

**Module 4:
Engagement and Intervention
With Parents Affected by
Substance Use Disorders and
Mental Health/Trauma**

Child Welfare Training Toolkit



National Center on
Substance Abuse
and Child Welfare

Acknowledgment



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Substance Abuse
and Child Welfare

*A program of the Substance Abuse and Mental Health Services Administration (SAMHSA)
and the Administration for Children and Families (ACF), Children's Bureau*



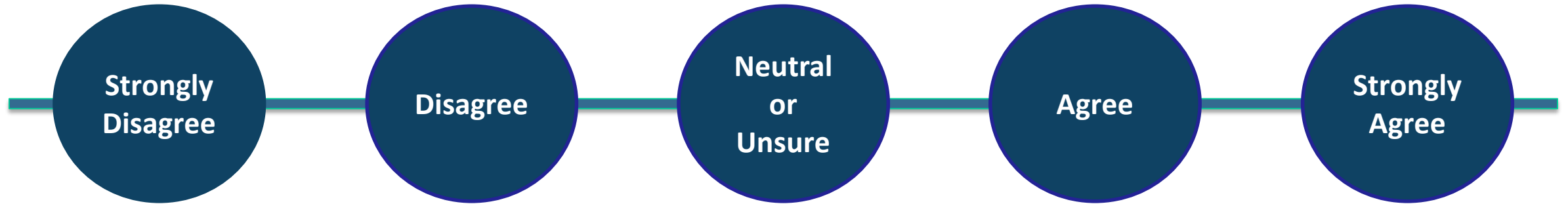
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Learning Objectives

After completing this training, child welfare workers will:

- Practice building rapport
- Use motivational interviewing techniques
- Recognize readiness for change
- Explain the change process
- Identify engagement strategies for child welfare assessment and referral
- Increase knowledge on making referrals for comprehensive assessment and treatment services

Collaborative Values Inventory



- When a parent refuses substance use disorder treatment, they should face penalties
- A person with a substance use disorder should not be held accountable for their negative behavior
- Substance use disorder treatment will only be effective if a parent wants treatment
- The stigma associated with substance use disorders prevents parents from seeking treatment

Building Rapport and Motivational Interviewing Techniques

Building Rapport

- Acknowledging the power differential
- Establishing a relationship
- Explaining the process

Motivational Interviewing

- Collaborative
- Nonjudgmental
- Empathetic
- Family-centered
- Focused on emphasizing autonomy

Express Empathy

Empathy **is not**:

- Having had the same experience or problem as the parent
- Identifying with the parent
- Saying “Let me tell you my story”

Empathy **is**:

- The ability to accurately understand the parent’s meaning
- The ability to reflect that accurate understanding back to the client

Roll With Resistance

- Confronting families makes things worse
- “Rolling” with resistance creates a nonjudgmental atmosphere
- Working with the parents’ resistance enables child welfare workers to find a common goal with families

Support Self-Efficacy

- Some people decide they don't want to change because they don't feel able to do so
- This principle is most applicable when someone has acknowledged that they do want to make a change

Guidelines With Questions

- Ask fewer questions!
- Don't ask three questions in a row
- Ask more open-ended questions rather than closed-ended questions
- Offer two reflections for each question asked

The Microskills: OARS

- **O**: Open-ended questions
- **A**: Affirmations
- **R**: Reflections
- **S**: Summaries

Open-Ended Questions

- What would you like from treatment?
- When did you first start using substances?
- Tell me about your alcohol use; what are the good things and the not-so-good things about it?
- If you were to quit, how would you do it?
- When is your court date?
- What would you like to see for you and your children six months from now?
- What do you like about being a parent?

Affirmations

- Emphasize a strength
- Notice and appreciate a positive action
- Be genuine
- Express positive regard and caring

Reflections

- Reflections are statements rather than questions
- Reflections make a guess about the client's meaning (rather than asking)
- Reflections yield more information and a better understanding
- Questions can often be turned into reflections

Summaries

Collect material that has been offered

- *So far you've expressed concern about your children, getting a job, and finding a safer place to live.*

Link something just said with something discussed earlier

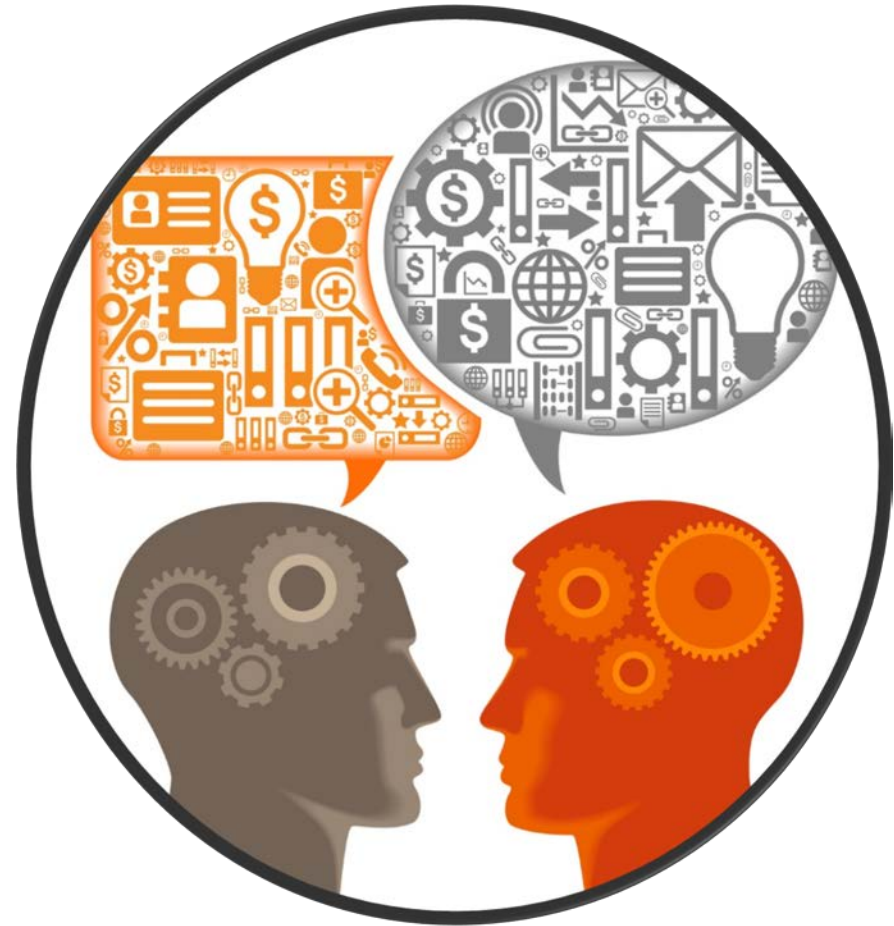
- *That sounds a bit like what you told me about that lonely feeling you get.*

Draw together what has happened and **transition** to a new task

- *Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you . . .*

Your Turn

- Speaker/listener exercise
- Break into pairs
- Each person should get a chance to be the speaker and the listener



Speaker Topic

Something about yourself that you:

- Want to change
- Need to change
- Should change
- Have been thinking about changing

... but you haven't changed yet

In other words, something you're **ambivalent** about

Listener

- Listen carefully (the goal is to understand the dilemma)
- Don't give advice
- Ask these four open-ended questions and listen with interest:
 - Why would you want to make this change?
 - How might you go about it, in order to succeed?
 - What are the three best reasons to do it?
 - On a scale from 0 to 10, how important would you say it is for you to make this change? Follow-up: And why are you at x and not zero?
- Give a short summary/reflection of the speaker's motivations for change
- Then ask: "So what do you think you'll do?" and just listen

Readiness for Change

Parental Readiness to Change

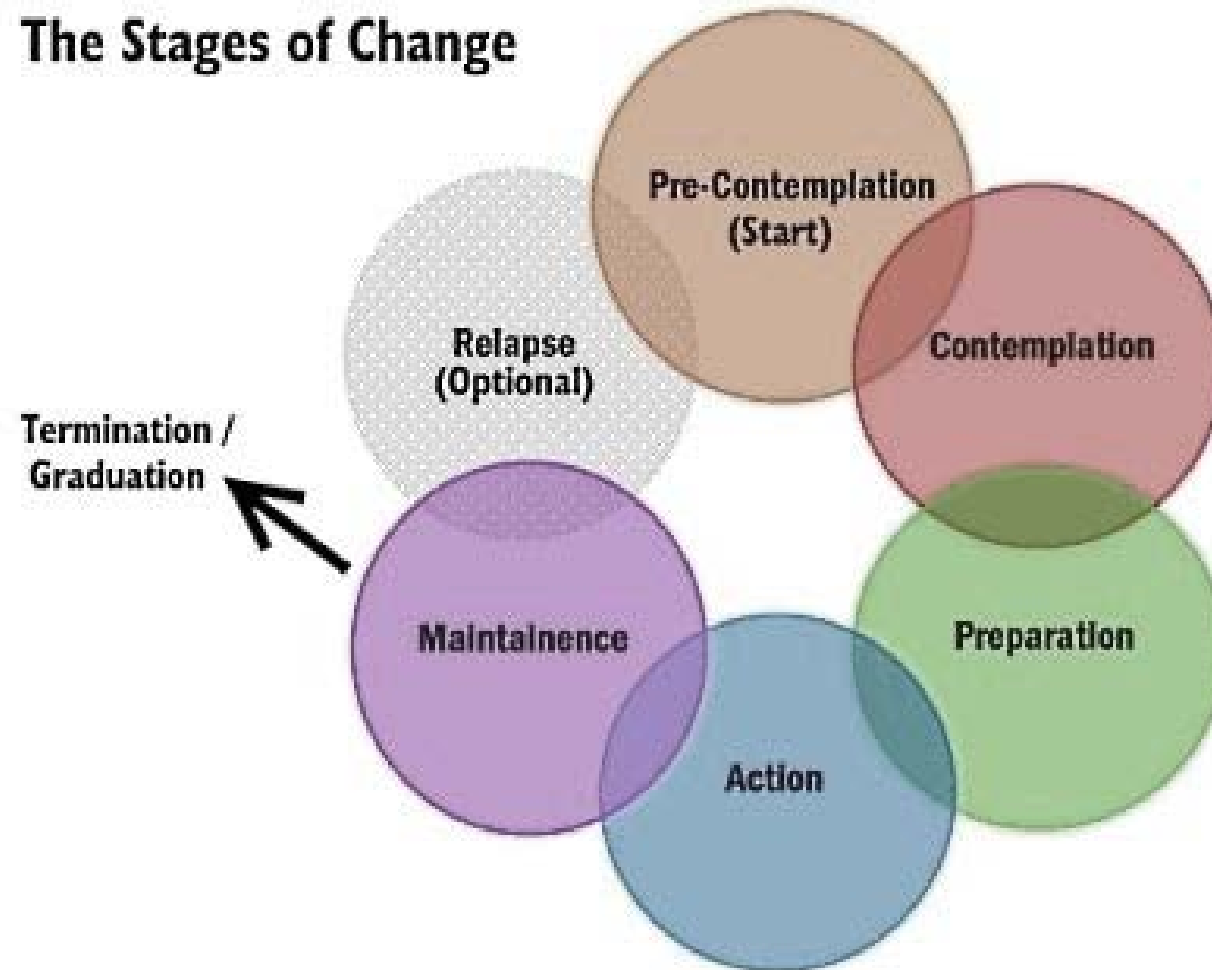
What affects willingness to seek help or change?

- Past mistakes and regrets
- Early experiences
- Past successes

Note: Self-awareness is a key in readiness

Understanding How People Change

The Stages of Change



Stages of Change

- **Pre-contemplation**—Increase perception of risks and problems with current behavior; raise awareness about behavior
- **Contemplation**—Foster reasons to change and increase perception of the risks of not changing; help parents see that change is possible and achievable
- **Preparation**—Help parent identify the best actions to take for change; support motivations for change
- **Action**—Help parent implement strategy and take steps
- **Maintenance**—Help parent to identify triggers and use strategies to prevent relapse
- **Lapse or Relapse**—Help parent re-engage in the contemplation, decision, and action stages

*It is important to note that a lapse or relapse can happen at any stage

Case Vignette

Mother's name: **Jackie** Father's name: **Kendrid**

Children's names: **Elise** (13), **Ramey** (8)

Family ethnicity: African-American

Jackie (33) has two daughters by her husband, Kendrid (35), who left the family shortly after Ramey's birth. Kendrid lives in a neighboring city and remains in monthly contact with his children, but he refuses to talk to their mother, in person or on the phone. He works to support himself and sends money occasionally.

Case Activity

- What concerns do you have?
- What stage of change do you think Jackie is in?
- How would you approach a conversation with Jackie and Kendrid about your concerns?

The Change Process

The Change Process

- Parents may need assistance with motivation to engage in and maintain treatment
- Child welfare workers can help motivate parents to move from one stage to the next
- During pre-contemplation and contemplation, the child welfare worker may be the primary motivator

The Change Process

Help parents:

- Understand where they are in the stages of change
- Discover what will help them move to the next stage
- Understand that they may move back and forth between stages

Intervene during any stage to motivate parents to:

- Continue to work toward dependency court requirements
- Maintain the safety and well-being of their children
- Develop parenting skills needed to retain or regain custody of children

What Do You Think?



- Think about a time when you tried to change a habit
- Have you ever tried to quit smoking, eat healthier, or exercise more?
- What factors helped or hindered you?

Enhancing Parent Motivation

Encourage parents to **seek** treatment

- Work with attorneys and courts

Encourage parents to **stay** in treatment

- Respond positively to relapse and sustained recovery
- Help parents understand dependency court requirements
- Assure parents that children are safe and in good care

Engaging Fathers

Engage fathers through:

- Outreach, casework, and permanency planning
- Helping them get the support or treatment that they need

Messages for dads:

- Debunk the myth that “the mother deals with the children”
- Emphasize that the father needs to take responsibility for his recovery *for his children*
- Portray recovery as separate from the child welfare case
- Regardless of a mother's actions, the father continues to have responsibility for the children

Engaging Fathers

- Each parent needs his or her own recovery approach—and their own support system
- Fathers should not use mothers as a sole support system
- Fathers-only groups and activities provide social support networks
- Fathers need access to substance use disorder treatment professionals, regardless of their circumstances
- Outreach strategies: home or community visits

Engaging Parents in Treatment: A Continuous Process

Child welfare workers:

- Screen parents for potential substance use or mental health disorders
- Motivate parents to engage in and remain in treatment
- Help parents to sustain recovery
- Do not wait for substance use treatment or mental health disorder treatment to begin before other interventions occur

Rethinking Treatment Readiness



Rethinking “Rock Bottom”

- “Tough love” in the hopes that they will hit rock bottom and want to change their life
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them”
- Addiction is a disease of isolation



“Raising the bottom”

- Getting off on an earlier floor
- Realistic expectations and understanding of both the neurochemical effects on people with substance use disorders and the difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

Missed Opportunities



“Here’s a referral; let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“Call me Tuesday”

Referral to Treatment

Screening: The Role of Child Welfare Workers

Screening for substance use issues

- Overt signs and symptoms may be observed
- A screening tool may be used with specific questions
- A drug test may indicate recent substance use
- Child welfare does a *child safety assessment*

Referral for substance use disorder assessment

- Refer the parent to a substance use disorder treatment provider for further *assessment of substance use*
- The substance use disorder treatment provider may provide further referral to an appropriate treatment program

Screening Results

Determine the extent to which:

- Children are left unattended or uncared for because of a parent's substance use
- The parent views the child negatively, particularly when the child's needs interfere with the parent's substance use
- The family cannot meet the needs of the child because money is used to purchase substances
- The parent or someone in the home exhibits harmful behavior toward a child, particularly when under the influence of substances

Engaging Parents in Treatment: Models and Strategies

Working with substance use disorder treatment professionals:

- Learn about the needs identified during treatment
- Monitor referrals and parents' participation in services
- Help parents:
 - Identify issues related to their substance use and/or mental health disorders
 - Access and follow up with referrals

Successful Referrals

- Identify community resources for various issues and problems—and share details
- Refer parents to services and help them overcome barriers such as transportation and childcare
- Follow up to see if they contacted the organization, received services, and were helped
- Develop a safety plan for children with the parents, if needed

Successful Referrals

- Be transparent—inform parents of procedures to communicate with treatment providers and review the content of any conversations and actions
- Have joint meetings with the parent, substance use disorder treatment professionals, and child welfare worker to discuss goals and plans together

Assessment for Substance Use Disorders

- Includes interviews and instruments
- Conducted by trained substance use treatment professionals
- Diagnosis based on DSM-5 diagnostic criteria
- Determines nature and extent of the problem
- Determines current treatment needs and level of care

The Assessment Process

- **Why:** To determine the nature and extent of issues affecting parent's functioning and establish treatment recommendations
- **Who:** Trained professionals
- Become familiar with local professionals who conduct assessments
- Ask for an assessment of probable impact on parenting

Developing Case Plans

Information to use when developing case plans:

- Diagnostic criteria
- Level of care recommendation
- Treatment plan for comprehensive services

Effective case plans:

- Can help assess the safety and well-being of children throughout the case
- Can help motivate parents to enter and continue treatment

Recovery Occurs in the Context of the Family

- A substance use disorder is a disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component, including substance use prevention for the child

Rethinking Family Recovery



- Parents' recovery occurs in the context of family relationships
- Services that strengthen families and support parent-child relationships help keep children safe

About 85%* of children in substantiated abuse and neglect cases either stay home or go home.

What Do You Think?





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Resources

Resources

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