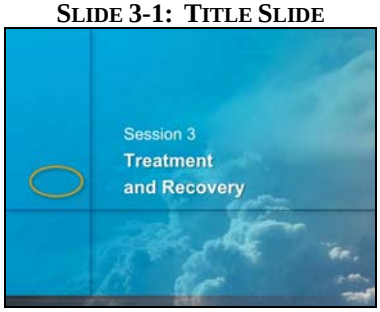
The Integration of Services Training Series

MODULE 4. SUBSTANCE ABUSE

Session 3: Treatment and Recovery

SLIDE 3-1: TITLE SLIDE



Summarize:

- In the last session, we discussed the screening process to determine the risk or probability of substance abuse and the need for an assessment.
- This session continues the case process, moving to treatment and recovery for substance abuse and how that relates to your family intervention.

Say:

To get us thinking about substance abuse treatments, I'd like for someone to share a success story of working with a family with substance abuse involvement. Tell us a little about the family, the types of services they received, including the substance abuse services, how you worked with the family, and why you considered the case a success.

Ask:

Who will volunteer a story?

TRAINER NOTE

After the volunteer tells the story, ask for more details through questions based on the treatment content presentation below. (If you ask a few or more questions, you may relate your technique to the family story discussion presented in the Family Centered Practice workshop #2.)

As possible, relate back to this story as you present the treatment information. You may want to ask additional questions of the storyteller at points in the treatment presentation.

Thank the volunteer.

Ask:

In general, would you say that substance abuse treatments are effective? Why or why not?

Get some responses. Summarize and integrate the following research-based points.

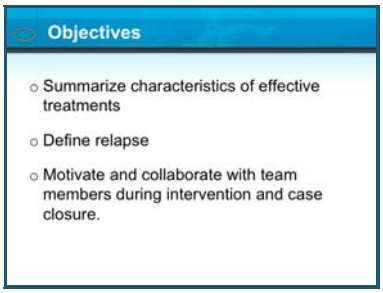
Summarize:

- Decades of research have demonstrated that treatment works.
- Studies show that treatment:
  - Reduces substance use by 40%-60%
  - The reductions are long lasting
  - There are associated increases in employment and income, improvements in mental and physical health, decreases in criminal activity, homelessness, and behaviors that put individuals at risk for HIV infection
- However, substance abuse is a chronic disease. Following treatment, there is a lifelong recovery process in which the disease is managed, not cured. Recovery, including abstinence, presents on-going challenges, as we discussed in session 1.

TRANSITION

With that introduction to substance abuse treatment, let's go over what we'll accomplish in this session.

SLIDE 3-2: OBJECTIVES



Summarize:

- In this session, you'll learn the characteristics of effective treatments for parents and, to a lesser extent, their children.
- We'll also touch on some issues regarding drug testing and drug-mediated treatments.
- We'll discuss the basics of relapse and relapse or safety planning for the child.
- As in the last session, we'll discuss how to motivate and collaborate. Now, our focus will be on integrating treatment and recovery with your case plan – and closing the case.
- This session will present an overview of treatment, and then we'll move on to your role as a motivator and collaborator.

Ask:

Why do you need to know about the substance abuse treatment system?

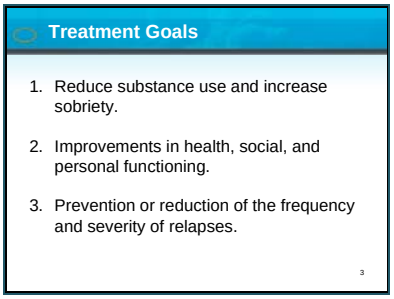
***Summarize**:*

- Substance abuse diagnoses, treatment recommendations, and responses to treatment are all critical factors in how you **monitor improvements** in family functioning and stability. This information helps you to make good recommendations concerning next steps in ensuring the safety and well-being of children in or out of the home.
- To work with another system, you have to know how the **system "thinks" and works**. You can put this knowledge to work, particularly when you want to work not just collaboratively, but creatively with substance abuse treatment professionals.
- The better you know the treatment system in general and then how the particular providers work and fit within that system, the better you can help families to **select a treatment provider** that best fits their needs, culture, location, finances, etc.

TRANSITION

With the reasons for this first part of the session clear, let's move on to the nature of substance abuse treatments.

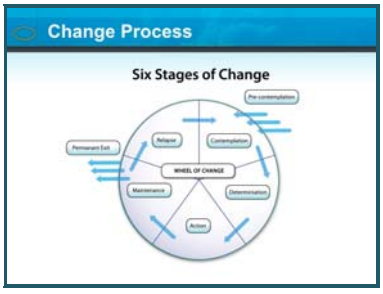
SLIDE 3-3: GOALS



Say:

- *While substance abuse treatments can be quite varied and individualized, they share three goals for the person:*
  1. *Reduce substance use and increase sobriety.*
  2. *Improvements in health, social, and personal functioning.*
  3. *Prevention or reduction of the frequency and severity of relapses.*

SLIDE 3-4: TREATMENT: CHANGE



***Summarize**:*

- These goals are converted to a treatment plan with more specific outcomes, treatment setting, and the types of services to be provided.
- In general, though, the treatment process aims to move the individual through this six stage change process.
- As mentioned previously, the person in treatment may go back and forth on all of these stages during the treatment process.

TRANSITION

Now that we are clear on treatment goals and overall planning, let's look at what makes for effective treatment programs.

SLIDE 3-5: EFFECTIVE TREATMENT

Summarize *from these points:*

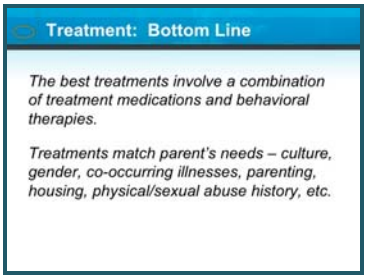
- As you know, substance abuse is a complex and chronic disease that has biological and behavioral components.
- A comprehensive treatment program, tailored to the individual, is necessary for the treatment success we discussed earlier.
- While treatment programs can be quite varied, there are research-based principles of effective treatments.

Participant Guide
Module 4, p. 19

(Refer the participants to their Participant Guide, Module 4, page 19—Principles of Effective Treatment—for short descriptions of the principles, or pick out a few to discuss in more detail.)

- If you want to briefly list them, use this condensed list:
  - No single treatment is appropriate for all individuals.
  - Treatment needs to be readily available.
  - Effective treatment attends to multiple needs of the individual, not just his or her drug use.
  - Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
  - Treatment does not need to be voluntary to be effective.
  - Possible drug use during treatment must be monitored continuously.
  - Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place them or others at risk of infection.
  - Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

SLIDE 3-6: TREATMENT BOTTOM LINE



Summarize the following points:

- Research shows that combining treatment medications, where available, with behavioral therapy is the best way to ensure success for most people. (*These therapies are explained in the Participant Guide pages on effective treatment principles referred to above.)*
- The best treatment programs offer a combination of therapies and other services to meet an individual's needs, as we discussed during the assessment topic (*Participant Guide, Module 4, page 17—Matching Treatment to Person).*
- Additional needs relate to:
  - Age, race, culture, sexual orientation, gender,
  - Pregnancy,
  - Other drug use,
  - Parenting, housing, employment
  - Physical and sexual abuse history
- Substance abuse treatment of parents, of course, needs to be integrated with the overall case plan for the family. We'll talk about that later in the session.

Participant Guide
Module 4, p. 17

TRANSITION

We've summarized the nature of treatments for substance abuse.

We have two more important, but short, topics related to treatment to discuss: drug-mediated treatments and drug testing.

DRUG-MEDIATED TREATMENTS

Say:

Prescribed treatment medications along with behavioral therapies are characteristics of effective substance abuse treatments.

Ask:

In your cases, how many of you have family members that are participating in drug-mediated treatments?

Get a few responses.

Ask:

How does the overall treatment seem to be working? Can you identify any pros or cons of the drug-mediated part of the treatment?

Get a few responses.

Incorporate the points mentioned into the following summary, as possible.

SLIDE 3-7: WHY MEDICATIONS?

Summarize *with these points:*

- Different types of medications may be useful at different stages of treatment to help a person stop abusing drugs, stay in treatment, and avoid relapse.
- **Treating Withdrawal**. Medications can ease the physical and emotional symptoms of withdrawal, including depression, anxiety, and other mood disorders, restlessness, and sleeplessness.
- **Staying in Treatment**. Some medications are used to help the brain adapt gradually to the absence of the abused substance. These medications act slowly to stave off drug cravings, and have a calming effect on body systems. They can help people to focus on counseling and other psychotherapies of their treatment.
- **Preventing Relapse**. Research indicates that stress, cues linked to the drug experience (people, places, things, moods, etc.), and exposure to drugs are the most common triggers for relapse. Medications are being developed to interfere with these triggers.

Participant Guide
Module 4, p. 21

The Rationale and Safe Management of Drug-mediated Treatments is provided in the Participant's Guide, Module 4, page 21 for the participants after-training review.

DRUG TESTING

Ask:

I'm sure you are all familiar with urinalysis, a type of drug testing, as part of your work. What have you found to be the pros and cons of drug testing?

How do you coordinate the drug testing required by the family's case plan with that required by a treatment program?

Get some responses, and then refer back to them as you make the following points.

Summarize:

- Drug testing is often an adjunct of substance abuse treatment and can be a deterrent to relapse.
- However, drug testing may not be an accurate method of determining current or recent drug use.
- Each of the specimens and testing methods (urine, hair, sweat, and blood) detect use over various lengths of time. But generally they only detect recent use and cannot measure frequency or patterns of use or the route of consumption.
- Given the problems with drug tests and the low probability that a person in treatment will self-report substance use accurately to a treatment provider or CPI/DCM, the best monitoring approach involves a combination of random drug tests, self-reports, and observations of behavioral indicators such as:
  - Positive changes in hygiene and grooming
  - Improved functioning in daily life (in the absence of underlying untreated psychological or psychiatric disorders), and
  - Improved consistency in complying with drug treatment and child welfare case plan requirements.

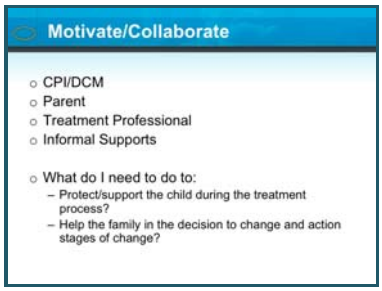
TRANSITION

That's substance abuse treatment in a nutshell, with a few treatment issues thrown in as well.

To bring these ideas down to a practical level, let's turn to how motivation and collaboration can work while a parent is in treatment.

Materials:
- Blank sheet of flipchart paper for each group

SLIDE 3-8: MOTIVATE/ COLLABORATE



ACTIVITY 3-1: Change/Collaboration Responsibilities

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

TIME: 15 MINUTES

DIRECTIONS:

1. Tell the participants that they are going to do an extension of the activity from the previous session on motivation and collaboration during assessment.

This time the focus will be on the child welfare services and substance abuse treatment phase of the case, prior to planning for case closure.

2. Have the participants get into their small groups of 5-6.
3. Show the slide. Remind the participants that motivation and collaboration involve these four groups. The questions for each group this time are:
    - What do I need to do to protect/support the child during the treatment process?
    - What do I need to do to help the family in the decision to change and action stages of change?
4. Remind the groups that general motivational tasks for each of the stages is in their Participant Guides, page 18.
5. Assign each group one "audience" segment from the slide. *(The groups should be assigned to a different role from the one they played in Session 2.)* Give each group a sheet of flipchart paper.
6. Tell them that each group is to answer the questions for their segment. Have them write their suggestions on the paper and select a reporter.
7. Tell them they will have 10 minutes to generate their lists.
8. Have the groups give their reports. (*As they begin, have them post their paper on the wall in a row.)*
9. Have the whole group work together to identify common responsibilities or tasks among two or more segments.
10. Explain that these common tasks are "ripe" for collaboration.
11. Say that they will get a chance to practice collaboration with some of these common tasks in the next case practice activity.
12. Mention that, as with the difficulty of getting some parents to an assessment, another place we lose people is getting them into treatment. Discuss that issue briefly.

Ask:

What have you found is effective for motivating parents to show up for treatment?

How can we, as a family team, work together to get people into a treatment that is a "fit" for them?

Materials:
Trainer Handout 3-1

ACTIVITY 3-2: Collaboration Practice

PURPOSE: To provide a practice opportunity for a family team to collaborate on developing a plan for the family based on identifying family needs and who could help the family to meet those needs.

TIME: 30 minutes

DIRECTIONS:

1. Create teams of four participants. Do so by drawing one participant from each of the four "segments" from the previous activity to form a team. Repeat until all participants are assigned to teams.
2. Tell the participants to join their groups. They are to continue to play the role that they played in the previous activity. (If you have enough FIS's, have at least one in each group; adjust group membership, as necessary, to do so.)
3. Tell the groups that they will be practicing the collaboration task of family case planning using our practice case (Sonia Everett).
4. Their jobs are to identify the family's needs, who could meet those needs, and the motivation and collaboration strategies that should be used to promote positive family change during the intervention.

Participant Guide, Module 4, p. 22

5. Refer the participants to the activity worksheet in their Participant Guide – Module 4, pg. 22. They will complete this sheet during the activity.

Participant Guide Module 4, p. 23-24

6. Also, refer them to additional resources in the Participant Guide – Module 4, pgs. 23-24. These pages give suggestions for common needs in families with substance abuse.

Trainer Handout 3-1

7. Hand out the Trainer's Handout 3-1 which gives more information about the case practice family (Sonia Everett).

8. Tell the FIS to play the role of the treatment professional. The other members are to play the role of the group they represented in the "segments" activities, as possible. If the shifting of FIS's results in all roles not represented in a group, have the group members adjust roles so all four roles are filled (CPI/DCM, treatment professional, parent, and informal support.) The informal support can choose who he/she wants to be as an informal support (e.g., friend, daughter, 12 step program representative, etc.).
9. Tell the groups they have up to 20 minutes to complete their tasks. Tell them that the CPI/DCM will report their results.
10. After the 20 minutes, have the groups report. To do so, have one group give their first need, service, collaboration strategy, and motivational strategy and discuss briefly with the whole group. The next group gives a different need, etc. until the major parent and child needs have been discussed.

Process:

The main purpose of this activity is to give the participants the experience of collaborating together as a family team. While recognizing that in a training environment practice situations tend to go smoother than real life situations, get some reactions to that collaboration with the following questions.

Ask:

- ***How did it feel to work together? What are your reactions?***
- ***Did you feel your plans were better as a result of the collaboration?***
- ***Do you feel you got a better understanding of each other's viewpoints by sitting down and developing the plan together?***
- ***How does this process affect subsequent work on the case?***

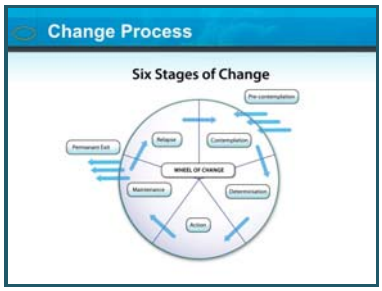
***Summarize**:*

- As with all skills, to do them well they need to be practiced. In this activity, we set up a simple practice – and I hope it was worthwhile for you. We all know that collaboration has the potential to create better services for families, increase the likelihood of the family's active participation in the intervention, and, ideally, lessen your workload in the long run as you are coordinating and sharing the work among others. Achieving that potential, though, can be hard, particularly at first.
- There are certainly many other ways to collaborate other than in meetings . . . the key is sharing ideas among all parties, whether it is by email, or talking to each team member on the phone, or other means. Module 5 of this series will address innovative methods of collaboration.
- And, obviously, we kept the team small; in reality, you could include others, particularly mental health, health professionals, teachers, etc. However, the broader the teams, the more likely it is that some sort of system protocols will need to be developed to fulfill confidentiality requirements and concerns. Larger team collaboration will also be a topic of Module 5, Service Integration and Collaboration.

TRANSITION

We have one more topic to discuss, and that is continuing your motivation and collaboration during intervention monitoring and case closure. To do that, we'll start with a review of relapse and recovery.

SLIDE 3-9: CHANGE PROCESS



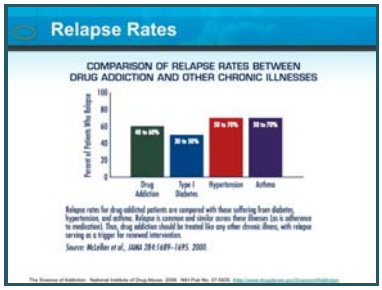
Say:

- *As you can remember, relapse is one of the stages of change.*
- ***Relapses** are periods of time when the person returns to problem behaviors associated with substance use – she begins using substances again and engages in other problematic behaviors that may increase risk to her children.*
- *Relapses can be triggered by stress. Therefore, be aware of the relapse potential of child welfare events, such as:*
  - *Before court hearings*

- *After visitations with children*
- *Shortly before regaining custody*
- *Shortly before case termination*

- *Try to identify the specific relapse "triggers" with the parent to help her/him be aware of them as relapse is starting – and to build them and specific protective actions to take into the relapse/safety plan.*

SLIDE 3-10: RELAPSE RATES



Summarize *based on these points:*

- Does relapse mean treatment has failed?
- No. The chronic nature of the disease means that relapsing to drug abuse is not only possible, but likely, with relapse rates similar to those for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components.
- Treatment of chronic diseases involves changing deeply imbedded behaviors, and relapse does not mean treatment failure. For a person with substance addiction, relapses indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.
- Therefore, during treatment, you should expect relapses to happen… and so to develop a safety plan or relapse plan with the family to protect the child during a relapse.
- Over time, the relapses should become less common and be of shorter duration.
- There is another term that describes a behavior pattern that commonly occurs in treatment and recovery: **lapses**. Lapses are periods of substance use, but the challenging or destructive behaviors that occurred prior to or early in treatment are not present.
- Lapses and relapse are considered a normal part of the recovery process, not a treatment failure. Still, they do present challenges to the PI/DCM when considering child safety. We'll address those challenges with safety/relapse plans.

SLIDE 3-11: CHANGE PROCESS AND RECOVERY

Summarize:

- Treatment does not equal recovery. Recovery is much more than being sober or clean and even reducing relapses.
- Treatment is the start of recovery, but recovery continues for the rest of the person's life.
- Former addicts talk about being "in recovery" as opposed to having "recovered," because recovery is viewed as an on-going process.
- In recovery, the person is continuously integrating the change process into his or her daily approach to living . . . handling the stresses and trying to make the right decisions, and dealing safely with the wins and losses.
- In short, recovery is the on-going process of making lifestyle changes to support healing and to regain control of one's life.

TRANSITION

That review of relapse and recovery sets the stage for our final topics on managing and monitoring the implementation of the case and treatment plans and case transitioning or closing.

Say:

- *While the parent is in treatment, gradually, and most likely in stops and starts, she progresses to the maintenance stage of the change process.*
- *You, of course, have been motivating the parent through the early ambivalence about treatment and the other changes that are part of the case plan.*
- *You've been doing the motivating in a supportive way,*
  - *Expressing empathy for her challenges, supporting her self-efficacy and spots of optimism, and adjusting to and reframing her resistance, relapses, and weak moments to avoid arguments and direct confrontations.*
  - *You've kept the intervention goals clear in her mind and in yours – and used those for motivation.*
  - *You've kept building on successes, no matter how small.*

- *And, most importantly, you've come to know and respect the person behind the substance abuse.*

Say:

Still, the clock is ticking and you need to meet your case timeframes, so you want to monitor and evaluate case progress on the case plan and the treatment plan.

Ask:


FLIPCHART

What is it you most want to know from the treatment professional to check on case progress?

Get some responses. Record them on the flipchart.

Add, as necessary:

You want to know immediately, of course, if the parent goes into a lapse or relapse or if they've left treatment. Periodically, you want to know:

- *What's the level of participation (attending, engaging, etc.) in treatment services?*
- *What knowledge gained through substance abuse education?*
- *What's the level of participation in recovery support systems (informal supports, such as a 12 step program)*
- *Is the parent participating in child visits – and how are the interactions during the visits?(when appropriate)*
- *What are the changes in parental skills/ parental functioning?*
- *Are there improvements in interpersonal relationships?*
- *Are the periods of abstinence increasing? (including drug screen results)*

If you used the flipchart, post the results on the wall.

Ask:


FLIPCHART

What will the treatment professional want to know from you to properly monitor treatment progress?

Get some responses. Again, record them on the flipchart.

Add, as necessary:

The treatment professional will also want to know immediately if you find the parent in lapse or relapse. On a periodic level, they want to know:

- *Are there any changes in child placement?*
- *Are there any significant changes in the family's situation?*
- *What court hearings are approaching? What's their purpose? What do you need from me for the hearing?*
- *How's the progress on the case plan? Are there any significant changes in the case goals or plan?*

Summarize:

- As part of the case/treatment planning process, set up times to share information, celebrate successes, and to collaborate on necessary intervention changes, based on the questions we generated.
- Ideally, you will be able to set up some times for a joint case review, whether in person, on the phone, or even electronically through the exchange of emails or collaboration software.

Participant Guide
Module 4, p. 25

- In this case, your information should address the questions presented in your Participant Guide, Module 4, page 25—Joint Case Review Questions.
- Review the questions in the Participant Guide.

TRANSITION

We've talked about treatment and intervention monitoring for the parent; let's turn to working with the child.

Say:

- *You already know that parental substance abuse is often associated with specific risks to children's well-being.*
- *These risks may include developmental problems, mental health issues, lack of medical care, and the need for educational support, among others.*
- *Addressing these issues in the case plan and monitoring their intervention helps the child to achieve his potential.*

- *However, children also need to develop a basic understanding regarding substance abuse in terms that are nonjudgmental and supportive.*

Participant Guide
Module 4, p. 26

- *Suggested ways to talking with children are presented in the Participant's Guide, Module 4, page 26—How to Talk to Children About Their Parents' Addiction.*

Review the talking points in the Participant Guide. Ask for some volunteers to describe how they have used similar talking points in their discussions with children.

TRANSITION

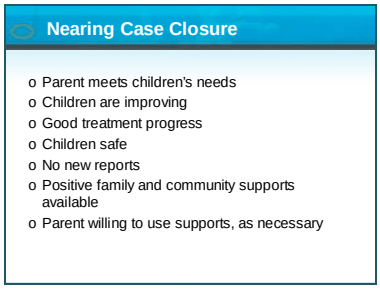
We've covered some of the case implementation and monitoring concerns, let's close with transitioning or case closure.

Ask:

How do you decide when it may be time to begin to close the child welfare case with the family? What do you look for in a case in which the family will be staying together?

Get some responses.

SLIDE 3-12: NEARING CASE CLOSURE

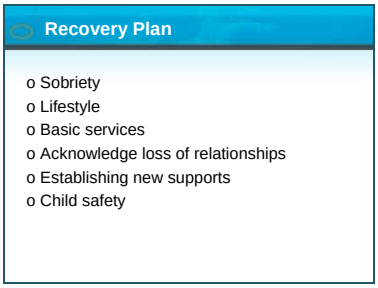


Summarize *the discussion.*

- Parents demonstrate capacity to meet the children's needs, appropriate to their age, development, and special requirements.
- Children show evidence of improved care and development.
- Parents have completed the recommended treatment program at an acceptable level, or it is proceeding well enough to know that children are not at risk. Ideally, case closure can be coordinated with a parent's completion of treatment, as this helps assure continued participation in treatment. If the parent is still in treatment when considering closing the case, coordinate with the treatment professional to assess risk of parent not completing treatment if the child welfare case is closed.
- A safety assessment of the children ensures there are no remaining unsafe conditions or other conditions that pose a risk to them.
- No new reports of child abuse or neglect received.

- The family has established positive family supports and community links that are available when needed.
- The parent has demonstrated the ability and willingness to use community supports when needed.

SLIDE 3-13: RECOVERY PLAN



Say:

- *This summary does not mean that the parent will no longer have lapses or relapses.*
- *Lapses and relapses do make it difficult to accurately assess treatment progress and child safety. The best course of action for the CPI/DCM is to work closely with the treatment professional to evaluate the implications of relapses for progress and child safety.*
- *This collaboration can be done with a joint case review to determine whether it is time to begin transitioning the parent out of the child welfare system.*
- *It is also essential to have a good safety plan in place.*

Say:

- *To prepare the parent and family for a successful transition from child welfare services, it is useful to develop a recovery plan with them and the rest of the family team.*
- *This plan, whether formal or informal, addresses:*
  - *Maintaining sobriety*
  - *Adjusting their lifestyles to avoid situations that contributed to the substance abuse*
  - *Finding basic services that will help them re-establish their lives, jobs, and families*
  - *Acknowledging the loss of relationships with the CPI/DCM and the treatment professional.*
  - *Finding and connecting with new support systems and resources in the community that will continue after termination of the relationships with the CPI/DCM and treatment professional.*
  - *The actions to respond to lapses and relapses, including the child's safety plan.*

TRANSITION

Let's see how to develop a Recovery Plan using our practice case.

TRAINER NOTE

The following activity has all the groups completing a recovery plan for Sonia. If you are pressed for time, you can do this activity as a group, rather than using small groups.

Materials:
- Blank sheets of flipchart paper
- Trainer Handout 3-2

ACTIVITY 3-3: Recovery Plan

PURPOSE: **To practice identifying the necessary elements of a recovery plan.**

TIME: 30 minutes

DIRECTIONS:

1. Have the participants rejoin their group of four from the previous activity. They are to play the same role as in the previous activity, too.
2. Tell the groups that they will be creating a recovery plan for the family in our practice case.
3. Give each participant Trainer Handout 3-2 and each group a blank sheet of flipchart paper. (The handout gives directions for completing their assigned task and more information about the family.)

Trainer Handout 3-2

4. Refer the participants to their Participant Guide, Module 4, pg. 27 for additional information regarding recovery plans.

Participant Guide, Module 4, p. 27

5. Tell the groups they have up to 15 minutes to complete their tasks. Tell them that the CPI/DCM will report their results.
6. After the 15 minutes, have the groups give a short report on their work.
7. Discuss the similarities and differences across the plans.
8. Conduct a brief discussion of how the recovery plan can be used to motivate the parent – and the benefits of collaboration in planning and making decisions regarding case progress. If time is available, discuss some of the ways in which this type of collaboration may be possible in the local area.

TRANSITION

This activity concludes our training presentation. Let's sum up what we did today.

CONCLUSION

***Say**:*

- *In this training, we've tried to convey a few basic points or themes:*
  1. *See the person behind the substance abuse. Believe that substance abuse is a disease that holds the person captive.*
  2. *Change/recovery is hard! Anyone facing this challenge needs help! Don't give up on the person as they roll back and forth in the change wheel.*
  3. *Motivation and collaboration are your best tools for success. Encourage the parent with each small step in the right direction. Show them you respect them, even when they suffer a lapse or relapse. Get help from others to help you to help the parent. Substance abuse cases are complex to begin with and the relapse reality makes it even more difficult to evaluate progress and child safety. Get creative on ways to collaborate.*

- *A later module in this training series will go into collaboration in more depth.*

Thank the participants for their participation.

Have them complete the After Training Survey and the training evaluation.