

Substance Abuse Case Management in Child Welfare

Presentation for the National Conference on Substance Abuse, Child Welfare and the Courts

September 16, 2011

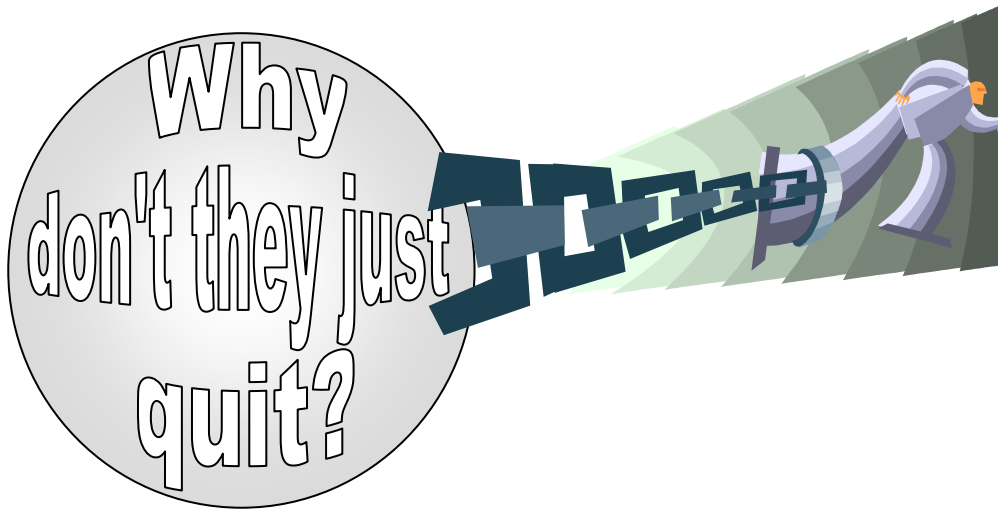
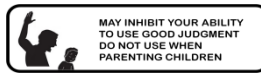
Nicolas Taylor, Ph.D., CAC III

Plan for presentation...

1. Introduction.
2. Review and discuss foundational concepts of addiction and recovery.
3. Discuss substance abuse and parenting, and the general role of child welfare.
4. Discuss assessment skills for working with substance abusing parents.
5. Discuss how to facilitate and support treatment.
6. Discuss recommendations for policy development.



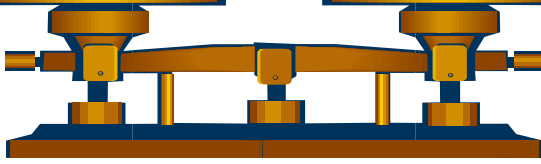
Two challenging issues emerging in child welfare cases involving substance abuse



How might it help child welfare workers to have a thorough understanding of how and why some people get addicted to drugs?

Please explain your answer:

For the drug using parent, do you believe drug abuse leads to more desirable or undesirable consequences?



Interesting side note

In the eyes of the drug using parent do you believe drug abuse leads to more desirable or more undesirable consequences?

Why do you think this is?

So...Why do they do it?? *Why don't they just quit??*

Addictive behavior is the result of many biological, psychological and social factors. We will discuss today just a few of the *psychological* factors.

Interesting enough, these factors are really present in all of us. Addictive behavior is just an example of how natural human processes can go wrong in the kinds of behavior that occur. **REAL WRONG.**



Let's start with models of OPERANT CONDITIONING.

"Behavior is a function of the outcome it creates."

Reinforcing Properties of Substance Abuse Leading to Addiction

	Receive	Take Away
Pleasant	<u>Positive Reinforcement</u>	<u>Negative Punishment</u>
Noxious or Unpleasant	<u>Positive Punishment</u>	<u>Negative Reinforcement</u>

Desirable Outcomes



Undesirable Outcomes

Turns on... & Turns off...

<ul style="list-style-type: none"> • Euphoria • Sexual Pleasure • Inflated Self-Esteem • False Sense of Power 	<ul style="list-style-type: none"> • Family Support • Freedom • Jobs • Sober Friends
<ul style="list-style-type: none"> • Legal Problems • Paranoia • Dangerous people • Jail 	<ul style="list-style-type: none"> • Cravings • Depression • Self-Disgust • Shame • Loneliness • Boredom

Some important and relevant questions related to operant conditioning:

1. Which are stronger in terms of their effect on behavior?

Positive Reinforcers



Negative Reinforcers



Why do you think this is? _____

2. Drug abuse is which?

Positive Reinforcer

Negative Reinforcer

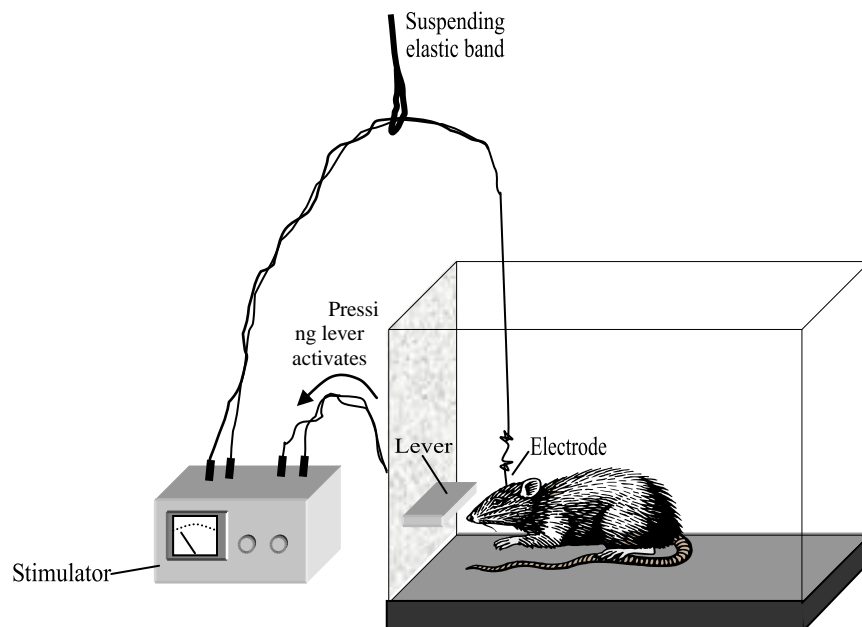
3. Does punishment (positive or negative) seem to work in terms of decreasing the frequency of drug abuse?

Yes

No

Why or why not? _____

Reinforcement and Punishment Related to Auto (Self) Stimulation



What do the principles of COGNITIVE PSYCHOLOGY teach us about addictive behavior?

Behavior is not just a function of the outcome it creates...

Behavior is a function of the EXPECTED outcome!

Positive Expectations = Action (Even if those expectations are not true)



Obviously the outcome of drug abuse is not always pleasant. So why would a drug using parent expect the outcome of their drug use to be desirable when it often isn't?

It has to do with four things:

1. Invincibility fallacies

The false belief that while bad things happen to other people, they won't happen to oneself



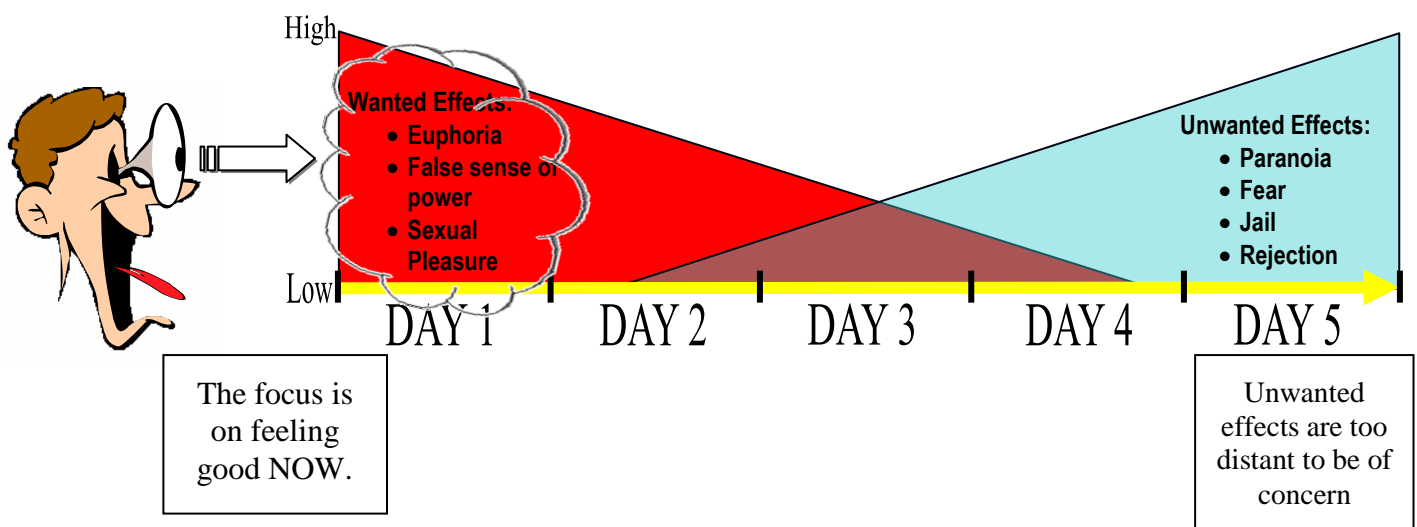
2. Probability of the outcome

Unwanted or unpleasant consequences don't happen EVERYTIME someone abuses drugs

3. Timing of the desirable and the undesirable outcomes

If undesirable consequences do happen, they always happen LATER!

4. Focus of the expectations



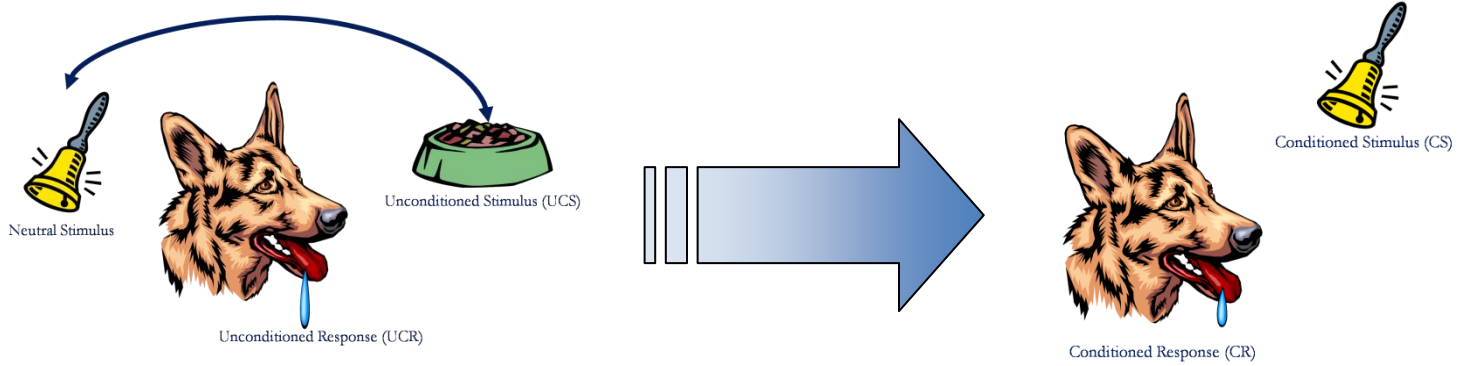
Why don't they just quit?

Finally, some addictive behaviors happen almost as a *reflex*.




WHY??

What do models of CLASSICAL CONDITIONING teach us about addictive behaviors?



Classical Conditioning Applied to Drug Use

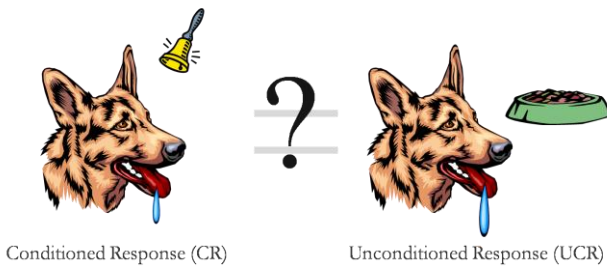
Neutral Stimulus



Unconditioned Stimulus (UCS)

Conditioned Response (CR)

Unconditioned Response (UCR)



Helping People Addicted to Meth
By Taylor & Covey
greenwood.com



Why Don't They Just Quit?
Joe Herzanek
changinglivesfoundation.org

Substance Abuse and Parenting

Is the issue parenting or is the issue substance abuse?

The “IT”

What kind of a difference do you think it makes when a child welfare worker helps to effectively establish an **irrefutable tie** between a parent’s substance abuse and mistreatment of their children?

Two basic steps to establish an irrefutable tie between substance abuse and parenting:

1. Define the basic minimal standard for safe and effective parenting.
2. Identify the characteristics of that standard that compromised with parental substance abuse.

What is your basic minimal standard for safe and effective parenting?

What characteristics of this standard do you think are compromised with parental substance abuse?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Here's mine... **(DON'T PEEK!)**

A minimally adequate parent is one who provides for all the basic needs in a child's life that are necessary for that child's healthy development.

Biological needs

Psychosocial needs

Cognitive needs

Biological, Psychosocial and Cognitive Needs Required for Healthy Development

- Food
- Shelter
- Clothing
- Medical care
- Education
- Enriching environment
- Safety/protection
 - From the environment (preventative medicine?)
 - From other people
 - From the child her/himself
 - From the parent him
- Availability
- Social role modeling

What are the characteristics of this standard that are compromised with parental substance abuse?

- Responsiveness.
Have to be at least *minimally* responsive
- Judgment.
- Balance of warmth and structure.
- Providing.
At a minimum a acceptable parent must provide...
- Protection/Exposure/Safety
- Self-management and awareness
- Valuing and priorities
- Empathy, attachment and emotional availability

Recommendations for Policy Development:

- Set procedures for establishing the “irrefutable tie” in child welfare cases involving substance abuse.
 - That means centralizing the standard for a minimally adequate parent
 - That also means child welfare workers must educate themselves about the characteristics of that standard that are often compromised with parental substance abuse
- Advocacy for high quality substance abuse evaluations.
 - The evaluation is what lays the groundwork for all of the rehabilitation work that will follow
 - Should include psychometric testing, collateral contacts and historical use testing as well as client interview
- Advocacy for high quality treatment planning.

The basics of motivational interviewing and readiness for change:

- Have to find out where the client is.
- Have to join with the client SOMEHOW.
- Fostering ambivalence.
- Preserving locus of control.
- Maintaining roles.

Strategic Substance Abuse Treatment



The Structure
(What makes treatment possible)

- Accountability
- Incremental and immediate sanctions and rewards
- Use monitoring
- Daily planning
- Retention plan

The Treatment
(Those things that have to change for someone to stop using meth)

<p><u>Biological</u></p> <ul style="list-style-type: none"> Establish regular sleep patterns Eat healthy Be active 	<p><u>Psychological</u></p> <ul style="list-style-type: none"> Change expectations about meth Change expectations about sobriety Learn to feel natural pleasure Learn to cope without meth 	<p><u>Social</u></p> <ul style="list-style-type: none"> Stop hanging out with meth addicts Develop a sober social support group
--	---	--



Nicolas Taylor, Ph.D., CAC III
 242 West Main Street, #9
 Montrose, CO 81401
 (970) 249-4448
 (970) 249-4449 Fax
 nt.tbh@montrose.net