



Supporting Families Affected by Substance Use in Child Welfare: Supervision, Consultation, and Practice Change

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WE ARE THE UNCOMMON.

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Most importantly, this project would not be possible without our Child Welfare Addiction Fellows, their supervisors, and their agencies.

Thank You!

Our Panel



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Overview

- Child welfare challenges — the impetus for **the Child Welfare and Addiction Fellowship** program
- Our *3 training components*: Clinical supervision, Workshops, and Case consultations
- Gains in confidence, impacts on practice
- Takeaways & our hopes for the field
- Your questions



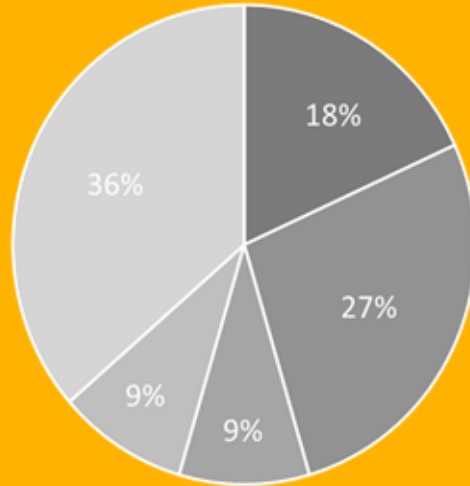
The Challenge We Face

- Increases in county-level **overdose deaths** are associated with **increases in foster care entries**.
- **Estimates** of substance use disorder (SUD) among caregivers with a child in foster care are **as high as 79%**.
- Yet, child welfare workers frequently **lack adequate training in current SUD knowledge and evidence-based treatments**.

How do we bridge this critical divide?



VA Department of Social Services (DSS) Regions



- Northern
- Eastern
- Western
- Piedmont
- Central





Our Fellows & Local Challenges

"So I've found that participating in the program, and specifically in the beginning, **where we were talking about the differences of services that our different localities have, kind of like it baffled me... I brought that up to my supervisor...** [We started asking] why our county didn't have certain programs others do."

- Fellow #1

"I think I've become a little bit more comfortable just in my fluency when I talk about certain substance use disorders, and that has been just like a confidence boost when I'm going out and engaging with families."

- Fellow #2



The Child Welfare and Addiction Fellowship

An innovative training program designed to address SUD knowledge gaps for child welfare caseworkers with social work degrees in Virginia.

3

Cohorts of
Fellows

2

Year
Fellowship

1

Great
Program!



Weekly Clinical Supervision
Year 1

Ongoing guidance, skill
development, and support



Quarterly Workshops
Years 1 and 2

Intensive training on evidence-
based practices and emerging
issues



Monthly ECHO-style Sessions
Years 1 and 2

Complex case discussions
with peers & experts

Weekly Clinical Supervision

- Informally structured compared to ECHO sessions
- Open space for sharing, exploration, learning, and collaboration

Topics/themes discussed over the last 3 years:

- ASAM Criteria, Levels of Treatment, Resources
- Mental Health Diagnoses
- Assessment Tools
- Motivational Interviewing
- Harm Reduction
- Drug/ Supply Changes and Trends
- Differing resources by agency/ locality
- Differing policies, procedures, responses by agency/ locality
- Burnout, secondary traumatic stress, agency level support
- Advocacy

Quarterly Training Modules

1	Understanding SUDs, Treatment, and Recovery
2	Co-Occurring SUDs, Mental Health/ Trauma, and Domestic Violence
3	Engagement & Intervention with parents affected by SUDs and Mental Health/ Trauma
4	Case Planning, Family Strengthening, and Planning for safety for Families with SUD
5	Prenatal Substance Exposure and Child Welfare Implications
6	Needs of Children of Parents with Substance Use or Co-occurring Disorders
7	Collaborating to Serve Parents with SUDs
8	Families in Child Welfare System Affected by Methamphetamine & Opioids

Source: **National Center on Substance Abuse and Child Welfare** (NCSACW); modified from free toolkit

Blended cohorts across **quarterly trainings** and monthly ECHO sessions



Increased opportunities for **cross-agency collaboration**

Monthly ECHO-Style Sessions

- **1-hour virtual sessions** led by a team of addiction treatment professionals
- Fellows give **de-identified case presentations** and receive in-depth, interactive consultation
- **Guest speakers** provide education and resources. Examples:
 - **Chesterfield Recovery Academy** - recovery high school services
 - **Health Brigade** - harm reduction services





Gains in Confidence

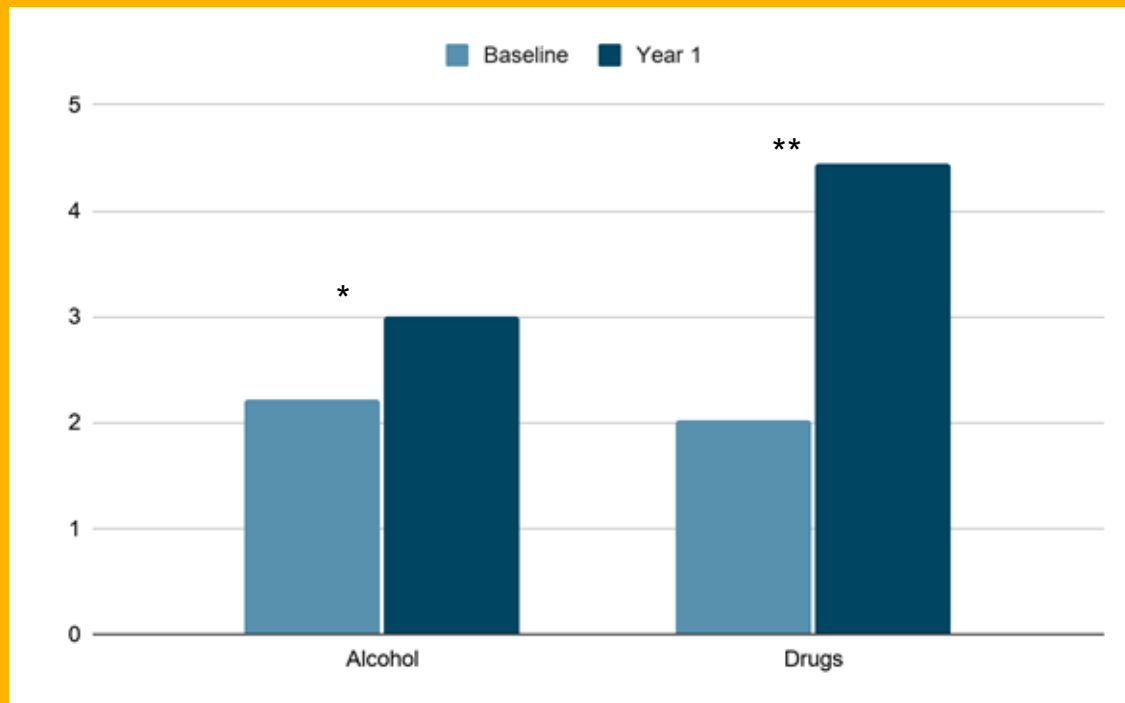
Cohort 1: Findings after one year

- Fellows: Graduates of VA social work schools with Child Welfare Stipend Programs, who are employed at a local DSS
- Priorities: Those working in communities designated as mental health professional shortage areas and rural regions
- Today's evaluation data:
 - Baseline and one-year survey data
 - Qualitative interviews with fellows

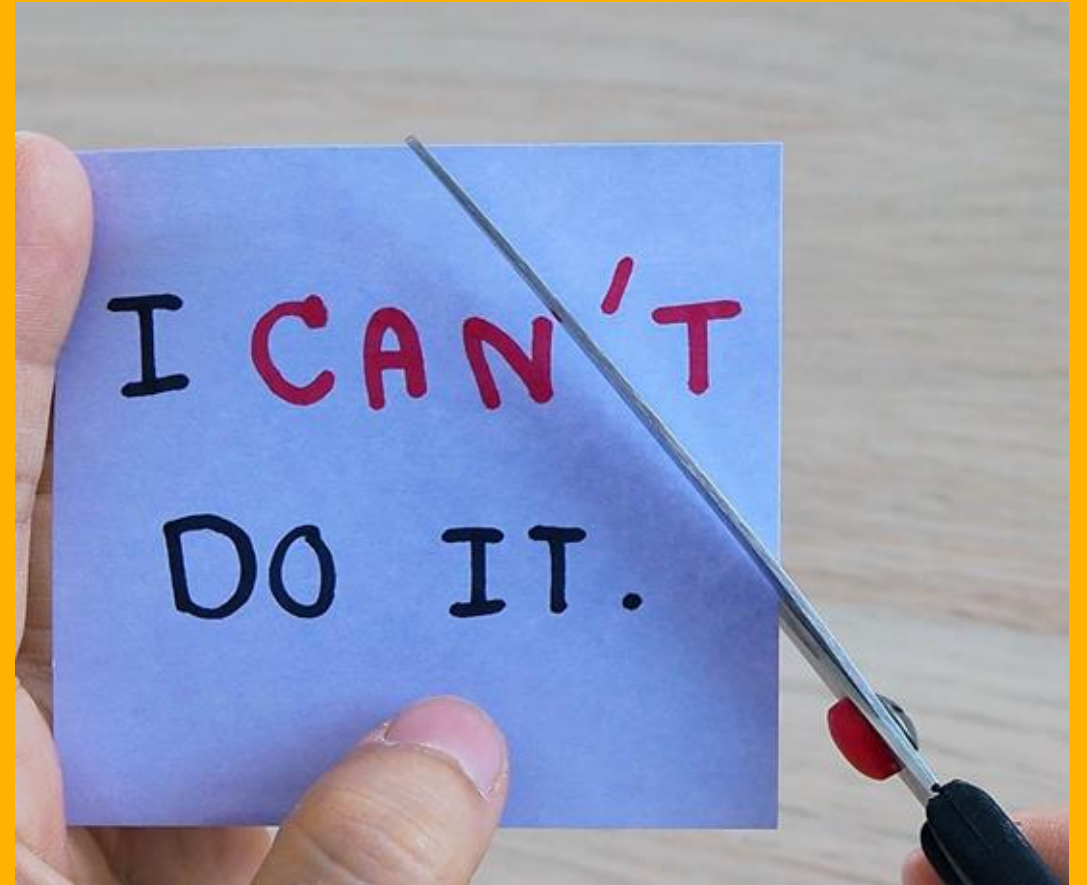
On average, fellows reported 56% (range: 20 to 100%) of caregivers on their caseload had a SUD.

Perceived role adequacy:

Knowledge & skills to effectively work with people who use substances



* $p = .017$; ** $p = .004$





Impacts on Practice

"I think it's having the space to bounce ideas off of people that know what the work is like... DSS is a super unique job. And so it's helpful to have people who know what it's like."

- Fellow #3

"Knowing the differences between levels of care... if somebody's asking us about where they should send their client for services, we know a little bit more about what's offered."

- Fellow #4



Putting It All Together



**Building
Knowledge
& Skills**

**Builds
Confidence**

**Develops
Expertise and
“Expert Role”
at Agency**

**Leads to
Knowledge
Transfer
(Insight &
Resources)**

**Leads to
Reflection on
Experiences
& Practice
Change**

**Creates
Resilient,
Connected
Practitioners**

Our Hopes for the Field

Knowledge Transforms Practice

All three training components increase knowledge and build skills, leading to improved family outcomes

Knowledge Multiplies

Fellows become agency experts and advocates for systemic change

Connection Sustains

Community and mutual support reduces burnout and reinforces professional resilience



Your Thoughts & Questions