



PRACTICE NOTES

SUPPORTING RECOVERY IN PARENTS WITH CO-OCCURRING DISORDERS IN CHILD WELFARE

Roughly 7.9 million adults have co-occurring mental and chemical health disorders in the United States (Center for Behavioral Health Statistics and Quality, 2014). Only 7.4% of these individuals receive treatment for both conditions, and a staggering 55.8% receive no treatment at all (SAMHSA, 2010). Maintaining a recovery philosophy in the child welfare process can help parents and their families struggling with co-occurring disorders (COD) connect to integrated treatment and build confidence in a longer-term process of recovery.

Understanding Co-Occurring Disorders

Parents with co-occurring substance use and mental health disorders are overrepresented in child welfare cases. An estimated 50% to 80% of all confirmed child neglect and maltreatment cases involve a parent struggling with substance abuse (National Center on Addiction and Substance Abuse at Columbia University [NCASAC], 1999). In 2014 in Minnesota, parental drug or alcohol abuse was the number two (20.6%) reason for out-of-home placement of children involved in child protection (Minnesota Department of Human Services,



“AN ESTIMATED ONE THIRD OF INDIVIDUALS STRUGGLING WITH ALCOHOL USE AND HALF OF THOSE STRUGGLING WITH DRUG USE HAVE A CO-OCCURRING MENTAL HEALTH DISORDER DIAGNOSIS.”

2014). Further, an estimated one third of individuals struggling with alcohol use and half of those struggling with drug use have a co-occurring mental health disorder diagnosis (NAMI, 2016). These families are at an increased risk of violence and trauma, poverty, homelessness (National Abandoned Infants Assistance Resource Center, 2010), social isolation, unemployment and psychiatric hospitalizations (Stromwall et al, 2008; Carey, Roberts, Kivlahan, Carey, & Neal, 2004). These increased risk factors contribute to the safety concerns that could lead a family into the child protection system.



Integrated treatment where a person's mental illness and substance use disorder are treated at the same time has only recently been recognized since the mid to late 1980s as the most effective and evidence-based approach for CODs (Drake, Mueser, Brunette & McHugo, 2004). Prior to this time, mental health professionals would require individuals to establish sobriety before engaging people to address their mental health needs. Conversely, drug treatment facilities often were not equipped or trained to address the needs of individuals with mental health issues, leaving many people with few effective options (Osher & Drake, 1996). Unfortunately, this separation still occurs today, however, more and more integrated treatment approaches and models are becoming available. A family's involvement in the child welfare system can be an opportunity to get connected to integrated, evidenced-based treatment and services to support their path to recovery.

Developing a recovery philosophy is perhaps the most critical component of integrated treatment for both mental health and substance use disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery from mental and substance use disorders as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2015). Research and experience has demonstrated that recovery-oriented integrated treatments in which a practitioner or a team of practitioners are able to address both substance abuse and mental health concerns together are the most effective (Drake, Mueser, Brunette & McHugo, 2004).

In addition to supporting a recovery philosophy, there are a number of key treatment principles that are common across effective integrated treatment programs (Drake, Mueser, Brunette & McHugo, 2004). Integrated programs are more successful when:

- » practitioners understand the individual's stage of change
- » use engagement techniques and a person-centered perspective
- » use motivational interviewing strategies
- » provide comprehensive services that address other psychosocial needs such as housing, and use active treatments that promote skill building, self-management, and relapse prevention planning.

These principles provide guidelines for identifying effective integrated treatment programs. Social workers can integrate these principles and techniques into their case plans and communication with treatment teams in any setting including with parents involved in the child welfare system and treatment programs for CODs.

Child protection cases in Minnesota are often limited to 6-12 months' involvement due to out-of-home placement statutes, which is often incompatible with the time frame needed to support and help a person with a COD in the recovery process. In child protection, having a recovery philosophy means planning and supporting the long term process beyond the timeline of a case. Social workers can work with a parent with a COD from day one to identify and to help a person connect to long term resources and supports that support the parent with and their family even after the case plan is complete.

Practice Considerations

- » From the beginning of the case, identify what is working well for the parent(s) and family. Consider these strengths and how you can amplify and support them as you begin to develop safety and case plans.
- » Partner with the family to develop safety and case plans that are realistic and honest about what the needs and struggles are.
- » Partner with the family to identify community and family members that help to support the child(ren). Include these supports in all plans.
- » Create a safety plan that specifically identifies who the child or parent can call for help in a number of different scenarios. Role-playing this plan can help families practice and increase the likelihood that the family will remember the plan in a time of crisis.
- » Connect the parent with treatment providers that include the key principles of integrated treatment in the area.
- » Remember that parents with co-occurring substance use and mental health disorders can, and do, reach a path to recovery.
- » Create an individualized case plan that incorporates the voice of the family and includes insight from integrated treatment providers, in order to ensure that the parent(s) receives adequate services and resources needed to have successful recovery.
- » Check in with the parent(s) specifically on their recovery. This can be done by asking questions such as: "Are these services working for you?", "Do you feel supported and understood by your providers?", "Does it feel like you have a good balance of mental health and substance use disorder supports?"

CASE EXAMPLE

Mary is a mom of two children, Lilly, 4, and Joey, 9. Joey has missed 12 days of school and has over 20 unexcused tardies this year. The school made a report to child protection for educational neglect for Joey and expressed concerns for Lilly's early education needs. Through further investigation, the child protection investigator found that Mary is struggling with depression and anxiety-like symptoms. Mary admitted that she experiences a great deal of anxiety in public spaces and has also struggled with recent deaths of family members. Mary reports that she is having a hard time getting the children's behaviors under control at home. Mary stated she recently started drinking alcohol every night and sleeping in late each morning.

When Mary oversleeps Joey does not get ready and to his bus in time to get to school. This makes it difficult for Mary to get Joey to school without transportation herself. Mary told her worker that she can use the help. She was referred for a chemical dependency assessment and a mental health diagnostic assessment. As a part of her case plan, Mary is required to complete UA's. Mary does not have reliable transportation, and due to her social anxiety she will not use public transportation and has difficulties getting to the clinic to submit her UA's. Mary also misses important school meetings for Joey due to this transportation issue.

Using this case example and the information you have learned in this issue of *Practice Notes*, consider the

questions below. If you are able to, share this issue with colleagues and discuss the questions for further collaborative learning.

- » How might the information you've read about in this issue of *Practice Notes* apply to Mary's case?
- » How would you prioritize the needs of this family?
- » How could you help establish a support network for Mary and her children?
- » What steps can be made through child protection to support Mary through her recovery?
- » What key integrated treatment principle(s) mentioned in this issue can you integrate into Mary's case plan?

Summary

Research has shown that while individuals with CODs have unique challenges and often become involved with child welfare system due to these challenges. They can recover and parent their children with the appropriate support and treatment. Individualized case plans, integrated treatment, and increased social supports can all contribute to successful recovery. As practitioners,

you can use the research knowledge found in this issue of Practice Notes by sharing it with co-workers, integrating it into your own practice with children and families, and looking for creative solutions for supporting clients through their recovery process. Below, please find questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

1. How can you bring this information into your work team(s) or into supervision?
2. Considering families who you have previously worked with or are currently working with, that struggle with co-occurring disorders, what practices have been successful? What are some of the challenges?
3. What systemic barriers, if any, prevent you from integrating a recovery philosophy for families into your agency?
4. What could you do to share this information with the collaborative professionals working with the families (judges, attorneys, guardian ad litem, resource families, etc.)?

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Spotlight on our Practice Notes partner:

The **Minnesota Center for Chemical and Mental Health (MNCAMH)** is committed to fostering wellness and recovery for all individuals impacted by substances use and mental health disorders. MNCAMH provides training, research, and resources for service providers to build and sustain excellence in the delivery of broad-based mental and chemical health services.

MNCAMH and CASCW have partnered to create three training videos on supporting parents with Co-Occurring Disorders. Be sure to visit www.cascw.umn.edu and www.mncamh.umn.edu to check them out!

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