

**IMPACT OF PARENTAL SUBSTANCE ABUSE ON CHILDREN INVOLVED WITH
THE CHILD WELFARE SYSTEM IN THE U.S.: A LITERATURE REVIEW**

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Abstract

In 2017, an estimated 19.7 million adults suffered from a substance use disorder (SUD) (Bose et al., 2018). Between 2009 and 2014, 8.7 million children a year had at least one parent with a substance use disorder (SUD) (Lipari & Van Horn, 2017). Parental substance abuse (PSA) puts children at a higher risk of maltreatment, injury, and medical and behavioral problems. The previous literature is not entirely clear about which services and programs are effective for parental SUDs and child outcomes. This literature review aimed to identify and investigate the effects of parental substance abuse on children in the U.S. child welfare system and the efforts being made to mitigate these effects by addressing the impact of PSA on families. Results concluded that first, child welfare cases in the U.S. are greatly affected by PSA; second, children experiencing PSA are not only at risk of maltreatment and neglect but also traumatic experiences, psychological and psychosocial disorders, and the development of SUDs of their own; and third, there is a deep need for integrated services and collaboration when it comes to PSA and child welfare in the U.S., beginning with an increase in research on strategies and interventions addressing PSA and child welfare.

Keywords: Parental substance abuse, child maltreatment, child welfare.

Introduction

Parental substance abuse (PSA) is defined as the long-term misuse of drugs and/or alcohol by individuals who are parents or caretakers (NSPCC Learning, 2022). In the U.S., nearly 9 million children experience parental substance abuse in their households (Child Welfare Information Gateway, 2021). Parental substance abuse endangers not only the parents but the children under their supervision as well, making them more likely to be neglected and abused. This endangerment oftentimes leads to the involvement of social services, which can lead to the removal of the child from the care of the parent(s). PSA can expose children to trauma at a young age, and this trauma may be carried with them into adulthood. Parental substance abuse has been known to affect exposed children's mental, physical, and behavioral health. Child welfare social workers and other service providers must research and acknowledge the intersection of child welfare and substance abuse to effectively intervene and address the needs of both parent(s) and child.

I. Impact of Parental Substance Abuse on Child Welfare Cases

Child welfare social workers see a plethora of issues when assessing and intervening in their clients' lives. According to the Child Welfare Information Gateway (2021), PSA plays a role in child removal in over one-third of out-of-home child welfare cases. According to Dakof and colleagues (2010), Bruns and associates (2012), and Henry and colleagues (2018), 40% to 80% of children in the child welfare system have at least one parent who is dependent on substances. Studies indicate that between one-third and two-thirds of child maltreatment cases involve some degree of substance use (Lander et al., 2013). These numbers are concerning due to the potentially traumatic experiences children and parents will experience due in part to PSA, but

also because as they continue to rise, the caseloads of child welfare social workers will too. Data from the National Center on Substance Abuse and Child Welfare (2022). showed a 20.4% increase in the prevalence of PSA use as an identified condition of removal in the U.S. between 2000 and 2019, with 38.9% of children removed from their homes in 2019 having at least one parent experiencing substance use issues. These numbers are suspected to be much higher than reported, as oftentimes when removals occur, multiple reasons are reported by the local systems but only the primary reason is reported by the federal systems (National Center on Substance Abuse and Child Welfare, n.d.).

According to Dakof and associates' (2010) study on the Engaging Moms Program for family drug court, child welfare-involved families with at least one drug-dependent parent are often characterized by poorer outcomes such as an increased rate of return cases, housing instability, more out-of-home placements, and the termination of parental rights. Like what Dakof and colleagues found, Bruns and associates (2012) found that parents with substance use issues have the lowest rates of reunification with their children than other children involved in the child welfare system. Additionally, Henry and colleagues (2018) stated in their research on how child welfare workers make cases for court interventions that PSA problems make up over half of all foster care placements. Bruns and associates (2012) found that children with substance-using parents are more likely to spend more time in the foster care system than other children involved in the system, making the possibility of reunification and case closure more difficult for child welfare social workers.

Dakof (2010), Bruns (2012), and Henry (2018) and their colleagues all suggest in their research that PSA is oftentimes a key factor in the maltreatment and removal of children from the care of their parents by the child welfare system. They also suggest that the severity and

length of these cases tend to be longer and more intense than other child welfare cases, leading to the conclusion that PSA causes an increase in longer-term cases for child welfare social workers. This can lead to issues that challenge the capacity of the system when it comes to workers' ability to provide the appropriate services as needed for families and children involved in PSA cases. When the system is overwhelmed with cases, so are the workers and this limits the amount of time and effort they can put into each case and child. This is something that can cause children to go without adequate services, thus suffering or struggling with unmet needs, which, for many children of PSA, are extensive and can be long-term.

II. Lasting Effects of Parental Substance Abuse on Children

PSA often leaves parents unable to maintain a stable household where children can form healthy attachments and receive proper attention and treatment (Lander et al., 2013). PSA leaves children far more susceptible to maltreatment and traumatic experiences, being placed in out-of-home care, developing behavioral issues, housing instability, and psychological disorders such as substance use disorders (SUDs) amongst various other social and psychological issues (Dunn et al., 2002; Lander et al., 2013; Messina et al., 2015; Parolin et al., 2016; Lewis et al., 2021). These children often experience neglect and/or abuse in their homes before being removed and placed in out-of-home care, where their risk of neglect and abuse still exists, and they go without treatment for the trauma they experienced while in the home.

Children who have at least one in-home parent abusing substances are more likely to experience improper punishments and parenting practices than those without PSA parents (Messina et al., 2015). According to Messina and associates (2015), children experiencing PSA face the risk of going without their basic needs such as food, clothing, and shelter. Similarly, Dunn and associates' (2002) study found that parents abusing substances are about three times

more likely to neglect their children, and Lewis and colleagues (2021) stated that PSA often results in child maltreatment, among other challenging issues. These experiences, in addition to others related to PSA, such as drug exposure and domestic violence, have an impact on the severity of trauma children are exposed to, according to studies conducted by Staton-Tindall and associates (2012) and Jankowski and associates (2022). Research by Jankowski and associates (2022), also indicates that there is a higher level of exposure to trauma in parental substance abuse child welfare cases. However, they did not find a significant difference in the well-being outcomes between children involved in child welfare experiencing PSA and those involved in child welfare without PSA as a factor. In comparison, the study done by Staton-Tindall and associates (2012), argued that while there is a strong relationship between PSA and child trauma, it is difficult to measure the impact parental substance abuse has on child trauma when also considering other issues within the household that contribute to exposure to traumatic events.

In addition to general neglect, children experiencing PSA often experience housing instability and out-of-home placement. According to Lewis and colleagues' (2021) study on housing instability among children of PSA, children of PSA parents often experience frequent relocations, trauma exposures caused by the lack of a permanent home, and other issues related to the absence of stability in their home lives. Like Lewis and colleagues (2021), additional research such as that done by Staton-Tindall and colleagues (2012) and Jankowski and associates (2022) also shows a negative impact on social, emotional, behavioral, and cognitive development and functionality. These issues resulting from PSA oftentimes lead to additional negative long-term effects, such as the development of psychological issues such as depression, anxiety, detachment, poor social skills, substance abuse, insufficient coping methods, and poor academic performance. (Lewis et al., 2021; Parolin et al., 2016; Lander et al., 2013; Messina et al., 2015;

Jankowski et al., 2022). These issues, if left unaddressed and/or untreated, can grow with these children and follow them into adulthood, where a new cycle of substance abuse and child maltreatment may begin or continue.

Children who have experienced maltreatment and were exposed to PSAs in their childhood are at a higher risk of psychosocial and psychiatric issues (Dunn et al., 2002; Lewis et al., 2021; Parolin et al., 2016). According to Dunn and colleagues (2002), children with PSA are 4 to 10 times more likely to develop a SUD than those without PSA. Similarly, Parolin and associates (2016) found in their study that not only does PSA double the child's risk of developing a SUD, but the results of their study suggested that PSA may play a role in the severity of their condition. Staton-Tindall and colleagues' (2012) study on the effects of PSA and incarceration on child trauma found that children of parental substance users are at an increased risk of engaging in substance use as adolescents and developing patterns of addiction in their adult lives. Lander and associates (2013) made a similar point in their article, stating children who experience maltreatment at the hands of parents abusing substances are at a higher risk of developing these same disorders.

Parental substance abuse causes issues that parents, children, and families may carry with them for the rest of their lives. PSA, as noted in most of the articles identified in this review, is often a cycle and is something that, if not properly addressed, will continue to impact families for generations to come. One of the most common themes in all these articles was the traumatic impact PSA has on children and the difficulties that often arise when this trauma is not treated. This is what makes efforts to mitigate the effects of PSA so necessary and relevant in child welfare.

III. Efforts to Mitigate Effects of Parental Substance Abuse on Child Welfare

In child welfare social work, the goal is to ensure the safety of children and strengthen families to achieve permanency and stability in the child's life. The main responsibility of child welfare social workers is to provide prevention and intervention services that remove the risk of neglect and/or abuse of children. With parental substance abuse playing a role in so many child welfare cases, integrated services for PSA and children being affected by parental substance abuse have become a topic of many studies and conversations in the child welfare field. The combination of substance abuse treatment, parent training, and the provision of services for children is an intervention method that addresses both the issue of substance abuse and the risk of child maltreatment and trauma.

Family-Based Residential Treatment Programs

Children as an Incentive. Many of the studies found for this review focused on or included residential treatment programs as a potential intervention method for PSA. More specifically, they studied residential family treatment programs. These programs allow parents with substance issues to continue caring for and residing with their children while receiving treatment for their disorder. Neger and Prinz (2015), Chou and colleagues (2019), and Stover and colleagues (2019) focused at least part of their research on the effect of the integration of child welfare and substance abuse services on these programs and their outcomes. The research on the outcome of 21 dual treatments of substance abuse and parenting studies found that parent training participation and time spent in the residential treatment centers had a positive correlation (Neger & Prinze, 2015). This suggests that parents were more willing to participate and remain in the treatment facilities when part of the treatment was parenting-focused. Chou and colleagues (2019) studied the role parenthood plays in the decision for PSA treatment and recovery by documenting the experiences of 10 mothers from a family-centered residential treatment

program. Interviews with these mothers revealed a common theme, which was that many of the women agreed to treatment because they were able to keep their children with them. Similarly, Stover and colleagues (2019) study on two parenting interventions for fathers in residential substance use treatment found that parent-focused residential treatment facilities resulted in higher interest and participation rates of fathers with substance abuse issues.

Outcomes and Effectiveness. A second theme from this literature review was found in the outcomes and effectiveness of family-centered residential treatment programs. Rather than simply focusing on the participation of the parents in treatment, these studies looked at how the parents performed after treatment regarding their parenting and sobriety, and Neger and Prinz (2015), Stover and Colleagues (2019), and Chou and colleagues (2019) found that parents who completed family-based residential treatment programs achieved recovery, had an increase in parenting skills, improved child relationships, and were more likely to remain abstinent than parents who participated in individual treatment. Chou and associates (2019) studied the process of family-centered residential substance use treatment for mothers to determine and better understand the unique needs of mothers with substance issues and their families. By examining the experiences mothers had while mothering children during substance use treatment, researchers were also able to study the effectiveness of residential substance abuse treatment for families and develop suggestions to improve the program further.

Support & Services. This study consisted of ten mothers participating in substance use treatment through a voluntary, family-centered treatment center that provided behavioral healthcare for women, children, and families (Chou et al., 2019). The facility offered evidence-based individual and family-based treatments for addiction, trauma, and co-occurring disorders. Completion of the 21-day stay consisted of participation in services such as group and individual

therapy, parenting classes, community support services, and random drug screening. Each mother and their children were assigned separate treatment teams and had access to a family therapist and parenting skills training. Data was collected through semi-structured interviews ranging from 30 to 60 minutes in length discussing motherhood, addiction, and treatment.

From this study, Chou and colleagues discovered two themes. The first theme was the relapse-recovery cycle as mothers and children are deciding factors for treatment entry and participation. The relapse-recovery cycle for mothers oftentimes causes relationships with their children to become more difficult. Like what Neger and Prinz (2015) found in their study, Chou and colleagues found upon speaking to participants that being able to keep their children with them while receiving treatment was, for most, the deciding factor for going into treatment. Another deciding factor and something the mothers made it clear they found necessary was the provision of treatment for the whole family and services that supported the well-being of their children, such as therapeutic day care, individual therapy, and case management services (Chou et al., 2019).

The second theme of this study was the services and support offered in residential treatment that mothers reported were helpful in their recovery (Chou et al., 2019). These included the support they received from both staff and other mothers in treatment, the ability to continue parenting while in treatment, the opportunity to participate in parent-child bonding groups, parenting classes, and skill building. According to Chou and colleagues, less than half of women-only substance abuse treatment programs provide family-based services, making it difficult and less likely for mothers to enter and remain in treatment. Additionally, the integration of substance abuse treatment and family services further encouraged and served as incentives for recovery for many of the mothers in this study, something that is also supported by Neger and

Prinz (2015) and Bruns and associates (2012). Chou and colleagues concluded from this study that programs that support mothers and their children during the substance use recovery process can and should be further improved by continuing to research and establish treatment programs that work with and for the whole family throughout the process of recovery.

Treatment for Fathers. Like Chou and associates (2019), Stover and colleagues (2019) studied the effects of residential substance use treatments that integrate parenting interventions for fathers into their programs. In this study, two parenting-focused, 6-month residential substance use treatment programs were compared. Fathers were randomly assigned to the psychoeducational intervention Dads 'n' Kids (DNK), which is focused on child development and parenting skills, or Fathers for Change (F4C), which is an integrated intervention that targets both child maltreatment and intimate partner violence (IPV). Each father received 12 weeks of treatment and was offered 4 aftercare sessions once discharged, and was assessed before treatment, at discharge, after completion of intervention booster sessions, and 3 months after the intervention had ended.

The F4C program provided fathers with individual therapy once a week for 12 weeks. The first part of this intervention included motivational enhancement efforts, a discussion of child development and childhood experiences with PSA the fathers may have had, and the effect of PSA on parenting (Stover et al., 2019). In the second phase of the intervention, the clinician works with the father to improve his parental problem-solving and communication skills before moving to the third phase, which is when the father is taught to practice restorative parenting to repair the parent-child relationship. Results of F4C showed an improvement in the ability to regulate their emotions, utilize reflective parenting, and a lower rate of substance use post-intervention than DNK (Stover et al., 2019).

In the DNK intervention, individual therapy, like in F4C, was delivered once a week for 12 weeks. The program provided father-focused materials such as pamphlets to provide parent education and support to fathers with substance use disorders at risk for child maltreatment (Stover et al., 2019). According to Stover and associates, the clinician in this program offered guidance in solving basic family needs issues and psychoeducation on parenting along with educational parenting pamphlets. The DNK intervention showed higher rates of session and treatment completion than F4C, but less improvement in areas such as affect regulation and reflective functioning in comparison to F4C. Stover and colleagues concluded their study with the suggestion that both interventions, when applied in residential substance use treatment facilities, resulted in a significant decrease in affect dysregulation, co-parenting, and anger issues. Additionally, like what Chou and colleagues (2019) found in their study, Stover and associates found that men with substance use disorders are motivated by their children and need support as both fathers and individuals who struggle with addiction. Participants in the study showed a desire for receiving more parent-focused interventions in residential treatment, leading Stover and associates to the conclusion that these interventions are feasible and should be further pursued in research and clinical trials in the future.

Other Treatment Interventions

Other research studies included in this review of the literature discussed and analyzed new and unique intervention methods to address parental substance abuse and improve child welfare outcomes. These include the research study on integrating substance abuse and child welfare services for mothers, the quasi-experimental study on family treatment drug courts, a review of four different interventions for parents with substance abuse issues and children with at least one parent with a substance abuse problem, research on the integration of services through

the Recovery Specialist Voluntary Program (RSVP), the outcomes of 21 dual treatments of substance abuse and parenting studies, and the Ohio-based quasi-experimental study on the EPIC program (Marsh et al., 2011; Bruns et al., 2012; Messina et al., 2015; Ungemack et al., 2015; Neger & Prinze, 2015; Freisthler et al., 2021). While each of these interventions and services differed, many of the results led to the same conclusion; an integrated service plan that targets parenting skills, family strengthening, child and parent well-being, and parental substance use can and does show promising results regarding family reunification and recovery from parental substance use. However, more research on developing evidence-based, sustainable integrated intervention strategies is necessary to serve this unique population effectively (Marsh et al., 2011; Bruns et al., 2012; Messina et al., 2015; Ungemack et al., 2015; Neger & Prinz, 2015; Freisthler et al., 2021).

Need for Integration of Substance Abuse and Child Welfare Services. In one notable study, Jeanne Marsh and associates (2011) examined the effectiveness of integrated child welfare and substance abuse services for women by reviewing the literature on strategies for integrating the provision of substance abuse and child welfare services to keep women in treatment longer and increase the likelihood of reunification and reduced substance use. These strategies included collaboration between child welfare and substance abuse treatment administrators and service providers, training for social workers to identify substance abuse issues in parents, ways to expedite and arrange parents' entry and participation in substance abuse treatment, and participation and collaboration with family courts (Marsh et al., 2011). One conclusion that Marsh and colleagues drew from this research was the overwhelming need for strategies and interventions that focus on both substance abuse and child welfare issues, as well as the extensive range of problems these families face because of substance abuse and/or being

involved with child welfare. This issue was also highlighted in the research done by Bruns and associates (2012), Messina and associates (2015), Ungemack and associates (2015), Neger and Prinz (2015), and Freisthler and associates (2021), who all contributed further to research on integrated services and collaboration between providers to better meet all needs of these unique families.

Another conclusion from this review was that a flaw in child welfare when it comes to parents struggling with addiction is that it oftentimes is not treated as a chronic brain disease, in which recovery is not linear and cannot be measured through abstinence and deadlines (Marsh et al., 2011). This further supports the idea that integrating substance abuse treatment and child welfare services are a necessary step in effectively assisting, strengthening, healing, and reunifying families dealing with these issues. According to Marsh and colleagues, when child welfare cases move quickly to reunify families and close cases, substance-involved families may be less stable and more likely to re-enter foster care or have their cases re-opened because of insufficient time for treatment and services. Additionally, substance-using parents may not be comfortable with accepting services due to the lack of integration of substance abuse and child welfare services (Marsh et al., 2011). Marsh and Colleagues, like Bruns and Colleagues (2012) and Freisthler and colleagues (2021), found that Family Treatment Drug Courts (FTDCs) are associated with higher and faster enrollment for treatment and better chances of reunification.

The last conclusion of this review was, like Bruns and associates (2012), Messina and associates (2015), and Ungemack and associates (2015), that while progress has been made to better respond to parental substance abuse and its impact on child welfare, further research, collaboration, and effort is needed from child welfare researchers and workers, policymakers,

and service providers to continue forming and utilizing evidence-based strategies and integrated services that will help substance abuse families in child welfare (Marsh et al., 2011).

Multidisciplinary Family Treatment Drug Court. Eric Bruns and colleagues completed an experimental study in 2012 comparing the child welfare and parental treatment outcomes for substance-abusing parents who took part in a multidisciplinary family treatment drug court (FTDC) and those who did not. According to this study, FTDCs provide substance abuse services to parents while also the needs of the family. The goal of FTDC is to increase the rate of reunification in child welfare cases in which parental substance abuse is involved by providing parents with the services they need to become and stay clean, increase family functioning and child safety, and create a healthy and stable home environment (Bruns et al., 2012). In this study, researchers looked at the experiences of participants with the court and treatment process and whether children of FTDC participants saw better child welfare outcomes than those whose parents did not participate in FTDC.

While the FTDC from this study consisted of the typical characteristics of an FTDC, such as a team of representatives from the judicial system, child welfare system, treatment systems, and court-appointed advocates, it also consisted of several unique characteristics as well. In this FTDC, child welfare social workers work with smaller (15:1 at most) caseloads that only consist of FTDC families (Bruns et al., 2012). Additionally, the FTDC brings in new cases through a recruitment specialist who receives referrals, reviews records, and interviews the client before passing this information to the multidisciplinary team for program acceptance. The FTDC also employs a treatment liaison who connects parents to mental health and chemical dependency programs while communicating between treatment providers and the court. A wraparound facilitator is employed with the responsibility of working with families who have more particular

needs to develop a wraparound care coordination process, and a Family Treatment Court Specialist is responsible for keeping track of the progress clients make throughout the program.

Upon the completion of the FTDC study, results were measured through factors such as time to FTDC admission, FTDC graduation status, number of court hearings substance abuse treatment admission and completion, length of out-of-home placements for children, length of time in child welfare supervision, placement types at the end of the study, and subsequent child welfare investigations (Bruns et al., 2012). These results suggested that parents participating in FTDC are more likely to enter treatment, receive more treatment, and complete treatment. In addition, child welfare outcomes showed better outcomes for families participating in FTDC than those who did not, with FTDC children spending less time in out-of-home care and the child welfare system. Children of participating parents were also more likely to achieve permanency and returned to their parent(s) at faster rates than those in the control group. According to Bruns and affiliates, these findings are consistent with the findings from other studies on FTDCs, but some differences were found about the unique characteristics of this specific FTDC, previously mentioned above. In comparison to other FTDCs that did not include the additional processes and services mentioned above, the FTDC in this study showed a higher number of FTDC caregivers completing treatment, children achieving permanency, and an increase in days until permanency was reached (Bruns et al., 2012). The conclusion of this study further suggested that the FTDC model can lead to improved parental substance abuse and child welfare outcomes, but that more research is needed to further learn and explore how to sustain the positive impact FTDC has on these families.

PSA Programs Focusing on Family Functioning. Like the research done by Bruns and affiliates (2012), researcher Nena Messina and colleagues completed a 2015 review of four

intervention program trials that work with parents battling substance abuse and children with a parent or parents with a substance use issue to recognize programs that have potential to improve the outcomes of children experiencing parental substance use. The four trials reviewed in this work were Parents under Pressure (PUP), Focus on Families (FOF), Behavioral Couples Therapy (BCT), and Parent Skills with Behavioral Couples Therapy (PSBCT). All four trials were family-based interventions and focused on children ages 2 to 16. PUP is an intervention program in which weekly sessions were held to teach parents child management and relationship-building skills, as well as how to manage their emotions and reduce the likelihood of relapsing (Messina et al., 2015). These weekly meetings were held over a 3–4-month period, with additional case management and services available to participants if needed. This study concluded that families in the PUP program saw much more improvement in family function and a notable decrease in the likelihood of child abuse and problem behaviors in children in comparison to families assigned to other interventions.

FOF is a family-based treatment program in which parents received methadone treatment, parenting skills training, and home-based case management services (Messina et al., 2015). During participation, parents received 53 parenting skills training sessions in groups of 6-10 families, with children participating in 12 of the sessions for parents to practice the skills learned. In comparison to the group of substance-using parents who were assigned to standard treatment, those participating in the FOF program showed significantly less parental drug abuse and better parenting skills throughout the 12-month follow-up period. Additionally, a 12-year follow-up showed that children from the FOF sample families were at a lesser risk of developing a substance use disorder themselves (Messina et al., 2015). The BCT intervention included in this review studied the intervention's effect on the psychosocial functioning of the children of men

receiving outpatient treatment for substance abuse. The men in the BCT group were to attend 32 treatment sessions, with their significant others participating in the 12 sessions that covered communication skills, positive behaviors, and eliminating aggression between the couples. These couples were then expected to rate their children's psychosocial functioning with the Pediatric Symptom Checklist. Messina and associates' review of this intervention suggested that children whose parents participated in BCT had better psychosocial functioning scores than other children whose parent(s) was receiving outpatient treatment for substance abuse (Messina et al., 2015).

The final study in Messina and colleagues' (2015) review was the PSBCT, which was an effort to enhance child welfare outcomes by adding a parenting component to behavioral couples therapy (BCT) (Messina et al., 2015). After assigning 10 men to PSBCT, BCT, and individual-based treatment (IBT), PSBCT participants received 8 sessions of BCT treatment and four parenting skills sessions with their partners. BCT participants received 12 standard BCT sessions with their partners and IBT participants received 12 coping skills sessions on their own. Child outcomes were measured using the Children's Depression Inventory, Revised Children's Manifest Anxiety Scale, and the Child Behavior Checklist. The 12-month follow-up results of this study suggested a greater positive change in problem behaviors, depression, and anxiety in children of PSBCT participants in comparison to those of the BCT and IBT groups. While BCT participants also displayed these positive outcomes, the depression and anxiety improvements did not seem to be permanent, as they were not sustained through the 12-month follow-up (Messina et al., 2015).

Messina and colleagues suggested, based on their research and reviews, that interventions that work with substance-abusing parents on their substance abuse issues, parenting practices, and the overall functioning of their family system are some of the most promising for improving

the health and well-being of children of substance abusing parents and family functionality. Like the conclusion Bruns and associates (2012) drew following their study, Messina and associates found that further research is a necessary step in furthering the knowledge of interventions that are sustainable and will continue to improve child welfare outcomes even after the initial intervention ends.

Recovery Specialist Voluntary Program. Ungemack and colleagues' (2015)

Connecticut-based research on the integration of services through the Recovery Specialist Voluntary Program (RSVP), a program focused on confronting parental substance abuse without FTDCs while offering recovery support within the child welfare system. Researchers such as Marsh (2011), Bruns (2012), Messina (2015), and Freisthler and associates (2021), like Ungemack and colleagues, argue that child welfare, substance abuse treatment providers, and court systems cannot and do not operate as effectively as they could when there is a lack of communication and collaboration across the systems. Connecticut's solution to this issue was the RSVP, an effort by the Connecticut Department of Children and Families (DCF), the Judicial Branch, the Department of Mental Health and Addiction Services (DMHAS), and the nonprofit behavioral health services organization, Advanced Behavioral Health (ABH) (Ungemack et al., 2015).

RSVP works with parents whose children are removed by court order in part due to parental substance abuse. These parents are allowed to participate in RSVP if they reside in an area served by RSVP, reunification is still possible, and incarceration does not surpass 30 days. If the parents opt to participate, it becomes a court order. From this point, the assigned Recovery Specialist facilitates a substance abuse evaluation, and the parent is connected to a treatment program, which, in addition to participation in self-help groups, is monitored by the Recovery

Specialist. The Recovery Specialist also offers coaching and support, addresses issues such as housing instability, lack of benefits, and other issues that may prevent recovery, and conducts random drug screenings (Ungemack et al., 2015). The specialist participates in court proceedings and DCF meetings and reports to both on the progress of the participant. The three, 90-day phases of RSVP all include treatment attendance and participation in self-help meetings, but the frequency of drug screenings and contact varies by phase, treatment setting, and recovery progress. The Recovery Specialist works with the client, DCF worker, and treatment provider to identify goals and evaluate readiness for the next phase and discharge. At set intervals, case status conferences are held in which Court Services Officers (CSOs), DCF workers, the parent, and their Recovery Specialist meet to review reports, progress, and the status of their court case. RSVP, according to Ungemack and colleagues, allows the parent to share, identify, and talk through solutions for any issues they are encountering while in the program, reinforcing the steps to recovery and further promoting collaboration between agencies.

Ungemack and affiliates concluded their research by ruling that RSVP is a useful intervention model and an example of integrated services without the use of FTDCs. According to the outcomes of the participants of RSVP over a three-year study, completion rates for RSVP's first phase for clients were 32% higher than those of other treatments in Connecticut but were like FTDC rates (Ungemack et al., 2015). Additionally, 54% of discharged clients were successfully discharged, and 74% of children of RSVP participants achieved permanency within 12 months in comparison to 49% of other orders of temporary custody cases across the state (Ungemack et al., 2015). These findings stress, like Marsh (2011), Bruns (2012), and Messina and colleagues (2015), that recovery-focused, integrated intervention methods result in positive outcomes for parents and families dealing with substance use issues. The difference between

Ungemack and associates' research and those mentioned previously is that a Family Drug Court is not a part of this process. However, where the courts are involved in RSVP, the goal is to ensure children are safe and their needs are addressed while parents receive the necessary services for recovery and reunification. This is an aspect of RSVP that seems to take the place that FTDCs hold in studies such as Marsh and associates (2011), Bruns and colleagues (2012), and Freisthler (2021). Ungemack and associates still see a need for further research and refinery of RSVP to enhance their services to address the unique needs of substance-using parents involved in child welfare and their children.

Current PSA Interventions & Recommendations. In Neger and Prinz's (2015) work, 21 studies were reviewed to examine and understand current intervention methods for parental substance abuse and form recommendations for further research, practice, and policy change to continue working toward a solution that treats both substance abuse and child welfare issues. 9 of the 21 studies were randomized control trials (RCTs) in which all parents received substance abuse treatment and were assigned at random to a parenting intervention or control group (Neger & Prinz, 2015). Control groups were treated with either substance abuse treatment and case management, or alternative treatments such as Behavioral Couples Therapy (BCT) or Parenting Education brochures. 3 of the 21 studies were quasi-experimental and participant outcomes were compared to those of non-participant control groups. 5 of 21 studies used does-response analyses, in which outcomes were assessed based on the length of treatment, and the 4 other studies practiced single-group pre-post repeated measures analyses with no control group (Neger & Prinz, 2015).

Of these 21 studies, 17 different parenting intervention methods were used. The results of the RCTs suggested, like the other studies in this review, that combining substance abuse

treatment with parenting interventions, such as in the Parents Under Pressure Program (Neger & Prinz, 2015; Messina et al., 2015), improved parenting at a much higher rate than just substance abuse treatment (Neger & Prinz, 2015; Marsh et al., 2011; Bruns et al., 2012; Messina et al., 2015; Ungemack et al., 2015; Freisthler et al., 2021). According to Neger and Prinz, most of these programs addressed more than one connection between parental substance abuse and parenting struggles, with most of the interventions focusing on the connection between the dual problems and psychosocial stressors of substance abuse and ineffective parenting and/or the connection between substance abuse and a lack of knowledge on appropriate parenting skills. Similarly, the results of the non-RCT designs further supported that the addition of parenting intervention and services to substance abuse treatment benefits the parents and family by decreasing substance abuse as well as increasing appropriate parenting practices (Neger & Prinz, 2015). Like Marsh and colleagues (2011), Neger and Prinz suggested based on their research that policy changes and collaboration between child welfare agencies, treatment providers, and the courts are needed to allow parents to complete treatment at their natural pace while still working towards reunification and improvements in parenting. Expecting parents to recover quickly and permanently from addiction while learning parenting skills and taking on full responsibility and the stress that comes with caring for their children places them in a position that is difficult to progress from (Marsh et al., 2011; Bruns et al., 2012; Neger & Prinz, 2015; Freisthler et al., 2021).

Enhancing Permanency in Children and Families. Ohio's Enhancing Permanency in Children and Families (EPIC) program is the product of an inter-agency collaboration between Ohio State University's College of Social Work, two juvenile courts, behavioral health agencies, and county offices of the Ohio Department of Job and Family Services (Freisthler et al., 2021).

The program uses three evidence-based and -informed practices to target and reduce parental substance abuse and the abuse and neglect of children as well as to increase permanency outcomes within the child welfare system. First, EPIC participants are assigned to a peer recovery supporter, who assists parents in getting into treatment and supports them through the treatment process. These individuals must have previously struggled with substance abuse, be at least 3 years clean, complete 56 hours of training, and be tested before becoming certified peer recovery supporters by the Ohio Department of Mental Health and Addiction Services. They are trained and supervised by Ohio behavioral health agencies Ohio Guidestone and Integrated Services. Once assigned to a parent, peer recovery supporters complete comprehensive clinical assessments, service planning, case management, and outreach services and advocacy. Additionally, they attend child-welfare team meetings as consultants, make home visits with child welfare caseworkers, and are available to the parent as needed by phone.

The second practice in the EPIC program is the monetary incentivization of participation in family treatment drug court (FTDC) with medications to address withdrawals and cravings and guarantee medical supervision for parents struggling with addiction. FTDC consists of frequent court hearings, substance abuse treatment, drug testing, judicial monitoring, and rewards/sanctions related to the compliance of the participants with treatment plans. According to Freisthler and colleagues (2021), FTDC participation leads to a higher likelihood of parents entering substance use treatment, faster and longer admission and stays for treatment, and an increase in treatment completion rates. The likelihood of reunification and achieving permanency in these families increases with the completion of FTDC, something that was also suggested in Bruns and associates' (2012) FTDC study.

The last piece of the EPIC program is the provision of *parenting support* inspired by the Nurturing Parent Program (NPP), which provides skill building for parents and kinship caregivers when it comes to their expectations of their children, their empathy towards their children, appropriate parent-child behaviors, alternatives to corporal punishment, and how to support the development and empowerment of their children and their independence. EPIC modified this program to include lessons around substance use, such as ways for kinship caregivers to safely maintain relationships with parents. Freisthler and associates have not yet concluded this study. However, based on research studies by Marsh and colleagues (2011), Bruns and colleagues (2012), Neger and Prinz (2012), Messina and colleagues (2015), and Ungemack and colleagues (2015), the results are expected to be positive and increase what is known about parental substance abuse and how to best approach the unique needs and wellbeing of parents, children, and caregivers.

Conclusion

This literature review's purpose was to study parental substance abuse's impact on children and child welfare cases in the U.S. and investigate what is being done to mitigate these effects. The results of this research suggested the following; first, children of parents with SUDs are not only at risk of maltreatment and neglect in the home but also traumatic experiences if removed from the home and their families, psychological and psychosocial disorders such as depression, anxiety, and the development of SUDs of their own. These children and families often have unique needs that cannot be met with child welfare services or substance use treatment on their own. The integration of services for families and parents with substance abuse issues provides an opportunity for parents to receive the necessary services to begin the long journey to recovery while their children receive services to address any potential trauma or needs

caused by parental substance use. When these services are not integrated and collaboration between agencies does not occur, many parents are forced to choose between completing their treatment and truly dedicating their time to recovering or attending parenting classes and trying to keep their kids in their homes.

The second conclusion from this review is that child welfare cases in the U.S. are greatly affected by parental substance abuse. However, there is a lack of data focusing on parental substance use alone as a cause of child maltreatment. This review discovered a need for an increase in data collection and analysis on parental substance use child welfare cases in the U.S. All research in this review supports the idea that parental substance use is a leading factor in child maltreatment, but it would be helpful if the constructs were more defined when researching possible solutions to this undeniable threat to child welfare. It would also be beneficial to examine more than just the primary reason for child removal when completing studies on the child welfare system, as PSA is often listed as a secondary factor (National Center on Substance Abuse and Child Welfare, n.d.) Further research on how parental substance use impacts child welfare cases in the U.S. is important in understanding the need for integrated family and substance use services.

The final finding from this review is that while efforts are being made to address parental substance abuse and its impact on the family unit, there is a clear need for an increase in research and the provision of integrated services and collaboration when it comes to parental substance abuse and child welfare in the U.S. Integrated services have been found in several studies to increase motivation in parents to participate and complete treatment, increasing the likelihood of family reunification. However, the availability of integrated, coordinated, accessible treatment and services to parents struggling with addiction is, according to this research, limited.

Continuing to research the effects of integrated services such as family-based residential treatment programs and family treatment drug courts will allow for improvements to current services and the development of new, family-focused substance use treatments that can protect children and strengthen families while still addressing the parent's needs as an individual with human tendencies.

References

- Bose, J., Hedden, S. L., Lipari, R. N., & Park-Lee, E. (2018, September). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Substance Abuse and Mental Health Services Administration . Retrieved October 9, 2022, from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>
- Bruns, E. J., Pullmann, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes. *Child Maltreatment, 17*(3), 218–230. <https://doi.org/10.1177/1077559512454216>
- Child welfare and alcohol and drug use statistics*. National Center on Substance Abuse and Child Welfare. (n.d.). Retrieved January 19, 2023, from <https://ncsacw.acf.hhs.gov/research/child-welfare-and-treatment-statistics.aspx>
- Chou, J. L., Cooper-Sadlo, S., Diamond, R. M., Muruthi, B. A., & Beeler-Stinn, S. (2019). An exploration of mothers' successful completion of family-centered residential substance use treatment. *Family Process, 59*(3), 1113–1127. <https://doi.org/10.1111/famp.12501>
- Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzler, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for Family Drug Court. *Journal of Substance Abuse Treatment, 38*(3), 263–274. <https://doi.org/10.1016/j.jsat.2010.01.002>
- Dunn, M. G., Tarter, R. E., Mezzich, A. C., Vanyukov, M., Kirisci, L., & Kirillova, G. (2002). Origins and consequences of child neglect in substance abuse families. *Clinical Psychology Review, 22*(7), 1063–1090. [https://doi.org/10.1016/s0272-7358\(02\)00132-0](https://doi.org/10.1016/s0272-7358(02)00132-0)

- Freisthler, B., Maguire-Jack, K., Yoon, S., Dellor, E., & Wolf, J. P. (2021). Enhancing permanency in children and families (EPIC): A child welfare intervention for parental substance abuse. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-10668-1>
- Henry, C., Liner-Jigamian, N., Carnochan, S., Taylor, S., & Austin, M. J. (2018). Parental substance use: How child welfare workers make the case for court intervention. *Children and Youth Services Review*, 93, 69–78. <https://doi.org/10.1016/j.chilyouth.2018.07.003>
- Jankowski, M. K., Knight-Zhang, E., & Butcher, R. (2022). Differences in trauma exposure, PTSD and child well-being as a function of parental substance misuse in a child welfare sample. *Children and Youth Services Review*, 132, 106326. <https://doi.org/10.1016/j.chilyouth.2021.106326>
- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of Substance Use Disorders on families and children: From theory to practice. *Social Work in Public Health*, 28(3-4), 194–205. <https://doi.org/10.1080/19371918.2013.759005>
- Lewis, Q. J., Smith, B. D., Offiong, A., Prioleau, M., & Powell, T. W. (2021). When a house is never a home: Housing instability among youth affected by parental drug abuse. *Child Abuse & Neglect*, 118, 105131. <https://doi.org/10.1016/j.chiabu.2021.105131>
- Lipari, R. N., & Van Horn, S. L. (2017, August 24). *CHILDREN LIVING WITH PARENTS WHO HAVE A SUBSTANCE USE DISORDER*. Children living with parents who have a substance use disorder. Retrieved October 9, 2022, from https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html
- Marsh, J. C., Smith, B. D., & Bruni, M. (2011). Integrated substance abuse and child welfare services for women: A progress review. *Children and Youth Services Review*, 33(3), 466–472. <https://doi.org/10.1016/j.chilyouth.2010.06.017>

- Messina, N., Calhoun, S., Conner, E., & Miller, M. (2015). Improving the outcomes of children affected by parental substance abuse: A review of Randomized Controlled Trials. *Substance Abuse and Rehabilitation*, 15. <https://doi.org/10.2147/sar.s46439>
- Neger, E. N., & Prinz, R. J. (2015). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review*, 39, 71–82. <https://doi.org/10.1016/j.cpr.2015.04.004>
- Parental substance misuse*. NSPCC Learning. (2022). Retrieved October 9, 2022, from <https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse>
- Parental substance use: A Primer for Child Welfare Professionals*. Child Welfare Information Gateway. (2021). Retrieved October 9, 2022, from <https://www.childwelfare.gov/pubPDFs/parentalsubuse.pdf>
- Parolin, M., Simonelli, A., Mapelli, D., Sacco, M., & Cristofalo, P. (2016). Parental substance abuse as an early traumatic event. preliminary findings on neuropsychological and personality functioning in young drug addicts exposed to drugs early. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.00887>
- Staton–Tindall, M., Sprang, G., & Clark, J. (2012). Caregiver drug use and arrest as correlates of child trauma exposure. *Journal of Evidence-Based Social Work*, 9(3), 265–282. <https://doi.org/10.1080/15433714.2010.494982>
- Stover, C. S., McMahon, T. J., & Moore, K. (2019). A randomized pilot trial of two parenting interventions for fathers in residential substance use disorder treatment. *Journal of Substance Abuse Treatment*, 104, 116–127. <https://doi.org/10.1016/j.jsat.2019.07.003>
- Ungemack, J., Giovannucci, M., Moy, S., Ohrenberger, K., DeMatteo, T., & Smith, S. (2015). *Making it work without a Family Drug Court: Connecticut's approach to ...* Gale OneFile:

Health and Medicine. Retrieved December 2, 2022, from

<https://ficw.fsu.edu/sites/g/files/upcbnu1106/files/article-summaries/AS-Service-Array-Making%20it%20Work%20without%20a%20Family%20Drug%20Court-%20Connecticut%E2%80%99s%20Approach%20to%20Parental%20Substance%20Abuse%20in%20the%20Child%20Welfare-180605.pdf>