

Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders

Training Plan

Goal—The goal of Module 4 is to provide strategies that child welfare professionals can use to engage individuals in a change process when they are suspected of having a substance use or mental disorder, or co-occurring disorders. The module will describe skills that child welfare professionals can use to engage individuals from diverse communities whom they suspect might have a substance use or mental disorder, or co-occurring disorders, including information on supporting their connection to assessment and treatment services, as needed, and culturally appropriate ways to get these individuals connected with professionals who can conduct comprehensive assessments. This module will provide an understanding of assessment for these issues, what information workers should expect to learn from the comprehensive assessment, and how to use the information in case plans.

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 and 40 minutes

Learning Objectives—After completing Module 4, child welfare professionals will have an understanding of the following topics:

- Readiness to change
- Motivational interviewing techniques
- Culturally appropriate methods for building rapport
- Models/strategies for engagement in family support
- Resources for family to family linkages and support
- Treatment Services interventions and supports
- Assessment of substance use disorders and how to use the information in case plans
 - What it entails
 - Information to be gained
 - Resources for obtaining assessment
- Assessment of mental disorders and how to use the information in case plans
 - What it entails
 - Information to be gained
 - Resources for obtaining assessment
- Assessment of co-occurring issues and how to use the information in case plans
 - What it entails
 - Information to be gained
 - Resources for obtaining assessment

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 (name, unit, office location, years in the system, etc.). If this same group has been together for other modules in this series, you might ask instead how they used information learned in previous sessions. If group is smaller than 12-15 people, you 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 4. Language for this overview is provided below, right before Presentation 12. Emphasize that child welfare professionals often work with families where one or more adults are experiencing substance use and/or mental 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 – 35 minutes *Presentation 12: Readiness to change; Stages of change; Relapse; Enhancing parents motivation* 20 min.

Deliver scripted presentation describing parental disorders. **Slides IV-1 through IV-14.** At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on to the following discussion. Keep answers brief. Only answer questions to which you know the answer.

35 – 55 minutes *Facilitated Group Discussion* 20 min.

Once questions have been addressed, move the whole group into a discussion about their own motivations. Lead the discussion by asking the group:

- To think about the last time they tried to change a habit.
- To raise their hands if they ever tried to quit smoking, tried to eat healthier, tried to go to the gym or exercise more often.
- To share experiences of success and failure in those endeavors.
- What factors assisted or supported you when you attempted to establish new habits and what factors made that new habit difficult?
- To consider whether they know people who continue to smoke despite knowledge of the health effects, or if they know people with diabetes or high cholesterol who do not change their eating and exercising habits despite knowledge of the health effects.

- To consider whether and how the ease or difficulty of beginning might be affected if they are beginning something new and it is really important to their health or otherwise.

Next, ask the group to now consider a person (such as Jackie) who is suffering from physical dependence on drugs or alcohol, or someone who has a co-occurring substance use and mental disorder. Given what we know about the brain chemistry of substance use disorders and the effects of co-occurring disorders, how would that impact a parent's ability to change behavior. Ask the group:

- "How might you use the FRAMES concepts with Jackie?"

To stimulate further discussion, you might ask any of the following questions:

- What do you imagine it is like for a caregiver to seek or enter treatment for their own problems, when acknowledging their problems might make it more difficult for them to keep or regain their children?
- What supports might be needed to make receiving care more possible, more successful?

The GOAL of this discussion is to help participants recognize that motivation is a reflection of complex and sometimes overwhelming internal factors. Try not to let one participant dominate the discussion; draw in others to the discussion.

To bring closure to this discussion, emphasize that one important role of child welfare professionals is to help motivate parents to address their own needs so that they can more safely and effectively raise their children.

55 – 75 minutes *Presentation 13: Motivational interviewing techniques; Strategies for family engagement in services; Building rapport; Resources and supports for families* 20 min.

Deliver scripted presentation on motivational techniques and engagement strategies. **Slides IV-15 through IV-26.** This presentation describes a variety of approaches to motivating parents to engage in services that will help them address substance use and/or mental disorders. 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.

75 – 95 minutes *Facilitated Group Discussion* 20 min.

Depending on the time available and the way the conversation develops, use one or both of the following discussions during this time.

DISCUSSION 1: Begin the discussion by asking, "The change process is unique for each person affected by substance abuse and/or mental disorders. What is your threshold for acceptable progress toward change to you as a person? What is your threshold for acceptable progress toward change to you as a child welfare professional?"

To stimulate discussion, you might ask any of the following questions:

- When a caregiver is confronted with the child safety consequences of their substance abuse or mental disorder and does not immediately agree to change, how do you feel?
- When a caregiver indicates an eager desire to change, how do you feel?
- What basis do you use to decide how much you trust the caregiver’s expression of a desire to change problematic behaviors, whether they are reluctant or eager?

The GOAL of this discussion is to help participants think about their own reactions to an individual’s motivation to change while listening to others share their reactions. Try not to let one participant dominate the discussion; draw in others to the discussion.

DISCUSSION 2: What is your experience, personal or professional, with relapses? How are you affected by that experience?”

To stimulate group discussion, you might ask the following:

- Persons with substance abuse disorders may be successful in abstaining for a short or long period of time, and then may relapse. Persons with mental disorders may manage their disorder without difficult symptoms for a short or long period of time, and then re-experience their symptoms. How does that unpredictability affect you?
- When they relapse, how do you relate to them?
- How do you trust them?

The GOAL of this discussion is to help participants better understand their own attitudes about persons who appear to backslide in their recovery process, possibly preparing them to set those attitudes aside and be more helpful to certain parents during and after relapse. Try not to let one participant dominate the discussion; draw in others to the discussion

To bring closure to this discussion, mention that relapse is often a part of a forward recovery process for many persons with substance use and/or mental disorders and does not automatically mean they have “failed” in their recovery. Emphasize that ASFA timelines put a lot of pressure on parents to change quickly, making their motivation to change a key factor in their recovery and reunification with their children (if that is a case goal). Child welfare professionals can effectively help parents find and sustain motivation to change.

95 – 110 minutes *Break* 15 min.

110 – 135 minutes *Presentation 14: Screening and assessment of disorders; case planning* 25 min.

Deliver scripted presentation on screening and assessment of substance use and/or mental disorders and using such information in case planning. **Slides IV-27 through IV-51**. 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.

135 – 155 minutes *Facilitated Discussion of Case Vignette* 20 min.

To finish up: Ask participants to organize themselves into smaller discussion groups with 5-7 people in each group. Then ask the small groups to discuss the Vignette for a few minutes, specifically talking about

- Levels of seriousness indicated in the vignette;
- The type of screening that needs to take place; and
- What is expected from the screening process?

After just 9-10 minutes, ask them to bring their attention back to the larger group (no need to move seats again) and ask them to share a bit from their small discussion groups. In particular, ask them, "How can workers most effectively help a parent get the treatment they need while ensuring child safety?"

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 may be the key professional in helping a particular family obtain the help they need to successfully remain together or be reunited. Challenge them to look for opportunities to play that key role in the families they currently serve

155 – 160 minutes Closing Discussion 5 min.

Briefly review the areas that have been covered in this training session, focused on engaging and motivating parents and caregivers. 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 whether they have changed any personal attitudes as a result of this session. 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, remind them of what comes next, and when.