

Substance Abuse Training

Understanding Substance Use Disorders,

Treatment and Family Recovery:

A Guide for Child Welfare Professionals

Supervisor Handbook

Winter 2007



Acknowledgements

The online course and PDF version of *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals* were developed by the National Center on Substance Abuse and Child Welfare (NCSACW) and are maintained on its website: <http://www.ncsacw.samhsa.gov>. NCSACW is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

The course materials, including the Participant Workbook and Supervisor Handbook, were developed for training purposes by the Utah Division of Child and Family Services.

Course Materials: MaryCatherine Jones

Resource Team:
Midge Delavan
Jerna Mitchell
Jonathan Houser
Marlene Goodrich
Martin Roundy
Reba Nissen

Pilot Participants:
Salt Lake Region Court Services Team
Lindsey Wiley
Chuck Berglund
Nate Acree
Melissa Herrera
Darla Taylor
Eliana Downing
Jennifer Larson
Casey Christopherson
Ryan Melton

Thanks to the statewide training team and pilot participants for their thorough review of the materials and thoughtful feedback.

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Outcomes

1. Caseworkers will explore their own attitudes and beliefs about families that have substance abuse problems.
2. Caseworkers can describe the continuum of use, abuse, and addiction and identify signs of substance use disorders among families they work with.
3. Caseworkers will recognize the importance of screening for substance abuse with all child welfare clients.
4. Caseworkers understand the effects of co-occurring disorders, domestic violence, and childhood trauma among people with substance abuse problems and can identify the unique issues faced by women.
5. Caseworkers understand the needs and experiences of people who become addicted to substances.
6. Caseworkers become familiar with substance abuse treatment options.
7. Caseworkers can describe the stages of behavior change and strategies they can use to motivate parents along the stages of change.
8. Caseworkers can describe the process of recovery and explain the role of lapse and relapse for clients who have been addicted to substances.
9. Caseworkers more fully understand children's needs and experiences related to having a parent with a substance abuse problem. Caseworkers learn ways to enhance case planning and services for children experiencing parental substance abuse.
10. Caseworkers understand the benefits of teaming with substance abuse treatment providers and identify several approaches to collaboration at different stages in the treatment and recovery processes.
11. Caseworkers learn of several reliable Internet resources from which they can obtain further information on substance abuse and child welfare.

Substance Abuse and Child Welfare in Utah

- In FY2006, 63% of Utah CPS cases with removals identified drug or alcohol abuse as a factor contributing to the abuse and neglect¹.
- In the same period, 57% of child victims who received ongoing in-home services were listed on a case with at least one contributing factor as alcohol or drug abuse².
- Research shows that children with substance abusing caregivers tend to come to the attention of the child welfare system younger than other children, are more likely than other children to be placed in care, and are likely to remain in care longer³.

What Makes This Training Unique

Fortunately, there are many opportunities for child welfare caseworkers to learn about substance abuse. The NCSACW online training was chosen as the first statewide training on substance abuse because:

- It was developed by national experts on substance abuse and child welfare practice.
- It introduces the latest information on the neurobiology of addiction.
- It identifies strategies for working with families that are consistent with the Practice Model.
- Its information on substance abuse can benefit all caseworkers, regardless of their levels of experience.
- It provides a foundation for classroom-based skills training.

¹ Division of Child and Family Services SAFE Management Information System: prevalence of substance abuse on child protective services cases in Utah for 2006 (2006). Salt Lake City, UT: Division of Child and Family Services Data Unit.

² Ibid.

³ Semidei J, Feig Radel L, Nolan C (2001). Substance Abuse and Child Welfare: Clear Linkages and Promising Responses. *Child Welfare* 80 (2): 109-127.

National Center for Substance Abuse and Child Welfare Online Training

Table of Contents

Section	Approximate Time to Complete
Introduction —describes the course purpose and contents, and introduces challenges faced by families in the child welfare system with substance abuse problems.	15-30 minutes
Module One —provides fundamental information regarding substance use, abuse, and addiction.	30-45 minutes
Module Two —discusses motivating families to engage in treatment for substance use disorders.	45-60 minutes
Module Three —describes the substance abuse treatment types, settings, approaches, and key elements of treatment for parents and the unique considerations of women with substance use disorders and issues mothers may face.	45-60 minutes
Module Four —presents the special considerations for children whose parents have substance use disorders.	30-45 minutes
Module Five —provides partnership and case management strategies to enhance coordination and collaboration between substance abuse treatment and child welfare professionals.	30-45 minutes

Format

The tutorial is intended to be taken online. However, a PDF copy of the tutorial is available on the NCSACW website. The PDF copy is nearly identical to the online tutorial, but it does not provide direct web links to other relevant information. For

your convenience, the Reading Questions in the Participant Workbook and discussion questions in the Supervisor Handbook include page number references for both the online and PDF versions of the tutorial.

Training Hours

Based on a pilot test of the tutorial, participants may take 3.25 to 4.5 hours to complete the introduction, the five modules, and the Reading Questions in the Participant Workbook. Completion time may vary by each participant's:

- reading pace
- learning style
- ability to focus on the tutorial and minimize distractions
- knowledge of the information in the tutorial
- other work commitments

The tutorial counts for 4.5 of the 40 required annual training hours. Your supervisor, trainer, or CSM may offer supplemental activities to review and discuss information in the tutorial.

Continuing Education Units (CEUs)

If you would like to receive CEUs for this training, you must complete the Knowledge Assessment in the tutorial at the end of Module 5. After passing the exam, you will be able to print a certificate of completion. This tutorial was approved by the National Association of Social Workers (NASW), Provider #886403746 for four (4) Continuing Education Contact Hours. There is no charge for you to obtain the Continuing Education Credit. For more information, see the Introduction section of the tutorial.

Participant Workbook

About the Online Tutorial and Participant Workbook

This tutorial was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), which is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN). The tutorial was developed specifically to educate child welfare professionals about the complexity of substance abuse and its significance to the child welfare system, and to improve services to parents and children whose families suffer from the effects of substance abuse.

The NCSACW recognizes that families with substance abuse problems are often involved in multiple systems, including the public benefits system, the substance abuse treatment system, and the criminal justice system. As a result, the tutorial emphasizes the importance of integrated case management to help families meet their obligations, which are often complicated by conflicting time frames and expectations.

Reading Questions and Certificate

The Participant Workbook contains reading questions based on the online tutorial. They are intended to help you identify the key points in each module and develop your knowledge about specific areas related to working with substance abuse families. You may answer the questions as you proceed through the tutorial. You will answer the questions on the separate answer sheet provided. When you have completed all questions, please submit the answer sheet to your Regional Training Manager or designee, along with the completed Participant Evaluation Form and the certificate of completion that is the last page of your Participant Workbook. Your Regional Training Manager or designee will record your completion of the training, sign your certificate, and return your certificate and corrected answer sheet.

Substance Abuse Training: Supervisor Overview

Supervisors will have access to the online tutorial, the Supervisor Handbook, and the Participant Workbook one month before the training is available to caseworkers. The advanced access allows supervisors to become familiar with the training materials and plan with their teams for training completion, follow up, and mentoring.

1. Options for completing the web training
 - Individuals take the training at their desks.
 - The team takes the training in a classroom.
 - The supervisor sets deadlines for team members to complete each module, thereby controlling the pace of the team's progression.

2. Options for responding to the Reading Questions in the Participant Workbook
 - Individuals complete the Reading Questions as they go through the modules.
 - Supervisors review the Reading Questions with team members one-on-one after the completion of each module.
 - Team members complete the Reading Questions together during staff meetings.
 - Supervisors lead a review of the Reading Questions during staff meetings.
 - Supervisors request a regional trainer to review the Reading Questions with their team during a staff meeting.
 - Other methods that supervisors know will work well for their teams.

3. Options for using the Discussion Guide in the Supervisor Handbook
 - Supervisors use Discussion Guide questions to review key points from the tutorial in staff meetings.
 - Supervisors assign questions for team members to research and answer in staff meetings.
 - Supervisors assign or team members choose a module and facilitate a discussion based on the module at staff meetings, using the discussion questions in the Supervisor Handbook.
 - Supervisors request a regional trainer to lead a discussion with their teams.
 - Other methods that supervisors know will work well for their teams.

Accessing the Web Training

A. Access the Participant Workbook

1. Go to the DCFS training website, <http://hsemployees.utah.gov/dcfs/>
2. Click on Training.
3. Click on Substance Abuse Training Participant Workbook.
4. Print the Participant Workbook.

B. Register for the Web Training

1. Go to <http://www.ncsacw.samhsa.gov/>
2. Select Online Tutorials and Training.
3. Find Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals. Click on MORE INFORMATION.
4. Click on “Register.”
5. Enter the requested information.
6. Select the course, Understanding Substance Abuse Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals and click on “Submit.”
7. On the new page, “START A TUTORIAL,” click on the second tutorial, Understanding Substance Abuse Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals.
8. The new page will be titled, Why Should I Take This Course? This is the introduction to the online training.

C. Print the PDF Copy of the Tutorial (optional)

1. After you have registered for the tutorial, go to the page that says Start a Tutorial and Return to a Tutorial.
2. Click on [PDF copy of Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals](#).
3. Open, then print. The PDF copy is 204 pages.

D. Navigating the Tutorial Online

To move forward or backward between pages in a module, click on the blue arrows.

To move among sections of a module, use the drop-down menu.



To move from one module to another, use the blue menu bar.

To access and print the PDF version of the tutorial, click on Tutorial Home and see the instructions on page 11.

Maximizing the Benefits of Online Learning

We are excited to offer you the opportunity to learn about substance abuse through online training. Some benefits of online training for caseworkers are:

- Ability to self-schedule.
- Ability to self-pace.
- Convenience of taking the training in your own office.
- Immediate access to training and other online resources.
- Flexibility to balance your workload with the training.
- Portability to take the Participant Workbook with you, work on the Reading Questions, or do additional reading while you are supervising visits, waiting for court hearings, etc.

You may stop and resume the online tutorial at any time and the tutorial will hold your page.

Along with the benefits of individual training comes increased responsibility for you to manage your own training. Because adults learn differently, online learning involve some challenges not normally present in classroom training. To complete the training in a timely way, you may need to:

- Limit distractions.
 - Set aside a particular time to work on the training.
 - Turn off the ringer on your phone.
 - Collaborate with your supervisor to schedule your online work.
- Schedule your training in a way that fits with the way you learn best.
 - On your own.
 - With a co-worker.
 - With a team.
 - One module at a time.
 - All at once.
- Translate learning into practice.
 - Evaluate how you can use some of the recommended strategies and tools in your cases.
 - Use the charts and graphs provided with families and community partners, when appropriate.
 - Discuss the information with your supervisor and co-workers.

After Completing the Training, Participants Will...

- Answer the Reading Questions on the Reading Questions Answer Sheet in the Participant Workbook.
- Enter their name on the Certificate of Completion at the end of the Participant Workbook.
- Complete the Participant Course Evaluation at the end of the Participant Workbook.
- Make copies of their Reading Questions Answer Sheet and Certificate for their records.
- Submit the answer sheet, training evaluation, and signed certificate to the Regional Training Manager or designee.

The Regional Training Manager or designee will record completion of the training, sign certificates and return the certificates and corrected answer sheets to the participants.

Participant Workbook Reading Questions and Answers

Reference Pages are provided to help you locate information pertaining to the questions in the online tutorial or in the PDF document.

The correct answers are in *italics* and are not indicated in the Participant Workbook.

Introduction		
Questions	Select the correct answer(s).	Reference Pages
1. Looking at the goals on page 4 of the tutorial (page 3 of the PDF document), which goal would you most like to fulfill for yourself through this training?	<i>(Record your response here)</i>	Page 4 online OR Page 3 PDF
2. The Four Clocks represent four different timeframes that may affect a family member with a substance use disorder. Which of the following statements are true of the possible conflict between the family member's treatment and recovery time and the other Clocks? (more than one answer)	<ul style="list-style-type: none"> a. <i>The child's bonding with the parent does not depend on age, so a parent may easily reattach with a child of any age from whom they have been separated for a year.</i> b. <i>The parent may require more time to complete their treatment than is permitted for reunification under the Adoption and Safe Families Act (ASFA).</i> c. <i>A child's time in care will not affect the family's eligibility for public assistance.</i> d. <i>Treatment spaces may not be available for a caregiver, creating a problem in meeting court time requirements.</i> 	Pages 7-12 online OR Pages 6-7 PDF
3. Why is it important to the family that the child welfare professional and the treatment provider plan jointly with the family?	<i>(reduces stress, plan steps in common, understand issues, help family meet requirements, improves information sharing)</i>	Pages 13-17 online OR Pages 8-9 PDF
4. How can social workers help families to manage the Four Clocks?	<ul style="list-style-type: none"> a. <i>Help families understand what is being asked of them</i> b. <i>Work with families to find the best way to achieve their desired goals</i> c. <i>Help families understand the consequences of not actively working to achieve the goals of</i> 	Pages 18-23 online OR Pages 9-12

Introduction		
Questions	Select the correct answer(s).	Reference Pages
	their plan d. <i>All of the above</i>	PDF

Module 1		
Questions	Select the correct answer(s).	Reference Pages
1. According to the tutorial, which of the following are considered risk factors for children to use substances as they get older? (more than one answer)	<ul style="list-style-type: none"> a. <i>early oppositional behavior</i> b. <i>poor social skills</i> c. <i>language delays</i> d. divorced or unmarried parents e. being a racial or ethnic minority 	Pages 1-6 online OR Pages 13-19 PDF
2. According to the tutorial, which of the following are considered to be factors that protect children from using substances as they get older? (more than one answer)	<ul style="list-style-type: none"> a. <i>empathy for others</i> b. having a boyfriend/girlfriend c. <i>education and career goals</i> d. <i>creative thinking and problem-solving</i> e. small classroom size 	Pages 1-6 online OR Pages 13-19 PDF
3. According to the NIAAA, four symptoms of alcohol dependence or alcoholism are craving, physical dependence, tolerance, and _____.	<ul style="list-style-type: none"> a. <i>inability to limit one's own drinking</i> b. complaints about the person's drinking c. feelings of guilt d. neglect of children 	Page 7-11 online OR Page 20-24 PDF
4. Substances of abuse cause significant changes in brain chemistry. As a result, scientists consider substance use disorders to be brain-based diseases. Which of the following statements are true?	<ul style="list-style-type: none"> a. <i>Substance-induced brain chemical imbalances disrupt normal communication between neurons, so people feel depressed, think poorly, behave in ways not normal to them, or misperceive what others say or do.</i> b. As the person continues to use the substance, the reward pathway—a part of the brain responsible for experiencing pleasure—becomes interrupted and the person cannot feel pleasure without the substance. c. <i>Addiction means that the person engages in a compulsive behavior, even when faced with negative consequences.</i> d. <i>The person's loss of control in limiting his or her intake of the addictive substance is a major hallmark of addiction.</i> 	Pages 7-11 online OR Pages 20-24 PDF

Module 1		
Questions	Select the correct answer(s).	Reference Pages
<p>5. Substance abuse is a manifestation of maladaptive patterns of substance use leading to clinically significant impairment or distress. Which of the following are indicators of substance <i>abuse</i> (not use or dependence)? (more than one answer)</p>	<ul style="list-style-type: none"> a. <i>Recurrent substance use in situations in which it is physically hazardous</i> b. <i>Recurrent substance-related legal problems</i> c. <i>Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance</i> d. <i>Markedly diminished effect with continued use of the same amount of the substance</i> e. <i>Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home</i> f. <i>The substance is often taken in larger amounts or over a longer period than was intended</i> 	<p>Pages 12-17 online</p> <p>OR</p> <p>Pages 25-30 PDF</p>
<p>6. Substance dependence is a manifestation of maladaptive patterns of substance use leading to clinically significant impairment or distress. Which of the following behaviors are indicators of substance <i>dependence</i> (not use or abuse)? (more than one answer)</p>	<ul style="list-style-type: none"> a. <i>Failure to provide adequate food and nutrition for children</i> b. <i>Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance</i> c. <i>A need for markedly increased amounts of the substance to achieve intoxication or desired effect</i> d. <i>Markedly diminished effect with continued use of the same amount of the substance</i> e. <i>Failure to provide adequate supervision for children, based on their ages and developmental stages</i> f. <i>There is a persistent desire or unsuccessful efforts to cut down or control substance use</i> g. <i>The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms</i> h. <i>The substance is often taken in larger amounts or over a longer period than was intended</i> 	<p>Pages 12-17 online</p> <p>OR</p> <p>Pages 25-30 PDF</p>

Module 2		
Questions	Select the correct answer(s).	Reference Pages
1. According to the tutorial, caseworkers should conduct substance abuse screenings for parents on which type of cases?	<ul style="list-style-type: none"> a. When the allegation is substance-use related, such as fetal exposure/addiction b. When a child discloses substance use by parents or other primary caregivers c. When there is evidence of substance use by a parent who is not in the home d. When a parent says that s/he is concerned about his/her own substance use or the substance use of another parent or caregiver e. <i>On all child maltreatment cases</i> 	Pages 1-12 online OR Pages 31-42 PDF
2. According to the tutorial, which of the following are in-home indicators of potential substance abuse?	<ul style="list-style-type: none"> a. A report of substance use was included in the intake report b. The caseworker observes paraphernalia in the home (syringe kit, pipes, charred spoon, foils, large number of liquor or beer bottles, etc.) c. A child reports use by parent(s) or other adults in the home d. A parent exhibits physical behavior of being under the influence of alcohol or drugs (slurred speech, inability to mentally focus, physical balance affected, extremely lethargic or hyperactive, etc.) e. <i>All of the above</i> 	Pages 1-12 online OR Pages 31-42 PDF
3. List 3 life problems commonly experienced by parents who abuse substances.	<i>(trauma, undiagnosed mental health, anxiety/depression, other health conditions)</i>	Pages 12-20 online OR Pages 43-54 PDF
4. List 3 effects of substances on parenting that are common to multiple substances.	<i>(leaving children while parent goes out to buy or use the substance, may be unable to supervise or attend, may sell furniture or belongings for money to buy drugs)</i>	Pages 12-20 online OR Pages 43-54 PDF

Module 2		
Questions	Select the correct answer(s).	Reference Pages
5. Prenatal substance abuse may be associated with which problems after the child is born?	<ul style="list-style-type: none"> a. physical health consequences b. behavior problems c. cognitive problems d. poor social/relation skills e. attachment problems f. <i>all of the above</i> 	Pages 12-20 online OR Pages 43-54 PDF
6. Which abbreviation may be used to describe the medical condition in which a child shows physical signs of prenatal exposure to alcohol?	<ul style="list-style-type: none"> a. CAGE b. ADHD c. FE d. <i>FAS</i> e. SCF 	Pages 21-24 online OR Pages 55-59 PDF
7. Which of the following are ways that caseworkers can involve fathers in child protection cases related to substance abuse, if the fathers do not reside with the child or have limited contact with the child?	<ul style="list-style-type: none"> a. notify fathers of the investigation b. screen fathers for substance use disorders c. inform fathers of their obligations to protect the child from abuse and neglect d. identify formal and informal supports for the father e. <i>all of the above</i> 	Pages 21- 24 online OR Pages 55-59 PDF
8. Which of the following are true about the stages of change? (more than one answer)	<ul style="list-style-type: none"> a. <i>At times, people may feel ambiguous about their ability to change</i> b. <i>Progression may be slow and nonlinear</i> c. Parents who fail to recognize their problem behaviors early are unlikely to complete all stages of change d. <i>During the preparation/determination stage, individuals make a conscious decision to change</i> 	Pages 24-30 online OR Pages 60-65 PDF
9. Which of the following statements about relapse are true?	<ul style="list-style-type: none"> a. <i>substance abuse clients often relapse as part of their recovery</i> b. relapse demonstrates a parent's lack of motivation c. <i>relapse can be prevented</i> d. <i>a child and family team can plan for relapse</i> 	Pages 24-30 online OR Pages 60-65 PDF
10. Child welfare and treatment	a. Continue to work toward meeting the	Pages 30-47

Module 2		
Questions	Select the correct answer(s).	Reference Pages
professionals can use specific strategies to enhance parents' motivation to begin and maintain treatment and recovery efforts. They can intervene with parents during each of the six stages of change to motivate them to:	<ul style="list-style-type: none"> b. Maintain the safety and well-being of their children c. Develop the parenting skills needed to retain or regain custody of their children d. Access and follow through with services voluntarily e. <i>All of the above</i> 	<p>online</p> <p>OR</p> <p>Pages 66-82</p>
11. According to the tutorial, the motivational task for a child welfare worker to foster and evoke reasons to change and the risks of not changing is matched with which stage?	<ul style="list-style-type: none"> a. precontemplation b. <i>contemplation</i> c. preparation/decision to change/determination stage d. action e. maintenance f. relapse 	<p>Pages 30-47</p> <p>online</p> <p>OR</p> <p>Pages 66-82</p>
12. According to the tutorial, if the parent is in the maintenance stage of change, what would be the corresponding motivational task for the child welfare worker?	<ul style="list-style-type: none"> a. Help parent re-engage in the contemplation, preparation, and action stages b. Reduce the number of required drug tests per week c. Request that the child be returned to the parent on a trial home placement d. <i>Help parent to identify triggers and use strategies to prevent relapse</i> e. Increase frequency of visitation with the child 	<p>Pages 30-47</p> <p>online</p> <p>OR</p> <p>Pages 66-82</p>
13. Based on the stages of change, there are simple motivational enhancement interventions that can be easily incorporated into child welfare services. While simple and practical, these strategies were identified by research as being common to effective brief motivational enhancement interventions. These brief motivational interventions are represented in which of the following acronyms?	<ul style="list-style-type: none"> a. <i>FRAMES</i> b. UNCOPE c. NIAAA d. CAGE 	<p>Pages 30-47</p> <p>online</p> <p>OR</p> <p>Pages 66-82</p>

Module 2		
Questions	Select the correct answer(s).	Reference Pages
<p>14. Caseworkers are encouraged to use motivational strategies with both parents. However, fathers often need specific interventions to foster their engagement in child welfare services and treatment for their substance use disorders. According to the tutorial, which of the following should a caseworker do as part of an intervention with fathers? (more than one answer)</p>	<ul style="list-style-type: none"> a. Request judges to order fathers into domestic violence treatment, especially if they are abusing substances b. <i>Portray recovery as separate from the child welfare case and stress that recovery does not automatically result in reunification</i> c. <i>Explain to the father that regardless of a mother's case plan or her attempts to reunify, the father has responsibility for the children</i> d. If both parents are addicted, arrange for them to attend the same treatment center so they can support each other and keep their children with them e. <i>Identify fathers-only groups and activities provide opportunities to create social support networks and encourage a positive relationship between fathers and their children</i> 	<p>Pages 30-47 online</p> <p>OR</p> <p>Pages 66-82</p>

Module 3		
Questions	Select the correct answer(s).	Reference Pages
1. Limited local resources may cause a temporary inability to secure a treatment space. According to the tutorial, which of the following should a caseworker do to help a parent with a substance abuse disorder? (more than one answer)	<ul style="list-style-type: none"> a. <i>Provide the parent with lists of local 12-step meetings and encourage them to go</i> b. <i>Help the parent develop a safety plan to abstain from use while waiting for treatment</i> c. Request court-ordered supervision d. Make random, unscheduled home visits to catch the parent using e. <i>Suggest lower levels of care while waiting for the optimal level of care</i> 	Pages 1-11 online OR Pages 83-96 PDF
2. Treatment begins with assessments that identify treatment needs. Treatment needs change over time and new treatment needs emerge. Which of the following are parts of the treatment process, as identified in the tutorial? (more than one answer)	<ul style="list-style-type: none"> a. <i>Treatment needs resolved; new needs emerge</i> b. <i>Identify treatment needs</i> c. <i>Initiate treatment planning</i> d. <i>Assessment</i> e. Mental health evaluation f. Resolution of criminal charges g. <i>Respond to changing treatment needs</i> 	Pages 1-11 online OR Pages 83-96 PDF
3. Which of the terms below refer to the level of structure and support offered in the program?	<ul style="list-style-type: none"> a. <i>Treatment placement</i> b. Treatment approach c. Clinical intervention d. Treatment setting 	Pages 1-11 online OR Pages 83-96 PDF
4. The American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) describes several levels of treatment services. Rank them in order from least intensive to most intensive.	<ul style="list-style-type: none"> a. Medically managed intensive inpatient services (5) b. Intensive outpatient services (3) c. Early intervention (1) d. Residential services (4) e. Outpatient services (2) 	Pages 1-11 online OR Pages 83-96 PDF
5. According to the tutorial, reports from treatment providers to child welfare caseworkers should include:	<ul style="list-style-type: none"> a. Parent's participation in treatment services b. Child welfare services plan compliance c. Parental skills/parental functioning d. Abstinence from substance use 	Pages 12-20 online OR

Module 3		
Questions	Select the correct answer(s).	Reference Pages
	<i>e. All of the above</i>	Pages 97-109 PDF
6. According to the tutorial, treatment providers often use drug testing to: (more than one answer)	<i>a. Reinforce positive behaviors</i> <i>b. Ensure that the parent is maintaining abstinence while in treatment</i> c. Present a case for or against visitation with children d. Keep kincaaregivers and foster parents up-to-date	Pages 12-20 online OR Pages 97-109 PDF
7. According to the tutorial, the number, type and intensity of treatment services are often determined by: (more than one answer)	<i>a. Each client's unique treatment needs</i> <i>b. Regional resources</i> <i>c. Insurance coverage</i> <i>d. Program resources</i> e. Political expediency	Pages 12-20 online OR Pages 97-109 PDF
8. According to the tutorial, components of an integrated approach are: (more than one answer)	a. Temporary housing assistance <i>b. Pharmacotherapies</i> <i>c. Psychosocial interventions</i> <i>d. Behavioral therapies</i> <i>e. Mutual support groups</i> f. Parenting instruction	Pages 12-20 online OR Pages 97-109 PDF
9. Medications used to treat opiate addiction include:	<i>a. LAAM</i> <i>b. Methadone</i> c. Benzodiazepam <i>d. Buprenorphine</i> e. Lortab	Pages 12-20 online OR Pages 97-109 PDF
10. Although substance abuse	a. Ending addiction	Pages 12-20

Module 3		
Questions	Select the correct answer(s).	Reference Pages
treatment is individualized, treatment programs usually share the following goals, including: (more than one answer)	<ul style="list-style-type: none"> b. <i>Improving functioning</i> c. <i>Preventing relapse</i> d. <i>Increasing sobriety</i> e. Community education 	<p>online</p> <p>OR</p> <p>Pages 97-109 PDF</p>
11. According to the Developmental Model of Recovery, during this stage, the parent goes through physical withdrawal and begins to regain control of his or her thinking and behavior.	<ul style="list-style-type: none"> a. Transition stage b. <i>Stabilization stage</i> c. Early recovery stage d. Middle recovery stage e. Late recovery stage f. Maintenance stage 	<p>Pages 21-28 online</p> <p>OR</p> <p>Pages 110-118 PDF</p>
12. The National Treatment Improvement Evaluation Study (NTIES) was one of the most rigorous studies of substance abuse treatment ever conducted. According to the tutorial, the NTIES revealed all of the following, except :	<ul style="list-style-type: none"> a. Clients served by CSAT-funded programs significantly reduced their alcohol and other drug use. b. Reductions were noted regardless of the time spent in treatment or the amount of treatment received. c. Clients reported increases in employment and income, and improvements in mental and physical health even one year after treatment. d. <i>Clients were successful in reducing their use only under court supervision.</i> 	<p>Pages 21-28 online</p> <p>OR</p> <p>Pages 110-118 PDF</p>
13. According to the tutorial, which of the following statements are true about treatment? (more than one answer)	<ul style="list-style-type: none"> a. <i>People may need more than one treatment episode to achieve success.</i> b. <i>Multiple treatment episodes can have a cumulative effect.</i> c. For methadone maintenance, 72 months of residential or outpatient treatment is generally the minimum for effective outcomes. d. <i>For other substances of abuse, a minimum of 60 days is adequate for effective outcomes.</i> 	<p>Pages 21-28 online</p> <p>OR</p> <p>Pages 110-118 PDF</p>
14. List 5 services to which substance abuse or child welfare	<i>(medical care, child development training, social services and support, child care, family planning,</i>	Pages 21-28

Module 3		
Questions	Select the correct answer(s).	Reference Pages
professionals may link parents in substance abuse treatment to help support their recovery.	<i>therapy, health education, life skills, language and literacy training. See p. 18)</i>	online OR Pages 110-118 PDF
15. According to the tutorial, women who have experienced domestic violence are more likely than other women to become dependent on which types of substances?	a. tranquilizers b. hallucinogens c. stimulants d. <i>sedatives</i> e. painkillers	Pages 29-37 online OR Pages 119-127 PDF
16. A recent SAMHSA report to Congress highlights the need for integrated substance abuse treatment to provide integrated services that include _____ and _____ to address co-occurring disorders.	a. food stamps, Medicaid b. drug detoxification, domestic violence treatment c. <i>medications, psychosocial treatments</i> d. individual psychotherapy, stress management counseling	Pages 29-37 online OR Pages 119-127 PDF

Module 4		
Questions	Select the correct answer(s).	Reference Pages
1. Child welfare professionals have three key responsibilities related to children of substance-abusing parents who are in the child welfare system. According to the tutorial, these responsibilities include: (more than one answer)	<ul style="list-style-type: none"> a. <i>Determining the extent of substance use and its relationship to child safety</i> b. Alerting law enforcement to the parents' criminal activity c. <i>Creating a permanency plan for families that are under juvenile court jurisdiction</i> d. <i>Providing for the child's well-being</i> 	Pages 1-8 online OR Pages 128-135 PDF
2. According to the tutorial, what do child welfare workers need to do to develop support systems for the children?	<ul style="list-style-type: none"> a. Ensure that the children receive evaluations for developmental progress, learning disabilities, and health and mental health needs. b. Develop an effective visitation program between parents and children that enhances the children's understanding of what is occurring in their lives, and gives them an opportunity to safely and positively maintain a relationship with their parents. c. Help children develop an understanding of substance abuse in a way that defines the disorder, not the person, and is appropriate for their developmental stage and age. d. Help foster parents access special training regarding the neurodevelopmental effects of prenatal exposure or postnatal environments. e. <i>All of the above.</i> 	Pages 29-37 online OR Pages 119-127 PDF
3. ASFA requires child welfare agencies to provide assistance and services to parents to prevent removal and reunify children taken into custody, unless: (more than one answer)	<ul style="list-style-type: none"> a. <i>The parent has committed or aided in the murder, voluntary manslaughter, or felony assault of another child.</i> b. <i>The parent has involuntarily lost rights to another child.</i> c. <i>The parent has subjected the child to aggravated circumstances, such as chronic abuse and/or sexual abuse.</i> d. <i>The child is enrolled or is eligible for enrollment in a Native American tribe.</i> e. The court has found reasonable evidence to believe that the alleged abuse or neglect has occurred and that the alleged perpetrator is 	Pages 9-12 online OR Pages 136-140 PDF

Module 4		
Questions	Select the correct answer(s).	Reference Pages
	responsible.	
4. Children may have experienced prenatal exposure to alcohol and/or other drugs that has interfered with normal growth and development. Under which legislation should children under age 3 be seen by a pediatrician and referred to early intervention services?	<ul style="list-style-type: none"> a. <i>Individuals with Disabilities Education Act Part C.</i> b. Utah Department of Health Baby Watch c. Consolidated Appropriations Act (P.L. 106-113) d. National Drug Endangered Children Act 	Pages 13-20 online OR Pages 141-154 PDF
5. Which of the following statements are true regarding prenatal exposure? (more than one answer)	<ul style="list-style-type: none"> a. Hospitals are federally required to make a police report when a newborn is identified as prenatally exposed to alcohol or drugs. b. <i>Laws regarding prenatal exposure vary by state.</i> c. <i>Children who are prenatally exposed to alcohol or drugs may be eligible for certain health and social services.</i> d. Federal law requires the removal of infants who are born addicted to methamphetamine, heroin, or cocaine. 	Pages 13-20 online OR Pages 141-154 PDF
6. During their early years, children of parents who abuse substances may suffer from an environment of insufficient resources to meet their needs, inconsistent relationships with their parents, and the steady presence of caregiving persons. Because of these life experiences, children may have developed:	<ul style="list-style-type: none"> a. Perfectionism b. Parentification over the parent c. Shyness and aggressiveness d. Trust and attachment issues e. <i>All of the above</i> 	Pages 13-20 online OR Pages 141-154 PDF
7. According to the tutorial, which of the following precautions should be taken when removing a child from a methamphetamine lab?	<ul style="list-style-type: none"> a. <i>Medical assessment for immediate health concerns</i> b. Decontamination if the child has been out of the home for more than 72 hours c. Allowing the child to take a favorite stuffed 	Pages 13-20 online OR

Module 4		
Questions	Select the correct answer(s).	Reference Pages
	<p>animal or blanket to reduce trauma</p> <p>d. Warning school personnel that they may have been contaminated if they had direct contact with the child</p>	Pages 141-154 PDF
8. According to the tutorial, key messages in talking with children about their parents' addictions are: (more than one answer)	<p>a. <i>It's not your fault that your parent drinks or uses drugs.</i></p> <p>b. <i>Other children have parents who use alcohol or drugs.</i></p> <p>c. Everybody makes mistakes.</p> <p>d. Drug use is illegal, so people who use drugs have to face the consequences for what they do.</p> <p>e. <i>You don't have to feel scared or ashamed, and there are people you can talk to about how you feel.</i></p>	<p>Pages 13-20 online</p> <p>OR</p> <p>Pages 141-154 PDF</p>
9. What are the 7 C's?	<p>a. Cause, Control, Care, Can, Choices, Communicating, Confirmation</p> <p>b. Choices, Can, Control, Cause, Communicating, Court, Cure</p> <p>c. Cause, Communicating, Cure, Control, Consistent, Caregiver, Celebrating</p> <p>d. Control, Cure, Communicating, Choices, Cocaine, Care, Can</p> <p>e. <i>Cause, Cure, Control, Care, Communicating, Choices, Celebrating</i></p>	<p>Pages 13-20 online</p> <p>OR</p> <p>Pages 141-154 PDF</p>
10. Typical needs of children from homes where parents have substance abuse disorders include:	<p>a. The opportunity to identify and express feelings with a safe and trusted adult</p> <p>b. Information about substance abuse and addiction</p> <p>c. Screening for physical and mental health problems</p> <p>d. Participation in counseling and support groups</p> <p>e. Support system</p> <p>f. <i>All of the above</i></p>	<p>Pages 13-20 online</p> <p>OR</p> <p>Pages 141-154 PDF</p>
11. Child welfare caseworkers must develop detailed case plans that specifically address the children's	<p>a. <i>Collaborate with school or childcare systems to best determine how to provide support</i></p> <p>b. Increase the frequency of supervised drug tests</p>	Pages 155-162 online

Module 4		
Questions	Select the correct answer(s).	Reference Pages
needs. The development of these case plans requires the child welfare workers to: (more than one answer)	<p>for the parents</p> <p>c. <i>Determine the strengths and limitations in the family's capacity to meet the child's needs</i></p> <p>d. <i>Arrange for interventions that address the child's needs as indicated in the assessment</i></p> <p>e. Place the child with kin caregivers as early as possible after removal</p>	<p>OR</p> <p>Pages 155-162 PDF</p>
12. Identify three aspects of a safety plan for children of substance-abusing parents in the event of a parent's relapse.	<p><i>(p.156) (identify persons who will regularly check on the children, identify persons and locations where the child can stay if the parents abandon the children or are unable to provide a safe environment, monitor trigger behaviors that would bring safety plans into play, identify safe havens where parents can send children if they feel they are going to relapse with substances or inappropriate behavior toward the children)</i></p>	<p>Pages 155-162 online</p> <p>OR</p> <p>Pages 155-162 PDF</p>

Module 5		
Questions	Select the correct answer(s).	Reference Pages
1. Although system and agency collaboration does not always occur, there are levels of collaboration that can be successfully carried out by individual child welfare and treatment providers. According to the tutorial, which of the following is a way that child protection workers and treatment counselors can collaborate individually? (more than one answer)	<ul style="list-style-type: none"> a. <i>By exchanging information about resources and clients, within confidentiality requirements</i> b. <i>By scheduling activities and coordinating requirements of the treatment program and child and family plan, where appropriate</i> c. <i>By developing a common or joint plan</i> d. By using the client’s prior substance abuse to predict treatment outcomes 	<p>Pages 1-10 online</p> <p>OR</p> <p>Pages 163-172 PDF</p>
2. What tool can be used to identify and discuss underlying values between a child welfare worker and a treatment counselor who are working together with a particular family?	<ul style="list-style-type: none"> a. “Quick search” on SAMHSA’s Substance Abuse Treatment Facility Locator b. 42CFR Part II and HIPAA Privacy Act c. <i>Collaborative Values Inventory</i> d. All of the above 	<p>Pages 1-10 online</p> <p>OR</p> <p>Pages 163-172 PDF</p>
3. What can caseworkers do to help parents prepare to enter substance abuse treatment?	<ul style="list-style-type: none"> a. Provide information about treatment providers, including how to contact them b. Gather information on the different treatment programs that are available to the family c. Understand the requirements, expectations, and conditions for participating in treatment d. Help parents to learn the language, terms, and acronyms they can expect to encounter as they progress through treatment e. <i>All of the above</i> 	<p>Pages 11-15 online</p> <p>OR</p> <p>Pages 172-177 PDF</p>
4. Which type of confidentiality form should child welfare caseworkers use to obtain consent to communicate with substance abuse treatment providers about client progress?	<ul style="list-style-type: none"> a. The Child and Family Assessment form b. <i>A form that conforms to Federal Government regulations for substance abuse treatment (42CFR, Part II and HIPAA Privacy Act)</i> c. The standard DCFS Release of Information form, which can be printed from SAFE d. A form printed on the letterhead of the treatment 	<p>Pages 16-23 online</p> <p>OR</p> <p>Pages 178-184</p>

Module 5		
Questions	Select the correct answer(s).	Reference Pages
	provider, signed and dated by the parent	PDF
5. Child welfare professionals normally prepare case plans that include activities, objectives, and service strategies that will help parents meet child welfare and juvenile court requirements for the safety and well-being of their children. When collaborating with other professionals, including substance abuse treatment providers, case planning activities should include which of the following:	<ul style="list-style-type: none"> a. Objectives related to the parents’ treatment and recovery b. Review of the parents’ progress to meet the qualitative and quantitative goals of the case plan c. Evaluating the parents’ capacities to meet the needs of their children d. Sharing new information with treatment staff when there are changes that might create stresses for the parents e. <i>All of the above</i> 	Pages 16-23 online OR Pages 178-184 PDF
6. Which of the following statements are true regarding substance abuse recovery? (more than one answer)	<ul style="list-style-type: none"> a. <i>While in recovery, parents will need support to maintain sobriety.</i> b. <i>Many clients may need to return to a more intensive level of treatment at some point.</i> c. If the treatment counselor and child welfare worker collaborate effectively, the client will not relapse. d. <i>Recovery is a lifelong process.</i> 	Pages 24-29 online OR Pages 185-190 PDF
7. When preparing families to leave the child welfare system, caseworkers can help the family establish a network of support. Identify 3 ways that the caseworker can link the family with community-based organizations and relationships that they can rely on when the child welfare case is closed.	<i>(encourage 12-Step participation, provide community resources and contact information, work with the treatment counselor to determine the specific services that the parents will need)</i>	Pages 24-29 online OR Pages 185-190 PDF

Leading a Discussion with Your Team

Learning about substance abuse is an ongoing process. As a supervisor, you can help your team to use their knowledge to improve their work with families. You can use team discussion as a tool to evaluate what they have learned from the tutorial, what they have begun to apply with families, and what they can continue to do to support families that have substance abuse problems. You can have these discussions as team members complete the training, and you can also use them to follow up several weeks or months down the line.

Benefits of Team Discussion

- Reinforces learning
- Allows you to underscore information that is most relevant to your team
- Allows participants to clarify information
- Evaluates how the information can be applied
- Engages participants to learn by listening and talking
- Invites participants to integrate information they learned from the tutorial with information they already knew

Preparing for the Discussion

- Make sure you have given yourself sometime to read through the tutorial and make some notes.
- Prepare a list of general and specific questions to discuss, or select them from the Topics for Discussion guide.
- You can plan to cover about three to four key points in a half hour.

Beginning the Discussion

- Start by asking for initial reactions to the information in the tutorial. For example:
 - What did you learn? What did you review that you knew already?
 - What about this module is most important for caseworkers?
 - How can you use what you learned today?
- Introduce topics for discussion with open-ended questions.
- Depending on the group, ask general questions to stimulate thoughts and lead to more specific questions to provide more depth and insight.

- Encourage participants to use their Participant Workbooks or notes to answer questions.
- Be flexible. Do not expect to get through all the prepared questions and topics.

Suggestions

- Assign discussion questions to participants for the next meeting.
- Assign participants to discuss how they can use the charts and diagrams from the tutorial in their work with families.
- Use discussion time to review Reading Questions that were difficult for the team.
- Ask participants to bring in cases that involve substance abuse and discuss strategies to use with the family, using what they learned in the training.
- Ask participants what they think the team is doing well to work with families that have substance abuse problems. Ask how the team could improve its practice with these families.

Discussion Questions

These discussion questions are drawn from those at the beginning of each module. Some questions have explicit answers that are written in the text. Other questions invite participants to draw upon the tutorial and their experiences in their responses. Possible responses and page references are included for your convenience.

Introduction – Before You Start	
Questions	Possible Responses
What do caseworkers need to know about substance abuse to work effectively with families in the child welfare system?	<ul style="list-style-type: none"> • How substance abuse affects parenting • The role of assessment and treatment of substance use disorders • How to engage families with substance use disorders in the treatment system • Needs of children whose parents have abused alcohol or drugs

Module 1 – A Primer on Substance Use, Abuse, and Addiction for Child Welfare Professionals	
1. Why do people use alcohol and other drugs?	<p>People use alcohol and other drugs to:</p> <ul style="list-style-type: none"> • Alter moods or experience certain emotions • Alleviate pain • Cope with discomfort • Cope with trauma <p>Biopsychosocial factors influence the reasons that people use and the physical effects they experience. (Page 4 online or page 16 PDF)</p>
2. How do substances affect brain chemistry?	<p>Substance use leads to short- and long-term effects on brain chemistry:</p> <ul style="list-style-type: none"> • Distorts the mechanisms for synthesizing brain chemicals, such as dopamine and serotonin • Impairs ability to feel pleasure from normal, daily activities • Distorts thinking and compulsive behavior • Decreases inhibition • Alters motivational priorities <p>(Pages 10-11 online or pages 23-24 PDF)</p>
3. Are there risk factors that affect the likelihood that someone will develop a substance use disorder?	<p>Yes: individual factors, family factors, school and peer factors, and community factors, such as</p> <ul style="list-style-type: none"> • Substance use or favorable attitudes toward substance use at any of these levels • Easy access to substances • Poor community integration <p>(Page 5 online or pages 17-18 PDF)</p>
4. How do professionals determine that someone has a substance use disorder?	<p>Professionals use DSM-IV criteria and other assessments, such as the ASAM. (Pages 12-14 online or pages 25-27 PDF)</p>
5. How do substance use disorders affect parents' abilities to function?	<p>(For example: Parents under the influence may not supervise their children adequately; resources for food, clothing, and shelter may be diverted to support the parents' substance use; parents may have difficulty protecting their children from dangerous situations and people; parents may be unable to care for children while intoxicated, coming off, etc.)</p>

Module 2 – Engaging Families in Substance Abuse Treatment	
1. What is the role of the child welfare professional in screening substance use disorders?	<p>Child welfare professionals can:</p> <ul style="list-style-type: none"> • Screen for substance use with all families • Determine the contribution of substance use to maltreatment • Refer families for further assessment and other services <p>(Pages 5-6, 10 online or pages 35-36, 40 PDF)</p>
2. What do child welfare professionals need to know about parents' needs and experiences that bring them into treatment?	<p>Child welfare professionals can assess the underlying needs that contribute to substance abuse, such as trauma, violence, or other mental health issues, and ensure that these are addressed in treatment or through other services. (Pages 16-17 online or pages 47-48 PDF)</p>
3. How can child welfare professionals motivate and assist parents to seek and engage in appropriate treatment?	<p>Child welfare professionals can motivate and assist parents to seek and engage in appropriate treatment by:</p> <ul style="list-style-type: none"> • Understanding the stages of behavior change • Educating parents on what to expect in treatment and in recovery • Connecting parents with treatment providers • Use the FRAMES strategy with parents <p>(Pages 25-26, 31-32, 40 online or pages 60-61, 66-67, 76 PDF)</p>
4. How can child welfare professionals continue to motivate and engage parents during treatment and recovery?	<p>Child welfare professionals can continue to motivate and engage parents during treatment and recovery by:</p> <ul style="list-style-type: none"> • Collaborating with treatment professionals in planning services • Addressing logistical needs related to treatment attendance • Ensuring that appropriate referrals are made • Ensuring that parents participate in services <p>(Page 42 online or page 78 PDF)</p>
5. What resources can child welfare professionals use to complete assessments of parents?	<p>Child welfare professionals can refer parents to the local county provider of substance abuse assessments and referrals. Some treatment facilities also assess clients as part of an intake appointment.</p>
6. How can child welfare professionals use assessment information from treatment	<p>Child welfare professionals can use assessment information to determine what resources are appropriate and available, identifying other parenting issues, evaluating the needs of children, etc.</p>

Module 2 – Engaging Families in Substance Abuse Treatment	
providers?	

Module 3 – Substance Abuse Treatment and Recovery	
1. What is treatment for substance use disorders and how can child welfare professionals help parents obtain appropriate treatment?	The treatment for substance use disorders varies depending on multiple factors, including the extent of the disorder, the substance(s) abused, and resources available. Child welfare professionals can refer parents to substance abuse assessments with the local treatment authority or to referral helplines. Most parents benefit from a combination of therapies and services. (Pages 3-5 online or pages 86-89 PDF)
2. What types of treatment services, approaches, and settings may parents experience?	Types of treatment services and approaches are pharmacotherapies, psychosocial and behavioral interventions, support groups, and opiate meds. Settings may include hospitals, community-based organizations, and freestanding treatment facilities. (Pages 10, 15 online or pages 94-95, 102 PDF)
3. What treatment services are available to American Indian communities?	Treatment services generally include Indian Health Service-based, tribal, or community treatment. (Page 14 online or page 101 PDF)
4. What stages are included in the process of substance abuse treatment and the developmental model of recovery?	Stages in the treatment process include assessment, needs identification, treatment planning, services, responding to changing treatment needs. Stages in the developmental model of recovery are transition, stabilization, recovery, maintenance. (Pages 7, 22 online or pages 91, 111 PDF)
5. What are the key goals for parents in treatment and what do they face during discharge and recovery?	Key goals for parents in treatment are improvements in functioning, reduction in use, and increase in sobriety. In discharge and recovery, parents may benefit from services to support recovery and family healing, such as home visits, case management, mental health services, self-help groups, etc. (Pages 17, 25-26 online or pages 104, 114-115 PDF)
6. What are the issues for child welfare workers related to treatment monitoring and drug testing?	Drug testing can reinforce positive behaviors and ensure abstinence. Child welfare workers can work with substance abuse professionals to coordinate the frequency, type, and duration of testing. (Page 12 online or page 98 PDF)
7. Does treatment work? What are the outcomes that people experience and what can child	Yes, treatment works. Recovery and sobriety are lifelong processes that require major lifestyle changes; relapse is a possibility. Caseworkers can arrange for parents to

Module 3 – Substance Abuse Treatment and Recovery	
welfare professionals expect of a parent after treatment?	have ongoing support. (Pages 23-24, 27 online or pages 112-113, 117 PDF)
8. Who pays for substance abuse treatment?	Substance abuse treatment usually involves out-of-pocket costs. Sliding scale fees may be available. Private health insurance and Medicaid may also cover services in whole or in part.
9. What are the unique considerations of women with substance use disorders?	Women with substance use disorders often have a history of childhood abuse, domestic violence, or other trauma. They may also have difficulty parenting their children appropriately, due to these issues. Some treatment programs are sensitive to these considerations and provide or refer women to supplemental services. (Pages 29-34, 36 online or pages 119-121, 124, 126 PDF)
10. How do co-occurring disorders, trauma, and domestic violence relate to women's substance abuse?	Women with co-occurring disorders, trauma, and violence may use substances to manage symptoms of a psychiatric disorder, to cope with trauma, to dull physical pain, or to alter their moods.
11. What are key research-based approaches to treatment for women?	Research supports a comprehensive, integrated approach that includes mental health counseling, parenting training, and other services with substance abuse treatment.

Module 4 – Special Considerations for Children Whose Parents Have a Substance Use Disorder	
1. According to the tutorial, what are the three key responsibilities of child welfare professionals for children in the child welfare system?	The three key responsibilities of child welfare professionals are to ensure child safety, develop a permanency plan, and provide for child’s well-being. (Page 5 online or page 132 PDF)
2. What are the common experiences of children whose parents have substance use disorders?	Common experiences of children whose parents have substance use disorders are prenatal exposure, inconsistent relationships and presence of caregiving persons and inadequate resources to care for basic physical and emotional needs of family members. (Pages 13, 14, 20 online or pages 141, 148 PDF)
3. What are the typical needs of children from homes where parents have substance use disorders?	Children typically need a safe and trusted adult confidante. They need to know facts about substance abuse. They need counseling/support and screening for mental and physical health issues. (Page 24 online or page 153 PDF)
4. How can child welfare workers partner with substance abuse counselors to meet the needs of children?	Child welfare workers can partner with substance abuse counselors to meet the needs of children as part of an ongoing process. They can collaborate in planning parent treatment and visitation. They can work jointly to create a safety plan for parent relapse and to prevent substance use by the children. (Pages 25-27 online or pages 154-156 PDF)
5. What are the key elements that must be addressed in a child welfare case plan to ensure the children's needs are met?	To ensure that children’s needs are met, the child welfare case plan should include assessment of health, mental health, social, behavioral, educational, emotional needs, interventions for these needs, and collaboration with school/child care provider. (Page 26 online or page 155 PDF)
6. What are the appropriate services that child welfare workers need to be able to access so that they can respond to the children's needs?	Appropriate services include child counseling, substance abuse prevention and early intervention, support groups, medical screenings and care, childcare, regular contacts with special ed teachers. (Page 31 online or page 160 PDF)

Module 4 – Special Considerations for Children Whose Parents Have a Substance Use Disorder	
7. How can the worker encourage positive and safe visitation that promotes and supports the child-parent relationship?	The worker can support positive and safe visitation by using the 7Cs when talking with children about their parents’ substance use, by supporting ongoing contact between parent and child, by setting ground rules for visits, and by providing supervised visitation as necessary.
8. What are the key tasks of child welfare professionals in meeting the safety and well-being needs of children whose parents have substance use disorders?	Key tasks in meeting the safety and well-being of children are assessing development, understanding the children’s needs, and educating the children about substance abuse. (Pages 3-4 online or pages 130-131 PDF)

Module 5 – Partnering Strategies in Service to Child Welfare Families Affected by Substance Use Disorders	
1. How do child welfare workers ensure adherence to treatment confidentiality requirements?	Child welfare professionals ensure adherence to treatment confidentiality requirements by obtaining consent from parents to discuss their information with third parties, by using appropriate forms, and by updating the forms as often as necessary. (Pages 17-21 online or pages 179-182 PDF)
2. What are the characteristics of successful collaboration between professionals?	Characteristics of successful collaboration between professionals include mutual respect and trust, communication, understanding of shared values and differences, mutual ownership for planning, and joint planning. (Page 9 online or page 171 PDF)
3. How can child welfare workers partner with treatment programs to prepare parents for their participation in treatment?	Child welfare workers can partner with treatment programs to prepare parents to enter treatment by gathering information for parents, talking with parents about program features and differences, and explaining requirements, expectations, and conditions for participation. (Pages 11-13 online or pages 173-175 PDF)
4. How can child welfare workers partner with treatment counselors to improve outcomes for parents with substance use disorders?	Child welfare workers can partner with treatment counselors to improve outcomes through joint case planning, by exchanging information, by coordinating activities and requirements between agencies, and by identifying common outcomes. (Page 7 online or page 169 PDF)
5. How can child welfare workers assist parents to prepare for and sustain life-long recovery after their child welfare cases are closed?	Child welfare workers can help parents to prepare for life-long recovery by encouraging participation in 12-Step programs, providing info on specific community resources that the family can use, arranging for initial visits, building the family support system, and ensuring that parents receive public services if eligible. (Pages 26-29 online or pages 187-189 PDF)

**Understanding Substance Use Disorders,
Treatment and Family Recovery:
A Guide for Child Welfare Professionals
Supervisor Course Evaluation**

Thank you for taking the time to complete this evaluation. Your comments are important. Use the reverse side if necessary. Please submit this to your Regional Training Manager or designee.

1. What was most useful about the Supervisor Handbook? Least useful?

2. How was this training helpful for caseworkers on your team?

3. How did you integrate information from this training in your individual and team case staffings?

4. What are you doing to encourage your team members to apply what they have learned from this training to their casework?

5. What other training would be helpful for your team?
