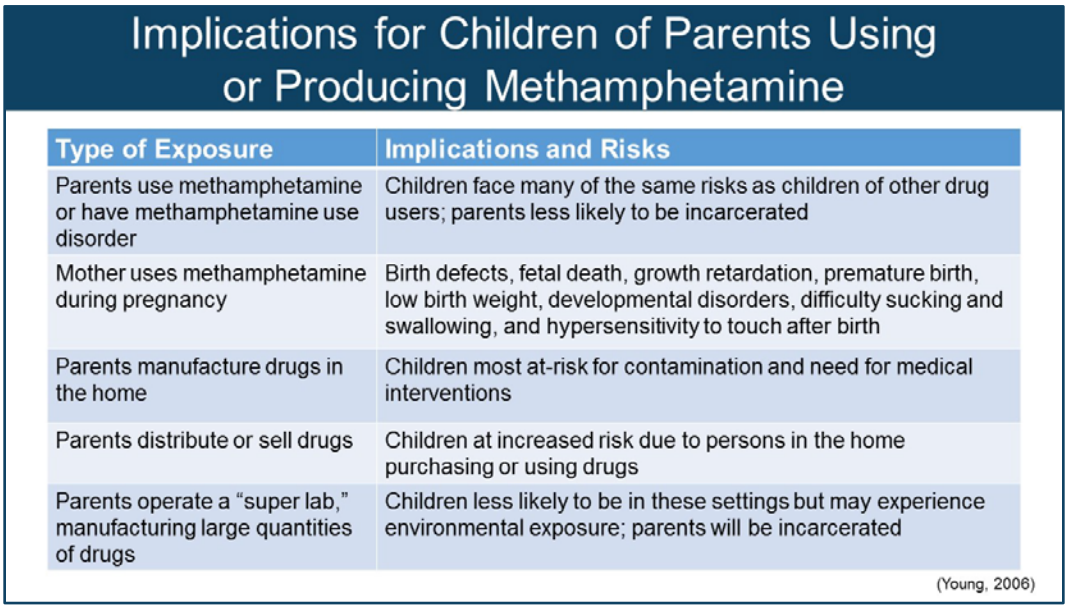
Children in methamphetamine-involved families are at increased likelihood of placement in foster care and decreased likelihood of reunification compared to children in families with alcohol use or no substance use.

Methamphetamine use is considered especially dangerous for children because of the high rates of female caregiver use, the existence of home laboratories, and increased violence and neglect in the home.

In child welfare cases where parental methamphetamine use and methamphetamine polysubstance use are present, out-of-home placements may be more common, and decreased reunification rates and higher rates of adoption are seen as compared to cases with other types of parental substance use.

***** Ask participants their impressions. While these were studies in different parts of the country with varying methodologies, what policies, practices, or caseworker knowledge could contribute to these outcomes?**

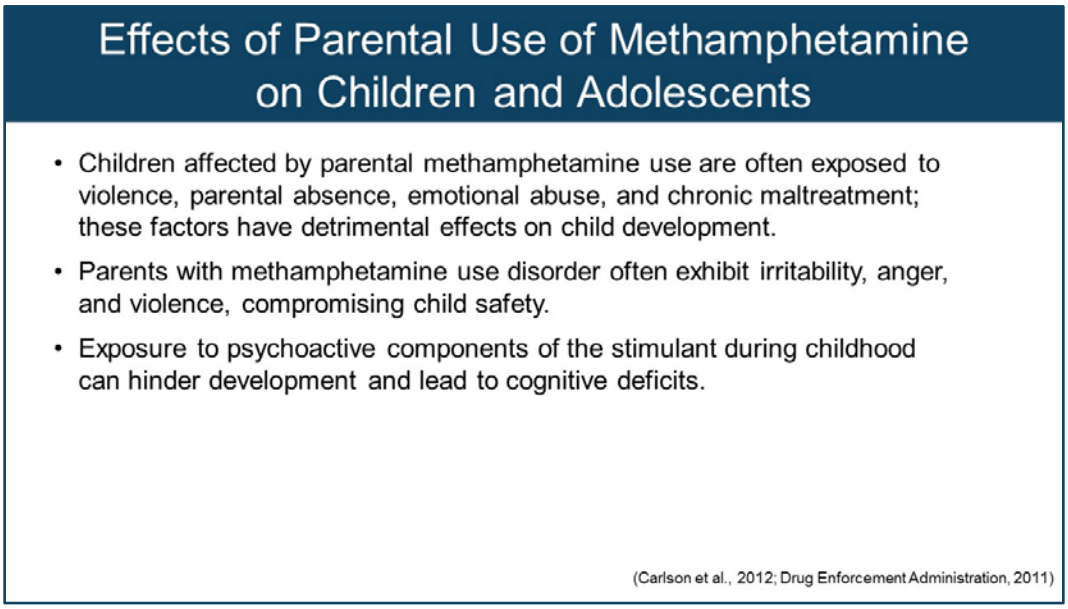
Slide 25



These are some of the risks that may come along with a parent's methamphetamine use and should be considered when identifying and assessing safety threats, risk, and parenting capacity.

*****Brainstorm with participants the best approach to identifying methamphetamine use. Ensure that substance use disorder screening questions, examination of the physical environment and personal appearance, and drug testing are used. Caution that physical appearance and behavioral signs don't necessarily mean a parent is using methamphetamine. A comprehensive substance use disorder assessment by a professional is needed to fully understand the extent of the use.**

Slide 26



Children affected by parental methamphetamine use are often exposed to violence, parental absence, emotional abuse, and chronic maltreatment; these factors have detrimental effects on child development.

Parents with methamphetamine use disorder often exhibit irritability, anger, and violence, compromising child safety.

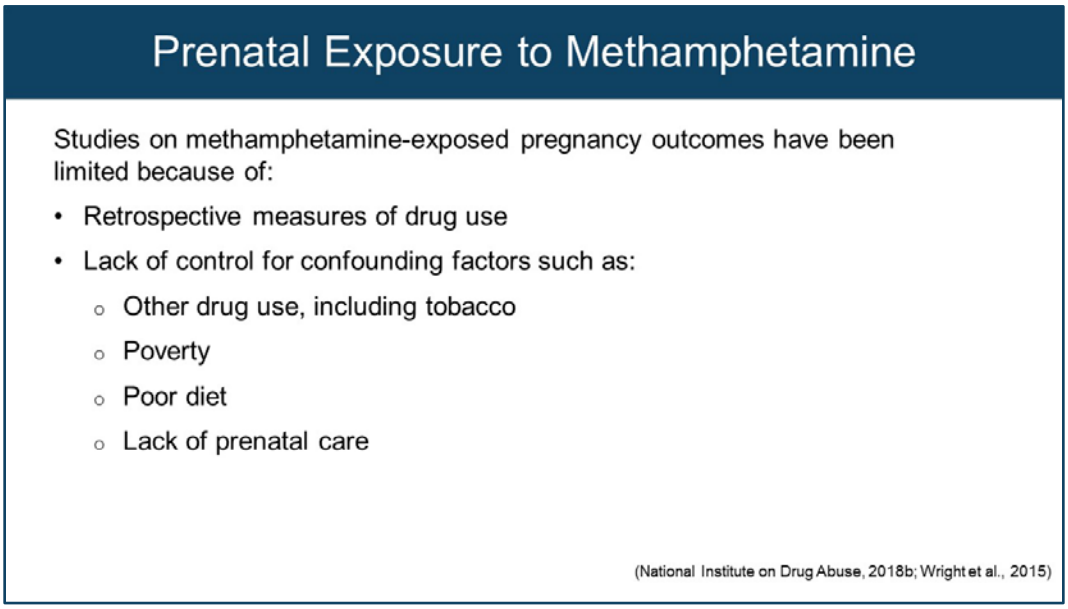
Exposure to psychoactive components of the stimulant during childhood can hinder development and lead to cognitive deficits.

*****Ask participants for examples of interventions to address the needs of children belonging to families affected by substance use disorders. Include information about specific programs and services for children.**

See *Module 6: Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders* for more information.

Slide 27

Slide 28

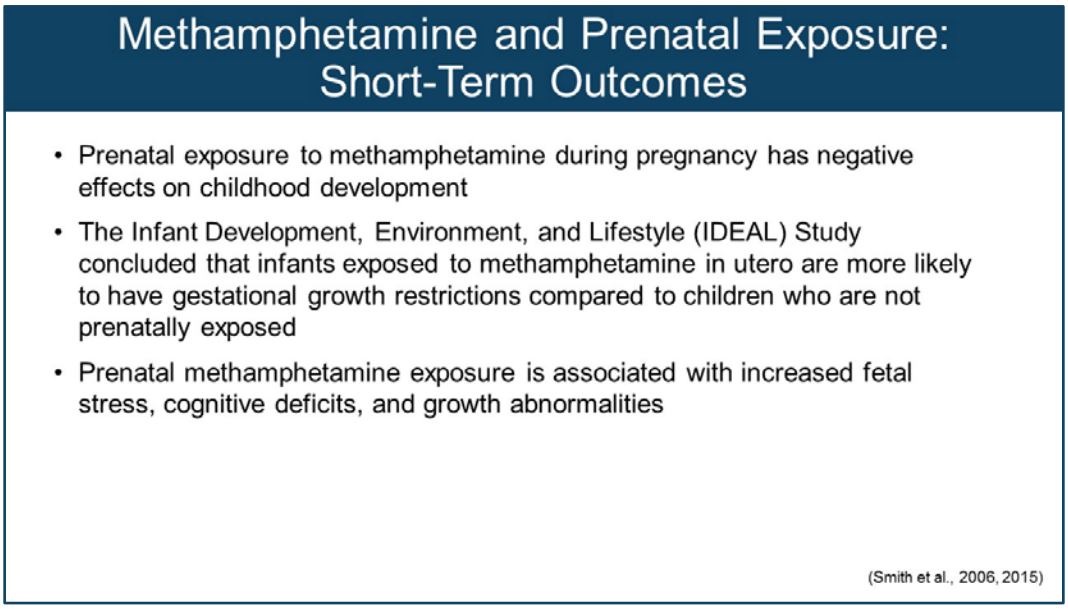


Methamphetamine use during pregnancy is associated with shorter gestational ages and lower birth weight, especially if the substance is used continuously during pregnancy.

Studies that examine the effects of prenatal exposure to methamphetamine suffer from methodological problems such as poor compliance, small sample size, and multiple other confounding variables, such as the effects of poverty, poor diet, and tobacco use.

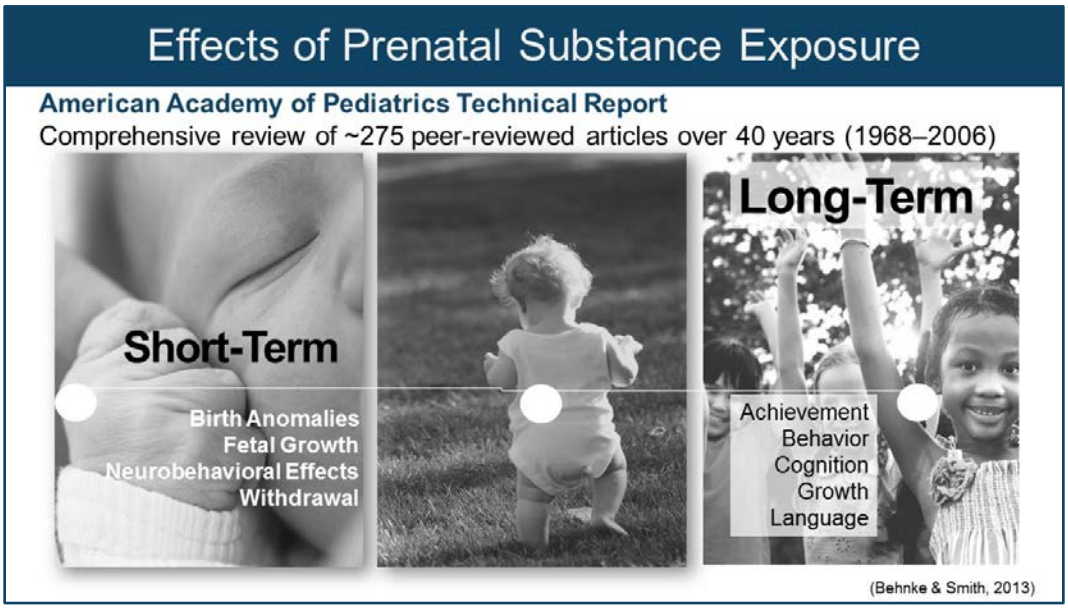
In studies of other substance use during pregnancy, these other variables have been shown to be as harmful or more harmful than the substance use itself.

Slide 29



Chronic and long-term use of methamphetamine can impact the developmental trajectory of children prenatally exposed to the stimulant and increase the risks of abuse and neglect.

Slide 30



The following slides look at the effects of prenatal substance exposure.

The American Academy of Pediatrics published a technical report that included a comprehensive review of approximately 275 peer-reviewed articles spanning 40 years (1968-2006). While the article was published in 2013, it is based on articles published up to 2006, so there is still a great deal to learn about how prenatal substance exposure affects infants and children.

It is important to note that very few individuals use one substance at a time, so it is difficult to parse out the effects by substance. The point of sharing this data is not to compare across substances but to point out similarities in some developmental domains, to recognize that more research is needed, and to understand polysubstance use should be expected when looking at developmental outcomes.

- This knowledge is very much in a state of flux and there is not enough information to make a formal conclusion.
- Very few individuals only use a single substance, so it is not easy to parse this out by substance.
- While opioids have a strong effect on short-term withdrawal symptoms, other substances such as alcohol, cocaine, marijuana, and nicotine show more effects on long-term outcomes.
- Prenatal exposure to alcohol has effects in 9 of 10 developmental domains studied, including short-term/birth outcomes and long-term outcomes.
- There are some substances and outcomes for which there is not consensus or not enough data to determine consensus.

Slide 31

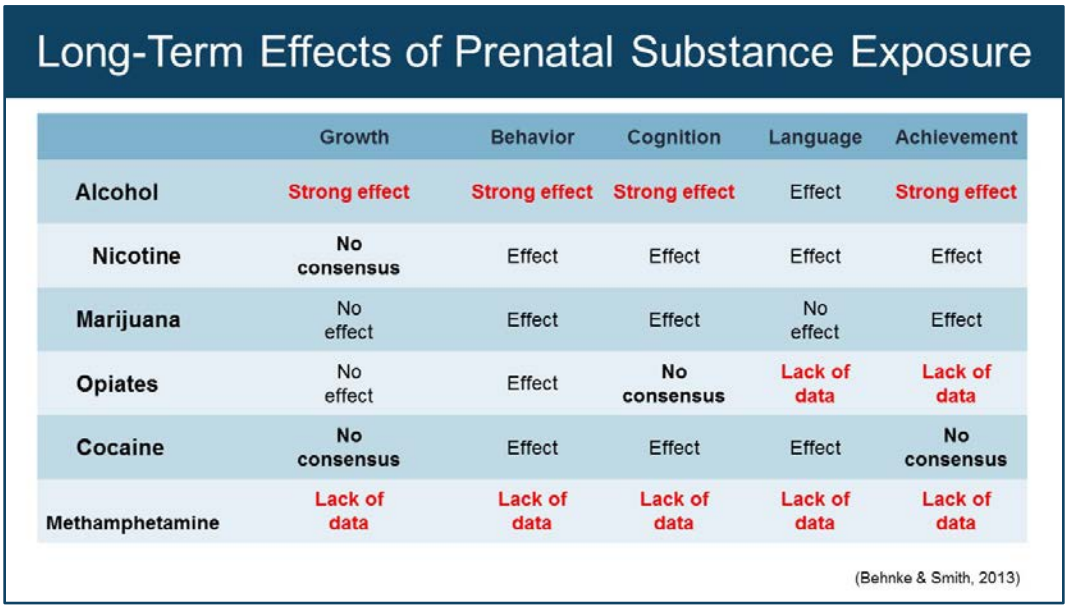
Short-Term Effects of Prenatal Substance Exposure

	Growth	Anomalies	Withdrawal	Neurobehavioral
Alcohol	**Strong effect**	**Strong effect**	No effect	Effect
Nicotine	Effect	No consensus	No effect	Effect
Marijuana	No effect	No effect	No effect	Effect
Opiates	Effect	No effect	**Strong effect**	Effect
Cocaine	Effect	No effect	No effect	Effect
Methamphetamine	Effect	No effect	**Lack of data**	Effect

(Behnke & Smith, 2013)

The trainer may want to point out the withdrawal effect of opiates, but other substances, alcohol in particular, have shown strong effects in the other domains of child development.

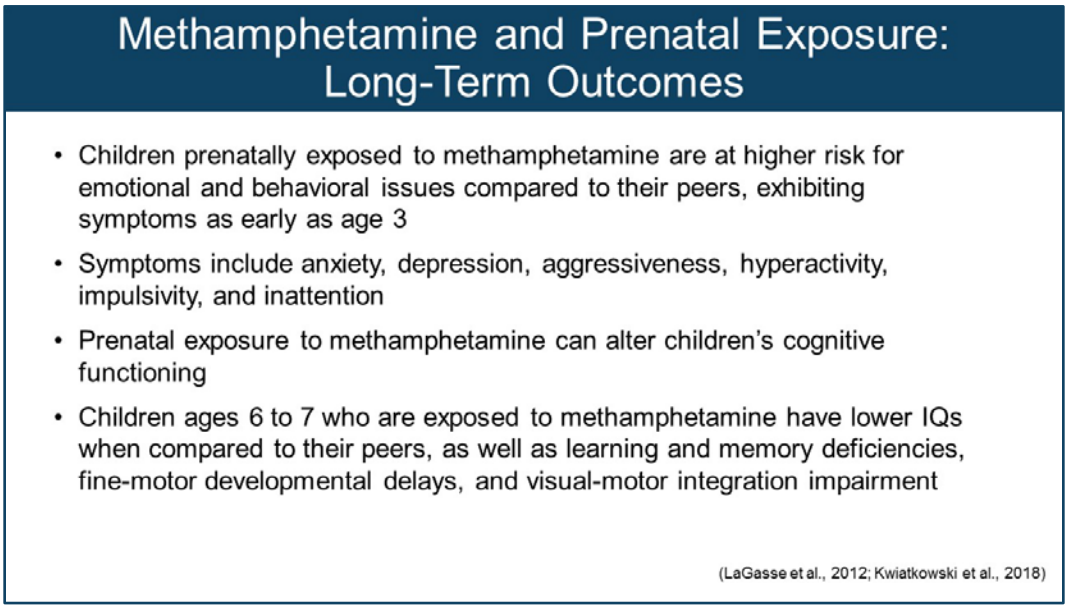
Slide 32



Similarly, for alcohol, it is important to note that an effect has been demonstrated in each domain of child development for the longer-term outcomes. This may be attributed to the fact that alcohol has been studied more than the other substances.

It is also important to note the lack of longer-term outcome studies related to methamphetamine exposure.

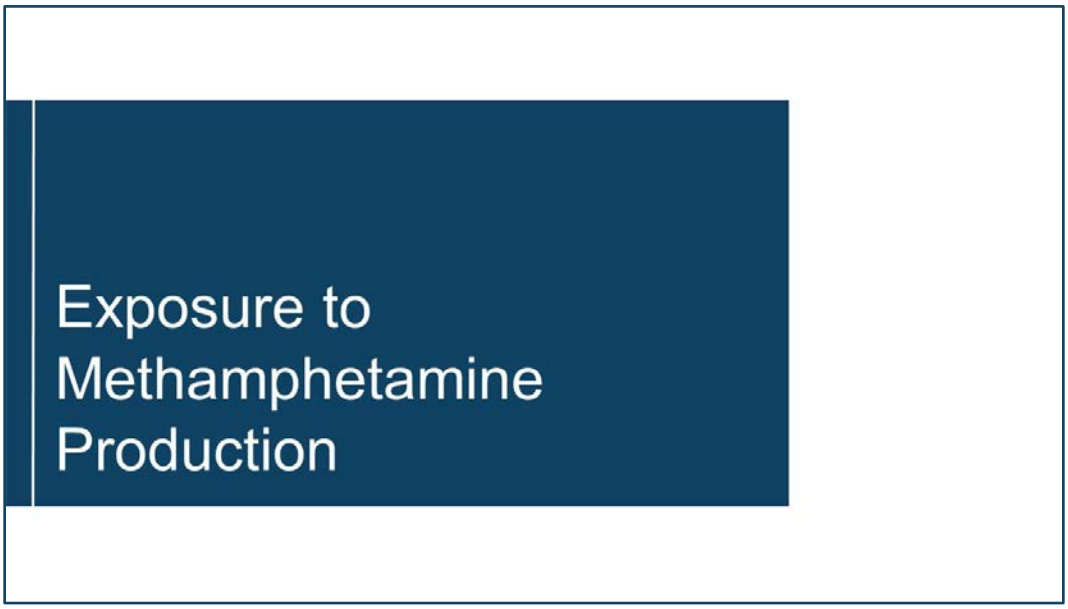
Slide 33



Chronic and long-term use of methamphetamine can impact the developmental trajectory of children prenatally exposed to the stimulant and increase the risks of abuse and neglect.

****** Discuss available services for infants with prenatal exposure. Include referral processes and eligibility information.**

Slide 34



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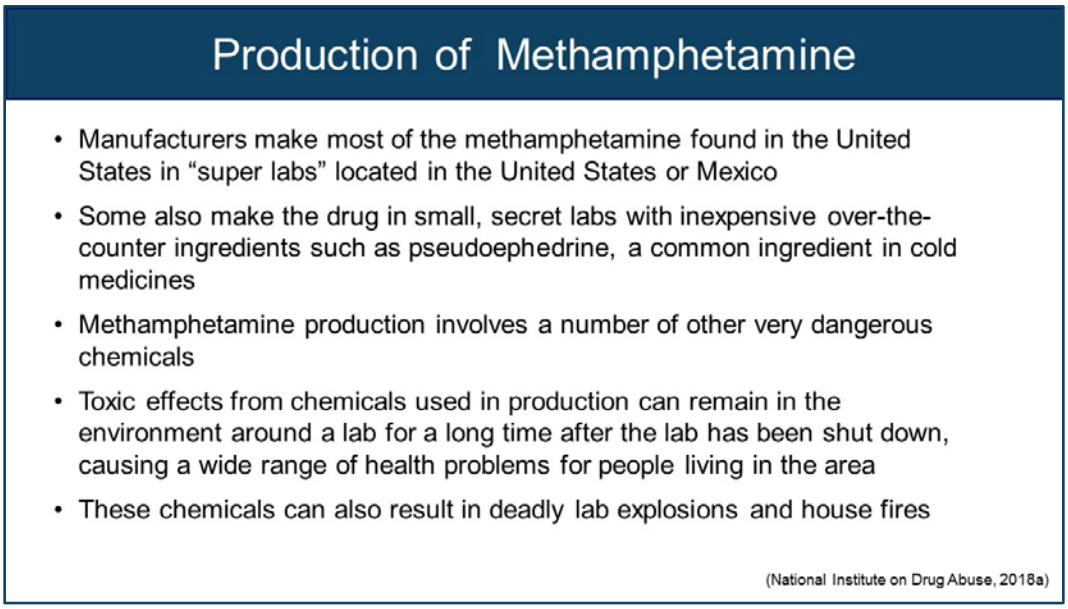
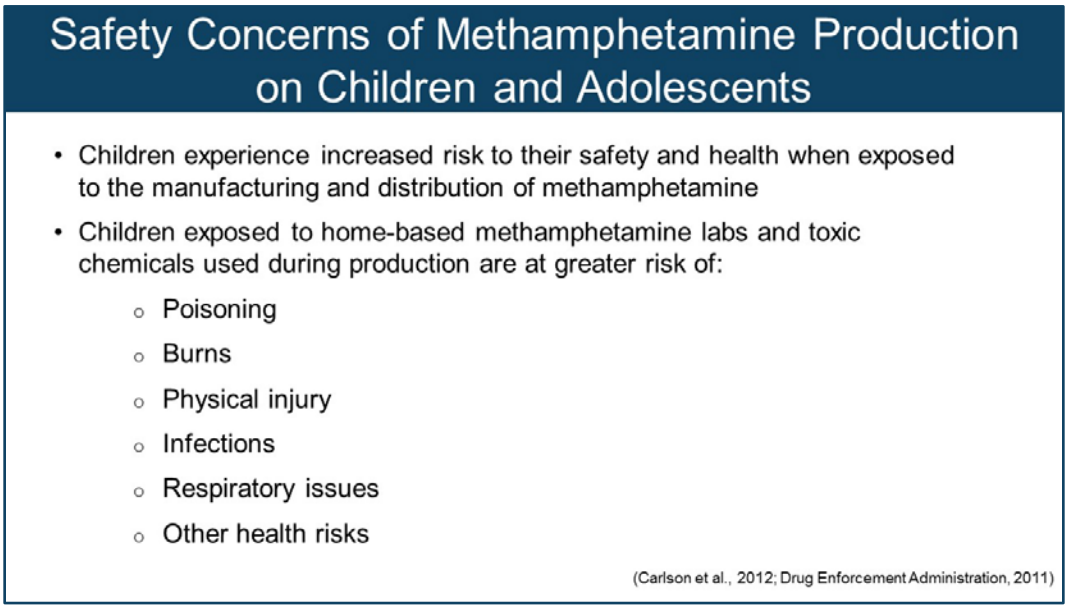


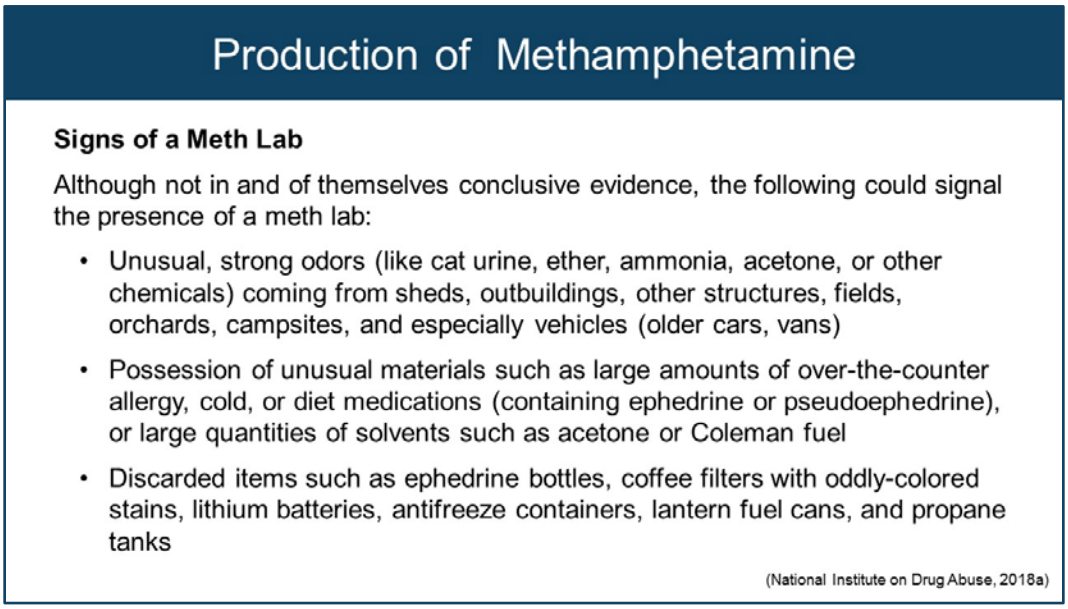
There are some unique aspects to consider related to how methamphetamine is produced and how its production might affect family functioning and child safety.

Slide 36



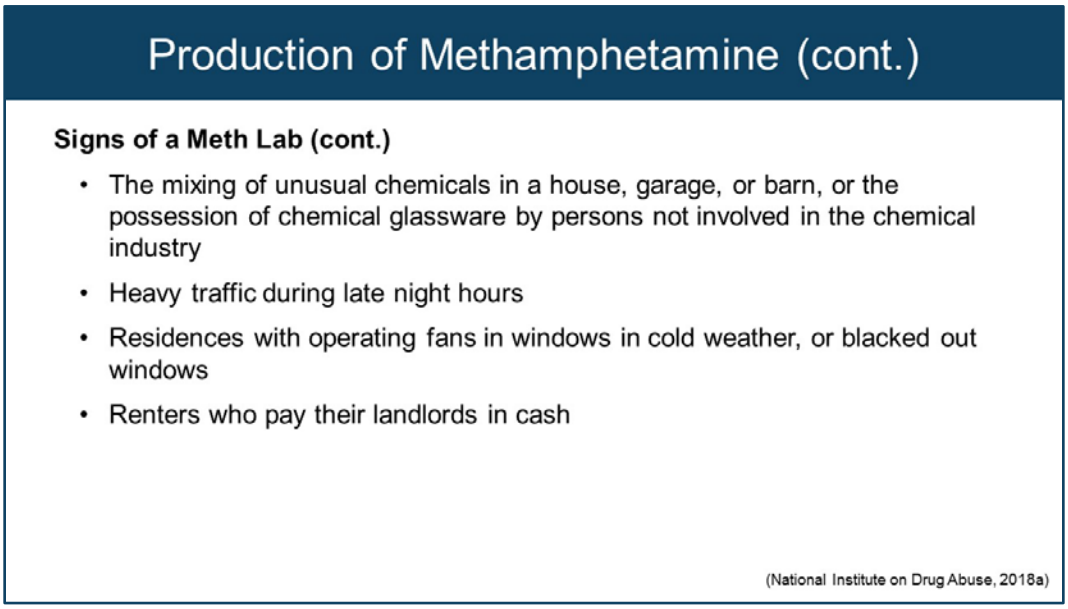
Review slide information.

Slide 37



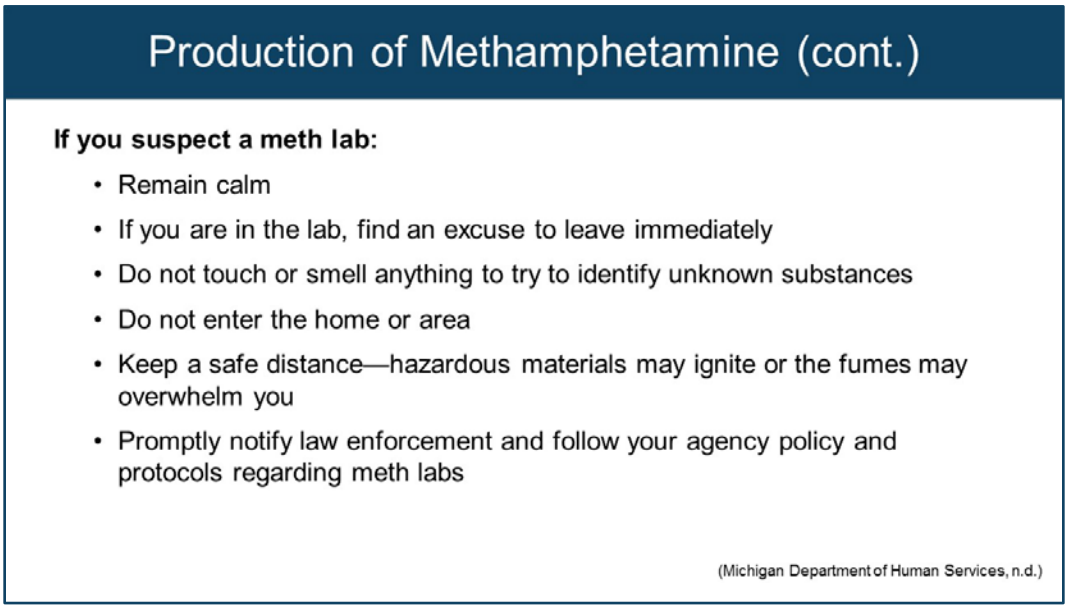
Although most methamphetamine is now made in super labs, knowing the signs of a small home lab is important. Review the possible signs of methamphetamine production.

Slide 38



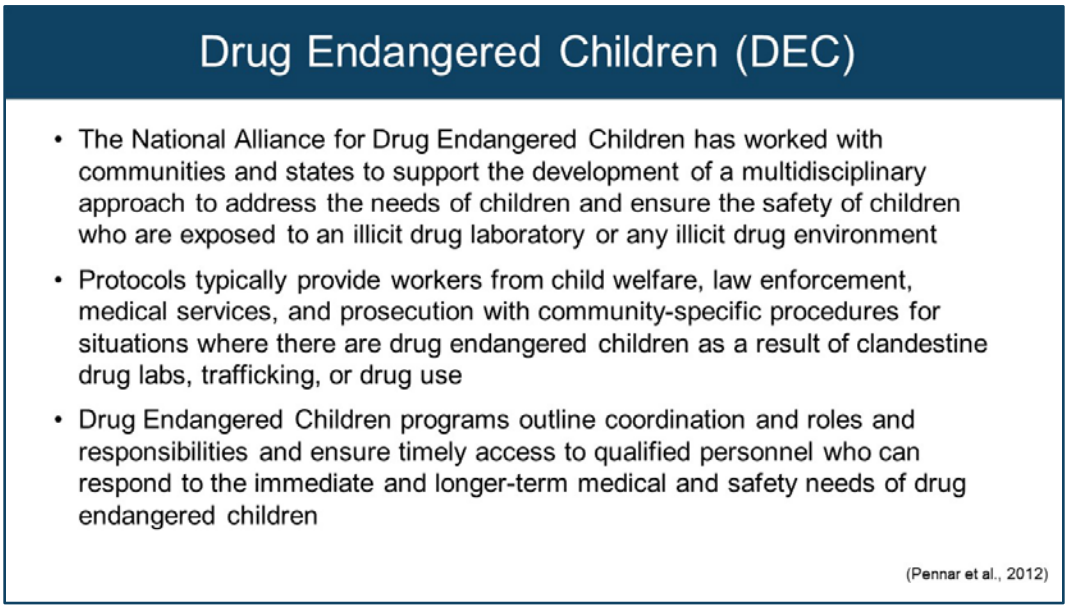
Although most methamphetamine is now made in super labs, knowing the signs of a small home lab is important. Review the possible signs of methamphetamine production.

Slide 39



***** Include information about local resources related to the production of methamphetamine and the child welfare safety policy.**

Slide 40



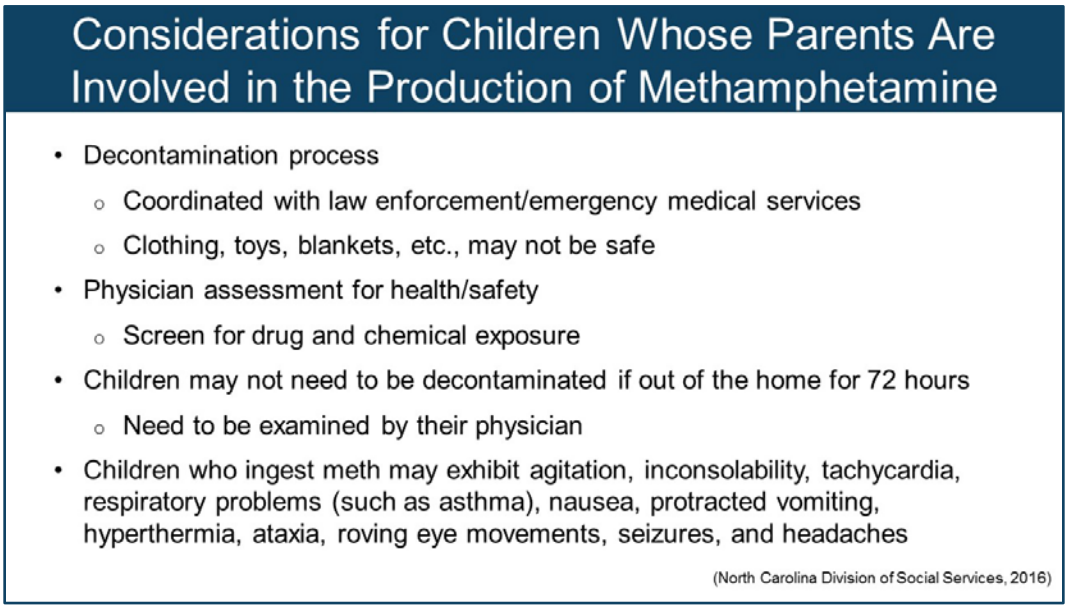
Drug Endangered Children (DEC) programs are multidisciplinary in nature and aim to address the safety and physical health needs of children. Communities that have adopted DEC strategies more recently have made efforts to address the needs of the whole family.

Some communities have studied outcomes related to DEC protocols. One study found that younger children were more likely to be designated by Child Protective Services as being at high or moderate risk of further abuse, to test positive for methamphetamine, and to have maternal alleged perpetrators of abuse. Older children were more likely to be designated as being at low risk for further abuse, to test negative for methamphetamine, and to have paternal alleged perpetrators of abuse.

The same study provided practice implications, including noting the young age at which children tend to be removed from homes with methamphetamine laboratories and being sensitive to the developmental needs of these children; following and intervening with these children long term; and encouraging father involvement in at-risk families given results suggesting that the presence of fathers in these families may act as a protective factor.

***** Discuss and integrate information about DEC programs in your community.**

Slide 41



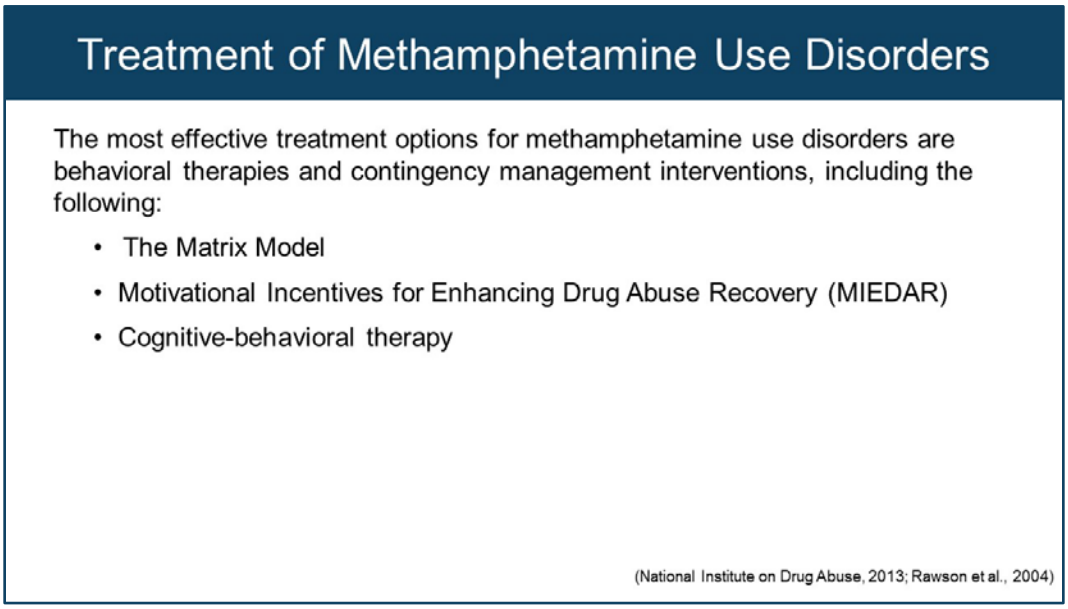
Due to the nature of methamphetamine production, there may be some additional practice considerations necessary when a child is identified in a home where methamphetamine is being produced.

*****Highlight any policies or procedures your agency has related to methamphetamine, particularly if there are concerns about meth labs.**

What is the procedure if a worker has concerns during a home visit that there may be meth manufacturing in the home?

Slide 42

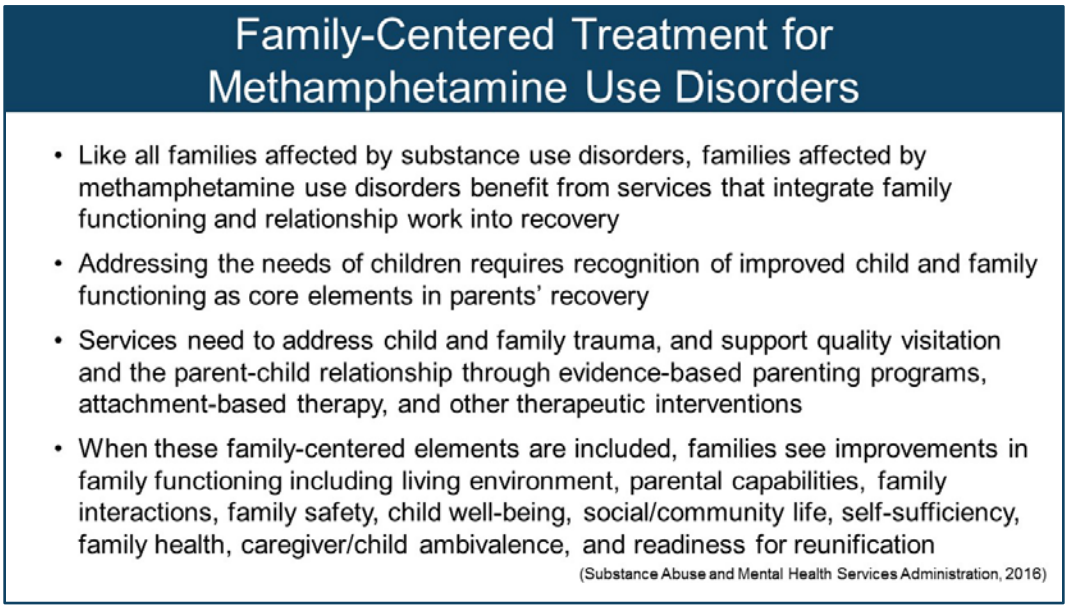
Slide 43



A 2006 National Institute on Drug Abuse report noted that treatment models based upon cognitive behavioral therapy, contingency management, and motivational interviewing, such as those used in the Matrix Model, are effective in promoting and sustaining recovery from methamphetamine use and should be strongly considered by child welfare systems referring parents who use methamphetamine to treatment. One key difference between The Matrix Model and other treatment models is its duration. Many methamphetamine treatment programs last 30 or fewer days, but The Matrix Model lasts up to six months. This fits better with what we know about how long it takes the brain to recover from the effects of methamphetamine use.

There is currently research underway to develop a medication to support the treatment of methamphetamine use disorders.

Slide 44

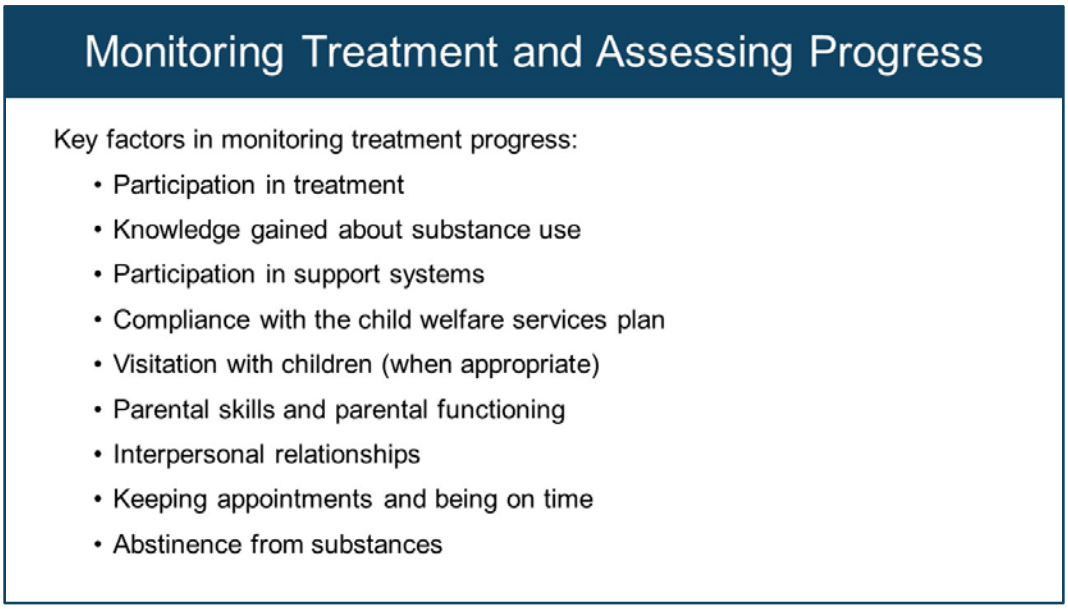


Treatment for methamphetamine use disorders is possible with active engagement, incentive-based approaches, and timely access to structured treatment. Although treatment for methamphetamine use disorders is available, agencies often struggle to meet the complex needs of parents who require longer in-patient stays and supervised withdrawal services.

Improving outcomes for families affected by parental substance use disorders and child welfare involvement starts with cross-systems commitment and a coordinated approach to address the multiple and complex needs of parents and children.

Through collaborative efforts around the country, evidence is emerging on what families need to succeed in their efforts to reunify with their children and maintain their recovery.

Slide 45



Monitoring treatment and assessing a parent's progress in recovery is one of the critical pieces to consider when making decisions in child welfare practice. There are several factors that can be useful in determining whether parents are making progress, including:

- The level of participation in treatment services
- Knowledge they have gained through substance use education
- The level of participation in recovery support systems
- Compliance with the child welfare services plan
- Visitation with children (when appropriate)
- Parenting skills and functioning
- Interpersonal relationships
- Keeping appointments and being on time
- Abstinence from substances

For further strategies for monitoring and assessing progress, please see *Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder.*

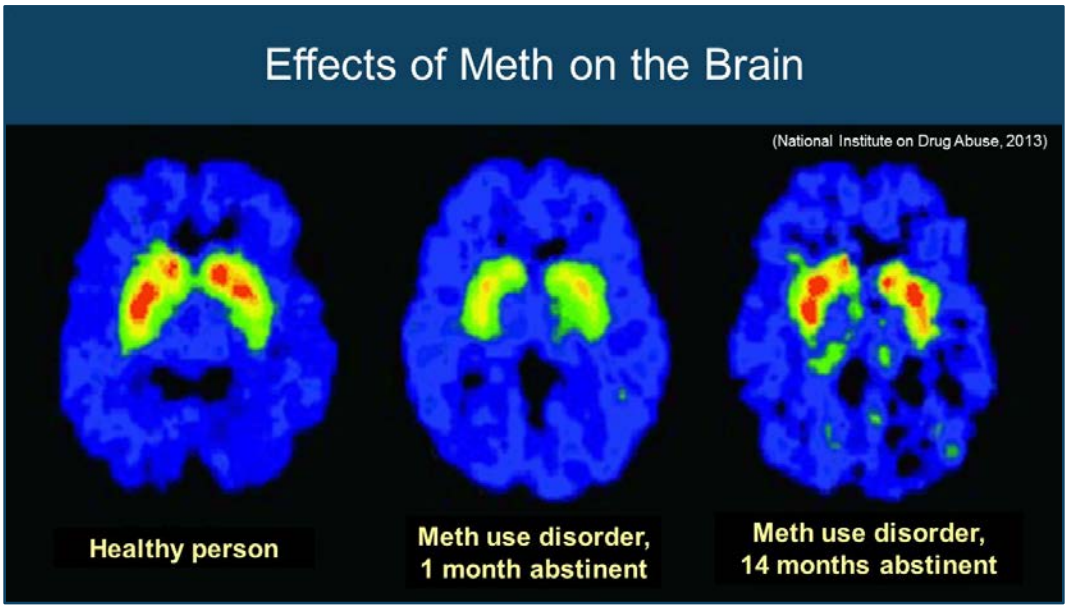
Slide 46

*****Show this video about relapse.**

“Windows to Recovery” explores effective treatment practices across program types and settings. This episode empowers the viewer by providing information and concrete tools for recovery, including creating structure, participating in sober activities, avoiding high-risk situations, and coping with cravings. “Windows to Recovery” reveals that treatment is not a quick fix, but a set of activities leading to long-term changes in lifestyle, thinking, and behavior. The episode shows, without a doubt, that recovery is within reach. Chapter 9, “Relapse,” discusses common relapse scenarios and relapse drift and how a relapse episode can be used to strengthen the treatment program to avoid relapse in the future. It conveys the importance of getting back into treatment after a relapse and how many people in recovery need to attend treatment more than once.

https://www.youtube.com/watch?v=TP9xlmCwnZo

Slide 47

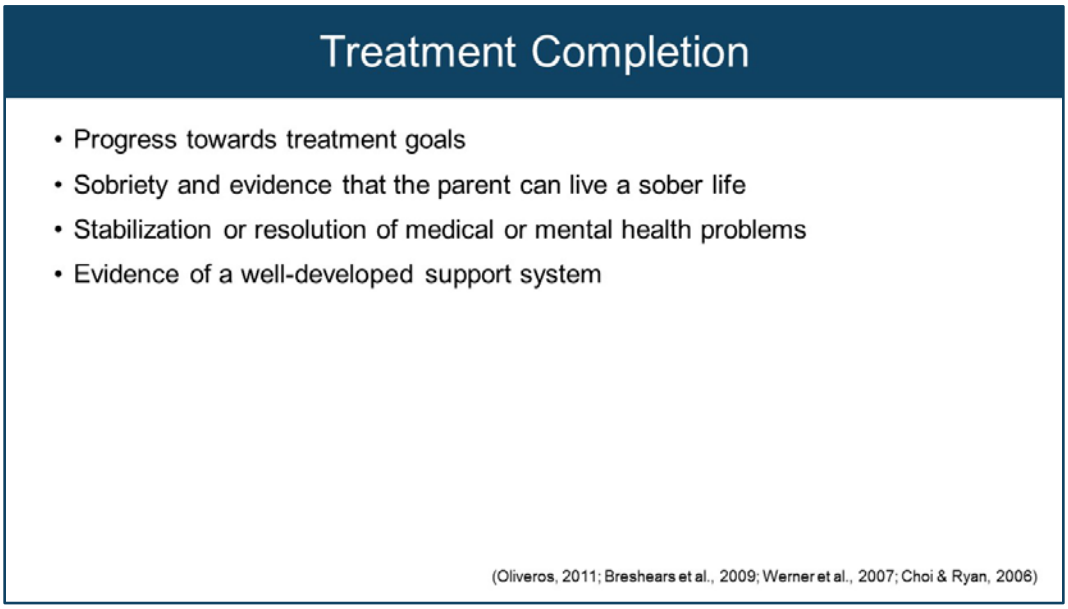


Although a substance use disorder is a chronic, relapsing brain disease, there is hope.

These images show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs—in this case, methamphetamine.

The image on the left is of a person who is not using substances and the image on the right is similar to that of a person not using substances after a period of abstinence from methamphetamine.

Slide 48

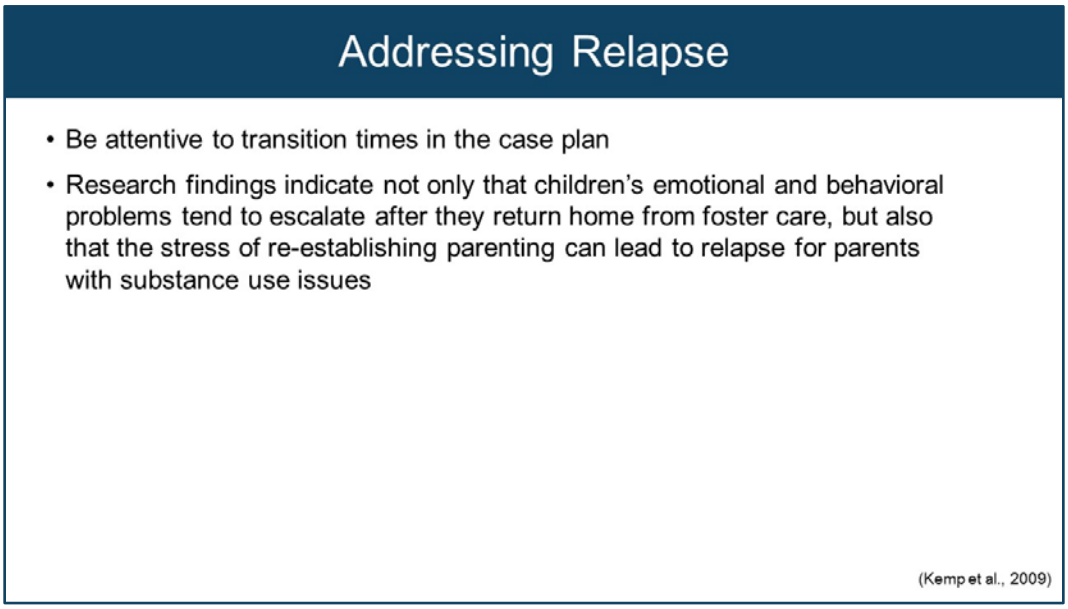


When a parent demonstrates significant progress in achieving treatment goals and other associated supports are in place, he or she may be ready to be discharged from treatment services. Examples include the following:

- Substantial progress in achieving individual treatment goals
- Sobriety, with evidence that the parent knows how to avoid relapse and live a sober life, which can include things such as having a sponsor or regularly attending Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings
- Stabilization or resolution of any serious medical or mental health challenges, with appropriate plans for continuing or re-entering treatment, as needed
- Evidence of a well-developed support system

Treatment programs often have criteria for discharge from their treatment program. If you have a parent in a substance use disorder treatment program, ask the program what the criteria are for treatment completion.

Slide 49



*****Ask participants to brainstorm strategies to reduce the stress of transitions. What services may be available to help?**

Slide 50

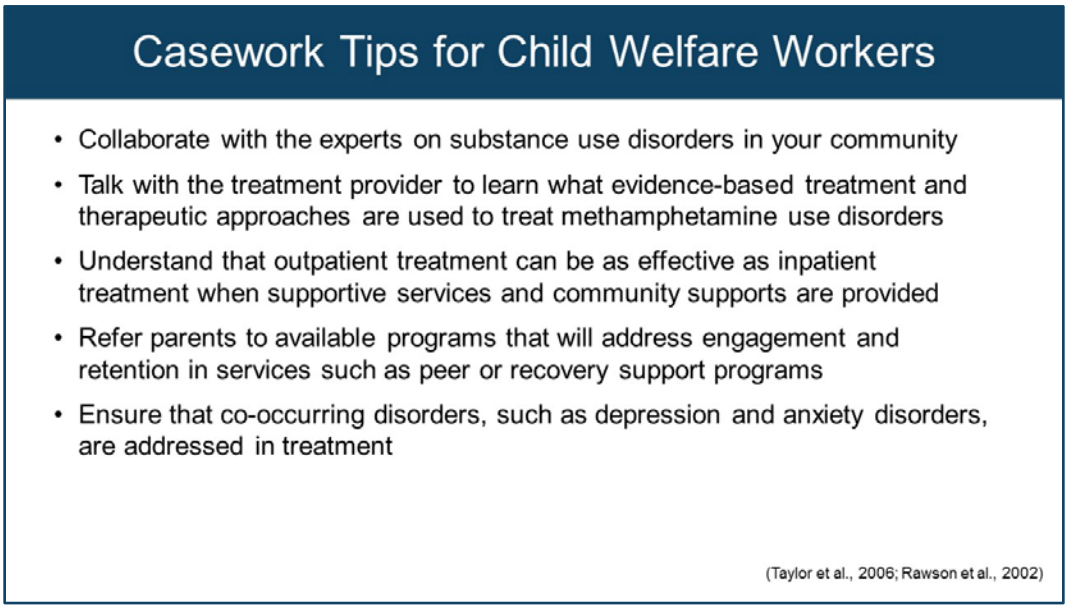
*****Show this video about continuing care and recovery.**

“Windows to Recovery” explores effective treatment practices across program types and settings. This episode empowers the viewer by providing information and concrete tools for recovery, including creating structure, participating in sober activities, avoiding high-risk situations, and coping with cravings. “Windows to Recovery” reveals that treatment is not a quick fix, but a set of activities leading to long-term changes in lifestyle, thinking, and behavior. The episode shows, without a doubt, that recovery is within reach. Chapter 8, “Building a New Life,” emphasizes the need to make new friends, develop new skills, and find new activities that align with the goals of recovery.

https://www.youtube.com/watch?v=4hRxj9WibcE

Slide 51

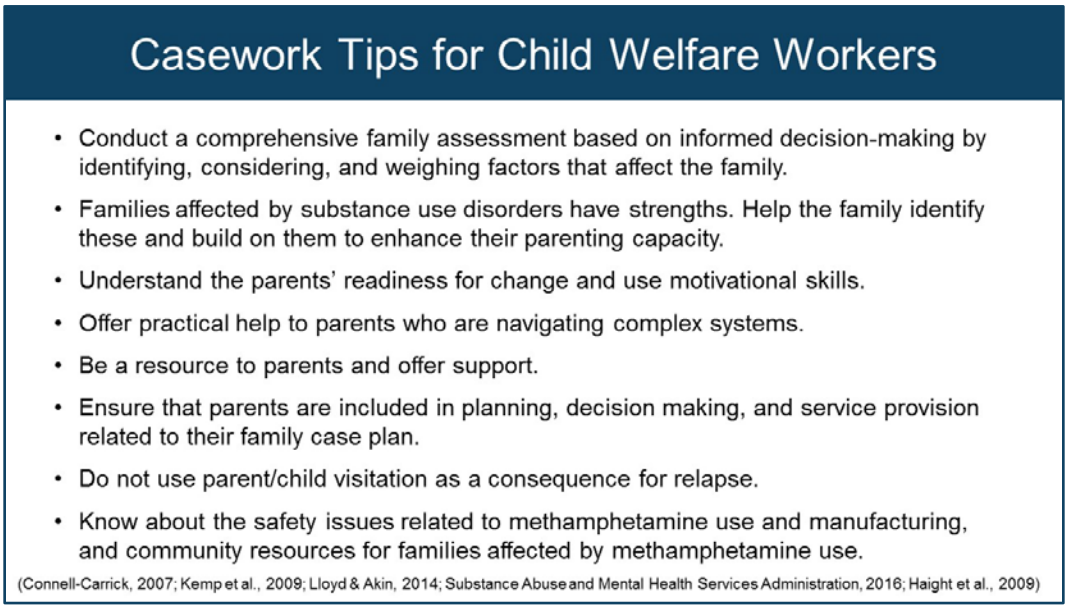
Slide 52



Substance use interferes with engagement both directly, through impairment, and indirectly, as parents attempt to manage feelings of shame and stigma by closing off contact with services.

Parental methamphetamine use is as treatable as other forms of substance use. Experts in the treatment of methamphetamine have identified women with small children as a special population of people who use methamphetamine in need of increased support in treatment. Treatment should take into account the particular needs of women with young children such as residential treatment programs for women and children or intensive outpatient programs with available sober housing.

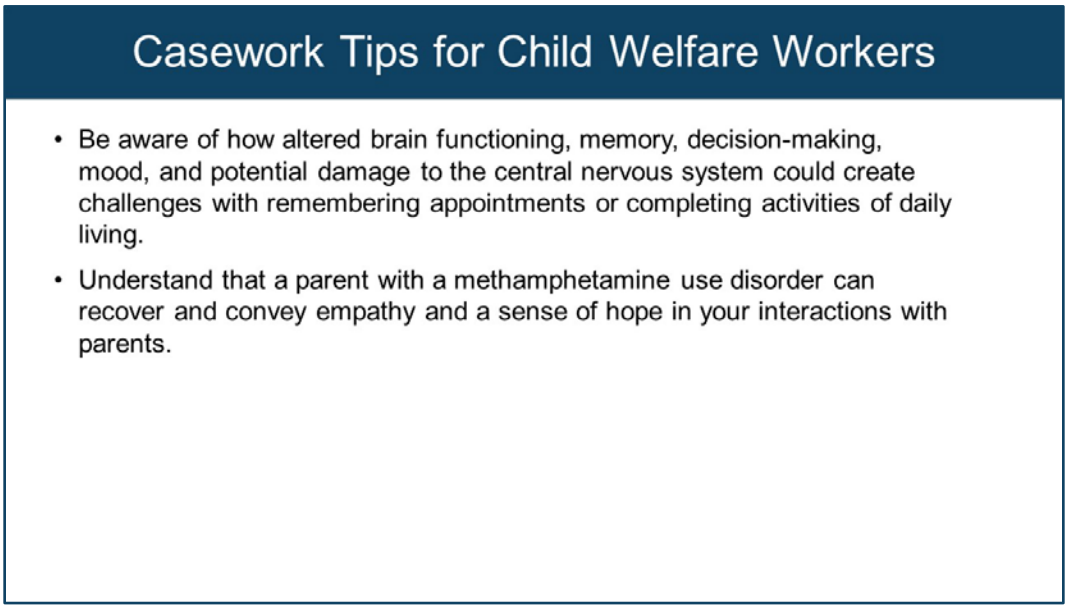
Slide 53



Attempts to join with parents who are using methamphetamine can be frustrating. Because the drug heightens energy and inflates self-esteem, some people who use meth feel so "on top of the world" that they are genuinely unable to see any reason for child welfare involvement with their family. Yet, it is important to avoid pre-judging or demonizing people who use meth. Engaging parents in all aspects of their case plan and providing support and connections to treatment are paramount to successful outcomes.

Knowing how to recognize the signs of meth intoxication is important, since it is linked to violent and unpredictable behavior. Follow your agency's safety protocols. Never do anything to endanger yourself or others.

Slide 54



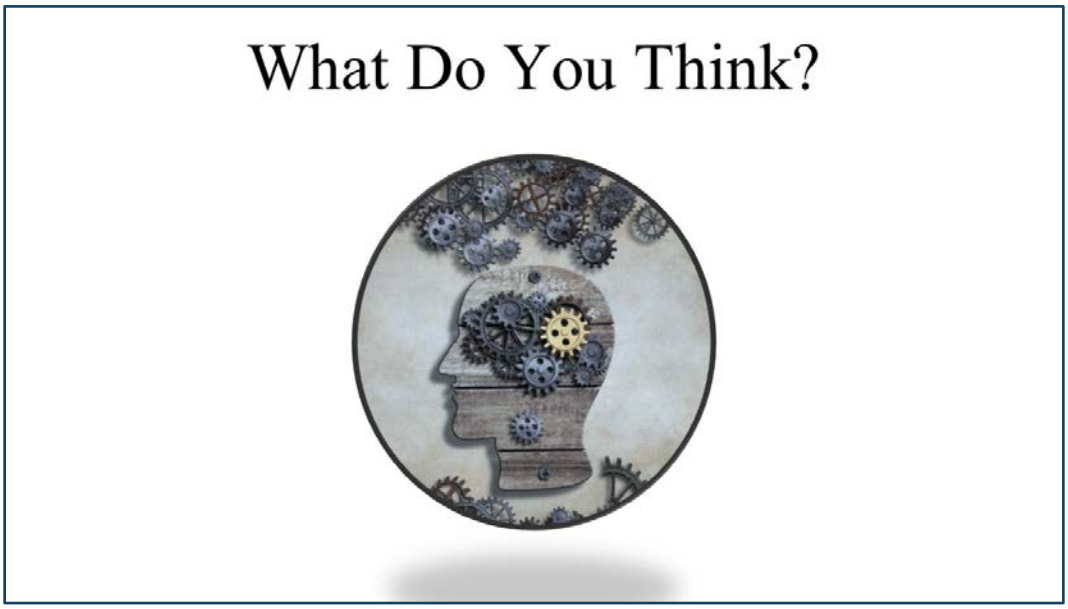
Consider the consequences of brain function with chronic meth use when developing a service plan or expecting families to keep multiple appointments on a daily basis.

Slide 55

Child Welfare Safety Tips

- Ask permission if you want to view another part of the residence
- Notify your supervisor or co-worker about your intended location when in the field
- Carry a cell phone
- Be transparent about the purpose of your visit and explain what you are doing and why
- Be aware of all exits in the residence, and do not let the client stand between you and the exit
- Do not provoke the client

Slide 56



******Review casework tips with participants. Brainstorm ideas that a child welfare worker could use to facilitate hope, engagement, and retention in treatment and to develop a sound recovery support network.**

Suggestions could include identifying peer support programs, conveying information in multiple ways (i.e. written, verbal), providing a calendar, providing transportation, providing referrals to family treatment court programs, having realistic expectations about healing, and addressing mental and physical health disorders and past trauma.

Slide 57

National Center on Substance Abuse and Child Welfare

A Program of the

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

www.ncsacw.samhsa.gov

ncsacw@cffutures.org

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