

**Module 6:
Understanding the Needs of Children of Parents
with Substance Use or Mental Disorders**

Training Plan

Goal—The goal of Module 6 is to provide child welfare workers with an in-depth understanding of the various ways in which children are impacted by their parents' substance use and/or mental disorders, including co-occurring disorders—from prenatal exposure through childhood and adolescent development. It will cover the possibility that children may be experiencing their own personal alcohol and drug or mental disorders. In addition, this module discusses the importance of screening and assessment for children's own alcohol and drug and mental disorders that may or may not be a result of their parent's personal issues. It will support the increased screening and identification of affected children so that referrals can be made to professionals trained in assessment and intervention with these children.

Methods: PowerPoint presentations (or overhead/transparencies); large group and small group discussions.

Training Aids: Projector and computer, disk with PowerPoint file (or overhead and transparencies); flip chart with markers; participant notebook.

Time: 2 hours, 45 minutes

Learning Objectives—After completing Module 6, child welfare professionals will have an understanding of the following topics:

- Impact of parental substance use on children
 - Prenatal
 - Postnatal
- Impact of parental mental disorders on children
 - Prenatal
 - Postnatal
- Children's personal substance use mental disorders (either related to or separate from parental issues)
 - Alcohol and drug exploration, use, abuse, dependence
 - Mental disorders
 - Special focus on acts of self-harm, including suicide
- Screening and assessment of children
- Treatment strategies, systems of care, trauma, youth support (peer to peer, children of substance abuser groups, Alanon, Alateen, etc.).
- Referral resources

Prior to start *Meet and greet, registration*

Purpose is to give participants access to the space. Each will prepare differently, arrive at different times. Conduct registration and distribute materials. Trainers get ready.

0 – 15 minutes *Introductions; Purpose; Ground Rules* 15 min.

Trainer introduces him or herself and invites participants to briefly introduce themselves (e.g., name, unit, office location, years in the system, etc.). If this same group has been together for other modules in this series, you might substitute asking them how they used information learned in previous sessions in place of introductions. If group is smaller than 12-15 people, trainer could invite them also to briefly describe their interest in this training. If group is larger than 40-50 people, individual introductions are likely to take too much time.

Describe the purpose of Module 6. Language for this overview is provided below. Emphasize that child welfare professionals often work with families where one or more adults are experiencing substance use and/or mental disorders and this training is intended to prepare them to better help such adults access and use appropriate resources to recover from the effects of their disorder and function appropriately as parent or caregiver, while keeping their child(ren) safe. The language provided also describes four simple ground rules for the training session. After presenting them, the trainer may ask the group if there are any other ground rules important to them.

15 – 35 minutes *Presentation 18: Understanding the needs of children; impact of prenatal drug or alcohol use on children* 20 min.

Deliver scripted presentation about identifying and responding appropriately to needs that children might present that might, or might not, result from a parent's substance use or mental disorder. Slides VI-2 through VI-20. At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on to the following discussion. Keep answers brief. Trainer should only answer questions to which you know the answer.

35 – 55 minutes *Facilitated Group Discussion* 20 min.

Once questions have been addressed, move the whole group into a discussion about prenatal exposure to alcohol or other drugs. Begin the discussion by asking,

"What is your experience with children affected by prenatal substance use by the mother? What physical or behavioral differences did you notice if you have seen such children?"

If additional questions are needed to stimulate discussion, you might ask any of the following questions:

- "What kind of services and supports might these children need?"
- "What kinds of school experience did these children have?"
- "What kind of social experiences with peers?"

The GOAL of this discussion is to help participants learn from each other about the real world effects of prenatal drug or alcohol use on developing children. Try not to let one participant dominate the discussion; draw in others to the discussion.

To bring closure to this discussion, emphasize that treatment of children for effects of prenatal substance use by the mother is a specialized field, but a great deal can be learned by observation of such children. Child welfare professionals may be the first to recognize the effects a child has experienced and help such a child access necessary assessments and interventions.

55 – 75 minutes *Presentation 19: Impact of parental mental disorders on children; child mental health issues* 20 min.

Deliver scripted presentation on the impact of parental mental disorders on their children and covering some types of substance use or mental disorders children may face. **Slides VI-21 through VI-28.** At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on. Keep answers brief. Trainer should only answer questions to which you know the answer.

75 – 95 minutes *Facilitated Group Discussion* 20 min.

Once questions have been answered, begin a whole group discussion by asking,

“How do you feel about a parent with a serious mental disorder having and raising children? Are your feelings affected by the type of disorder a parent may have?”

To stimulate group discussion, you might ask the following:

“How are your feelings affected if a parent with a mental disorder chooses not to participate actively in treatment for their disorder?”

“How does the presence of a mental disorder impact their parental rights?”

“What about the child’s rights? How do you think they are affected?”

Ask: “What is your reaction to Michael as he leaves some of his issues unresolved? What are some red flags you see there?” “What about Lora?” “What is your reaction to her diagnosis and behavior?” Here you are searching for an understanding of the material in this module, as well as any additional comments about the diagnosis of Borderline Personality Disorder as this relates to trauma, childhood relationships and skills needed to function in the world—see Marsha Linehan’s work on BPD as well as the work of the National Trauma Consortium.

The GOAL of this discussion is to help participants identify and think about their own attitudes about children being raised by parents with a serious mental disorder. For those who have strong negative feelings about children remaining with a parent with a disorder, this discussion is aimed at helping them see how that attitude may make it harder for them to help individual families. Try not to let one person dominate the discussion.

To bring closure to this discussion, emphasize that the child welfare system holds specific responsibilities for the safety of children and may also have some leverage to use with a parent to help them and therefore help their child(ren). Announce to the group that you will take a 15 minute break to get up and stretch, use the facilities or get some coffee. Ask them to be back, ready to go, in no more than 15 minutes.

95 – 110 minutes *Break* 15 min.

110 – 130 minutes *Presentation 20: Screening and assessment of children’s needs; treatment; supports; and referral resources* 20 min.

Deliver scripted presentation describing the ways in which children and adolescents are assessed for various disorders, how treatment works, and specialized referral resources for children and youth. **Slides VI-29 through VI-45.** At the conclusion of the presentation, ask first if there are any brief questions that can be answered before moving on to the following discussion. Keep answers brief. Only answer questions to which you know the answer.

130 – 155 minutes *Facilitated Discussion of Case Vignette* 25 min.

Ask participants to organize themselves into smaller discussion groups with 5-7 people in each group. Ask them to each quietly read Module 6 Vignette, which describes a real family involved with the child welfare system.

Then ask the small groups to discuss the Vignette for a few minutes, specifically talking about:

1. What are the children’s needs?
2. What kind of help might the children need?
3. What should the child welfare worker do to facilitate getting the needed help for the child?

After just 9-10 minutes, ask them to bring their attention back to the larger group (no need to move seats again) and ask them to share a summary of their small discussion groups. In particular, ask them,

- What is your comfort level with referring children for additional assessment?
- What kinds of specialized resources do you have in your community for identifying and treatment substance use or mental disorders in children?”

The GOAL of this discussion is to help participants apply the content of the session to a real family situation. Try not to let one participant dominate the discussion; draw in others whenever possible.

To bring closure to this discussion, remind participants that child welfare professionals stand in a unique place for many families, able to recognize potential needs in children and help families find resources to better identify and meet those needs.

Briefly review the areas that have been covered in this training session, focusing on identifying the needs of children and finding services to address those needs. Ask the group what new things they have learned in this session that they can take with them and apply to their work with families. Ask the group whether they have changed any personal attitudes as a result of this session. The GOAL of this brief discussion is to help participants think about what they will take away from the session. At the end, thank them all for participating.