Parents with Co-Occurring Disorders in Child Welfare: Implications for Practice

MNCAMH Webinar

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Introduction

What are CODs?

- Previously referred to as *dual diagnoses* –

co-occurring disorders are the coexistence of both a mental health and a substance use disorder

SAMHSA, 2016

Understanding CODs

- Often, people receive treatment for one disorder while the other disorder remains untreated

- Undiagnosed, untreated, and undertreated co-occurring disorders can often lead to other issues

SAMHSA, 2017

Prevalence & Child Welfare

- Approximately 7.9 million adults in the United States had co-occurring disorders in 2014
- In 2015, 1,670 children (21.6%) were placed out-of-home due to parental drug abuse in Minnesota
- In 2015, 347 children (4.5%) were placed out-of-home due to parental mental health concerns in Minnesota

SAMHSA, 2017, MN DHS, 2015

Overarching Federal and State Goals of Child Welfare

- Safety – Preventing and responding to maltreatment of children
- Permanency – Stabilizing children's living situations and preserving family relationships and connections
- Well-being – Enhancing families' capacity to meet their children's physical, mental health and educational needs

Adoption and Safe Families Act (ASFA), 1997

Child Welfare in Minnesota

- State-supervised/County-administered (87 counties)
- Eleven federally recognized Tribes – 2 American Indian Child Welfare Initiative Tribes
- Differential Response with Strength-based practice and guidance from Structured Decision Making (SDM)
- Undergoing very large systems reform

Barriers to Supporting Parents with CODs in CW

- Mandated permanency timelines
- Retention (caseloads, secondary traumatic stress, supervision, salary)
- Limited resources
- Access to quality services
- Personal Bias
- Lack of training on CODs

Mandated Permanency Timelines

- Reunification or other permanency decisions have to be made **within 12 months of removal**
  - This can include reunification, transfer of legal custody to relative or kin, adoption

- Consequences of strict timelines:
  - Recovery is life-long. 12 months does not provide adequate time to support families in recovery
  - Often times services can be fast tracked in order to meet the demands of permanency timelines, does not allow parents to work at their own pace

Retention

CASCW conducted a workforce stabilization study in 2016 and found that:

- 68% of CW professionals reported feeling overwhelmed
- 83% reported experiencing secondary traumatic stress (STS)
- 63% reported having supports needed to manage work stress
- 37% of respondents said STS negatively impacted their work
- Respondents reported the following would increase their likelihood of staying:
  - Increased salary (88%)
  - Lower caseload (81%)
  - Fewer administrative requirements (81%; e.g., less paperwork, administrative meetings, etc.)

Resources & Access to Quality Services

- High demand for integrated treatment, limited resources
- Every state and county vary in resources
- Limited resources in rural counties, sometimes **no** resources for families needing mental health and substance use treatment
- Access to culturally-sensitive treatment
- Low-income families - access to quality services

Impact of Bias on Practice

Unconscious biases *are social stereotypes about certain groups of people that individuals form outside their own conscious awareness*

- Can lead to inadequate treatment of families
- Leaving symptoms undiagnosed and untreated
- Can increase likelihood of re-entry - future involvement in the child welfare system

Lack of Training

- Supporting Recovery in Parents with Co-Occurring Disorders in Child Welfare: Training Videos

https://www.cascw.org/portfolio-items/supporting-recovery-in-parents-with-co-occurring-disorders-in-child-welfare-training-videos/

- Supporting Recovery in Parents with Co-Occurring Disorders in Child Welfare: Practice Note

https://www.cascw.org/portfolio-items/recovery_parents_with_co-occurring_disorders_pn26/

Best Practice Strategies

- Recovery oriented practice
- Screen & assess for CODs
- Safety planning
- Family Dependency Treatment Court
- Peer recovery specialists
- Motivational Interviewing

Child Welfare's focus is on improving not only parental recovery but also family recovery from alcohol or other drug problems

McKay, J., Hiller-Sturmhöfel, S., 2011

Recovery Oriented Practice

- Changing the language we use
- Changing the way we think about child welfare practice
- Identify integrated services - recovery specialists
- Celebrate all of the small successes along the way

Screening and Assessment

- Identify COD symptoms through screening
  - Video 1: Identifying CODs: https://www.youtube.com/watch?v=Q4ccdNMtYlw
- Provide referrals to the appropriate supports and services
  - Treatment for CODs is crucial
  - Longer can be better
  - More can be better

Safety Planning

- Harm Reduction – Risk Assessment
- Signs of Safety
- Family Group Decision Making
- Relapse planning
- Role play
  - Video 2: Safety Planning https://www.youtube.com/watch?v=ARQuTgXumok&feature=youtu.be

Role Play

- We can assist clients with practicing safety plans
- Both the child(ren) and parent(s) can benefit from practice
- Practice can help children and parents become comfortable with these skills and feel confident in utilizing the plan
- Examples of role plays:
  - With the parent and child, role-play the child calling a trusted adult when it is apparent that the parent is having a hard time
  - A parent indicated family stress as a trigger, specifically with their own mother. Practice with the parents various skills for separating and taking time from their mother

Incorporating Relapse Planning into Case Planning

- Help clients identify common triggers (personal, environment).
- Identify early warning signs (subtle changes in feelings, internal experiences, other behavior that might signal a relapse)
- Develop and practice coping skills – in response to early warning signs and triggers
- Once you have identified the above, create a relapse prevention plan
- Revisit and update the plan throughout the life of the case

MNCAMH, 2017

Case Planning:
Meet Parents Where They Are At

- Recognize personal bias
  - Video 3: https://www.youtube.com/watch?v=h_3bKM7lXyY
- Understand that each family has their own **unique needs**
- Create a safety/relapse plan
- Identify integrated services
  - Integrated care in MN: http://interventionamerica.org/Mental_Health_Services/Searchdirectory.cfm?State=MN

Family Dependency Treatment Court

- Previously called Drug Courts
- Shift in the way courts handle individuals in the justice system
- *Family Dependency Treatment Court* is a juvenile or family court docket for cases of child abuse or neglect in which parental substance abuse is a contributing factor
- Research has shown that this approach has proven to be more effective than traditional court strategies at reducing repeat offenses
- Treatment courts in MN: http://www.mncourts.gov/Help-Topics/Treatment-Courts.aspx

National Drug Court Resource Center, 2012

Peer Recovery Specialists

- Peer mentoring or coaching
- Recovery resource connecting
- Facilitate and leading recovery groups
- Help build community

SAMHSA, 2009

Motivational Interviewing

- Four guiding principles to MI:
  1. **Express empathy**
     - Acceptance facilitates change, skillful reflective listening is fundamental, ambivalence is normal
  2. **Develop discrepancy**
     - The client presents the arguments for change. Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.
  3. **Roll with resistance**
     - Avoid arguing for change, resistance is not opposed directly, new perspectives are invited but not imposed, the client is a primary resource in finding answers and solutions, resistance is a signal to respond differently
  4. **Support self-efficacy**
     - A person's belief in the possibility of change is an important motivator, the client, not the counselor, is responsible for choosing and carrying out change, The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy

Center for Substance Abuse Treatment, 2005

Questions?

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