



The Power of Collaboration in Preventing Child Neglect Partnering with Substance Use, Mental Health and Domestic Violence Systems

Introduction

The Community-Based Child Abuse Prevention (CBCAP) State Lead Agencies (SLA) have important leadership roles in their states' efforts to prevent child abuse and neglect and embed prevention into all systems that serve families.

This brief addresses the importance of outreach by CBCAP SLAs in collaborating with other leaders, programs and systems to help prevent child neglect. And, it focuses specifically on collaborative strategies to engage substance use, mental health and domestic violence systems as partners.

Collaboration

Collaboration is a process that brings together multiple people with expertise and resources to work towards a common goal. This document addresses the importance of supporting children and families in confronting critical challenges related to substance use, mental health and domestic violence, all known to increase the risk for child neglect. CBCAP SLAs have an opportunity to identify, reach out to and collaborate with representatives from these and other systems to reduce the likelihood that children's needs will be neglected. Bringing together representatives from diverse systems to work on common issues in support of children and families and to

What's Inside

Collaboration

Connecting with Partners:
Substance Use Disorders

Connecting with Partners:
Domestic Violence

Connecting with Partners:
Mental Health

Conclusion

Additional Resources

References

CHILD NEGLECT IS A FAILURE TO MEET CHILDREN’S BASIC NEEDS – WHETHER THE FAILURE IS THE RESPONSIBILITY OF PARENTS, COMMUNITIES OR SOCIETY – AND THIS VOID PLACES CHILDREN IN HARM’S WAY.

NATIONAL ALLIANCE OF CHILDREN’S TRUST AND PREVENTION FUNDS

prevent neglect can help families better navigate services and lead to more successful outcomes. A valuable resource that provides information and tools to enhance your collaborative efforts across systems is the FRIENDS Collaboration Toolkit. It highlights ten elements that support collaboration and how the elements can move projects forward. The Toolkit explores various concepts around *collective impact* and is designed to help facilitate thinking related to effective collaboration. Use the Toolkit to dive deeper into concepts such as *Hope, Mindset, Intentionality, Trust* and *Authenticity*. Each element also includes resources to support the implementation of new approaches. To learn more, visit <https://friendsnrc.org/collaboration>.

There is no single collaboration strategy that works for all families and communities. When considering strategies for successful collaboration, it is important to acknowledge the unique characteristics and strengths of the community. As you collaborate with other systems, it is important to begin where you can build relationships and connections that help create more seamless support for families and prevent child neglect. “Research suggests that

the quality of relationships amongst collaborators is the key factor in getting results” (Gillam, Counts & Gartska, 2016).

The National Alliance of Children’s Trust and Prevention Funds (Alliance) created a theory of change for preventing child neglect. The theory of change identifies the importance of building collaborations and expanding access to resources across multiple systems as a solution to addressing the complex and multiple issues relating to neglect. Through partnerships, SLAs can work to develop and implement solutions to the complex issue of child neglect. Please see http://ctfalliance.org/preventneglect/Neglect_TheoryChange-FINAL.pdf for more information about the Alliance’s Theory of Change.

Connecting with Partners: Substance Use Disorders

Substance abuse can result in ineffective or inconsistent parenting, leading to children's basic needs—such as adequate nutrition, supervision, and nurturing—going unmet, in other words – neglect (Williams & DeVooght, 2017).

Background

The facts below are daunting, yet every day we see powerful examples of the ability of parents to change their lives, particularly with supportive community settings and access to quality resources.

Substance use disorders put children at risk of abuse and neglect. For example, children with parents struggling with substance abuse issues are almost three times more likely to be abused and four times more likely to be neglected than other children (Reid, Macchetto, and Foster, 1999).

The consequences of parental substance abuse on children include behavioral, medical, psychological, educational and emotional impacts. Parents who abuse alcohol or drugs are frequently impacted by issues such as divorce, domestic violence, unemployment, mental illness and legal complications and they are unable to provide effective parenting. There is a higher prevalence of anxiety, depression, eating disorders and suicide attempts in children who are exposed to these types of difficult family and environmental stresses. In addition, they are three to four times more likely to become addicted to alcohol or other drugs themselves (American Academy of Experts in Traumatic Stress, 2014).

“Infants with mothers who used drugs or alcohol during pregnancy are more likely to exhibit a range of physical, behavioral and cognitive problems. Neonatal abstinence syndrome (NAS) is a post-birth withdrawal syndrome caused primarily by prenatal exposure to opioids; it is characterized by tremors, excessive crying, poor feeding, and rapid breathing. The incidence of NAS increased by 300 percent between 1999 and 2013, from 1.5 to 6.0 per 1,000 births (according to an analysis of the 28 states with available data)” (Williams & DeVooght, 2017).

Expanding CBCAP Partnerships

While most families do not face challenges from substance use disorders, there are many children and youth in families where this is a concern. The importance of collaborating with partners addressing substance use disorders is demonstrated by the number of individuals affected and the risk this disorder brings to children and families. CBCAP SLAs can take an active role in identifying and helping to build working relationships among grantees and representatives across multiple systems by creating supportive communities and connecting individuals and families to substance use disorders prevention and recovery resources.

Ideas that communities may wish to explore include:

- The development of a task force of public and private partners and community stakeholders that focuses on ways to bring together a host of resources to support affected families (e.g. parenting classes, parent support groups, afterschool programs, food, clothing, diapers, substance use disorders treatment, counseling, etc.).
- The development of community-based resource centers where services and concrete supports can be accessed in one central location. The centers may also help to promote positive social connections among families and among staff across systems if all the services are in one neutral setting.
- Advocating for systemic changes in state policies, practices and procedures to improve the delivery of community-based neglect prevention programs and activities.

State Initiatives

Many state systems are responding to the opioid epidemic by conducting new research, establishing new legislation and developing innovative strategies. With improved data collection efforts, many states can direct services to the most vulnerable families. For example, the Public Children Services Association of Ohio conducted a survey of county child welfare agencies to gain a better understanding of how opioids are impacting Ohio's families involved in the child welfare system. In 2016, Massachusetts passed legislation limiting the first-time opioid subscriptions to seven days. Other states are working to make similar changes. Some states have adopted guidelines for doctors to prevent opioid dependence before it starts. Many states are implementing evidence-based or promising strategies such as family drug courts and family-focused treatment centers to address substance use disorders and help build healthy families. These kinds of interventions also help keep families together or shorten the length of time to achieve reunification if children have been removed from their families (Williams & DeVooght, 2017).

Many CBCAP SLAs are already working within their state frameworks to address these issues. Below are examples where CBCAP SLAs were successful in implementing effective collaborations to assist families dealing with substance use issues in their states. For additional information, visit <https://friendsnrc.org/2016-cbcap-state-reports-summary>.

Arizona

The Arizona Department of Child Safety (DCS) prevention initiative includes a statewide roll-out of the Substance Exposed Newborns Safe Environment (SENSE) Program. The SENSE Program began in Maricopa County ten years ago and started its statewide roll-out in November 2015. This program is designed to keep infants in their homes with their parents. Components of the SENSE program include collaboration between Healthy Families Arizona, Intensive In-Home Services, substance abuse treatment, drug testing, case management, and a home visiting nurse. The SENSE program is the only program at DCS that incorporates a nurse home visitor as part of the

service team. This component is vital to the program and aids in addressing developmental delays, social and emotional development, and health and safety concerns; and ensures appropriate interventions outside of the SENSE program are included.

Data over a two-year period involving 493 SENSE service referrals, shows that 90% of families that completed the program had no DCS reports six months after completing services. More notably, 92% of the families that completed services did not have a child removed six months after services. SENSE is a family-centered, strengths-based approach to serving families, while holding them accountable for healthy choices and behavioral changes.

Kansas

The Kansas Children's Cabinet and Trust Fund provides funding to the Kansas Children's Service League to implement the Drug Endangered Child Program in Shawnee County. This program includes early identification of substance using parents and intensive (weekly) support to families facing multiple challenges with the goals to: prevent child maltreatment; engage the parent into substance abuse assessment and treatment services; provide recovery support and positive social connections; increase positive parenting skills and parent-child interactions; and improve child health and well-being. The program targets children ages birth to five whose parents are struggling with substance abuse.

Wyoming

The Wyoming Children's Trust Fund, partners with the Wyoming Prevention Management Organization (PMO) on an initiative that focuses on prevention of drug and alcohol use, suicide and mental health issues. The PMO facilitates prevention coalitions in every county of the state that focus on prevention efforts at the community level. Based on the current data trends from the Wyoming Department of Family Services, the primary reason children are entering the child welfare system is related to substance abuse by caretakers, followed by domestic violence and mental health issues. To impact the prevention of child abuse and neglect, it is imperative that prevention efforts take priority in helping to achieve positive outcomes for families.

A Parent Shares Her Experiences with Child Neglect and Substance Use

China D. is a mother of two children, one that she parents and one that she does not due to her previous addiction issues. She shares, “I was involved with addiction issues for 16 years using heroin and crack cocaine. Then, I got pregnant and subsequently became a parent. Although I had great love for my child and was committed to being a good mother, I couldn’t stop using drugs on any consistent basis. I did not realize that my addiction was causing me to neglect my child. At 32, after having lost custody of my four-year-old, I found out I was pregnant with my second. I was overwhelmed, feeling hopeless, experiencing stress, depression and anxiety. The second pregnancy brought me back into treatment, but this time it was different. Instead of just participating in drug treatment services, I received numerous services that helped me overcome my addiction, address my other needs and move forward with my life.” Services included:

- *Trauma-informed programming*
- *Housing assistance in a recovery oriented therapeutic community – (My child learned that she wasn’t alone or the only one with a mother with substance abuse issues.)*
- *Therapeutic services using a family model of addiction treatment where each person in the family receives services*
- *Medical and behavioral health care*
- *Food assistance*
- *Help with re-entering society and participating fully as a responsible, productive member.*

“If I were to sum up the results of the services that I received in my first two years being clean, they would be HOPE, DIGNITY and RESPECT.”

~Submitted by: China D.



Connecting with Partners: Domestic Violence

The U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country (National Domestic Violence Hotline, n.d.a.).

Background

All services for families facing domestic violence issues should include neglect prevention strategies. Both concerns are widespread and cross all cultural, geographic and economic groups. Domestic violence (also called intimate partner violence [IPV], domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. It is important to remember that domestic violence does not discriminate. Anyone of any race, age, sexual orientation, religion or gender can be a victim – or perpetrator – of domestic violence. It can happen to people who are married, living together or who are dating. It affects people of all socioeconomic backgrounds and education levels (National Domestic Violence Hotline, n.d.b.).

According to research, 53% of women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner (Miller, et al, 2009). This confirms that domestic violence is a serious issue and children may be impacted in multiple ways such as:

- Potential for injury during their mother's pregnancy
- Being used and manipulated by the abusive person
- Suffering from the consequences of economic abuse
- Being separated from the victimized parent which may cause further trauma to the children and negatively impact their healing
- Being exposed to violence in their homes, either by directly seeing or hearing physical violence or other forms of abuse between their parents
- Seeing their parent threatened, demeaned, or battered

- Physically harmed in a violent incident – intentionally or by accident
- Seeing the after-effects of abuse: bruises, broken objects, police being called to the home, related trauma responses
- Living in a household dominated by tension, stress, fear

Expanding CBCAP Partnerships

In many states, CBCAP SLAs are taking a proactive role in promoting collaborations that help strengthen community resources so that parents exposed to domestic violence can find culturally relevant and appropriate supports to ensure their family's safety in a timely manner. According to Kenya Fairley, Supervisory Program Specialist, Division of Family Violence Prevention & Services, Family & Youth Services Bureau, Administration on Children, Youth and Families, in her presentation, there are multiple strategies that CBCAP SLAs can implement (CBCAP Peer Learning Call, September 2017). Below are several recommended collaborative strategies that will help prevent or stop domestic violence and child neglect.

- Encourage grantees to develop and maintain mutually respectful relationships with domestic violence prevention advocates and providers in their communities and to become knowledgeable about their programs and services.
- Provide training on domestic violence facts, types and effects across disciplines to share expertise, resources and support with grantees and other service providers to create the best outcomes for parents and their children.
- Disseminate information on the links between domestic violence and neglect.
- Assist parents in becoming partners in the planning, development, implementation,

monitoring and evaluation of domestic violence resources.

- Celebrate Domestic Violence Awareness Month during October. Some possible strategies to celebrate this event could be development of a social media campaign, benefit runs/walks and resource tables at community fairs.
- Work with CBCAP providers to identify opportunities to increase collaboration and awareness about local/community-based domestic violence and sexual assault programs by sponsoring a conference, webinars, in-person meetings, conference calls, and site visits. These resources may vary in different communities but most include: safe emergency shelter; safety planning assistance; legal assistance and referrals for obtaining protection orders (which may include evicting an abusive partner from a shared home, obtaining emergency child custody, and many such remedies to increase family safety), counseling and support groups for parents and their children; help applying for public assistance and housing subsidies; transitional housing; referrals to counseling, mental health, and addiction services; information and referrals to national hotlines that offer support from well-trained, caring advocates 24 hours a day, seven days of the week.

Examples of national hotlines include:

- *National Domestic Violence Hotline* at <http://www.thehotline.org/> or telephone at 1"800"799"7233
- *National Sexual Assault Hotline (Operated by the Rape, Abuse & Incest National Network (RAINN))* at <https://hotline.rainn.org/online/terms-of-service.jsp> or telephone at 1-800-656-HOPE

For best practices, samples and tools, visit the National Resource Center on Domestic Violence's (NRCDV) Domestic Violence Awareness Project website at www.nrcdv.org/dvam. This organization helps to support public awareness and prevention education efforts.

To learn more about tribal domestic violence programs and resources available for Native/Indigenous communities, contact the National Indigenous Women's Resource Center at <http://www.niwrc.org/> or telephone at 1-844-7NATIVE. The Department of Justice's Office on Violence Against Women provides funding for tribal domestic violence services. CBCAP SLAs may wish to identify local programs using these funds and reach out to them to include neglect prevention strategies in their work, visit <https://www.justice.gov/ovw>.

State Initiatives

Below are examples where CBCAP collaborations are helping to ignite changes across systems in addressing domestic violence. For additional information, visit <https://friendsnrc.org/2016-cbcap-state-reports-summary>.

Georgia

The Office of Prevention and Family Support (OPFS) joined with the University of Georgia to work in partnership to increase the knowledge and skill levels of home visitors across the state in screening and linking families to appropriate services for domestic violence. Partnering with OPFS was the Safety Section of the Georgia Division of Family and Children Services and the Georgia Coalition Against Domestic Violence. Home visitors from across the State participated in webinars and face-to-face trainings on engaging and strengthening families around domestic violence through home visiting. Ongoing training was implemented for new home visitors to utilize a family violence screening tool to determine whether families were at risk for or involved in domestic violence situations and how to link families to appropriate services in their community. Eighty-three percent (83%) of home visiting participants were screened for intimate partner violence and were referred, if warranted, to appropriate resources in their community for safety planning.

Hawaii

The CBCAP program within the Department of Health/Maternal and Child Health Branch/Violence Prevention

Unit, will continue to fund and support projects to engage parents, caregivers, and survivors in leadership development and program involvement. Coordination of community efforts to prevent domestic violence (DV) and child abuse and neglect (CAN) will raise awareness of the connection between DV and CAN. While similar risk factors may be present in different forms of violence, the primary prevention efforts are found to be somewhat fragmented in nature. CBCAP facilitates open forums as opportunities to share information, data, and effective strategies across multiple forms of violence. These opportunities are optimal for organizations to collaborate and coordinate efforts and resources with other partners.

Washington

The Washington Department of Early Learning (DEL) Strengthening Families contracts with the Washington

State Coalition Against Domestic Violence (WSCADV) to provide training and ongoing supports to local programs. This initiative allows for many partners to work together to create safe, stable relationships and environments for children by addressing interpersonal violence in a cross-system approach. For example, in one project, the *Washington Partnerships to Support Healthy Relationships in the Early Childhood System: Building Capacity to Address Domestic Violence*, family service organizations providing home visiting services worked with their local domestic violence advocates to identify partnership approaches to engage with families. They focused on enhancing staff skills in screening, assessment and safety planning. Trainings on domestic violence assessment and response and safety planning were also conducted.

A Parent Shares Her Experiences with Child Neglect and Domestic Violence

My name is Nancy V. and I am the mother of five children ranging in age from 13 to 23 years. I was in a relationship with a husband who was violent to me and who was also a safety risk to my children. I felt helpless to make needed major life changes, so I was unintentionally neglectful of protecting my children's safety. On the day I was reported to the child welfare system, I lost my children, my home, employment and everything else I had. I was taken to a shelter in another city and all my children were placed in separate foster homes. I struggled to obtain services for my family and myself. I never had family support or friends to rely on. When my children were placed in foster care, I felt broken inside, without hope. My children did not deserve to be in the situation that they were put in. Things became very challenging and overwhelming for all of us — the pain of being separated from one another was greater than anything else.

In the beginning of this traumatic experience, I did not know how to advocate for myself and it took me several months to learn how to navigate multiple systems and numerous community resources. But I was determined to get my kids back home with me. To be reunited with my children, I focused on completing classes on parenting and domestic violence, finding housing and work and successfully acquiring my GED. During the 15-month period of separation from my children, I was able to visit with all of them once a week.

Finally, I was able to reunite with my children and start a new life with them. As challenging and scary as reunification was, it was the happiest moment in our lives to be together again. I was very scared of failing my children and being considered a neglectful mom, but that fear drove me to understand the community services better and to be a voice in my community for parents that were in my same situation. My family represents one of the thousands of families across the country who are at risk and could stay together if offered the right community services early in the process. My family is an example of a family that was able to build protective factors and prevent future violence from occurring in our home.

~Submitted by Nancy V.



Connecting with Partners: Mental Health

Approximately 15.6 million children – one in five – live with a mother or father who is severely depressed. When left unaddressed, parental depression can undermine healthy parenting (Bartlett, 2017).

Background

Mental health issues, including depression, are important factors for CBCAP SLAs to consider when working to prevent child neglect. It appears from much of the research that current efforts to help strengthen and support families, help them build protective factors and link them to community resources can help prevent or treat depression, including post-partum depression.

For example, in an *Understanding Family Engagement Outcomes: Research to Practice series* focused on parental depression published by the National Center on Parent, Family and Community Engagement (PFCE) in 2013, depression was highlighted as one of the most treatable of all medical conditions. This document highlighted how strengths-based support, sharing information about depression and treatment referrals can have a huge impact with parents suffering from depression. Positive impacts were also observed with their children.

Parents who struggle with depression may have difficulties with their thinking and handling of their daily living activities such as sleeping, eating and maintaining a job. Their parenting may be characterized by hostility, withdrawn or neglectful behaviors and an inability to show warmth and responsiveness to their children (Bartlett, 2017). According to the National Research Council (NRC) and the Institute of Medicine (IOM) Committee on Depression, Parenting Practices, and the Healthy Development of Children (CDPPHDC) (NRC & IOM CDPPHDC, 2009a), this type of parenting has been found in depressed mothers of infants, school-age children and adolescents. Less is known about parenting in depressed fathers, but most findings from the limited studies completed are consistent with the findings about depressed mothers.

When parents have healthy relationships with others and can access community resources, they are less likely to be depressed and more likely to recover when they are already depressed (NRC & IOM, 2009a). Research shows that “children of parents with untreated depression have higher rates of behavior problems, difficulty coping with stress and forming healthy relationships, academic problems, and mental illness, compared to children whose parents are not depressed” (Bartlett, 2017). Bartlett (2017) added that research also indicates that parental depression during pregnancy may have negative effects on the fetus. The likelihood of poor outcomes for children are increased when a parent’s depression is severe and there are other risk factors present such as poverty, family violence or substance abuse.

The NRC & IOM recommended a two-generation or intergenerational approach that addresses the parent-child relationship and the parent’s mental health issues at the same time. Research shows that this approach can be effective in promoting resilience in children with a parent who is struggling with depression (NRC & IOM CDPPHDC, 2009a).

Expanding CBCAP Partnerships

It is important that CBCAP SLAs and their grantees collaborate with multiple systems such as mental health, health, early care and education including Head Start and Early Head Start and family support programs to develop and implement strategies that focus more broadly on healthy parenting and child development for positive social and emotional health of the parent and child.

Research suggests that maternal depression affects many families and can have long lasting, adverse effects

on parenting and the development of children. These consequences can impact society, as children who are affected adversely become the next generation of parents and workers. Untreated maternal depression may lead to more hostile or withdrawn parenting, which can, in turn, have detrimental effects on infant and children's developing brains, placing them at higher risk for later cognitive and socio-emotional problems (Center on the Developing Child at Harvard University, 2009). There appear to be better program outcomes when parental depression is addressed through early identification, screening, referral and/or treatment (PFCE, 2013).

Below are some examples of strategies CBCAP SLAs can encourage their grantees to consider when working with parents who are depressed.

- Regular screenings are an important strategy for early identification of parents' symptoms. CBCAP SLAs can collaborate with agency social workers, nurses, home visitors, and other professionals who are in contact with young parents to help increase awareness and outreach related to Postpartum Depression (PPD). PPD is a relatively common problem that affects approximately 11% to 20% of women who give birth each year (CDC, n. D).
- Home visiting staff and other staff who work with families can be trained to notice when parents appear to be depressed or have other mental health issues. They also need a protocol for addressing various mental health concerns with the parents and for responding when parents indicate their own mental health concerns.
- Mental health consultation and formal training, along with other ongoing supports for staff, can be powerful elements for helping them successfully work with parents facing mental health issues.

Awareness of mental health issues, including links to crisis intervention, is needed in all programs that work with families, including neglect prevention programs. Many of these strategies may also be helpful in assisting

children to gain awareness that their parent has an illness and to help them develop coping skills. For helpful information, check out the *Understanding Family Engagement Outcomes: Research to Practice series* focused on parental depression published by the National Center on Parent, Family and Community Engagement (PFCE).

State Initiatives

Below are several examples where CBCAP SLAs were successful in implementing effective collaborations to assist families experiencing with mental health issues. For additional information, visit <https://friendsnrc.org/2016-cbcap-state-reports-summary>.

Connecticut

Connecticut has implemented In-Home Cognitive-Behavioral Therapy (IH-CBT) through their Mind over Mood Initiative. The Family Support Services Division of the Office of Early Childhood maintained its partnership with the University of Connecticut Health Center to administer and study IH-CBT within the Nurturing Families Network and further develop a community-based effort. The IH-CBT program has expanded its efforts to recruit and train private practice therapists working in areas where home visiting sites are located. These therapists form working relationships with the local home visiting providers, using established procedures and protocols for referrals to support families. To date, more than 50 private practice clinicians were trained and offer IH-CBT to mothers that screen positive using the Edinburg Depression Scale.

Oregon

The Oregon Department of Human Services, supports several grantees in different districts throughout the state that provide mental health services to families. In District 7, 17.8% of new mothers in the service area reported pre-and postpartum depression. This indicated a large number of high needs among women. They have worked with the Women's Safety and Resource Center to provide wraparound services for female clients in their care. The Resource Center staff meet with health care partners monthly to ensure they

are aware of their services and are referring new parents accordingly. In District 2, LifeWorks North West provides mental health and addiction services as well as prevention services. This district has a strong inter-agency collaboration that provides comprehensive services to families. LifeWorks NW is a tri-county non-profit that offers extensive mental health, addictions treatment and various prevention services. Many clients work closely with their family advocate while seeing a mental health therapist, are involved in addiction treatment, and have children enrolled in the Children's Relief Nursery a therapeutic pre-school and respite program service to families with children 0-4. This program includes Maternal Infant and Early Childhood Home Visiting. Family advocates work closely with LifeWorks NW therapists as well as assist with case management of parents that are receiving home visits from the Children's Relief Nursery teachers to better assist them in parenting practices.

Kentucky

The Kentucky Cabinet for Health and Family Services, Department for Community Based Services use of CBCAP funds is through Community Collaboration for Children (CCC). The CCC funds prevention services to low-risk families using available resources in local communities. CCC in-home staff have been trained by a mental health specialist to use the Ages and Stages Questionnaire: Third Edition (ASQ:3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). The use of the ASQ:3 screening tool assisted providers in identifying children under age six (6) who may be developmentally delayed and in need of services as well as educating the parents on developmental milestones. The ASQ-SE screens for social and emotional competence relative to developmental stage. In addition, the ASQ:3 and ASQ-SE were used to assist staff in developing an action plan with specific activities to help parents meet the identified needs of their child(ren) and equip them with activities to assist their child.

A Father Shares His Experiences with Neglect Due to Mental Health and Substance Abuse Issues

Richard M. is a father of three children. He married his wife, Sandy, when she was very young, only 18 years of age. Shortly after they got married, they learned that she was pregnant with their first child. During the early years of the marriage, Richard served in the military and was frequently deployed for six-month periods of time. He indicated that these separations were very difficult for both of them. He was unable to be with Sandy when their first daughter was born. He got to see his new daughter for the first time when she was four months old. Sandy became pregnant with a second child shortly after the birth of the first. This was extremely stressful for her since she was left on her own to care for an 18-month-old and a newborn. Richard and Sandy divorced, and she was granted custody of the two children.

After losing custody of his children and completing his term of military service, life was very difficult for Richard. His struggle to maintain his job and earn adequate income to pay for housing and other necessities was compounded by his mental health issues relating to anger and depression. He started drinking. Sandy also struggled with substance abuse, trauma and mental health issues and she frequently asked Richard to help take care of the children. These difficult mental health and substance abuse challenges led Richard and Sandy to periodically neglect their children. Child protective services (CPS) became involved and removed both children and placed them in foster care. Richard and Sandy were devastated and decided to change their life circumstances to regain custody of their children.

Richard made strong efforts to stabilize his life, including participation in mental health treatment services. Sandy sought substance abuse treatment services. Despite their hard work together and a beginning display of stability (e.g., steady employment, higher education, regularly visiting their children), CPS recommended to the court that the foster parents be allowed to adopt their two children. Although heart wrenching for Richard and Sandy, both have accepted the fact that their children adapted well to their soon-to-be adoptive parents and they are both extremely grateful that the adoptive family is willing to allow them to visit the children.

Richard and Sandy were successful in turning their lives around. Sandy has been sober for the last four years and Richard has completed anger management classes and has continued to actively participate in mental health treatment services. Richard and Sandy remarried, and they have a third child. In reflecting on their experiences, they both recognize that they could have benefitted greatly from more mental health services, information, financial supports, parenting and respite strategies to prevent the neglect of their children and their ultimate loss of custody. Today, Richard and Sandy are very committed to helping other parents develop healthy support systems and link to mental health services and other resources to keep their families together and strong.

~Submitted by: Richard M.

Conclusion

In summary, CBCAP SLAs can play a pivotal role in promoting collaborative efforts to integrate neglect prevention strategies into every system that impacts children and families, particularly systems related to substance use, domestic violence and mental health. For CBCAP SLAs, collaboration involves looking for innovative ways to connect, share resources and build partnerships across programs and systems. This often involves working with non-traditional partners and thinking creatively together. Research shows that when agencies work together there are many positive outcomes—for the agencies and for the families and the communities they serve. Collaboration is about ensuring the work of multiple stakeholders is aligned and moves collectively toward a common goal; specifically, for this conversation, the goal of eliminating child neglect.

Additional Resources

Given the complexity of addressing substance use disorders, domestic violence and mental health issues, additional resources on each topical area are provided below.

I. Substance Use Disorders

In addition to the national resources listed below, all states and most local governments have an office on substance use disorders and issues that provide excellent resources. CBCAP SLAs may wish to inform their grantees about these valuable substance use prevention and recovery resources listed below.

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers and funds grant programs and contracts that support States' efforts to expand and enhance prevention programs and to improve the quality, availability and range of substance use disorder treatments and mental health services in local communities <http://www.samhsa.gov>.

- SAMHSA's *National Clearinghouse for Alcohol and Drug Information (NCADI)*, the Nation's one stop resource for information about substance use disorder prevention and addiction treatment. NCADI distributes a wide range of free or low cost materials, including fact sheets, brochures, pamphlets, posters, and videos. Information specialists are available to answer questions about alcohol and drug abuse 24-hours-a-day, 7-days-a-week. <http://www.ncadi.samhsa.gov>

- SAMHSA's *treatment program locator website*, maintains a listing of addiction treatment programs, including residential treatment centers, outpatient treatment programs, and hospital inpatient programs for drug addiction and alcoholism. <http://www.findtreatment.samhsa.gov>

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides leadership in the national effort to reduce alcohol related problems. Its research programs include genetics, neuroscience, epidemiology, health risks and benefits of alcohol use, prevention and treatment. <http://www.niaaa.nih.gov>

The National Institute on Drug Abuse (NIDA) leads the national scientific effort to address drug abuse and addiction. The website provides information for students and young adults, parents, teachers, researchers and health professionals. <http://www.nida.nih.gov>. The NIDA website provides a list of commonly abused drugs, how they are ingested or used, and intoxicating effects of types of drugs. <http://www.drugabuse.gov/DrugsofAbuse.html>

Alcoholic Anonymous (AA) Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is non-professional, self-supporting, multi-racial, a-political and available almost everywhere. Membership is open to anyone who wants to do something about his or her drinking problem. (<http://www.alcoholicsanonymous.org>)

Al-Anon, Alateen Al Anon and Alateen are organizations to help families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend. (<http://www.alanon.alateen.org>)

Families Anonymous (FA) purpose is to provide mutual support and to offer a safe place to share experiences and concerns for relatives and friends of those who have alcohol, drug or behavioral problems. FA is a 12 step fellowship of support groups. (<http://www.familiesanonymous.org>)

Narcotics Anonymous (NA) is an international, community based association of recovering drug addicts with weekly meetings in over 100 countries worldwide. Meeting site locations are available online (<https://www.na.org/>)

II. Domestic Violence

CBCAP SLAs can take a lead role in supporting grantees to work with systems that link families to resources to help prevent or stop domestic violence and child neglect such as:

State Domestic Violence and Sexual Assault Coalitions

There is a state domestic violence coalition for every state and United States Territory. Each Coalition represents the domestic violence and sexual violence service providers in their state or territory; they are connected to more than 2,000 local domestic violence programs and shelters. CBCAP SLAs and grantees can begin to build connections with the domestic violence coalition working with programs in their state through the National Network to End Domestic Violence's website. Families can access information and resources such as safe emergency shelters, safety planning assistance, legal assistance and referrals for obtaining protection orders, counseling and support groups for

parents and their children, help applying for public assistance and housing subsidies, etc.

(<https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services>)

Promising Futures Without Violence

Best practices for serving children youth and parents experiencing domestic violence.

(<http://promising.futureswithoutviolence.org>)

Futures Without Violence

Futures Without Violence is a health and social justice nonprofit focusing on healing those among us who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow. This organization works to transform social norms and train professionals, such as doctors, nurses, judges, and athletic coaches, on improving responses to violence and abuse. It also works with advocates, policy makers, and others to build sustainable community leadership and educate people everywhere about the importance of respect and healthy relationships.

(<https://www.futureswithoutviolence.org>)

III. Mental Health

CBCAP SLAs may wish to inform their grantees about issues related to mental illness and parental depression and how to locate treatment services in their area. Some national agencies and advocacy and professional organizations have information on finding mental health professionals as well as practitioner locators on their websites. See the resources below for additional information:

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357).

Behavioral Health Treatment Locator at <https://www.nimh.nih.gov/health/find-help/index.shtml> that can be searched by location.

The Anxiety and Depression Association of America is an international nonprofit membership organization and a leader in education, training, and research for anxiety, depression and related disorders.

(<https://adaa.org/>)

Depression and Bipolar Support Alliance envisions wellness for people who live with depression and bipolar disorder. Because DBSA was created for and is led by individuals living with mood disorders, their vision, mission and programming are always informed by the personal, lived experience of peers.

(<http://www.dbsalliance.org/site/PageServer?pagename=home>)

Mental Health America is the nation's leading community-based non-profit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Their work is driven by a commitment to promote mental health as a critical part of overall wellness,

including prevention services for all; early identification and intervention for those at risk; integrated care, services and supports for those who need it; with recovery as the goal.

(<http://www.mentalhealthamerica.net/>)

National Alliance on Mental Illness (NAMI) is the nation's largest grass-roots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Begun in 1979, they now are an association of hundreds of local affiliates, state organizations and volunteers who work in communities to raise awareness and provide support and education. (<https://www.nami.org/>)

References

American Academy of Experts in Traumatic Stress. (2014). *Effects of parental substance abuse on children and families*. Retrieved from: <http://www.aaets.org/article230.htm>

Bartlett, J. D. (2017, August). 5 things to know about parental depression. *Child trends* 5. Retrieved from <https://www.childtrends.org/child-trends-5/five-things-know-parental-depression/>

Centers for Disease Control and Prevention (CDC). (n. D). Postpartum progress: The statistics. Retrieved from <http://www.postpartumprogress.com/?s=the+statistics>

Center for Substance Abuse Treatment (CSAT). (2000). *Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues*. Rockville (MD): Substance Abuse and Mental Health Services Administration. [Treatment Improvement Protocol (TIP) Series, No. 36.] Chapter 1—Working with child abuse and neglect issues.] Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK64904/>

Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8*. www.developingchild.harvard.edu/. Fairley, K. M.

(2017). *Supporting abused parents of children exposed to domestic violence* [PowerPoint Slides]. Administration on Children, Youth and Families, Family Violence Prevention & Services Program, Family & Youth Services Bureau. Retrieved from <https://friendsnrc.org/resources/teleconference-and-webinar-archive/384-sept-2017-cbcap-plc-domestic-violence-awareness>

Friends National Center for Community Based Child Abuse Prevention. (2017). *Collaboration toolkit*. Retrieved from <https://friendsnrc.org/activities-that-support-collaboration/collaboration-toolkit>

Friends National Center for Community Based Child Abuse Prevention. (2016). *2015 CBCAP reports summary: The big picture*. Retrieved from <https://friendsnrc.org/2015-cbcap-state-reports-summary>

Gillam, R. J., Counts, J. M., & Gartska, T. A. (2016). Collective impact facilitators: How contextual and procedural factors influence collaboration. *Community development*. doi: 10.1080/15575330.2015.1133684

Miller E, Decker MR, McCauley HL, Levenson R, Silverman JG. Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception*. April 2010 (Vol. 81, Issue 4, Pages 316-22, DOI:10.1016/j.contraception.2009.12.004)

National Alliance of Children's Trust and Prevention Funds. (n. D). *Building healthy communities and preventing neglect: Theory of change to prevent neglect*. Retrieved from http://ctfalliance.org/preventneglect/Neglect_TheoryChange-FINAL.pdf

The National Center on Parent, Family, and Community Engagement (PFCE). (2013). *Understanding family engagement outcomes: Research to practice series*. Family well-being: A focus on parental depression. Office of Head Start (OHS) Parent, Family, and Community Engagement Framework. Retrieved from <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/rtp-parental-depression.pdf>

National Domestic Violence Hotline. (n.d.a). *Get the facts & figures*. Retrieved from <http://www.thehotline.org/resources/statistics/>

National Domestic Violence Hotline. (n.d.b). *What is domestic violence?* Retrieved from <http://www.thehotline.org/is-this-abuse/abuse-defined/>

National Research Council and Institute of Medicine Committee on Depression, Parenting Practices, and the Healthy Development of Children (NRC & IOM CDPHDC). (2009a). Associations between depression in parents and parenting, child health, and child psychological functioning. In M. J. England & L. J. Sim

(Eds.). *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention* (Chapter 4). Washington. DC: National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK215128/>

National Research Council and Institute of Medicine Committee on Depression, Parenting Practices, and the Healthy Development of Children (NRC & IOM CDPHDC). (2009b). Approach to research and its evaluation. In M. J. England & L. J. Sim (Eds.). *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention* (Chapter 2). Washington. DC: National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK215129/>

Reid, J., Macchetto, P., & Foster, S. (1999). *No safe haven: Children of substance-abusing parents*. New York: National Center on Addiction and Substance Abuse at Columbia University. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK64904/>

Williams, S. C., & DeVooght, K. (2017, June). 5 things to know about the opioid epidemic and its effect on children. *Child trends* 5. Retrieved from <https://www.childtrends.org/child-trends-5/5-things-know-opioid-epidemic-effect-children/>



© 2018 by the FRIENDS National Center for Community-Based Child Abuse Prevention, Chapel Hill Training Outreach Project, Inc., 800 Eastowne Drive, Suite 105 Chapel Hill, NC 27514, www.friendsnrc.org. This product was authored in partnership with the FRIENDS NCCBCAP by the National Alliance of Children's Trust and Prevention Funds. FRIENDS is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth & Families, Office on Child Abuse and Neglect, under discretionary Grant 90CZ0024. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Permission is granted for readers to copy and disseminate this material, but please credit the FRIENDS National Center for CBCAP.