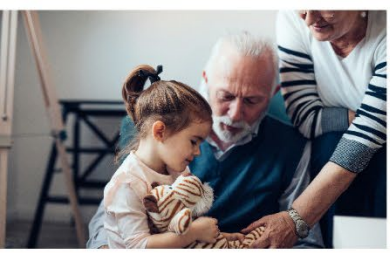
MODULE 4

Engagement and Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma




National Center on Substance Abuse and Child Welfare

Contents

Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to enhance child welfare workers knowledge and understanding about substance use and co-occurring disorders among families involved in the child welfare system. The toolkit is designed to provide foundational knowledge and skills to help advance child welfare casework practice.

The toolkit consists of ten modules—seven foundational and three special topics:

Module 1: Understanding the Multiple Needs of Families Involved with the Child Welfare System

Module 2: Understanding Substance Use Disorders, Treatment & Recovery

Module 3: Understanding Co-Occurring Disorders, Intimate Partner Violence & Trauma

Module 4: Engagement and Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma

Module 5: Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders

Module 6: Understanding the Needs of Children and Adolescents Affected by Parental Substance Use & Co-Occurring Disorders

Module 7: A Coordinated Multi-System Approach to Better Serve Children and Families Affected by Substance Use and Co-Occurring Disorders

Module 8: Special Topic: Considerations for Children and Families Affected by Methamphetamine Use

Module 9: Special Topic: Considerations for Children and Families Affected by Opioid Use

Module 10: Special Topic: Care Coordination Considerations for Children and Families Affected by Prenatal Substance Exposure

In addition, the Child Welfare Training Toolkit is designed to offer states and local jurisdictions flexibility with delivery methods—the 10 modules can be delivered as a series or as standalone in-person or virtual trainings. Note, each module is equivalent to a half day or 3-hour training which should also account for one 15-minute break for learners during instruction.

Each module contains a detailed facilitator's guide outlining identified learning objectives, a presentation slide deck, a comprehensive reference list, and supplemental resources. To better support state and local training capacity, detailed talking points for each slide's content have been included which can be used as a script or a starting point to help acclimate and support facilitator readiness. As with all training curricula, facilitators are also encouraged to infuse their own subject matter expertise, practice-level experience, and knowledge of state or local policy or practice to help reinforce the toolkit's contents and learning objectives.

Lastly and more importantly, the toolkit is designed with careful attention to adult learning theory and principles to maximize child welfare workers learning experience. Each module considers the diverse learning styles and needs including auditory, visual, kinesthetic techniques, as well as individual, small, or large group transfer of learning activities or exercises.

Note, the NCSACW provides a free online tutorial titled, *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*. This self-guided online tutorial complements the contents of the Child Welfare Training Toolkit. State and local jurisdictions may encourage their workforce to take the online tutorial to further supplement their knowledge; learners who successfully complete the online tutorial will be eligible for continuing education credits.

Intended Audience

The contents of this training toolkit can be applied across the full child welfare services continuum, enriching the practice of alternative (differential) response, investigations, in-home, out-of-home, and ongoing units. State and local jurisdictions may use the toolkit to supplement their current onboarding (pre-service) or ongoing (in-service) workforce learning opportunities. Use of the training toolkit is also highly encouraged for all cross-training needs—promoting collaboration and system-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and all other family-serving entities.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare practice. They should also be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If a facilitator does not hold knowledge in one of these identified areas, then partnering with a respective community agency is recommended to augment co-facilitation and/or subject matter expertise. All additional facilitator inquiries can be addressed to ncsacw@cffutures.org.

Language & Terminology

Discipline-specific language and terminology are used throughout this 10-module toolkit. A trainer glossary has been incorporated as part of the toolkit to better support knowledge and understanding of the purpose and intended meanings of commonly referenced terms and recommended use of person-first and non-stigmatizing language.

Materials Needed

In-Person Training Delivery

- Laptop Computer
- A/V Projector or Smart Board
- External Speakers (if needed)
- Internet or Wi-Fi Access
- Presentation Slide Deck
- Facilitator's Guide
- Flip Chart Paper
- Pens and Markers
- Training Fidgets

Virtual Training Delivery

- Laptop Computer
- Internet or Wi-Fi Access
- Virtual Meeting Platform (e.g., Zoom)
- Access to Free Online Word Cloud Generator (e.g., Mentimeter)
- Presentation Slide Deck
- Facilitator's Guide

Module 4 Description and Objectives

The goal of module 4 is to provide in-depth knowledge and understanding about engagement and intervention strategies for use with co-occurring substance use, mental disorders, and trauma. Child welfare workers will acquire knowledge and skills specific to core values and key characteristics of family engagement; will be able to differentiate between peers and recovery specialists and speak to the benefits of integrating peer recovery support services in child welfare service delivery models; understand and apply solution-focused and motivational interviewing techniques to support treatment and service engagement; define the stages of change model with knowledge of actionable steps to enhance parents' motivation and readiness for change; and finally, expand referral and linkage practices for enhanced treatment and service engagement and retention for children, parents, and families affected by co-occurring disorders.

After completing this training, child welfare workers will:

- Identify the core values of family engagement
- Understand the importance of building rapport for successful engagement
- Have knowledge and application of solution-focused and motivational interviewing techniques
- Understand readiness for change theory including application of the stages of change model
- Have awareness of the complexities of child welfare and substance use disorder treatment timelines
- Expand their referral and linkage practices for enhanced service engagement

Presentation Slide Deck and Talking Points

This next section of the facilitator guide provides detailed information about the contents of each slide and is organized uniformly throughout the deck to help with your training preparation. These sections include:

- Facilitator Script: ready to use talking points that can be used in its current form or modified based on a facilitator's training capacity and subject matter expertise.

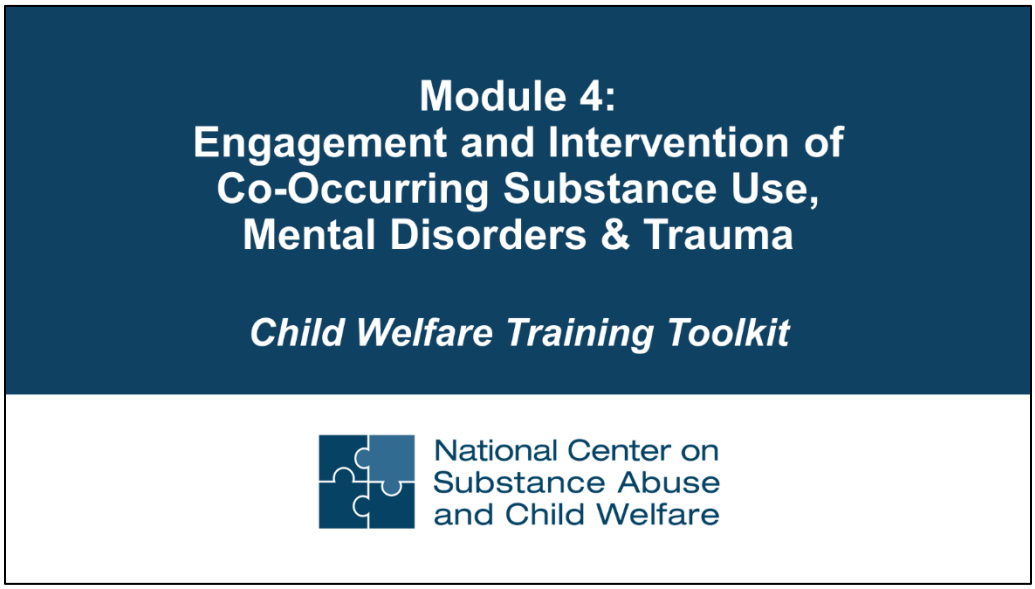
- Facilitative Prompts for Participants: content-specific inquiries developed to engage learners in further discussion and application of knowledge and skills (**bolded for easy reference**).

- Additional Facilitator Notes: contextual information to support the facilitator's knowledge and readiness, or specific mention of supplemental resources available to the learners hyperlinked within the resource section at the end of the presentation slide deck (*italicized for easy reference*).

- Underlined Content: a tool used to draw attention or emphasize specific content within the facilitator script.

Slide 1

Module 4: Engagement and Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma

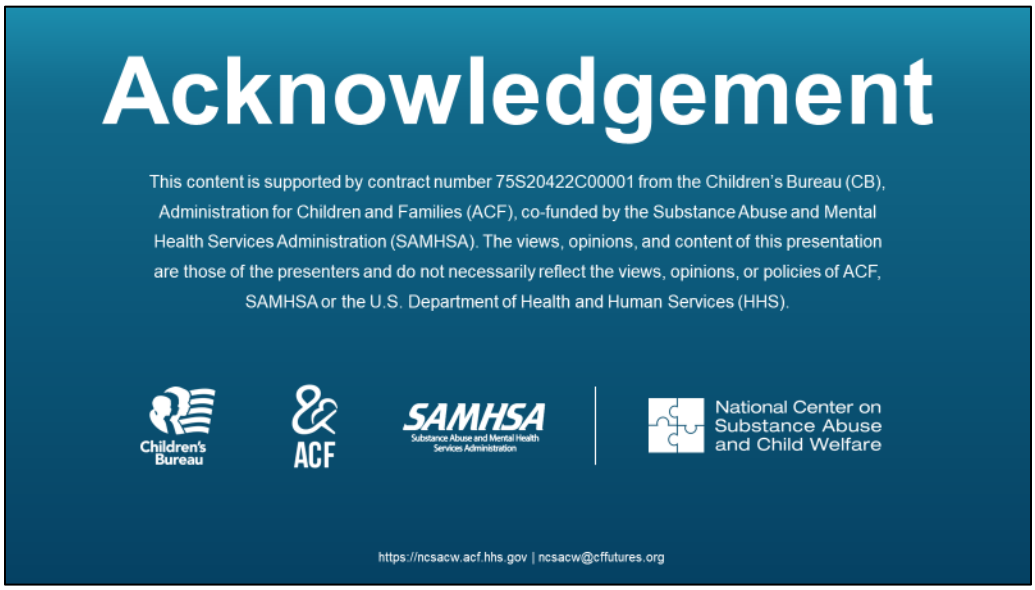


Facilitator Script:

Hello and welcome! Thank you for creating time in your schedule for today's training discussion. The next three hours were carefully designed to be a robust learning experience. We encourage your active participation in the various adult learning exercises leading to a more in-depth understanding about engagement and intervention of co-occurring substance use, mental disorders and trauma.

Slide 2

Acknowledgement

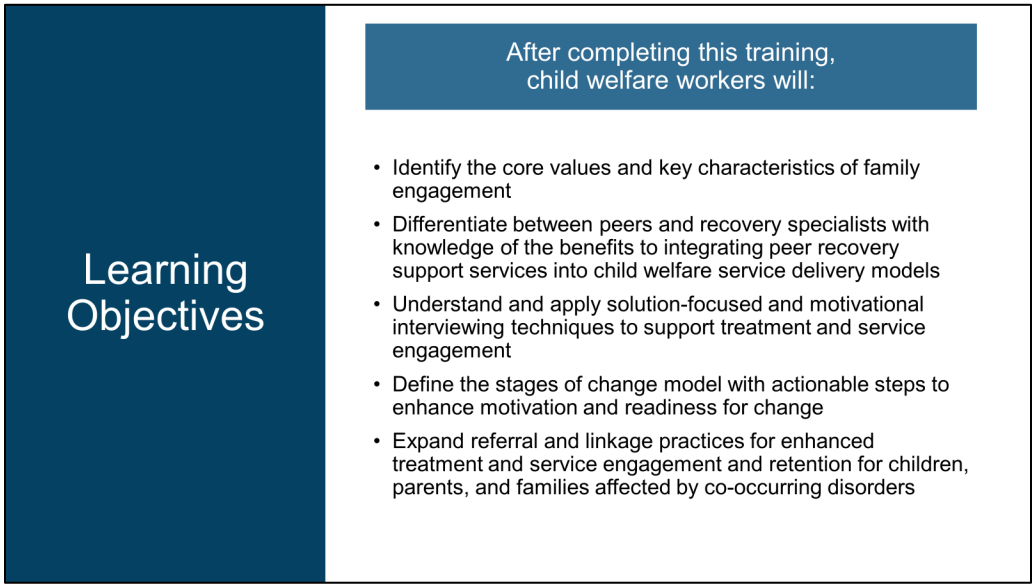


Facilitator Script:

Before we begin, I'd like to acknowledge that this training module was developed by the National Center on Substance Abuse and Child Welfare an initiative of the U.S. Department of Health and Human Services and is co-funded by the Children's Bureau, Administration for Children and Families, and the Substance Abuse and Mental Health Services Administration.

Slide 3

Learning Objectives



Facilitator Guide:

The goal of module 4 is to provide in-depth knowledge and understanding about engagement and intervention strategies for use with co-occurring substance use, mental disorders, and trauma. Child welfare workers will acquire knowledge and skills specific to core values and key characteristics of family engagement; will be able to differentiate between peers and recovery specialists and speak to the benefits of integrating peer recovery support services in child welfare service delivery models; understand and apply solution-focused and motivational interviewing techniques to support treatment and service engagement; define the stages of change model with knowledge of actionable steps to enhance parents' motivation and readiness for change; and finally, expand referral and linkage practices for enhanced treatment and service engagement and retention for children, parents, and families affected by co-occurring disorders.

Slide 4

Family Engagement

Facilitator Script:

Let's start today's training with a discussion about family engagement…

Slide 5

Theodore Roosevelt Quote

Facilitator Script:

Engaging families begins with first developing rapport or connections in a way that helps promote child safety, parental recovery, and family stability. And as we all know, successful partnerships in child welfare do not just happen; they must be nurtured and developed. How we prepare for, show up, and relate to our families sets the foundation for the child and family teaming experience. As child welfare workers, we are charged with promoting an empowerment-based approach to case planning where families are supported to become effective change agents in their daily lives long after formal child welfare involvement. Before we jump into our discussion about effective family engagement, let's pause and reflect on what not to do based on some of our own personal experiences.

Slide 6

Consumer Service Dissatisfaction

Facilitator Script:

Facilitator Notes:

Ask participants to turn to a neighbor and share about a time when they were a recipient of poor (or less than desirable) consumer service. What was it about this experience that was off putting to you? Have participants focus on descriptors such as language, tone, non-verbal behavior or mannerisms, thoughts and feelings during and after the experience, and how this may or may not have impacted the outcome of their provider/consumer relationship. Ask for volunteers to share about their experiences (and have your own personal experience to share on standby if needed) before segueing the discussion to values and beliefs.

Slide 7

Values & Beliefs

Facilitator Script:

Let's start with a discussion about the importance of values and beliefs…

Slide 8

Core Values of Family Engagement

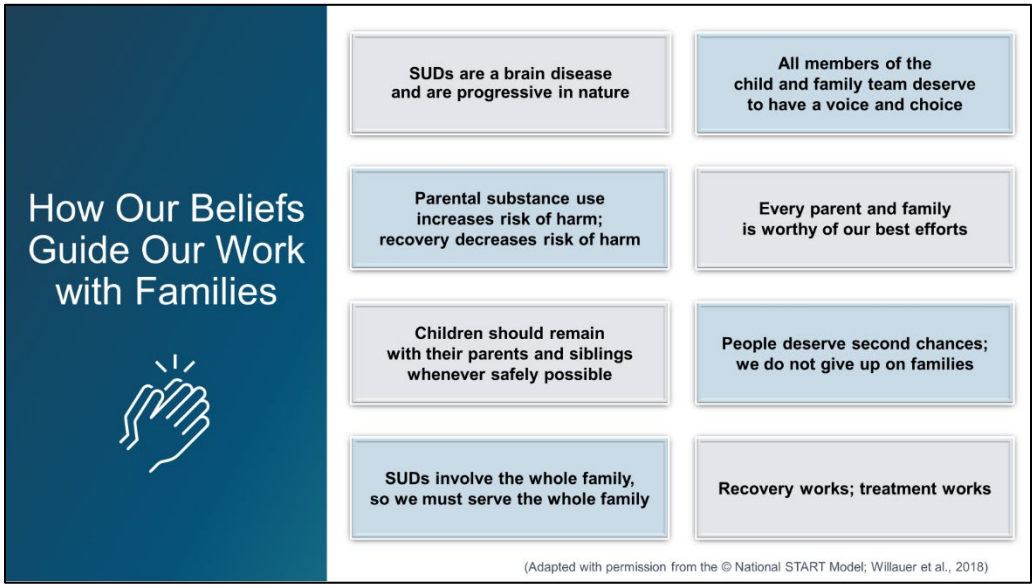
Facilitator Script:

Engagement serves as the foundation to building trust and developing supportive partnerships with children and families. It involves the skillful art of partnering in ways that inspire greater readiness for change—creating pathways for child safety, parental recovery, and family stability.

- It begins with the belief that the best way to support families is to honor their experiences and ensure they have a voice and choice in the decisions and services that affect their family.
- In doing so, we create a teaming environment that listens, values, and respects the role of families—including their perspective and capacity to contribute to the shared-decision making process.
- It is through this inclusive teaming experience that we affirm the experiences of families and establish the foundation of mutual trust and support for the co-creation of achievable goals.

Slide 9

How Our Beliefs Guide Our Work with Families



Facilitator Script:

Values shape the beliefs that guide our work with children and families– here are some examples of what shared beliefs may look like in your work supporting families affected by parental substance use.

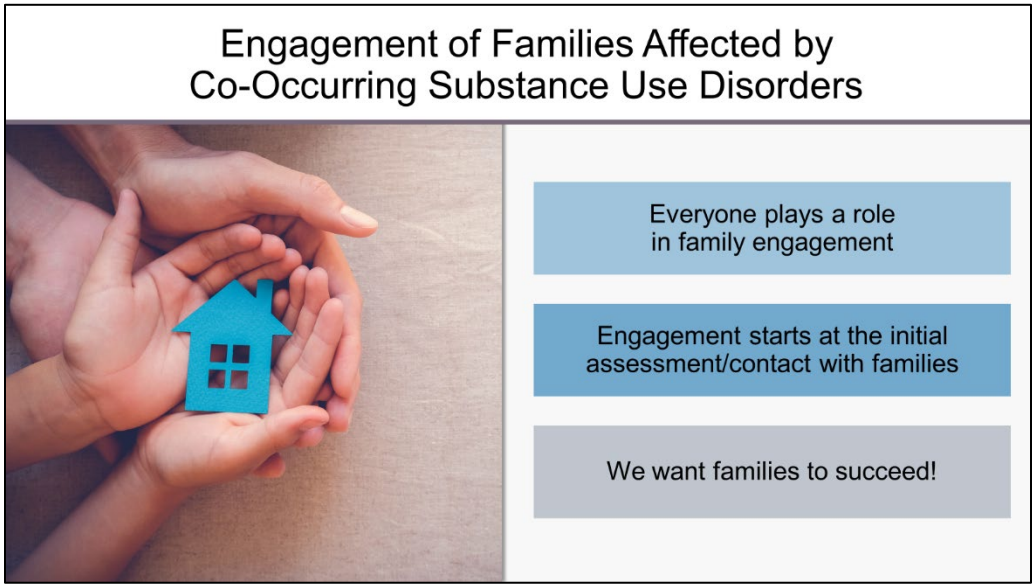
Now ideally, shared beliefs are co-developed amongst teams, units, and/or community partner agencies such as SUD treatment providers, law enforcement agencies, the courts, and other family serving entities…but let's take a moment to react to these listed here.

- **Are these beliefs agreeable to your current agency practices? Now what about your collaborative partnerships with outside agencies?**
- **Which of these are evident in your daily practice with families and which are missing or need improvement?**

Source: (Adapted with permission from the © National START Model; Willauer et al., 2018)

Slide 10

Engagement of Families Affected by Co-Occurring Substance Use Disorders

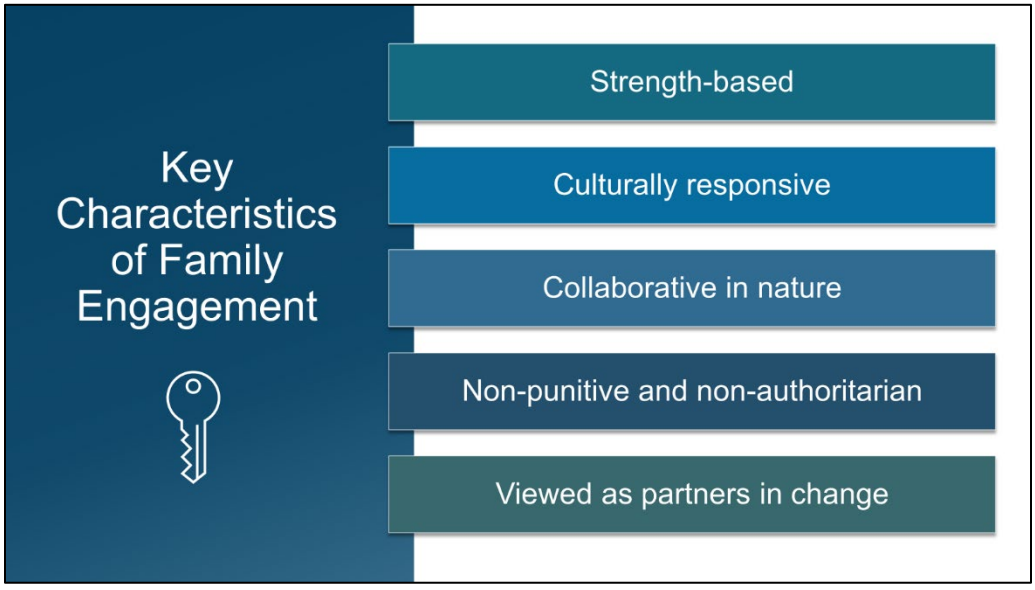


Facilitator Script:

We all play a role in family engagement! In child welfare, this process begins at the initial assessment or contact with families. How we approach explaining who we are and the reason for our involvement sets the tone for the level of partnership with the family. So, while technically the process begins at point of first contact– our work as child welfare workers truly begins a step prior in our preparation for meeting with the family. Once you have been assigned to a family, you'll begin assessing where there are places you can begin building trust with the parents. Are there immediate needs you can fulfill to get them to identify you as a partner– things like help with accessing benefits, such as TANF or SNAP? Also, what are some strategies to help create a safe space for them? Perhaps that is using reflective listening to talk through their hesitation and fears to reduce the likelihood of disengagement. Remember, our goal is for families to succeed– we want to partner with parents in all stages of case planning to help them navigate how to reach long-term recovery while safely maintaining their children in the home whenever possible.

Slide 11

Key Characteristics of Family Engagement

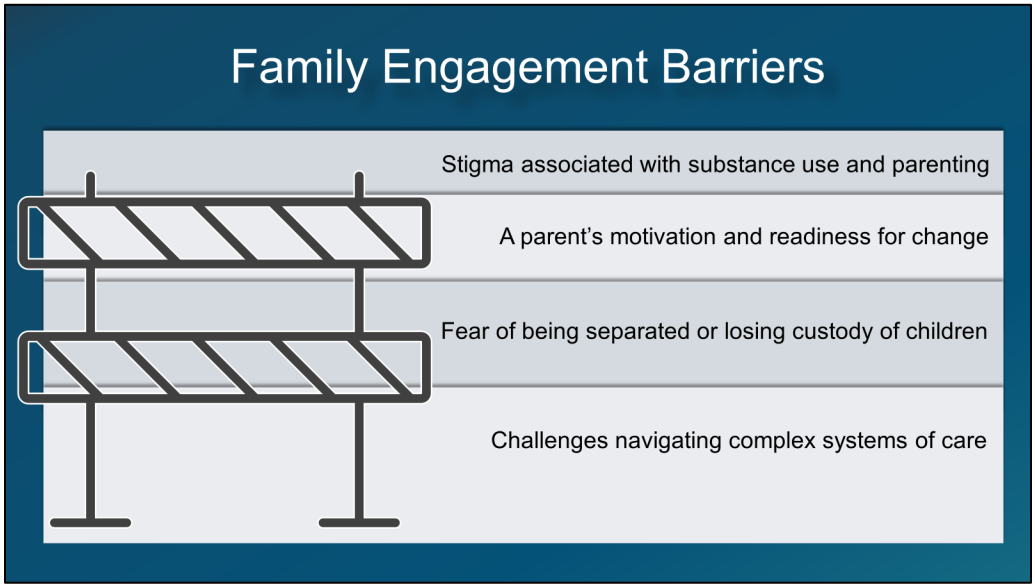


Facilitator Script:

We mean it when we say we want families to succeed, but how do our actions support this statement in our work with families? How we engage and interact with families should be strength-based, culturally responsive, collaborative in nature, non-punitive, and non-authoritarian. We value families as partners in change not just recipients of child welfare services. Above all, we recognize the level of impact our approach with families may have—the difference between successful engagement and retention or disengagement from treatment and services altogether.

Slide 12

Family Engagement Barriers



Facilitator Script:

As we are all familiar with—our work engaging families will often come with its set of challenges or barriers. To begin with, there is a great deal of stigma associated with substance use and it is only compounded when a person is parenting. In addition, parents may not view their substance use as a problem or recognize how it may be affecting their lives including their level of parenting and subsequent impact on their children's safety. Of course, there is also the legitimate fear of being separated from or losing custody of their children; and the reality that families being served by child welfare are often being served by other complex systems, too—like substance use disorder and mental health treatment, dependency courts, etc.--which can be a challenging and overwhelming process for most families. Let's start by revisiting what we know about stigma…

Facilitator Note: The additional resource: National Center on Substance Abuse and Child Welfare: Engagement and Safety Decision-Making in Substance Use Disorder Cases is available for more information.

Slide 13

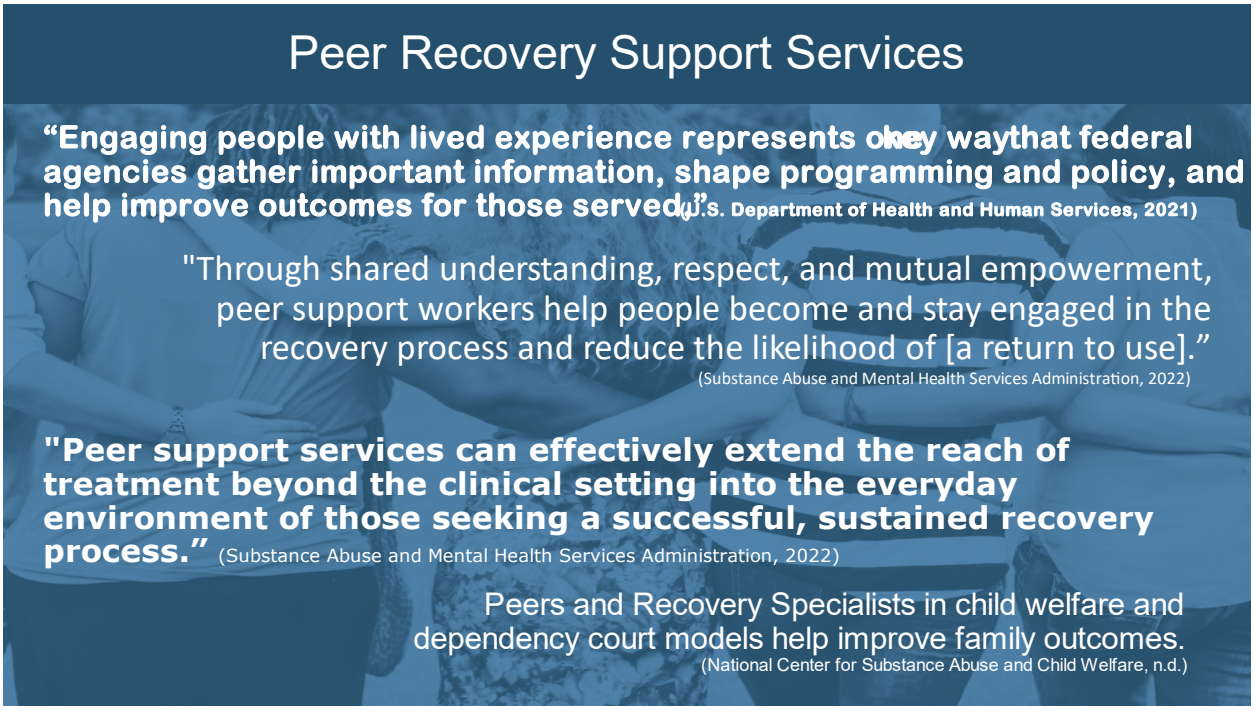
A Reminder About Stigma Reduction in Our Work with Families Affected by Substance Use Disorders

Facilitator Script:

Research has shown us that the language we use to describe SUDs can either perpetuate the stereotypes and bias that exists and impact the treatment someone receives, or it can help engage someone into treatment and treat the situation as a medical condition. As partners in change, we have a responsibility to lead by example when it comes to substance use disorder stigma reduction– through ongoing awareness and learning to help move the needle toward inclusivity. How do we get there as child welfare organizations—let's take a closer review at the use of peer recovery support.

Slide 14

Peer Recovery Support Services



Facilitator Script:

So, what exactly do we mean by Peer Recovery Support Services? Peer recovery support services is an umbrella term that encompasses a variety of peer positions held by persons with lived expertise in a multitude of settings and its importance has been recognized in the mental health and substance use treatment fields for many years.

Peer recovery support services are defined as a system of giving & receiving help founded on key principles of respect, shared responsibility, & mutual agreement of what is helpful.

Peers connect with the individuals they serve on a different level built on respect, trust, and empowerment that can help them engage in and complete services.

Peers not only connect people to treatment, but they also link them to services in the community that can help them reach and sustain long-term recovery across all life domains (i.e., recovery support meetings, sponsorship, housing, employment/vocational training, medical, public assistance for childcare, food, etc.).

Child welfare agencies and family dependency court models have integrated peers (or recovery specialists) into their service delivery models to improve outcomes for families involved in child welfare where parental substance use is a factor.

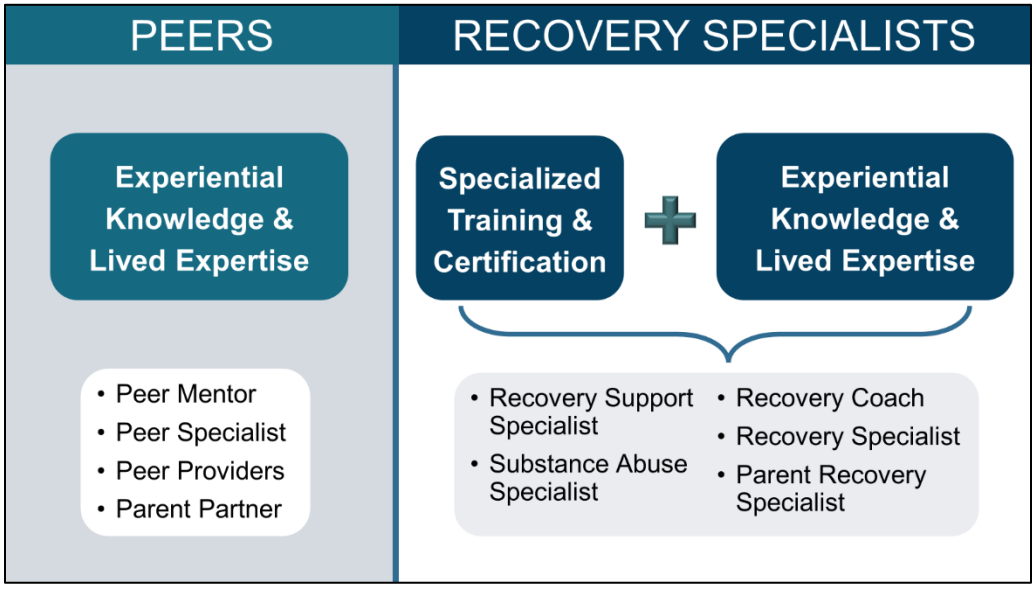
As we've briefly touched on before, there are a variety of different names, models, and titles for peer support. Some are more experiential, some offer extra training, and some positions involve personal experience plus certification. The next couple slides help to break this down a little…

Facilitator Note: The additional resource Peer Recovery Center of Excellence: Peer Recovery Now is available for more information.

Sources: (Skelton-Wilson et al., 2021; Substance Abuse and Mental Health Services Administration, 2023; National Center on Substance Abuse and Child Welfare, 2019)

Slide 15

Differentiating Between Peers & Recovery Specialists



Facilitator Script:

While there once was a clear distinction in terms of roles and responsibilities between peer and recovery specialist models, it has lessened in recent years. The models are described separately here, but it is important to note that many of the roles and responsibilities in child welfare settings may overlap between these two models.

Peers

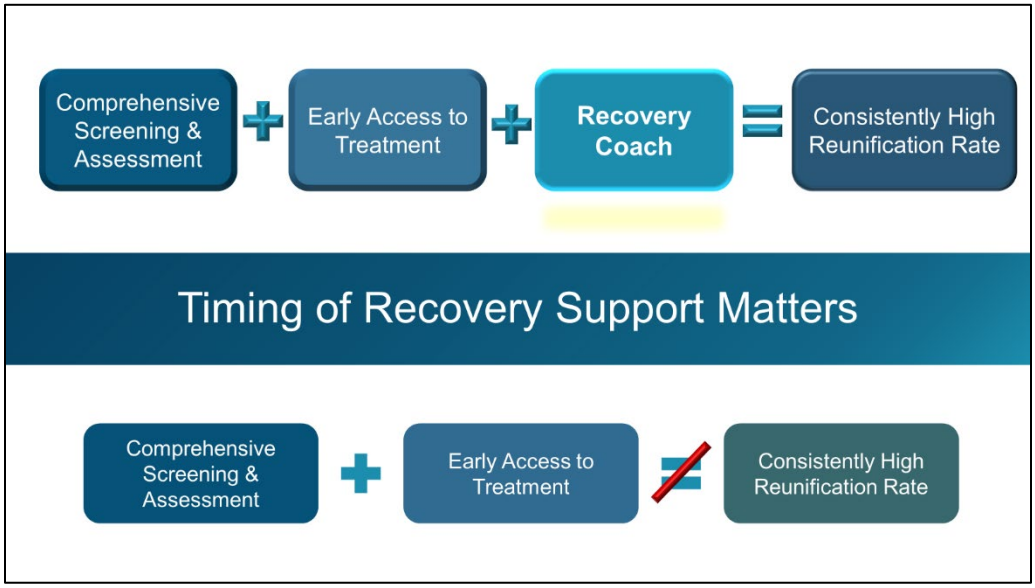
Peers understand substance use disorders and the recovery process based on their own experiential knowledge and lived expertise. Parents are often more comfortable speaking candidly with peers as a result of these shared commonalities leading to higher levels of initial rapport and trust that then translates to increased service engagement and treatment retention.

Recovery Specialists

Recovery specialists, also sometimes referred to as substance abuse specialists and recovery coaches, are peers with training and/or certifications related to substance use disorder treatment and recovery. These professionals may be placed in child welfare offices or at the court through agency partnerships. They may offer on-site substance use disorder consultation, substance use assessments, drug testing, and case management services to improve parents' access to, and engagement in, substance use treatment. Specialists often serve as formal liaisons and are responsible for building and enhancing communication between agencies and the court. They may serve as a treatment broker or as a front-line service provider. Specialists can also serve as consultants about the nature of substance use disorders as they interact with the various community partner agencies and service providers.

Slide 16

Timing of Recovery Support Matters



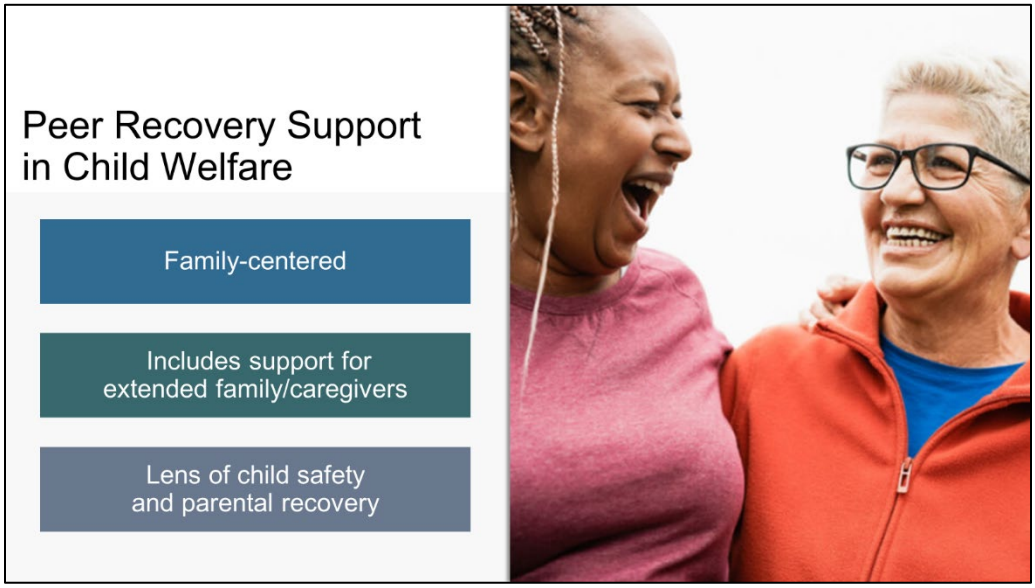
Facilitator Script:

This slide's information highlights key lessons from a randomized control trial from Cook County, Illinois' Alcohol and Other Drug, or AOD, Waiver Demonstration project which included 3440 families. One of the program's primary goals is to reduce the amount of time children spend in out-of-home care related to parental substance use. The program places a major emphasis on early identification for SUD assessment and treatment services paired with recovery support. In this model, recovery coaches serve as intensive and specialized case managers who aim to increase engagement in SUD treatment services and improve reunification and other safety and permanency outcomes. Their role uniquely positions them to reduce barriers, enhance motivation, re-engage parents in treatment and related services while working collaboratively with child welfare workers, treatment agencies, and the courts—resulting in early access to treatment, improved engagement and retention, reduced stays in out-of-home care—amounting to a total savings of over $10 million to the state.

Source: (Ryan et al., 2017)

Slide 17

Peer Recovery Support in Child Welfare



Facilitator Script:

Use of peer recovery support in child welfare will be slightly different than in substance use disorder and mental health treatment settings. In child welfare, peer recovery support is designed to work with parents as well as the identified family which includes support to extended family members and/or caregivers. Their work is also through the lens of both child safety and parental recovery—which can include supporting child safety through coaching and monitoring sober parenting and reinforcing family safety plans; supporting early recovery through engagement in treatment, self-help or recovery support meetings, and helping parents identify and respond to concerning behaviors or signs of potential return to use. Peer recovery support also seeks to increase a family's stability and self-sufficiency through greater awareness of substance use disorders– what living in recovery looks like, linkage to recovery-oriented services and supports to maintain their own long-term sobriety after formal child welfare involvement.

Slide 18

How Peer Recovery Support Engages Families in the Change Process Within Child Welfare Settings

Facilitator Script:

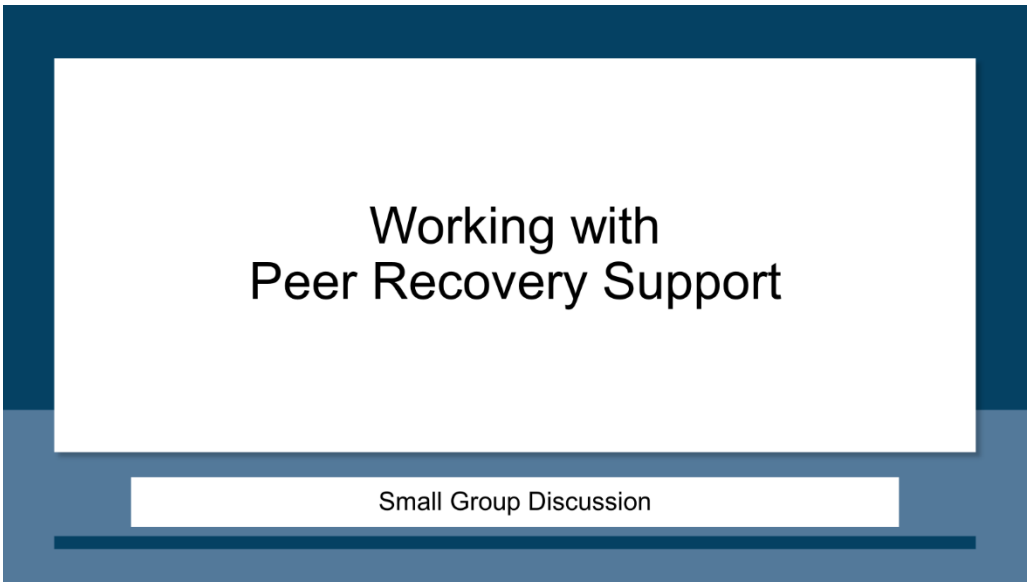
It's important for us to understand the unique set of qualities peer recovery support brings to the table in child welfare settings.

Because of personal history, peer recovery support can often relate to parents in a way that the child welfare worker cannot. This speaks to the special rapport that is built with families based on their shared lived experiences. In time, parents recognize, respect, and trust the peer's perspective allowing for greater accountability and the ability to say difficult things with credibility. Peers also have an awareness and ability to recognize signs that others may miss related to a parent's recovery and can share and educate the family and team. Their presence in child welfare also plays a key role in re-engaging ambivalent or withdrawn parents (a common reality when addressing parental substance use) thereby supporting ongoing progress toward their case plan goals and objectives.

Facilitator Note: The additional resource: National Center on Substance Abuse and Child Welfare: The Use of Peers and Recovery Specialists in Child Welfare Settings is available for more information.

Slide 19

Working with Peer Recovery Support



Facilitator Script:

Let's take the next 10 minutes in our small groups to discuss the following two questions:

Prompts for Participants:

- **In what ways can you envision peer recovery support helping with family engagement in your county? Or how has peer recovery support helped with family engagement in your county?**
- **What worries or concerns would you have with this level of partnership in child welfare? Or are there any key lessons or takeaways from integrating peer recovery support services in your county that you can share with your peers?**

After 10 minutes bring the learners back for a large group debrief—asking for volunteers to share about their small group discussions.

**Alternative Instructions for Virtual Training*

Proceed with the discussion in a large group setting.

Slide 20

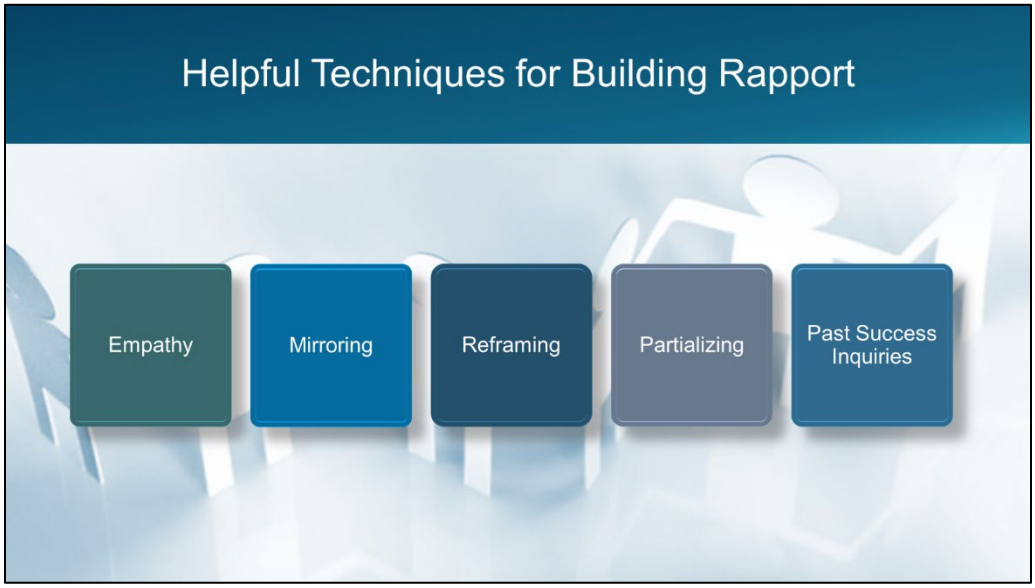
Skills and Techniques for Building Rapport and Engaging Families

Facilitator Script:

Let's now move our discussion to skills and techniques for building rapport and engaging families…

Slide 21

Helpful Techniques for Building Rapport



Facilitator Script:

Now that we are well versed in peer recovery support services and what doesn't bode well in consumer-provider relations or interactions, let's talk more about what does work. Here are some helpful techniques for building rapport with child welfare-involved families:

Expressing empathy helps families feel understood. While it is not a show of agreement—it does demonstrate that their point of view is heard and seen; helping to build trust and openness in the partnership.

Mirroring is an effective strategy for relating to and building rapport with families. It involves listening and taking note of specific words or phrases used by families to describe their current situation and incorporate them into the language we use when talking and reflecting with families.

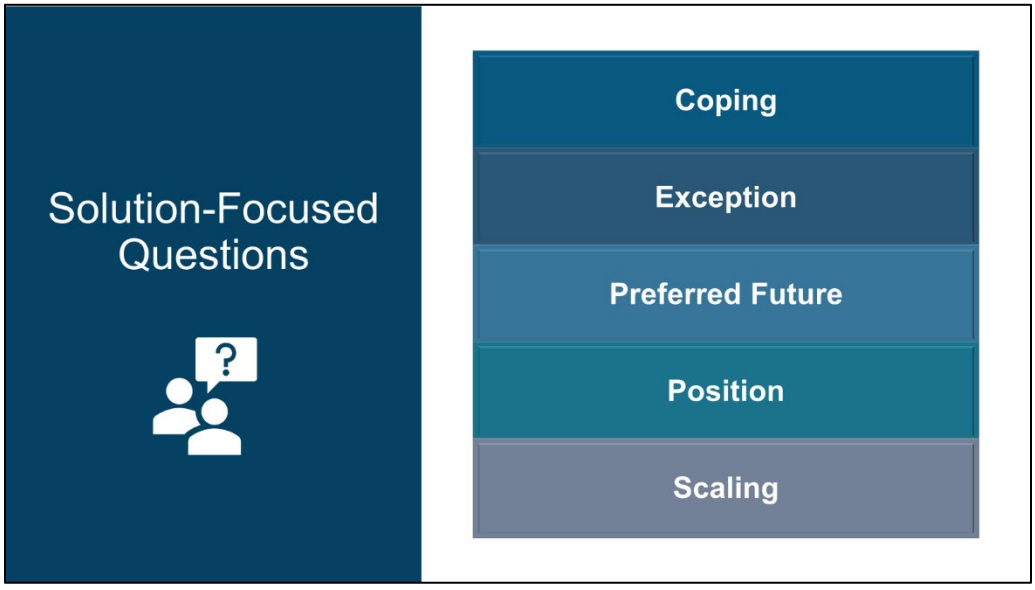
Reframing is a cognitive restructuring technique that helps change a parent or family's perception about a problem or event. In child welfare we often use reframing to help families view their reason for system involvement—often viewed as a crisis—as an opportunity for growth and change.

As we've discussed in previous modules, families that come to the attention of child welfare are often overwhelmed with a variety of stressors and system involvement can add to this greatly. Partializing is helping families to identify areas of change or improvement needed and then developing a case plan that is achievable and manageable. Assisting families in this process and celebrating their achievements (big or small) provides the family with a sense of accomplishment and reinforces that you care.

Families are resilient and sometimes need our help in recognizing their strengths and protective capacities. Use of skilled questioning to elicit what is already working for families and building off those strengths capture the art of past success questioning. For a parent showing signs of return to use this might include asking, "You've shared about past return to use in your recovery process but were able to get back on track with your goals. What worked for you then?"

Slide 22

Solution-Focused Questions



Facilitator Script:

Now that we've added to or refreshed our rapport building skills, let's also review some additional strategies for successful engagement.

Solution-Focused Questions are an interviewing strategy designed to focus on and elicit strengths through identifying what has previously worked well to help guide families toward solutions– types of solution-focused questions include…

- Coping: a parent is asked to reflect on how they have managed to cope or handle past difficult or challenging situations.
- Exception: a parent is asked to identify a time when a specific problem was not happening in their life and what was different then as opposed to now.
- Preferred Future: a parent is asked to consider what their preferred outcome would be including what their future would look like if the specific problem was no longer an issue.
- Position: a parent is asked to consider an issue or challenge from the perspective of another family member (e.g., child, partner/spouse).
- Scaling: a parent is asked to rate their current evaluation of a specific issue or challenge by picking a number on a scale of 1-5 or 1-10 and responses are used to explore what it would take for that evaluation of the specific issue or challenge to improve.

Source: (Northern California Training Academy, 2021)

Slide 23

Let's Role Play

Facilitator Script:

Facilitator Notes: Ask participants to break into small groups of 3—taking turns with roles as 1) the social worker 2) the parent 3) an observer. Ask participants to try on/role-play using the different types of solution focused questions in their contacts with a parent affected by substance use or co-occurring disorder. Group members should take 5 minutes per each rotation with time to reflect on the experience from each other's perspective before rotating and repeating the experience.

Examples of Solution-Based Questions to Kick-off Role-Plays:

- *Opening Question: Can you tell me about your relationship with alcohol and drugs?*
- *Exception Question: Has there been times you've been able to manage your stress without alcohol or drugs? What was different about that time?*
- *Positioning Question: If we were to ask your children how your use of alcohol or drugs affects them, what do you think they might say?*
- *Miracle Question: If we were able to see into the future say a year from now, how would life look for you and your children?*
- *Scaling Question: On a scale of 1-10 (one being the least ready and ten being the most ready), how ready are you to seek help for your substance use?*

Bring small groups back into a large group setting to discuss reflections from the activity. Facilitate the activity debrief with the following prompts:

Prompts for Participants:

- **What worked well? How did this approach land as the parent? Child welfare worker? Observer?**

- **Was there anything that didn't work out so well? What was your comfort level with this approach?**
- **Who in the room already uses solution-focused techniques in their practice with families? If so, how has it been received? Any helpful tips or lessons to share with your peers today?**

**Alternative Instructions for Virtual Training*

Proceed with activity in a large group setting; Facilitator should enlist support of either a co-facilitator or support staff (or a volunteer from the learners) to play the role of the parent with the learners assuming the role of observer. The facilitator will then lead the exercise as child welfare worker modeling use of solution-focused techniques with a parent affected by a substance use or co-occurring disorder. Proceed with facilitating a large group debrief with the following adjusted prompts:

Prompts for Participants:

- **What were your observations? What appeared to work well with the solution-focused approach used in this role-play of a worker-parent contact?**
- **Was there anything that didn't work out so well? What could have been some alternatives to those moments?**
- **Who in the room already uses solution-focused techniques in their practice with families? If so, how has it been received? Any helpful tips or lessons to share with your peers today?**

Slide 24

Motivational Interviewing

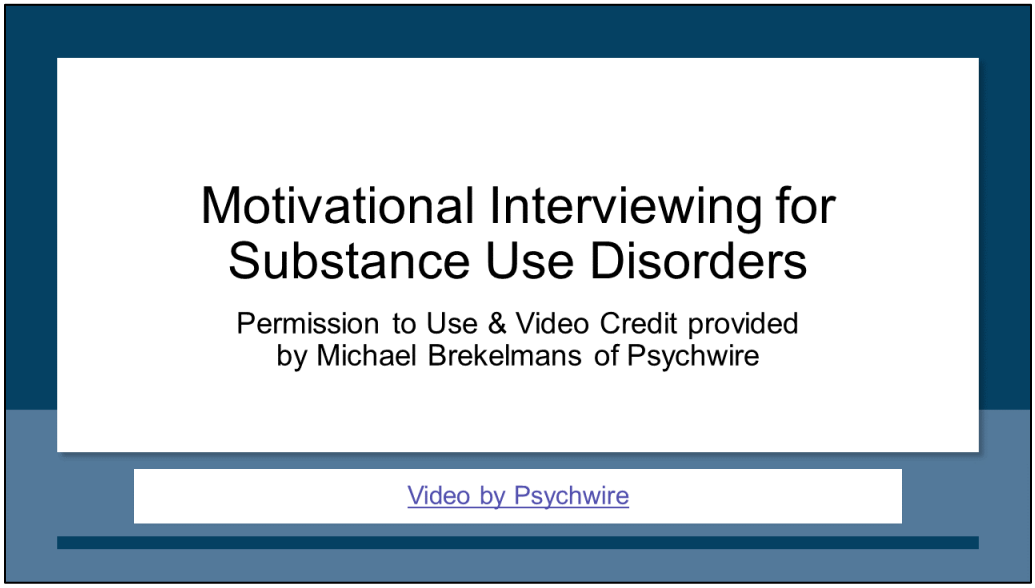
Facilitator Script:

Child welfare involvement is often involuntary in nature—families are required to participate in services that they did not actively seek out which understandably may impact their level of engagement. For families affected by substance use disorders and co-occurring mental health and trauma this can be especially true.

Motivational Interviewing (commonly referred to as MI) is an approach to family engagement based on the principles of motivational psychology that has a large body of supporting evidence. Applied within child welfare settings, MI offers an affirming and transformative approach to recovery and family stability— one that actively explores ambivalence while fostering motivation toward individual recovery and family stability goals.

Slide 25

Motivational Interviewing for Substance Use Disorders



Facilitator Script:

Before we jump into techniques and strategies, let's watch a brief 2-minute video about the use of motivational interviewing for substance use disorders with co-founder William Miller.

Facilitator Note: be sure to expand the view to full screen when playing video for learners.

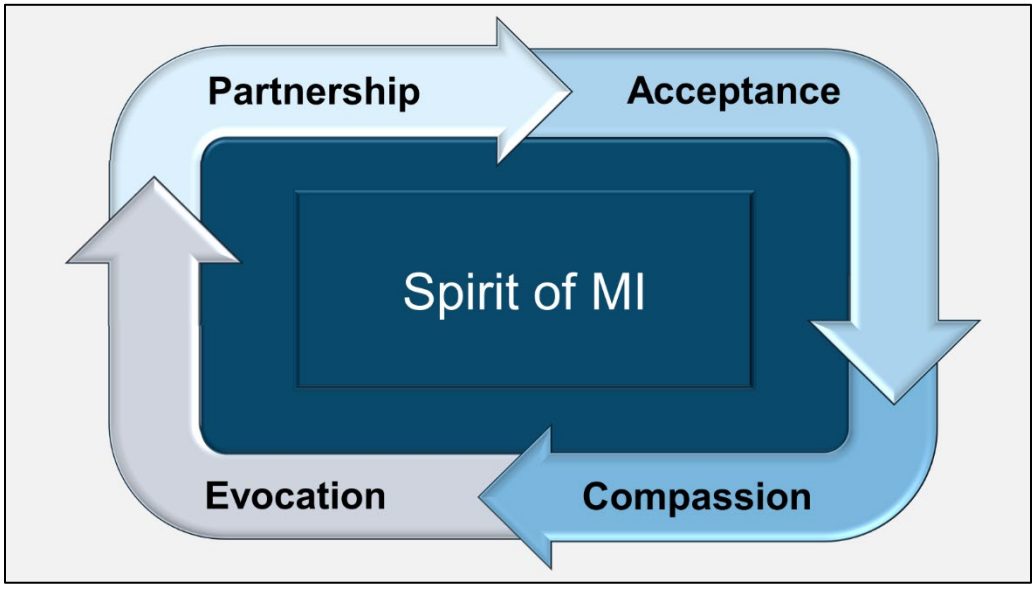
Prompts for Participants:

- **Any initial reactions to what Dr. Miller said about the use of motivational interviewing for substance use disorders?**
- **What about the part specifically about how acceptance doesn't mean approval?**
- **Any thoughts on how this strategy of engagement can shape the course of our work with children and families affected by parental substance use?**

Video Source: Psychwire

Slide 26

Spirit of MI



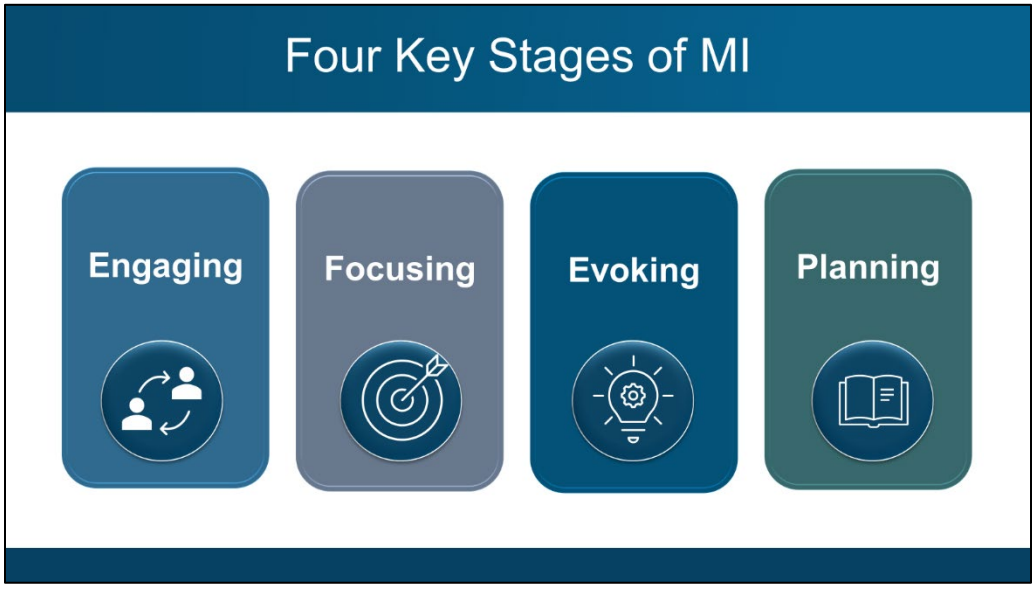
Facilitator Script:

The spirit of MI represents the four cornerstones of this person-centered approach to change. Commonly referred to as the acronym PACE—it begins with the notion that the helping relationship between a practitioner and an individual seeking change is one of equal partnership—where the client is viewed as the expert of their own lives who partners with the practitioner to explore their own behaviors, motivations, and barriers to change. Next is acceptance—the notion that individuals seeking change are met wherever they are within the readiness to change process, a therapeutic stance of the practitioner that is rooted in autonomy, empathy, and respect. Some refer to this as neither pressure or persuasion. Then there's compassion which represents the practitioner's commitment to promoting their client's best interests and well-being; and finally, evocation—the therapeutic skill of drawing out and encouraging a client's intrinsic motivation and desire for change (in place of instilling or mandating such change).

Source: (Casey Family Programs, 2021)

Slide 27

Four Key Stages of MI



Facilitator Script:

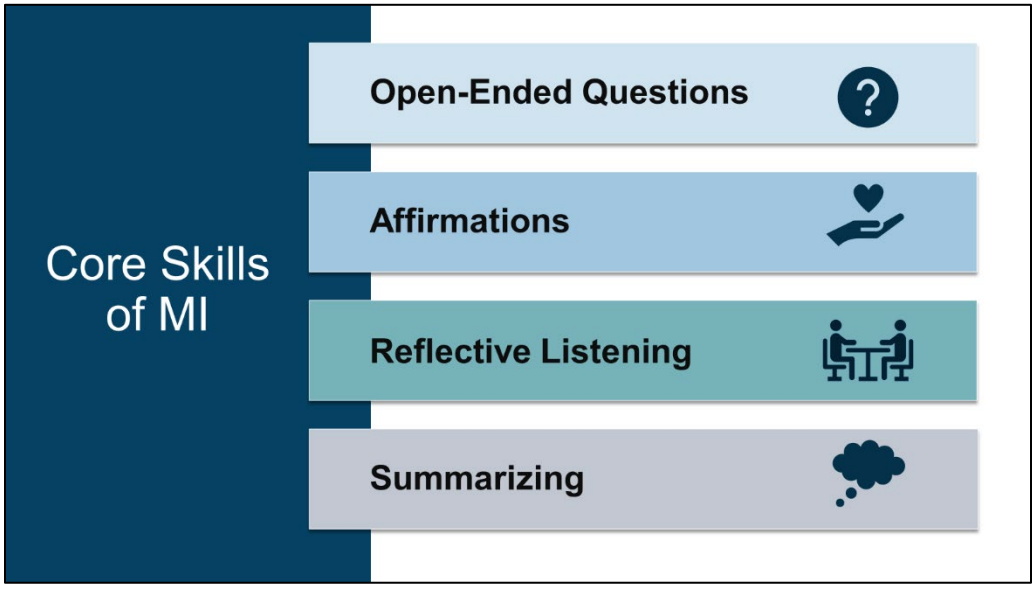
Built on the key principles of engagement, MI includes four key stages:

- Engaging in a collaborative partnership anchored in reflective listening and empathy
- Focusing on the development of a shared purpose and understanding about what behaviors or actions may need to change
- Evoking an intrinsic desire or motivation for change through actively exploring ambivalence and supporting an understanding of the 'why' behind behavior change
- And planning for the change process driven by strengths and protective capacities with the belief and value that families are the experts of their own lives

Source: (Casey Family Programs, 2021)

Slide 28

Core Skills of MI



Facilitator Script:

Motivational interviewing is built on four core (person-centered) skills, these include…

Asking open-ended questions to explore and strengthen the family partnership which serves as the foundation for the change process.

Using affirming statements to highlight strengths and protective capacities which drive intrinsic motivation for change through developing a parent or family's inherent belief that they are capable of making these changes.

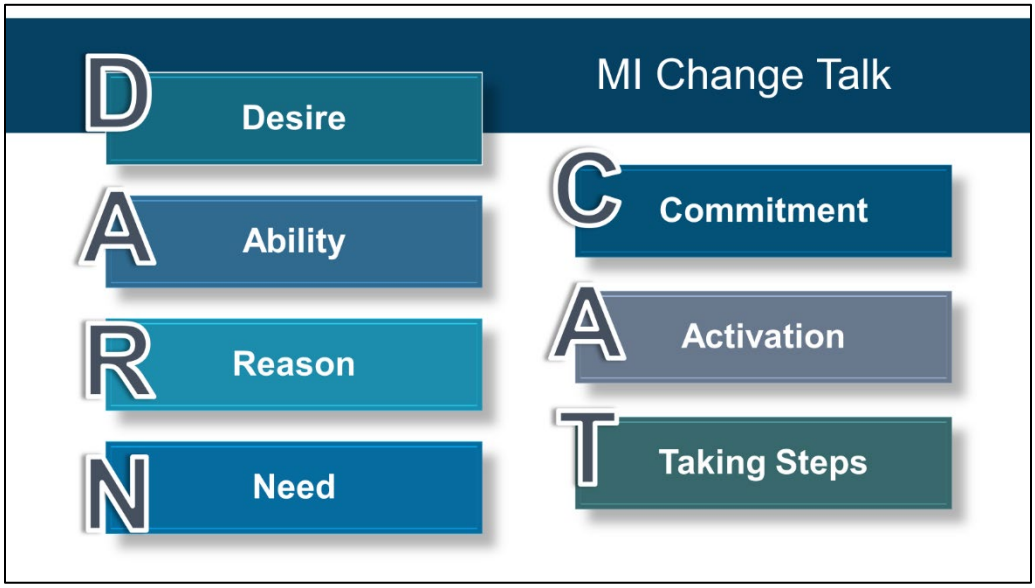
Engaging in reflective listening to explore what is being said at a deeper level, confirm understanding of what is being said, and engage families in the change talk process through supporting exploration of ambivalence.

And summarizing– a technique used to wrap up a contact or family meeting—similar to reflective listening, summarizing is an opportunity to review what was discussed, highlight and reinforce change talk, ensure that everyone is on the same page, and identify any immediate next steps or action items.

Source: (Motivational Interviewing Network of Trainers, 2021)

Slide 29

MI Change Talk



Facilitator Script:

Commonly referred as its acronym—DARN CAT—motivational interviewing change talk is a helpful tool to understand how people talk about the idea of change. The DARN segment of the acronym represents preparatory change talk, these include…

Desire statements illuminate an intrinsic motivation for change. The parents we serve in child welfare often make changes even if they don't want to (largely out of compliance with court mandates, etc.). Desire questions are crafted to evoke the 'why' behind the desire for change. Examples include…

- What has happened that makes you want to get sober now?
- How would you benefit from not using substances?

Ability statements illuminate one's belief in their ability to make changes– the idea that we believe what we say to ourselves. What does the parent believe about their ability to make change? Ability questions are crafted to evoke 'how' parents would go about making change. Examples include…

- What would it take to enter treatment for your substance use disorder?
- What services or resources would you need to support your path to recovery?

Reason statements illuminate the reasons why change is being considered. With these the 'why' will speak to both reasons for and reasons not to change. Examples include…

- What would continuing to use substances prevent you from having?
- What relationships will be affected by your decision to not seek treatment?

Need statements illuminate the need to make changes– and are often rooted in emotion (unlike reason statements which tend to be more rationally-driven logic). With these the focus is on evoking the significance and urgency of the change. Examples include…

- What have you lost in life because of your substance use disorder?
- How will recovery heal or repair those relationships?

The CAT segment of the acronym represents implementing change talk, these include…

Commitment statements illuminate what a parent is willing to do AND what he or she did. With these the emphasis is on how the change will be maintained. Examples include…

- On a scale of 1-10 (one being the lowest and ten being the highest), how ready are you to seek treatment for your substance use disorder?
- What would you need to move your score up by 1-2 points?

Activation statements illuminate a parent's readiness, preparedness, and willingness to change. Examples include…

- What types of substance use treatment programs are you considering?
- Who could you call on as a supportive caregiver during your active recovery?

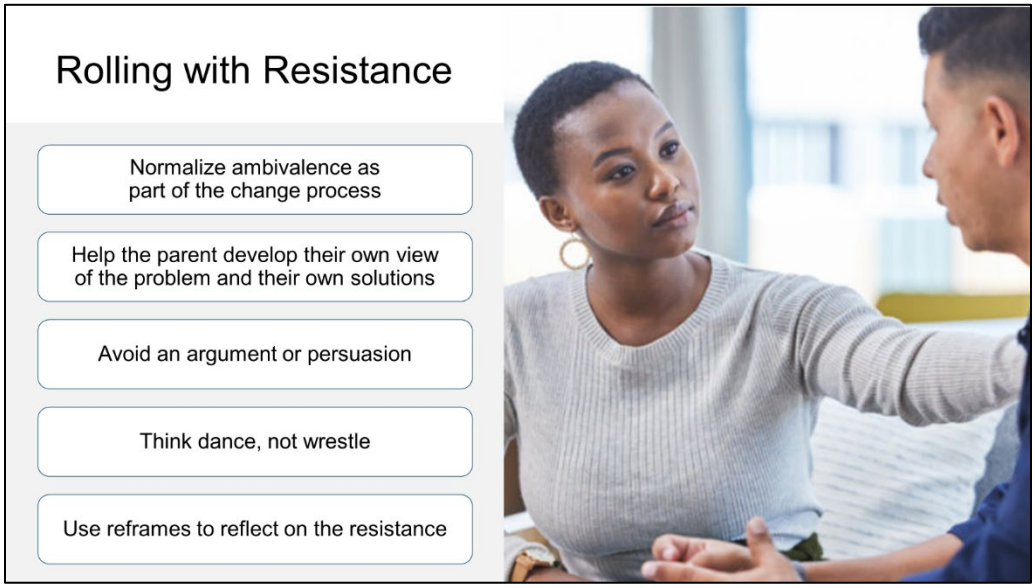
Taking Steps statements illuminate what a parent has already done to implement change. Examples include…

- What steps have you taken to identify a sponsor in your recovery community?
- How will you decide among the recommended outpatient providers?

Sources: (Motivational Interviewing Network of Trainers, 2021; Substance Abuse and Mental Health Services Administration, 2019)

Slide 30

Rolling with Resistance



Facilitator Script:

Resistance is a natural part of the change process. You might notice it in your interactions with parents as arguing, challenging, interrupting or talking over you; it might also present as blaming, denying, minimizing, or an unwillingness to change; and perhaps most notably, resistance can look like increasing levels of disengagement, disregard, or complete unresponsiveness to your attempts at re-engaging them in services. Again, this is all par for the course when it comes to change, so why not start with normalizing this for our parents?!

Here are some additional techniques to help 'roll' with the resistance…

There's a well-known quote about the art of persuasion that reads, 'People are generally better persuaded by the reasons which they themselves discovered than by those which have come into the mind of others.' Our role in MI is to help parents develop their own view of the problem and their own solutions (recall all those DARN CAT strategies). We do this by first recognizing resistance and all the ways it manifests and use caution to not fall trap to things like arguing, lecturing, or prescribing the problem and solutions for them. This is where the metaphor of 'think dance not wrestle' comes into play—our role is to lead parents through navigating their own state of ambivalence, not get entangled in the crosshairs of it. So, how is it that we lead in the face of resistance– we reframe! This might look like reflecting on the resistant statement, "You don't seem to like that option for recovery." Or reflecting on the tone that you are hearing, "You seem frustrated…" Another technique is to reflect on the ambivalence, "I hear how much your family means to you, but I am also hearing you might not be ready to enter treatment." And finally, supporting the parent's choice and control, "It's up to you on how you move forward with your recovery."

Source: (Substance Abuse and Mental Health Services Administration, 2019)

Slide 31

Readiness for Change

Facilitator Script:

Facilitator Notes: Begin with a facilitative prompt to the large group:

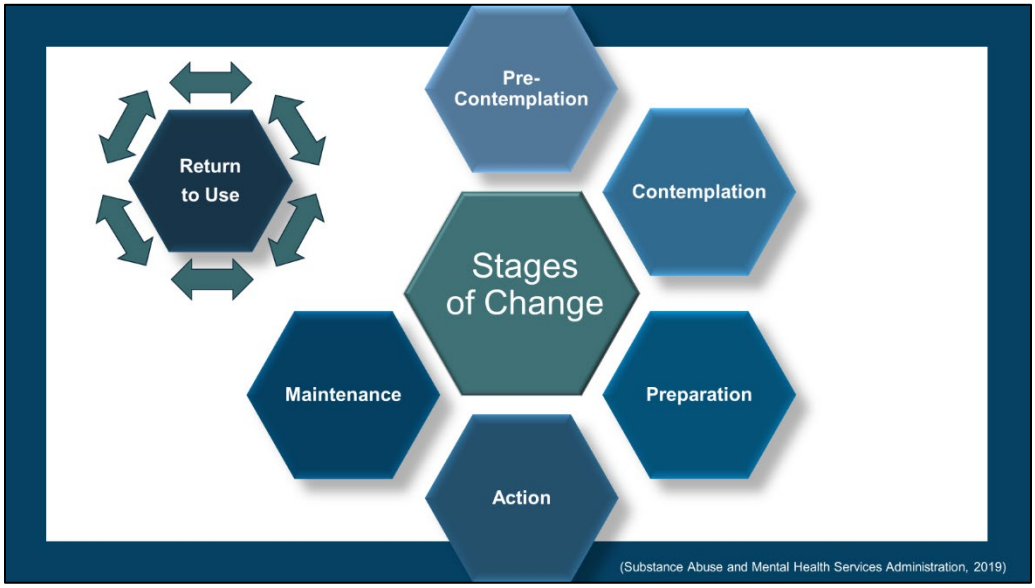
What affects a parent's willingness to seek help for their co-occurring substance use, mental disorder, or trauma? *[Allow for discussion]*

Or use the following prompt to further engage the learners:

Past mistakes (or regrets), early experiences seeking support, and past successes all have the capacity to shape or reshape our readiness for change. What have been some of your experiences in your work with families?

Slide 32

Stages of Change



Facilitator Script:

Motivation to change and motivational techniques or strategies go hand in hand through the change process. It can be helpful to view change as a circular, multi-level process. As illustrated here, the stages of change can be understood as fluid in nature. Change often begins at the pre-contemplation stage and continues through the contemplation, preparation, action, and maintenance stages. Ideally, there is a final exit at the maintenance stage to long-term recovery. However, it may take some people longer than others to reach that final maintenance stage.

The change process is not static—individuals typically move back and forth between stages. People will move through the stages at different rates, but it is relatively uncommon for people to linger in the early stages once issues have received visible attention. Relapse (or return to use) can happen at any stage as individuals move back and forth between the stages.

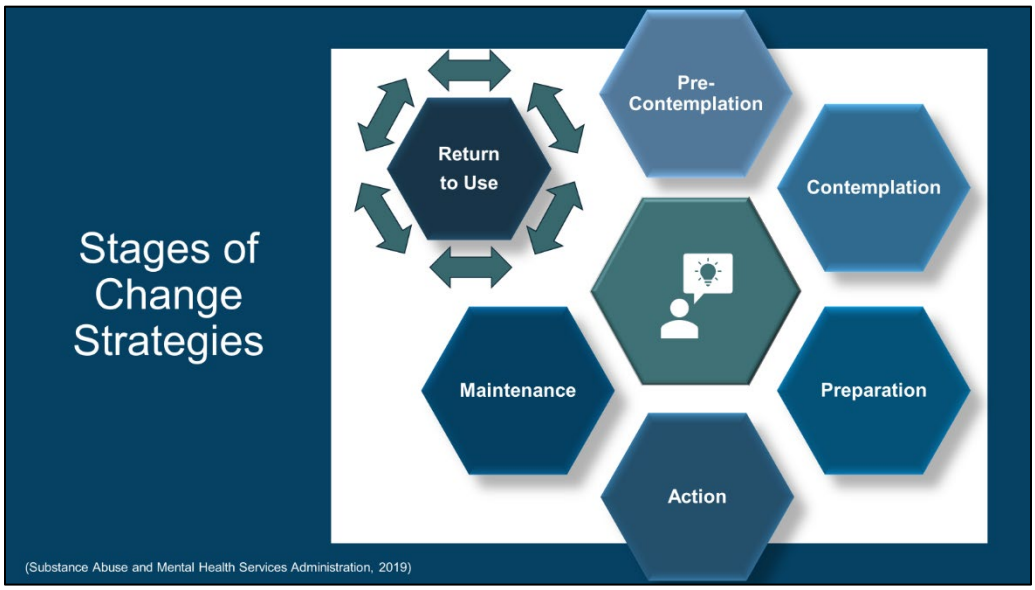
As change takes place, it is also common for people to fluctuate between stages. Motivation may change over time within each individual, both in its source and strength. In fact, it is very common for people in recovery from a substance use or mental health disorder to have a “return to use,” where the behaviors or symptoms recur for a period of time, threatening the person’s recovery but not necessarily stopping it.

Child welfare workers may be able to assist parents in becoming open to positive change by recognizing where the parent is in the stages of change and intervening appropriately.

Source: (Substance Abuse and Mental Health Services Administration, 2019)

Slide 33

Stages of Change Strategies



Facilitator Script:

In the pre-contemplation stage, the parent has no perception of having a problem or a need to change. So, what can the child welfare worker do? At this stage, you can increase the parent's perception of the risks and problems with their current behavior and raise awareness about their behaviors. Here, generalized discussions about risks to children caused by a parent's behavior can help move the process along.

In the contemplation stage, the parent first recognizes that their behavior may be a problem but feels ambivalent about change. At this stage, the child welfare worker can help the parent identify reasons to change and the risks of not changing, and help parents believe that change is possible and achievable.

The interventions for the remaining stages of change are relatively straightforward for workers. In the preparation stage, the parent makes a conscious decision to change and has identified a motivation for change. The child welfare worker can help the parent identify the best actions to take and support their motivations for change.

In the action stage, the parent takes steps to change. The child welfare worker can help the parent implement their strategies and support the steps they take, particularly by linking them to community treatment professionals.

In the maintenance stage, the parent is actively working on sustaining change strategies and maintaining long-term change. The child welfare worker can help the parent to identify triggers and use planned strategies to prevent a return to use.

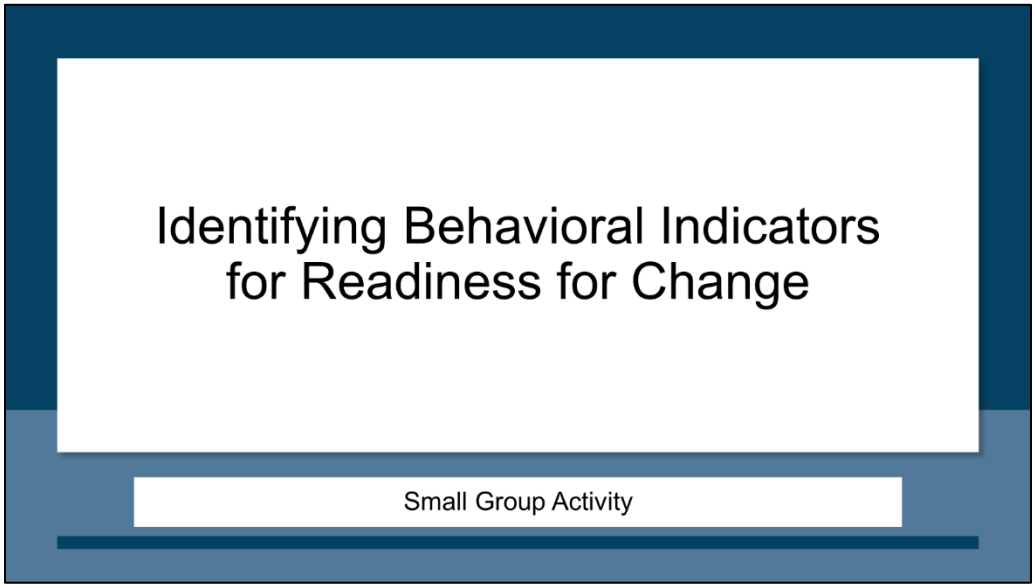
During the lapse or relapse stage, the parent slips, or lapses, from their plan to change or returns to previous problem behavior patterns in the form of a return to use. The child welfare worker's job is then to help the parent re-engage in the contemplation, decision, and action stages.

Across all stages, the child welfare worker should work in partnership and collaboration with substance use and/or mental health treatment professionals to ensure delivery of quality care to the parent and family.

Source: (Substance Abuse and Mental Health Services Administration, 2019)

Slide 34

Identifying Behavioral Indicators for Readiness for Change



Facilitator Script:

Let's now reconvene in our small groups for an activity on identifying behavioral indicators for each stage of the change model– work with your group members to develop a list for each stage; behavioral indicators are things you might observe or hear from parents, including actions or inactions. Each group should identify a scribe (to capture your list on your easel paper) and a volunteer to facilitate your large group report out. Let's plan to reconvene as a large group in (x minutes).

Examples:

Pre-Contemplation: A parent's denial of minimization of use or statements such as "just because I have a few beers or smoke some pot doesn't mean I have a serious problem."

Contemplation: A parent's acknowledgement that their substance use is affecting them and their family but is not ready to implement change or statements such as "I know I am taking a risk getting high once I put the kids to sleep, but if I don't get high then I don't get sleep and I need to be able to sleep."

Materials Needed:

- *Large Easel Paper*
- *Markers*

**Alternative Instructions for Virtual Training*

Proceed with activity in a large group setting; Facilitator should enlist support of either a co-facilitator or support staff (or learner) to scribe large group responses so that the comprehensive list of behavioral indicators for readiness for change can be shared with post training.

Slide 35

Important Considerations for a Collaborative Change Process

Facilitator Script:

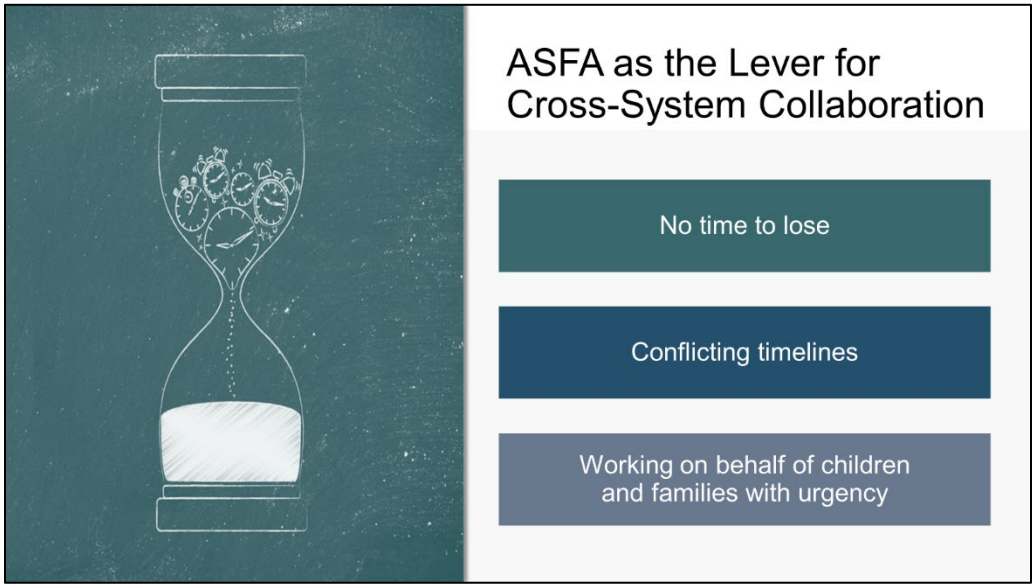
Again, change is a process that has multiple stages. Remember, people often begin at the pre-contemplation stage and may go back and forth through the stages (contemplation, preparation, action, and maintenance), with the maintenance stage representing long-term recovery.

It is really important that parents in the child welfare system are motivated to engage in and maintain treatment, because the requirements of federal and state statutes do not allow much time to be lost in return to use before decisions are made about the permanent care of children.

Child welfare workers can help motivate clients to move from one stage of recovery to the next. Although the primary responsibility for motivating parents to engage in treatment rests with the treatment program, Child welfare workers can help parents maintain the motivation to meet the court's timetables so that they have the best possible chance to retain or regain custody of their children. Often, during the pre-contemplation and contemplation stages, the child welfare worker is the primary motivator, especially if the parent has not yet begun to participate in treatment.

Slide 36

ASFA as the Lever for Cross-System Collaboration



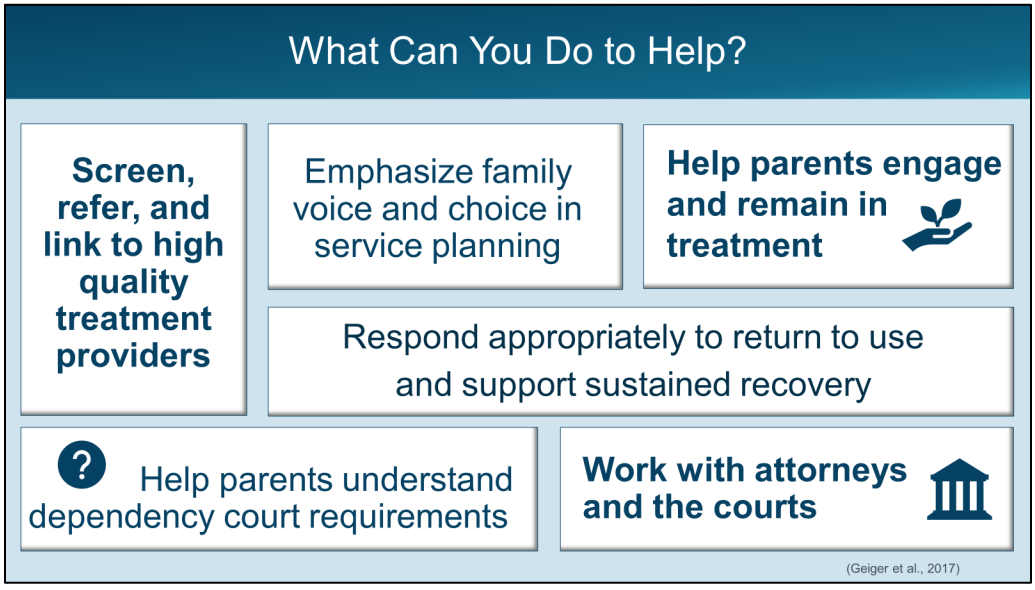
Facilitator Script:

There truly is no time to lose when it comes to serving families at risk of losing custody of their children. Child welfare practice is guided by federal law– the Adoption and Safe Families Act (commonly referred to as ASFA). ASFA stipulates that if a child has been in out-of-home care for 15 of the last 24 months then child welfare must move toward an alternate plan of permanency for the child. This may include filing a petition for termination of parental rights, pursuing adoption or legal guardianship proceedings, or granting permanent custody to a relative or non-relative extended family member.

The challenge here is that substance use disorder treatment doesn't always fit nicely into this ASFA timeline. Sometimes this is due to a parent's return to use– which we now understand is a natural part of the recovery and behavioral change process. Other times, this can be a result of systems-level issues such as insufficient screening and referral policies which prevent timely access to substance use disorder treatment. No matter the cause of the delay, the ASFA timeline remains the same– which reinforces the sense of urgency when working on behalf of children and families affected by substance use disorders.

Slide 37

What Can You Do to Help?



Facilitator Script:

How can you motivate parents to become engaged in appropriate treatment? First, you can encourage parents to seek treatment. Once a screening suggests that a substance use and/or mental disorder might exist and an assessment confirms a diagnosis, child welfare workers have a key responsibility to motivate parents to seek treatment and help them find the most appropriate treatment options.

Child welfare workers can use motivational enhancement strategies to encourage parents' willingness and commitment to engage in treatment. Motivational enhancement strategies emphasize parents' ability to voice personal goals and values in ways that elicit their own motivation to change, and to make choices about their options. Collaborative work with attorneys and courts can also help motivate parents.

Next, you can encourage parents to stay in treatment. As treatment begins, child welfare workers can use motivational enhancement strategies, in coordination with treatment providers, to encourage parents to stay in treatment, respond appropriately to return to use, and support their sustained recovery. Another thing you can do is help parents understand the consequences of not meeting the requirements of the dependency court and providing assurance that their children are safe and in good care.

Facilitator Notes: Additional resource available: National Center on Substance Use and Child Welfare: *Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips*.

Source: (Geiger et al., 2017)

Slide 38

Reshaping the Dialogue about Treatment Readiness

Facilitator Script:

It's common for people to think about treatment readiness with the adage, someone must hit "rock bottom" in order to change, but every person's bottom is different.

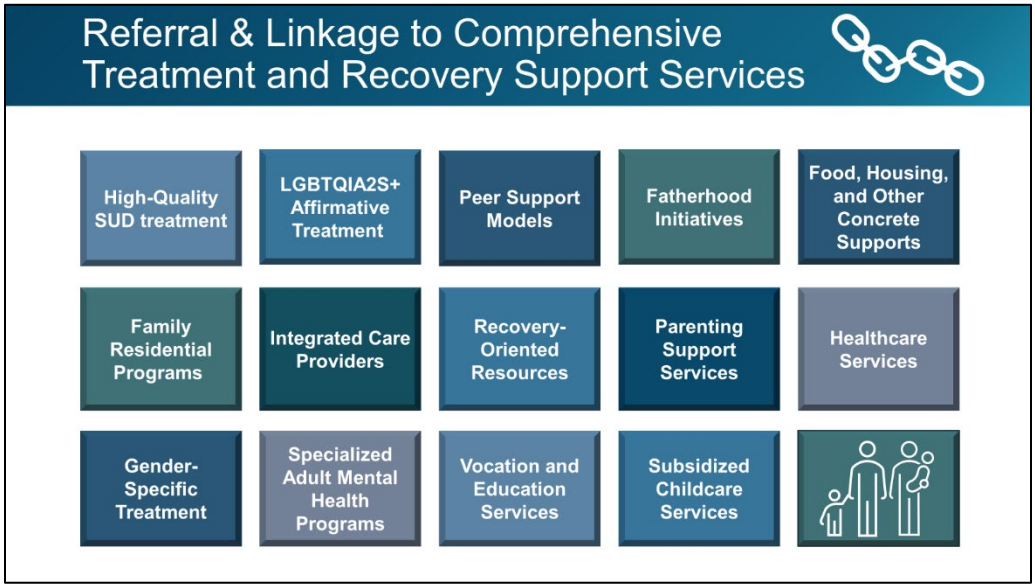
A substance use disorder is like an elevator that keeps going down. The elevator stops at different floors from time to time when something happens, and the person with a substance use disorder can get off. Sometimes the right information at the right time is all that is required for them to recognize that they must make a change, get off the elevator, and take advantage of available supports and services.

The recovery community is beginning to shift the language from "rock bottom" to opportunities that "raise the bottom"—this could be a crisis, court-ordered treatment, or a planned intervention. For the families we serve, it might be child welfare services knocking on their door that gets a parent to step off the elevator. However, if the person chooses to stay on the elevator, it keeps going down and becomes much harder to get off. Our work then becomes about raising the bottom– and as some might say, "striking while the iron is hot."

Source: (Rivera & Sullivan, 2015)

Slide 39

Referral & Linkage to Comprehensive Treatment and Recovery Support Services

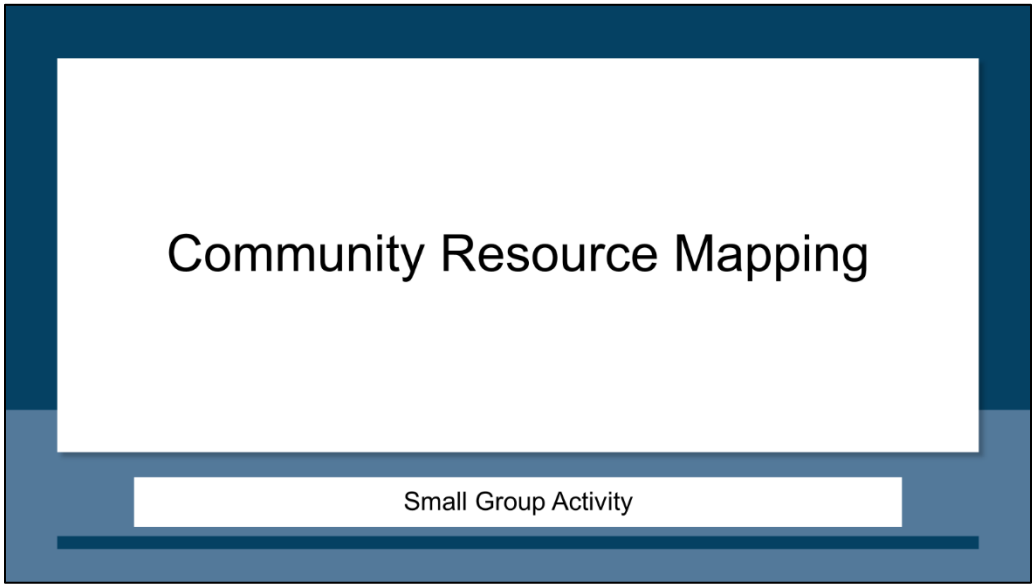


Facilitator Script:

One way we can achieve this is by familiarizing ourselves with our community's comprehensive service array so that when a parent chooses to actively 'step off the elevator' and seek support, we are fully prepared to provide referral and linkage to their individually tailored service needs without further delay. We'll refer back to this slide with our next small group activity…

Slide 40

Community Resource Mapping



Facilitator Script:

Let's go ahead now and reconvene in our small groups for a final activity on community resource mapping. Using the previous slide as a guide, work with your group members to identify respective treatment and service providers for each category. This list wasn't meant to be exhaustive, so also feel free to list out any additions that come to mind. Each group should identify a scribe (to capture your list on your easel paper) and a volunteer to facilitate your large group report out. Let's plan to reconvene as a large group in (x minutes).

Materials Needed:

- *Large Easel Paper*
- *Markers*

**Alternative Instructions for Virtual Training*

Proceed with activity in a large group setting; Facilitator should enlist support of either a co-facilitator or support staff (or learner) to scribe large group responses to the community resource mapping activity so that the comprehensive list of providers can be shared with learners for their use post training.

Slide 41

Avoid Missed Opportunities

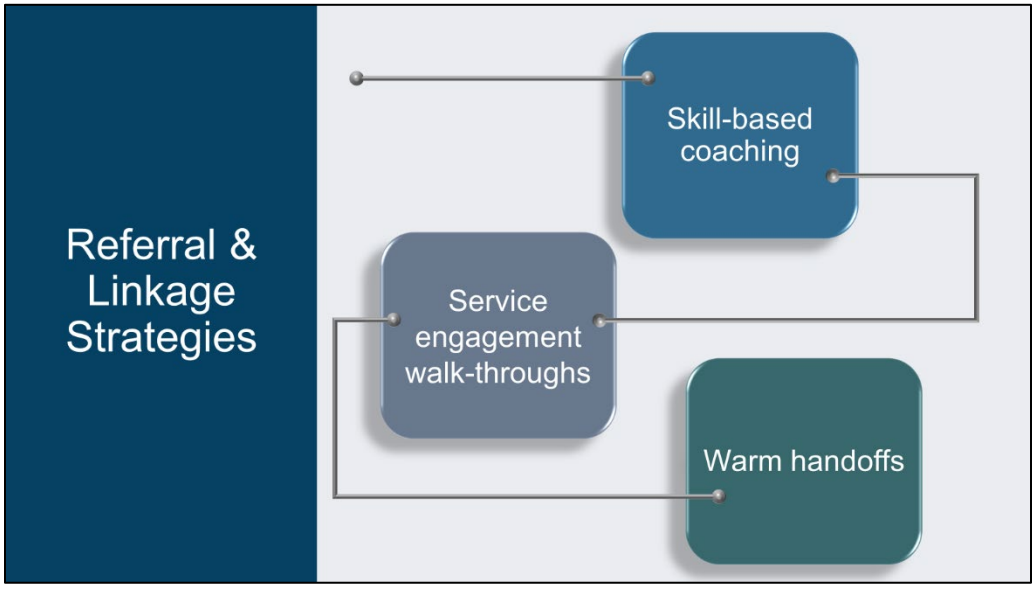
Facilitator Script:

Nice work mapping out your existing community resources and/or any potential gaps in service array. That's an important step in our referral and linkage practice but our work on behalf of children and families shouldn't stop there. We must do our very best in facilitating access and utilization of these services, too. Let's do our part in avoiding these common missed opportunities listed here by focusing on strategies to enhance our referral and linkage efforts.

- "Here's a referral—let me know when you make contact with the provider."
- "They'll get into treatment if they really want it."
- "Don't work harder than the client."
- "We'll see you back here in 90 days."

Slide 42

Referral & Linkage Strategies



Facilitator Script:

Striking while the iron is hot is less successful when parents are handed a list of services and expected to follow through on their own accord—hence missed opportunity. Remember, most pre-contemplative parents don't perceive they have a problem or see a need for change, so the likelihood of taking the list and following through is quite low. Here are some strategies to avoid missed opportunities for effective engagement specific to our referral and linkage practices…

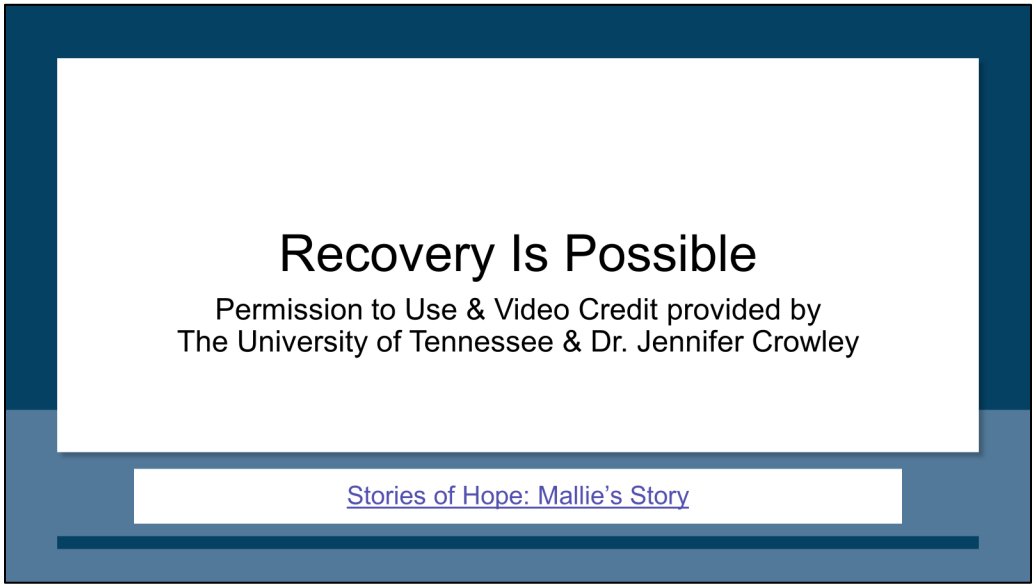
Skill-based coaching can be thought of as pro-active case management practice. The goal here is to support the parent in taking active steps toward service engagement. Do they need support in calling, drafting up informational questions for more detailed program information, or technical support like access to a computer or laptop that is Wi-Fi enabled to complete any online program or service enrollment requirements?

Service engagement walk-throughs can be another helpful tool to promote parent's follow through. These can go several different ways—first, you can talk the parent through what to expect with the referral and intake process for the respective treatment or service. Another option is to conduct a mock engagement where you play the provider, and you walk the parent through what to expect. Or you can coordinate a visit to the office location of the treatment or service provider and orient the parent while on-site.

That last option also opens the door to another effective strategy called warm handoffs. The idea here being that you as the referring service provider facilitate virtual or in-person introductions with the goal of increasing the parent's initial engagement and service retention—leading to improved outcomes for children and families.

Slide 43

Recovery Is Possible



Facilitator Script:

Let's now close today's training discussion with a reminder that recovery from a substance use disorder is possible– we'll now listen to Mallie's story, made possible by the University of Tennessee and Dr. Jennifer Crowley in partnership with the Rural Communities' Opioid Response Program– East Tennessee Consortium (RCORP-ETC) and Project Hope.

Prompts for Participants after Mallie's Story:

- **What parts of Mallie's story resonated with you the most?**
- **What events, resources, and treatment opportunities led to Mallie's long-term recovery?**
- **Did your opinion about recovery from a substance use disorder change after hearing Mallie's story?**

This wraps up our time together today…thank you again for our rich discussion and keep doing great work on behalf of children and families affected by substance use disorders!

Video Sources: The University of Tennessee & Dr. Jennifer Crowley

Slide 44

Contact the NCSACW TTA Program

Facilitator Script:

Alright, this wraps up the instructional content for module four. If you have any follow up questions from today's training, feel free to reach out to the National Center on Substance Abuse and Child Welfare at ncsacw@cffutures.org or toll free at 1-866-493-2758. Thank you all for our rich discussion today and for your continued work on behalf of children, parents, and families affected by substance use and co-occurring disorders. Take care, everyone!

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- National Center on Substance Abuse and Child Welfare: *Engagement and Safety Decision-Making in Substance Use Disorder Cases* (2023)
- National Center on Substance Abuse and Child Welfare: *Planning for Safety in Cases When Parental Substance Use Disorder is Present* (2023)
- National Center on Substance Abuse and Child Welfare: *The Use of Peers and Recovery Specialists in Child Welfare Settings* (2019)
- National Center on Substance Use and Child Welfare: *Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips* (2022)
- Peer Recovery Center of Excellence: Peer Recovery Now (2023)
- Substance Abuse and Mental Health Services Administration: *Treatment Improvement Protocol (TIP) Series 42 Substance Abuse Treatment for Persons with Co-Occurring Disorders* (2020)