

# Welcome to

FAMILIES & SUBSTANCE USE  
DISORDERS: A PROTECTIVE  
FACTORS APPROACH

**THE TRAINING WILL BEGIN SHORTLY**

*While you're waiting...*



*Icebreaker Question* (answer in the chat)

If you could instantly pick up a new skill/talent today, what would you choose?



*Survey & Certificate of Completion*

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# Hi, We're CalTrin!

## Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including FRCs, CAPCs, CBOs, and other child and family serving systems.

## What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



*This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.*

# UPCOMING TRAININGS

*mark your calendars!*

Visit [caltrin.org](http://caltrin.org) to view and register for upcoming webinars or workshops



**9/20** | Working with Asian American Families



**10/03** | Addressing Implicit Bias



**9/26** | Mental Health Matters in Early Childhood



**10/10** | Protective Factor:  
Concrete Support in Times of Need



**9/29** | Paternal Perinatal Mental Health:  
The Changing Face of New Fatherhood



**10/18** | Creating Accountability

# Before We Begin...

DURING



Access the presentation slides now! The link can be found in the chat.



This presentation is being recorded.

DURING



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.



# Families Affected by Substance Use Disorders Across the Developmental Spectrum: A Protective Factors Approach

**Presenters:**

**April Frey**

**Katie Ryan**

**Williard Wynn**



# Acknowledgment



National Center on  
Substance Abuse  
and Child Welfare

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



<https://ncsacw.acf.hhs.gov> | [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

# Learning Objectives

Participants will understand the unique needs of children and families affected by substance use disorders (SUDs)

Participants will recognize SUDs as a chronic brain disease and be able to identify ways that protective factors can be enhanced for families affected by parental SUDs

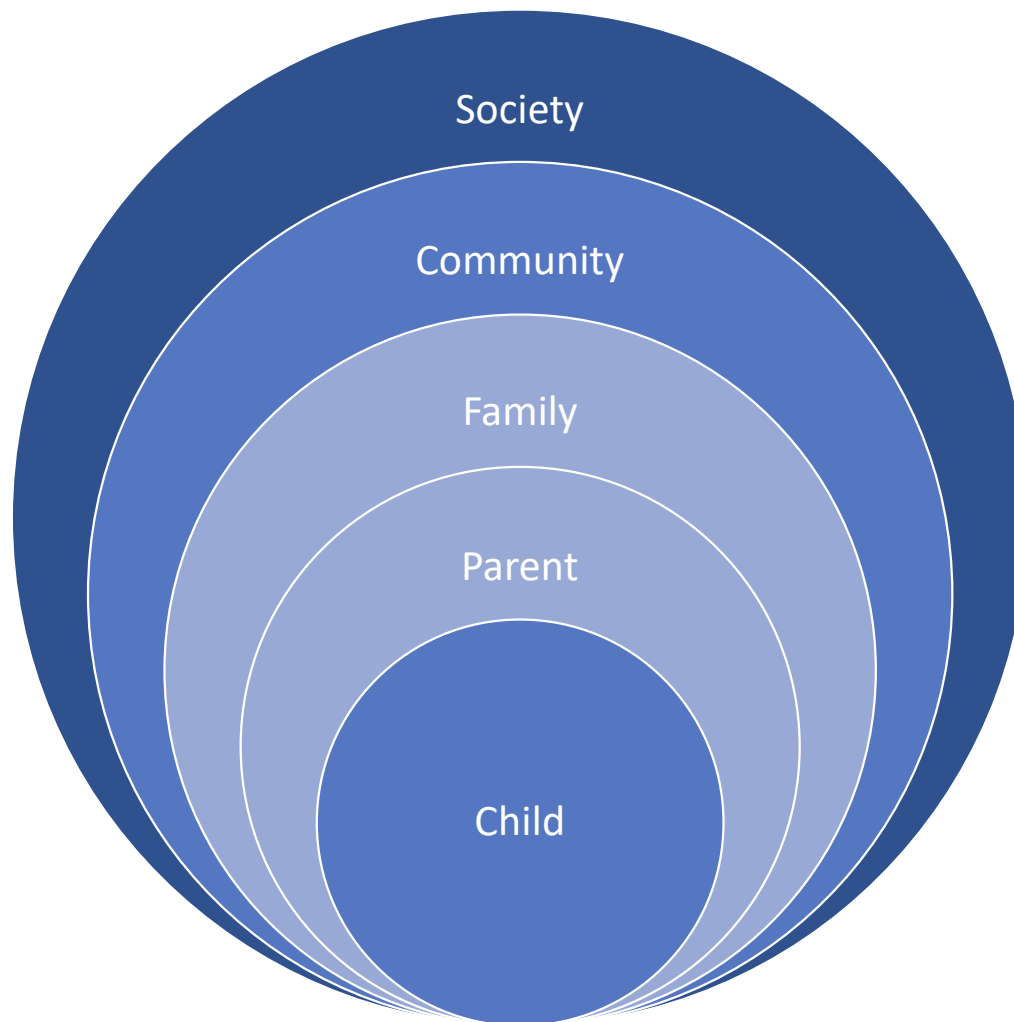
Participants will be able to demonstrate how the implementation of a collaborative, family-centered approach can improve outcomes for children and their families



# Family Development

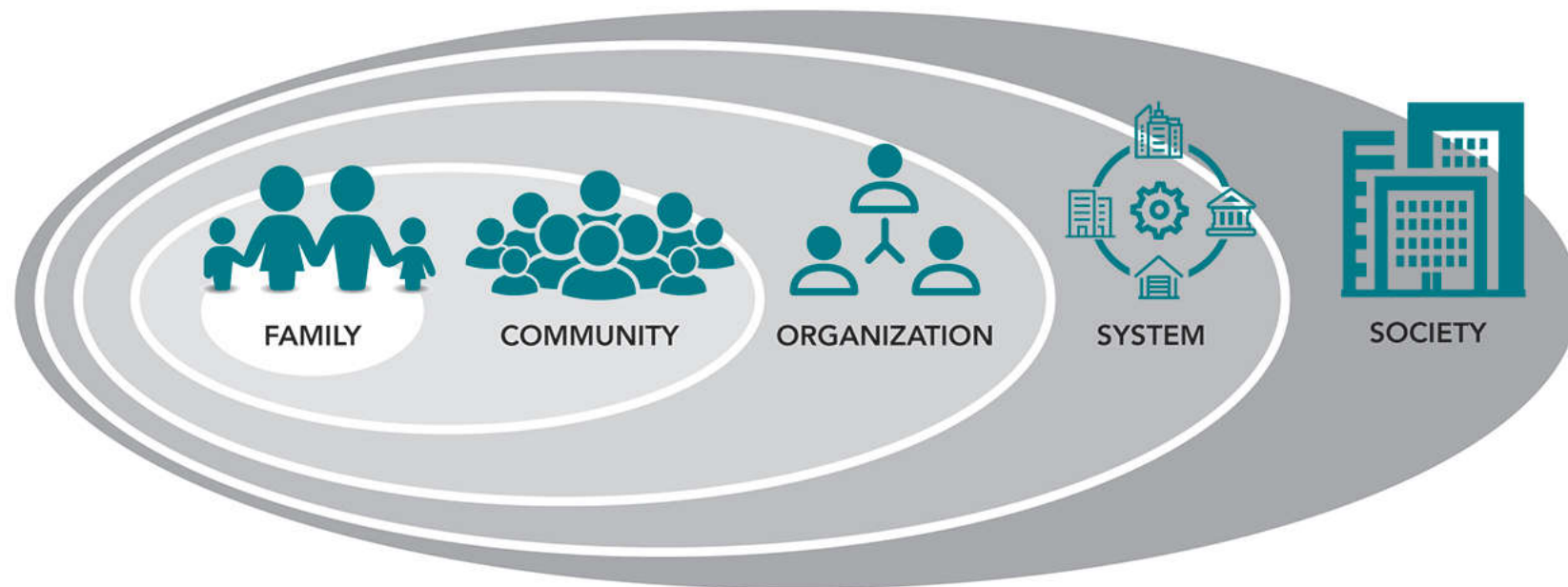


# Person In Environment



(Karls, J & O'Keefe M, 2008)

# Social Ecological Model



(Child Welfare Information Gateway 2023).

# Examples of Racism Across Social Ecological Model

## Interpersonal/Individual Level

- Biased beliefs & feelings about other races and ethnicities
- Acceptance of racist biases & stereotypes about ones' own group

## Interpersonal/Relationship Level

- Interactions that express prejudice, bias, bigotry & hatred such as:
- Racial Profiling, microaggressions, racial slurs, discrimination, etc.

## Organizational/Community Level

- Discriminatory practices, policies and treatment that result in inequitable outcomes in contexts found in:
- Schools, housing, policing, courts, services, resources, etc.

## Systemic/Societal Level

- Marco-level systems, social forces, beliefs & processes that maintain inequities such as:
- Laws, policies, images, history, lack of opportunities



# Child Development

# Erikson's Stages of Development

<i>Age</i>	<i>Conflict</i>	<i>Resolution or "Virtue"</i>	<i>Culmination in old age</i>
Infancy (0-1 year)	Basic trust vs. mistrust	Hope	Appreciation of interdependence and relatedness
Early childhood (1-3 years)	Autonomy vs. shame	Will	Acceptance of the cycle of life, from integration to disintegration
Play age (3-6 years)	Initiative vs. guilt	Purpose	Humor; empathy; resilience
School age (6-12 years)	Industry vs. Inferiority	Competence	Humility; acceptance of the course of one's life and unfulfilled hopes
Adolescence (12-19 years)	Identity vs. Confusion	Fidelity	Sense of complexity of life; merging of sensory, logical and aesthetic perception
Early adulthood (20-25 years)	Intimacy vs. Isolation	Love	Sense of the complexity of relationships; value of tenderness and loving freely

(Erikson, E. H 1993)



# Parent Development



# Galinsky's Stages of Parenthood

	Age of Child	Main Tasks and Goals
<b>Stage 1:</b> The Image-Making Stage	Planning for a child; Pregnancy	Consider what it means to be a parent and plan for changes to accommodate a child.
<b>Stage 2:</b> The Nurturing Stage	Infancy	Develop an attachment relationship with child and adapt to the new baby
<b>Stage 3:</b> The Authority Stage	Toddler and preschool	Parents create rules and figure out how to effectively guide their children's behavior.
<b>Stage 4:</b> The Interpretive Stage	Middle childhood	Parents help their children interpret their experiences with the social world beyond the family.
<b>Stage 5:</b> The Interdependent Stage	Adolescence	Parents renegotiate their relationship with their adolescent children to allow for shared power in decision-making.
<b>Stage 6:</b> The Departure Stage	Early adulthood	Parents evaluate their successes and failures as parents.



# Protective Factors





# Protective Factors

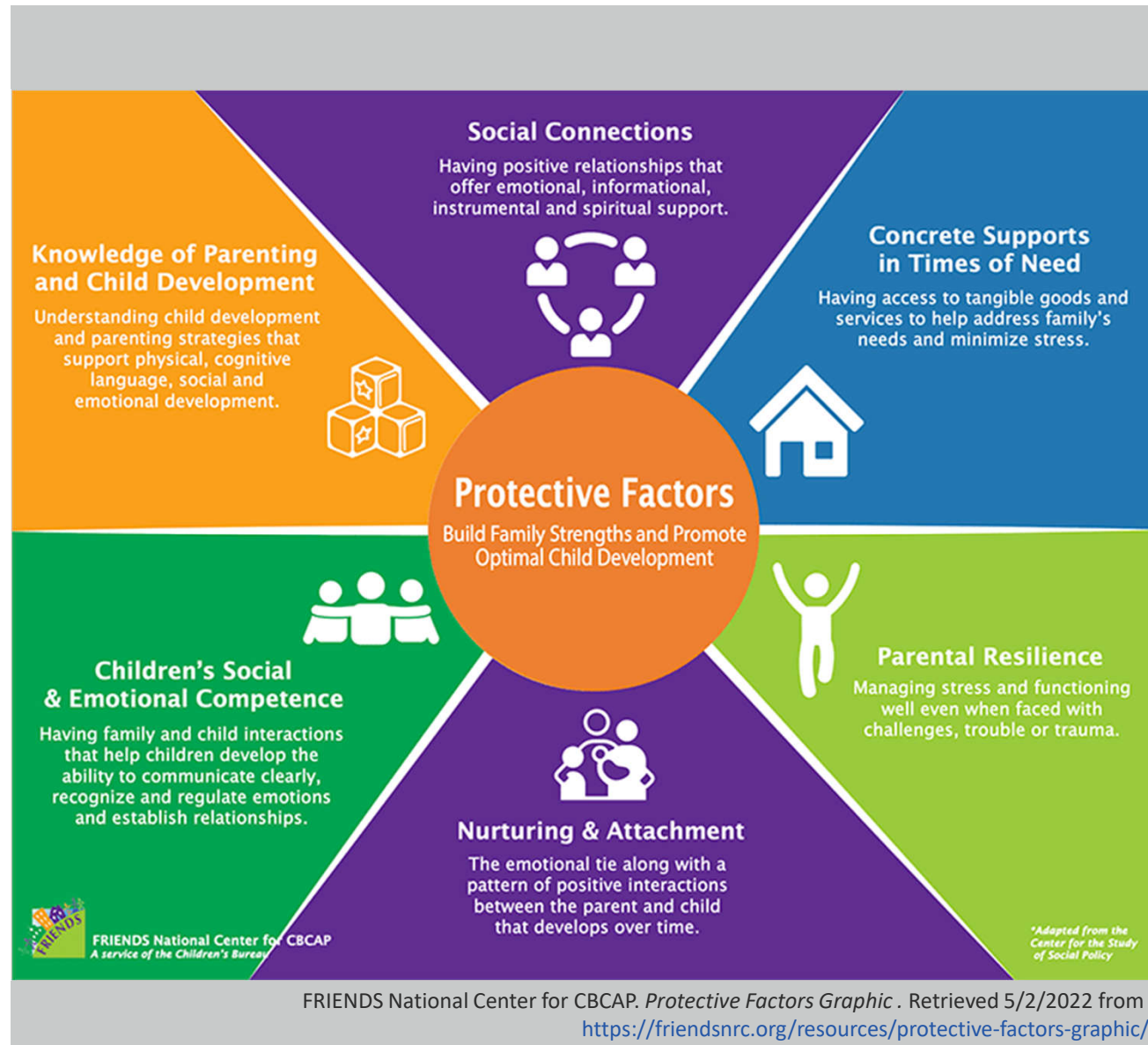
Protective factors are conditions or attributes of individuals, families, communities, and the larger society that mitigate risk and promote the healthy development and well-being of children, youth, and families.

Protective Factors are the strengths that help to buffer and support families.

# Protective Factors

Major protective factors include:

- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports
- Nurturing and attachment
- Social and emotional competence



# Protective Capacities of Parents

Protective capacities are expressed, understood, or felt by individuals and result in parents and caregivers with increased abilities to care for their children and keep them safe in circumstances that are potentially dangerous.

**Behavioral:** Actions that result in protection against danger

**Cognitive:** Knowledge, understanding, and perceptions that result in protection against danger

**Emotional:** Feelings, attitudes, and identification with a child that result in protection against danger

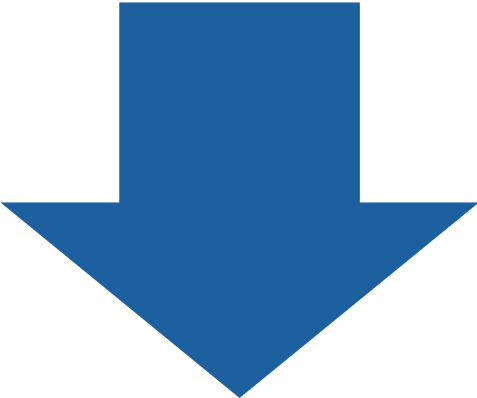


# Risk and Stress Factors

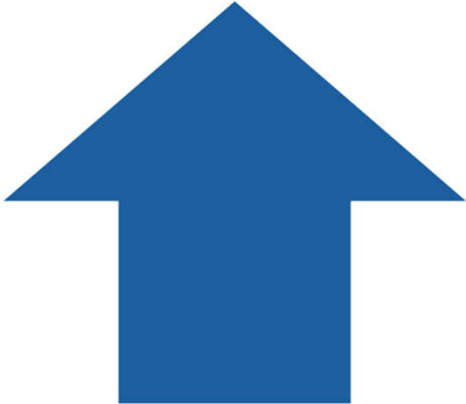
Major stress factors that challenge protective factors and parent's protective capacities include:

- Trauma
- Insecure housing
- Poverty
- Intimate partner violence
- Racism
- Chronic diseases
- Discrimination

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An individual's exposure to racism and discrimination **increases** the risk of developing toxic stress and ACE-associated health conditions, such as SUDs.



A study of SUD disparities in rural Native American communities found that stress from racism and historical trauma increase the risk of SUDs and is a barrier to recovery.

(Skewes, M. C., & Blume, A. W., 2019)  
(ACEs Aware, 2021)

# Interaction of Risk and Protective Factors



(Children's Bureau, March 2020)

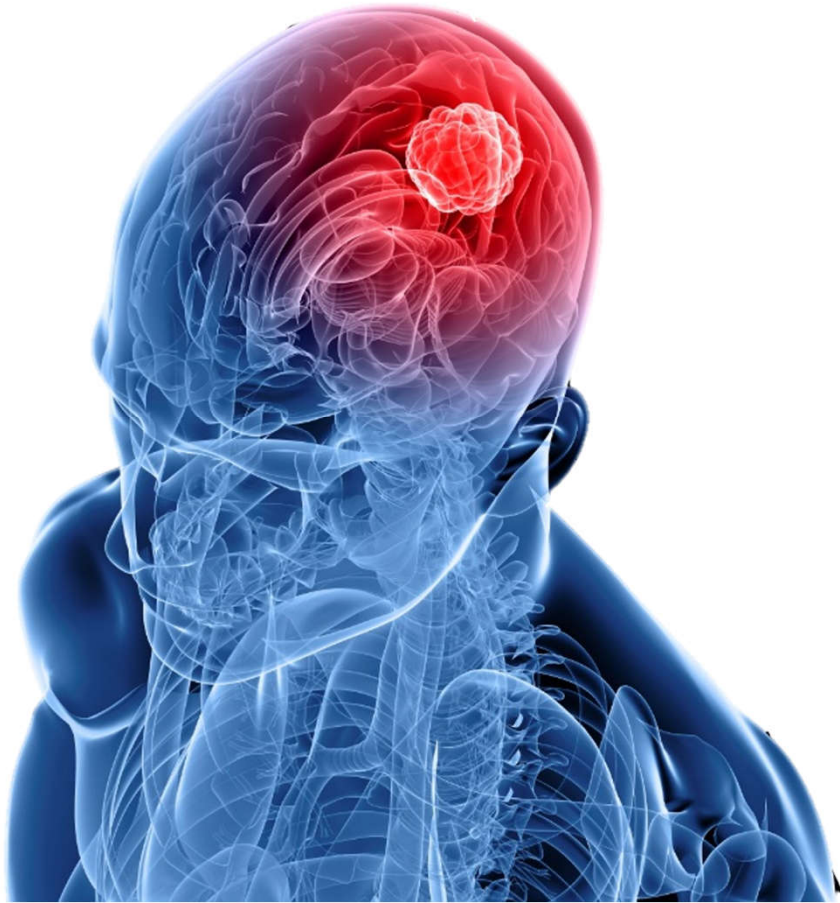


# Substance Use Disorders

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Brain Science and Chronic Disease Perspectives

# American Society of Addiction Medicine (ASAM) Definition



Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”

*Adopted by the ASAM Board of Directors 9/15/2019*





# Drug Use and Addiction

Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences

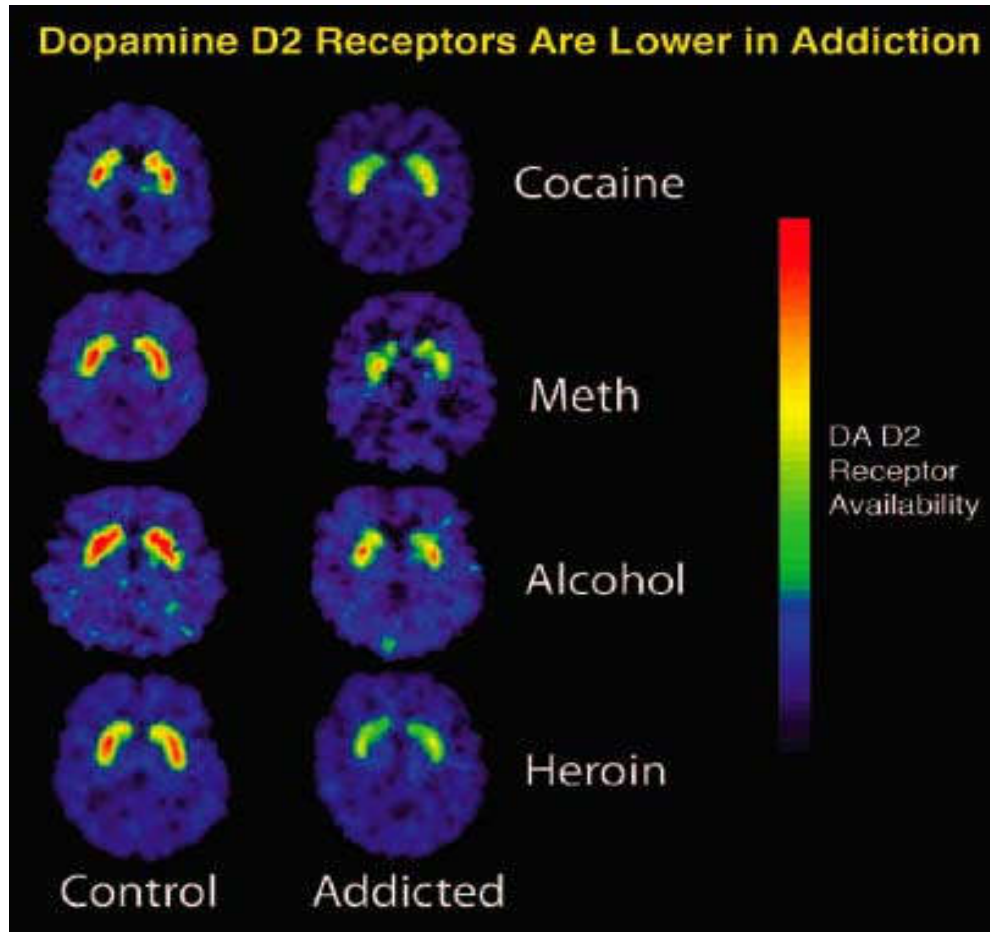
(National Institute on Drug Abuse, 2018b)

# Dopamine and Substance Use

## Dopamine:

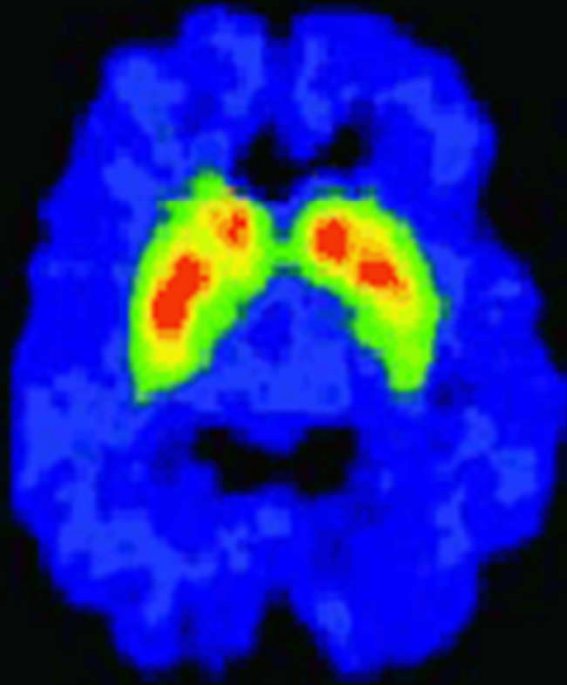
- A neurotransmitter that is released during a pleasurable experience
- Connected to the reward circuit of the brain
- Acts by reinforcing behaviors that are pleasurable
- Leads to neural changes that help form habits
- Released during substance use and reinforces the connection between the substance and the pleasurable experience
- Trains the brain to repeat the pleasurable experience

# Dopamine Receptors in Substance Use Disorder

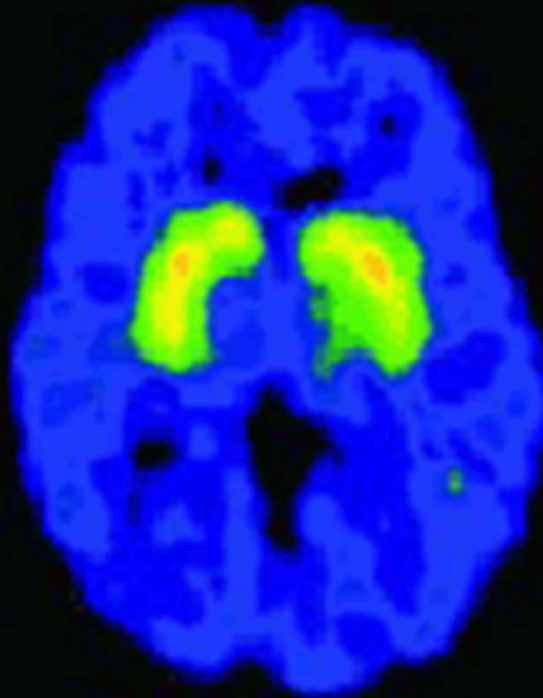


(Davis, 2007)

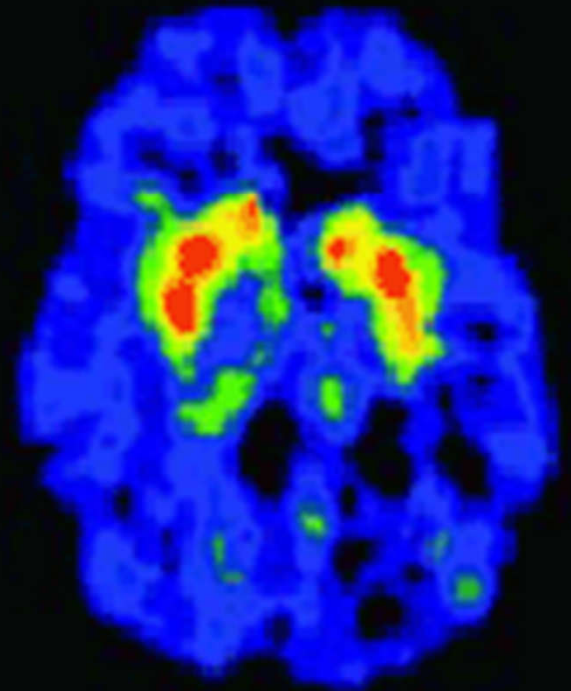
# Effects of Methamphetamines on the Brain



Healthy Person



Meth Use Disorder  
1 month abstinence



Meth Use Disorder  
14 months abstinence

(National Institute on Drug Abuse, 2013)



Developmental effects

Generational effects

Parental substance use affects the whole family

Psycho-social effects

Effect on parenting

# Effects of Substance Use Disorders on Family Functioning

- Child development
- Household safety
- Psychosocial impact
- Parenting skills
- Intergenerational trauma and mental health problems

(Smith and Wilson, 2016)

# Effects of SUD on Parenting

A parent's substance use disorder, along with other stress factors, can affect a parent's ability to access, develop or use protective factors and capacities effectively.



(Children's Bureau, March 2020)



# Challenges

Without strong protective factors and capacities, parents with a SUD may struggle to:

- Recognize or create secure attachments
- Attune to their child's needs
- Create secure environments
- Model appropriate behaviors
- Co-regulate emotions

(Children's Bureau, March 2020)





How can you balance compassion, understanding, and patience with a parent's temporarily compromised brain condition, while encouraging the development of protective factors and capacities?

"Groundbreaking discoveries about the brain have revolutionized our understanding of addiction, enabling us to respond effectively to the problem"

- Dr. Nora Volkow,  
National Institute  
on Drug Abuse

- Substance use disorders are **preventable** and **treatable**
- Discoveries in the science of addiction have led to advances in SUD treatment that **help people stop** misusing drugs and **resume productive lives**
- Treatment enables people to counteract SUDs' powerful disruptive effects on the brain circuitry and behavior and **regain areas of life function**
- Successful SUD treatment is highly **individualized** and can entail:
  - Medication
  - Behavioral Interventions
  - Peer Support

(National Institute on Drug Abuse, 2018c; Longo, 2016)

# Family-Centered Approaches and Collaboration

Working across disciplines and with all family members in SUD Treatment and Recovery



# Family-Centered Approach to SUD Treatment and Recovery

It is important that work to establish, access and successfully use protective factors and capacities is integrated into a parent's SUD treatment and recovery by providers and service partners



# Family-Centered Approach



Recognizes that addiction is a **brain disease** that affects the entire **family**, and that recovery and well-being occurs **in the context of the family**

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Provides a comprehensive array of clinical treatment and related support services that meet the needs of **each member in the family**, not only the individual requesting care

---



Extends well beyond the substance use disorder (SUD) treatment system, the child welfare system, the courts, and mental health services, and includes **all other agencies and individuals** that interact with and serve families

## Defining Family

A family-centered approach recognizes that **family** is defined by the individual receiving services

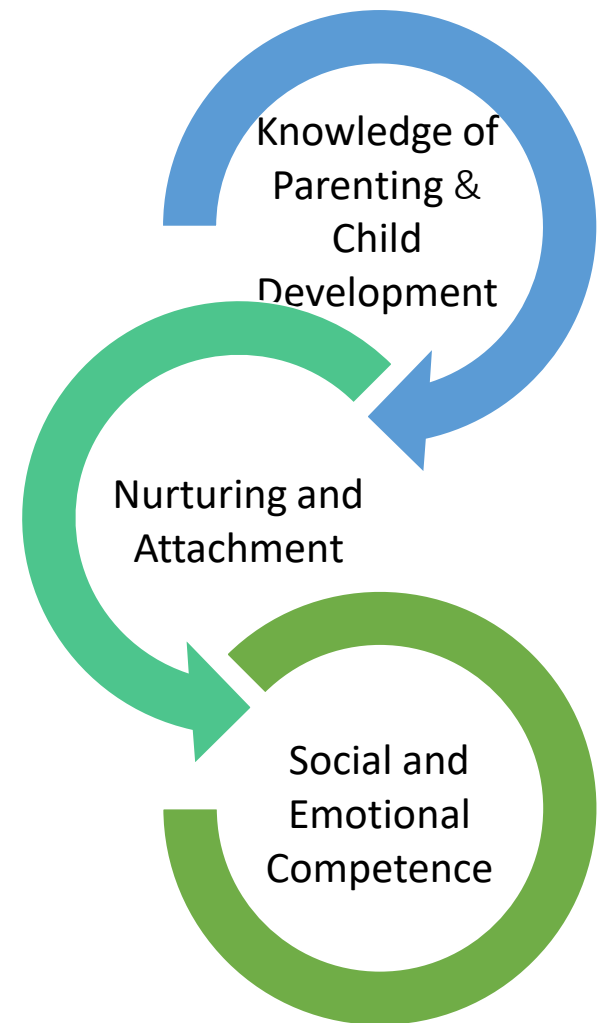
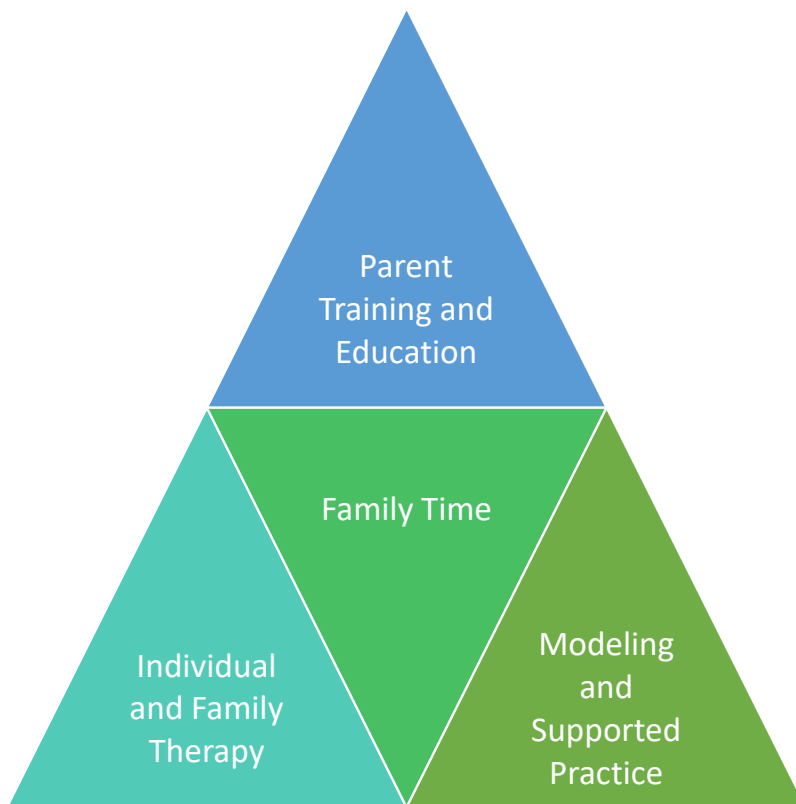


# Treatment that Supports Families

- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being

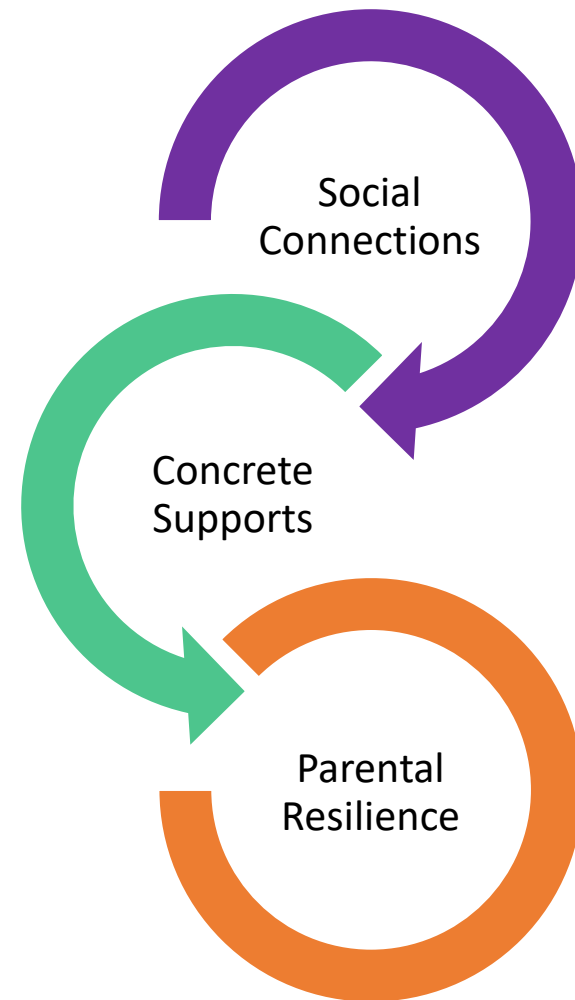
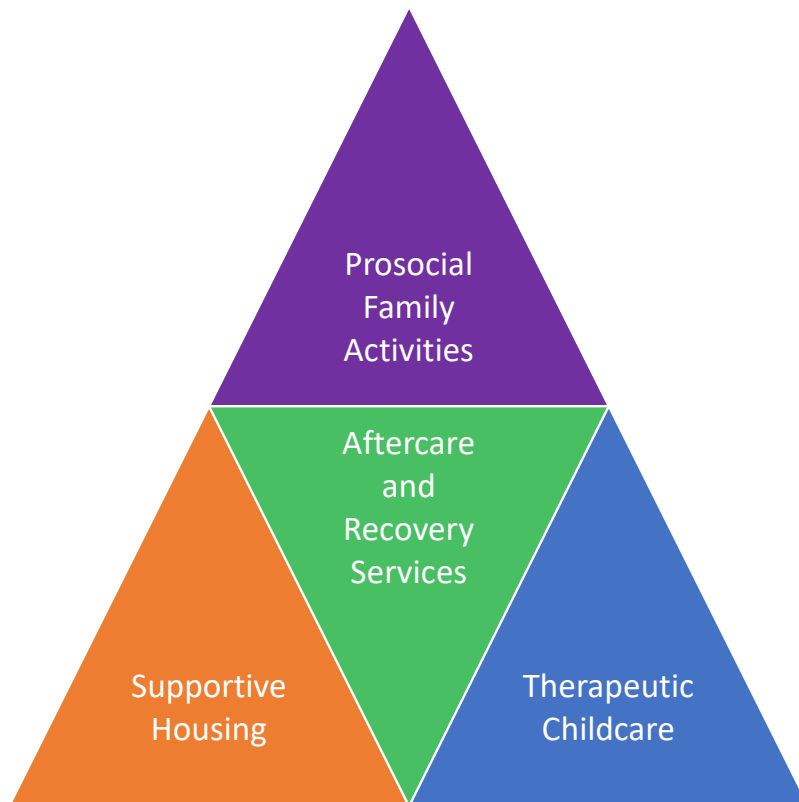


# Enhancing Protective Factors for Families Affected by SUDs





# Enhancing Protective Factors for Families Affected by SUDs



# A Family Focus

## Parent Recovery

- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

## Family Recovery and Well-being

- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling
- Parenting Education that includes Children to Practice new Skills

## Child Well-being

- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

# Strategies to Advance Equity



Assess families' protective capacities along with child risk and safety

Engage families in culturally competent and responsive SUD treatment

Discuss how structural barriers and biases affect engagement into treatment

Partner with providers and organizations that families consider important to well-being and recovery



Supporting  
**FAMILY RECOVERY**



A photograph of a man with a goatee, smiling and looking down at a baby in a dark brown carrier. The background is bright and out of focus, suggesting an outdoor setting. The text is overlaid on the image.

# Benefits of Family-Centered Substance Use Disorder Treatment

Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a **“high” level of family and children’s services** were **twice as likely to reunify** with their children as those who participated in programs with a **“low”** level of these services (Grella, Hser & Yang, 2006).

**Retention and completion of comprehensive substance use treatment** has been found to be the **strongest predictor of reunification** with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).

# People Who Have Sustained Recovery...



- 1 Demonstrated specific personal or internal attributes**
  - Personal Recovery Capital**
  - Physical health
  - Financial assets
  - Safe, affordable housing
  - Educational and vocational skills
  - Personal values
  - Sense of purpose, future, and hopefulness
  
- 2 Drew upon particular familiar and social resources**
  - Family/Social Recovery Capital**
  - Family members, including a healthy parent-child dyad
  - Close personal relationships
  - Social relationships
  - Supported in relationships to build and maintain a recovery-oriented lifestyle
  
- 3 Resided within communities that promoted and supported recovery**
  - Community Recovery Capital**
  - Attitudes, resources, laws, and policies
  - Public examples of recovery journeys
  - Community-based recovery support
  - Communities that destigmatize SUDs
  - Environments that encourage health and wellness

(White, & Cloud,2008)



# Family

Early  
Childhood  
Services

Child  
Welfare

Substance  
Use  
Disorder  
Treatment

Mental  
Health  
Treatment

Housing

Courts

Family  
Education  
Services



# Riverside Community Health Systems' Experience with Family Centered SUD Treatment and Recovery

- Critical elements
  - Family Advocates
  - Whole Family Approach
  - Family time
  - Trauma Responsive
  - Ongoing Recovery Support
  - Family Voice and Experience
  - Community Level Supports



# Collaboration in Care of Families Affected by SUDs

Collaboration to support family-centered treatment can help ensure that families have protective factors, parents have protective capacities, and that the needs of children are addressed for the best possible family outcomes.



# The Necessity of Collaboration



Substance use and child maltreatment are often **multi-generational problems** that can only be addressed through a coordinated approach across multiple systems to address the needs of both parents and children.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)

# Levels of Collaboration

## Systemic Collaboration



At the systems level, collaboration can occur between organizations to exchange information, develop joint policies, and develop joint outcomes.

## Individual Case Collaboration



At the practice level, collaboration can occur between child welfare workers, treatment counselors, and other providers to coordinate client resources and case planning.

# Elements of Collaboration

Communication: People receiving treatment need information, and multiple helpers need to share information

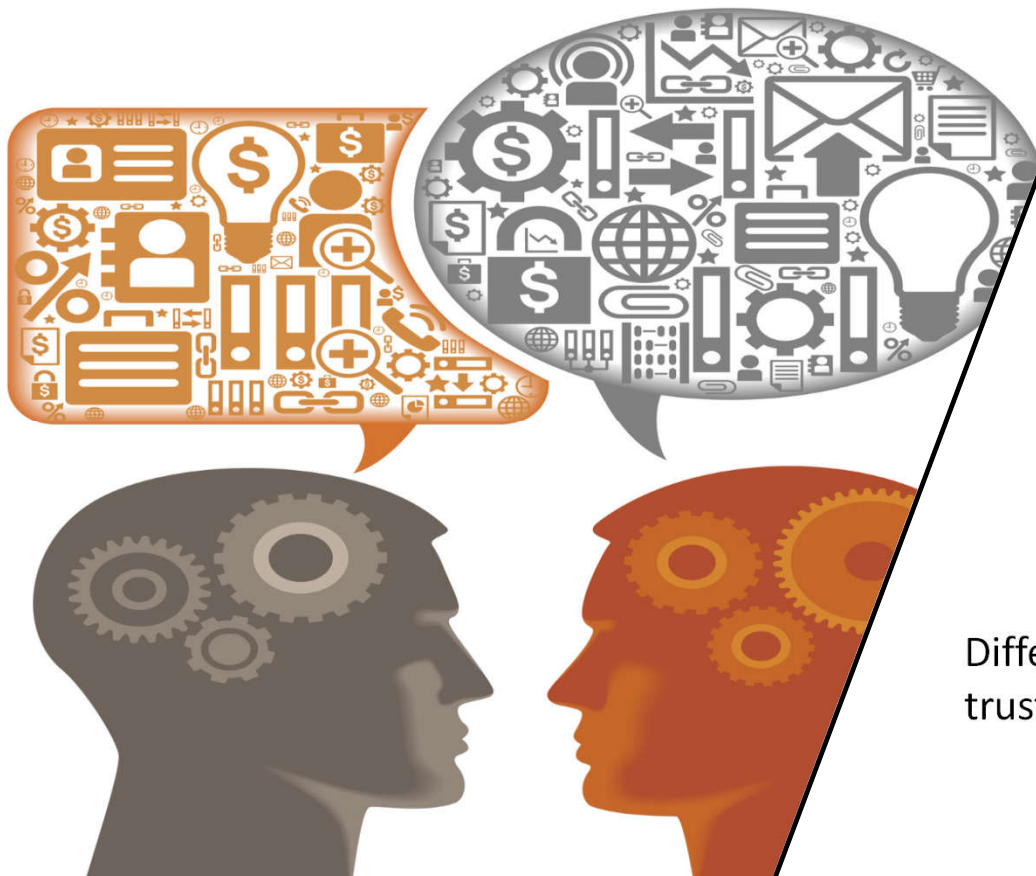
Coordination: Multiple efforts from helping professionals must be coordinated to benefit everyone

Consultation: Helpers with one kind of expertise need input and advice from helpers with other expertise

*\*\*Service is more effective when professionals talk\*\**

# Barriers to Collaboration

## Between Agencies and Partners



### Data Sharing and Communication

Regulations related to confidentiality  
Trust between systems

### Clashes with Mission and Vision

Differences of opinion with overall mission and agency priorities and regulations

### Client Engagement

Differences in efforts to engage clients in treatment, client trust/mistrust of service systems, and pervasive stigma

# Collaboration

A developmental process that requires patient urgency

## STAGES of COLLABORATION

Information Exchange

Joint Projects

Changing the Rules


- Shared Data Systems
- Shared Case Plans
- Universal protocols

Changing the System

Better Outcomes for Children and Families

Changing the Narrative

A new way of thinking and talking



**Meaningful collaboration** across systems that includes agreement on **common values**, enhanced **communication** and **information sharing**, blended funding, and data collection for **shared outcomes...**

**...results in** improved outcomes for families including **increased engagement and retention** of parents in substance use treatment, **fewer children removed** from parental custody, **increased family reunification** post-removal, and **fewer children reentering** the child welfare system and foster care.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)





## Riverside University Health Systems' Experience with Collaboration

- Critical elements
  - Partners
  - Sharing Expertise and Cross Training/Educating
  - Communication
  - Trust
  - Partnering with Communities

**NEXT  
STEP**

**YOUR**

**WHAT'S**





## National Center on Substance Abuse and Child Welfare

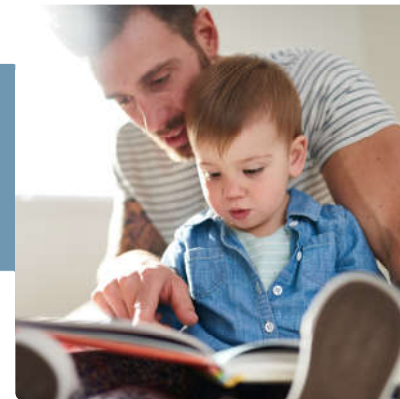
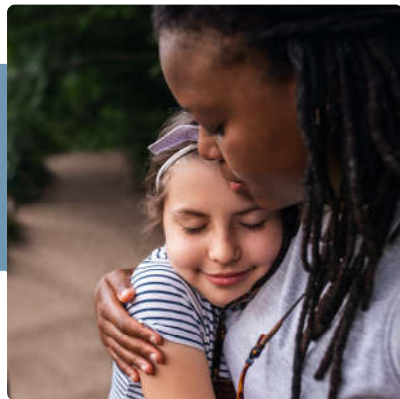
*A program of the Administration on Children and Families,  
Children's Bureau, and the Substance Abuse and  
Mental Health Services Administration*



<https://ncsacw.acf.hhs.gov/>



[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)



# LEARN MORE ABOUT RESOURCES FROM NCSACW!



Use this QR code to access *The Training and Technical Resource Catalog* which includes all the most recent materials from NCSACW to help professionals best serve families.

The cover of the 'Training and Technical Assistance Resource Catalog' features a white background with a dark blue header and footer. The title is in large, bold, dark blue letters. Below the title, it identifies the program as being from the Children's Bureau (CB), Administration for Children and Families (ACF), and co-funded by SAMHSA. A grid of six photographs shows diverse families and children in various settings. The footer includes the 'WHO WE ARE' section with the NCSACW logo and name.

National Center on Substance Abuse and Child Welfare

## TRAINING AND TECHNICAL ASSISTANCE RESOURCE CATALOG

A program of the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The materials and resources in this catalog are available at no cost and can be accessed at <https://ncsacw.oct.hhs.gov/>.

**WHO WE ARE**  
The National Center on Substance Abuse and Child Welfare (NCSACW)

# JOIN US!

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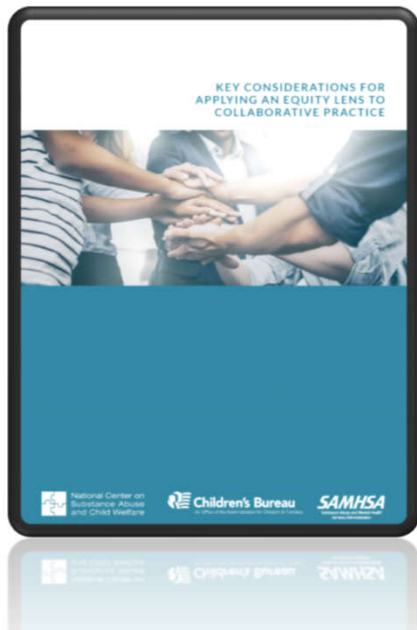


# BUILDING COLLABORATIVE CAPACITY SERIES

This seven-part series is organized into two clusters. The first cluster provides a *framework for establishing a collaborative team*. The second cluster highlights strategies to achieve *timely access* to treatment and support services for families.

AVAILABLE @ <https://ncsacw.acf.hhs.gov/collaborative/building-capacity.aspx>

# Key Considerations for Applying an Equity Lens to Collaborative Practice



This brief helps collaborative teams formally **assess existing policies** to determine if and how they **contribute to disproportionate and disparate outcomes for families** being served.

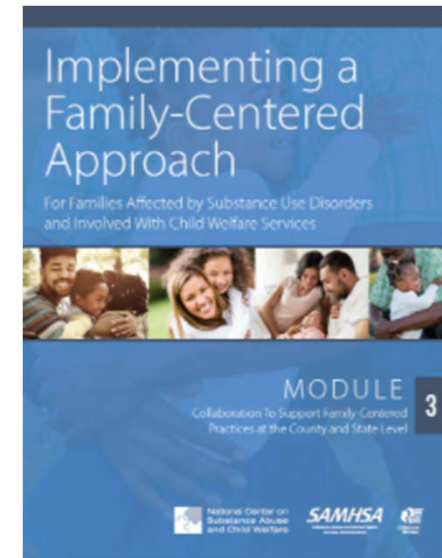
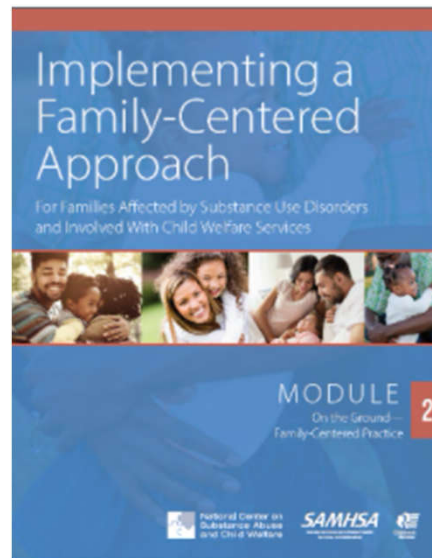
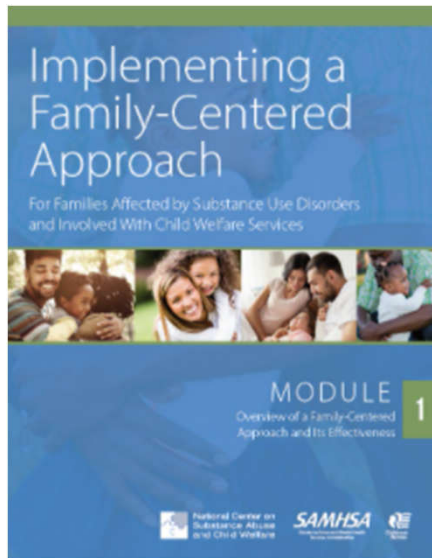
By working through the “Questions to Consider”, teams begin applying an **equity lens** to collaborative policies and practices.



Available @ <https://ncsacw.acf.hhs.gov/files/equity-lens-brief.pdf>



# FAMILY CENTERED APPROACH MODULES



<https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx>

## POLICY AND PRACTICE STRATEGIES



- Administer guidelines
- Create clear substance roles and res
- Ensure health Abuse Preven response
- Assess and treu therapies in the encouragement (e.g., morphine, effects of stigma
- Ensure hospital c parenting skills, h disorder treatment before departure f
- Enhance hospital d for Obstetricians/Gy prenatal substance e
- Offer mothers, fath
- With appropriate con
- When necessary and v plans and use the info
- Develop a Plan of Safe treatment provider; her ensure that Plans of Safe appropriate

\*CAPTA section 109(b)(2)(B)(iii) states that effect and is operating a substance program appropriate services) to address the needs Disorder (including a requirement that has except that such notification shall not be co



### NEONATAL

- Provide ongoing training ac parents with substance use d about the effects of stigma an
- Support monitoring of the Plan use disorder treatment, and ot appropriate services
- Engage with community agencie
- Protect infants from abuse and n their expertise to assess, invest

# Infants with Prenatal Substance Exposure and their Families: Five Points of Family Intervention



Improving outcomes for infants with prenatal substance exposure requires consideration of the family system in which they develop, grow, and thrive. The Five Points of Family Intervention are key points in time when comprehensive cross-system efforts can help to prevent prenatal substance exposure, address the needs of pregnant and parenting women with substance use disorders, and respond to the needs of children who are affected.

This summary explains the Five Points of Family Intervention and identifies policy and practice strategies at each intervention point that child welfare, substance use disorder treatment, healthcare, and other community agencies can employ to strengthen inter-agency collaboration and effectively serve these infants and their families.

The Five Points emerged from a multi-year review and analysis of existing policies and practices in 30 states regarding prenatal exposure to alcohol and other drugs. In 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) published the results in Substance Exposure: Infants, State Responses to the Problem. This publication is publicly available and can be accessed here: <https://www.samhsa.gov/infants-exposure>.

## FIVE POINTS OF FAMILY INTERVENTION



This Technical Assistance Tool was developed by the National Center on Substance Abuse and Child Welfare (NCSACW). NCSACW is a technical assistance resource center, jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services. The policy and practice strategies included in this tool are derived from NCSACW's years of practice-based experience providing technical assistance to states, tribes, and communities. Points of view or opinions expressed in this tool are those of the authors and do not necessarily represent the official position or policies of SAMHSA or ACYF.



National Center on Substance Abuse and Child Welfare

# Available Now!

## Download your copy @

<https://ncsacw.acf.hhs.gov/files/five-points-family-intervention-infants-with-prenatal-substance-exposure-and-their-families.pdf>



COMPREHENSIVE FRAMEWORK  
TO IMPROVE OUTCOMES FOR  
FAMILIES AFFECTED BY  
SUBSTANCE USE DISORDERS AND  
CHILD WELFARE INVOLVEMENT



**CHILDREN AND FAMILY FUTURES**  
Strengthening Partnerships, Improving Family Outcomes

Children and Family Futures (CFF) is a not-for-profit organization that strives to prevent child abuse and neglect while improving safety, permanency, well-being, and recovery outcomes with equity for all children, parents, and families affected by trauma, substance use and mental disorders. CFF provides a range of technical assistance, strategic planning, and evaluation services for systems that serve these families. Contact CFF to learn more.

(866) 493-2758

[www.cffutures.org](http://www.cffutures.org)

[contact@cffutures.org](mailto:contact@cffutures.org)

## COMPREHENSIVE FRAMEWORK TO IMPROVE OUTCOMES FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT

- Offers a set of proven strategies for communities to implement to improve outcomes for families affected by SUDs
- Informed by research and several decades of experience working with hundreds of collaborative partnerships

<https://www.cffutures.org/files/CFFComprehensiveFramework.pdf>

# FREE ONLINE TUTORIALS FOR CROSS-SYSTEMS LEARNING



Understanding Substance Use Disorders and Facilitating Recovery: A Guide for Child Welfare Workers



Understanding Child Welfare and the Dependency Court: A Guide for Substance Use Treatment Professionals



Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

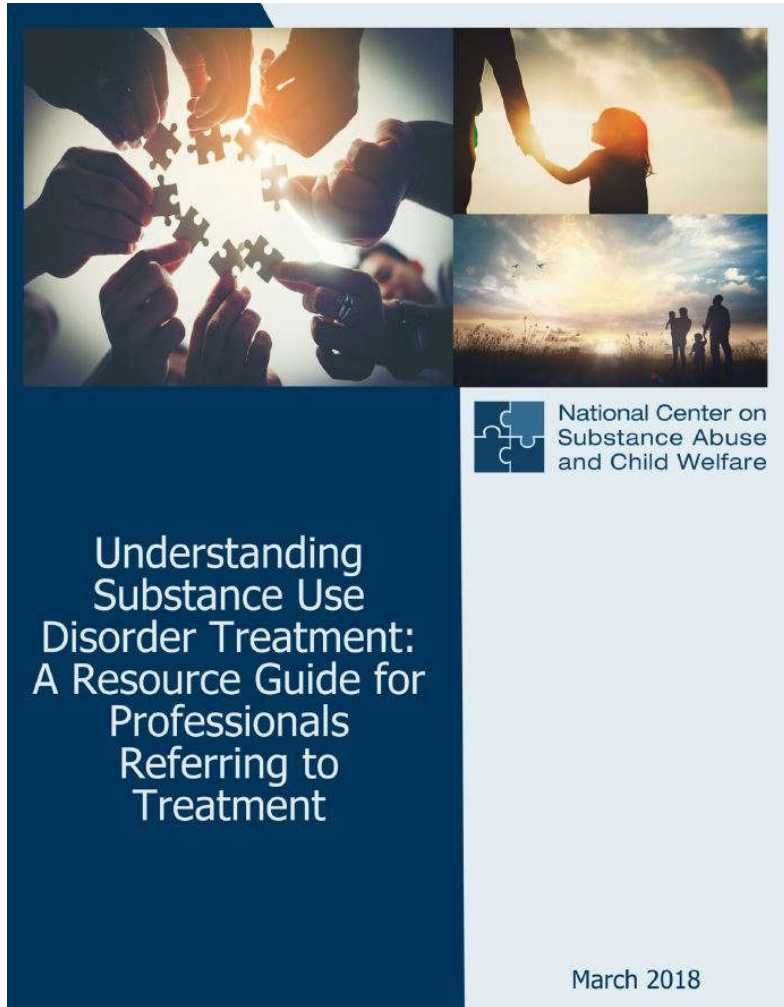
@ <https://ncsacw.acf.hhs.gov/training/default.aspx>

# WORKING WITH ADOLESCENTS: PRACTICE TIPS AND RESOURCE

- Technical assistance tool provides information for child welfare, substance use treatment, healthcare, and other community agencies serving adolescents at risk of misusing or abusing substances
- Highlights adolescence as a unique stage of development – one that requires professionals to take a tailored and collaborative approach
- Guide includes:
  - Examples of services and interventions
  - Terminology
  - Policy considerations
  - Family-centered practice strategies



Available @ <https://ncsacw.acf.hhs.gov/files/working-with-adolescents.pdf>



- This Technical Assistance (TA) tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment
- The tool includes a list of questions child welfare or court staff can ask treatment providers to ensure that effective linkages are made
- With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family's needs



# Disrupting Stigma

How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders



National Center on  
Substance Abuse  
and Child Welfare

Available @ <https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf>

# Contact the NCSACW TTA Program



National Center on  
Substance Abuse  
and Child Welfare

**Website:** <https://ncsacw.acf.hhs.gov/>

**Email @ [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)**

**Toll-Free 1-866-493-2758**

- Connections to peers in the field implementing strategies to enhance family-centered, collaborative approaches
- Training and technical assistance to develop, implement and sustain collaboration and systems change
- Resource identification and curation to support partners and collaboratives focused on supporting families affected by substance use and mental health disorders



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