



National Center on  
Substance Abuse  
and Child Welfare

**Module 4:**

Engagement and Intervention with Parents Affected by  
Substance Use Disorders and Mental Health/Trauma

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# Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

1. Understand substance use and co-occurring disorders.
2. Identify when substance use is a factor in a child welfare case.
3. Learn strategies for engaging parents and families in services.
4. Understand potential effects for the parent, children, and caregivers.
5. Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

The Training Toolkit consists of 10 modules—7 core and 3 special topics training modules:

**Module 1:** Understanding the Multiple Needs of Families Involved with the Child Welfare System

**Module 2:** Understanding Substance Use Disorders, Treatment, and Recovery

**Module 3:** Understanding Co-Occurring Substance Use Disorders, Mental Health/Trauma, and Domestic Violence

**Module 4:** Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma

**Module 5:** Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder

**Module 6:** Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders

**Module 7:** Collaborating to Serve Parents with Substance Use Disorders

**Special Topic:** Considerations for Families in the Child Welfare System Affected by Methamphetamine

**Special Topic:** Considerations for Families in the Child Welfare System Affected by Opioids

**Special Topic:** Understanding Prenatal Substance Exposure and Child Welfare Implications

The entire Training Toolkit can be delivered in a series, or each module can be delivered individually as a stand-alone training. Each module is approximately 2 hours

in length and contains a range of materials that can be adapted to meet the needs of child welfare trainers for in-person workshops or more formal training sessions. This flexibility allows the facilitator to determine the best format and timing for the training, according to the needs of the agency and staff. The special topics, in particular, lend themselves to brown-bag or lunchtime trainings.

Each module includes a Facilitator's Guide with training goals and learning objectives, a PowerPoint presentation, resources, and references. The PowerPoint presentation contains talking points and key details in the notes section of the slides. These talking points are not intended to serve as a script to read aloud to attendees, but rather as key points to highlight while presenting. Facilitators are encouraged to infuse their own content knowledge, expertise, and real-world experience to bring the training to life. NCSACW integrated discussion questions and experiential activities throughout the training sessions.

The Facilitator's Guide includes a list of resources where facilitators and participants can find additional information on related topics. Facilitators can customize content to include state or local child welfare practice information and terminology where appropriate.

NCSACW provides a free online tutorial, [\*Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals\*](#), which is a self-guided online training that complements the content of this Training Toolkit. Toolkit facilitators may encourage the training participants to complete the online tutorial to augment their knowledge. The online tutorial is approved for 4.5 Continuing Education Units.

## **Intended Audience**

The Training Toolkit contains information considered foundational for child welfare practice. The content is general enough for all child welfare workers, but it should be tailored to the audience's experience and role in child welfare practice (such as investigations, in-home services, or ongoing case management) to enrich the learning opportunity.

## **Facilitator Qualifications**

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare systems. They should be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If the facilitator does not have specific knowledge in substance use disorders or mental health, he or she should partner with local substance use and mental health treatment agencies for support.

# Terminology

Field-specific terms are used during the course of this training. To understand the purpose and intended meanings of these terms, please review the Trainer Glossary at <https://ncsacw.samhsa.gov/training/toolkit>. This glossary is also a useful resource for training participants.

## Module 4 Description and Objectives

The goal of Training Module 4 is to provide strategies that child welfare workers can use to engage individuals in the change process when there are concerns regarding a substance use disorder, mental health disorder, or trauma history. This module describes skills that child welfare workers can use to engage individuals using a family-centered approach. Participants will learn how to engage families in the child welfare assessment and referral process. Participants will increase their knowledge on assessing parents' needs to ensure a successful referral process for comprehensive assessment and treatment services.

After completing this training, child welfare workers will:

- Practice building rapport.
- Use motivational interviewing techniques.
- Recognize readiness for change.
- Explain the change process.
- Identify engagement strategies for child welfare assessment and referral.
- Increase knowledge on making referrals for comprehensive assessment and treatment services.

## Training Tips

- ✓ Partner with a local expert on substance use disorders to co-facilitate the training.
- ✓ Use the \*\*\* **bolded** discussion questions integrated in the module talking points to enrich the training.
- ✓ Highlight child welfare programs with expertise in serving families affected by substance use disorders or programs that provide family-centered treatment.
- ✓ Contact the National Center on Substance Abuse and Child Welfare for more information about using the Collaborative Values Inventory in your community.

## Materials

- ✓ Computer and projector
- ✓ Speakers
- ✓ Internet access
- ✓ PowerPoint slides
- ✓ Facilitator's Guide
- ✓ Flip chart paper or white board (for use as a visual aid during discussion)

# PowerPoint Presentation and Talking Points

Slide 1


**Module 4:  
Engagement and Intervention  
With Parents Affected by  
Substance Use Disorders and  
Mental Health/Trauma**

*Child Welfare Training Toolkit*



National Center on  
Substance Abuse  
and Child Welfare

## Acknowledgment




**National Center on  
Substance Abuse  
and Child Welfare**

*A program of the Substance Abuse and Mental Health Services Administration (SAMHSA)  
and the Administration for Children and Families (ACF), Children's Bureau*



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



**Children's  
Bureau**

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov) | [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the U.S. Department of Health and Human Services jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).



## Learning Objectives

After completing this training, child welfare workers will:

- Practice building rapport
- Use motivational interviewing techniques
- Recognize readiness for change
- Explain the change process
- Identify engagement strategies for child welfare assessment and referral
- Increase knowledge on making referrals for comprehensive assessment and treatment services

The goal of Training Module 4 is to provide strategies that child welfare workers can use to engage individuals in the change process when there are concerns regarding a substance use disorder, mental health disorder, or trauma history. This module describes skills that child welfare workers can use to engage individuals using a family-centered approach. Participants will learn how to engage families in the child welfare assessment and referral process. Participants will increase their knowledge on assessing parents' needs to ensure a successful referral process for comprehensive assessment and treatment services.

## Collaborative Values Inventory

- When a parent refuses substance use disorder treatment, they should face penalties
- A person with a substance use disorder should not be held accountable for their negative behavior
- Substance use disorder treatment will only be effective if a parent wants treatment
- The stigma associated with substance use disorders prevents parents from seeking treatment

(Children and Family Futures, 2017)

Differences in values among participants are important to recognize because they may come up in the training and with the families whom participants are working with. These questions can be asked at the beginning of this training to help understand the different values and perspectives participants bring to the training. Have a brief discussion with participants on how their individual values can affect their work with families.

**\*\*\*Review the slide questions from the *Collaborative Values Inventory (CVI)*, a validated tool that assesses how much a group shares beliefs and values that underlie its work. Participants can share their experiences or keep their answers private. Discussion should be limited to understanding value clarification instead of debating individual answers to questions. Participants' responses will fall along a continuum.**

Slide 5

## Building Rapport and Motivational Interviewing Techniques

## Building Rapport

- Acknowledging the power differential
- Establishing a relationship
- Explaining the process

(Storer et al., 2012)

When a child welfare worker meets with parents, parents are often fearful of becoming involved with the child welfare system and worried about losing their children. Acknowledging a parent's fear and concern about your role during the first meeting with a family can help establish a relationship. Be honest about your role, without making any promises.

When establishing a relationship with a family, it is important to create an environment that is open. A parent should feel respected during the process. Parents need to be able to share their perspective.

At the same time, a child welfare worker should understand professional boundaries. A child welfare worker should not share personal experiences as a way of establishing a relationship with the family.

At the beginning of each visit, it is important to be clear about why you are there. If this is a response or assessment visit, explain the process. Let families know there will be a lot of questions that your agency asks all families.

## Slide 7

### Motivational Interviewing

- Collaborative
- Nonjudgmental
- Empathetic
- Family-centered
- Focused on emphasizing autonomy

Adapted from Barbara Kistenmacher, Ph.D.

This is a short overview of motivational interviewing and is not intended to be a training on motivational interviewing. Techniques outlined in the next several slides can help participants build rapport with the families they are working with as they develop a relationship to understand the risk and safety concerns in a family.

When working with a parent, it is important to think of the parent as part of the process. A parent is an expert on their family's strengths and challenges. Having a parent be part of the solution will increase buy-in from the parent.

Being nonjudgmental and empathetic toward a family should be part of every interaction with a family. Recognize that we have all come from different backgrounds and experiences that have led us to where we are today.

Focus on being family-centered. Family-centered practice improves outcomes for children. We want parents to make changes and provide safety and well-being for their children.

Ultimately, the goal is for families to be able to solve their own challenges and ask for help when needed.

## Express Empathy

**Empathy is not:**

- Having had the same experience or problem as the parent
- Identifying with the parent
- Saying “Let me tell you my story”

**Empathy is:**

- The ability to accurately understand the parent’s meaning
- The ability to reflect that accurate understanding back to the client

Adapted from Barbara Kistenmacher, Ph.D.

Highlight what empathy is and what it is not. It is important that child welfare workers understand that they don't need to have experienced a similar situation in order to empathize with the parent. Workers need to be able to empathize with all families, regardless of their own experiences.

Empathy comes from our response and actions, not our experiences.

Initial responses could include:

- “That sounds really challenging.”
- “I can see how that would be difficult.”
- “Thank you for sharing this with me.”
- “What was that like for you?”
- “I want to make sure I understand what you are saying.”

Reflect back to the parent on your understanding of what they shared with you. It is important to understand the information they shared and the feelings they conveyed to you.

## Roll With Resistance

- Confronting families makes things worse
- “Rolling” with resistance creates a nonjudgmental atmosphere
- Working with the parents’ resistance enables child welfare workers to find a common goal with families

Adapted from Barbara Kistenmacher, Ph.D.

Many families involved with child welfare will be labeled as resistant at some point. This resistance often comes from a place of fear when child welfare is involved. Confronting families who are resistant does not work. It often creates an “us” against “them” mentality, and families continue to retreat.

Create a nonjudgmental atmosphere in the home visit. Families may need some time to discuss issues such as substance use. How can you build on your relationship with the family to create the trust? What is the family willing to work on?

## Support Self-Efficacy

- Some people decide they don't want to change because they don't feel able to do so
- This principle is most applicable when someone has acknowledged that they do want to make a change

Adapted from Barbara Kistenmacher, Ph.D.

A family may not be resistant but may feel hopeless. Maybe a parent has attended treatment multiple times in the past and they feel like they will never be able to sustain recovery. A parent with a mental health disorder may feel like they can't change their diagnosis, and they may feel that their current situation won't be able to change.

It is important to acknowledge how difficult change can be (this will be discussed later in this module). Families need to feel hopeful. Working with families to identify their strengths that they can build on is important as they work on making changes.



## Guidelines With Questions

- Ask fewer questions!
- Don't ask three questions in a row
- Ask more open-ended questions rather than closed-ended questions
- Offer two reflections for each question asked

Adapted from Barbara Kistenmacher, Ph.D.

As child welfare workers, we need to ask questions. This is part of our job.

Asking open-ended questions will often lead to fewer overall questions.

Examples:

- “Tell me more about . . .”
- “As part of our work with families, we ask all families about . . .”
- “I’m noticing that . . .”
- “How can I help you with . . .”
- “I’m concerned about you because . . .”

Let the parent finish answering a question before you jump in with additional questions. Reflect on what you heard from the parent. This will help you gather more information and let the family know that you are listening to them.

## The Microskills: OARS

- **O**: Open-ended questions
- **A**: Affirmations
- **R**: Reflections
- **S**: Summaries

Adapted from Barbara Kistenmacher, Ph.D.

Open-ended questions, affirmations, reflections, and summaries are skills that child welfare workers can use in their work with families.

## Open-Ended Questions

- What would you like from treatment?
- When did you first start using substances?
- Tell me about your alcohol use; what are the good things and the not-so-good things about it?
- If you were to quit, how would you do it?
- When is your court date?
- What would you like to see for you and your children six months from now?
- What do you like about being a parent?

Adapted from Barbara Kistenmacher, Ph.D.

Review open-ended versus closed-ended questions.

## Affirmations

- Emphasize a strength
- Notice and appreciate a positive action
- Be genuine
- Express positive regard and caring

Adapted from Barbara Kistenmacher, Ph.D.

Affirmations may include:

- Commenting positively on an attribute:
  - “You’re a strong person, a real survivor.”
- A statement of appreciation:
  - “I appreciate your openness and honesty today.”
- Catching the person doing something right:
  - “Thanks for coming in today!”
- A compliment:
  - “I like the way you said that.”
- An expression of hope, caring, or support:
  - “I hope this weekend goes well for you!”

## Reflections

- Reflections are statements rather than questions
- Reflections make a guess about the client's meaning (rather than asking)
- Reflections yield more information and a better understanding
- Questions can often be turned into reflections

Adapted from Barbara Kistenmacher, Ph.D.

Review these tips on forming reflections.

A reflection states a hypothesis.

- (Makes a guess about what the person means.)

Form a *statement*, not a question.

- Think of your question: Do you mean that you . . . ?
- Cut out the question words [Do you mean that you . . . ]
- Inflect your voice *down* at the end.

In general, a reflection should not be longer than the client's statement.

## Summaries

**Collect** material that has been offered

- *So far you've expressed concern about your children, getting a job, and finding a safer place to live.*

**Link** something just said with something discussed earlier

- *That sounds a bit like what you told me about that lonely feeling you get.*

Draw together what has happened and **transition** to a new task

- *Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you . . .*

Adapted from Barbara Kistenmacher, Ph.D.

Review how summaries can bring information together.

## Your Turn

- Speaker/listener exercise
- Break into pairs
- Each person should get a chance to be the speaker and the listener



Adapted from Barbara Kistenmacher, Ph.D.

## Speaker Topic

Something about yourself that you:

- Want to change
- Need to change
- Should change
- Have been thinking about changing

... but you haven't changed yet

In other words, something you're **ambivalent** about

Adapted from Barbara Kistenmacher, Ph.D.



## Listener

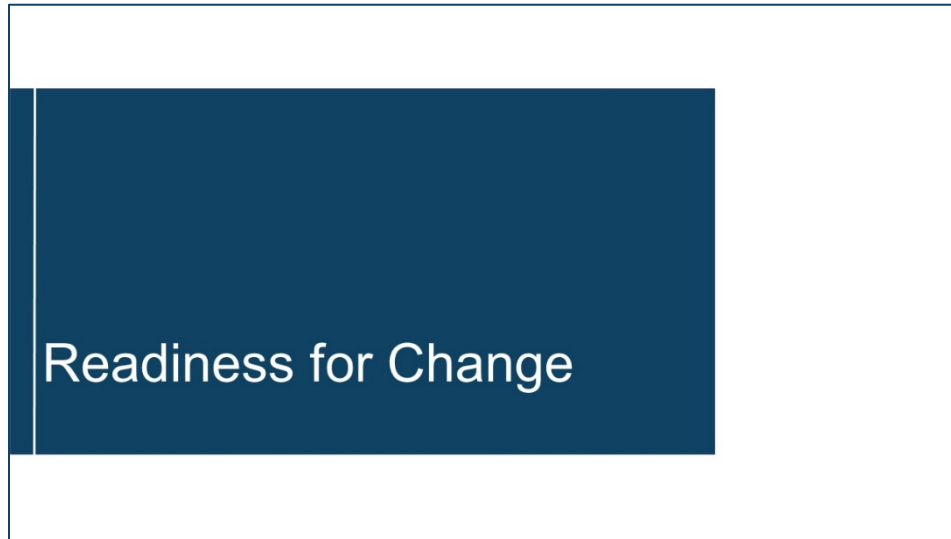
- Listen carefully (the goal is to understand the dilemma)
- Don't give advice
- Ask these four open-ended questions and listen with interest:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons to do it?
  - On a scale from 0 to 10, how important would you say it is for you to make this change? Follow-up: And why are you at x and not zero?
- Give a short summary/reflection of the speaker's motivations for change
- Then ask: "So what do you think you'll do?" and just listen

Adapted from Barbara Kistenmacher, Ph.D.

**\*\*\*Ask the smaller groups to share with the large group.**

- How was it to be the speaker?
- How was it to be the listener?
- What was difficult about this exercise?
- What worked well?

Slide 20



The following slides highlight the change process.

## Parental Readiness to Change

What affects willingness to seek help or change?

- Past mistakes and regrets
- Early experiences
- Past successes

Note: Self-awareness is a key in readiness

(Breshears, Yeh, & Young, 2009; Chaviano et al., 2018)

All of these factors affect a parent's readiness to change. Child welfare workers need to become competent in assessing parental readiness to change. However, there is no simple yardstick that measures this important state of readiness. Understanding a parent's readiness to change requires understanding a broader set of beliefs. What are these beliefs?

First, everyone has a past and everyone has regrets. Past regrets can have a strong effect in the present and the future.

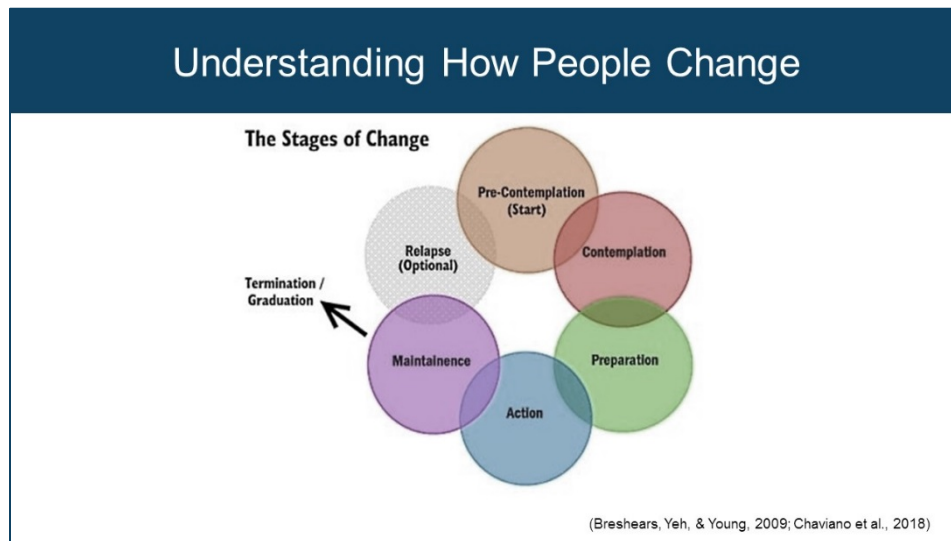
Other experiences can also affect a parent's desire to get help. For example, parents of children involved with child welfare agencies may have been involved with helping systems when they were children, while others may have needed help from helping agencies but did not receive it. These early experiences may strongly affect the ability and willingness of parents to accept help.

Past success with making a change is also a key factor for a parent to seek change. Having a positive change experience in the past can support future efforts to make a change.

One of the first things to explore is the person's awareness of their substance use or mental health disorder.

- Do they deny it to you or to others?
- Do they acknowledge it and talk about its effect in their life or in their child's life?
- Have they sought help on their own?

A person with self-awareness about their disorder is already well down the path toward recovery. A person who is denying the presence of a disorder needs further engagement.



Motivation to change and motivational interventions go hand in hand through the change process. It can be helpful to view change as a circular, multi-level process. As illustrated here, the stages of change can be understood as overlapping circles. Change often begins at the pre-contemplation stage and continues through the contemplation, preparation, action, and maintenance stages. Ideally, there is a final exit at the maintenance stage to long-term recovery. However, it may take some people longer than others to reach that final maintenance stage.

The change process is not static—individuals typically move back and forth between stages. People will move through the stages at different rates, but it is relatively uncommon for people to linger in the early stages once issues have received visible attention. Relapse or lapses can happen at any stage as individuals move back and forth between the stages.

As change takes place, it is also common for people to fluctuate between stages. Motivation may change over time within each individual, both in its source and strength. In fact, it is very common for people in recovery from a substance use or mental health disorder to have a “lapse,” where the behaviors or symptoms recur for a period of time, threatening the person’s recovery but not necessarily stopping it.

Child welfare workers may be able to assist parents in becoming open to positive change by recognizing where the parent is in the stages of change and intervening appropriately.

## Stages of Change

- **Pre-contemplation**—Increase perception of risks and problems with current behavior; raise awareness about behavior
  - **Contemplation**—Foster reasons to change and increase perception of the risks of not changing; help parents see that change is possible and achievable
  - **Preparation**—Help parent identify the 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
- \*It is important to note that a lapse or relapse can happen at any stage

(Breshears, Yeh, & Young, 2009; Chaviano et al., 2018)

In the pre-contemplation stage, the parent has no perception of having a problem or a need to change. So, what can the child welfare worker do? At this stage, you can increase the parent's perception of the risks and problems with their current behavior and raise awareness about their behaviors. Here, generalized discussions about risks to children caused by a parent's behavior can help move the process along.

In the contemplation stage, the parent first recognizes that their behavior may be a problem but feels ambivalent about change. At this stage, the child welfare worker can help the parent identify reasons to change and the risks of not changing, and help parents see that change is possible and achievable.

The interventions for the remaining stages of change are relatively straightforward for workers. In the preparation stage, the parent makes a conscious decision to change and has identified a motivation for change. The child welfare worker can help the parent identify the best actions to take and support their motivations for change.

In the action stage, the parent takes steps to change. The child welfare worker can help the parent implement their strategies and support the steps they take, particularly by linking them to community treatment professionals.

In the maintenance stage, the parent is actively working on sustaining change strategies and maintaining long-term change. The child welfare worker can help the parent to identify triggers and use planned strategies to prevent relapse.

During the lapse or relapse stage, the parent slips, or lapses, from their plan to change or returns to previous problem behavior patterns in the form of a relapse. The child welfare worker's job is then to help the parent re-engage in the contemplation, decision, and action stages.

In all of these areas, the child welfare worker should work in partnership and collaboration with the substance use disorder and/or mental health disorder treatment professional.

## Case Vignette

Mother's name: **Jackie**    Father's name: **Kendrid**

Children's names: **Elise** (13), **Ramey** (8)

Family ethnicity: African-American

Jackie (33) has two daughters by her husband, Kendrid (35), who left the family shortly after Ramey's birth. Kendrid lives in a neighboring city and remains in monthly contact with his children, but he refuses to talk to their mother, in person or on the phone. He works to support himself and sends money occasionally.

**\*\*\*Read the case vignette. Break the group into smaller groups for this activity.**

Presenting issues: Jackie has a number of serious health problems that leave her physically weak and unable to meet her daughters' needs. Jackie is being prescribed multiple pain medications from several different doctors in the area. Jackie and her daughters live on her disability benefits and whatever Kendrid sends. Elise, 13, is described as an aggressive child, unable to establish appropriate social boundaries in her interactions with other people. She has been kicked off the school bus three times this year for fighting with other students. Jackie's medical records suggest that she may have suffered from post-partum depression following both births, and current clinical observations include depression. Domestic violence was reported by neighbors and other family members, but Jackie has denied any violence in the home. Jackie is defensive when asked about her medications, saying she needs them for her medical issues. At times, Jackie is bedridden for days and Elise and Ramey miss a lot of school. When asked specific questions about parenting situations, Jackie appears to know what to do and states that she is a great mother. Kendrid says he cannot cope with Jackie's behaviors and that he has no difficulties when Elise visits him (3–4 times per year).

Elise has become steadily more aggressive as she has aged, a process that accelerated as she entered puberty. She has physically and verbally dominated her younger sister, Ramey, although she has also cared for her sister when Jackie was completely debilitated. The family recently received in-home family stabilization services, but records indicate discontinuance due to noncompliance with treatment and a lack of positive outcomes. Jackie has stated that she is working with the school to help Elise and that she is doing the best she can, but she has stated that Elise is a difficult child.

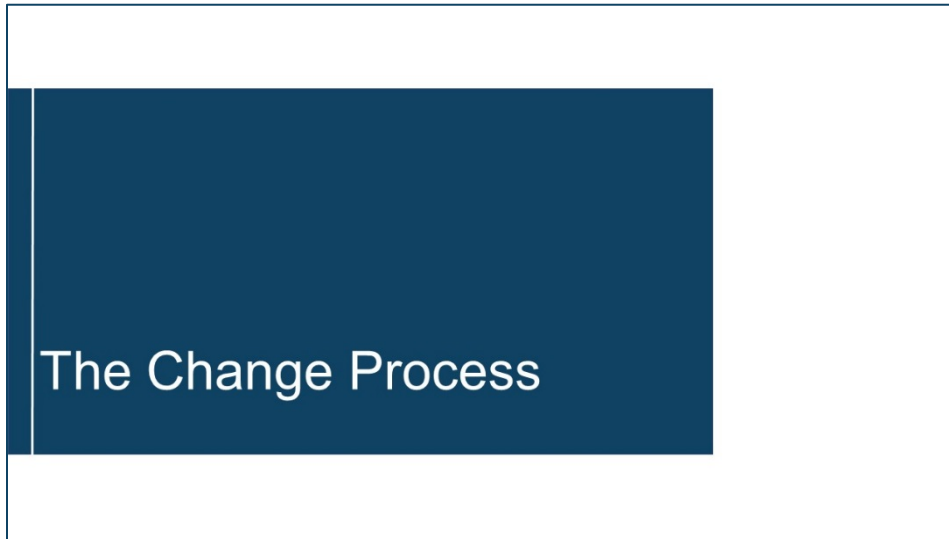
## Case Activity

- What concerns do you have?
- What stage of change do you think Jackie is in?
- How would you approach a conversation with Jackie and Kendrid about your concerns?

**\*\*\*Ask small groups to discuss the following questions:**

- What concerns do you have?
- What stage of change do you think Jackie is in?
- How would you approach a conversation with Jackie and Kendrid about your concerns?

Slide 26





## The Change Process

- Parents may need assistance with motivation to engage in and maintain treatment
- Child welfare workers can help motivate parents to move from one stage to the next
- During pre-contemplation and contemplation, the child welfare worker may be the primary motivator

(Breshears, Yeh, & Young, 2009; Chaviano et al., 2018)

Again, change is a process that has multiple stages. Remember, people often begin at the pre-contemplation stage and may go back and forth through the stages (contemplation, preparation, action, and maintenance), with the maintenance stage representing long-term recovery.

It is really important that parents in the child welfare system are motivated to engage in and maintain treatment, because the requirements of federal and state statutes do not allow much time to be lost in relapse before decisions are made about the permanent care of children who have experienced abuse or neglect.

Child welfare workers can help motivate clients to move from one stage of recovery to the next. Although the primary responsibility for motivating parents to engage in treatment rests with the treatment program, child welfare workers can help parents maintain the motivation to meet the court's timetables so that they have the best possible chance of regaining custody of their children. Often, during the pre-contemplation and contemplation stages, the child welfare worker is the primary motivator, especially if the parent has not yet begun to participate in treatment. Visitation with children should not be used to motivate a parent to engage in treatment.

## The Change Process

### **Help parents:**

- Understand where they are in the stages of change
- Discover what will help them move to the next stage
- Understand that they may move back and forth between stages

### **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

(Breshears, Yeh, & Young, 2009; Chaviano et al., 2018)

Because change is a cyclical process and people move back and forth between different stages, it is important to help parents:

- Understand where they are in the stages of change
- Discover what will help them move to the next stage
- Understand that they may move back and forth between stages and that this is normal

There are specific things that you can do to enhance a parent's motivation to begin and maintain treatment and recovery efforts. And you can intervene with parents during any of the six stages of change to motivate them to:

- Continue to work toward the requirements of the dependency court
- Maintain the safety and well-being of their children
- Develop the parenting skills they will need to retain or regain custody of their children

## What Do You Think?



- Think about a time when you tried to change a habit
- Have you ever tried to quit smoking, eat healthier, or exercise more?
- What factors helped or hindered you?

**\*\*\*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
- Raise their hands if they ever tried to quit smoking, tried to eat healthier, or tried to go to the gym or exercise more often
- 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?

Ask participants 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 exercise habits despite knowledge of the health effects.

Ask them to consider how the ease or difficulty of beginning a new habit might be affected if it is really important to their health.

Next, ask the group to consider a person (such as Jackie) who may be suffering from physical dependence on drugs or alcohol, or someone who has a co-occurring substance use and mental health 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 their behavior?

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 treatment more possible and 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 others into the discussion.

To bring closure to this discussion, emphasize that one important role of child welfare workers is to help motivate parents to address their own needs so that they can more safely and effectively raise their 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 sustained recovery
- Help parents understand dependency court requirements
- Assure parents that children are safe and in good care

(Geiger, 2017)

How can you motivate parents to become engaged in appropriate treatment? First, you can encourage parents to seek treatment. Once a screening suggests that a substance use and/or mental health disorder might exist and an assessment confirms a diagnosis, child welfare workers have a key responsibility to motivate parents to seek treatment and help them find the most appropriate treatment options.

Child welfare workers can use motivational enhancement strategies to encourage parents' willingness and commitment to engage in treatment. Motivational enhancement strategies emphasize parents' ability to voice personal goals and values in ways that elicit their own motivation to change, and to make choices about their options. Collaborative work with attorneys and courts can also help motivate parents.

Next, you can encourage parents to stay in treatment. As treatment begins, child welfare workers can use motivational enhancement strategies, in coordination with treatment counselors, to encourage parents to stay in treatment, respond appropriately to relapse, and sustain recovery. One thing you can do is help parents understand the consequences of not meeting the requirements of the dependency court and providing assurance that their children are safe and in good care.

## Engaging Fathers

Engage fathers through:

- Outreach, casework, and permanency planning
- Helping them get the support or treatment that 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

(Campbell et al., 2015)

Engaging parents is a critical task for child welfare workers, and fostering healthy relationships between fathers and their children is integral to the family's recovery from substance use or mental health disorders. You can support these relationships through outreach, screening and referral to assessment and treatment, casework, and engaging fathers in permanency planning.

You can also use your understanding of key issues regarding substance use disorder treatment for fathers. Be sure you know how to help fathers obtain appropriate treatment that will support optimal outcomes for children and families.

In addition to motivational strategies with both parents, fathers often need specific interventions to foster their engagement in child welfare services and treatment for their substance use disorders.

- It is critical to debunk the attitude that fathers may have that “the mother (alone) will deal with the children”
- It is important to establish that the father needs to take responsibility for his own recovery on behalf of his children
- It is essential to portray recovery as a process separate from the child welfare case. Emphasize that recovery does not automatically result in reunification; however, reunification will not occur without recovery. Reunification is a byproduct of recovery, rather than the sole impetus.

For more information on the importance of engaging fathers, please see the ACF Information Memorandum ACF-ACF-IM-18-01 at the following link:

<https://www.acf.hhs.gov/ofa/resource/acf-acf-im-18-01-integrating-approaches-that-prioritize-and-enhance-father-engagement>.

## Engaging Fathers

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

(Campbell et al., 2015)

Here are a few other special considerations for working with fathers:

- If both parents have substance use or mental health disorders, each parent needs his or her own gender-specific counselor, and they should be in separate treatment programs.
- Fathers-only groups and activities can provide opportunities to create social support networks that can be very helpful to the fathers.
- Emphasize that the father should not use the mother as a sole support system. The father needs to use his own support system.
- It is critical for fathers to have opportunities to continue reaching out to professionals and other supports, regardless of life circumstances. One outreach strategy is to meet with fathers in their homes or other places in the community and ensure access for those who are hesitant to enter into treatment.

**\*\*\*As an additional discussion question, you can ask participants, “How might you use these concepts to work with Kendrid?”**

## Engaging Parents in Treatment: A Continuous Process

### **Child welfare workers:**

- Screen parents for potential substance use or mental health disorders
- Motivate parents to engage in and remain in treatment
- Help parents to sustain recovery
- Do not wait for substance use treatment or mental health disorder treatment to begin before other interventions occur

(Wells et al., 2015)

Engaging parents and families in treatment is a continuous process for child welfare workers. It includes screening parents for potential substance use or mental health disorders, motivating parents to engage in and remain in treatment, and helping parents to sustain recovery.

Child welfare workers do not need to wait for substance use disorder treatment or mental health disorder treatment to occur first before other interventions can occur. In the past, the parent was often sent for treatment first, under the assumption that the parent returns for the next step in the child welfare process when they are “cured.” Federal legislation for child welfare, and the tightened time requirements for changes by families involved in the child welfare system, means that all interventions need to happen concurrently, and all need to be embedded in child welfare case planning. In people with co-occurring disorders, it may be appropriate to develop an integrated treatment approach to address parental needs comprehensively.

Child welfare workers must remain involved with the parent throughout the treatment and recovery process, promoting reunification as long as reunification remains the appropriate goal.



## Rethinking Treatment Readiness



### Rethinking “Rock Bottom”

- “Tough love” in the hopes that they will hit rock bottom and want to change their life
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them”
- Addiction is a disease of isolation



### “Raising the bottom”

- Getting off on an earlier floor
- Realistic expectations and understanding of both the neurochemical effects on people with substance use disorders and the difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

(Rivera & Sullivan, 2015)


When family members are educated about substance use disorders and the role they can play, the likelihood increases considerably that they and their loved ones will get the help they need. It is common to hear people talk about the need for a person with a substance use disorder to hit “rock bottom” in order to change, but every person’s bottom is different. It is a fallacy that someone with a drug or alcohol problem has to virtually lose everything before hitting “rock bottom” and being willing to reach out for help.

A substance use disorder is like an elevator that keeps going down. The elevator stops at different floors from time to time when something happens, and the person with a substance use disorder can get off. Sometimes the right information at the right time is all that is required for them to see that they have to make a change, get off the elevator, and take advantage of available help. Recovery literature talks about opportunities that “raise the bottom”—this could be a crisis, court-ordered treatment, or an intervention. Having a child welfare worker knocking on their door may be the crisis necessary to help someone get off the elevator and agree to go to treatment. Sometimes court intervention is helpful as well. However, if the person chooses not to get off the elevator, it keeps going down and becomes much harder to get off.

Many people with substance use disorders aren’t convinced that they truly have a problem in the first place. The goal is to help the person with a substance use disorder reach a place where they agree that he or she needs help.

For more information about interventions, see <https://www.ncadd.org/index.php/family-friends/there-is-help/intervention-tips-and-guidelines>.

## Missed Opportunities



“Here’s a referral; let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“Call me Tuesday”

When you are referring someone for an assessment or treatment for substance use issues, the approach to making a successful referral matters.

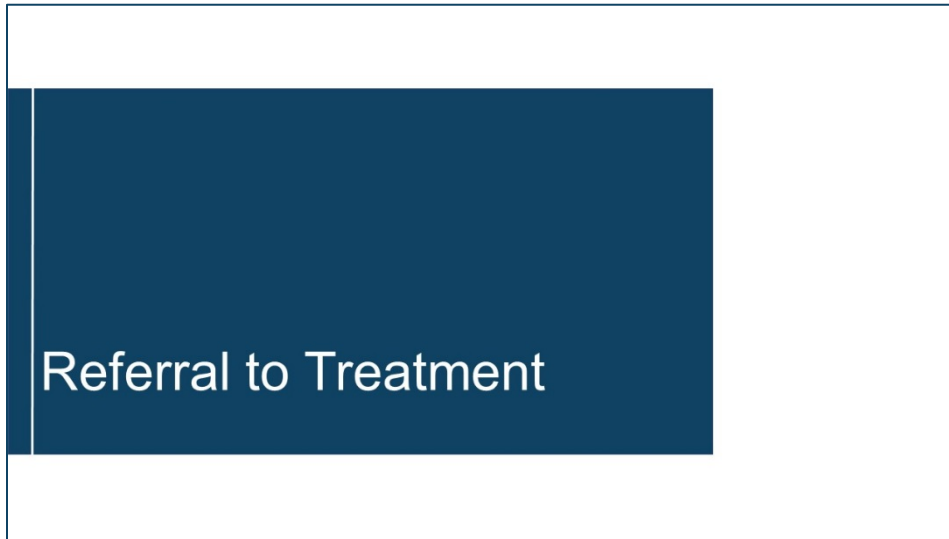
Giving a parent a list of services, telling them they need to get into treatment, or telling them that you will get back to them soon with treatment options is often not successful. Partnering with parents to identify a resource and understand the process is more likely to lead to successful outcomes.

Discuss the assessment or treatment intake process with the parent. Being able to describe the process to the parent can support their engagement in the next steps. Discuss any possible barriers for making an appointment, such as transportation or child care. How might these barriers be resolved?

Call the treatment provider with the parent to make the appointment, or sit with the parent while they make the call. Many treatment providers will want to talk with the parent directly.

Support the parent in marking the appointment in their schedule and develop reminders.

Slide 36



## Screening: The Role of Child Welfare Workers

### Screening for substance use issues

- Overt signs and symptoms may be observed
- A screening tool may be used with specific questions
- A drug test may indicate recent substance use
- Child welfare does a *child safety assessment*

### Referral for substance use disorder assessment

- Refer the parent to a substance use disorder treatment provider for further *assessment of substance use*
- The substance use disorder treatment provider may provide further referral to an appropriate treatment program

(McLaughlin & Jonson-Reid, 2017)

Child welfare workers play a very important role when they screen for substance use disorders in parents. When a report of child abuse or neglect is investigated, emergency response workers or investigators are generally the first helpers to see the parents. These child welfare workers may have the best opportunity and the primary responsibility to conduct the initial screening of parents for potential substance use disorders.

One way to screen for substance use issues is with a standardized screening tool.

**\*\*\*Highlight if your state uses a standardized screening tool.**

Another way to screen for substance use issues is with drug testing. Drug testing only gives a snapshot of whether someone used during the window of detection, so the test result should not be the only indicator of the need for a full assessment, nor should a negative test result be taken as evidence that there is no substance use issue. However, the results can be helpful information to include in the referral for an assessment.

Screening can also be performed by other professionals who may be working with parents, such as mental health professionals, maternal and child health professionals, hospital staff or other medical providers, or criminal justice professionals.

When screening indicates a potential substance use disorder, you or another child welfare worker should refer the parent to a substance use disorder treatment provider for further assessment. At that time, the substance use treatment provider may provide a referral to the most appropriate treatment or assessment program.

## Screening Results

**Determine the extent to which:**

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

(McLaughlin & Jonson-Reid, 2017)

The screening is not an end in and of itself. You should combine the results you get from the screening tool with other observations and interviews about substance use to determine the impact on the safety of the children. More specifically, you are assessing the extent to which:

- The children are in a life-threatening living situation that may be caused by parents who use substances and leave their children unattended or uncared for.
- The child is viewed very negatively by the parent, particularly when the child's emotional or physical needs interfere with the parent's search for or use of substances.
- The family cannot meet the basic needs of the child because financial resources are being used to purchase substances.
- The parent or someone living in the home exhibits harmful behavior toward the child, particularly when they are under the influence of substances.

## Engaging Parents in Treatment: Models and Strategies

Working with substance use disorder treatment professionals:

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

(He, 2017)

When parents in the child welfare system are in treatment, you need to work closely with the treatment professionals who are providing care to them. This can ensure that the children remain safe and that parents are able to meet the requirements of the dependency court, while still achieving their treatment and recovery goals.

What does this mean? Because many needs and issues may arise during the treatment process, child welfare workers need to be aware of any needs that are identified in treatment and to ensure that referrals are being made and parents are participating in services. For example, parents are likely to need assistance:

- To identify personal and family issues related to their substance use and/or mental health disorders where they need help.
- To access and follow up with referrals made by child welfare workers and/or treatment professionals.

## Successful Referrals

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

(Fong et al., 2018)

Child welfare workers can try the following activities to help parents accomplish needed tasks and also to earn the trust of parents and families. This list contains some activities that you may already do to help clients—and maybe some new ones as well:

- Identify community resources that can help parents with various types of issues and problems. Include details about access, types of services, requirements for participation, costs, availability, location, transportation, and childcare.
- Refer parents to services and help them make contact and obtain transportation and childcare assistance, and follow up to learn whether they contacted the organization, received the service, and whether they were helped.
- Develop a safety plan for children with the parents.

## Successful Referrals

- 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, substance use disorder treatment professionals, and child welfare worker to discuss goals and plans together

(Fong et al., 2018)

And here are some more ideas:

- Inform the parents of procedures to communicate with treatment professionals. Let them know when you communicate with other treatment professionals and review the content of those conversations and plans.
- Have joint meetings with the parent, substance use and/or mental health disorder treatment professional, and child welfare worker to discuss goals and plans together.

A word about culturally appropriate methods for building rapport: When you are working with parents to help them seek and/or accept needed treatment, cultural considerations may be very important. When a child welfare worker engages with a person or family, all efforts must be made to demonstrate respect for them, even though some people and some circumstances may test the child welfare worker's ability to do that. It is helpful to ask simple questions to identify their beliefs, traditions, and values, and then use those topics to connect with the family.

When adults or families come to an office to meet with a child welfare worker, they are entering an environment quite different from their home. Likewise, when child welfare workers enter someone's home, they are entering an environment that may be unfamiliar. In both instances, child welfare workers should take the lead on learning about the things that are important to the family. Investing time to engage respectfully with a family during the initial contact will pay dividends over time in service outcomes and cost-effectiveness.



## Assessment for Substance Use Disorders

- Includes interviews and instruments
- Conducted by trained substance use treatment professionals
- Diagnosis based on DSM-5 diagnostic criteria
- Determines nature and extent of the problem
- Determines current treatment needs and level of care

(Smithgall et al., 2015)

Once a screening—along with other assessments—indicates that there might be a substance use problem, the child welfare worker needs to refer parents to a substance use disorder treatment professional for a complete assessment, which can lead to treatment recommendations, if appropriate.

Substance use assessments are generally a combination of individualized interviews and formal instruments, along with information gathered from collateral sources such as child welfare. It is important to note that parents involved with child welfare might not tell the professional doing the assessment everything that could help establish a diagnosis or develop an appropriate treatment plan. For that reason, it is important to share all of the information that you have when you make the referral, including child maltreatment allegations, results of any drug tests, observations from the investigation, anything the parent or collateral sources reported to you about substance use or substance-related criminal history, and any relevant history in the child welfare system.

The substance use assessment interview includes questions that reflect criteria for substance use disorders, as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, American Psychiatric Association, 2013). The treatment professional may also conduct assessments for co-occurring disorders, if applicable, and for treatment planning and placement. These comprehensive assessments are designed to determine current treatment needs and level of care.

## The Assessment Process

- **Why:** To determine the nature and extent of issues affecting parent's functioning and establish treatment recommendations
- **Who:** Trained professionals
- Become familiar with local professionals who conduct assessments
- Ask for an assessment of probable impact on parenting

(Smithgall et al., 2015)

The purpose of an assessment is to determine the nature and extent of issues that affect the functioning of the individual parent and to come up with a treatment plan. Trained mental health disorder treatment professionals conduct mental health disorder assessments, and trained substance use treatment professionals conduct substance use disorder assessments. Some providers are cross-trained in both substance use and mental health disorders, and most are also trained in the assessment of trauma. You should become familiar with the professionals in your community who are qualified to conduct assessments, and request that trauma history and trauma-informed services be part of the treatment recommendations as appropriate. You might also consider meeting with your local providers and asking for a “walk-through” of their system.

Substance use and mental health disorder treatment professionals typically will not address the relationship between the substance use or mental health disorder and the ability of the parent to provide appropriate care to their children. It is important to ask a referral question when you make a referral for an assessment. Otherwise, the assessment may not yield the kind of information that will be important for case planning. For example, most substance use disorder assessments will result in a diagnosis of a specific substance use disorder and will recommend an appropriate level of care.

During the assessment, the treatment professional will ask a great deal of questions, some of which might feel very personal to the person being assessed. Encourage the person you are referring to be as open and honest as possible so that they can get connected to any help they might need.

## Developing Case Plans

**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

(Akin et al., 2017)

Information from a parent's treatment provider should be included in the child welfare case plan.

There are three main pieces of information a child welfare worker can expect from the substance use disorder treatment provider as a result of an assessment, which will be helpful to know when developing case plans:

- If the parent met diagnostic criteria for one or more substance use disorder(s)
- Recommendations for the level of care
- The treatment plan for comprehensive services

Developing effective case plans that address underlying problems can help child welfare workers assess the safety and well-being of children throughout the life of the case. It can also help motivate parents to enter and continue treatment.

Staying connected to the treatment provider with an appropriate signed release of information can support ongoing engagement in treatment for parents.

## Recovery Occurs in the Context of the Family


- A substance use disorder is a disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component, including substance use prevention for the child

(Ghertner et al., 2018; Radel et al., 2018)

Family-centered treatment is an important step to family recovery. We know that recovery occurs within the context of relationships.

- A substance use disorder is a disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component, including prevention for the child

## Rethinking Family Recovery



- Parents' recovery occurs in the context of family relationships
- Services that strengthen families and support parent-child relationships help keep children safe

About \*85% of children in substantiated abuse and neglect cases either stay home or go home.

\*Children and Family Futures created estimate based on Child Welfare Outcomes Report Data (Children's Bureau, 2013)

If parental substance use affects child and family relationships, child well-being and parent recovery must also occur in the context of family relationships.



**\*\*\*Ask participants to organize themselves into smaller discussion groups, with 5–7 people in each group. Have the groups discuss the case vignette for a few minutes, specifically talking about:**

- How would you engage with Jackie?
- How would you engage with Kendrid?
- What types of services would you consider for the family?

After 9–10 minutes, ask them to bring their attention back to the larger group, and ask them to share a bit from their small group discussions. In particular, ask them, “How can child welfare 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 this training module to a real 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 worker 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 with the families they currently serve.



**National Center on  
Substance Abuse  
and Child Welfare**

**A Program of the**

Substance Abuse and Mental Health Services  
Administration

Center for Substance Abuse Treatment

and the

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[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)

[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

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