

Module 4

Engagement and Intervention with Parents Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders

Understanding Parents with Substance Use and/or Mental Disorders

- Self-medicate untreated emotional or health problems
- Manage untreated anxiety or depression
- Express anger and discouragement
- Punish themselves for failure
- Escape negative aspects of their lives

Parental Readiness to Change

What affects willingness to seek help or change?

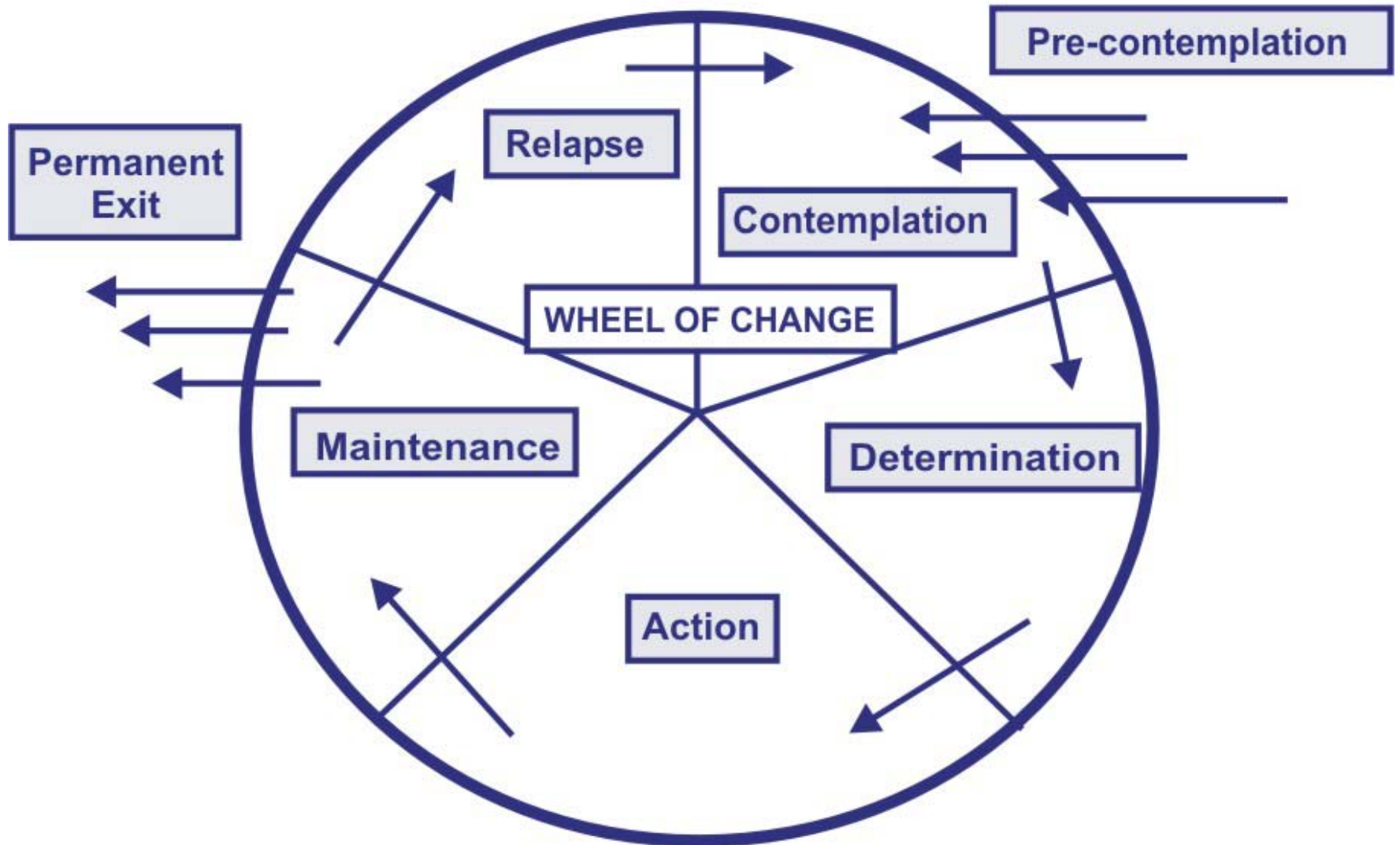
- Past mistakes and regrets.
- Early experiences.
- Poverty.

Self-awareness is a key in readiness.

Stages of Change

- **Precontemplation**—no awareness of problem or need to change.
- **Contemplation**—initial recognition of problem.
- **Preparation**—conscious decision to change in recognition of the need to change.
- **Action**—taking initial steps to change.
- **Maintenance**—working on sustaining changes.
- **Relapse**—return to previous problem behaviors for a time.

Six Stages of Change



Lapse vs. Relapse

- *Lapse* – temporary return to substance use or symptoms of a mental disorder, after which treatment or recovery resumes before a pattern of behaviors with detrimental consequences occurs.
- *Relapse* – ongoing pattern of substance use or symptoms of a mental disorder, despite negative consequences.

Relapse - 1

For the substance abuse treatment professional:

- *Relapse* can be one step toward recovery and an integral part of the treatment process.

For mental health treatment professionals:

- *Chronic and persistent mental disorders* may reappear in regular or unpredictable patterns.

Relapse - 2

For the child welfare professional:

- *Relapse* or the presence of a “*chronic and persistent*” mental disorder may present a safety risk to the children.
- A *Relapse Plan* should be developed for persons with substance use and/or mental.

Note: A relapse plan may not completely alleviate concerns.

Relapse - 3

- Parents may feel guilty when they relapse.
- A safety plan for the possibility of relapse.
- Relapse – an opportunity to intervene and re-assess treatment and recovery needs.

The Change Process - 1

- Parents may need assistance with motivation to engage in and maintain treatment.
- Child welfare professionals can help motivate parents to move from one stage to the next.
- During Precontemplation and Contemplation, the child welfare worker is the primary motivator.

The Change Process - 2

- Help parents:
 - Understand where they are in the stages of change.
 - Discover what will help them move to the next stage.
- 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.

Enhancing Parent Motivation

- Encourage parents to seek treatment
 - Work with attorneys and courts.
- Encourage parents to stay in treatment
 - Respond positively to relapse and sustain recovery.
 - Help parents understand dependency court requirements
 - Assure parents that children are safe and in good care.

Motivational Tasks

- **Precontemplation** - Increase perception of risks and problems with current behavior; raise awareness about behavior
- **Contemplation** - Foster reasons to change and risks of not changing; help parents see change is possible and achievable
- **Preparation** - Help parent identify 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

Motivational Enhancement Tools: FRAMES

| The FRAMES Strategies | |
|------------------------------|--|
| F | Feedback regarding the parent's impairment or risk behavior |
| R | Responsibility for change is the parent's |
| A | Advise (guidance) to change is provided by the social worker |
| M | Menu of treatment and self-help alternatives is offered to the parent |
| E | Empathic and non-blaming style is used by the social worker |
| S | Self-efficacy or positive empowerment is facilitated in the parent |

Engaging Parents in Treatment: A Continuous Process

- Child Protection Workers:
 - Screen parents for potential substance use or mental disorders,
 - Motivate parents to engage in and remain in treatment, and
 - Help parents to sustain recovery.
- Do not wait for substance use treatment or mental health treatment to occur before other interventions occur.

Family Engagement Wraparound - 1

Team (Holistic) Approach

- Includes anyone who can understand and help child/family
- Includes the family at every step
- Establish goals together

Assessment

- Multiple sources and settings
- Historic care information
- Family experience and tradition
- Resources available

Family Engagement Wraparound - 2

Services and Supports

- Consider child/family needs, resources, strengths, and wishes.
- Keep the child with family and community if safe and possible
- Integrate formal and informal supports

Family Engagement Wraparound - 3

Expect and plan for crises

- Develop a crisis plan
- Include support that is accessible and effective

Principles

- Accountability
- Collaboration
- Feedback, analysis, and reporting

Engaging Parents in Treatment Models/Strategies – 1

Working With Treatment Professionals

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

Engaging Parents in Treatment Models/Strategies– 2

Using Motivational Enhancement Strategies

- Help parent/children identify needs
- Develop trust of parents
- Recognize and affirm positive behaviors
- Ensure frequent/safe visitation, as appropriate.
 - Vital for both children and parents.
 - Do not use as "reward" for “punishment”

Engaging Fathers - 1

Fathers are critical. Engage them by:

- Outreach, casework, and permanency planning.
- Helping them get the support/treatment 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 - 2

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

Building Trust - 1

- 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 service, and were helped.
- Develop a safety plan for children with the parents, if needed.

Building Trust - 2

- Be dependable—keep appointments; update parents on changes in your schedule; return phone calls; and follow through.
- 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, treatment professional(s) and child welfare professional to discuss goals and plans together.

Family Advocacy–Peer Support 1

- *Alcoholics Anonymous* – peer-led, peer-organized self-help following 12 steps
 - *Al-Anon* – peer-led for persons who care about someone with alcoholism
 - *Al-Ateen* – for children of alcoholics
 - *Narcotics Anonymous* – for people addicted to non-alcohol drugs
 - *Faces & Voices of Recovery* – for advocates
- Call local telephone numbers for times and places.***

Family Advocacy–Peer Support 2

- National Alliance for the Mentally Ill – seeks to eradicate mental illness www.nami.org
- National Mental Health Association – seeks to improve the mental health of Americans www.nmha.org
- Federation of Families for Children’s Mental Health – supports and sustains family-run organizations www.ffcmh.org

Substance Use Disorders: Screening and Assessment

- Screening

- Brief, rapidly administered tools
- Child welfare professionals frequently conduct screenings.

- Assessments

- Comprehensive processes to identify areas to be addressed in the treatment plan.
- Assessments for substance use disorders should be conducted by substance use treatment professionals.

Screening: The Role of Child Welfare Professionals

Screening

- Overt signs and symptoms may be observed as part of the initial screening and assessment for child abuse and neglect.

Referral

- Refer the parent to a substance abuse treatment provider for further assessment.
 - The substance abuse treatment provider may provide further referral to an appropriate treatment program

Who Needs To Be Screened?

- Two approaches to screening
 - Screen only those identified as high risk
 - Assume everyone is high risk
- Evidence suggests screening everyone
- Purpose: To determine need for assessment

Effective Screening Tools

- Easy to administer – four to six key questions
- Capable of detecting a problem
- Inexpensive
- Fast and simple
- Designed for broad range of individuals

Screening Questions: UNCOPE

- U** – Have you continued to use alcohol or drugs longer than you intended? (Unintended use?)
- N** – Have you ever Neglected some of your usual responsibilities because of alcohol or drug use?
- C** – Have you ever wanted to Cut down or stop using alcohol or drugs but couldn't?
- O** – Has your family, a friend or anyone else ever told you they Objected to your alcohol or drug use?
- P** – Have you ever found yourself Preoccupied with wanting to use alcohol or drugs?
- E** – Have you ever used alcohol or drugs to relieve Emotional discomfort, such as sadness, anger or boredom?

Conducting the Screening

- Screening as a separate process with clear explanation
- Listening and reflecting – use clarifying questions
- In conjunction with brief substance use history.

Screening Results

Determine the extent to which:

- Children are left unattended or uncared for because of parent's substance use.
- 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.

The Assessment Process

Why - To determine the nature/extent of issues affecting parent's functioning and establish treatment recommendations.

Who – Trained professionals.

- Become familiar with local professionals who conduct assessments.
- Ask for assessment of probable impact on parenting.

Changing Needs and Treatment Plans

- Screening and Assessment are ongoing processes.
- A parent's treatment and level of care are based on treatment needs.
- Since treatment needs change, assessment and treatment planning is an ongoing process.

Assessment for Substance Use Disorders

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

Developing Case Plans - 1

- 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.

Developing Case Plans - 2

Use your social work skills:

- Establish an initial relationship with parents to demonstrate an interest in and concern about their well-being.
- Use documentation, observation and interviews to determine impact on parents and children and to establish a case plan.

Mental Health Assessment

- Qualified mental health professionals
- Diagnostic & Statistics Manual, 4th Edition (DSM-IV) – criteria for each diagnosis
- Diagnosing mental disorders is not exact
- Some persons receive multiple, appropriate diagnoses, and diagnoses change over time

MH Assessment Outcomes

What you might expect to receive:

- Diagnosis, if merited, with number code
- Multiple diagnoses
- Treatment recommendations, related to diagnosis
- Recommendations for further assessment
- Recommendations to system partners for how best to help the person

Reactions to MH Assessments

There are two common reactions to mental health assessment reports:

- 1) *“There’s not enough information here to help me understand how to help him/her.”*
- 2) *“Too much jargon. All the words and letters in this report make no sense to me.”*

Request additional, clarifying information.

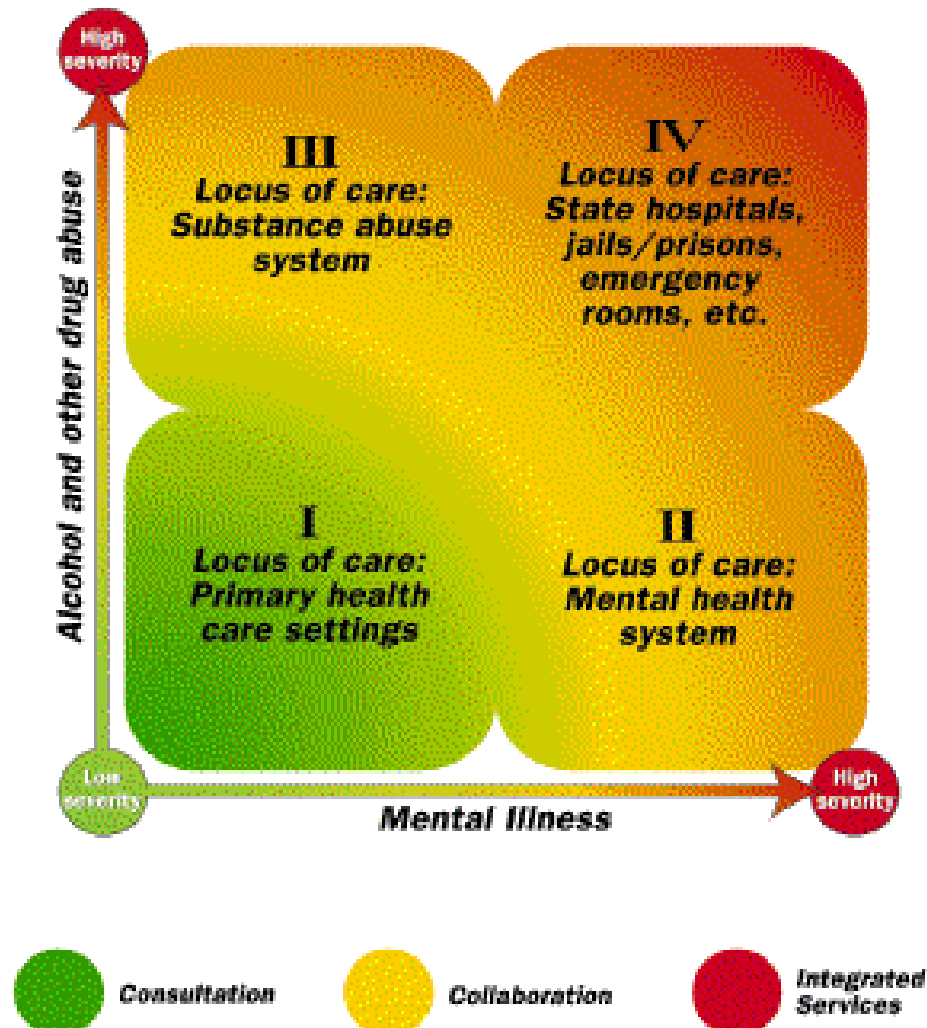
Child Welfare Case Planning

- Help the individual with a mental disorder get appropriate treatment.
- Help them find an appropriate professional for treatment services.
- Address social, economic, motivational and other needs.

****Support can have powerful results.****

NASMHPD/NASADAD Co-Occurring Substance Abuse Disorder and Mental Disorder Conceptual Framework

Service coordination by Severity



Assessment of Co-Occurring Disorders

Three possible paths:

- One person does an assessment for both substance use and mental disorder
- Assessment of substance use disorder leads to referral and assessment for a mental disorder
- Assessment of mental disorder leads to referral and assessment for a substance use disorder

Not all treatment professionals are cross-trained to conduct both assessments, nor do they always actively look for co-occurring disorders

Co-Occurring Disorders and Case Planning

- Include diagnoses, level of care and treatment plan(s)
- Address social, economic, motivational, or other issues
- The Collaborative Team - treatment and child welfare professionals and relevant family/friends.
- Resolve conflicting treatment messages.

Issues to Explore with Children

Assess risk factors for children of substance users.

- Prenatal substance exposure
- Post-natal environments

During initial child welfare screening processes, address:

- Fetal Alcohol Syndrome (FAS)
- Alcohol-Related Neurodevelopmental Disorder (ARND)

Fetal Alcohol Syndrome (FAS)

- Pattern of neurological, behavioral, and cognitive deficits affecting growth, learning and socialization:
 - Characteristic facial abnormalities, including small eye openings, indistinct or flat philtrum (midline groove in the upper lip from the lip top to the nose), and a thin upper lip;
 - Growth deficiencies, including low birth weight;
 - Brain damage, including a small skull at birth, structural defects, and neurologic signs, such as impaired fine motor skills, poor eye-hand coordination, and tremors;
 - Maternal alcohol use during pregnancy.

Insert diagram of child with FAS that shows facial abnormalities

Fetal Alcohol Spectrum Disorder (FASD)

Describes persons with FAS *and* those with behavioral, cognitive, or other deficiencies who do not have facial abnormalities of persons with FAS.

Includes:

- FAS
- Alcohol-Related Birth Defects
- Alcohol-Related Neurodevelopmental Disorder (ARND)

Alcohol-Related Neurodevelopmental Disorder (ARND)

Symptoms similar to those with exposure to other substances.

Effects of prenatal substance exposure:

- Physical health consequences;
- Lack of secure attachment;
- Psychopathology;
- Behavioral problems;
- Poor social relations/skills;
- Deficits in motor skills;
- Cognition and learning disabilities.

Involvement of Fathers - 1

Courts may direct child welfare professionals to seek and involve absent parents, especially fathers.

Services for fathers:

- Gender-specific services.
- Outreach strategies.
- Screening for substance use disorders/referral for assessment and treatment.
- Services for specific needs, including motivational counseling.

Involvement of Fathers - 2

Other services for fathers:

- Father's support system for recovery, including fathers-only support groups and activities.
- Support for visitation with children and other parental responsibilities.
- Planning for reunification or termination of parental rights.