BUILDING COLLABORATIVE CAPACITY SERIES

MODULE 6

HOW TO DEVELOP CROSS-SYSTEMS TEAMS AND IMPLEMENT COLLABORATIVE PRACTICE

National Center on Substance Abuse and Child Welfare

Children's Bureau

SAMHSA
Substance Abuse and Mental Health Services Administration

BUILDING COLLABORATIVE CAPACITY SERIES OVERVIEW

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the *Building Collaborative Capacity Series* to provide states and communities with strategies to create cross-systems collaborative teams, communication protocols, and practice innovations. These strategies aim to improve screening, assessment, and engagement of parents in services to best serve families affected by substance use disorders (SUDs) and child welfare service involvement.

Setting the Collaborative Foundation: Modules 1-4, the first cluster of modules in the series, provides a framework for establishing a collaborative team. This framework includes developing a governance structure and offers ideas to establish the team's principles and mission. It highlights two critical elements of successful collaboration: cross-system communication and a commitment to shared outcomes.

THE MODULES ARE:

- *Module 1: Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders (SUDs)*

- *Module 2: Examining Values and Developing Shared Principles and Trust in Collaborative Teams*

- *Module 3: Establishing Practice-Level Communication Pathways and Information Sharing Protocols*

- *Module 4: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success*

Frontline Collaborative Efforts: Modules 5-7, the second cluster of modules in this series, highlight strategies to improve identification of SUDs and provide timely access to assessment and treatment to support child and family safety, permanency, well-being, and parents' recovery.

THE MODULES ARE:

- *Module 5: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs*

- **Module 6: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services**

- *Module 7: Developing and Monitoring Joint Case Plans and Promoting Treatment Retention and Positive Family Outcomes*

While each of the modules can stand alone, they build on each other; thus, professionals can review the entire series to gain a holistic understanding of building a cross-systems initiative.

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FRONTLINE COLLABORATIVE EFFORTS:
Module 6: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services

The first cluster of modules in this series *(Setting the Collaborative Foundation: Modules 1-4)* provides a framework for establishing a collaborative team to improve policy and practice on behalf of families affected by substance use disorders (SUDs) and involved with child welfare services. Collaborative teams must first create a governance structure to oversee the initiative, clarify their values and develop a shared mission, and formalize their information sharing agreements and protocols for evaluating the success of the initiative prior to making frontline practice changes.

The next cluster of modules in this series *(Frontline Collaborative Efforts: Modules 5-7)* highlights frontline collaborative efforts to improve identification of parents SUDs and related family member needs, while providing timely access to SUD assessment and treatment services to support child and family safety, permanency, and well-being. The steering committee and relevant subcommittees, described in *Module 1*, guides, oversees, and evaluates the activities highlighted in these next modules, while leveraging local experiences to revise state policies and procedures when required.

Module 6 describes the comprehensive assessment procedures that agencies can use to determine the nature and extent of parental SUDs, child safety and risk, and related family strengths and needs. It highlights the role of the collaborative partners in monitoring assessment results and describes key strategies to promote family engagement into services.

WHAT IS ASSESSMENT?

When screening (described in *Module 5*) identifies a potential issue, the parent is then referred for a thorough clinical assessment. Assessment involves collecting detailed information that allows professionals to determine whether a person's condition meets diagnostic criteria for a given disorder, and to identify appropriate treatment responses if necessary. Assessment also involves determining appropriate levels of care and informs the development of treatment and case plans. Assessments may include identifying levels of functioning and determining potential risks or level of risk to children and other family members.

Assessment is not a specific event conducted by professional staff at predetermined points in a family's involvement with child welfare, SUD treatment, and court systems. Rather, it is a continuous process that engages both family members and staff in identifying family strengths, developing services, monitoring progress, and overcoming challenges. These processes are more helpful to parents and their families, and more efficient for staff, if they occur in a coordinated rather than parallel manner.

The assessment process may involve use of a standardized assessment tool. Agencies must determine which tool best fits the needs of their community. When selecting a standardized tool, agencies should ensure it has been tested on a wide range of parents and children. Staff conducting assessments must also be mindful of their own perspectives as they complete family assessments. "The Capacity Building Center for Tribes offers an online tool on family assessment.

Many individuals with a SUD can also experience mental health challenges and can be assessed by a training clinician. Parents and youth affected by SUDs require quick access to treatment services; thus, the timeliness of the assessment process is critical. Child welfare, SUD treatment, courts, and other community-based agencies must have partnerships in place to ensure that once a diagnosis and assessment are complete, the parents or family member receives a quick link to appropriate services in the community.

> **An assessment tool is only as effective as the team that implements it and the process that supports it.**

ASSESSMENT FOR SUBSTANCE USE DISORDERS

Comprehensive SUD assessments, performed by trained clinicians, are generally a combination of individualized interviews; formal instruments, such as a checklist; and information gathered from sources such as child welfare, the court, and healthcare providers. There are a variety of clinical assessments available to diagnose and determine the severity of SUDs and related needs. Agencies can determine which assessment tool best fits the needs of their community.

The National Institute on Drug Abuse, Drexel University College of Medicine, and the University of Pennsylvania School of Medicine collaborated to create an educational model, *The Clinical Assessment of Substance Use Disorders*. The module presents text and instructional videos showing the knowledge, skills, and attitudes needed in the screening, evaluation, and referral of individuals with SUDs.

SUD assessments generally gather detailed information that allows the clinician to establish a diagnosis; assess the individual's functioning, needs, and strengths; and determine the level of care and treatment needs.

DIAGNOSIS AND CRITERIA FOR SUDs

A key component of a clinical assessment is determining a diagnosis of an SUD. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) is the standard for classifying mental disorders in the United States and provides criteria for the diagnosis of "substance-related disorders." The DSM-5 rates disorders from mild to moderate to severe, which can help clinicians clarify individual treatment needs. Substance-related disorders specified in the DSM-5 include alcohol use disorder, tobacco use disorder, cannabis use disorder, stimulant use disorder, hallucinogen use disorder, and opioid use disorder.

The DSM-5 Criteria for SUDs are defined as a problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by two (or more) of the following, and occurring at any time in the same 12-month period:[1]

1 The substance is often taken in larger amounts or over a longer period than was intended.

2 There is a persistent desire or unsuccessful efforts to cut down or control substance use.

3 A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

4 Craving or a strong desire or urge to use the substance.

5 Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

6 Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

7 Important social, occupational, or recreational activities are given up or reduced because of substance use.

8 Recurrent substance use in situations in which it is physically hazardous.

9 The substance use is continued despite the knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

10 Tolerance, as defined by either of the following:
- A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
- A markedly diminished effect with continued use of the same amount of the substance.

11 Withdrawal, as manifested by either of the following:
- The characteristic withdrawal syndrome for the substance.
- The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

MULTIDIMENSIONAL ASSESSMENT AND DETERMINING LEVELS OF CARE

Upon diagnosis of an SUD, treatment professionals can match the individual's treatment needs with the appropriate services designed specifically to meet those needs. Determining the level of care requires a multidimensional assessment of the individual's functioning, needs, and strengths. It is a collaborative process involving information sharing between treatment professionals, child welfare and court professionals, and the parent. Multidimensional assessments are typically a standardized set of questions asked by skilled SUD treatment professionals.

The most widely used and comprehensive set of guidelines for placement, continued stay, and transfer or discharge for clients with SUDs and co-occurring conditions is the *American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. The ASAM multidimensional assessment is a holistic biopsychological assessment of an individual across six dimensions to assist with service planning and treatment. The ASAM multidimensional assessment allows SUD professionals to determine which level of treatment is needed for the individual based on the degree of direct medical management provided; the structure, safety, and security provided; and the level of intensity of treatment services provided.

Another example of an assessment tool for SUDs is the Addiction Severity Index (ASI). The ASI is a semi-structured interview that can be completed by a clinician in roughly one hour. For proper use, the ASI requires in-depth training and is not used as a method for diagnosing SUDs or for making decisions regarding treatment placement. The ASI is a program evaluation instrument widely used in evaluating addiction treatment programs; it is also one of the most cited tools in clinical research related to the treatment of alcohol and other substance use. It includes seven potential problem areas: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status.[2]

ASSESSMENT FOR CHILD SAFETY AND RISK AND FAMILY STRENGTHS AND NEEDS

Assessment in the child welfare system broadly refers to both determining the current safety and potential future harm to a child, and the in-depth process of determining the family's strengths and needs in several areas affecting child and family well-being. This section briefly describes safety, risk, and comprehensive family assessments.

The child welfare assessment process involves a combination of validated instruments such as interviews with the parent, child, and other family members, as well as gathering information from other community partners. Like screening, assessment is an ongoing, collaborative process conducted throughout the duration of the child welfare case to gain a comprehensive picture of the family. The assessment process informs the child welfare case plan, determines the intensity of services required, and assists child welfare professionals in monitoring family progress.

SAFETY ASSESSMENTS: Safety assessments aim to determine the immediate safety concerns for a child. They involve collecting information on threatening family conditions and current, significant, and clearly observable threats to the safety of the child or youth.[3]

The steps for arriving at the safety decision include:[4]

1. Identifying the behaviors and conditions that increase concern for the child's safety and considering how they affect each child in the family

2. Identifying the behaviors or conditions (i.e., strengths, resiliencies, resources) that may protect the child

3. Examining the relationship among the risk factors. When combined, do they increase concern for safety?

4. Determining whether family members or other community partners can address safety concerns without CPS intervention

5. Considering what in-home services are needed to address the specific behaviors or conditions for each risk factor directly affecting the child's safety

6. Identifying who is available (CPS or other community partners) to provide the needed service or intervention in the frequency, timeframe, and duration the family needs to protect the child

7. Evaluating the family's willingness to accept, and ability to use the intervention or service at the level needed to protect the child

Safety assessments aim to determine the immediate safety concerns for a child.

RISK ASSESSMENTS: Risk assessments involve collecting information on the family's situation, strengths and challenges, and available resources to determine the likelihood of future child maltreatment.

Common risk factors for child abuse and neglect include:[5]

INDIVIDUAL RISK FACTORS	• Parents' lack of understanding of children's needs, child development, and parenting skills • Parental history of child abuse and/or neglect • Substance misuse and/or mental health issues including depression in the family • Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income • Nonbiological, transient caregivers in the home • Parental thoughts and emotions that tend to support or justify maltreatment behaviors
FAMILY RISK FACTORS	• Social isolation • Family stress, separation or divorce, and violence, including domestic violence
FAMILY RISK FACTORS	• Community violence • Concentrated neighborhood disadvantage (e.g., high poverty, high unemployment rates, and high density of alcohol outlets), and poor social connections

Child welfare professionals can assess a child's safety and risk related to parental substance use. As a component of their risk assessment, child welfare professionals can consider the following:

- Current parental engagement in SUD treatment

- Parent's history of seeking help or treatment

- Past parental recovery time

- Level of parent's insight into risk factors

- Level of family support

- Other adults living in the home and their substance use or mental health challenges

- Family strengths

There are several validated risk assessments and decision-making tools available. Child welfare agencies can assess and determine which tools best fit the needs of their community. Risk assessment tools can be used in conjunction with family observations and interviews to gain the full picture of the family. Some examples of risk assessments include:

- **Child Abuse Potential Inventory**—This self-report instrument is designed to estimate the risk of a parent physically abusing a child.

- **Structured Decision Making Risk Assessment**—Structured Decision Making (SDM) is a child welfare system case management model featuring several risk and needs assessment instruments. The risk assessment tool estimates the likelihood that a parent will abuse or neglect a child in the future.

- **Parenting Stress Index**—This tool evaluates the parenting system and focuses on three major domains of stress (child characteristics, parent characteristics, and situational/demographic life stress) that can lead to problems in the child's or parent's behavior.

STRENGTHS ASSESSMENTS: In addition to assessing safety and risk, child welfare professionals can also assess for the presence of family strengths and protective factors. Protective factors are individual, family, community, and societal characteristics that can reduce the risk of child abuse and neglect while promoting child and family well-being. Protective factors include:[6]

Parental resilience

Social connections

Support from family members

Knowledge of parenting and child development

Concrete support in times of need

Social-emotional competence of children

Engaging parents and family members in identifying their protective factors can empower them to build on their family strengths and also encourage them to feel like active partners in their assessment process. The *2020-2021 Prevention Resource Guide (Chapter 6)* offers conversation guides for child welfare workers to use in talking with parents about how the protective factors contribute to positive outcomes for families. Each guide targets one of the six factors.

The FRIENDS National Center for Community-Based Child Abuse Prevention offers the *Protective Factors Survey* and Protective Factors Survey, 2nd Edition, which help child welfare agencies assess family protective factors to prevent child abuse and neglect.

COMPREHENSIVE FAMILY ASSESSMENTS: Through comprehensive family assessments, child welfare professionals examine family strengths, needs, and resources to determine which areas of family functioning require interventions to promote child and family safety, permanency, and well-being. Family assessments require participation of parents, children, caregivers, SUD treatment providers, and collaborative partners. Comprehensive family assessments help answer the following questions:

- What are the risks and needs of this family that affect safety, permanency, or well-being?

- What are the effects of maltreatment that affect safety, permanency, and well-being?

- What are the family's individual and collective strengths?

- How do the family members perceive their conditions, problems, and strengths?

- What must change for the effects of maltreatment to be resolved and for the risk of maltreatment to be reduced or eliminated?

- What is the parent or caregiver's level of readiness for change? What is their motivation and capacity to ensure safety, permanency, and well-being?[7]

It is crucial that family assessments are sensitive to diverse backgrounds and recognize that parenting practices and family structures vary due to differences in community and family dynamics.

There are several approaches and tools for conducting family assessments, and child welfare agencies can select the approach that best fits the needs of their community. *A Systems to Family Stability National Policy Academy* report highlights research and evaluation reports that compare family assessment tools in child welfare. Below are just some examples of child welfare family assessment tools:

- Family Assessment Form (FAF)—The FAF is a research-based tool that assesses family functioning within eight categories: caregiver history, caregiver personal characteristics, living condition, financial conditions, support to caregivers, caregiver/child interactions, developmental stimulation, and interactions between caregivers. The FAF is offered as cloud-based software that allows practitioners to access essential family data remotely.

- North Carolina Family Assessment Scale (NCFAS)—The NCFAS is a validated family assessment tool that examines family functioning along five domains: environment, parental capabilities, family interactions, family safety, and child well-being.

- Darlington Family Assessment System (DFAS)—The DFAS includes a semi-structured clinical interview and interviewer rating scale based on a conceptual framework that views health issues from a family life cycle/developmental perspective. The DFAS assesses family functioning among four systemic levels: the child perspective, the parental perspective, the parent–child perspective, and the whole family perspective.

- Structured Decision-Making Family Strengths and Needs Assessment (FSNA)—The FSNA is a component to the SDM model. It assesses family caregivers and all children across domains of family functioning: resource management/basic needs, physical health, parenting practices, social support system, household and family relationships, domestic violence, substance use, mental health, prior adverse experiences/trauma, cognitive/developmental abilities, and other identified caregiver strengths or needs. Priority needs and strengths are also identified as the focus of efforts to improve family functioning and child safety.

KEY STRATEGIES TO PROMOTE FAMILY ENGAGEMENT INTO SERVICES

Child welfare, court, SUD treatment staff, and mental health treatment providers share responsibility for encouraging family members to seek treatment and helping them engage in identified services. Parents with SUDs often face many obstacles in the treatment and recovery process. They are at risk of dropping out of services if the professionals working with them do not employ proper engagement strategies that promote their completion of assessments and entry into treatment in a timely manner. Discussions emerging from assessments can help parents and family members understand why they need treatment, what treatment options are available to them, and why a particular treatment provider is recommended. It is especially important early on in the family's case that child welfare and SUD treatment staff work closely to ensure the transition from one system or service to another is well coordinated and clear to family members.

Child welfare, court, SUD treatment staff, and mental health treatment providers also have the ability to engage parents and family members as active partners in their assessment process. This ensures that parents and family members do not feel that the assessment is happening to them but rather that they are a part of the team and contributing to the assessment. When parents are actively involved with the assessment, they can better understand the process and each of the agencies with which they are involved. Conducting family team meetings with all of the involved partners, the parent, and their identified family members to discuss assessment results and next steps is one way to actively include the parent in the process. *Module 7* has more information on family team meeting strategies and models.

Collaborative teams can employ the following strategies to improve parent and family member engagement into assessment and treatment.

ENSURE CONSISTENT INFORMATION SHARING AND A COLLABORATIVE RESPONSE TO ASSESSMENT RESULTS

Child welfare, court, SUD treatment staff, and mental health treatment providers can establish joint policies and procedures for sharing information regarding assessment results to ensure a seamless transition from assessment to treatment services. The point at which family members are referred from one system to another system (such as from child welfare to SUD treatment) for assessment is critical in setting the stage for whether they engage and remain in services.

If the transition across systems is seamless and timely, parents and family members are more likely to feel that service plans will be realistic, feasible, and targeted to their needs. If the transition is marked by passive paper referrals that are not coordinated and lack follow-up by either system, parents and family members are likely to feel disconnected from their service providers and fall through the cracks. Engaging families in the assessment process will ensure that they understand their assessment results and know what to expect next in the process.

An important factor influencing whether family members are engaged is the extent to which staff from all systems have accurate and timely information about families they serve. Having formal information sharing procedures in place ensures that staff communicate information appropriately

and consistently, increasing the likelihood that they can quickly engage and retain family members in services. *Module 3* provides a detailed discussion of information sharing protocols, confidentiality, and informed consent procedures. Collaborative partners should develop uniform protocols that provide guidance to staff on sharing information about assessment results and treatment needs.

The more treatment and child welfare staff communicate with each other systematically, the more beneficial the assessment process will be. As workers gain expertise in sharing information with each other, assessments will take less time as they become more effective.

Information garnered from assessments can be shared with dependency courts when families are under court jurisdiction so needed services can be included in court-ordered case plans. In addition, dependency courts can help obtain needed information through court-ordered assessments if necessary. When families appear before the court, judges can ensure that appropriate assessments were conducted, and the court has information regarding diagnostic and assessment results. Parents' attorneys play a key role in advocating for timely assessment and encouraging their clients to participate in the assessment process. Court staff, including attorneys, can be available to meet with staff and family members to discuss assessment results and their implications for services.

UNDERSTAND STAGES OF CHANGE AND EMPLOY MOTIVATIONAL ENHANCEMENT TECHNIQUES

Professionals who work with parents with SUDs can develop a therapeutic relationship and become partners with them in their change process. Understanding the typical stages of change can provide professionals with insight on their client's experience and the types of motivation they may need to engage in SUD treatment and recovery.

Developed by Prochaska and DiClemente (1984), the Transtheoretical Model (TTM) of the Stages of Change approach is an overarching framework that helps professionals tailor their counseling strategies to their clients' level of motivation to change their substance use behaviors.[8,9] This model states that the change process is a journey through five stages, as described in the graphics below.[10]

PRECONTEMPLATION: Individuals in this stage are not considering change and do not plan to change in the foreseeable future. They may be completely unaware that a problem exists, or they may be partly aware but unwilling or too discouraged to change their behavior. They may not view their use as problematic.

CONTEMPLATION: Individuals in this stage may begin to perceive that there is a cause for concern or reason to change. They may be continuing to use substances but considering the possibility of cutting back or stopping in the near future. They may be ambivalent, weighing the positive and negative aspects of making a change. Individuals may remain in this stage for extended periods of time.

STAGES OF CHANGES

Precontemplation

Contemplation

Preparation

Action

Maintenance
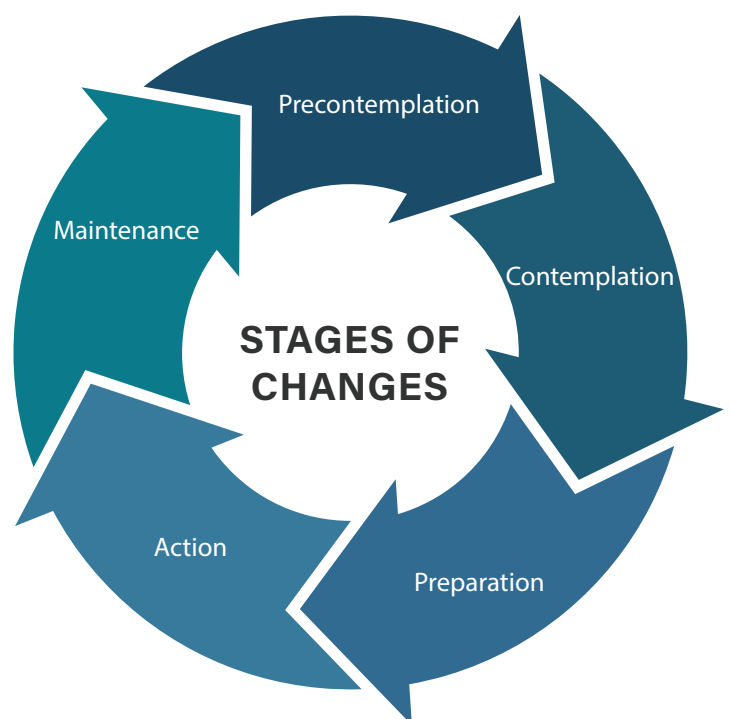
PREPARATION: Individuals in this stage start to more clearly see the benefits of change and thus begin to take specific steps toward change. Individuals in preparation are often still using substances, but typically intend to stop using very soon. They may already be cutting down on their use or making other small changes. They often begin to set goals for themselves and make commitments to stop using.

ACTION: In this stage, individuals are actively engaged in making real changes to their substance use behaviors, including lifestyle changes and clear strategies. Individuals are committed to the change process and willing to follow suggested strategies.

MAINTENANCE: Individuals in this stage have sustained the change over a period of time and are building new lifestyles that no longer include the old substance use behaviors. They learn to identify situations that may trigger a return to use and develop coping skills to manage those situations. Key efforts in this stage are made to prevent recurrence.

Relapse or recurrence of substance misuse is an anticipated part of the change process. Many individuals who misuse substances progress through these changes in a circular, spiral pattern and typically move back and forth between the stages at different rates.[11]

Upon understanding the stages of change, professionals can use motivational enhancement strategies to encourage parents' willingness and commitment to engage in treatment. Motivational enhancement strategies emphasize parents' ability to voice personal goals and values in ways that elicit their own motivation to change, and to make choices among options for change. Child welfare and treatment professionals cannot give parents motivation, but they can help them through the multidimensional, fluid process of identifying their need to make difficult changes to their substance use and facilitating a plan to change.[12] Empowering parents to identify their own needs and opportunities for change also reinforces their role as active team members in their assessment and treatment process.

The benefits of motivational enhancement approaches include:[13]

- Enhancing motivation to change

- Preparing clients to enter treatment

- Engaging and retaining clients in treatment

- Increasing participation and involvement

- Improving treatment outcomes

- Encouraging rapid return to treatment if clients return to substance misuse

One example of a motivational enhancement technique is Motivational Interviewing (MI). Developed by Miller and Rollnick,[14] MI is a therapeutic counseling technique based on the stages of change. MI aims to help clients resolve ambivalence about health-risk behaviors, including substance misuse, and enhance motivation to change.[15] The responsibility for change is placed on the individual, and the professional uses supportive, direct, and nonconfrontational approaches that help the individual identify the choices available to them.

Rather than a specific intervention, MI is a method of communication. The spirit of MI encompasses the following elements:[16]

PARTNERSHIP	ACCEPTANCE	COMPASSION	EVOCATION
There is an active partnership between the individual and the counselor. The counselor shows empathy and genuine curiosity about the individual's perspective and expertise of their own life.	The counselor is non-judgmental, expresses empathy, acknowledges the individual's strengths and values, and demonstrates their intention to understand the individual's point of view and concerns.	The counselor prioritizes the individual's needs and promotes their well-being.	Individuals have the resources and skills needed to make change. The counselor helps to draw out the individual's priorities, values, and wisdom.

Stages of Change and MI are important and useful therapeutic techniques for engaging parents and family members in services as well as assessing their service needs. If professionals can understand where parents are in their readiness to change, they can use MI to help them decide what changes they are prepared to make. Professionals can then use the same techniques to support parents in making and sustaining the changes they identified.

Judges and legal professionals, along with child welfare, SUD treatment, mental health treatment providers, and healthcare staff, can also employ MI and other motivational enhancement techniques when speaking with family members in the courtroom.

For more information on motivational enhancement techniques and the stages of change, see SAMHSA's *Treatment Improvement Protocol 35: Enhancing Motivation for Change in Substance Use Disorder Treatment*.

IMPLEMENT A PEER OR RECOVERY SPECIALIST PROGRAM

Many child welfare agencies and family court programs have integrated peers and recovery specialists into their service delivery models to support parents and families affected by SUDs; they often promote engagement into SUD assessment and treatment. The use of peers and recovery specialists in the context of child welfare is designed to support the parent and family, coordinate services to achieve cross-agency goals of fostering adult recovery and parental capacity, strengthen adult and child bonding, and promote child safety and permanency in their caregiving relationships.[17]

Peers often called recovery coaches or parent mentors, are typically individuals who are in recovery from an SUD, and may have also experienced involvement with child welfare services. Peers serve as allies for parents and individuals with whom they can develop trust. Recovery specialists, also sometimes called substance abuse specialists, are professionals with training and/or certifications related to SUD treatment and recovery. They may be placed in child welfare offices or at the court through agency partnerships. They may offer on-site SUD consultation, SUD assessments, and case management services for parents to access treatment. Both peers and recovery specialists offer families support to build recovery capital—the internal and external resources necessary to begin and maintain recovery—while also serving as a liaison between agencies and advocating on the parent's behalf.

Both peers and recovery specialists can help ensure parents receive appropriate assessments and engage into treatment services. For example, they may serve as the support person who prepares the parent for SUD treatment assessment and may even assist with transportation or attend the assessment with them.

For more information on peer and recovery support specialist programs, see the NCSACW resource, *Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit*.

THE ROLE OF TRAINING

Orientation and ongoing training programs ensures that collaborative partners understand:

- The key differences between conducting a screen and an assessment

- Why they are conducting the assessment

- How to use the assessment tool

- How to use motivational enhancement strategies during the assessment process and referral to treatment

- Other methods to gather information, beyond the assessment tool, to understand family strengths and needs

- How and with whom to share assessment results

- How to appropriately refer clients for appropriate treatment

To best engage parents in assessment and treatment, it is important for child welfare and court professionals to understand the SUD treatment and recovery process, including the stages of change and motivational enhancement techniques. It is equally important for SUD treatment, healthcare, and other community-based agency professionals to understand the child welfare timeline and case process. The NCSACW provides free online training for SUD treatment, child welfare, and court professionals on serving families affected by SUDs. These trainings support professionals' efforts to improve their engagement strategies and processes to better serve families and promote successful engagement into services.

NEXT STEPS

The second and final cluster of modules in the *Building Collaborative Capacity Series* is focused on frontline collaborative efforts to improve identification of SUDs, while providing timely access to SUD assessment and treatment services to prevent child removal and support child permanency and family well-being.

Once the collaborative team develops protocols to ensure families are consistently screened for SUDs and related issues, and that they are quickly engaged into comprehensive assessments when warranted, the team must develop the process for conducting collaborative case planning. The final module in the series, *Module 7—Frontline Collaborative Efforts: Developing and Monitoring Joint Case Plans*, describes how collaborative teams can jointly develop and monitor family case plans that are mutually supportive and considerate of the needs and requirements placed on the family by each system. It also offers strategies to promote family engagement into treatment and case plans, treatment completion, and positive family outcomes.

The NCSACW provides a variety of resources and technical assistance opportunities for states and communities to improve policy and practice on behalf of these families. Please visit the website to learn more.

ABOUT US

The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Children's Bureau (CB), Administration for Children and Families (ACF), and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. NCSACW provides no-cost consultation, training, and technical assistance to child welfare agencies, SUD treatment agencies, courts, healthcare, early childhood providers, and other related entities. NCSACW supports these agencies' efforts to make policy and practice changes to improve outcomes for families affected by SUDs.

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REFERENCES

[1] Hasin, D.S., et al. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry, 170(8)*, 834-851. doi: 10.1176/appi.ajp.2013.12060782

[2] McLellan, A.T., Luborsky, L., O'Brien, C.P. & Woody, G.E. (1980). An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. *Journal of Nervous & Mental Diseases, 168*, 26-33. doi: 10.1097/00005053-198001000-00006.

[3] Capacity Building Center for States. (2018). *Child protective services: A guide for caseworkers*. Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubs/usermanuals/cps2018/

[4] Capacity Building Center for States. (2018). *Child protective services: A guide for caseworkers*. Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubs/usermanuals/cps2018/

[5] Centers for Disease Control and Prevention. (2020). *Risk and protective factors*. https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

[6] FRIENDS National Center for Community-Based Child Abuse Prevention. (2020). *Protective factors*. https://friendsnrc.org/prevention/protective-factors/

[7] Child Welfare Information Gateway. (2020). *Assessment in child protection*. https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/id-can/protection/#comp-fam-assessment

[8] Prochaska, J. O., & DiClemente, C. C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy*. R. E. Krieger.

[9] Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment, Treatment Improvement Protocol (TIP) Series No. 35*. https://store.samhsa.gov/sites/default/files/d7/priv/tip35_-final_508_compliant_-_02252020_0.pdf

[10] Connors, G. J., DiClemente, C. C., Velasquez, M. M., & Donovan, D. M. (2013). *Substance abuse treatment and the stages of change: Selecting and planning interventions*. Guilford Press.

[11] Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment, Treatment Improvement Protocol (TIP) Series No. 35*. https://store.samhsa.gov/sites/default/files/d7/priv/tip35_-final_508_compliant_-_02252020_0.pdf

[12] Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment, Treatment Improvement Protocol (TIP) Series No. 35*. https://store.samhsa.gov/sites/default/files/d7/priv/tip35_-final_508_compliant_-_02252020_0.pdf

[13] Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment, Treatment Improvement Protocol (TIP) Series No. 35*. https://store.samhsa.gov/sites/default/files/d7/priv/tip35_-final_508_compliant_-_02252020_0.pdf

[14] Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. The Guilford Press.

[15] Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. The Guilford Press.

[16] Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press

[17] Huebner, R. A., Hall, M. T., Smead, E., Willauer, T., & Posze, L. (2018). Peer mentoring services, opportunities, and outcomes for child welfare families with substance use disorders. *Children and Youth Services Review*, 84239-246. doi:10.1016/j.childyouth.2017.12.005