

Module 2: Understanding Alcohol and Drug Issues, Treatment and Recovery

Training Plan

Goal—The goal of Module 2 is to educate child welfare professionals about alcohol and drug issues, treatment, and recovery. It provides information and learning opportunities designed to support child welfare professionals in working with families from various cultural groups affected by alcohol- and/or drug-related problems. The module will inform child welfare professionals about the continuum of use, abuse, and dependency; explain signs and symptoms that can indicate the need for a comprehensive assessment of parents; and introduce common screening tools that can be used by child welfare workers in the context of home visitation and social work practice. This module also provides an understanding of the treatment and recovery processes, and discusses specifics of how substance use disorders can affect the interpersonal relationships and family dynamics of the families involved with the child welfare system in the context of safety assessment and safety planning.

Methods: PowerPoint presentations (or overhead/transparencies); large group and small group discussions.

Training Aids: Projector and computer, disk with PowerPoint file (or overhead and transparencies); flip chart with markers; participant notebook.

Time: 2 hours, 50 minutes

Module 2 Learning Objectives—After completing Module 2, child welfare professionals will have an understanding of the following topics:

- Types of substances and their effects
- Methods of usage
- Continuum of use, abuse, dependence
- Pathways from use, abuse, dependence
- Differential impact of substance use disorders on communities of color
- Brain chemistry of addiction
- Signs and symptoms of potential use, abuse, dependence in the context of home visitation and child welfare practice
- Culturally appropriate screening tools for determining if a further comprehensive assessment by an alcohol and drug treatment professional is needed
- Treatment models, cultural competency in treatment and treatment effectiveness
- Recovery process and progression
- Effects of alcohol and drug issues on interpersonal relationships and family dynamics, care of children, etc.
 - Isolation
 - Negative social network
 - Poor parenting skills
 - Endangering behaviors
 - Emergence of a “don’t tell, don’t trust and don’t feel” complex, reflecting learned behaviors that emerge as a result of the effects of alcohol and drug use and/or abuse.
- Relapse prevention and long-term recovery maintenance in the context of safety assessment and safety planning

Prior to start *Meet and greet, registration*

Purpose is to give participants access to the space. Each will prepare differently, arrive at different times. Conduct registration and distribute materials. Trainers get ready.

0 – 15 minutes *Introductions; Purpose; Ground Rules* 15 min.

Trainer introduces him or herself. Invite participants to briefly introduce themselves (e.g., name, unit, office location, years in the system, etc.). If group is smaller than 12-15 people, trainer could invite them also to briefly describe their interest in this training. If group is larger than 40-50 people, individual introductions are likely to take too much time.

Describe the purpose of Module 2. Language for this overview is provided at the beginning of the presentation scripts, right before Presentation 4. Emphasize that child welfare professionals often work with families where one or more adults are experiencing treatable substance use disorders and this training is intended to prepare them to better help such adults recover from the effects of their disorder and function appropriately as parent or caregiver. The bottom line goal is safe care of children. The language provided also describes four simple ground rules for the training session. After presenting them, the trainer may ask the group if there are any other ground rules important to them.

15 – 30 minutes *Presentation 4: Why do people use drugs? Use, abuse, and dependence; alcoholism and alcohol abuse; brain chemistry of addiction* 15 min.

Deliver scripted presentation describing parental substance use disorders. **Slides II-1 through II-11** At the end of the presentation, the trainer should ask first if there are any brief questions that can be answered before moving on to the following discussion. Keep answers brief and only answer questions to which you know the answer.

30 – 50 minutes *Facilitated Discussion of Case Vignette* 20 min.

Ask participants to organize themselves into smaller discussion groups with 5-7 people in each group. Ask them to carry their materials with them if they move, as they will stay in these groups for two exercises and a presentation. Then ask them to each quietly read Module 2 Vignette Part I, which describes a real family involved with the child welfare system. Then ask the small groups to discuss the Vignette for a few minutes, specifically talking about 1) levels of seriousness of use of substances and child abuse/neglect indicated in the vignette; 2) apparent amenability to treatment; and 3) appropriate reactions by the child protection system.

After 9-10 minutes, ask them to bring their attention back to the larger group (no need to move seats again) and to share a bit from their small discussion groups. In particular, ask them, “Why did you suggest certain reactions by the system?”

The GOAL of this discussion is to help participants apply the content of the session to a real family situation. Try not to let one participant dominate the discussion; draw in others whenever possible.

To bring final closure to this discussion, emphasize that a child welfare professional may need to make a judgment about the possible presence of a substance use disorder in a parent, leading to a referral for further assessment and possibly treatment. Child welfare professionals would also need to make a decision about immediate removal of the child.

50 – 65 minutes *Presentation 5: Effects of substance abuse on relationships and families; screening tools;* 15 min.

Deliver scripted presentation on special areas of consideration. **Slides II-12 through II-21.** At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on. Keep answers brief. You should only answer questions to which you know the answer

65 – 85 minutes *Facilitated Group Discussion* 15 min.

Once questions have been addressed, move the whole group into a discussion about cultural aspects of substance abuse and treatment by asking, “How do cultural issues, meaning the family’s beliefs, traditions and values, impact the child welfare system’s responses to substance use disorders among the families you are serving?”

If additional questions are needed to stimulate discussion, you might ask any of the following questions:

- What kinds of cultural groups exist in the community(ies) you serve?
- For those varying groups, what do you know about their cultural beliefs about substance use, abuse and dependence?
- What culturally based groups or organizations exist in the community(ies) you serve that may offer assistance for families?
- How can you access and make use of such organizations?

The GOAL of this discussion is to help participants think deliberately about the cultures of the families they serve and the potential resources that may be offered to their recovery process by those beliefs, traditions and values. For many parents, their personal or family culture may play a key role in their recovery and it is important for child welfare professionals to think about how to support that role.

To bring closure to this discussion you may want to ask them to think about how their own personal cultural beliefs, traditions and values may impact their work with families of different cultures. Encourage them, in particular, to learn as much as they can about culturally based groups and organizations within their community that may offer support to the families they serve.

85 – 100 minutes *Break* 15 min.

100 – 125 minutes *Presentation 6: Treatment models; treatment effectiveness; helping parents obtain treatment* 25 min.

Deliver scripted presentation on substance use, abuse and dependence, screening and treatment. **Slides II-22 through II-41.** At the conclusion of the presentation, the trainer should ask first if there are any brief questions that can be answered before moving on. Keep answers brief. You should only answer questions to which you know the answer.

125 – 140 minutes *Facilitated Discussion of Case Vignette* 20 min.

Participants should still be sitting with the small discussion groups of 5-7 people. Ask them to each quietly read Module 2 Vignette Part II, still describing a real family involved with the child welfare system. Then ask the small groups to discuss appropriate treatment goals for each of the parents in the vignette.

After just 9-10 minutes, ask them to bring their attention back to the larger group and ask them to share a bit from their small discussion groups. In particular, ask them, “How would the treatment goals you are suggesting interact with the reunification or permanency goals in the child welfare plan?”

The GOAL of this discussion is to help participants apply the content of the session to a real family situation. Try not to let one participant dominate the discussion; draw in others whenever possible.

To bring closure to this discussion, emphasize that a child welfare professional should be actively involved in treatment planning and monitoring to make sure treatment goals are aligned with child welfare goals, thus giving each family the best possible chance of reunification and safe care of their children. Then announce a brief break to give people a chance to stretch, use facilities, get coffee, etc. Ask them to come back together in no more than 15 minutes, and let them know that they can return to their original seats or stay with their smaller groups, whichever they prefer.

140 – 155 minutes *Presentation 7: Recovery; assessing progress; relapse; long-term recovery planning and support* 15 min.

Deliver scripted presentation on recovery, assessment of progress, relapse, and long-term planning and support. **Slides II-42 through II-50.** At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on. Keep answers brief. Only answer questions to which you know the answer. Remember that the GOAL of this presentation is to enable child welfare professionals to better support recovery among the parents of the children they serve.

155 – 175 minutes *Facilitated Group Discussion* 20 min.

Once questions have been addressed, move the whole group into a discussion about the lapse and relapse processes by asking, “How does the distinction between “lapse” (isolated events) and “relapse” (returning to a pattern) impact child welfare responsibilities to protect children?”

What would a lapse mean for the recommendations you made regarding the vignette we considered? What would a relapse mean for the recommendations you made regarding the vignette we considered?

If additional questions are needed to stimulate discussion, you might ask any of the following questions:

- What family and community supports are available in the community(ies) you serve?
- How do you help families access such supports?
- How does the possibility of caregiver relapse fit into federal (ASFA) reunification and permanency timelines?
- Where does the child welfare worker look to find natural supports for a specific family?
- How are those potential supporters linked to the family plan?
- What is the role of the courts in this scenario?

The GOAL of this discussion is to help participants recognize the many strategies available to them to assist in the recovery process for parents of children they serve. These concepts can be applied to the vignette for a higher level of learning. Child welfare professionals may be the key supporter in developing a successful support system around a parent. Try not to let one participant dominate the discussion; draw in others whenever possible.

To bring final closure to this discussion, emphasize that hope – for the parent, for their children, for the family as a whole – is one of the most important tools available to them and many strategies can be employed to develop and sustain such hope. Encourage them to recognize that a relapse does not have to mean the end of hope.

175 – 180 minutes *Closing Discussion* 5 min.

Briefly review the areas that have been covered in this training session, focused on developing a better understanding of parents with substance use disorders. Ask the group what new things they have learned in this session that they can take with them and apply to their work with families. Ask the group about the most useful knowledge they gained and can apply to their work. The GOAL of this brief discussion is to help participants think about what they will take away from the session. At the end, thank them all for participating. If they will be receiving more modules in this series, you might remind them of what comes next, and when.