

The Integration of Services Training Series

MODULE 4. SUBSTANCE ABUSE

Session 2: The Screening and Assessment Process

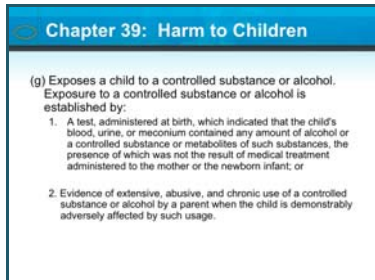
SLIDE 2-1: SESSION TITLE SLIDE



Summarize:

- In the last session, we discussed many of the dynamics associated with substance abuse.
- In this session, we'll turn our attention to one of your first, but also on-going responsibilities for working with families – screening for substance use and abuse by family members, and following up with the assessment by the treatment professional.

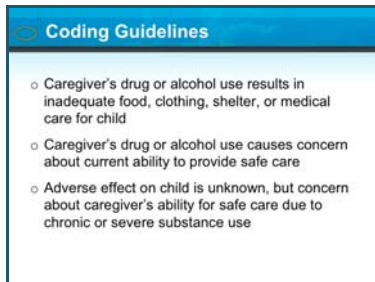
SLIDE 2-2: CHAPTER 39



Say:

- *This session will help you to determine whether the second part of the Chapter 39 definition of harm to children applies to a family.*

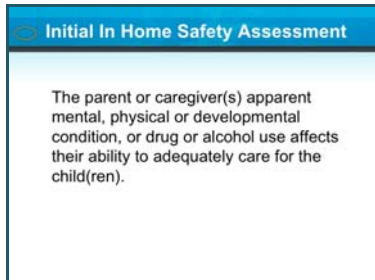
SLIDE 2-3: CODING GUIDELINES



Say:

- *This definition converts to Substance Misuse – Neglect in the maltreatment allegations.*
- *We'll be talking about some of the coding guidelines for Substance Misuse, particularly these three.*
- *This session will also apply to the Initial In-Home Safety Assessment, item A. 9.*
- *Also, this session will pertain to the family assessment, particularly adult behavioral health factors pertinent to substance abuse.*
- *Our focus in this session, and for the training program as a whole, will be on parental substance abuse. For children and youth, we'll mainly be addressing the impacts of parental substance abuse on them and some treatment considerations to help them with those impacts.*

SLIDE 2-4: SAFETY ASSESSMENT



SLIDE 2-5: TRAINED EYE

Trained Eye

You are not responsible for determining that a family member has a substance abuse disorder; **your job is to suspect that substance abuse may be present and to use your skills to engage in useful conversations.**

5

Ask:

Let's start by clarifying some terms. Regarding working with families with potential substance abuse issues, what is the difference between a screening and an assessment?

Get responses until the terms are fairly well differentiated and/or the responses drop off.

Summarize:

- Screening is a combination of historical information-gathering, observation, interviews, and the use of a standardized set of questions, to determine the risk or probability that a parent has a substance use disorder, and whether more in-depth assessment by treatment professionals is needed. Screening can be conducted by people who are not substance abuse experts.
- Substance abuse assessments, at a minimum, determine the nature and extent (type) of substance use (assuming there is one), report the substance use history, determine if substance abuse is present, identify where the person's readiness to change, and suggest treatment goals and services. The assessments are conducted by substance abuse treatment professionals.

SLIDE 2-6: OBJECTIVES

Objectives

- Conduct the screening process: historical information gathering, interviewing, observations, and standardized screens.
- Summarize the purposes and structure of assessments.
- Build parent motivation to participate and team member collaboration

Say:

- *In this next session, we'll learn about the screening process, including gathering relevant information before meeting with the family, then the observations, interviews, and standardized screening instruments you do with the family.*
- *Then, we'll go over the structure of substance abuse assessments and how the treatment professional uses them to plan treatments.*
- *Finally, we'll address the CPI/DCM and other team members can build parent motivation and team collaboration into the screening/assessment process.*

Say:

You may remember from the Family Centered Practice Training on family engagement that we emphasized using a records review prior to meeting the family if information is available.

Refer the participants to Module 4, page 8 in their Participant Guides—Records Review: Confidence-Building Questions.

Summarize:

- Doing a good records review includes asking yourself “family individualizing questions,” as presented in your Participant Guide.
- We won’t take the time to review these now.
- Remember, though, that this type of record review can give you confidence that you have done what you can do to prepare. This confidence, being more sure of yourself, can “rub off” on you and the family to encourage yourself and the family to believe that something positive will come out of this intervention.
- In other words, start the collaboration process with the family as you do your record reviews.

Say:

- *Historical information gathering will also be useful when you start to work with a treatment professional as part of collaborating on the substance abuse assessment for the family member.*
- *So, while you are conducting your initial information gathering at the start of a case and you come to suspect that substance use or abuse may create an unsafe environment for the child, be thinking about the information that you may need to provide to the substance abuse treatment professional.*

Ask:

What types of information do you think would be most useful to the treatment professional?

Possible responses:

- Previous arrest/police reports (DUI, child safety, etc.)

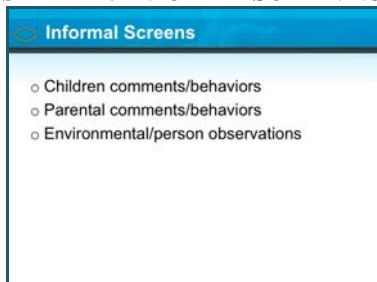
- Summaries of previous interventions by DCF or the CBC
- Previous psychological, psychiatric, and/or health evaluations and/or treatment summaries that may be in the case record
- Comments/observations from previous service providers, particularly those from substance abuse treatments

TRANSITION

With that reminder of the importance of record reviews for the engagement process and for later collaboration with the substance abuse professional, let's next discuss informal screening through interviews and observations.

INFORMAL SCREENS

SLIDE 2-7: INFORMAL SCREENING



Summarize:

- In this section, we'll be discussing how to gather information regarding substance abuse, particularly parental substance abuse, from five sources: children, parents, and the home environment, financial patterns and signs on a person's body or behavior.
- Given the high incidence of substance abuse as a factor in homes with child maltreatment, it is good practice to screen every family you visit for substance abuse involvement.



VIDEO

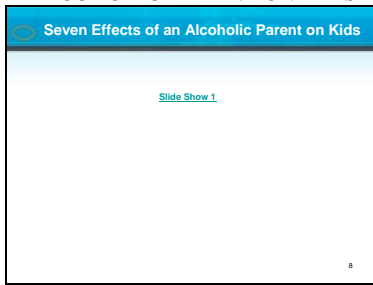


Seven Effects of an Alcoholic Parent on Kids

Introduce Video:

- To get us started, we'll watch a short video on the impacts of a parent with alcoholism on kids.
- While this video addresses alcoholism, I think you'll agree that these effects are common with many children in homes with parents or caretakers who abuse other substances as well.
- Watch for the child's behaviors and perceptions.

SLIDE 2-8: VIDEO SEVEN EFFECTS OF AN ALCOHOLIC PARENT ON KIDS



Play the video. (It runs about 03:45.)

Discuss:

- *Are the effects presented in the video pretty accurate?*
- *Are they fairly common in the children you see?*
Many of these effects may be due to a variety of problems, not just substance abuse, but still they are indicators that something is not right and therefore reinforces the need for more information and the standardized screens.

Ask:

Are there other common behaviors you see in children that may indicate substance abuse is occurring in the home?

How does your “trained eye” come into play?

You may want to record the key points of the discussion on the flipchart.



Summarize with these points:

- Children respond in different ways to parental substance abuse. Teachers and others may see a child as withdrawn and shy. Conversely, a child may be explosive and express rage.
- Some children strive to be perfect. Others become family caretakers by assuming responsibility for other siblings and by “parenting” their parents.

**Participant Guide,
Module 4, p. 9**

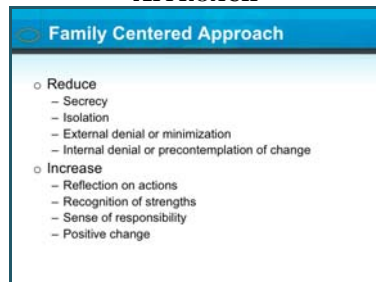
Refer participants Module 4, page 9 in their Participant Guide—Effects of Substance Abuse on Children’s Behavior.

Summarize:

- It’s important to remember that when a child is demonstrating behaviors and/or emotions that indicate reactions to the impacts of parental substance abuse, that child may not only need assistance with education and/or behavioral issues, but also with coming to grips with the impacts of the parents’ substance abuse on him/her.
- The child should be referred for an assessment of these impacts and the need for subsequent treatment.

TRANSITION

SLIDE 2-9: A FAMILY CENTERED APPROACH



- A review of the child’s academic progress and possible need for assistance should also be completed.

We’ve looked at informal screens of children; now let’s turn to the parents.

Summarize the family centered approach based on these points:

- Substance abuse, like most issues we discuss in this series, provokes great emotion. Some of the elements that are central to the substance abuse dynamic, like others to come in our series, are:
 - Secrecy
 - Isolation
 - External denial or minimization
 - Internal denial or pre-contemplation of change
- When we ask people to talk with us about their substance abuse or about changing, the very nature of the condition can lead them to cling even more strongly to the effort to keep their behavior, habit or family dynamics a **secret**.
- The nature of using Family Centered Practice is to base our intervention on first gaining an understanding and then helping the family shift how they see its function and dysfunction. Engaging families in reflection about how the parents’ actions impact on the children is central.
- Helping families internalize a more accurate and reliable sense of responsibility for keeping children safe, and in fact, knowing when the children are unsafe, can result in a lifelong shift that will protect the children long into the future.
- Families develop habits of secrecy, isolation, denial, and minimization in anticipation of attack from the outside. When we use coercive or directive techniques to address the substance abuse issue, we are doing what is expected and the substance abuser has already prepared him/herself to ward off the attack and to protect the addiction.

- This is why the confrontation approach, though it may appear to net short term gains, has gradually lost ground in the addictions community in favor of engagement along with assisting individuals in reflection and reassessment.
- In fact, most people who have an addiction have had moments, or flashes of clarity and inspiration, that have moved them to consider ending their addictive pattern or changing their use. In joining with individuals to help them more honestly tell us their struggles, we increase the chance that we will know what the individual sees as the consequences and benefits of addiction.
- Creating a defensive response moves the substance abuser's energy to resisting and protecting while engaging and building on strengths can help the same person move forward with change, knowing that s/he has redeemable qualities that we recognize and that s/he has skills and abilities that will help him/her overcome the addiction. One role is to help the family have hope that things can change.

TRANSITION

We've discussed a general family-centered approach to engage the family members in talking about not just why the agency is involved in their lives, but also to encourage them to feel safe enough to discuss their use of substances.

Next, we'll turn to what questions regarding substance use you should try to get answered.

Say:

- *What we are trying to find out in this interview is whether substance abuse may be having a detrimental effect on parenting and, if it seems so, whether the parent should be referred for a substance abuse assessment.*
- *As a trained eye, your job is to suspect and check suspect substance abuse at some level and to check through information-gathering to determine whether your suspicion is correct.*
- *Recently, standardized screens have become more common to help determine whether a person's use of substances rises to a level that warrants a referral for a substance abuse assessment.*

- *A standardized screen consists of a set of short questions to determine the risk or probability that an individual has a substance use disorder.*
- *Remember, a screening doesn't determine whether the person is or is not a substance abuser or addict. It gives you enough information to determine whether to refer the person for an assessment to determine the person's level of substance use or abuse.*

TRAINER NOTE

The choice of whether to use a standardized screening instrument, which ones are used, and when varies across the state. If you know what screens are used in the local area and when, you can either skip or quickly review the following information on when screens are used.

Say:

- *Since the standardized screens are short and the prevalence of substance abuse issues, if not disorders, is so common, it is recommended by researchers that **screens be conducted on all adults** in the household as part of the safety assessment in every investigation*
- *This recommendation extends to caregivers in possible placements and even to extended family members and family friends who may have some caregiving responsibilities for the child currently, like babysitting.*
- *Screenings should be a regular part of on-going casework, not just investigations. The screenings rely on honest replies from the person being screened. It may take some time for the person to feel "safe" in describing their substance use.*

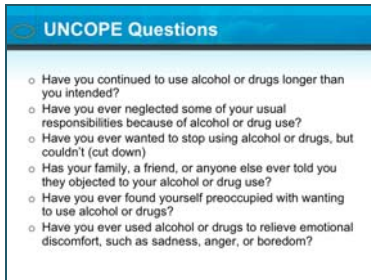
Ask:

What is the local policy regarding who and when to screen with standardized screening tools?

Discuss briefly. Obviously you can't make a recommendation that goes against policy, but you might suggest the audience advocate for a broader use of standardized screens, if appropriate.

TRANSITION

SLIDE 2-10: UNCOPE



UNCOPE Questions

- Have you continued to use alcohol or drugs longer than you intended?
- Have you ever neglected some of your usual responsibilities because of alcohol or drug use?
- Have you ever wanted to stop using alcohol or drugs, but couldn't (cut down)?
- Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

**Participant Guide
Module 4, p. 10**

With that introduction to standardized screening instruments, let's take a look at one of them.

Refer the participants to the UNCOPE questions in their Participant Guide, Module 4, pg. 10.

Summarize:

- The UNCOPE is a standardized tool – these questions must be asked and answered for its scoring to be interpreted accurately. It's short and easy to do.
- In our work with families, it is not appropriate to ask the questions in a direct manner as they are written on the instrument. The common practice is to use open-ended questions that get at the same information during the interview. Then, after the interview, to use the UNCOPE questions and the parent's responses to determine the screening score.
- UNCOPE is an easy acronym to remember the questions. It's best to ask the questions as a part of a conversation and not refer to a "cheat sheet."
- The UNCOPE is commonly used with adults.
- The scoring is straightforward, as you can see in the directions below the questions.
- As with all screens, it is important to remember that they are to be used in conjunction with other information and observations. Answering "no" to all questions does not rule out the possibility of a substance abuse problem.

Ask:

Who has used the UNCOPE screen before?

How did it work for you? What did you see as the strengths and problem areas? How did you score the results (some local areas have scoring guidelines that may differ from those recommended by the UNCOPE developers)?

Discuss briefly.

SLIDE 2-11: CRAFFT

CRAFFT Questions

- Have you ever ridden in a **Car** driven by someone (including yourself) who was high or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to **Relax**, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself **Alone**?
- Do you ever **Forget** things you did while using alcohol or drugs?
- Do your **Family** or **Friends** ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into **Trouble** while you were using alcohol or drugs?

**Participant Guide
Module 4, p. 11**

TRANSITION

SLIDE 2-12: FAMILY STORY PROCESS

Family Story Process

1. Listen to the story **not** to see if it meets the criteria for maltreatment or to evaluate truthfulness, but to clearly understand the family's perspective.
2. Listen while the story is told. Don't ask questions during the story.
3. At the end, thank the persons for telling it, then summarize it to show the family you heard what they were saying.
4. Then, you may ask questions to clarify the family's story. This is the time to check for substance abuse if it wasn't mentioned in the story – and for exceptions to substance use behaviors.

Point out:

- If there are older children in the home, including pre-teens, and adolescents in the home they should be asked about their own alcohol or drug use.
- For adolescents, the CRAFFT is a common standardized screen.

Refer the participants to the CRAFFT questions in their Participant Guide, Module 4, pg. 11.

As with the adult-oriented UNCOPE, you may ask the questions in a more indirect manner as part of the interview, and then answer/score the CRAFFT afterwards.

We've now discussed the general family centered approach to the interview and the questions regarding substance use to get answered.

Next, we'll turn to how to ask the questions in an open-ended family-centered way.

Summarize with the following points:

- Now, let's get to the specifics of using the family centered approach in talking with a parent about substance use. How do you do that?
- We recommend the family story. You learned this tool in the family centered practice training.
- You may introduce the story by saying something like this:

CPI

“Mrs. Douglas, I became involved with your family as a result of a report concerning Jan’s bruises. It helps me to hear the story directly from you. Would you tell me how it is that we came to be involved with your family, please?”

DCM

“Mrs. Douglas, as you know, I became involved with your family as a result of a report concerning Jan’s bruises. I know you talked with the Investigator about how the bruises came about, but it helps me to hear the story directly from you. Would you tell me how it is that we came to be involved with your family, please?”

Summarize:

- While the story may not immediately reveal the substance abuse issue, it lays the foundation for that discussion.
- Once the parent has told her story as to why you are involved in the family's life, you can follow up with questions regarding substance use. (*Refer to step 4 on the slide.*)
- After the family story and substance use discussion, it's a good idea to follow-up with a question or some other tool to identify the family goals for the intervention.

Ask:

How would you go about asking about substance use if the family hasn't mentioned it in the story? Assume you have picked up some indicators from your observations, information gathering, etc.

Get a variety of responses.

Suggest, as necessary, options such as:

- Ms. Jackson, in getting to know your family, I've noticed a number of signs of the use of alcohol.
- Obviously it's not unusual for people to drink alcohol... how do you use alcohol?
- I know it is difficult to talk about, but I hope you know I have your son's best interests in mind. Have you ever felt like you should cut back on your drinking or drug use – or felt bad or guilty about it?
- If drugs had been part of the report: Ms. Jackson, as you know, your sisters are concerned about your drug use. What do you see as the reason for their concerns?

**Participant Guide
Module 4, p. 12**

Point out that there are more examples of solution-focused open ended questions for starting or continuing a discussion about substance abuse in the Participant Guide, Module 4, page 12.

Say:

- *After the conversation is started, you can proceed to the standardized screening tools that we'll introduce later in the session.*

- *If the parent admits to some substance use/abuse, it is important to follow-up with exception questions. Remember, these questions give you some ideas on how to build on successes for the case plan and show the parent that you view them with some strengths and competencies necessary to be a good parent. Compliment them on those exceptions!*
- *Also, ask whether the parent has been in substance abuse treatment before. If so, ask them what worked for them and what didn't from that experience.*

Ask:

You are out there dealing with these issues every day. What have you learned to do – or not to do – to encourage a parent to talk about substance use?



You may want to record the responses on a flipchart. As the responses are given, probe for things like:

- How they use other conversational topics to get parents talking in ways that may lead to substance abuse indicators.
- Things they've learned not to ask.
- Ways they've learned to sequence interviews, separate the parents for the interviews, and other tips to make the informal screens more effective.

Materials:

Blank flipchart paper – one page per group
Markers

**Participant Guide
Module 4, p. 10**

ACTIVITY 2-1: Open-Ended Screening Questions

PURPOSE: To develop open-ended questions to ask as part of the substance abuse screening interview.

TIME: 20 minutes

DIRECTIONS:

1. Divide the participants into groups of three.
2. Refer them to the UNCOPE questions in their Participant Guide, Module 4, pg. 10.
3. Assign each group one UNCOPE question. (If you have more groups than questions, have some groups work on the same questions.)
4. Tell them their task is to come up with 1-3 family centered, open-ended questions a CPI/DCM could ask to encourage a parent to talk about their substance use. The issue of substance abuse may or may not have been part of the report.



5. Give them 5-10 minutes to develop their questions and write them on the blank flipchart paper.
6. Have the groups report on their questions, going in order through the UNCOPE questions. As the groups report, encourage the participants to suggest variations on the questions.
7. Post the flipchart pages in a group on the wall.

**Participant Guide,
Module 4, p.13**

Refer the participants to the information in their Participant Guides, Module 4, page 13—The Effects of Substance Abuse on Behavior and Parenting.

Use this information as a summary for the parental or caregiver informal screens. Mention that interview questions can be generated from the general and parenting effects.

Add any specific points that were contributed during the whole group discussion.

TRANSITION

Next, let's discuss how you conduct your informal substance abuse observations of the home and the person's body – marks, appearance, movements, etc.

Ask:

What have you learned to look for as you are surveying the home? What are your red flags for possible substance abuse?

You may want to list the responses on the flipchart.

Discuss briefly with the group.

Ask:

What do you look for on the person's body or in their behaviors as they talk with you?

Again, you may want to list the responses on the flipchart. Discuss briefly with the group.



**Participant Guide,
Module 4, p.16**

Refer to the Participant's Guide, Module 4, page 16—A Beginning List: Common Home Indicators of Substance Use or Abuse. Point out the ones that have not been mentioned by the participants.

Point out that while we have focused on the red flags, it is just as important to intervention success to look for and identify family member **strengths** that are evident in the home environment. These can be “built on” during interventions.

TRANSITION

We’ve now discussed some ways to conduct informal screenings for substance abuse, particularly by parents. Next, let’s see if we can apply those questions and techniques to a practice case.

Materials:
Handout 2-2A
Handout 2-2B

ACTIVITY 2-2: Screening Interview

PURPOSE: To practice using open-ended and solution focused questions to talk with a parent about their possible substance use, gathering sufficient information to complete the UNCOPE screening instrument.

TIME: 25 MINUTES

DIRECTIONS:

1. Have the participants re-form their small groups of three that they used in the previous activity on creating open-ended UNCOPE questions.
2. *Distribute Handout 2-2A: Family Background Information, one per person.*
3. Assign one person in each group to be the mother (Sonia) and the other two to serve as CPI/DCMs. (One will actually conduct the role play with the mother, but the other one should help, as needed.)
4. Have the people playing the mother come together to discuss how they will play the role. *Give the “mothers” Handout 2-2B: Sonia, their role description.*
5. Tell the CPI/DCMs that they are to come up with up to three questions to ask Sonia derived from the UNCOPE questions they worked on in the previous activity. (It’s likely that they will need to modify the original questions to better fit Sonia and her situation.)
6. Give the groups up to 10 minutes to prepare.

7. Have the small groups “regroup” and conduct their role plays. Encourage them to “fill-in” with questions, comments, compliments, etc. to make the interview feel more like a regular conversation; they shouldn’t just ask the three questions. If the CPI/DCM asks an overly confrontational or coercive question, “Sonia” is to cross her arms in front of her. The CPI/DCM will need to rephrase the question.
8. To process, go round robin through the groups, starting with the first UNCOPE question. Have the CPI/DCM from each group report the questions asked and summarize the mother’s responses. Determine whether the responses constitute a “yes” or “no” to the UNCOPE question. (As necessary, ask how questions could have been asked in a different way – or make suggestions – to improve the quality of the group-developed questions.)
9. Discuss the overall results: Should Sonia be referred for a substance abuse assessment based on the prior history and interview results?
10. Collect the trainer handouts. Conclude the activity.

TRANSITION

We’ve finished the training on informal screening through historical information gathering, interviews, and observations.

Summarize:

- Standardized screens are easy to use and have been validated to detect substance abuse problems when they exist.
- That is, of course, when the respondents give accurate information. Early in a case, particularly, families may feel that disclosing their substance abuse disorders will jeopardize their chances of retaining their children. Although families may not reply honestly to screenings during initial investigations, it is likely that indications of substance use disorders will emerge as CPI/DCM’s become more familiar with family histories and develop a trusting relationship with the family members.
- The screens are not intended to be diagnostic; they, along with supporting information and observations, can be used to make appropriate referrals for assessments by treatment professionals.

- The screens can also help you to determine to include a Family Information Specialist on your intervention team, if they are available in your area and this involvement is within their guiding policies.

TRANSITION

You now have completed the informal screens for substance abuse.

Next, we'll conclude the screening portion of the session with a short discussion on following up on the screening results.

SCREENING FOLLOW-UP

Ask:

When you finish your screening and your sense is that there is some reasonable risk of substance abuse, what do you do next as a CPI? What about as a DCM?

Conduct a short discussion around the answers you receive. Consider adding the following points if they were not brought out in the discussion.

Summarize:

- Ask the person whether he/she has been in substance abuse treatment before. If yes, check with the treatment program or Family Information Specialist (FIS) as to whether the treatment was completed.
- For a CPI, if the screening process indicates substance abuse risk, it is important to check for protective factors that will influence the immediate child placement decision. These include whether:
 - The family has safe and sober relatives and friends.
 - The family has a plan to call a safe and sober person if abstinence is threatened.
 - The family has identified a place where the child can stay if the parent intends to use substances.
 - The parent has identified a place to go if he or she uses substances.
- If the screening process indicates risk of substance use, follow your local procedures for making the referral, including using the local FIS as possible.

- Alternatively, assist the family in selecting an appropriate treatment center (or, if only one option, a counselor within the center, as possible). Jointly call to schedule an appointment or provide a contact person and number for the family to call.
- Also, clearly explain the assessment process to the parent –its length, types of information gathered, decisions made, etc. (This is explained more fully in the next section).
- If the family is unwilling to pursue an assessment, talk with your supervisor about including the assessment in your court order recommendations.
- If the adult or a child that is abusing substances is an immediate danger to himself or others, consider protecting him/her and others through the Marchman Act. Follow your local procedures or contact the local treatment center about how the Marchman Act is handled in your area.

BREAK!

Take a 10-15 minute break here.

ASSESSMENTS

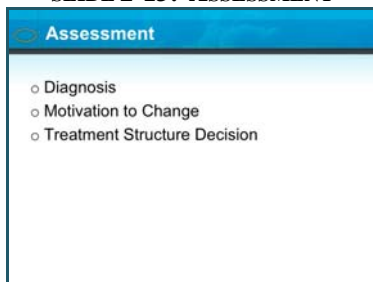
Say:

- *In the next segment of the training, we'll be discussing the assessment process – and the roles of the various people involved – you, the parent, the treatment professional, and informal supports – in that process.*
- *First though, let's talk for a few minutes about what the substance abuse assessment is and how it contributes to the case and treatment plans.*
- *Bear with me – this will be a lecture, though feel free to ask questions as I present.*

Summarize from these points:

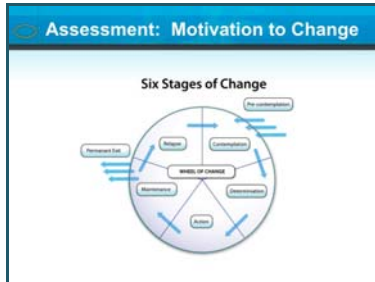
- Assessments are conducted for a variety of purposes, including diagnosis of a substance abuse disorder. Remember from module 1 that there is a substance use continuum from use to abuse to addiction (dependence) and that the DSM-IV considers abuse and addiction to be substance abuse disorders.

SLIDE 2-13: ASSESSMENT



- To make the diagnosis, a treatment program may rely on clinical judgments of staff based on interviews or it may use standardized commercially available instruments, or even locally developed tools to standardize their diagnostic and assessment process.
- The information you provide to the treatment professional about the parent is considered, as well.
- In sum, the assessment tools guide clinicians in conducting structured interviews that cover all of the DSM-IV-TR abuse and dependence (addiction) criteria.
- The interviews generally take 30 to 45 minutes to complete.

SLIDE 2-14: MOTIVATION TO CHANGE

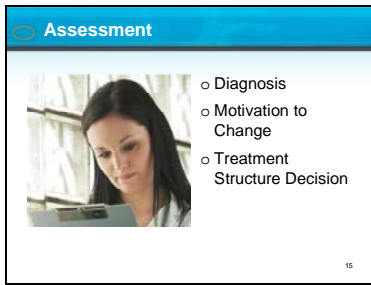


Summarize:

- A key factor in assessing people entering substance abuse treatment services is ascertaining their motivation to change.
- The model of change used most commonly in treatment settings is the one you see here, and the one we introduced earlier, the stages of change model.
- The idea is that change is a six stage process that people go through as they try to change patterns or behaviors that have caused problems in their lives. Over a period of time, people progress from one stage to the next, even though they may occasionally lapse back to a prior stage. In other words, these lapses are not necessarily failures; they are part of the normal process by which people change.
- The treatment professional identifies where the parent is in the change process through a variety of interview questions – and the information you provided about the parent can help the professional address the issues associated with substance use and change.

Mention that we will build on this model later in this session and in the next session on treatment and recovery.

SLIDE 2-15: ASSESSMENT



**Participant Guide,
Module 4, p.17**

Summarize from these points:

- The last major component of the assessment involves making a decision regarding appropriate treatment.
- A common reference used to make this decision is the *American Society of Addiction Medicine’s Patient Placement Criteria – 2nd Edition Revised (ASAM PPC-2R)*.
- Refer to Participant Guide, Module 4, page 17— Matching Treatment to Person. The criteria to determine treatment needs and the environment required for treatment (e.g., outpatient, residential, etc.) are:
 - o Intoxication/withdrawal
 - o Medical conditions
 - o Mental health conditions
 - o Stage of change/motivation
 - o Recovery/relapse risks
 - o The recovery environment.
- Assessing along these dimensions, the clinician determines the person’s substance use/abuse functioning, needs, and strengths. This information leads the clinician to make a recommendation regarding the amount of structure that may be needed to support the individual’s recovery.

TRANSITION

That’s the nature of substance abuse assessments. Now, we’ll discuss how to work collaboratively to motivate the parent early in the treatment process.

ROLE AND GOALS

Say:

Let’s take a moment to talk about you and your goals in a maltreatment case with substance abuse involvement now that the screening process is completed.

Ask:

Based on what we’ve discussed so far in this training, what do you see as your main goals with a maltreatment case that involves substance abuse by a parent?



Think about from the perspective that you have screened for substance abuse and the feel there is most likely substance misuse in the household. What are your main goals from that point forward?

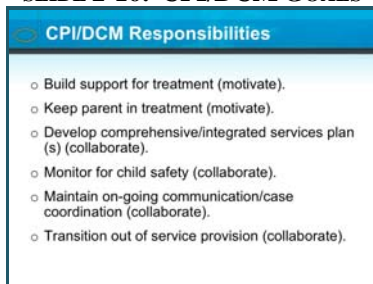
You may want to make a list on the flipchart.

Discuss the roles briefly as they are suggested.

TRAINER NOTE

As you summarize the slide, relate the items to the participants' list. Point out that the list on the slide may be a more restricted list, but we want to focus on responsibilities we can address in this module.

SLIDE 2-16: CPI/DCM GOALS



Summarize from these points:

- You can see that while you have a good number of goals, they come down to a few major ones: **motivating** the family and getting help with the case – or **collaboration**.
- Collaboration is more than networking or cooperation. It means forming a partnership – a mutually beneficial and well-defined relationship set up to achieve common goals.
- From here on out, we'll be talking about a mix of practical and ideal suggestions regarding motivation and collaboration. We've tried to focus on your day to day jobs, not system change.
- System change ideas will be addressed more directly in Module 5 of this training series.

TRANSITION

With that general understanding of your role, let's talk about how you can build motivation and collaboration into the case process following the screening process.

SLIDE 2-17: SIX STAGE CHANGE PROCESS



Summarize the model from the following points:

- Here's is the change process we will use to guide us through the rest of this training, as introduced earlier.
- While it is certainly the standard in substance abuse treatment, it can be a useful tool for working with families on a variety of problem behaviors.

- By motivating and supporting parents through changes using this model, the parent learns he or she has the ability to change. This understanding builds the self-esteem and feelings of competence that are essential to developing a more productive life for the parent – and a safe and healthy home for the child. Success breeds success.
- Motivation is not a personality trait; rather, it is a dynamic state that can be modified.
- How important is motivation? Essential. Research indicates that most addicted individuals need at least **3 months in treatment** to significantly reduce or stop their drug use. And, as you remember from the change discussion at the beginning of the training – we all need help to make and keep that kind of commitment.

**Participant Guide,
Module 4, p.18**

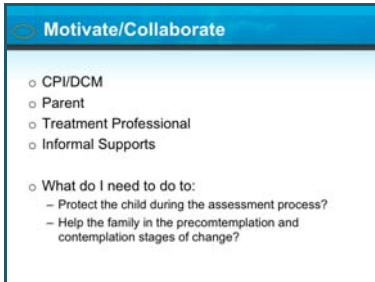
Refer the participants to their Participant Guide, Module 4, page 18—Stages of Change and Motivational Tasks.

Lead them through the descriptions of the stages of change and the general motivational tasks.

TRANSITION

Let's see how we can apply this model to your work, focusing first on the referral and assessment process. We'll also be focusing on the pre-contemplation and contemplation stages of the change wheel.

SLIDE 2-18: MOTIVATE/ COLLABORATE



Materials:
Flip chart paper
Markers

**ACTIVITY 2-3: Change/Collaboration
Responsibilities**

PURPOSE: To identify the roles of various members of the family team to protect the child, motivate the family, and collaborate as a team during the assessment phase of an intervention.

TIME: 20 MINUTES

DIRECTIONS:

1. Divide the participants into four small groups of 5-6.
2. Show the slide. Tell the participants that motivation and collaboration involve these four groups. The questions for each group are: What do I need to do to protect the child during the assessment process? What do I need to do to help the family in the pre-contemplation and contemplation stages of change?

3. Assign each group one “audience” segment from the slide. Give each group a sheet of flipchart paper.
4. Tell them that each group is to answer the questions for their segment. Have them write their suggestions on the paper and select a reporter.
5. Tell them they will have 10 minutes to generate their lists.
6. Use the group lists as indicated below to link the training points tied to each segment.

TRAINER NOTE

Have the parent group give their report. Discuss their list briefly as a whole group.

*Say that we’ll be addressing how the CPI/DCM can motivate and collaborate with the parent to complete their responsibilities, focusing on **following up on the referral – going in for the assessment.***

Materials:
None

ACTIVITY 2-4: Motivating for the Referral/Assessment

PURPOSE: To practice using motivational techniques with a parent to get them a substance abuse assessment.

TIME: 30-40 MINUTES

DIRECTIONS:

1. *Summarize:*

- “Let’s talk about how to motivate a parent to get a substance abuse assessment. I’m going to be the CPI/DCM. But, I’m going to need your help as I hold this conversation with the parent. The parent is Sonia, the mother from the practice case we used in the screening activities.
- To get your help, I’ll ask you to help me ask the right questions and ask the questions from a family-centered perspective.
- Remember, I’ve already talked with the mother regarding her family story and other aspects of substance use. We’ve begun the engagement process and I’ve completed the screening with her.

- I'm ready to talk about three things: my concern for the safety of her children (not just from the substance abuse, but also their health), the timeframes of the Adoptions and Safe Families Act which the agency must follow, and the importance of getting a substance use assessment.
2. Ask for a volunteer to play the mother (or use the co-trainer).
 3. Refer the participants to the motivational tasks of this conversation, as presented in the Participant Guide page 18 discussed previously. Tell them they can use this page to think of ways to help out during the interview.
 4. Conduct the discussion. As you do, involve the class at different points in the discussion by saying things like:
 - I want to increase the mother's perception of the risks of her current behavior, particularly with regard to the safety of her child and the timeframes we face to make a decision regarding permanency. She needs to get the assessment in a timely manner. Can someone help me out? How do I get started? (*You can get a couple of different responses. Choose one and say it to the mother to continue the conversation.*)
 - I don't like way what I just said came out. I could see the mother was a little taken aback. What should I have said? (*Follow-up as before.*)
 - I know what the mother just said reflects a strength I want to recognize. What should I say to her?
 - I sense that she is ambivalent about the agency's involvement in her life. How can I use that ambivalence to get her thinking about the positives of changing, not just the negatives? What should I say next?
 - I want to explain how the assessment process works to make her more comfortable. What should I say?

- How can I tell her that I respect how difficult change is and that she's had some success already? (*Example: For many people getting control of their substance use can be a lifelong issue . . . it's hard to do. But, let's move forward . . . you've already started on this journey by trying to stop before; it's common to try but not be able to stop, especially on your own. We'll work together, but we need to get a better understanding of what you need and what will work best for you to stop. The assessment can help us a lot with that.*)
5. **Discuss** the conversation with the participants through questions like:
- ***How did I address the pre-contemplation stage with the mother?***
 - ***How did I address the contemplation stage? What questions did I ask?***
 - ***What did I do to keep the mother engaged during the conversation . . . how did I build trust and show empathy?***
6. Conclude by emphasizing that effective referrals begin with recognizing where the parent is in the six stage change process and using relevant motivating questions and discussions that move them to actions that encourage child safety and their own well-being.

TRAINER NOTE

Have the treatment professional group give their report. Discuss their list briefly as a whole group.

Say that we'll be addressing how the CPI/DCM can motivate and collaborate with the treatment professional to complete their responsibilities, focusing on:

- *Giving them the information they need*
- *Getting the information you need*

TRANSITION

Let's get started with exchanging information or confidentiality issues. This is an important step for building collaboration between you and the treatment professional into the referral/assessment process.

Ask:

To what degree is getting consents for information sharing for a parent receiving substance abuse treatment a problem for you? Are you successful in getting the consents in a timely manner? What seem to be the main problems in getting consents?

Discuss responses.

TRAINER NOTE

If you are in a location in which sharing information through consents is not a problem, skip this section or briefly summarize.

If the problems go beyond the scope of this training, system issues are possibly involved. You can decide on whether to talk about some possible solutions now or tell the participants that those issues will be addressed more directly in Module 5.

Summarize from the following points:

- Treatment for alcohol and drug abuse, including assessments, is the only client counseling area governed by Federal confidentiality regulations (as opposed to state laws).
- The treatment confidentiality requirements are strict to encourage people to enter treatment without fear of public judgment that could bring about harmful results. For example: being fired, losing housing, being denied benefits or services, or losing parental rights.
- Due to the stringent requirements, the best course of action is to understand clearly upfront what the requirements for consents are for the specific treatment program/facility, and then follow those requirements.
- In most cases, you will need to use the consent forms designed or approved by the treatment provider.
- Also, as challenging as it may be, you will need to work with the parents to obtain permission to share information about the type and progress of substance abuse treatment. As mentioned in the family centered practice training, you will often need to establish trust to engage the families to a point that they are willing to sign the consent form.

TRAINER NOTE

If the participants have reported that it is difficult to get parents to sign consent forms, you may want to take a few minutes here to have some volunteers describe how they have worked successfully with families to get them to sign the consent form.

Summarize:

- While it is ideal to get consent early in a case, it's better late than never. As your relationship develops with the family, watch for your opportunity to get their consent for sharing information with the treatment professional. (It may help the parents to know that they can revoke the consent if/when they want.)

Say:

Assuming consents are in place, let's turn to information to give to the treatment professional that will be doing the assessment.

Ask:

What information would be useful to help the treatment professional do the best possible assessment of the parent?

Suggested responses:

Say:

As we mentioned previously, these include things like:

- *Previous arrest/police reports*
- *Summaries of previous interventions by DCF or the CBC*
- *Previous psychological, psychiatric, and/or health evaluations and/or treatment summaries*
- *Comments/observations from previous service providers*
- *Your informal and standardized screening results*

Summarize from these points:

- As a family member may still be in the precontemplation stage even while they are at the assessment, this information can be useful to help the treatment professional develop a more open discussion with the parent – and to better interpret the assessment results.

SLIDE 2-19: CPI/DCM ACTIONS



- It is best to discuss the information with the treatment provider, rather than just turning over the reports. Collaboration builds on conversations – sharing ideas, asking questions, etc. – getting to know one another and the requirements/perspectives of your agencies.
- This information exchange not only helps the treatment professional in the assessment, it establishes a pattern of communication that will help throughout the case.

Say:

You can motivate the treatment professional to help you in this early stage of the case by expressing clear expectations of what you need from him in terms of the assessment results.

Ask:

What do you look for in the assessment results?

Discuss some responses. Add the following, as necessary:

- Level of risk to the child based on the parent’s substance abuse and/or other behaviors/conditions.
- Suggestions for a plan for the immediate safety of the child
- An assessment report that give clear guidance for what type of treatment is necessary . . . and what other services and supports may help the parent and where the parent is in the change process.

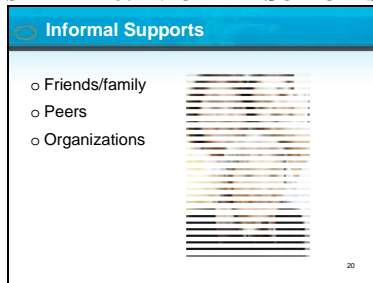
TRAINER NOTE

Have the informal supports group give their report. Discuss their list briefly as a whole group.

Say that we’ll be addressing how the CPI/DCM can motivate and collaborate with informal supports to complete their responsibilities, focusing on:

- *Supporting the parent at the start of the treatment process*

SLIDE 2-20: INFORMAL SUPPORTS



Say:

You are familiar with informal supports. These include people like friends, extended family; or peers, such as in a self-help group; or acquaintances in organizations such as being in a church choir, working in a food pantry, etc.

Ask:

How have you been able to use informal supports as motivators for people to stay in treatment? What are some of the successes and problems you've encountered?

Discuss briefly.

Common issues may include things like:

- Confidentiality issues and the signing of consents
- Family members may have hidden dynamics that come out in family meetings and/or they may not follow up on things they say they will do.
- Family members may have given up on the person.
- Informal supports may “drop the ball” by not showing up for meetings or doing what they say they will do. The judge doesn't care; he/she still holds the CPI/DCM responsible. This makes using an informal support risky.
- Some possible informal supports, though now “clean” may have a substance abuse history and that may make them problematic to use.

Conclude:

- Well-established informal support groups, such as the 12-step programs for alcohol and drug abuse can generally be used to motivate a parent without many of the concerns associated with friends and family members.
- These groups frequently have self-help groups for children or other family members, not just the abusing parent.
- Informal supports with family members or friends require more judgment up front on a case-by-case basis to determine whether they are going to be a positive motivation force.

- Historically, informal supports have played a more important role as the case transitions out of services rather early to mid- intervention/treatment. However, as we know, starting on a change is extremely difficult; the right support early on can be a great help. Your efforts to identify and support the natural supports can give you “**more eyes**” on the parent and child – and make a strong contribution to the parent’s success in turning to a safer lifestyle.

SESSION CONCLUSION

Say:

- *In this session we have started discussing an important role of CPI/DCM’s: to help parents engage in and remain engaged in substance abuse treatment and recovery.*
- *We’ve started with informal and standardized screens to determine if there is sufficient risk or probability of substance abuse. If so, a substance abuse assessment needs to be conducted by a treatment professional.*
- *Given the prevalence of substance abuse in maltreatment-related cases, we have recommended that screens be conducted on all adult family members, except when substance abuse was the precipitating factor in the Hotline report, as in the case of a DUI while driving with children and the report was filed by law enforcement or it was a substance-exposed newborn.*
- *We also discussed the nature of substance abuse assessments and then how the CPI/DCM can motivate the parent to participate in an assessment – and how what might be called the family team can collaborate in the early phase of a case.*
- *In the next session, we expand on the CPI/DCM’s role of helping parents engage in and remain in substance abuse treatment and recovery.*