August 2020

A Toolkit for Professionals

Supporting Children Impacted by Addiction

LancasterJoiningForces.org

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INTRODUCTION TO THE TOOLKIT

The purpose of this toolkit is to assist you in your supportive role of a child of addiction. This toolkit intends to provide you with a basic understanding of substance use disorders (addiction) and its impact on the individual, their children, and others living in the household.

The toolkit also offers some tested and effective strategies for navigating difficult conversations (regardless of the topic) and provides some considerations for how you can include more trauma-informed practices into your work.

A few local resources to help you and your client(s) are also included. The resources listed are a good starting point for entry into the local drug and alcohol treatment and recovery support systems. A more exhaustive list of resources can be found on LancasterJoiningForces.org.

This toolkit has been created by Joining Forces for Children.

JOINING FORCES FOR CHILDREN

Joining Forces for Children is a collaborative partnership among Lancaster County agencies serving children impacted by addiction. The Joining Forces for Children Lead Team includes participation from:

COBYS Family Services

Community Action Partnership – Thrive to 5 & Parents as Teachers

Penn Medicine Lancaster General Health Healthy Beginnings Plus

Lancaster County Behavioral Health and Disability Services (BHDS)

Lancaster County Children's Alliance

Lancaster County Children and Youth Agency

Lancaster County Early Intervention

Lancaster County Victim/Witness Services

Lancaster Lebanon Intermediate Unit 13

RASE Project

The partnership exists to:

- Strengthen partnership across all community sectors
- Improve access to effective services for children and their families
- Enhance community-wide capacity to identify and support young victims of the addiction crisis

This project, funded by the US Department of Justice, Office for Victims of Crime, also includes individualized resource navigation for children and their caregivers provided by a Family Advocate.

Joining Forces Family Advocate

The Joining Forces Family Advocate provides individualized support for children impacted by addiction. This includes:

- Helping children and caregivers navigate services and systems
- Providing education about substance use disorders and recovery
- Advocating for the child with their caregivers, educators, other providers, etc.
- Working with the child to develop an individualized plan
- Equipping the family with resources and activities to build/re-build healthy relationships

Visit LancasterJoiningForces.org/Families for more information about this service.

WHAT IS ADDICTION?

Substance use disorders (SUD) are complex illnesses that affect someone's physical and emotional health. SUD is a chronic, treatable condition. Like many chronic illnesses, after treatment there may be a return of symptoms (also known as relapse). There is no cure, but individuals can manage their illness successfully.

SUD can affect how an individual interacts with their loved ones. The use of substances leads to changes in the brain that affect behavior. These changes result in being unable to control the use of substances no matter how much they want to. The brain is sending messages to continue the use substances in order to survive – meaning their ONLY focus is on the use of substances. This leads to changes in family function and feelings of fear, shame, and guilt for the individual using substances and their loved ones.

Addiction is an illness shrouded in denial, shame, and the negative attitudes of others. More people are recognizing substance use disorders as a treatable illness. However, our systems of care have yet to fully respond to addiction as a treatable medical condition.

A NOTE ABOUT TRAUMA

This toolkit will dive into trauma and trauma-informed practices on page11, but it is important to understand that many individuals who have a substance use disorder have experienced various degrees and types of trauma. Those traumatic experiences have made them more vulnerable to developing a substance use disorder. Their children will also have an increased risk of developing a substance use disorder. As a helping professional, the action that you take can help to build resiliency in that child and decrease their vulnerability to developing an addiction of their own.

ADDICTION IS A FAMILY DISEASE

Addiction affects the entire household. The individual suffering from the substance use disorder organizes their life around substances and as a result, family life becomes organized around that family member. Therefore, the entire family unit is unhealthy. This is not by choice, but rather an adaptation (usually subconsciously) that the family makes in an effort to find balance.

To maintain balance, families living with addiction often function under the "no talk" rule. This rule can cause the family to be isolated or to have minimal contact with others outside the home. It is an effort to keep the family unit intact. Along those lines, family members may take on various roles and responsibilities to maintain family functioning. For example, a child may begin to care for younger siblings by taking them to school, helping them with homework, etc.

As a helping professional, it's helpful to understand the complexities at play in families living with addiction. While you may be frustrated by a lack of engagement or participation by a client/family, consider that the nature of their condition and the changes in their brain will simply not allow them to focus on anything other than the use of substances as a means to survive.

While every situation and family system is unique, families who are suffering from substance use disorders often exhibit similar characteristics. See Table 1.

Table 1. Characteristics of Families with Addiction and Healthy Families

Family with Parental Alcoholism/Addiction	Healthy Family
1. Rigid thinking - black and white	**1.** Open to change and new ideas
2. Low self-worth / shame	**2.** High self-worth
3. Compulsive behavior covers pain	**3.** Individuals choose their behavior
4. Rules are arbitrary - rigid or non-existent and chaotic	**4.** Rules are designed to guide and protect, are age appropriate and consistent
5. Feelings are avoided and repressed - no risks taken because there is no safe place within the family	**5.** Feelings are expressed openly and validated. Touch is appropriate and nurturing
6. Denial of stress, challenging issues and problems. Although crisis can be used as a welcome distraction from emotional pain	**6.** Expect stress and work together for mutual support
7. Disturbed hierarchy - one person or no one in charge, children provide parenting for siblings. Hidden coalitions, inconsistency and chaos	**7.** Parents are in charge - strong coalition, they protect and assume responsibility for the children
8. Terminal seriousness – anger (often suppressed), depression, hostility or phony happiness	**8.** Fun, humor, joy and laughter exist in adults and children

(National Association for Children of Addiction)

HOW DOES ADDICTION AFFECT CHILDREN?

Nationally, it is estimated that 1 in 5 children lives in a home in which someone has a substance use disorder. (American Academy of Pediatrics, 2016). Applying that ratio to Lancaster County, it is estimated that there are 25,500 individuals under the age of 18 living with someone suffering from a substance use disorder.

Children of individuals with a substance use disorder may be exposed to substances prenatally, throughout their childhood, and in some cases into adulthood. The sooner they can be identified, and an intervention can be provided, the better their overall health and well-being will be.

Children living in families experiencing addiction are more likely to:

- experience a lack of supervision
- experience abuse (physical, emotional, or sexual)
- experience neglect
- demonstrate symptoms of anxiety or depression (may be related to insecure attachment)
- experience poor physical health (poor nutrition, hygiene, etc.)
- have behavior problems (ADHD, ODD, low self-esteem, lack of empathy)
- have difficulties at school
  - higher rates of absenteeism, dropout, retention, and referrals to school psychologists
- experience cognitive and/or developmental delays

Children of addiction's experiences may also be marked by:

- Love and loyalty – being protective of parents
- Reluctance to disclose problems at home, and uncertainty of who to talk to
- Psychological distress
- Fear of intervention by 'officials'
- Guilt, shame, and stigma
- Sadness, isolation, and depression
- Anger and frustration
- Fear and anxiety (for their parents' safety or that they will 'end up the same')
- Caring responsibilities – for parents or for siblings.

(National Association for Children of Alcoholics)

YOU can help recognize warning signs in children and their caregivers. This toolkit will help with what to look for, how to talk about what you're seeing, what resources are available, and how you can follow up with families – all in a trauma-sensitive way that helps you enhance and maintain relationships with children and their caregivers.

WHAT DO I LOOK FOR?

Not every child living with addiction will experience every warning sign indicated below nor does every warning sign automatically indicate substance use in the household. Still, there are common warning signs that may indicate a substance use issue within the family. As a helping professional, if you're seeing these signs of abuse or neglect, please complete a ChildLine report and follow all of your agency protocols.

To make a ChildLine report, use the toll-free hotline (1-800-932-0313). The hotline is available 24 hours a day, seven days a week to receive reports of suspected child abuse.

Mandated reporters can also report electronically at Compass.state.pa.us/cwis.

Below are some warning signs that you may see in children living with addiction.

Neglect

Children whose caregivers have a substance use disorder are **four times** more likely to be neglected. Signs of neglect may include:

- Appear extremely hungry or horde food
- Appear dirty or smell unclean
- Dress inappropriately for the season
- Lack needed medical or dental care, immunizations, or glasses
- Be chronically truant
- Have parents that are disconnected to the school
- Have inadequate supervision
- Take on the adult role in the family for the younger siblings

Physical Abuse

Children whose caregivers have a substance use disorder are **three times** more likely to be physically abused. Signs of physical abuse may include:

- Have unexplained injuries, broken bones, bruises, burns, open wounds, lacerations, welts, black eyes, or bite marks
- Have grip marks on their arms
- Have unexplained fear
- Have physical signs of being tied up or otherwise restrained
- Deny there is a problem when other warning signs are present
- Have injuries in the shape of an object – belt, cord, iron, etc.
- Have injuries that do not fit the story
- Be frightened of parent, caretaker or other adults
- Exhibit anti-social behavior

Sexual Abuse

Children whose caregivers have a substance use disorder are **three times** more likely to be sexually abused. Signs of sexual abuse may include:

- Have unexplained bleeding, wounds, bruising or pain in genital area
- Have unexplained sexually transmitted diseases
- Be in pain when going to the bathroom
- Have difficulty walking or sitting
- Touch others in inappropriate sexual ways
- Be afraid of being touched
- Show self-destructive behaviors like cutting themselves or pulling out their hair
- Exhibit regressive behavior
- Have (or show) inappropriate interest in or knowledge of sex acts

Mental Health Concerns

Children whose caregivers have a substance use disorder may experience signs of a mental health concern. Signs may include:

- Be constantly afraid
- Withdraw from situations they used to enjoy
- Have low self-esteem
- Have inadequate nurturing or affection
- Exhibit behavioral, emotional and academic problems in school
- Be extremely timid or passive or pushy and hostile
- Be unusually upset or anxious
- Be apathetic
- Wet or soil self
- Have difficulty making friends

Exposure and Accidental Poisoning

Children who live in households with substance use can be exposed to the toxic chemicals related to the use or manufacturing of substances.
Physical signs of exposure include:

- Burning and watery eyes
- Blurred vision
- Skin irritation and redness
- Burns on the skin
- Sneezing and coughing
- Difficult breathing, shortness of breath
- Chest pain
- Nausea and vomiting
- Stomach pain
- Diarrhea
- Headaches
- Fever
- Hallucinations
- Extreme irritability

Substance Use in the Home

If you have the opportunity to work with the child and their caregivers at their home, here are some signs that may indicate substance use or manufacturing in the home.

- There are windows blackened or curtains always drawn
- Occupants of a home appear unemployed/underemployed yet have plenty of money or pay bills with cash
- Empty beer and/or alcohol containers and/or other drug paraphernalia
- The home or caregiver(s) may smell of alcohol, marijuana, or other substances
- Caregiver exhibits signs of being under the influence of substances
- Caregivers discuss their use of substances
- Large amounts of chemicals and/or a chemical odor may indicate the manufacturing of substances in the home

YOU MAY ALSO NOTICE

AGE	HEALTH	EDUCATION & COGNITIVE ABILITY	RELATIONSHIPS	EMOTIONAL/ BEHAVIORAL DEVELOPMENT
0-2	Well-child visits missed Low birth weight Poor Growth	Delayed in reaching developmental milestones Poor language development	Insecure attachment	Excessive or constant fatigue or strain More irritable/fussy
2-4	Well-child visits missed (late on vaccinations, etc) Frequent headaches or stomachaches	High levels of confusions	Insecure attachment	Fluctuating moods Compulsive Anxious
5-9	Well-child visits missed (late on vaccinations, etc)	Poorer school attendance, preparation, and concentration due to unstable home situation	Restricted friendships Excessive responsibility for parent(s) or siblings	Depression, anxiety More antisocial acts by boys More withdrawal by girls
10-14	Little parental support in puberty Early smoking, drinking or drug use more likely	Continued poor academic performance	Poor self-esteem and low self-image	Emotional disturbance, conduct disorders, bullying, Higher risk of offending and criminality
15+	Increased risk of problem alcohol use, pregnancy or sexually transmitted diseases	Lack of educational attainment – may affect long-term life chances	Lack of suitable role model	Greater risk of self-blame, guilt, increased suicide risk

Source: Hidden Harm

It is worth repeating that if you are seeing the signs mentioned above – that does not automatically indicate that someone in the household has a substance use disorder. It should, however, give you cause for concern and prompt you to act. That action may require making a ChildLine report, following your agency's protocols for documenting such observations, and it may also demand an uncomfortable conversation with your client and/or their family.

A NOTE ABOUT ATTACHMENT

Secure attachment to a parent/caregiver helps to lay a solid foundation for healthy development. Forming a secure attachment requires a caregiver who is nurturing and attentive to the needs of a young child. For more about this – check out the Center on the Developing Child's Serve and Return resources. developingchild.harvard.edu/science/key-concepts/serve-and-return/

Close relationships with other nurturing and attentive adults do not interfere with the relationship between a child and caregiver. Instead, they can help to promote social and emotional development. However, frequent exposure to different caregivers can interfere with the development of a secure attachment. This can be challenging in early learning settings if there is frequent turnover of staff or high student-teacher ratios.

SUPPORTING CHILDREN THROUGH THE RECOVERY PROCESS

UNDERSTANDING RECOVERY

During the recovery process, an individual's brain begins to heal. The brain gradually heals over time and is typically completely healed after about two years. There are ups and downs in the recovery process. Sometimes individuals starting their recovery journey feel worse before they start to feel better. It is common for individuals to start their recovery process multiple times before maintaining their recovery for a number of years. It is also not unusual for in individual who has been in recovery for a long period of time to experience a recurrence of symptoms (relapse). Don't forget – addiction is a chronic condition that must continue to be managed.

It is okay for each family member to spend some time practicing how to take care of themselves. In time, this will help the entire family heal. As a professional supporting the child and/or family – it is important for you to take care of yourself too! (See more about self-care on page 16)

At first, each member of the household will be learning and trying out a new lifestyle. Encourage patience – it takes time and effort. Many individuals and families benefit from working with a counselor individually and/or as a family. You can encourage their participation and provide information and referrals.

There is no one way to begin the recovery process. Some individuals use medication (short-term or long-term). Some individuals participate in support group meetings. Others work with a recovery support specialist – another individual who is further along in their recovery process and can support someone throughout their journey. Sometimes people use a variety of methods during their recovery process. The important thing to know is that it is a process. Recovery is a lifestyle to be practiced daily. Each family member will be on their own journey of recovery – learning a new, healthier way of life.

Supporting Children Through the Recovery Process

As a youth-serving professional – you are a safe person for children of addiction. Whether you realize it or not – your support can go a long way to help them understand, cope, and heal. You can support children in the recovery process by using the acronym **LOVEE** created by Jerry Moe, National Director of The Children's Program at Hazelden Betty Ford.

LISTEN: Really hear what children are saying. Give them focused attention. Show them you care.

OBSERVE: Look for non-verbal cues, such as facial expressions and body language. Who looks tired, extra hungry, or unkempt? Who simply doesn't seem like themselves today?

VALIDATE: Let children know that you hear and understand what they're telling you. Acknowledge what's said, ask questions to show your concern, and reflect their feelings in a non-judgmental way.

EDUCATE: Teach children that grown-up problems are never their fault; and that it's not their job to fix those problems.

EMPOWER: Introduce children to self-care strategies (draw a picture, read or look at a book, exercise, play a game, rest, sing, and have fun with friends)

NAVIGATING DIFFICULT CONVERSATIONS

Sometimes helping professionals need to have difficult conversations if we're concerned about a client. Finding the right words and setting the right tone can go a long way to having a productive conversation. When possible, plan ahead and practice what you want to say.

It can also be helpful to think about the goal of the conversation so that you stay on task during the conversation. For example, if the child is chronically absent to school, focus on reasons why and solutions – alarm clocks, consistent sleep schedule, ensuring they know where the bus stop is and when the bus is scheduled, etc.

Even when you can plan ahead, expect a curve ball. Sometimes, caregivers are less worried about what we think is important and they are more worried about something that you may not even know is a concern. So, when you try to discuss school attendance, for example, be prepared to hear about any array of things that are more pressing to the family in that moment.

Do your best not to pass judgment on their concern, but rather help identify strategies and solutions. This will go a long way to building a strong relationship and making the next time you bring up school attendance easier. They may even be ready to talk about attendance then!

FIVE TIPS TO HELP NAVIGATE CHALLENGING CONVERSATIONS

1. SERVE A COMPLIMENT SANDWICH

Start with a positive, address your concern, end with a positive.

For example, "I really enjoy working with Chris because they have a fantastic sense of humor. I am concerned, though, that they are not taking our work together seriously. I appreciate how supportive you've been providing transportation and making time to speak with me."

2. PAY ATTENTION TO YOUR BODY LANGUAGE

When you are having difficult conversations, it is best to use positive body language. This lets the other person know that you are invested in the conversation and care about the outcome. Practicing positive body language includes:

- Facing the person you are speaking to
- Feet on the ground
- Arms uncrossed
- Making eye contact (when it is culturally appropriate)
- Smiling and/or nodding
- Avoiding distractions (cell phone/mobile devices, picking fingernails, playing with hair, looking at clock/watch)

3. LISTEN EMPATHETICALLY

Listening empathetically is listening with empathy and compassion while doing your best to listen nonjudgmentally. Empathetic listening involves repeating what is being said as you hear it without adding anything new. It also requires the listener to try to identify with the feelings expressed by the speaker.

To put it simply, empathetic listening means that you are listening for what is being said AND how the speaker feels about it.

Another key piece to empathetic listening is being able to restate what you heard and ask clarifying questions without judgment. When asking clarifying questions, pay attention to your paraverbal communication. Paraverbal communication is the way we communicate through the tone, pitch, and pacing of our voices. It's not only WHAT you say, it's also HOW you say it. Even though a caregiver may raise their voice – it's imperative that you do not raise yours.

4. ALLOW SILENCE

When you are discussing challenging topics or situations, they can cause a lot of emotions. Though it may feel uncomfortable, it is best to allow for some silence. This gives both individuals time to breathe, think through what is being discussed, and remain composed.

5. AGREE ON ACTION STEPS TOGETHER

The goal is always to move the situation forward. Through the conversation, try to identify common ground and use that to create steps you can take together. An action step may be agreeing that it's best to finish the conversation at a another time and setting another date or time to speak. It is also okay to agree to disagree, allowing you to come to some conclusion or resolution.

Action steps (whether spoken or unspoken) should also include ongoing communication – sharing both positive and negative feedback. Find the method(s) that work best for the other individual (phone, email, virtual, or in person). The more communication you have with someone, the easier is gets to have uncomfortable conversations.

SUPPORTING CHILDREN & CAREGIVERS THROUGH TRAUMA-INFORMED PRACTICES

WHAT IS TRAUMA?

Traumatic events are experiences that are frightening, sometimes life-threatening, or violent. Traumatic experiences can cause strong emotions and physical reactions that may persist long after the event occurs. Witnessing dangerous events can also cause a traumatic response. Repeated exposure to traumatic events can lead to the development of toxic stress. Toxic stress can impact our physical and mental health if left untreated.

For very young children, exposure to trauma can interfere with brain development. Trauma can limit the brain's ability to build circuits that allow different regions of the brain to communicate and process information. Without intervention, this will limit the child's ability to regulate their own behavior (control impulses, focus, and follow directions).

Traumatic events are also known as Adverse Childhood Experiences (ACEs). These include the following:

- Abuse (physical, emotional, sexual)
- Neglect (physical, emotional)
- Household Dysfunction
  - Mental illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Use Disorders
  - Divorce

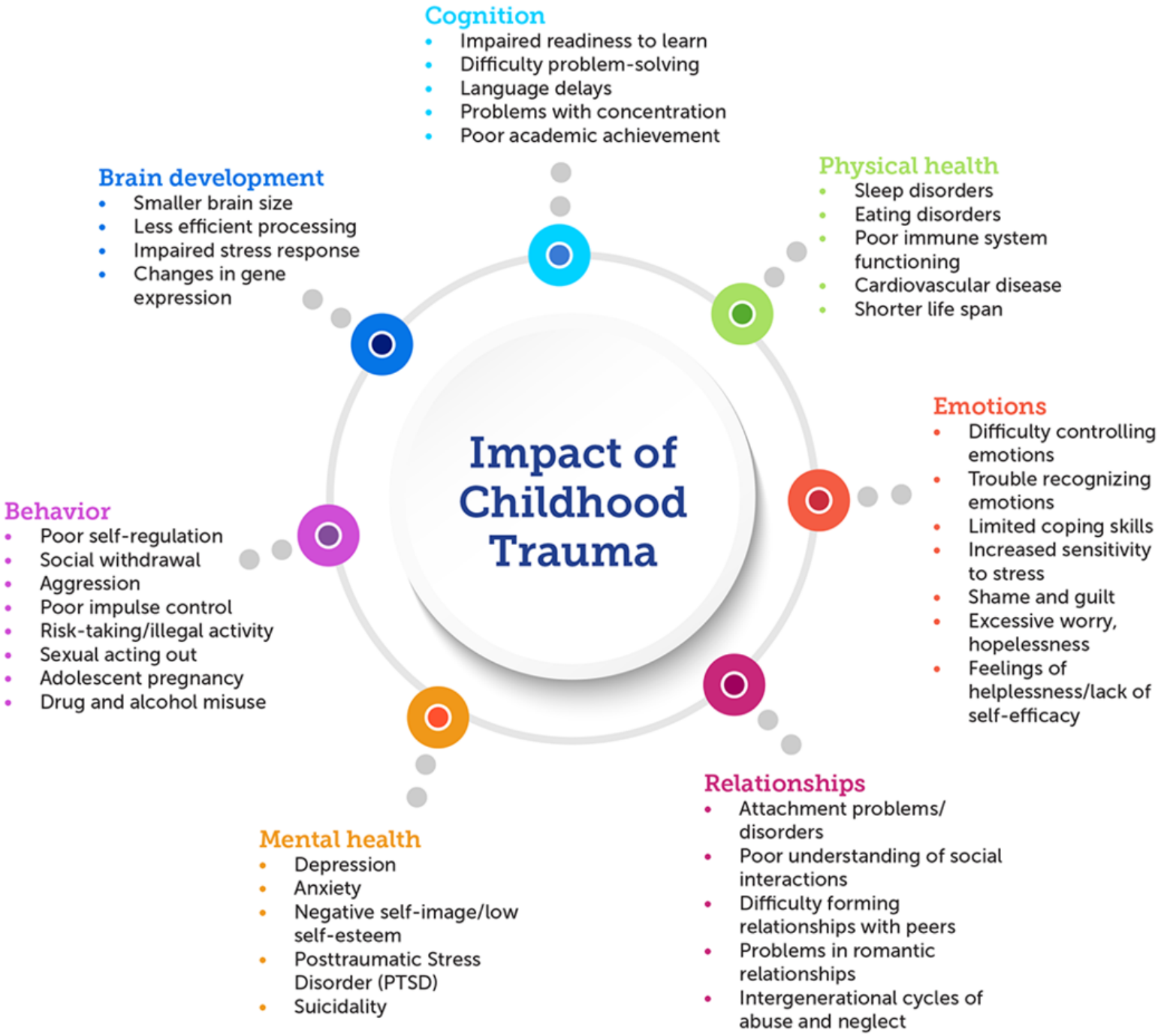
Other traumatic experiences that trigger a similar stress response include things like:

- Natural disasters or terrorism
- Community violence
- Sudden or violent loss of a loved one
- Serious accidents or life-threatening illness

Through the study of ACEs, researchers found that they are quite common – with 63.9% of the over 17,000 participants in early studies having experienced one or more ACEs. As more is learned about the impact of adverse experiences on overall well-being, experts are also identifying ways to mitigate the effects of these experiences on individuals – often referred to as Trauma-Informed or Trauma-Sensitive Practices.

For children, ACEs can impair development. The sooner we identify families living with addiction, the sooner we can put the proper supports in place to mitigate the long term impact. As a helping professional, you can help connect individuals and families to those supports and services. As you read on, you'll find some things to consider for applying trauma-informed principals in your work.

IMPACT OF CHILDHOOD TRAUMA



Source: Child TRENDS

TRAUMA-INFORMED PRACTICES

The environment in which children live, learn, and grow shapes their immediate and long-term well-being. Children who experience trauma are more likely to build resilience when their environments are responsive to their specific needs. You can help build resilience and respond to their specific needs through trauma-informed practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) has guidance for implementing trauma-informed care that includes: The Four R's and Six Principles.

SAMHSA'S FOUR R'S OF TRAUMA INFORMED CARE

REALIZE	RECOGNIZE	RESPOND	RESIST RE-TRAUMATIZATION
Realize the widespread impact of trauma and understand potential pathways for recovery	Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system	Respond by fully integrating knowledge about trauma into policies, procedures, and practices	Resist re-traumatization of children, as well as the adults who care for them

SAMHSA'S PRINCIPLES OF TRAUMA-INFORMED CARE

1. **SAFETY**
   - physical – the physical setting/environment is safe
   - psychological safety – interpersonal interactions promote a sense of safety

2. **TRUSTWORTHINESS AND TRANSPARENCY**
   - Processes occur and decisions are made with transparency – this helps to build trust with the client and their family

3. **PEER SUPPORT**
   - Peer support and mutual self help establish hope while promoting recovery and healing
     - ❑ Peers are individuals with lived experience

4. **COLLABORATION AND MUTUALITY**
   - Client and staff are partners in healing
     - ❑ Helps to level the power differences; healing happens in relationships

5. **EMPOWERMENT, VOICE AND CHOICE**
   - Individual strengths and experiences are recognized and built upon
   - Shared-decision making
   - Goal-setting done WITH the client
   - Professionals act as facilitators rather than controllers

6. **CULTURAL, HISTORICAL AND GENDER ISSUES**
   - Policies, protocols and processes that are responsive to needs of racial, ethnic and cultural needs
   - Recognize and address historical trauma
   - Access to gender responsive services

HERE ARE SOME THINGS TO CONSIDER IN YOUR ROLE:

Proximity
How close or far you are sitting/standing to your client?

Location
Do they HAVE to meet you in your office?
Could you meet elsewhere? Can you walk and talk?

Physical Environment
Does your client need to be able to see the door/exit?
Do they have ample personal space?

Language
Are you using strengths-based, nonjudgmental language?

Clear Communication
Depending upon the level of trauma experienced – it may be difficult for someone to process and retain information – provide handouts when possible. Are any handouts in their preferred language?
What about your **non-verbal** and **paraverbal** communication? (see page 11)

Are you finding opportunities to provide **choices and share power**?

How can you modify **policies**, intake **processes**, and other **procedures** using the 4 R's and 6 Principles?

A NOTE ABOUT SELF-CARE

Working with children is often a work of passion. It is not always glamorous and it's definitely not about the paycheck. When we see the children we work with succeed (big and small) – it certainly helps to fill our cup so that we can serve others. But, when our cup isn't being filled as often as we need it to be – we must be intentional about filling it ourselves.

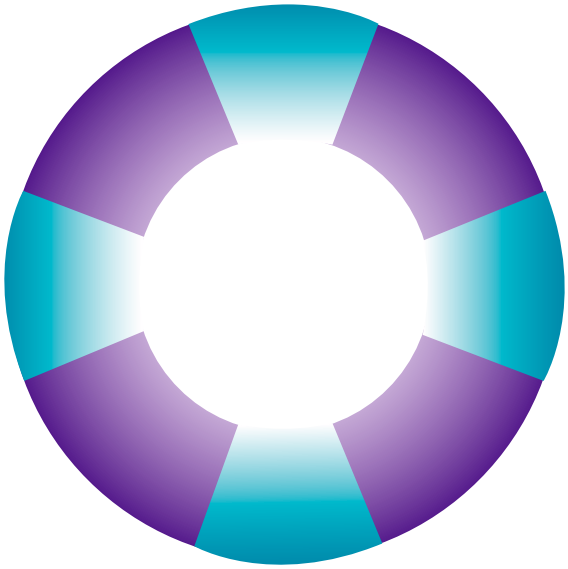
Self-Care is an individualized thing. For some it will mean meditating or exercising. For others, it will cuddling up with a good book or a new album. It may also mean doing something creative like drawing or painting. No matter what activity you choose – finding something that helps you to distress is what self-care is all about.

It is important to make time for your self regularly so that you can prevent feeling overwhelmed or you begin to experience physical signs of stress (muscle tension, trouble sleeping, etc). Here are a few ideas to consider making part of your self-care routine:

- Regular sleep schedule
- Well-balanced diet (take lunch breaks!)
- Regular exercise
- Regular practice of meditation, yoga, affirmations, and/or gratitude
- Doing things that make you smile
- A support system (even if it's just one trusted friend or family member)
- Creating a space in your home that is yours and recharges your battery
- Use your paid time off to do things you enjoy

The Seven C's

Seven things all children of addiction need to know



I didn't **cause** it.

I can't **control** it.

I can't **cure** it,

but I can help take **care** of myself by **communicating** my feelings,

making healthy **choices**, and **celebrating** me.

Source: National Association for Children of Addiction (nacoa.org)

REFERRING TO OTHER SUPPORTS AND SERVICES

We are fortunate in Lancaster County to have a variety of resources available for families impacted by addiction. Here are a few sites where you can find resource directories.

Lancaster County Joining Forces LancasterJoiningForces.org/Families
Find supports and services for children, and families impacted by addiction – including Joining Forces for Children's Family Advocate. Our Advocate provides individualized support for children impacted by addiction. This includes:

- Helping children and caregivers navigate services and systems
- Providing education about substance use disorders and recovery
- Advocating for the child with their caregivers, educators, other providers, etc.
- Working with the child to develop an individualized plan
- Equipping the family with resources and activities to build/re-build healthy relationships

Visit LancasterJoiningForces.org/Families for more information about this service.

Compass Mark Compassmark.org/Find-Help
Information about Treatment and Recovery Support Services for individuals and families. You can also call 717-299-2831 Monday through Friday 9 AM - 5 PM. The information and referral team offers anonymous, confidential support.

United Way of Lancaster's 211 PA211East.org/Lancaster or call 2-1-1
Free, non-emergency, confidential information and referral services that connects Lancaster County residents with the health and human services they need.

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JOINING FORCES FOR CHILDREN

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