

National Center on
Substance Abuse
and Child Welfare

Module 5:

Case Planning, Family Strengthening, and Planning for
Safety for Families with a Substance Use Disorder

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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 5 Description and Objectives

The goal of Training Module 5 is to provide child welfare workers with an understanding of the importance of responding to families affected by substance use disorders from a strengths-based perspective while providing ongoing safety assessment and monitoring a family's progress over time. This module also highlights the importance of incorporating information about an individual or families' substance use and treatment services into their case plan and ongoing safety planning. The module emphasizes that supporting families in identifying strengths throughout the process can create long-term successful outcomes for children and families.

After completing this training, child welfare workers will:

- Recognize assessment as a process, not an event, and understand the importance of ongoing assessment and evaluation.
- Identify the effect of parental substance use disorders on child safety.
- Develop a case plan to meet the needs of families with a substance use disorder that integrates ongoing planning for safety.
- Implement strategies for monitoring progress.
- Identify and build on family strengths for successful outcomes.

Training Tips

- ✓ Use the *** **bolded** discussion questions integrated in the module talking points to enrich the training.
- ✓ Integrate the child welfare safety methodology used in your state, highlighting areas where substance use disorders are assessed.
- ✓ Consider assessment of family functioning, strengths and needs and the methodology used in the context of substance use disorders.
- ✓ Supplement content with information about services available through the child welfare agency or community agencies to families for assessment and treatment of substance use disorders, including referral forms, agency release of information or other necessary procedures to facilitate access to services and communication about progress.
- ✓ Highlight information about available supportive services for families affected by substance use disorders such as peer mentors, transportation, housing or other supportive services.
- ✓ Share or incorporate agency policy and procedures about visitation or parenting time and drug-testing protocols.

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


Child Welfare Training Toolkit



National Center on
Substance Abuse
and Child Welfare



Slide 2

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*



www.ncsacw.samhsa.gov | ncsacw@cffutures.org

This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the 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).

Slide 3

Learning Objectives

After completing this training, child welfare workers will be able to:


- Recognize assessment as a process, not an event, and understand the importance of ongoing assessment
- Identify the effects of parental substance use disorders on child safety
- Develop a case plan to meet the needs of families with a substance use disorder that integrates ongoing planning for safety
- Implement strategies for monitoring progress
- Identify and build on family strengths for successful outcomes

The goal of Training Module 5 is to provide child welfare workers with an understanding of the importance of responding to families affected by substance use disorders from a strengths-based perspective, while providing ongoing safety assessment and monitoring a family's progress over time. This module also highlights the importance of incorporating information about an individual or families' substance use and treatment services into their case plan and ongoing safety planning. The module emphasizes that supporting families in identifying strengths throughout the process can create long-term successful outcomes for children and families.

Module 5 should be presented in conjunction with *Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma.*

Slide 4

Collaborative Values Inventory



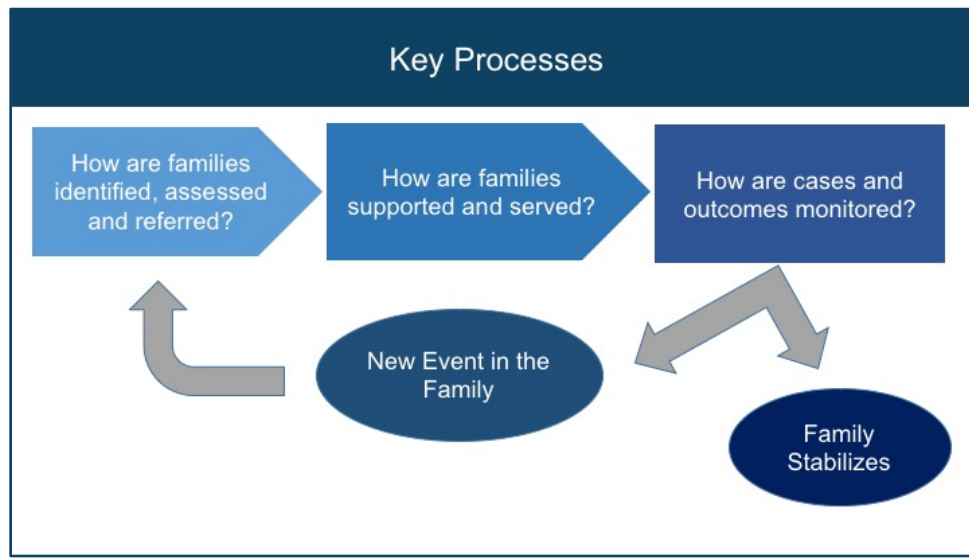
- Parents with substance use disorders (sometimes called addiction) can be effective parents
- Parents should not be allowed visitation with children removed from their care until they demonstrate abstinence from alcohol or drugs
- A parent's relapse should result in the child's removal from a parent or a change in the case plan goal if reunification efforts are in place
- Parents should be reunified with their children only if they abstain from using alcohol and/or drugs

(Children and Family Futures, 2017)

Differences in values among participants are important to recognize as they may come up in the training and can come up with the families 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 understand value clarification, instead of debating individual answers to questions. Participants will fall along a continuum.**

Slide 5



This slide highlights the key processes of identification, assessment, and referral, followed by how families are served, and finally how outcomes are monitored.

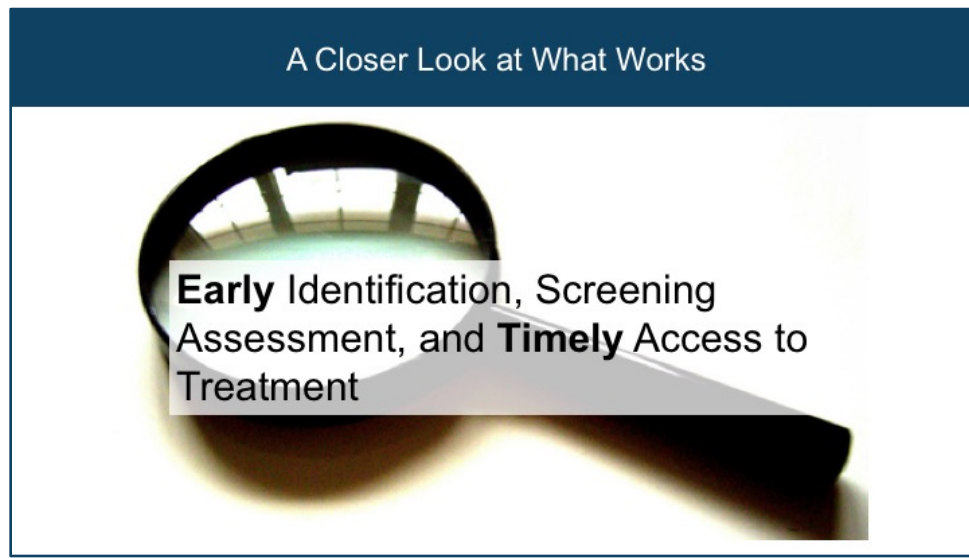
A formalized assessment in child welfare is a process that often happens at the beginning of a child welfare case to identify the needs of a family. A parent's substance use may be identified during the initial assessment process. This identification should lead to a referral to substance use disorder treatment and become part of the ongoing case plan for the family.

However, assessment is not a one-time event. It is an ongoing process that should be part of every interaction with a family. Drug or alcohol use by a parent may not be identified during the initial assessment, and further information may be learned after multiple interactions with the family. This is particularly true if there is a new event in the family—a new person in the house, loss of a job, change in personal appearance, new information from a collateral, etc.

As new information is learned through interaction with the family, observations during visits, or information gained from collaterals, a reassessment should occur to see if there are additional needs or services. If additional needs are uncovered regarding a parent's drug or alcohol use, the case plan should be reviewed and updated.

For more on engagement and the assessment process, please refer to *Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma*.

Slide 6




The following slides highlight the importance of early identification, screening, and assessment of a parent's alcohol or drug use for families involved in child welfare.

Screening and Assessment

Presence and Immediacy

- Is there a concern regarding a parent's use of drugs or alcohol?
- Does this present a safety issue to the child?



Screening and assessment are important processes in child welfare cases because they help to identify concerns around parental substance use and to understand how and whether parental substance use presents a safety issue for the child. As child welfare workers, safety and risk are at the forefront of the work we do. Understanding how parental substance use may affect child safety is important.

First, child welfare workers must determine through screening or assessment whether parental substance use is present in their case.

Next, workers must determine whether there are safety concerns.

Refer to *Toolkit Module 2: Understanding Substance Use Disorders, Treatment, and Recovery* if participants need a better understanding of substance use disorders.

Early Identification

Know what to look for. Common signs and symptoms of substance use or misuse in the home environment may include:

- **Physical appearance:** slurred speech, nodding off disorientation, tremors, cold or sweaty palms, dilated or constricted pupils, bloodshot or glazed over eyes, needle marks, bruises, poor personal hygiene
- **Behavioral signs:** agitated behavior or mood, excessive talking, paranoia, depression, manic behavior, lack of motivation criminal activity, financial challenges, missed appointments
- **Physical environment:** signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons), unusual smells, reluctance to allow home visits, unexplained visitors in and out of the home

Note: This is not a complete list of possible signs and symptoms.

Highlight the common physical appearance, behavioral, and physical environment signs of substance use. Discuss with the group what they might see on a home visit or when meeting with the family that would prompt them to ask further questions.

If these signs are present, it might not indicate substance use but should prompt further open-ended questions.

Slide 9

Early Identification

Engage the parent about your observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use “person first” language and avoid using labeling terms such as “addict.” Use a conversational tone with open-ended questions such as the following:

“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 . . .”

Engage the parent using a supportive, nonjudgmental approach.

Follow up on any observable concerns with open-ended questions:

“Tell me more about . . .”

“I noticed . . .”

*****Ask the group to come up with additional open-ended questions.**

Use of a Screening Tool

- Gather information from a variety of sources including corroborating reports, observation of signs and symptoms, drug testing results, and results from a valid screening tool such as the UNCOPE, AUDIT, AUDIT-C, or ASSIST.
- The purpose of substance use disorder screening is to determine the presence of substance use and identify the need for a further clinical substance use disorder assessment.
- If the parent shows signs or symptoms of substance misuse or screens positive for a potential substance use disorder, a clinical assessment by a substance use disorder professional is needed.

If you observe signs of parental substance misuse, further screening can help determine if there is a need for a referral to substance use disorder treatment. A substance use disorder screening tool can help determine the need for further clinical substance use disorder assessment. This assessment is done by a substance use disorder treatment professional.

*****Discuss your agency's screening practices with participants.**

For child welfare workers, it is important not only to determine the possible presence of a substance use disorder but also to understand whether a parent's use of alcohol or drugs is affecting his or her ability to safely parent the child. Next, we are going to look at a case study that highlights the effect of parental substance use disorders on parenting.

The slide is titled "Group Exercise" in a dark blue header. Below the header, there is a white rectangular area containing a dark blue box on the left with the text "Question To Consider" in white. To the right of this box, the question is written in black text: "How does the use of alcohol or drugs affect the parent's ability to make decisions regarding the safety of the child?"

Is parental substance use causing immediate safety concerns for the child?

******Ask participants to list situations in which there might be immediate safety concerns regarding the child as a result of the parent's alcohol or drug use. Keep the list on flip chart paper at the front of the training room.**

Have examples ready. Immediate safety concerns may include drug manufacturing in the home, a child mistakenly ingesting drugs, or drug paraphernalia found throughout the house that could cause physical risk.

Continue to make a list of other safety issues that are not immediate safety risks. Have examples ready. Does the group agree on what are immediate safety risks?

Slide 12

Case Study

A child welfare investigator following up on a report arrives at Lisa's home to conduct an investigation. The referral came from Lisa's sister. Lisa's sister reported that the kids were frequently unsupervised and their mother, Lisa, is always asleep on the couch and not watching the kids. Dan, who is Lisa's husband, is not currently residing in the home. Dan was recently arrested for a violation of probation but is expected to be released from the county jail soon.

Lisa's sister is also concerned because the kids have been ill and have not seen a doctor—one of the children was supposed to be seen regularly by a physician. Lisa's sister reported that Lisa has frequent male visitors coming in and out of house and that she uses drugs. The sister also said that Lisa was previously investigated by child welfare in another state but that she did not follow through with services.

Review the case study. Have participants review the initial information on the family.

Ask the participants the following questions (if this is a large group, ask the participants to break into smaller groups and have a discussion, and then have the groups share with the larger group):

- As a child welfare worker, what are the initial concerns?
- What information will a child welfare worker be looking to gather during the home visit?
- What information would help a child welfare worker determine immediate safety concerns?

Slide 13

Case Study

When the investigator arrives at Lisa's home, she finds the family home filthy and struggles to find a pathway through the clutter. The living room floor and surfaces are covered with empty pizza boxes, and dirty dishes are piled high in the kitchen sink and on the stove. There is no food in the refrigerator. Soda and beer cans litter the house, and clothes are strewn throughout the home's two small bedrooms. The investigator finds dirty diapers in many rooms.

The investigator notes that the two boys are dressed in clothes that they have outgrown and that are filthy and worn out. Both boys appear to have upper respiratory infections, and the older boy, 6-year-old Johnny, states that they have not eaten that day. When the social worker meets with the 9-month-old boy, Ryan, she notices that he appears to be small for his age and developmentally behind. Lisa appears to have been napping when the investigator arrives. The child welfare services investigator asks Lisa direct questions about her substance use pattern and the adverse consequences that have resulted from her alcohol and drug use. Lisa denies having a problem with alcohol or drugs, but she does admit that she is using marijuana more than she used to. Lisa indicates that her family members have said she drinks too much.

Case study continued.

*****Have participants read the information the investigator gathers from the initial visit.**

Ask participants the following questions:

- What are the safety concerns?
- What other information would you as the child welfare worker like to know?

Effect of Parental Substance Use Disorders on Parenting

Parents' use of alcohol or drugs can affect their ability to safely care for their children by **decreasing** their ability to:

- Provide a safe home environment
- Assess appropriate caregivers or visitors to the home
- Appropriately discipline their children
- Have realistic expectations of their children

For parents who are struggling with alcohol or drug use, their ability to safely care for their children may be affected. The following is not intended to be a complete list.

Parents who have a substance use disorder are often preoccupied with obtaining the substance due to their disease, often making it difficult to meet the needs of their children. The home environment may contain drugs or drug paraphernalia, or the children may be left unsupervised.

Physical absence of a parent to obtain or use the substance may leave the children under the care of someone who is too young or is not a safe caretaker.

Discipline may be inconsistent, alternating between lack of supervision and rigid control.

Children may become parentified. **Parentification** is the process of role reversal whereby a **child** is obliged to act as parent to his or her own parent. Young children may be taking care of younger siblings if the parent is unavailable.

Effect of Parental Substance Use Disorders on Parenting

Parents' use of alcohol or drugs can affect their ability to safely parent their children by **decreasing** their ability to:

- Adequately supervise their children
- Meet their child's educational or medical needs
- Provide a daily structure and routine for a child
- Provide for a child's basic needs

Parents may experience an emotional disconnection with their children that can be caused by a substance use disorder, the effects of the substance, or the emotional effects of drug use and withdrawal.

Due to the substance use disorder, parents may not get their children to school on time or support homework. Also, some children may avoid going to school because they are worried about their parents or younger siblings at home.

*****How do the areas on the last two slides compare to the list the participants created on safety concerns?**

Areas to Consider When Assessing Safety

When you are concerned about a parent's substance use disorder and assessing a child's safety, consider the following factors:

Related to the child:

- Age of the child
- Child's visibility in the community
- Special needs of the child
- Parent/child interaction

Age of the child: Younger children are more dependent on their parent to meet their basic needs. For infants and very young children, there is total reliance on their parents to meet their needs. Older children are more able to communicate with others and get help if needed. However, each developmental stage presents a challenge related to parental substance use disorders.

Children who are visible in the community at school, child care, or other community activities, are seen by members of the community, which can enhance safety.

Children with special needs may be more at risk due to an increased level of need.

Observe the parent and child interaction as part of an ongoing assessment process. Is the parent responsive to the child? Does the child go to the parent to get his or her needs met?

Areas to Consider When Assessing Safety

When a child welfare worker is concerned about a parent's substance use disorder and assesses a child's safety, they should consider the following:

Factors related to the parent or community:

- Current engagement in treatment
- History of seeking help or treatment
- Past recovery time
- Level of parent's insight into risk factors
- Strong support system
- Another adult living in the home
- Strengths of the family

As part of the assessment process, consider areas related to the parent and community when assessing safety.

Is the parent asking for help or in treatment now? Does the parent recognize the need for treatment? Does the parent have a history of reaching out for help? Does the parent have any recovery time? Does the parent understand how his or her use of substances affects the child? All of these indicators help child welfare workers understand how the parent has responded in the past and how the parent may reach out in the future.

Does the parent have a strong support system, or is there another sober adult that lives in the home?

Identifying the family's strengths supports engagement with families and provides an opportunity to partner with the family.

Assessment Throughout the Life of the Case


Assessment happens along a continuum to determine:

Presence and Immediacy

- Is there a concern regarding a parent's use of drugs or alcohol?
- Does this present a safety issue to the child?

Nature and Extent

- What is the nature of the issue?
- What is the extent of the issue?



Assessment is an important process in child welfare cases because it helps to identify concerns around parental substance use and to understand how and whether parental substance use presents a safety issue for the child.

Understanding the nature and extent of the issue is important. Once a child welfare worker identifies concerns regarding a parent's use of drugs or alcohol, he or she can request a referral to a substance use disorder treatment provider for a clinical assessment that can inform next steps for treatment.

Refer to *Module 2: Understanding Substance Use Disorders, Treatment, and Recovery* if participants need a better understanding of substance use disorders.

Preparing Parents for a Referral to Treatment

A referral is not about only handing the parent a list of resources or telling the parent that part of the case plan is to seek treatment. A successful referral includes:

- Explaining the concern to the parent
- Engaging the parent in a conversation about his or her concerns
- Asking the parent about what helped in the past
- Working with the parent to determine the best treatment options, which often begin with a clinical substance use disorder assessment

Explain your concern to the parent and engage him or her in a conversation. Where is there agreement? Is the parent interested in treatment? Does the parent have concerns about treatment?

Talk with the parent to understand what has worked in the past or what hasn't worked. Remember that the more times a person enters treatment, the higher the likelihood of a successful outcome. Just because treatment didn't work in the past, doesn't mean it won't work now. Focus on building on the parent's strengths.

Often, a clinical substance use disorder assessment is the first step in determining the best treatment approach.

Help Parents Prepare: Referrals and Expectations

- Provide recommendations and contact information
- Assist with referrals and setting up the initial appointment
- Convey information so parents know what to expect
- Help the parent overcome any challenges or barriers to making the appointment

Child welfare workers need to develop a knowledge base about the treatment programs they refer parents to. These are some of the areas where you want to gather information from treatment programs:

- Mission of the program
- Policies, rules, procedures, and statutes that must be followed to deliver services (especially confidentiality requirements and procedures)
- Amount of time participants are expected to commit to the program
- Funding sources or insurance qualifications
- How the program defines and measures success

There are often real barriers to getting to treatment appointments. Make a list with the parent of any potential barriers—transportation, child care, etc.

How can you support the parent to find solutions?

*****After the training, suggest that participants visit local treatment programs to familiarize themselves with the program.**

Help Parents Prepare: Know the Resources

- Treatment resources available in your community
- Characteristics of local treatment programs
- Services that the programs provide
- Requirements, expectations, and conditions for participating in treatment
- Importance of family-centered treatment

How can child welfare workers partner with treatment programs to prepare parents for their treatment?

They need to know about treatment resources, organizations, and practices in their communities. With this information, the parent can establish successful partnering relationships with treatment professionals regarding their jointly shared consumers. You should know:

- The extent and range of treatment resources available to parents in their communities;
- The characteristics of the various treatment programs;
- The services that the programs provide;
- The requirements, expectations, and conditions for participating in treatment; and
- Whether the treatment options provide family-centered treatment.

Partnerships With Treatment Professionals

- Learn about each other's agency
- Share information regarding jointly served children, adults, and families
- Understand requirements for:
 - 42 Code of Federal Regulations (CFR) Part 2
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Informed consent

Establish partnering relationships with treatment professionals to learn about each other's agencies, and when appropriate, to share information regarding children, adults, and families being jointly served. This includes understanding how Section 42 of the Code of Federal Regulations (CFR) Part 2 (for substance use treatment) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (for all health-related information, including substance use and mental health treatment) affect how information can be shared.

Signing a release with a parent to share information with a treatment provider is important to create a team approach when working with families. Sometimes, a parent may be concerned about signing a release. Engage the parent in a discussion about what his or her concerns are and how you can address the concerns. Clearly specify what information you and the treatment provider will share and how you will share the information.

For more information on collaboration and information sharing, please see *Module 7: Collaborating to Serve Parents with Substance Use Disorders*.

Assessment Throughout the Life of the Case

Assessment happens along a continuum to determine:

Presence and Immediacy


- Is there a concern regarding a parent's use of drugs or alcohol?
- Does this present a safety issue to the child?

Nature and Extent

- What is the nature of the issue?
- What is the extent of the issue?

Developing & Monitoring Change, Transitions & Outcomes of Treatment and Case Plans

- What is the response to the issue?
- Are there noticeable changes in the issue?
- Is the family ready for transition?
- Did the interventions work?



The assessment information gathered regarding a parent's use of drugs and alcohol will inform your next steps.

The following slides discuss collaborative case planning. Case plans must be reviewed regularly and updated when there is new information.

Case Planning for Families Affected by a Substance Use Disorder

- Identify and address the safety needs of the child
- Establish a plan that will support parents with a substance use disorder to get treatment
- Help parents find an appropriate treatment professional
- Address other identified needs of the child or parent

When assessment information leads to concerns or recommendations for substance use disorder treatment, a child welfare case plan should include whatever actions might be needed to help that individual obtain the recommended treatment. Services should be provided in a timely manner by a professional qualified to respond to the identified needs.

The case plan should also address concerns related to child safety and address the needs of the child and parent.

*****Take the opportunity to discuss your state's case planning process. Present information on how substance use gets incorporated into the case planning process. How are goals and outcomes addressed in the case plan? How are parents a part of your case planning process?**

The slide features a dark blue header with the title "What Goes Into a Case Plan" in white text. Below the header is a white rectangular area containing a bulleted list of six items:

- Strengths and needs
- Goals and objectives
- Services and supports
- Achievement dates
- Persons responsible
- Success indicators

Every case plan should be unique and designed to reflect the strengths, needs, and culture of a particular individual and family.

In general, a good case plan will include a list of the following things: (a) strengths and resources, (b) needs, (c) goals and objectives in each need area, (d) services and supports directly designed to build on the strengths to address these needs, (e) target dates for reaching goals and objectives using services and supports, (f) persons responsible for all listed actions, and (g) indicators that will demonstrate success or lack of success in meeting specific goals and objectives.

For a parent with a substance use disorder, the services and supports should be tailored to what the parent and family need.

Culturally Competent Case Planning

- Culture lives at the family level but also exists in individuals and organizations
- Culture includes **beliefs**, **traditions**, and **values**
- **Beliefs**, **traditions**, and **values** must be the platform on which solutions are built

When developing case plans, always consider how to make use of the family's culture and natural supports.

To develop culturally relevant case plans, child welfare workers need to understand that culture plays out primarily within the family. Therefore, in your work to help a family safely raise their children, you need to learn about that family's culture, which in this curriculum is defined as their *beliefs, traditions, and values*.

Organizational cultures, such as those of community service organizations, will also affect how an individual worker perceives the needs of families that he or she is trying to serve. You need to think about and understand your own agency's culture, as well as the influence of your personal culture. Successful work with families takes place in agencies in which the organizational culture strongly supports effective practices by staff.

After learning about a family's culture, as well as the culture of your organization, you can use the beliefs, traditions, and values important to that family as starting points or building blocks for interventions. Likewise, as long as safety is maintained, be careful not to devise strategies or interventions that are in conflict with the family culture—that conflict will greatly decrease your effectiveness.

It is important to consider how the culture of a parent with a substance use disorder may influence how he or she views drug and alcohol concerns or treatment.

Helping Parents Meet Their Case Plans

In-Home Services:

- Provide opportunities to improve parenting skills and interactions with children
- Help set up a household with stability and continuity for the children
- Develop safety plans for children whose parents may become unavailable to them
- Establish a support network in the community, including connecting families to peer support services

Foster Care:

- Support parents' participation in treatment so that they can meet dependency court requirements and participate fully in visitation rights
- Help parents set up a household once treatment is underway and they are meeting dependency court requirements
- Work with treatment providers to address relapse

When helping parents with in-home services, provide them with opportunities to improve parenting skills and interactions with their children, just as you would with any family on your caseload. Help parents set up a household that offers stability and continuity for their children. Develop safe arrangements for children when parents are having difficulty being available to their children because of substance use disorders. Connect families to community services, including peer support services.

When helping parents whose children are in foster care, support parents' participation in treatment so that they can meet dependency court requirements and participate fully in visitation rights. Some parents may need very concrete instructions and suggestions regarding visitation with their children (e.g., appropriate clothing, behavior, words). Help parents set up a household once treatment is well underway and they are meeting dependency court requirements. Collaboratively work with treatment providers to address relapse.

Elements of Successful Visitation Plans



Parenting time should occur:

- Consistently and frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision when appropriate
- In normal parenting situations, such as during doctor visits and appointments with therapists (when appropriate)

If a parent has a child in foster care, help establish appropriate visitation. Parents may need support with designing appropriate activities to do with their children during visitation.

Keeping parents connected to their children in meaningful ways can help parents gain the necessary skills to meet the needs of their children.

Visitation is an opportunity to gather information about parent and child service needs.

Visitation should not be used as a punishment for relapse. Although safety is always important for visitation, using visitation to encourage recovery is not helpful and can be harmful to the child and parent.

Collaborative Case Planning

- Incorporate objectives in the child welfare case plan related to a parent's treatment and recovery
- Ensure that child welfare case plans and treatment plans do not conflict
- Conduct joint reviews of case plans with treatment staff and family
- Share case plans with treatment providers
- Regularly review a parent's progress to meet goals in the case plan, especially after critical events
- Identify indicators of a parent's capacity to meet the needs of his or her children and outcomes of the case plans
- Regularly monitor progress and share it with treatment staff

The following are a few ways that child welfare workers and treatment counselors can collaborate in case planning activities:

- Incorporate objectives related to parents' treatment and recovery.
- Ensure that child welfare case plans and treatment plans do not conflict.
- Include joint reviews of the case plans with treatment staff and family.
- Discuss confidentiality protections fully with parents and seek their consent to share appropriate and helpful information.
- Share case plans with treatment providers.
- Regularly review parents' progress to meet the qualitative and quantitative goals of the case plan, especially when critical events occur.
- Identify indicators of parents' capacities to meet the needs of their children and outcome data pertaining to the case plans.
- Regularly monitor progress and share with treatment professionals.

Joint Case Planning and Case Management

- Focus initially on "one day at a time" steps pertaining to the child welfare requirements until the parents are able to address longer range issues
- Use family group conferencing strategies so key family participants understand the goals for the parent and can work on supporting these goals
- Specify responsibilities of all agencies involved in the case plan

Another collaboration strategy is to implement joint case planning and case management. In doing so, the joint plan needs to include these three approaches:

Focus initially on "one day at a time" steps pertaining to the child welfare requirements until the parents are able to address longer range issues.

Use family group conferencing strategies to ensure that all the key family participants understand the treatment and child welfare goals for the parent and are working on ways they can support these goals.

Specify various responsibilities of other agencies that will be involved in the case plan.

Working with Providers to Support Parents

Keep treatment professionals informed about:

- The dependency court schedule of hearings and their outcomes
- Information needed by the court about parental progress in treatment
- Problems the judge is addressing throughout this process

When possible and appropriate, invite treatment counselors to hearings to offer testimony or have the provider send information about the parent's progress in treatment

You will want to keep treatment providers informed about the dependency court schedule of hearings and their outcomes and to keep the court informed about parental progress in treatment and problems that the judge is addressing throughout this process.

When it is possible and appropriate, invite treatment professionals to attend hearings and to offer testimony. Treatment providers need to know the point in the case when a parent seeks treatment. For example, parents presenting for treatment immediately after their children are removed will express different motivations and behavior than parents whose Termination of Parental Rights hearing is approaching.

Treatment providers may be unable to attend hearings due to limitations on their time. They may also not be reimbursed for attending the hearing. A provider's lack of attendance at a hearing should not be viewed as a lack of collaboration on his or her part. Regular, ongoing meetings with treatment providers throughout the life of the case will improve information sharing and help create ways for treatment progress to be communicated to the court.

Measuring Progress

- Social workers should seek information from the family and other helpers about progress towards goals and objectives identified in the case plan
- Progress, or lack of progress, should always be noted
- Lack of progress means something is not right about the plan—if it is not working, change it
- Do not automatically assume lack of progress means the person is not doing enough or is not capable of changing

The case plan goals should be monitored on an ongoing basis. Is the parent meeting the requirements of his or her case plan? If not, why not? Are there barriers to meet these goals?

Meet with the treatment provider or invite him or her to a team meeting at your agency. What are the treatment goals for the parent? Has the parent met his or her goals? If not, why not? If the parent has met his or her goals, does the parent have additional goals?

Does the parent need additional services to meet his or her goals?

Can you give specific examples of the progress the parent is making?

Measuring Progress

Substance use disorder treatment professional's view:

- Increased periods of recovery and decreased periods of relapse—as a result of treatment
- Scope and durability of changes in other areas of life to maintain recovery

Even though treatment counselors and child welfare workers may share the same recipients of services, they do not always measure and define progress the same way.

For many substance use disorder treatment professionals, progress is measured in two ways:

- Whether the person's treatment is resulting in increased periods of recovery and decreased periods of lapse or relapse.
- The scope and durability of changes people are able to make in other areas of their lives so that recovery will be maintained (things like satisfying employment, building a support system, or attending self-help groups).

When meeting with treatment providers, ask how they define progress in treatment. For some treatment programs, progress may be regular attendance or clean drug screens. Ask for specific information on why a provider is saying a parent is making progress. Providers need to be more specific in their feedback instead of just saying a parent is making progress.

Measuring Progress

Child welfare worker's view:

- Parent participation and progress in treatment within the deadlines established by the court
- Assessment of permanency, family strengths, and protective factors

Shared views:

- Parental participation and progress in treatment
- Parental motivation to achieve the conditions that will result in retaining or reuniting with their children

Child welfare workers and dependency court judges can measure progress in similar ways. They will both look at whether the parent is fully participating in treatment and in the services that are being offered. They will also look at whether the parent has made improvements, especially in relation to the safety and care of children. The parent must accomplish these outcomes within the strict statutory deadline established by the court while also providing a safe and nurturing home for the children.

There are many shared views among the professionals working with the parent and family. Child welfare workers and treatment professionals depend on a parent's participation in treatment to accomplish the basic goals required by each system. They also depend on a parent's motivation to achieve the conditions that will result in retaining or reuniting with his or her children. As these professionals work on their respective goals for the parents, each professional is also working toward a larger, common goal of restoring health to the parents and their families.

Drug Testing

Drug testing:

- What does it mean?
- How should it be used to measure progress?

Drug testing is often used in child welfare agencies, courts, and substance use disorder treatment facilities. However, each system views the reasons for testing differently.

Drug testing is a tool that can be used to determine whether a parent is using substances within a specific timeframe and to facilitate discussions with families affected by substance use disorders. Drug testing refers to the use of biologic sources, such as urine, saliva, sweat, hair, breath, blood, and meconium to identify specific substances or their metabolites in an individual's system. However, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or for making decisions about the disposition of a case.

Drug tests are designed to identify a specific substance in a person's system within a specific timeframe—this varies depending on which type of drug test is used.

Assuming there are no other safety concerns, a positive drug test or a series of positive drug tests should not be used as the sole determining factor in the removal of a child from the home or to determine parental visitation.

Working with treatment providers on understanding drug testing in relation to a parent's progress in treatment is critical.

*****Inform the participants of your agency's policy and procedures on drug testing.**

Please see the following resource:

<https://www.ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf>

Sharing Information in a Service Delivery Team

Changes that might create stress for parents or affect their participation in treatment:

- Increased visitation or unmonitored visits with children
- Meetings scheduled with social workers
- Transfer of a family's case to a new child welfare worker or to a different unit
- Unanticipated changes in any services in the case plans
- Schedule of court hearings or in the court calendar

When collaborating with treatment professionals, you should let treatment staff know when there are changes that might create stress for the parents or that might affect the parents' participation in treatment. Potential stressors include:

- when visitation with children is being increased or unmonitored visits with children are being instituted,
- meetings are scheduled with the social workers,
- transfer of a family's case to a new child welfare worker or to a different unit,
- unanticipated or additional changes that occur to any services that are part of the case plans, and
- changes in the schedule of court hearings or in the court calendar.

Sit down with a parent and ask him or her to identify any particular stressors. Does the parent have a relapse prevention plan? What are the stressors on the relapse prevention plan?

Collaboration Necessities

- **Communication:**
People receiving treatment need information, and multiple helpers need to share information
- **Coordination:**
Multiple efforts from helping professionals must be coordinated to benefit everyone
- **Consultation:**
Helpers with one kind of expertise need input and advice from helpers with other expertise

Service is more effective when professionals talk

(Center for Substance Abuse Treatment, 2005)

The most important variables in providing treatment are *communication*, *coordination*, and *consultation* between all involved providers, assuming more than one provider is involved. Most people need to receive consistent information and care to make progress. The child welfare worker may be the key person who ensures that communication and coordination take place while the case plan is being implemented and monitored for a particular family.

If there are differences in how the various professionals are viewing or attempting to treat the individual, they should work together to find agreement about the person's care to better serve him or her. One of the most effective ways to get everyone on the same page is to form an individualized family team that includes everyone working with the family.

Working Together: Tasks for Counselors, Child Welfare Workers, and Judges

Treatment Counselor

- Help parents end denial and envision a positive life without substance use or mental disorder
- Help parents understand how their substance use disorder has affected their lives and the lives of their children, families, and friends
- Help parents understand how their mental health disorder has affected their lives and the lives of their children, families, and friends

Review the tasks of treatment counselors and their role to support families.

Slide 39

Working Together: Tasks for Counselors, Child Welfare Workers, and Judges

Child Welfare Worker

- Conduct assessments to evaluate and monitor the safety of children
- Help parents provide a nurturing environment for children, heal themselves, and develop capacities to care for their children

Review the tasks of child welfare workers.

Slide 40

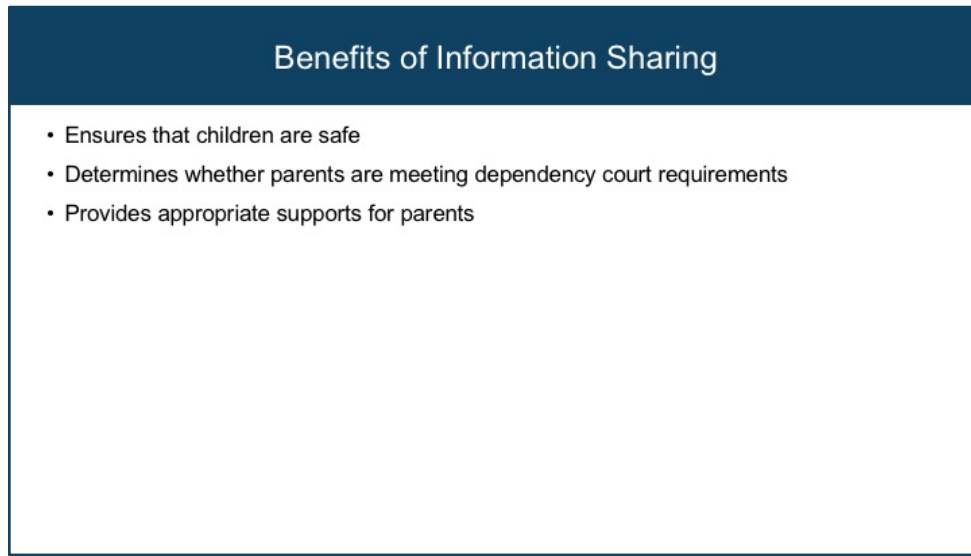
Working Together: Tasks for Counselors, Child Welfare Workers, and Judges

Dependency Court Judge and Staff

- Assess information and make decisions leading to permanency for children in the child welfare system
- Follow procedures and timetables specified in state and federal statutes (e.g., Adoption and Safe Families Act)
- Preside over hearings to see whether the child welfare agency made reasonable efforts to provide needed services that prevent removal and/or achieve reunification

Review the tasks of the dependency court.

Slide 41



Benefits of Information Sharing

- Ensures that children are safe
- Determines whether parents are meeting dependency court requirements
- Provides appropriate supports for parents

Sharing critical information will help ensure that children are safe, determine whether parents are meeting the dependency court requirements, and provide appropriate support for the parents throughout the treatment process. However, information sharing must always follow the prescribed procedures to protect the privacy of the parents.

Helping Parents Prepare for Recovery

Parents may need help with:

- Maintaining sobriety
- Maintaining psychological medication regimen (if there is a co-occurring diagnosis)
- Avoiding situations that contribute to substance use or other symptom emergence
- Finding services to help them re-establish their lives
- Connecting with new support systems and resources in the community

How can child welfare workers assist parents with preparing for and sustaining life-long recovery after their child welfare cases are closed? Recovery from a substance use disorder is an ongoing, life-long process. During the early months of recovery, people with a substance use disorder are especially vulnerable to relapse. Many people may need to return to a more intensive level of treatment. The parents you work with are likely to need help and support for the following activities:

- Maintaining sobriety
- Maintaining their health, including a medication regimen if applicable
- Adjusting their lifestyles to avoid situations that contribute to substance use
- Finding basic services that will help them re-establish their lives, jobs, and families
- Finding and connecting with new support systems and resources in the community that will continue after the case is closed or treatment ends

Slide 43



Building on Family Strengths:
Moving Toward
Family Recovery

The following slides highlight Strengthening Families and family recovery. Although Strengthening Families is a specific approach, the overall goals of building on family strengths to create healthier families is an overarching theme for child welfare involvement.

Moving Toward Child Welfare Case Closure

Encourage the use of community-based supports

- 12-Step participation
- Peer support services

Identify individualized services

Maintain a directory of local community organizations/social supports

- Gather contact information, service hours, and referral requirements
- Establish relationships with service organizations

When working with parents during the case closure phases and helping them develop life-long recovery strategies, encourage them to use resources in the community.

- Encourage 12-Step participation. For those parents with a substance use disorder, use motivational enhancement interventions to encourage their ongoing participation in 12-Step programs and in obtaining a 12-Step sponsor.
- Encourage the use of peer support services.

Identify individualized services. Work with the treatment professional to determine the specific services that parents will need for themselves and their families during the recovery period.

Maintain a directory of local community- and faith-based organizations and social support services.

- Collect relevant contact information like phone numbers, addresses, hours of service, and referral requirements.
- Establish relationships with organization representatives to make ongoing, informed referrals for parents, as needs arise. You can also arrange for an in-person referral for the caseworker, community services provider, and parent to facilitate the transition.

Moving Toward Child Welfare Case Closure: Support

- Linkages with community-based organizations and resources—initial visits and follow-up
- Relationships with family members, friends, churches or temples, or other social support groups
- Health insurance and other resources

Another critical role you play at this juncture is helping families establish a community network of support and safety planning that they can rely on when the case is closed. This network needs to provide linkages, relationships, and benefits.

Help promote linkages with community-based organizations and resources that can provide ongoing support and assistance to families about issues for which they need help. Reinforce the linkages with community-based organizations by arranging initial visits while the family is still in the child welfare system and having follow-up discussions to determine how effectively the linkages met the family's needs.

Help families establish relationships with family members, friends, churches or temples, or other social support groups that can support parents as they make their way through recovery.

Talk with the family about establishing a safety plan. Identify other family members or friends who will support the family.

Ensure that parents are receiving any necessary benefits and resources. Is health insurance available for everyone in the family? Parents may need to continue in treatment or reconnect with treatment in the future. Are there other resources families should be connected with before they leave the child welfare system?

**Moving Toward Child Welfare Case Closure:
Safety Planning**

Safety planning with the family:

- Build on the family's strengths
- Establish a network of support
- Collaborate with other helping professionals
- Include a parent's relapse prevention plan
- Include the children in the planning

Talk with the family about establishing a safety plan as their child welfare case closes.

- Build on the family's strengths. Help parents articulate what they have learned and define their strengths.
- Identify other supportive family members or friends who agree to be part of the process. These supportive family members or friends should go to a meeting to talk about what kind of support they can offer the family. Can they watch the children if the parent needs a break? Can they provide transportation? Will they check in on the family—how often? Can the children's parent call them if they need help?
- Determine what helping professionals will stay involved with the family. What will their role be? Are they able to monitor ongoing safety for the family? What signs will they look for to know whether the parent or family is starting to struggle? How do they feel about calling child welfare if they have concerns in the future?
- Determine whether or not the parent has a relapse prevention plan. If not, work with treatment providers to establish one. Has the parent had to implement his or her relapse prevention plan? Did it work? Has the parent practiced the plan by reaching out and calling supports and walking through the steps as a practice of what he or she would do if needed?
- Include the children if age appropriate. If they have a concern about their parent, who is a safe person they would reach out to? Do they have a way to connect with this person? What are examples of when they would reach out? It is key to work through a plan with children to make sure they know what to do and who they will reach out to. The plan must be realistic for the child.

Slide 47

Strengthening Families

- Using a protective factors approach can be a positive way to engage families because it focuses on families' strengths and what they are doing right
- Focusing exclusively on risk factors with families can leave families feeling stigmatized or unfairly judged
- Using a protective factors approach can provide a strong platform for building collaborative partnerships with other service providers, like child care, that are not as familiar or comfortable with a risk paradigm as a basis for engaging families

(Center for the Study of Social Policy, n.d.; Child Welfare Information Gateway, 2014)

Strengthening families using a protective factors approach in our work as child welfare workers provides the best opportunity for long term success for families.

Help families identify their strengths early on. What can they build on during their work with us? As a family is exiting the child welfare system, redefine their strengths. Show families how they have built on existing strengths and added additional strengths.

5 Protective Factors

Build on the five protective factors, identified in the research literature, that are associated with lower rates of child abuse and neglect, and with optimal child development:

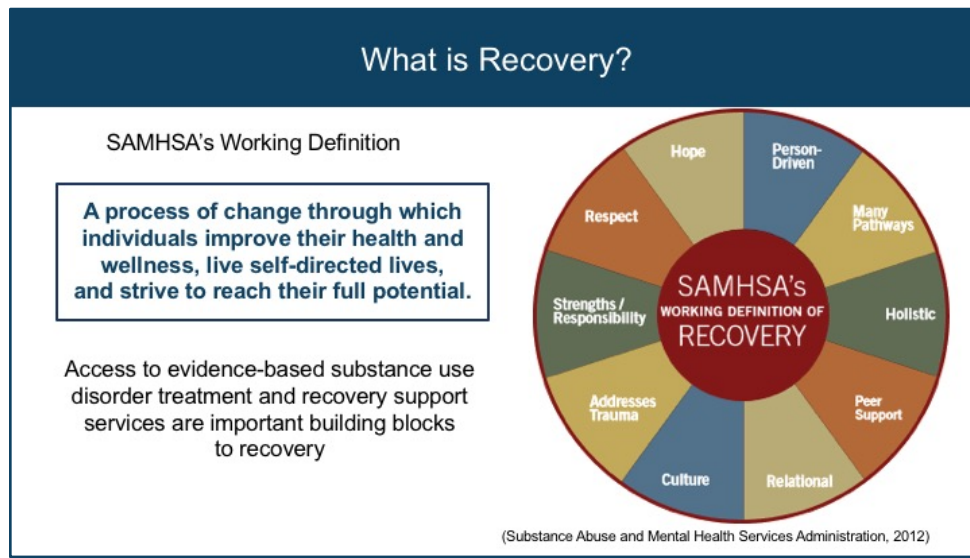
- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social-emotional competence of children

(Center for the Study of Social Policy, n.d.; Child Welfare Information Gateway, 2014)

Build on the following protective factors:

- **Parental resilience:** the capacity of parents to maintain stability, be calm, and provide nurturing support, despite difficult or challenging circumstances
- **Social connections:** relationships with family members, friends, neighbors, co-workers, community members, and service providers
- **Knowledge of parenting and child development:** parent's willingness to seek and ability to apply knowledge of parenting and child development
- **Concrete supports in times of need:** parent's access to concrete supports and services (e.g., housing, food, transportation) that address needs and help to minimize the stress caused by very difficult challenges and adversity
- **Social emotional competence of children:** parent's ability to nurture children's social emotional skills

As a child welfare case closes, it is imperative that parents have learned how to address their needs and seek help; are connected to their family, friends, or community; have gained parenting knowledge; have concrete supports and services; and are able provide their children with emotional support.



Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences that affect and determine their pathway to recovery. Abstinence is the safest approach for those with substance use disorders.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

Recovery is culturally based and influenced: Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.

Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental illness and substance use disorders—including protecting their rights and eliminating discrimination—are crucial in achieving recovery.

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

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

Slide 51

Recovery Occurs in the Context of the Family

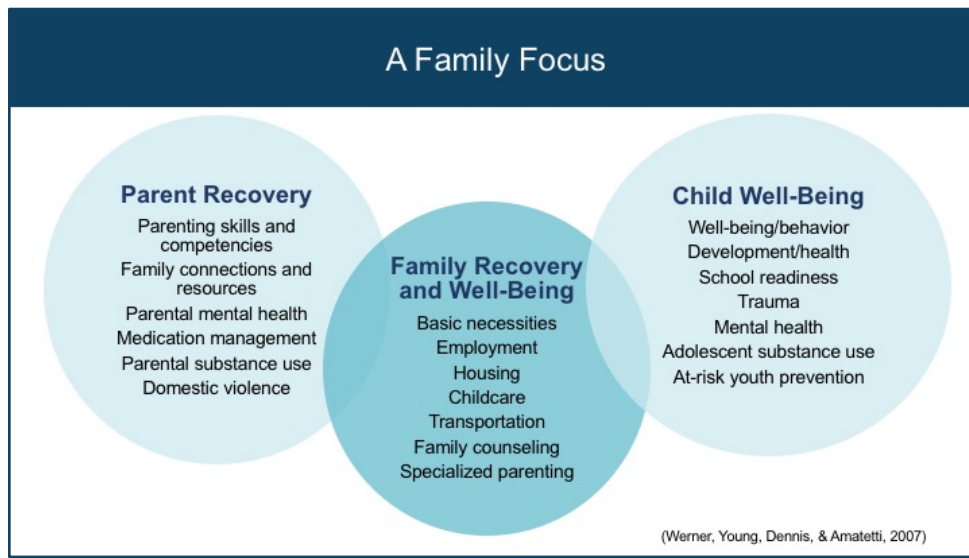
- A substance use disorder is a disease that affects the whole family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent–child relationship cannot be separated from treatment
- Adult recovery should have a parent–child component, including services for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

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

We know that recovery occurs within the context of relationships.

- A substance use disorder is a disease that affects the whole 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 services for the child that help prevent a future substance use disorder

*****Ask participants what family recovery would look like? Create a family recovery definition.**



When serving a family holistically, the focus is on the parent's recovery, the child's well-being, and the family recovery and well-being as a whole.

- Services to support the parent's recovery should address:
 - Parenting skills and competencies
 - Family connections and resources
 - Parental mental health
 - Medication management
 - Parental substance use
 - Domestic violence
- Services that support child well-being must address:
 - Well-being/behavior
 - Developmental/health
 - School readiness
 - Trauma
 - Mental health
 - Adolescent substance use
 - At-risk youth prevention
- Supporting the entire family's recovery and well-being means providing:
 - Basic necessities
 - Employment
 - Housing
 - Child care

- Transportation
- Family counseling
- Specialized Parenting



**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

Administration on Children, Youth and Families
Children's Bureau
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