Engaging Parents in Treatment, Recovery and Parenting: Effective Strategies

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A Problem Exists

• Parents entering the child welfare system with substance abuse issues often fail, which leads to:
  – Decreased Reunification
  – Children raised in foster care
  – Increased fiscal demands
Sometimes Child Welfare and Substance Abuse Treatment are Worlds Apart
Purpose Of Utilizing Substance Abuse Recovery Specialists

- Reduce costs of out-of-home placements and/or reduce time of children in foster care
- Remove barriers and improve linkages between CWS and treatment to better serve clients
- Improve the capacity of CWS to serve parents with substance use disorders
- Increase collaboration between agencies
- Ensure reasonable efforts
Purpose Of Utilizing Substance Abuse Recovery Specialists

- Decrease time to assess and enter treatment
- Increase compliance with treatment
- Increase 12 month permanent placements
- Increase family reunification rates
- Decrease time in foster care
Primary Substance Abuse Specialist Function

Engaging Parents into entering treatment and supporting them through treatment completion

WHY?

Without treatment most parents with genuine substance abuse issues will most likely fail leading to increased time away from home, foster care etc.
Models of Collaborative Practice

- Paired Counselor and Child Welfare Worker
- Counselor Out-stationed at Child Welfare Office or Court
- Parent Mentors
- Substance Abuse Specialists
- Multidisciplinary Teams for Joint Case Planning
- Family Drug Treatment Courts
Regardless of Model - Engagement Strategies are Universal

Goals For Parents

• Attend all required group and individual alcohol and drug treatment sessions
• Attend all scheduled Recovery Specialist (mentor etc.) meetings
• Attend specific number of AOD support / 12-step meetings weekly
• Attend all required AOD activities
• Complete all AOD requirements of the court
• Drug Test Randomly
• Produce negative drug tests
The Big Four

- Drug and Alcohol Testing
- Treatment
- Recovery Support Groups
- Specialist Contacts
Primary purpose is to facilitate entry into treatment

Upon assessment help parent make phone call to treatment for initial appt

Provide treatment documents such as brochure or program rules

If known, provide parent with treatment days and times – written (pocket calendar is best)

If needed provide number, documentation etc. of public transportation

Supply a map to treatment facility (best practice take them to facility the first time)
Treatment
Programmatic

- How will attendance be monitored - tracking sheets, phone calls. (Best practice, parents have facility sign treatment forms)

- Case Conferences essential with treatment provider, Recovery Specialist, social worker

- What occurs when treatment is missed?

- What happens when treatment differs from Recovery Specialist
Recovery Specialists must familiarize themselves with all aspects of treatment.

Train treatment providers in role of Recovery Specialist, Child Welfare and Drug Court.

Program Director or Supervisor available for ALL situations.

Treatment trumps Recovery Specialist in all situations, RS never interferes.
Substance Abuse Specialist Contacts
Clinical

These serve as the foundation for the relationship between parent and specialist.

Should begin with intensity and frequency and taper down as case progresses (When possible, meetings should cater to parent needs – treatment, home, work etc.).

Utilize these contacts to collect paperwork and needed info – reduce impact.

Unlike other requirements, allow for some deviation (only if testing would not have occurred).
Substance Abuse Specialist Contacts

Programmatic

- Budget will dictate Specialist ability to travel
- When possible arrange for contacts to occur at treatment (two birds with one stone)
- Although flexible, hold parent accountable
- Use contact time wisely – listen, listen, listen
- Be prepared to change your schedule
Once again, treatment provider relationship is vital if contacts are to take place there.

Explain that specialist should never interfere with treatment plan.

Take head honcho of treatment to lunch – really.

Every member of team should have working knowledge of each provider.
Attendance of Support Groups
Clinical

- Overcome resistance to attendance by fully explaining nature of meetings attending
- Using meeting schedule, highlight meetings close to home work etc.
- Highlight meetings with childcare or any other special need
- Utilize buddy system – other parents or alumni can attend meetings with parent
- Steer parents to beginner meetings and sober functions

Explain to parent the need to attend these meetings – treatment is finite but meetings offer lifelong support
Attendance of Support Groups
Programmatic

- Specialist must be familiar with 12-step and any alternative support groups – not all meetings are equal
- Define for your program what support groups are acceptable
- Meeting signature forgery and how to address
- Entire team must be together in holding parent accountable for attendance
- Be flexible and lower meetings for some circumstance – children returned, work increases etc.
- Create unique meeting attendance card
- Stay current on law pertaining to 12-step attendance
Attendance of Support Groups
Relationship Building

Have training for child welfare and court on 12-step and support groups

Supply actual 12 steps to team, particularly bench officers
Drug and Alcohol Testing

Clinical

From the start, set parent mindset regarding testing. Tests are used to provide proof of compliance. System already knows about substance abuse problem.

Demonstrate how honesty about use helps case. Social Worker and Court perception.

Explain in detail the method of testing used. Help the parent understand what exactly they are being subjected to.

Remember – Always allow for honesty first!

Thoroughly explain consequences of deception – worse than positive test.

Always allow for honesty first!
Drug and Alcohol Testing

Programmatic

How does your system test?

If Specialist is testing parents - what is policy for admitting etc.?

First and foremost drug testing is a therapeutic intervention

If only by lab, make sure trainings are held with the lab

Set up main contact with lab to resolve conflicts (tardy/missing results etc.)

Testing should always be random & observed

For Drug Court and compliance purposes – initial test is not used
Drug and Alcohol Testing

Programmatic

Set policy for marijuana users – 3 negatives constitute clean – levels increase/decrease

If possible, test at treatment facility and or home

Always remember chain of custody

Employee policy is non-negotiable

Notify child welfare immediately of positive test when children are present

Train for falsification/dilution/stories (methods of deception)
Drug and Alcohol Testing
Relationship Building

• Training on testing must be completed with all stakeholders – court, treatment, child welfare & attorneys

• Take head honcho of lab to lunch - Really
How Can You Make All Of This Work?

- Cross training and training on how to use the specialist
- Specialists’ background and expertise
- Location of specialist
- Specialist works with client throughout length of case
- Collaborative relationship and constant communication
- Buy-in from different systems
- Integrative practice
- Sustainable funding
Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts: Considerations for Program Designers and Evaluators

- Training
- Hiring
- Leadership
- Funding
- Evaluation
- Site Location