1. We see parents as complex human beings who deserve our respect and encouragement. We recognize that addiction is one facet of their lives but it does not define who they are.

2. Being a parent is a job all parents want to do well. No matter how difficult or dangerous their lives, parents with addictions love their children and want the best for them. It is incumbent upon us to honor that love.

3. Nothing about them without them! Parents and professionals work together to determine the future of their children.

4. Drugs and alcohol serve a purpose. We cannot ask parents to give them up without providing assistance that helps parents replace them with a healthy structure for their lives.

5. Addiction is not willful behavior. It is a medical disorder and should be approached that way. For some the path to dependence started with treatment of pain. Evidence-informed interventions should be timely and include the option of medication-assisted treatment when professionally recommended. Mental health therapy for parents should be available to address the sources of trauma (e.g. childhood abuse, homelessness, adult victimization) that lead to self-medication with alcohol and drugs.

6. For many, addiction is evidence of trauma and can create exposure to additional trauma.

7. We recognize that addiction influences many families for generations, scarring their lives with early death and disability. By intervening with parents and children now we are investing in a better future for them and the communities in which they live.
8. We ask parents what happened in their lives that brought them to this place—not what they did wrong. We ask how alcohol and/or drugs have helped them cope. We work hard to avoid blaming and shaming.

9. Our focus is on helping parents make healthy life changes that will pave the way for sobriety. What parents need from us is our belief in their ability to overcome the obstacles standing in their way—and how they can be part of the solution.

10. All services that could benefit the parent’s physical and mental health should be available from the beginning of their involvement with the child welfare system. They need not have reached a certain point in their recovery (e.g. 2 clean urine screens) prior to being eligible for every other service. Specifically, we see parent-child contact as a critical way to help children and parents experience one another as loving partners in their relationship. In those cases where there is a rupture in the relationship between parents and children, coaches with training about early childhood development can support the parents while they build healthy relationships with their children.

11. Case planning around addiction should focus on the areas of the family’s life that will lay the foundation for future success (e.g. safe housing, enough to eat, protection from intimate partner violence).

12. Recovery is a lifelong process; how you manage the potential relapses is the challenge. Relapses can happen (like what occurs in other chronic medical conditions). Our goal is to provide parents with the life skills that will help them regain their footing if they become dysregulated and turn to alcohol or drugs.

13. Healthy parenting requires creating a responsive skill-building process with each parent. Issues like self-regulation and tools to deal with stressors/triggers are a part of that parenting process. We promote the use of approaches that break down parenting tasks into simple steps that can be practiced with members of their Safe Babies Court Team™ until the tasks are learned (such as the Step-By-Step Parenting Program©).

14. Prenatal alcohol exposure often co-occurs with other substance use during pregnancy. As a result, many people with prenatal alcohol exposure are overlooked due to the incorrect belief that other substance use is more harmful to the fetus. Because parental substance abuse is present in the vast majority of child welfare cases, every parent and child served by a Safe Babies Court Team should get a screening for fetal alcohol spectrum disorders (FASD). Identifying FASD will improve our ability to interact with parents in a way that is meaningful to them and allows us to build a structure around them to help them to succeed as adults and as parents. It will also provide the supportive services for children that can minimize their disabilities.
Contact Us

The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT) began in 2014 and is funded by the United States Administration on Children, Youth and Families, Children’s Bureau. The QIC-CT is operated by ZERO TO THREE and its partners, the Center for the Study of Social Policy, the National Council of Juvenile and Family Court Judges, and RTI International. For inquiries, please visit our website: www.qicct.org or email: QIC-CT@zerotothree.org.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Grant #90CA1821-01-01. 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. Readers are encouraged to copy and share it, but please credit ZERO TO THREE.

Photo credit: Shutterstock

---