

Unit III: Substance Abuse and Its Impact on Family Systems

Overview

This unit will focus on knowledge and skills for working with kinship family systems in which there is substance abuse. The content of this unit relies upon materials developed specifically for training child welfare caseworkers who work with families that experience problems related to substance abuse. It is not designed to prepare caseworkers to treat addiction. The unit attempts to help the caseworker understand how substance abuse impacts the entire kinship system and child welfare decision making process, since the parent and the caregiver are both part of the kinship system that is affected by substance abuse.

While this unit is no substitute for in-depth training on substance abuse, it is intended to assist child welfare caseworkers in gaining understanding of the impact of substance abuse on the individual and the kinship system. Substance abuse challenges the strengths and natural helping systems in many families. The compelling nature of addiction, the difficulty of recovery, and patterns of relapse and recovery all complicate the decision making process for families and the child welfare system when safety, permanency, and well-being of children are being considered.

This unit stresses the caseworker's role in helping members of the kinship network understand the impact of substance abuse on all members of the network and the role they can play in the recovery process while keeping the focus on permanency, safety, and well-being of children.

Goals for Unit III: Substance Abuse and Its Impact on Family Systems

This unit is intended to assist child welfare caseworkers in gaining:

1. understanding of the impact of substance abuse on the individual and the kinship system;
2. understanding of the ways that substance abuse challenges the family's strengths and natural helping traditions;
3. understanding of the compelling nature of addiction, the difficulty of recovery, and patterns of relapse and recovery;
4. the ability to incorporate knowledge of addiction, recovery and its impact on individuals and family systems into planning and decision-making;
5. the ability to help members of the kinship network understand the impact of substance abuse on all members of the network and the role they can play in the recovery process;
6. the ability to facilitate identification of and linkage to substance abuse treatment resources;
7. the ability to keep the focus on permanency, safety, and well-being of children when parental substance abuse is a barrier to reunification.

UNIT III DISCUSSION: Substance Abuse and Its Impact on Family Systems³

The Child Welfare League of America (1990) has indicated that 80% of all cases of substantiated abuse and neglect are affected by chemical abuse. The Children's Defense Fund (1992) indicated that chemical abuse is one of the three most common reasons for children entering care. These staggering statistics clearly reveal the importance of understanding the many components of chemical abuse and dependency as it relates to the child welfare system. Understanding can be the bridge that allows caseworkers to build relationships with persons whose lives may be quite different than their own. There are many different types of understanding that the caseworker must acquire to facilitate their work with families affected by substance abuse. These types of understanding are listed in figure III-A. The types of understanding described at

Figure III-A: A Training Model For Caseworkers Working With Persons With Chemical Abuse/Dependency Problems

Designed by Joan Winston LCSW, CRADC

Exploring attitudes and increasing knowledge

Understanding the types of treatment and available resources

Understanding relapse in relation to recovery

Understanding the defenses of persons with chemical abuse and dependency problems

Understanding factors that contribute to chemical abuse or dependency problems

Understanding the role of the caseworker in professional relationship building

Understanding dysfunctional family roles related to chemical abuse and dependency problems.

Understanding the signs and symptoms of use, abuse, and addiction

Understanding the types of chemicals and the differing effects

Note: This model is to be examined from the bottom to the top.

³ Joan Winston LCSW, CRADC is the primary author of this discussion section.

the bottom of the figure provide the foundation for additional types and levels of understanding that successively build on this foundation.

Understanding Drug Classifications and Effects

Caseworkers need to be familiar with drug classifications and their physical and emotional effects. It is also important to learn about the addictive nature of mood-altering chemicals and the difficulty remaining abstinent from both a biological and a psychological perspective. It may also be helpful for caseworkers to read biographical or autobiographical books about the effects of an addiction on a person's life to better understand the compelling nature of chemical addiction. For caseworkers with a limited understanding of the differing drugs and their effects, it is useful to read material, watch videos, attend workshops, or attend self-help group meetings which may assist them in better understanding the addictive nature of drugs and the recovery process. Persons recovering from substance abuse often "tell their stories" at open meetings of Alcoholics Anonymous and other self-help groups. These stories often describe the overwhelming pain and loss that is endured as one continues to abuse alcohol or other drugs. These stories provide graphic pictures of the compelling nature of substance abuse and the difficulty faced by those who want to participate in recovery.

It is important for caseworkers to also understand the biological impact upon children who are born prenatally exposed to chemicals such as heroine, cocaine, and alcohol. According to a 1988 survey of 36 hospitals throughout the United States, approximately one out of ten pregnant women were found to have ingested drugs while pregnant. Maternal alcohol use during pregnancy affects 50,000 babies per year in the

United States (Mitchell, Dale, Tencza & Tencza, 1994). Fetal alcohol syndrome (F.A.S.) is a pattern of mental, physical, and behavioral defects that develops in infants born to some women who drink alcohol heavily during pregnancy (NIAA, 1985). The incidence of F.A.S. is approximately one to three per 1,000 live births (NIAA, 1985). Fetal Alcohol Effects (F.A.E.) are those signs in children that have been linked to alcohol use during pregnancy by the mother but do not meet the criteria for F.A.S. (Little & Ervin, 1984). In a combined analysis of 20 studies on cocaine and pregnancy in 1991, it was discovered that few effects could be specifically attributed to cocaine usage. It is important for caseworkers to recognize that there is still no clear evidence of a “crack baby syndrome” that is as serious, as common, or even as well defined as F.A.S. Mothers who use cocaine heavily do have a high rate of premature births and miscarriages and also commonly have a low birth weight babies (Grinspoon, 1993). Many of the effects recognized in children who have been exposed to chemicals prenatally, such as cocaine and heroin, are related to the mother obtaining poor prenatal care, obtaining poor nutrition, and coping with illnesses, such as venereal diseases and AIDS, not simply exposure to the chemicals.

Understanding the Signs and Symptoms of Use, Abuse and Addiction

The desire of human beings to mood-alter has always been present throughout mankind and will continue to be a part of the human condition. Chemicals provide one way for persons to alter their moods. To experiment with a chemical or occasionally use a chemical does not indicate an abuse or addictive problem. Persons who use a chemical and deny that they experience negative consequences *and* this is supported by collateral contacts, most likely do not have problems with chemicals. In this

situation, the chemical use is *not* a necessary part of their lives and is often viewed as a way to enhance already pleasurable experiences.

The *abuse* of a chemical, on the other hand, is indicated by often ingesting more of a chemical than planned and experiencing negative consequences related to the usage. These consequences could range from having repeated “hangovers” to that of obtaining a traffic ticket for driving under the influence (DUI). Although these people are seeking to obtain a specific effect from chemicals, they are often able to change their usage patterns as a result of these negative consequences. Others who meet the criteria for the abusive use of chemicals may benefit from treatment and an abstinence program, although they do not meet the criteria for chemical dependence.

Addiction is a biological dependence upon a chemical coupled with a psychological obsession with obtaining and using the chemical. This does not imply that persons who are addicted to a chemical must use it daily. It does mean that they are obsessively focused on the next period of use when they do use the chemical they will do so excessively. As most persons addicted to chemicals will say, “I use to feel normal and to keep going.” They no longer experience euphoria when using chemicals but simply use these chemicals to function. In some chemical addictions the only way the person is able to feel a positive sensation is from the use of the substance. This is a powerful reinforcer which compels people to continue using a substance regardless of the number of painful consequences.

Some behaviors that are suggestive of intoxication may actually relate to a medical condition or to medications that are unrelated to chemical abuse or addiction. For example, a person who is moving into diabetic shock will often appear to be under the influence of mood-altering chemicals when in fact none were taken. Collateral contacts with previous caseworkers or other agencies involved in the case can be helpful in identifying potential chemical abuse or addiction problems. Contact with family members is an important way to gain information about possible signs or symptoms of addiction. It may be necessary to request that the person undergo a

thorough medical exam to determine the cause of the symptoms they display and to identify medical needs that may need to be addressed. Due to the extreme denial that is common with people who have chemical abuse or addiction problems, these collateral contacts may be the caseworkers' only method of obtaining accurate information that may reveal signs and symptoms of chemical abuse or addiction.

Understanding Dysfunctional Roles In Chemically-Dependent Families

Many have written about the typical family roles that are often found in chemically-dependent families (Table III-B). Although common to some extent in most families, in chemically-dependent families these roles become rigid and entrenched parts of the family dynamics and individuals often feel helpless to escape these rigid roles. Each role is dependent upon the other roles in order for the family to continue functioning. A change in one family member's role will often have a reverberating effect upon the other family members' roles. These roles are not to be utilized as "labels" for particular family members but are helpful in understand family dynamics. Labeling tends to inhibit caseworkers from recognizing each person as a unique individual and the

strengths inherent in each family member.

When chemical abuse or addiction is suspected or identified in a family, it is important for caseworkers to search for the family roles and recognize that these roles may also apply to relatives that are acting as caregivers and other kin. This will assist the caseworker in understanding the intergenerational family dynamics of substance abuse and their effects upon the children who are placed in a relative foster placement.

Understanding the family dynamics of chemical

dependency is crucial for

caseworkers to be able to assist the family in coping with a family member who continues to abuse chemicals or in coping with the return home of the child to a recovering parent. Family members need to be encouraged by caseworkers to become involved in the chemical dependency treatment process as it is permitted. This creates an atmosphere which can encourage family healing and create a more conducive environment for recovery.

Figure III-B: Family Roles in Chemically-Dependent Families

Rescuer/Enabler: Often steps in to save the addict, bails the addict out, makes excuses or fills in for the addict. Shielding the addict from consequences of substance abuse makes it easier for the addict to continue using.

Hero/Caretaker: Tries to divert attention away from the problem by being too good to be true, secretly hoping that exemplary behavior will somehow make it easier for the addict to stop using. High achievers who do everything to assure that the addict has as little responsibility as possible, minimizing the possibilities for trouble to occur.

Adjuster/Lost Child: Behaves apathetically to distance self from pain; passively withdraw from upsetting situations; hurting but attempts to avoid feeling the pain by refusing to confront the addiction or its consequences.

Scapegoat/Rebel: Draws attention away from the family's primary problem of dependency through delinquency or other misbehavior; reacts to feeling trapped by the situation at home by poor school performance, hostility and other behavior problems.

Mascots/Pleasers: Also draw attention away from the family by trying to please, by acting in a humorous way; the clown.

Adapted from Mitchel, W., Dale, M. L., Tencza, B. A. & Tencza, C. B. (1994). *A piece of the puzzle: Understanding substance abuse for family services (participant's guide)*. Florida Department of Health and Rehabilitative Services, Professional Development Centers and Florida International University Department of Social Work, Institute on Children and Families at Risk, p. 36.

It is critical that caseworker's involve children, including those who are in foster care, in the chemical-dependency treatment process of their parent(s) whenever possible. This creates many opportunities for the children to learn to cope with chemical dependency with the support of other children and adults and at the same time witness the changes in parents as they become sober. All children who have grown up with a parent who has a chemical abuse or dependence problem experience some effects of their parent's addiction. Caseworker's need to recognize that older children and teens who have taken care of a chemically dependent parent for many years will have an especially difficult time in adjusting to their parent becoming sober. The kinship caregivers and caseworkers of these teens can be especially helpful in validating the importance of this caretaking role in keeping their family functioning, while encouraging them to pursue more of their own current interests as teenagers. It is important to let these teens make the changes at their own pace, recognizing that they feel a strong sense of loss in no longer being the main caretaker in the family.

Referrals to family therapists with expertise in substance abuse can be helpful to many families struggling to understand substance abuse, the roles family members play, and ways of changing these roles. Understanding these roles is helpful for the caseworker who may be able to assist family members in examining their own behaviors and the way that their relative's substance abuse problem has had an impact on their own lives. Often, families with rich traditions of extended family support and shared caregiving find themselves trapped in a pattern of protecting and caring for the family member with a substance abuse problem. When this substance abuse problem places children at risk of harm, it is important to help family members direct their natural inclination to help toward the care and protection of the children as their first priority. Helping family members shift their primary allegiance to the children helps family members disengage from dysfunctional family roles and involves the family in permanency planning.

Understanding the Role of the Caseworker in Professional Relationship Building

The most important step that caseworkers can take in working with persons who may have a substance abuse or dependency problem is to build professional working relationships with them. It is important that they feel heard and understood by their caseworkers. The caseworker's persistent and genuine attempts to understand the perspective of the person experiencing a substance abuse problem are first steps in this process. Caseworkers can respond empathically, expressing genuine concern and interest and checking out the accuracy of their understanding of the person's experience. Responding empathically does not indicate agreement with all statements made by the person or approval of their behaviors. Rather, responding empathically demonstrates genuine attempts to understand the person's frame of reference. People with chemical abuse or dependency problems are especially sensitive to nonverbal cues, so it is important that the caseworker's words and nonverbal behaviors match. Mitchell, Dale, Tencza and Tencza (1994) list 13 suggestions for working with persons who experience substance abuse problems and their families. These suggestions have

been revised slightly to balance the needs of parents with substance abuse problems, their family, their children, and the child welfare system (Figure III-C).

Understanding Factors That Contribute To Chemical Abuse or Dependency

It is important for caseworkers to also be aware of the factors that contribute to chemical abuse and dependency.

These factors include: the self-

medicating properties of chemicals, dual diagnosis issues, discrimination, poverty, and gender issues. Gelm and Drew (1989) described in their article a study completed by Dr. Khantzian, the principal psychiatrist for substance abuse at Cambridge Hospital. He completed a study with chemically-addicted patients in which he explored the

Figure III-C: The Art of Relationship Building

1. Engender Hope.
2. Use some self-disclosure of commonalities.
3. Demonstrate warmth and emphasize positive motivation.
4. Communicate the attitude that the family's problem is of real importance.
5. Convey sensitivity to the family's feelings through voice tone and body language.
6. Match the person/family's pace of speech.
7. Validate the person's experience and perception of an event.
8. Attempt to engage and improve self-esteem by eliciting responses from all family members and making positive comments about each family member.
9. Demonstrate a good sense of humor.
10. Focus on strengths more than weaknesses.
11. Be sensitive to the pace set by family members in working on problems, while placing the needs of the child first and focusing on permanency, safety
12. Demonstrate awareness of cultural strengths and differences.
13. Facilitate empowerment by doing *with* not *for*, focusing on person's own dreams and goals.

Modified adaptation from Mitchel, W., Dale, M. L., Tencza, B. A. & Tencza, C. B. (1994). *A piece of the puzzle: Understanding substance abuse for family services (participant's guide)*. Florida Department of Health and Rehabilitative Services, Professional Development Centers and Florida International University Department of Social Work, Institute on Children and Families at Risk, p. 40.

relationship between a chemically addicted patient's drug of choice and their need to alleviate problems and emotional pain. What he discovered is quite significant. Patients did, in fact, choose specific drugs to meet specific emotional needs. This is especially significant for caseworkers to recognize in working with persons who have a chemical abuse or dependency problem in that it may provide some insight as to the issues that underlie the substance abuse and difficulties in providing adequate care for the children.

Khantzian's research indicated that alcohol was chosen as a drug of choice based upon its "disinhibiting effects" in that it was chosen by those who had difficulty expressing their feelings. Those who chose opiates as their drug of choice, on the other hand, were found to have chosen this type of drug due to its ability to mute intense affect. The patients who chose an opiate as their drug of choice tended to be aggressive and violent and often had histories of physical or sexual abuse. Stimulants such as amphetamines and cocaine were chosen for their energizing properties. These drugs were appealing to many patients, those feeling high and those feeling low. Those feeling low and depressed were given energy and enthusiasm by these types of drugs, while those already feeling high or overactive felt even more energized by these types of drugs.

Caseworkers also need to be aware that dual diagnosis issues are highly correlated with chemical abuse and dependency. Dual diagnosis means that an individual has both a substance abuse problem and a psychiatric disorder. Grinspoon, the editor of the Harvard Mental Health Letter (1993), indicated in a study of 300 patients seeking treatment for a cocaine problem that 53% had a present and 73% had a past psychiatric disorder apart from chemical abuse. The most common disorders mentioned were: depression, anxiety, antisocial personality disorder, and attention deficit hyperactivity disorder. Psychiatric disorders may precede the chemical abuse, may occur during the period of chemical abuse, or may surface after a person is in a

period of abstinence from chemical use. Many people who have a dual diagnosis are utilizing chemicals to cope with their psychiatric disorders or cope with the unpleasant side-effects of their psychotropic medication, such as a feeling of anhedonia or restlessness. These types of disorders are to be diagnosed by substance abuse specialists or mental health specialists who can then refer the person for treatment programs that are designed to treat dual diagnosis.

It is also important for caseworkers to understand that the specialized needs of women who have chemical abuse or dependency problems are often misunderstood or even ignored within the child welfare system. These women often have the additional burden of coping with poverty, discrimination, and oppression. Goldberg (1995) has indicated that oppression has created and maintained chemical abuse and dependency among women. He further stated that oppression interferes with access to and the receiving of appropriate services for these women. Goldberg defines oppression as “systemic harm that people with more power do to people with less power” (1995, p. 791). This sense of powerlessness can be easily seen in many of the women who have chemical abuse or dependency problems as they describe being discriminated against in the work place, as single parents, and as they attempt to advance professionally. Some women abuse chemicals to cope with the effects of violence. According to Goldberg (1995), women are more likely than men to experience sexual violence, both as children and as adults; women are more likely to be injured in domestic violence than men; and women have minimal protection against violence by law enforcement procedures than men.

Women who have chemical abuse or dependency problems are further discriminated against in that they experience many negative cultural stereotypes that are often not placed upon males with the same problem. Pregnant women with substance abuse problems are often strongly stigmatized by others, even caseworkers. It is important for caseworkers to understand that although these women are pregnant,

they often have a minimal sense of the child in utero and a minimal sense of bonding to the child as the chemical usage often blocks these interactions. Most women who used chemicals and during pregnancy verbalize a great deal of guilt and remorse as they become chemically free that they had little opportunity to experience the pregnancy during periods of using chemicals. These stereotypes make it easier for women to be exploited during their period of chemical use and during recovery. Few chemical dependency treatment programs are designed to meet the specialized needs of women in treatment. Child care services are often not provided and many women have to choose between receiving treatment or caring for their children. Many programs are not easily accessible to women and the programs often are not designed with their needs in mind. Caseworkers need to identify effective programs that meet the needs of women and advocate for the creation of more programs that are sensitive to the needs of women who are recovering from a chemical abuse or dependency problem.

The child welfare system often perpetuates this pattern of oppression and negative stereotyping by expecting women who have chemical abuse or dependency problems to “spontaneously” recover from their problem without providing an adequate opportunity for treatment, recovery, and family healing. It is helpful for caseworkers to list all of the pejorative terms that they associate with women who have substance abuse problems and compare it to a list of terms that they associate with males who have the same problem. This exercise may reveal stereotypes that interfere with effective work with women with substance abuse problems.

Goldberg (1995) has highlighted other information which is helpful in understanding women who have chemical abuse/dependency problems. Women who have chemical abuse or dependency problems experience a phenomenon known as “telescoping” in relation to their chemical use. This phenomenon is one in which women experience the negative physical consequences of substance abuse quicker than males. This situation also helps to foster negative stereotypes against women

who have a chemical abuse or dependency problem. This phenomenon most likely relates to women experiencing regular monthly hormonal changes, experiencing pregnancy, and having a reduced ability to detoxify specific chemicals than men. The latter refers to the fact that women have more body fat in their bodies than do men. Alcohol is not fat soluble which means that the concentration of alcohol in a woman's blood will be higher than that of a man. It has also been discovered that women have a smaller quantity of dehydrogenase which is a protective enzyme that breaks down alcohol in the stomach. This means that women absorb approximately 30% more alcohol into their bloodstreams than men of the same weight, drinking the same amount of alcohol.

There is a high correlation between women who have chemical abuse or dependency problems and their having been sexually abused as a child. There is also a high correlation between a woman becoming chemically dependent and having been physically abused by her father during childhood and having one or both parents who drank alcohol. It is also important to note that having a partner who abuses chemicals is more likely to lead to substance abuse in women than in men (Goldberg, 1995). Family violence is also highly correlated with chemical abuse and dependency. Chemicals may be used as a method of avoiding violence or to create a situation that increases the likelihood of violence occurring whether it is ingested by the perpetrator or the victim of the violence or both.

Understanding the Defenses of Person's With Substance Abuse Problems

Caseworkers often identify difficulty coping with the defense mechanisms utilized by persons who have a chemical abuse or dependence problem. Initially it is necessary for most persons experiencing chemical abuse or dependency to maintain their

addiction. While the use of these defense mechanisms will reduce with a period of abstinence, these defenses can be frustrating to the caseworker when they are used. Caseworkers may experience anger, may feel attacked or challenged, and may be tempted to respond impulsively by expressing personal feelings or responding in a punishing and retaliatory way. When clients use defenses they are often described as “resistant” or “reluctant.” Kennedy and Charles (1990) have identified several methods of coping with resistant or reluctant clients. Resistant clients use defenses such as denial to ward off anxiety and to prevent learning of the truth about themselves. The use of these defenses is rather automatic and the persons using the defenses are not fully conscious that they are using them. The reluctant client is defined as being neither motivated nor interested in participating in therapy and attends treatment sessions only because of some form of external pressure.

These two types of defensive behaviors are especially common with persons who have chemical abuse or dependency problems. The resistant client with a chemical abuse or dependency problem will often utilize silence, excessive talking, not talking in specifics, and creating “a scene” as methods of preventing the client-caseworker relationship from deepening. Kennedy and Charles have identified that it is important for caseworkers to attempt to identify the feelings *underneath* that the person may be expressing. In this way, caseworkers can respond to the *process* occurring rather than the content of these interactions. Persons with chemical abuse or dependency problems are usually quite adept at manipulating others in order to continue their addictive behaviors. This manipulative behavior will most likely occur with caseworkers as well, in the form of flattery, compliments, invitations, and sexualized behavior. It is important to recognize that these behaviors are difficult to cope with and will often engender anger and frustration. This resistive behavior is also a method of preventing others from recognizing the persons’ fragility and strong sense of powerlessness. The effective use of individual or group supervision is one of the

best ways for caseworkers to cope with feelings related to these manipulative behaviors that persons with substance abuse problems often exhibit.

Reluctant clients with chemical abuse or dependency problems often utilize two forms of defense; (1) silence combined with a glare or body language that is often interpreted as hostile, and (2) persistently questioning the competence of the caseworker (Kennedy & Charles, 1990). Most caseworkers have a strong desire to “win over” clients who are reluctant. This is an ineffective method of responding to this type of defense. It is often more helpful to acknowledge that the person may be unwilling to participate in case management but feels forced to do so. By validating this reality, clients are provided with an opportunity to explore their feelings about the casework relationship. Most persons with chemical abuse or dependency problems are reluctant to receive any type of assistance that may threaten their addictive patterns. Caseworkers need to keep in mind that accepting any type of assistance may feel like admitting to failure or being viewed as “crazy.” It is also likely that caseworkers will be viewed as extensions of the child welfare system that already has some control and often a great deal of control over their lives. Child welfare caseworkers must be able to express their genuine concern for parents and interest in them as individuals, while indicating that their first priority must be the pursuit of safety, permanency, and well-being for the child.

Understanding Relapse in Relation to Recovery

Relapse is described as a return to the use of mood-altering chemicals after a period of abstinence. Persons who are in early recovery from chemical abuse or dependency often are quite mistrustful of others, have poor social skills, and have limited methods of coping with painful feelings. As the chemical usage become more and more a part of

their lives, their non-using friends, family, and kinship network become a more distant part of their lives. Many persons who admit to having a chemical dependency problem, in fact, will state that their drug of choice was their best friend, confidant, and lover. Thus, relapse would be a likely occurrence early in recovery, as chemicals had been such a large part of their lives leaving a void which will not easily be filled. The compelling effects of drugs, such as cocaine, are also quite alive in the memory of newly recovering persons and can easily lead to relapse, especially during periods of frustration or depression. The child welfare system can add to the frustration level of newly recovering persons by creating unrealistic expectations, for example, expecting that the parent will never relapse. Recovering parents also become frustrated agreements that they make with caseworkers are not fulfilled by the child welfare system. Caseworkers can assist in preventing relapse by being actively involved in discharge plans as recovering parents move from one level of treatment to another, rather than simply expecting treatment providers to create these plans. Advocacy by caseworkers can be highly influential in creating realistic discharge plans.

When relapse occurs, the caseworker can encourage clients to make contact with support systems that had been helpful prior to the relapse period or assist in finding new recovery support systems. Caseworkers can also make collateral contacts with the current therapist, twelve-step sponsors, and other treatment personnel once relapse has occurred. These contacts can assist caseworkers in understanding the meaning of relapse for a particular person. This information can then be brought into the administrative case reviews or court hearings as a way of assisting the child welfare system and the court in understanding the relapse episode rather than simply responding to it in a punitive manner. Random urine screens can be an effective tool for maintaining sobriety if it is utilized in conjunction with chemical dependency treatment. Clients are more accepting of this process when it is monitored by treatment providers as part of a larger recovery plan.

Understanding the Types of Treatment and Available Resources

It is imperative that caseworkers understand the different types of clinical treatment for chemical abuse or dependency problems. Substance abuse treatment can be divided into two broad categories, that of in-patient and out-patient. The former refers to chemical abuse or dependency treatment that is provided in the same setting in which clients live. The different types of in-patient treatment include detoxification units, halfway houses, and residential treatment programs. Halfway houses provide opportunities for clients to live in drug-free environments that encourage them to make outside contacts which will assist them as they plan a recovery lifestyle. Residential treatment stays are typically between six to twenty-four months in length and clients have limited contact with those outside of that setting. Out-patient treatment is any type of treatment for clients with chemical abuse or dependency programs in which clients do not live at their treatment facility. These programs range from one-hour of treatment on a weekly basis to intensive day treatment programs for six to eight hours on a daily basis.

Self-help programs are a form of treatment that is based upon the principles of peer guidance, leadership, and assistance. These programs are lead by recovering individuals who have found methods of remaining abstinent from chemicals or some other unhealthy behavior and have a desire to assist others in recovery. Twelve-step programs specifically follow a twelve-step plan for recovery and encourage members of this program to find sponsors. Sponsors are recovering individuals who have maintained a consistent period of abstinence from mood-altering chemicals and desire to act as mentors for those new in recovery. Self-help programs have a strong history of effectively supporting those in recovery from chemical abuse or dependency in a manner that meets the differing needs of those in recovery. Caseworkers are strongly

encouraged to attend self-help meetings to assist them in better understanding recovery issues.

Most communities have specific resource guides which can assist caseworkers in finding referrals for assessment, treatment, and discharge planning. Building relationships with these treatment resources can assist caseworkers in more effectively meeting the needs of their clients for treatment and in bridging the gap between treatment resources and the child welfare system. Caseworkers need to be sensitive to the needs of women who have chemical abuse or dependency problems and to identify substance abuse treatment programs that specifically focus on the needs of women.

It is important for caseworkers to visit their clients while they are in treatment. This gives a clear message that the caseworker cares about them and will continue to be a support upon discharge from the treatment program. In some cases, the caseworker may be the only person that the recovering person can count upon as a support for them in their early recovery.

Exploring Attitudes and Increasing Caseworker's Knowledge Base

It is important for all child welfare caseworkers to attend workshops, training, and college courses which can provide opportunities for them to increase their knowledge base in specific areas of chemical abuse and dependency and related issues. Excellent materials are available in written, video, and cassette form which can also increase their knowledge base. It can to review and discuss these materials in a group supervisory process or in discussions with peers.

Caseworkers also need to consistently monitor their own attitudes toward clients with chemical abuse or dependency problems, as these attitudes may shift over time. Workshops that assist caseworkers in exploring their attitudes and beliefs toward

persons who have chemical abuse and dependency problems may be helpful in highlighting areas of concern. If negative attitudes are not explored, parents with substance abuse problems and their children will pay the price. Opportunities to meet case plan goals may be reduced as caseworkers are the primary link to the child welfare system.

One of the most difficult challenges for the child welfare caseworker is to balance concern for a chemically abusing or dependent parent and the commitment to ensure permanency for the child in the shortest time period possible. Clearly the needs of the child must come first. Often reunification of the child and parent depends in part upon the parent's successful participation in the recovery process. If the parent is not able to participate successfully in the recovery process, the caseworker needs to pursue other permanency options for the child. Yet the child's relationship with the parent remains important for many children and for the kinship system. In these cases, caseworkers engage the kinship networks of children in state custody in the process of developing a plan for permanence, safety, and well-being through adoption or transfer of guardianship to a relative. While the parent may continue to have an important role in the life of the child, the primary parenting role may permanently shift to the current kinship caregiver or another relative. Caseworkers can be helpful to the members of the child's kinship network, helping them maintain their support for the parent with chemical abuse or dependency problems, while placing the needs of the child first.

References for Unit III: Substance Abuse and Its Impact on Family Systems

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Learning Activities and Resources for Unit III

This section contains the following:

1. Using The Training Videotapes to Understand the Impact of Substance Abuse on Family Systems
2. Presentations by and Dialogues with Substance Abuse Treatment Professionals
3. Additional Resources for Unit III

Learning Activity #1 Using The Training Videotapes to Understand the Impact of Substance Abuse on Family Systems

The training videotapes that accompany this training manual provide several opportunities to apply concepts that were presented in unit III. The four segments presented in these tapes focus on the same family. The biological mother has a substance abuse problem that is related to the reason the child was removed from her home and placed with the maternal grandmother. Throughout the four segments, the biological mother denies that she has a substance abuse problem. Although it is obvious that she loves her child, it appears that her drug addiction continues to prevent her from doing those things that she needs to do to ensure that her child will be safe if the child is returned to her care.

In segment two, the maternal grandmother displays the way she is torn between her loyalty to her daughter and her loyalty to her grandson. She expresses frustration at her daughter's inability to recover from drug addiction and frustration at the child welfare system's inability to help her daughter become drug free and able to care for her child. The grandmother is frustrated that the child welfare system will not allow the child to remain in state custody for a longer period of time.

While observing the four segments of the training videotapes, it is important to identify:

- the ways that substance abuse has presented a challenge to this family, the compelling nature of substance abuse;
- the hopes that the family members have that the biological mother will be able to care for her child and the difficulty the family has in accepting that she may never be able to care for the child;
- the difficult choice that the maternal grandmother and other family members must make to put the needs of Dennis (age 3 at case opening) before the needs of his mother, Showanda, particularly when Showanda does not actively participate in substance abuse treatment for one year.

Learning Activity #2 Presentations by and Dialogues with Substance Abuse Treatment Professionals

It would be useful to invite professionals who are employed at substance abuse treatment centers that serve parents of children in the custody of the child welfare system to make presentations at staff meetings. These presentations allow the substance abuse treatment professional to teach child welfare professionals about the nature of substance abuse, treatment, and recovery. This also allows the child welfare professionals to ask questions about the referral process, the treatment program, and how child welfare practitioners can support this treatment and the recovery process. These presentations also allow child welfare professionals to provide information to the substance abuse treatment professionals about the child welfare system and the needs of children in the custody of the child welfare system. The dialogue between the child welfare and substance abuse professionals may facilitate effective, cooperative working relationships on behalf of the children in state custody and their families.

Additional Resources for Unit III

The following are additional resources that would be helpful in facilitating development of knowledge and skills related to work with persons with substance abuse problems:

- ***A Piece of the Puzzle: Understanding Substance Abuse for Family Services*** is an excellent training curriculum developed by Welker Mitchell and others (1994) at Florida International University Professional Development Center. The materials include a trainer's guide and participant's guide. The full reference for this curriculum follows:

Mitchell, W., Dale, M., Tencza, B., and Tencza, C. (1994). *A Piece of the Puzzle: Understanding Substance Abuse for Family Services*. Florida: Florida Department of Health and Rehabilitative Services Professional Development Centers and Florida International University Department of Social Work Institute on Children and Families at Risk. To order, contact::

Professional Development Centers for Children and Family Services
2811 Industrial Plaza Blvd., Suite G
Tallahassee, Florida 32301
Phone: (904) 487-0841, ext. 6
State of Florida Suncom: 277-0841, ext. 6
Fax: (904) 922-4559

- The Center for Substance Abuse Prevention has produced a Cultural Competence Series to promote the development and dissemination of a scientific knowledge base that assists prevention program evaluators, researchers, and practitioners in working with multicultural communities. One monograph is particularly relevant to working with families where substance abuse is a problem. The monograph focuses on five major cultural groups: Native American Indians, Hispanic/Latinos, African Americans, Asian Americans, and Pacific Islanders. The full reference for this monograph is:

Philleo, J. & Brisbane, F. L. [Eds]. (1995). *Cultural Competence for Social Workers: A Guide for Alcohol and Other Drug Abuse Prevention Professionals Working with Ethnic/Racial Communities*. Special Collaborative NASW/CSAP Monograph, CSAP Cultural Competence Series 4, U. S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, DHHS Publication No. (SMA)95-3075.

To order this monograph and other materials on alcohol, tobacco, and other drugs, please contact the National Clearinghouse for Alcohol and Drug Information:

Telephone: 1-800-729-6686
TDD: 1-800-487-4889
Telnet: ncadi.health.org
WWW: <http://www.health.org>

- Additional Reading Resources:

Azzi-Lessing, L. & Olsen, L. J. (1996) Substance abuse-affected families in the child welfare system: new challenges, new alliances. *Social Work*, 41(1): 51-23.

Kaplan, L., & Girard, J. (1994). *Strengthening high-risk families*. New York: Lexington Books.

Kinney, J. & Leaton, G. (1991). *Loosening the grip: a handbook of alcohol information*. (Fourth edition). St. Louis: Mosby-Year.

Lewis, J.A., Dana, R.Q., & Blevins, G. A. (1988). *Substances abuse counseling: an individualized approach*. Pacific Grove, CA: Brooks/Cole.

Small, J. (1990). *Becoming naturally therapeutic: a return to the true essence of helping* (rev. ed.). New York: Bantam.

Tracy, E.M. (1994). Maternal substance abuse: protecting the child, preserving the family. *Social Work*, 39(5): 534-540.

Handouts and Overheads for Unit III

- Goals for Unit III
- Figure III-A: A Training Model for Caseworkers Working with Persons With Chemical Abuse/Dependency Problems
- Figure III-B: Family Roles in Chemically-Dependent Families
- Figure III-C: The Art of Relationship Building

Goals for Unit III: Substance Abuse and Its Impact on Family Systems

This unit is intended to assist child welfare caseworkers in gaining:

1. understanding of the impact of substance abuse on the individual and the kinship system;
2. understanding of the ways that substance abuse challenges the family's strengths and natural helping traditions;
3. understanding of the compelling nature of addiction, the difficulty of recovery, and patterns of relapse and recovery;
4. the ability to incorporate knowledge of addiction, recovery and its impact on individuals and family systems into planning and decision-making;
5. the ability to help members of the kinship network understand the impact of substance abuse on all members of the network and the role they can play in the recovery process;
6. the ability to facilitate identification of and linkage to substance abuse treatment resources;
7. the ability to keep the focus on permanency, safety, and well-being of children when parental substance abuse is a barrier to reunification.

Figure III-A: A Training Model For Caseworkers Working With Persons With Chemical Abuse/Dependency Problems

Designed by Joan Winston LCSW, CRADC

Exploring
attitudes and
increasing knowledge

Understanding the
types of treatment and
available resources

Understanding relapse in relation
to recovery

Understanding the defenses of persons with
chemical abuse and dependency problems

Understanding factors that contribute to chemical abuse
or dependency problems

Understanding the role of the caseworker in professional
relationship building

Understanding dysfunctional family roles related to
chemical abuse and dependency problems.

Understanding the signs and symptoms of use, abuse, and
addiction

Understanding the types of chemicals and the differing effects

Note: This model is to be examined from the bottom to the top.

Figure III-B: Family Roles in Chemically-Dependent Families

Rescuer/Enabler: Often steps in to save the addict, bails the addict out, makes excuses or fills in for the addict. Shielding the addict from consequences of substance abuse makes it easier for the addict to continue using.

Hero/Caretaker: Tries to divert attention away from the problem by being too good to be true, secretly hoping that exemplary behavior will somehow make it easier for the addict to stop using. High achievers who do everything to assure that the addict has as little responsibility as possible, minimizing the possibilities for trouble to occur.

Adjuster/Lost Child: Behaves apathetically to distance self from pain; passively withdraw from upsetting situations; hurting but attempts to avoid feeling the pain by refusing to confront the addiction or its consequences.

Scapegoat/Rebel: Draws attention away from the family's primary problem of dependency through delinquency or other misbehavior; reacts to feeling trapped by the situation at home by poor school performance, hostility and other behavior problems.

Mascots/Pleasers: Also draw attention away from the family by trying to please, by acting in a humorous way; the clown.

Adapted from Mitchel, W., Dale, M. L., Tencza, B. A. & Tencza, C. B. (1994). *A piece of the puzzle: Understanding substance abuse for family services (participant's guide)*. Florida Department of Health and Rehabilitative Services, Professional Development Centers and Florida International University Department of Social Work, Institute on Children and Families at Risk, p. 36.

Figure III-C: The Art of Relationship Building

1. Engender Hope.
2. Use some self-disclosure of commonalities.
3. Demonstrate warmth and emphasize positive motivation.
4. Communicate the attitude that the family's problem is of real importance.
5. Convey sensitivity to the family's feelings through voice tone and body language.
6. Match the person/family's pace of speech.
7. Validate the person's experience and perception of an event.
8. Attempt to engage and improve self-esteem by eliciting responses from all family members and making positive comments about each family member.
9. Demonstrate a good sense of humor.
10. Focus on strengths more than weaknesses.
11. Be sensitive to the pace set by family members in working on problems, while placing the needs of the child first and focusing on permanency and safety.
12. Demonstrate awareness of cultural strengths and differences.
13. Facilitate empowerment by doing *with* not *for*, focusing on person's own dreams and goals.

Modified adaptation from Mitchel, W., Dale, M. L., Tencza, B. A. & Tencza, C. B. (1994). *A piece of the puzzle: Understanding substance abuse for family services (participant's guide)*. Florida Department of Health and Rehabilitative Services, Professional Development Centers and Florida International University Department of Social Work, Institute on Children and Families at Risk, p. 40.