

Understanding and Addressing the Intersection of Substance Use and Child Trauma: For Child Welfare Professionals



How to Support Families Impacted by Trauma and Substance Use

Children and families become known to the child welfare system for several reasons including suspected abuse or neglect. Circumstances that involve abuse or neglect may also include instability among caregivers. If a child is in the child welfare system, generally they have two parents unable or unwilling to care for them. Parental alcohol and/or substance use highly predicts a report to child protective services for abuse and neglect and is therefore a common risk factor for child maltreatment and child welfare involvement. In addition, the likelihood of being placed in out-of-home care and the length of stay in care is greater for children whose parents have substance use issues. Child welfare professionals play a key role in identifying and addressing these problems through early identification and screening, supporting environmental stability, and connecting children and families to needed resources.

As a child welfare provider, you should participate in trainings which build upon understanding parental substance use issues, its signs, effects on parenting and child safety, and what to expect during a parent's treatment and recovery. In every interaction and intervention, you should promote family protective factors (e.g., social connections, concrete supports, increasing knowledge about parenting strategies) to support families and provide a buffer for ongoing challenges.

Strategies for Working with Caregivers

It can be challenging to work with families where caregivers' substance use has resulted in child welfare system involvement. Some challenges relate to caring for children who have been exposed to substances. Infants exposed to substances may present with language, emotional, or behavioral difficulties. Children exposed to substance use and related harms in the home can be traumatized by these adverse experiences and reflect this in their behaviors. Other challenges extend from the often-complex needs of the adults tasked with caring for these children and the strong emotions that can accompany this work. For example, there may be feelings of anger or resentment among caregivers – and even child welfare professionals – toward parents whose substance use contributed to disrupted placements or developmental consequences for the child. Child welfare professionals should adopt a collaborative approach with caregivers to prioritize meeting the child's needs while also working to reduce the impact of trauma and placement instability on the child's psychosocial functioning. Additional support can be given to caregivers by providing education and training related to childhood trauma and substance use and connecting caregivers to mental health services, caregiver support groups, financial support, and other pertinent community resources.

As substance use can impact the entire family system, the National Center on Substance Abuse and Child Welfare (NCSACW) supports adopting a family-centered approach wherein each member of the family system receives the appropriate services to meet their needs to improve family functioning. A family-centered approach can be used to engage all immediate and extended family members and help support the family unit in reducing the impact of trauma and substance use on youth functioning.

What You Can Do:

- Provide support and education to foster, adoptive, and kinship caregivers (i.e., resource parents) to help reduce placement disruptions and allow children and their biological parents to focus on strengthening their relationship and work toward permanence.

- Help link caregivers, whether parents or resource parents, to treatment resources so that they can address the effects of trauma and substance use on the family.
- Help build a collaborative parenting approach between parents and resource parents, kinship or other caregivers, to provide both a sense of safety and an understanding of common goals.

Connect caregivers with parent-child interventions to strengthen the parent-child relationship and increase positive childhood experiences (PCEs) to reduce the negative impact of childhood trauma.

Caregiver Substance Use and Connecting to Services

There are many things you can do to support families, including:

- Match caregivers and youth with evidence-based treatment programs that meet their specific needs. This should include collaborative work with families, alcohol and drug treatment professionals, and the courts.
- Maximize engagement by partnering with parents to develop plans that address individual needs, such as a caregiver's own trauma history, childcare, and transportation.
- Increase the availability of recovery coaches or mentoring of parents to support treatment, recovery, and parenting.
- Learn more about different strategies that can help support families toward reunification.
- Connect families with community support groups and organizations that work with families struggling with parental substance use

Child welfare workers can support parents' recovery efforts by helping them identify and plan for potential triggers to substance using behavior and traumatic stress, and working with them on safety plans that protect children during a potential relapse.

Considerations for Prenatally Exposed Children and their Caregivers

Given that opioid use in pregnancy has increased dramatically in recent years, service providers need to actively identify and treat women and individuals with substance use disorders. Creating an environment where individuals feel safe enough to disclose their use is imperative. Educating pregnant people about medication-assisted treatment (with drugs such as methadone and buprenorphine) and assisting them with access to these treatments is crucial.

Children born to individuals who used opioids during pregnancy need multidisciplinary, long-term follow-up care including medical, developmental, and social supports. Follow-up should include monitoring for neonatal abstinence syndrome, or NAS. In addition to much longer hospital stays following birth, children born suffering from opiate withdrawal often experience a plethora of complications and symptoms. Babies with NAS are at increased risk for having trouble breathing, increased startle responses making them harder to soothe and put to sleep, high-pitched crying, feeding problems (e.g., increased reflux), and being easily overwhelmed in new, loud, or crowded environments; all of which could trigger stress, trauma reminders, and the urge to use in parents struggling with substances.

For more information and resources about NAS, visit <https://library.samhsa.gov/sites/default/files/sma18-5071fs3.pdf>

The Office of the Assistant Secretary of Planning and Evaluation, U.S. Department of Health and Human Services (2018) identified key challenges and opportunities regarding [Medication Assisted Treatment \(MAT\)](#) in the child welfare context. A key challenge for receiving treatment includes a limited availability of treatment programs or challenges related to insurance. Another challenge includes a lack of collaboration between child welfare professionals and those providing MAT. Last, there are misunderstandings regarding MAT and how it can be used in conjunction with the necessary psychosocial and recovery support services.

Child welfare professionals should continue to educate themselves regarding MAT so that caregivers receiving Medication Assisted Treatment can receive support and resources as they care for their children. Misconceptions about MAT (i.e., the notion that staying in MAT too long can impair parenting or that parents must complete the course of MAT before children can be placed with them) can have lasting effects on disrupting the bond between children and parents.

What You Can Do:

- Ensure treatment and support services are sensitive and responsive to the needs and co-occurring issues of those who have substance use disorders.
- Connect individuals with substance use disorders to necessary physical and mental health services during pregnancy.
- Have treatment services be family-centered, with an opportunity for inpatient treatment in facilities where parents can have their children with them as well as the inclusion of programs that provide services to each family member.
- Educate yourself with resources available to you and your role. SAMHSA offers a collaborative approach to the treatment of pregnant individuals with opioid disorders. It promotes collaborative efforts among agencies and providers serving pregnant and postpartum individuals with opioid dependence and their infants. It presents a coordinated, multi-systemic approach grounded in early identification and intervention to assist child welfare professionals, medical professionals, substance use treatment providers, and other service providers to develop approaches to support families. <https://www.samhsa.gov/resource/ebp/collaborative-approach-treatment-pregnant-women-opioid-use-disorders>

Family Reunification & Support

Often, the goal of many child welfare agencies for children in foster care is to achieve reunification and permanency with primary caregiver(s). Reunification can be a challenging endeavor, particularly when primary caregivers are struggling with substance use. To support the reunification process, child welfare workers should aim to take a culturally humble trauma-informed, family-centered approach. Engaging with youth, caregivers, and extended family, as well as coordinating care across multiple systems (e.g., legal, community), can help support and strengthen the reunification process.

Screening and Assessment

The use of brief, validated, and culturally appropriate tools should be a routine part of child welfare investigation and case monitoring. Once a substance use issue has been identified through screening, alcohol and drug treatment providers can conduct more in-depth assessments for its nature and extent, the impact on the child, and recommended treatment. Expanded prenatal screening can support early identification of at-risk families in substance use treatment programs to connect families to prevention services and promote child safety and well-being in the home.

Resources to assist with screening and assessment include:

- Screening and Assessment for Family Engagement Retention and Recovery
<https://ncsacw.samhsa.gov/files/SAFERR.pdf>
- National Institute on Drug Abuse (2018) Screening Tools Chart
<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>
- SAMHSA Screening, Brief Intervention, and Referral to Treatment (SBIRT)
<https://www.samhsa.gov/sbirt>
- University of Washington Addictions, Drug & Alcohol Institute Substance Use Screening & Assessment Instruments
lib.adai.washington.edu/instruments/
- Child Welfare Information Gateway, Assessing Parental Substance Use Disorders
<https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/parentalneeds/substance/>

Secondary Traumatic Stress

Professionals working with youth experiencing traumatic stress are at increased risk for developing secondary traumatic stress themselves. Secondary traumatic stress may impact personal domains (e.g., increased isolation, stress, etc.) and professional domains (e.g., compromised care of clients). Therefore, it is important that individuals who work with traumatized youth remain aware of the signs and potential impacts of secondary traumatic stress.

The NCTSN recommends a multi-pronged approach towards prevention and intervention for secondary traumatic stress. Psychoeducation, skills training, and supervision are all important strategies for mitigating secondary traumatic stress. In addition, individuals can also implement other work-related strategies such as participation in self-care groups, balancing caseloads, self-care accountability buddy system, self-assessments of stress levels as well as personal strategies such as proper rest, diet, exercise, and relaxation activities.

Resources on Secondary Traumatic Stress:

- NCTSN: <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/>
- <https://ovc.ojp.gov/program/vtt/what-is-the-vt-org>
- <https://qic-wd.org/blog/secondary-traumatic-stress-definitions-measures-predictors-and-interventions>
- <https://www.healthcaretoolbox.org/selfcare-tips-prevent-secondary-stress>
- <https://counseling.northwestern.edu/blog/self-care-strategies-for-managing-secondary-traumatic-stress/>

As a child welfare provider, you play an integral role in supporting children and families as they navigate the challenges of substance use and how those relate, if any, to their involvement in the child welfare system.

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