

**Trainer Handout 3-1A**  
**Case Planning for the Children**  
**Activity 3-2: Collaboration Practice**

*Give this handout to the participants developing the main objectives/tasks for Lisa's children, Ian and Ricky.*

**Directions:** Work together to identify the case plan's main objectives and/or tasks that pertain to the children. First, review the information on Lisa and the children you received on Trainer Handout 2-1C and the informal screening roleplay. Read the additional information and the information on needs of children in homes where parents have substance abuse disorders. Then, create your list on the blank flipchart paper.

*What objectives/tasks are appropriate for child safety and well-being? Can the plan be done without overwhelming the mother? Is there a recommended sequence of tasks? What services would child welfare provide and which would the substance abuse treatment center provide? Who would provide other needed services?*

**Additional Information**

- You suspect that Ricky, the younger son, was prenatally exposed to methamphetamine.
- At this point the CPI has determined that Lisa's children are at a moderate level of risk and that immediate removal is not necessary. She plans to petition the court for in-home services.

**Needs of Children in Homes Where Parents Have Substance Abuse Disorders**

- Children need the opportunity to identify and express feelings with a safe and trusted adult.
- Children need information about substance abuse and the disease of addiction so that they know they are not to blame.
- Children need to be screened for developmental delays, medical conditions, mental health problems, substance abuse problems, and appropriate follow-up needs to be provided.
- Children may need to participate in counseling or support groups.
- Children need consistent, ongoing support systems and caregivers who will keep them safe and help them recover over the long period of time.
- Where appropriate to the permanency plan, children need an effective visitation program between parents and children. The visitation program should enhance the children's understanding of what is occurring in their lives, and give them an opportunity to safely and positively maintain a relationship with their parents.

**Trainer Handout 3-1A, Continued**  
**Safety/Relapse Plan**  
**Activity 3-2: Collaboration Practice**

***Trainer:*** Give this handout to the participants developing the safety/relapse plan.

**Directions:** Work together to draft a safety/relapse plan for Lisa and her boys. First, review the information on Lisa and the children you received on Trainer Handout 2-1C and the informal screening roleplay. Then, read the additional information below and the information on relapse/safety planning. Next, create your list on the blank flipchart paper.

*What might be triggers for Lisa's using substances? What might be done differently? Who can help? What support would the helper(s) need?*

**Additional Information**

It has come out in Lisa's substance abuse assessment that she uses methamphetamine and drinks alcohol quite a bit more than she mentioned initially. She reports that she feels overwhelmed with all the pressures of work and parenting Ian and Ricky, especially as Ian who is beginning to act out more than he had in the past. She is also concerned about what's going to happen now that DCF is involved in her life.

The child welfare worker has talked with Lisa's eldest daughter, Anna, about helping with her mother and the boys. Anna is hesitant, but willing. Her main concern is that she's tried to help with the boys before, and her mother has always continued to abuse substances. She is a little more optimistic now that DCF is involved and her mother has gone for a substance abuse assessment.

**Relapse/Safety Planning**

Relapse planning includes: "What can a parent do differently?" For example, if emotions around holidays spent with family members result in high stress and a desire to use, what can be done differently to minimize stress? Or, what can the parent do to minimize the emotional impact of alcohol and drug use on the child? For example, one mother arranged for her daughter to participate in a weekly support group of teens with addicted parents, as the mother struggled (sometimes unsuccessfully) to maintain sobriety.

Part of effecting long-term change includes working with parents to identify the specific factors that preceded their substance use— What were the emotional, cognitive, environmental, situational, and behavioral precedents to the relapse? Parents who learn triggers can become empowered to plan proactively for the safety of their children and to seek healthy ways to neutralize or mitigate the trigger. One element in the process of recovery is to develop a relapse prevention plan and strategies.

The plan could include the following:

- Persons who will regularly check on the well-being of children, such as family members or neighbors.
- Identified safe havens where parents can send children if they feel they are going to start using substances or relapse into inappropriate behavior around and toward children.
- Persons agreed upon ahead of time, that the child can contact if the parents abandon the children or are unable to provide a safe environment.
- Monitoring of trigger behaviors that would bring safety plans into play.

**Trainer Handout 3-1B**  
**Case Planning for Lisa**  
**Activity 3-2: Collaboration Practice**

***Trainer: Give this handout to the participants developing the main objectives/tasks for Lisa.***

**Directions:** Work together to identify the case plan’s main objectives and/or tasks that pertain to the Lisa. First, review the information on Lisa and the children you received on Trainer Handout 2-1C and the informal screening roleplay. Then, read the additional information below and the information on service needs of parents in treatment. Next, create your list on the blank flipchart paper.

*What would be a manageable plan for Lisa . . . what objectives/tasks . . . in what sequence? Who would provide which services . . . child welfare, substance abuse treatment center, others?*

**Additional Information**

At this point the CPI has determined that Lisa’s children are at a moderate level of risk and that immediate removal is not necessary. She plans to petition the court for in-home services.

During Lisa’s assessment interview, Sarah, the treatment counselor, conducts a biopsychosocial assessment and takes a substance use history from Lisa to gather information regarding the risk factors that influenced Lisa’s substance use. Sarah learns that Lisa married at 17 years old to “get away from” an alcoholic father. Lisa’s mother married Lisa’s father when she was 16 years old. While drinking, which was most evenings, Lisa’s father would become physically abusive with Lisa’s mother and verbally abusive to Lisa and her older brother. In an attempt to remove herself from her home life, Lisa had several male relationships prior to her marriage at age 17.

Her first husband was the father of her two older girls, who were born when Lisa was 18 and 20. Her husband was physically and emotionally violent toward Lisa and the girls, and the marriage ended in divorce when Lisa was 24. Following the divorce Lisa began smoking marijuana occasionally and drinking 3 or 4 beers a day to “feel better.” Lisa admits she uses methamphetamine but does not believe it is a big problem in her life and doesn’t think it affects her younger children. She states, “It is just hard for me, working evenings, and making sure the boys stay on track.”

At age 33 Lisa began a relationship with Dan, and while they never married, he is the father of her two younger boys. Dan is a methamphetamine user and was convicted for drug manufacturing and sales. He has just been released from prison. Before his arrest, Dan introduced Lisa to methamphetamine, which she began using to stay awake while working her job on the night shift at an all-night coffee shop.

Sarah learns that Lisa’s housing situation is currently stable. However, Lisa feels that her night job interferes with her relationship with her boys and is an unsafe environment for anyone trying to not use drugs. She has not seen a doctor since Ricky was born. She says that her night job is

her only employment option and means of paying her rent. Lisa states that her only friends are the other waitresses at the coffee shop.

They also use methamphetamine to stay awake on the job, and after work they have a few drinks before heading home. Sarah believes that Lisa is minimizing the amount of drugs she is using and that she does not clearly understand the adverse consequences of her drug use on her own health or on her children.

Lisa admits that Ian and Ricky have been absent from school 28 days this year, but she claims they haven't been absent for the last 2 weeks.

When asked about her intentions in regard to her relationship with Dan (Ian and Ricky's father) now that he has been released from prison, Lisa admits she doesn't know what the relationship will be like now but that she is still in love with him. She also says that having another person around making money would help out a lot since now she's barely making ends meet—barely being able to pay for food for the kids by the end of the month.

During the assessment interview, Sarah uses her program's standard assessment tool. It includes questions based on DSM-IV diagnostic criteria. After weighing the information that she has gathered regarding Lisa and her family, Sarah determines that Lisa has substance dependence and Lisa agrees to enter treatment.

**Sarah plans to recommend that Lisa enter the intensive outpatient program for a minimum of 90 days with a planned transition to longer-term outpatient treatment. She will be attending 3 days per week for 5 hours, be required to randomly drug test each week and attend a minimum of 3 self-help groups each week.**

**The child welfare worker likes the idea of the intensive outpatient program and the random drug testing, but is concerned about child care arrangements for Ian and Ricky.**

### **Service Needs of Parents in Treatment**

#### *Parenting Role*

The parenting role of women with substance use disorders is a complex matter that cannot be separated from their treatment. Many of these women have not learned to be good parents, may not know about normal child development, and may have unrealistic expectations of their children (Kassebaum, 1999).

Others may have been positive parents. However, their positive parenting abilities may have been compromised because of the loss of balance and wellness caused by the addiction and as the substance abuse cycle intensified.

### *Service Needs*

Addiction treatment should be individualized. However, there are services that most parents in the child welfare system will need at various points in the treatment process. Child welfare professionals can work with treatment providers to ensure that the following critical services are provided for parents in treatment:

- Access to physical necessities, such as food, housing, and transportation
- Medical care
- Substance abuse prevention counseling
- Parenting and child development training
- Support in sustaining frequent, consistent, and safe visitation with children
- Training in childcare techniques (e.g., bathing, holding, packing a diaper bag, giving medication)
- Social services and social support
- Psychological assessment and mental health care
- Family planning services
- Child care
- Family therapy and health education
- Life skills training in such areas as financial management, assertiveness training, stress management, coping skills, home management, anger management, conflict resolution, and communication skills
- Training in language and literacy
- Planned, continuing care after program completion