

THE PROCESS OF SUBSTANCE ABUSE RECOVERY*

	What's Happening	Changes in Thinking	Changes in Behavior	Implications for Case Planning
Phase 1: Denial	Parent denies connection between substance abuse and DHS/child welfare involvement; denial protects parent against guilt, shame and fear	<p>May blame the child welfare system, others for the consequences of substance abuse</p> <p>May be in pre-contemplation stage of change*</p>	<p>Often not evident but parent may participate in screening/assessment or enroll in treatment or attend recovery group if mandated</p> <p>Continued AOD** use</p>	<p>Provide basic education on the effects and impact of substance abuse</p> <p>Offer hope</p> <p>Discuss benefits of participation in treatment</p> <p>Remove barriers to enrolling in treatment</p> <p>Use motivational interviewing process***</p> <p>Help parent see discrepancy between their goals and values and their current behaviors</p> <p>If parent continues to resist treatment, consider seeking court ordered treatment</p>
Phase 2: Transition	<p>Parent thinks about cutting back or entering treatment/pre pares to enter treatment</p> <p>If in treatment, parent participates in substance abuse education, counseling and mutual support</p>	<p>Parent accepts need to address relationship between substance use and life problems</p> <p>Begins to accept responsibility for destructive behaviors and consequences</p> <p>May be ambivalent about treatment</p> <p>Post-acute withdrawal symptoms may include foggy thinking, irritability, depression and anxiety****</p>	<p>Participates in screening and assessment</p> <p>Enters and participates in treatment, though may be inconsistent</p> <p>Intermittent substance use</p> <p>Continued post-withdrawal symptoms can include poor sleep, intense hunger, persistent cravings, depression, mood swings</p>	<p>Discuss with the family team the process of recovery and importance of treatment involvement</p> <p>Encourage the parent's relationship with the treatment provider</p> <p>Encourage family members to participate in family education at treatment program</p> <p>Discuss with parent new coping strategies that they are learning in treatment and offer continuous encouragement for parent's use of these strategies</p> <p>If parent leaves program or continues to use substances in treatment, discuss with the treatment provider whether parent needs a more intensive treatment modality ("step up") , a referral to physician for medication support, or medically managed detox</p> <p>Adjust other case plan demands (avoid "front loading" services) during first month or more following AOD withdrawal</p> <p>Address concrete barriers to treatment (e.g., child care, transportation) and abstinence (reduce other stressors, assist parent in accessing other supportive services, change living environment)</p> <p>Insure ongoing family interaction consistent with child safety (if children not living with parent)</p> <p>Communicate with treatment program to share information about parent's child welfare goals, service needs and compliance as well as to understand the parent's AOD treatment goals</p>

Developed by Lisa D'Aunno, University of Iowa National Resource Center for Family Centered Practice (2006, 2009), based on D'Aunno, L., and Chisum, G., Parental Substance Abuse and Permanency Decisionmaking: Measuring Progress in Substance Abuse Recovery, in *18 Children's Legal Rights Journal* 56 (1998)

	What's Happening	Changes in Thinking	Changes in Behavior	Implications for Case Planning
Phase 3: Early Recovery	<p>Parent completes substance abuse education, continues in treatment</p> <p>In most cases, formal treatment ends, parent may “step down” to less intensive treatment and eventually to aftercare, including mutual support groups</p>	<p>Parent can discuss personal triggers to substance use</p> <p>Parent working on changing destructive thinking behaviors and negative emotional reactions</p> <p>Self-esteem improves with extended abstinence</p> <p>Parent able to discuss impact of addiction on personal lives (though perhaps not ready to face the full impact on children)</p>	<p>Regular participation in treatment</p> <p>Reduction and discontinuation of substance use</p> <p>Improvements in personal hygiene, if lacking</p> <p>Reuse or relapse may occur – can be part of recovery if parent re-engages in recovery process*****</p> <p>Parent demonstrates an ability to develop and follow a safety plan which includes relapse prevention planning</p> <p>Parenting skills improving</p>	<p>Can increase focus on other case plan requirements, including improving parent-child relationship and parenting skills training</p> <p>Include parent’s relapse prevention plan in safety planning</p> <p>Secure psychiatric/psychological evaluation for underlying mental illnesses if symptoms noted after period of abstinence</p> <p>Assist parent in entering “step down” treatment</p> <p>Attend discharge staffing at the treatment facility</p> <p>Recognize that transitions between treatment and/or aftercare pose a substantial risk for relapse– parents need additional support, contact, encouragement and assistance during transitions.</p> <p>Help parent find mutual support group and sponsor before discharge</p> <p>Continue to assess child safety</p>
Phase 4: Ongoing Recovery	<p>Parent has six to nine months of recovery experience</p> <p>Parent’s task is to maintain abstinence and recovery, reinforce and expand support systems, make significant changes in relationships and lifestyle, and address long term goals</p>	<p>Parent acknowledges that recovery is a life-long process which requires active engagement with mutual support systems, sustained relapse prevention, and anticipation of stress</p> <p>Parent acknowledges impact of past substance use on children and parenting</p>	<p>Parent maintains abstinence; if reuse occurs, resumes recovery process</p> <p>Parent works on repairing relationships</p> <p>Family roles are re-negotiated</p> <p>Parent pursues vocational/educational goals</p>	<p>Parent-child relationship should be major focus of case planning</p> <p>Parent may need information and feedback about appropriate developmental expectations for child</p> <p>If child not living with parent, increase care-giving demands (e.g., increase visits, support of caregiver, participation in child’s school and doctor visits)</p> <p>Family team involved in safety and relapse prevention planning; all parties aware that isolation is an early warning sign of relapse.</p> <p>Family counseling may be needed</p> <p>Family may continue to need supportive in-home services to deal with crises</p>

* Prochaska and DiClemente Stages of Change Model **Alcohol or Other Drugs ***Miller, W. R. and Rollnick, S. *Motivational Interviewing* (1991)
 ****Gorski, T. *Passages through Recovery: An Action Plan for Preventing Relapse* (1989) *****see Wright, J. “Substance Dependence” presentation for Iowa DHS, reviewed 4/28/09
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 Developed by Lisa D’Aunno, University of Iowa National Resource Center for Family Centered Practice (2006, 2009), based on D’Aunno, L., and Chisum, G., Parental Substance Abuse and Permanency Decisionmaking: Measuring Progress in Substance Abuse Recovery, in *18 Children’s Legal Rights Journal* 56 (1998)

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS

Illinois DCFS of the Inspector General¹

Purpose of the Progress Matrix

The purpose of the Progress Matrix is to assist child welfare decision makers to assess the level of progress over time of a parent involved in the substance abuse recovery process.² Assessing the level of progress in recovery is one critical piece of determining the parent's overall progress, whether it be toward return home of a child in substitute care or toward complying with an order of protection to allow the child to remain safely in the parent's custody. The child welfare worker may use the matrix as a visual tool for working with the parent to set goals and evaluate progress. The child welfare supervisor can use the matrix to structure supervision with workers on substance abuse cases. Both the child welfare and substance abuse caseworkers can use the matrix to structure discussions in collaborative service planning. Judges and attorneys can use the matrix to structure questions for in-court testimony and come to decisions and make findings regarding the level of progress during court reviews.

Progress Indicators

The Progress Matrix adopt the predominant model of substance abuse treatment, which views long term abstinence as primary goal. Abstinence alone, however, is insufficient to support recovery. Recovery also requires a long-term series of changes in thinking and behavior, and maintaining those changed over time. The Progress Matrix specifies measurable criteria for assessing whether those changed have been made.

The progress matrix consists of four matrices which cover three month period of time in recovery. The horizontal rows consist of up to nine indicators of progress in recovery: 1) substance abuse treatment; 2) substance abuse education; 3) participation in recovery support systems; 4) abstinence; 5) other child welfare service plan compliance; 6) parent-child visiting (if the child is in substitute care); 7) parental skills/parental functioning; 8) other interpersonal relationships; and 9) life skills building. Because some indicators are only relevant in the early or late phases of recovery, not all indicators appear on each matrix. Because the matrix focuses on cognitive and behavioral changes, it is applicable regardless of the parent's level of care (e.g., residential vs. intensive outpatient treatment). Nevertheless, the intensity of the treatment is likely to affect the rate of progress.

Determining Time in Recovery. The first step in using the progress matrix is to determine the client's length of time in recovery and locate the corresponding matrix. Time in recovery begins

¹ An earlier version of this matrix was published as part of a larger article in D'Aunno, L. and Chisum, G., Parental Substance Abuse and Permanency Decision Making: Measuring Progress in Substance Abuse Recovery, 18 (4) Children's Legal Rights Journal (1998). For reprints of this article, contact the American Bar Association Center on Children and the Law, Lisa Waxler, 202-662-1743

² Substance abuse recovery involves not only attaining and maintaining abstinence but also change in one's thinking and behavior. The process of recovery begins with a person's acceptance that there is a need to stop using alcohol or other drugs. The next step is entrance into and completion of formal substance abuse treatment, followed by participation in aftercare services. Recovery is maintained by involvement in recovery support systems, including fellowship meetings (AA, NA) or community support group. Treatment programs, aftercare and recovery support groups provide structure and support for developing insight into the person's addiction, identifying triggers for use, developing a relapse prevention plan, and developing competency in life skills, such as employment and parenting skills.

when the parent enters formal treatment and continues through discharge from treatment and the parent's progression through aftercare and ongoing community support. As long as the parent stays in treatment or follows recommendations for aftercare and/or support, the recovery clock keeps running even if the parents continues to use drugs intermittently. Continued drug use and/or periodic relapse will, however, affect the parent's level and rate of progress. When a parent leaves and remain out of treatment for an extended period of time, the "recovery clock" should be viewed as having stopped at the point of leaving treatment. Once the parent again presents him or herself for treatment, and reassessment determines that the parent has retained some of the previous gains, the recovery clock will resume ticking from the point at which the parents left treatment. Otherwise, recovery clock begins at zero months again.

Measuring progress toward abstinence. According to American heritage College Dictionary (3rd ed.) , **abstinence** is the act of refraining from something by one's own choice. As described above, progress toward abstinence begins with decreased frequency of drug use, followed by short periods of "clean times" and relapse, followed by prolonged periods of abstinence with fewer episodic relapses. Achieving a period of abstinence involves making a cognitive and behavioral commitment to stop using drugs. Absent these changes, cessation of drug use for a brief period of time (e.g., because of lack of availability of the drug or brief period of incarceration- does not constitute progress toward abstinence. A period of one month without drug use is the first significant measure of progress toward achieving abstinence. Because most drugs are quickly metabolized in the body, "clean time" cannot be reliably measured solely by blood or urine toxicologies or with a breathalyzer unless the client is confined in a tightly controlled setting and is tested daily at random intervals. Even if available, the utility of such measurements would be limited, because they would tell very little about the person's ability to maintain abstinence outside of a highly structured setting and certainly not under the daily pressures which face most child welfare clients. Likewise, although treatment researchers have established the reliability and validity of client's self reports of drug use to impartial researchers (where there is no negative consequence for truthfulness) , self report of clean time to one's own child welfare caseworker is apt. to be far less reliable. Therefore, the probability that the parent is actually experiencing "clean time" is best evaluated by a combination of random urine toxicologies, self reports, by observation by treatment providers and caseworkers of behavioral indicators such as positive changes in hygiene and grooming, improved functioning in daily life (absent underlying untreated psychological or physical disorder) ,and by improved consistency in compliance with drug treatment and child welfare service plan requirements.

Some people are able to achieve significant "clean time" but do not make the changes in behavior necessary to support long-term recovery which will be necessary for the parent to provide a safe environment for a child. The progress matrix provides a visual picture of the simultaneous changes in thinking and behavior which must be made in order to maintain recovery. In sum, no single category should be viewed in isolation, especially not abstinence.

Determining level of progress. Indicators of "poor", "some", "moderate", and "substantial" progress are indicated by vertical rows. (n.b., in the Nine to Twelve Month matrix, the levels of progress are condensed the three—poor, some to moderate, and substantial). Since progress within and across spheres in not necessarily linear, the indicators for a parent may not line up perfectly within a single progress column, but should give an overall picture of the progress attained to date. Arrows between items within a cell indicate an expected progression over time. For example, the "some progress" cell on the Zero the Three Month matrix indicates that a client should be progress from reduction of initial resistance and defensiveness through completion of assessment and acceptance of the referral, to entry into treatment and perhaps sporadic

attendance. Until attendance becomes more consistent (see “moderate progress” on the Zero to Three Months matrix), the client is considered to have made “some progress” in the first three months.

Whether “some”, “moderate”, or “substantial” progress is sufficient to meet the legal tests of “reasonable progress” or “substantial progress” will depend on the reasons the children were removed from their homes, and the parent’s progress in other service plan requirements, and the amount of time which has elapsed.

Inclusion of Alcoholics Anonymous/disease model expectations. The progress indicators for participation in recovery support systems include references to AA/NA/CA meeting and the “12 Steps”. Many, but by no means all, treatment programs use these strategies. We have included these indicators in the matrix in part because of their widespread use and because parents who are “working their programs” will use this language with their workers. More importantly, social support is critical in the recovery process, and if not attending meeting based on the AA model, parents should be maintaining frequent and regular contact with a community- or faith-based support group.

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INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: ZERO TO THREE MONTHS

0-3 Months	Poor Progress	Some Progress	Moderate Process	Substantial Progress
Substance Abuse Treatment	Parent remains in denial of substance abuse/addiction and has not completed substance abuse screen	Reduction of initial resistance and defensiveness. ↓ Completed Adult Substance Abuse Screen. ↓ Parent has completed substance abuse assessment and has accepted treatment referral ↓ Parent has entered substance abuse treatment. ↓ Sporadic attendance in substance abuse treatment.	Attendance in substance abuse treatment becomes more consistent Improvements in personal hygiene	Regular attendance in substance abuse treatment ↓ Parent has accepted the negative consequences of substance abuse. ↓ Parent is thinking more clearly and is able to verbalize consequences of continued substance abuse. ↓ If applicable, parent has participated in collaborative service planning meeting with child welfare worker and substance <u>abuse</u> treatment worker. If parent is ready for discharge: Parent has developed relapse prevention plan. Parent has developed aftercare plans. If parent has been discharged: Parent is attending after care services at a treatment facility and or attending self help or community support groups
Substance Abuse Education	Parent remains in denial of substance abuse and has not entered treatment / substance abuse education classes.	Parent has recently entered substance abuse treatment and substance abuse education classes.	Attending substance abuse education classes on addiction and recovery. Acknowledges need for insight into personal addiction.	Parent is receiving or has completed substance abuse education classes. Has gained insight into personal addiction. Parent is able to discuss the impact of substance abuse on parenting behaviors.
Participation in Recovery Support Systems	No current participation in recovery support groups	Has received education on 12 Step / Recovery Support Group Meetings	Has mapped out 12 Step (AA/CA/NA) or community recovery support group	Has attended a 12 Step / Support Group at the treatment program. <i>◆ All clients are not ready to participate in 12 Step / Support Groups during the early months of treatment / recovery</i>
Abstinence	Actively abusing drugs	Parent has decreased substance abuse. ↓ Parent is able to self-report relapse.	Fewer episodes of relapse and is able to discuss triggers.	Parent has developed a specific relapse prevention plan. Parent <i>may</i> have achieved abstinence.
Other Service Plan Provision Compliance	Parent is non-compliant with service plan: ◆ Visiting with workers ◆ Other assessments	Parent is inconsistent in meeting service plan conditions.	Parent is consistently working on service plan conditions.	Parent is currently in compliance with service plan conditions.
Family Interaction	Parent does not participate in family interaction plan (visitation)	Parent inconsistently participates in family interaction.	Parent consistently carries out family interaction plan.	Parent consistently carries out family interaction plan.
Parental Skills / Parental Functioning	A parent who retains custody of the child must follow a child safety plan but may not acknowledge the impact of substance abuse on parenting.			Parent may begin to identify the impact of substance abuse on parenting.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: THREE TO SIX MONTHS

3-6 Months	Poor Progress	Some Progress	Moderate Process	Substantial Progress
Substance Abuse Treatment	<p>No current participation in substance abuse treatment</p> <p>Parent may have initially engaged in treatment but left against staff advise.</p>	<p>Parent is inconsistent in attending substance abuse treatment</p> <p align="center">↓</p> <p>Within this time frame the parent could become more consistent.</p> <p>Improvements in personal hygiene.</p>	<p>Parent's continued progress is demonstrated in:</p> <ul style="list-style-type: none"> ◆ Consistent attendance ◆ Ability to identify triggers ◆ Self-report of drug-free time, meeting attendance, and certificates of achievements. ◆ Improvement in personal hygiene and self esteem <p>Greater insight into substance abuse / addiction</p> <ul style="list-style-type: none"> ◆ Developed a specific relapse prevention plan. 	<p>Parent's attendance in substance abuse treatment is consistent and has demonstrated compliance with treatment plan and is preparing for discharge.</p> <p>Developing and discussing aftercare plans with treatment provider (may occur at this time due to extended length of stay or residential treatment.)</p> <hr/> <p><i>If parent has been discharged:</i></p> <p>Parent is consistently participating in after care services and working with a specific relapse prevention plan.</p>
Participation in Recovery Support Systems	<p>No current participation in recovery support groups.</p>	<p>Attends initial recovery support meeting (AA/CA/NA) or initial community support group</p>	<p>Increased attendance in AA/CA/NA meetings or support group meetings.</p> <p>Working on Steps 1 & 2 of the 12 Steps of AA/NA; parent is able to discuss the process of recovery.</p> <p>Parent is letting go of relationships with substance abusers and developing sober friendships.</p>	<p>Regular attendance in self-help meetings.</p> <p align="center">↓</p> <p>Developing relationships with recovering role models/mentors.</p> <p align="center">↓</p> <p>Parent has chosen 12 Step Sponsor or community support person.</p> <p align="center">↓</p> <p>Increasing involvement in drug free activities, recovery support systems, sober relationships, and/or community activities.</p>
Abstinence	<p>Parent is currently abusing drugs</p>	<p>Parent is able to self report relapse.</p> <p>Fewer episodes of relapse and the parent is able to discuss triggers.</p>	<p>Parent has recently achieve abstinence (At least 30 days)</p>	<p>Parent has achieved a sustained period of abstinence.</p>
Service Plan Compliance	<p>Parent is non-compliant with service plan:</p> <ul style="list-style-type: none"> ◆ Visiting with worker ◆ Other assessments 	<p>Parent is inconsistent in meeting service plan conditions.</p>	<p>Parent is consistently working on service plan conditions.</p>	<p>Parent is currently in compliance with service plan conditions.</p>
Visiting	<p>Parent inconsistently carries out family interaction plan.</p>	<p>Parent is consistent in family interaction.</p>	<p>Parent demonstrates increased parenting responsibility during family interaction.</p>	<p>Parent demonstrates increased parenting responsibility during family interaction.</p>
Parental Skills / Parental Functioning	<p>Parent is unwilling or unable to acknowledge impact of drug use on parenting.</p>	<p>Parent begins to acknowledge the impact of drug use on parenting.</p>	<p>Parent acknowledges impact of drug use on parenting and identifying parenting deficits.</p>	<p>Parent is able to identify parenting deficits and strengths.</p> <p>Parent is developing parenting goals.</p>

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: SIX TO NINE MONTHS

6-9 Months	Poor Progress	Some Progress	Moderate Process	Substantial Progress
Substance Abuse Treatment	Currently not participating in substance abuse treatment (parent left treatment).	<p>Parent is more consistent in attendance.</p> <p>Parent is able to identify triggers.</p> <p>Self-report of drug free time, meeting attendance, and certificates of achievements.</p> <p>Continued improvement in personal hygiene and self-esteem.</p> <p>Parent has gained greater insight into substance abuse / addiction.</p>	<p>Consistent attendance in substance abuse treatment; has demonstrated compliance with treatment plan.</p> <p>Verbalizes a greater awareness of intense emotions and triggers.</p> <p>Uses new coping skills learned in substance abuse treatment or 12 Step support groups.</p> <p>Has developed a specific relapse prevention plan.</p> <p>Developing / discussing aftercare plans with treatment provider (may occur at this time due to extended length of stay or residential treatment).</p>	<p>Regular attendance in formal substance abuse treatment.</p> <p>Parent has entered after care services.</p> <p>Parent consistent in follow through with after care services.</p> <p>Parent is consistently working on relapse prevention plans.</p>
Participation in Recovery Support Systems	No current participation in recovery support group.	<p>Attends 12 Step recovery support meeting or community support groups.</p> <p align="center">↓</p> <p>Has increased participation in self-help meetings or community recovery support groups.</p> <p align="center">↓</p> <p>Has chosen sponsor.</p>	<p>Consistently working on the 12 Steps program with sponsor / consistently attending community support.</p> <p>Actively working on relapse prevention with after care provider, sponsor or recovery support person.</p>	<p>Parent is consistently working 12 Step Program, attending self-help meetings, and maintaining contact with sponsor.</p> <p align="center">↓</p> <p>Parent is applying Steps 1-3 in daily life (AA/CA/NA).</p> <p align="center">↓</p> <p>Parent is discussing long-term goals and setting time frames with support persons.</p>
Abstinence	Parent is currently abusing drugs	<p>Parent has decreased substance abuse and self-reports relapse.</p> <p>Has fewer episodes of relapse and has developed a specific relapse prevention plan.</p>	<p>Parent has recently achieved abstinence.</p> <p>Parent has sustained periods of abstinence.</p>	Parent continues to maintain abstinence.
Service Plan Compliance	Parent is non-compliant with service plan.	Parent is inconsistent in meeting service plan conditions.	Parent is consistently working on service plan conditions.	Parent is currently in compliance with service plan conditions.
Family Interaction	Parent inconsistently participates in family interaction.	Parent is consistent in family interaction.	Consistently participating and demonstrating increased parenting responsibility during family interaction.	Consistently participating and demonstrating increased parenting responsibility during family interaction.
Parental Skills / Parental Functioning	Parent is unwilling or unable to acknowledge impact of drug use on parenting.	<p>Parent begins to acknowledge the impact of drug use on parenting.</p> <p align="center">↓</p> <p>Acknowledges the impact of drug use on parenting.</p>	<p>Parent identifies parenting deficits and strengths and sets parenting goals</p> <p>Parent is working on parenting goals</p>	<p>Parent is working on parenting goals.</p> <p align="center">↓</p> <p>Parent is achieving one or more parenting goal(s).</p>

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: NINE TO TWELVE MONTHS

9-12 Months	Poor Progress	Some To Moderate Progress	Substantial Progress
Participation in Recovery Support Systems	Parent does not currently participate in mutual help / recovery support groups. Parent is not actively engaged with a sponsor	Parent has increased participation in mutual help/recovery support groups. ↓ Has chosen sponsor ↓ Has made more consistent contact with sponsor. ↓ Works on the 12 Steps program with sponsor. ↓ Actively works on relapse prevention with after care provider, sponsor or recovery support person.	Parent consistently participates in mutual help meetings/recovery support groups. ↓ Consistently working on the 12 Step program with sponsor or with a community support person. ↓ Parent is engaged in sober relationships and activities. ↓ Has accepted the maintenance phase of recovery is a lifelong responsibility.
Abstinence	Parent is currently abusing drugs	Has fewer episodes of relapse and has developed a specific relapse prevention plan. ↓ Parent has recently achieved abstinence.	Parent has sustained periods of abstinence. ↓ Parent continues to maintain abstinence.
Service Plan Compliance	Parent is non-compliant with service plan.	Parent is inconsistent in meeting service plan conditions; i.e., attending parent training, counseling, keeping assessment appointments.	Parent is consistently working on service plan conditions.
Family interaction	Parent inconsistently participates in family interaction.	Parent consistently participates in family interaction.	Parent consistently participates and demonstrates increased parenting responsibility during family interaction.
Parental Skills / Parental Functioning	Parent is unwilling or unable to acknowledge impact of drug use on parenting. ↓ Parent beginning to acknowledge the impact of drug use on parenting.	Parent acknowledges the impact of drug use on parenting. ↓ Parent identifies parenting deficits and strengths and sets parenting goals. ↓ Parent is working on parenting goals. ↓ Parent is demonstrating improved parental functioning.	Parent maintains improved parenting functioning and continuing to work on parenting goals.
Interpersonal Relationships	No attempts to address interpersonal conflicts with family members.	Minimal attempts to address interpersonal conflicts with family members.	Parent is actively addressing interpersonal conflicts with family members.
Skill Building	No participation in skill building training.	Parent has entered skill building training.	Parent consistently participates in skill building training.

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Recovery from substance abuse involves not only attaining and maintaining abstinence but also changing one's thinking, behavior, and sustaining those changes over time. When measuring progress in recovery, it is important to keep in mind a child's sense of time, the parent's progress in treatment, and the behaviors parents demonstrate that are consistent with good parenting, such as active participation in their child's health, educational and developmental activities. Moreover, in order to successfully close an intact case, the caseworker must document activities and observations that indicate a parent's progress in substance abuse recovery and the resumption of positive parenting responsibilities. The recovery matrix worksheets provide caseworkers, parents, and the court (when necessary) with criteria, guidelines and a visual representation for assessing and discussing a parent's progress in recovery and movement toward case closure over a 12-month period.

DIRECTIONS

- Following case opening, the assigned caseworker meets with the parent to introduce the recovery matrix and explain its use. There are five separate recovery matrix forms: Baseline 0-45 days, 45 - 90 days, 3-6 months, 6-9 months, and 9-12 months. These forms are used together sequentially to monitor and assess a parent's progress through the first 12 months following case opening. The caseworker completes these forms with and the parent at the designated time frames.

In some instances, substance abuse issues are identified subsequent to the intact case being opened. Once identified, caseworkers are to complete the matrix worksheet that corresponds with the timeline following the case open date. For example, at eight months into the case, the caseworker identifies a substance abuse issue. The caseworker completes the six to nine month worksheet and indicates the date and circumstances surrounding how the substance abuse issue was identified in the Lack of Progress column. Any additional comments are to be made on the notes page.

- After introducing the recovery matrix at the caseworker's initial contact with the parent (e.g., 48 hour meeting), the caseworker meets with the parent to complete the appropriate Recovery Matrix worksheet (CFS 440-10) at the following times:
 - Prior to the 45 day Service Plan in order to establish a baseline – using the 0 – 45 day Baseline Matrix
 - At the end of 90 days – using the 45 - 90 day matrix
 - At the end of 180 (6 months) – using the 3 – 6 month matrix
 - At the end of nine months from case opening - using the 6 – 9 month matrix
 - At the end of 12 months from case opening – using the 9 to 12 month matrix NOTE: When the case is opened beyond 12 months, continue to use this matrix at three-month intervals as long as the case remains open.
- In addition to the parent's self report, the caseworker must examine additional sources of information to support completion of the recovery matrix: monthly treatment progress reports- completed by the substance abuse treatment agency, urinalysis reports, other professional collaterals, and family members.
- The caseworker should place check marks at the appropriate level of progress in both the Substance Abuse Treatment and Parenting Responsibilities columns. **Check all that apply.**

Note: although the parent may be showing a lack of progress in one area, there may be partial progress in another. For example, a parent may be showing a lack of progress in parenting responsibilities and partial progress in substance abuse treatment. The Recovery Matrix provides the caseworker an opportunity to acknowledge the parent's strengths and progress as well as areas of needed improvement. Because recovery is not always a linear process a parent may experience periods of ambivalence and relapse. The goal is to complete substantial progress at the end of each interval in order to ensure the child's safety and to successfully close the intact case.

CFS 440-10
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State of Illinois
Department of Children and Family Services

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

- The completed Recovery Matrix is signed by the caseworker and parent and then reviewed and signed by the supervisor. Each participant receives a copy before being filed. Caseworkers submit the completed Recovery Matrix with other required documentation to court personnel if court involved.

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Baseline Matrix-Zero – 45 days: (Complete prior to 45 day Service Plan)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____ Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days Other: _____ _____ _____

Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent failed to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent was inconsistently able to: <input type="checkbox"/> Be contacted//meet with caseworker <input type="checkbox"/> Arrange immunizations and/or schedule medical care appointments <input type="checkbox"/> Ensure child’s attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent consistently able to: <input type="checkbox"/> Participate in the development of the Comprehensive Service Plan <input type="checkbox"/> Complete all scheduled immunizations <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child’s attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers Other: _____ _____ _____

Caseworker tasks to be completed for up to 12 months: Remove barriers that would prevent entry into treatment or hinder participation in educational and medical appointments, such as childcare and transportation. Also, encourage parent’s participation in these appointments and other engagement activities and significant court hearings if applicable.

Remember: Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following case opening, caseworkers would indicate “client continues to use and/or “failed to meet with caseworker” on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in treatment. Remind the parent that if they refuse to enter treatment and/or fail to follow treatment recommendations they might be putting their children at risk of harm and the case may be screened into court for an order of protection. Temporary Custody is sometimes the end result of these hearings. It is in the parent’s best interest to deal with substance issues and fulfill parenting responsibilities while their children remain in their custody in order for the case to be closed successfully and avoid placement.

Caseworker’s Signature & Date: _____
 Supervisor’s Signature & Date: _____
 Parent’s Signature & Date: _____

This page of the form is to be:
 Introduced during the first contact with the parent
 Completed prior to the 45 day Service Plan
 Signed by parent, case worker and supervisor before being filed.

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

45 – 90 Days from Case Opening (Complete at the end of 90 days- 3 months)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____ Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days Other: _____ _____ _____

Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent failed to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent was inconsistently able to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange immunizations and/or schedule medical care appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent consistently able to: <input type="checkbox"/> Engage/participate in services recommended on the Comprehensive Service Plan <input type="checkbox"/> Complete all scheduled immunizations <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers Other: _____ _____ _____

Caseworker tasks to be completed for up to 12 months: Remove barriers that would prevent entry into treatment and/or hinder participation in educational and medical appointments, such as childcare and transportation. Encourage & support participation.

Remember: Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following case opening, caseworkers would indicate "client continues to use and/or "failed to meet with caseworker " on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in treatment. Remind the parent that if they refuse to enter treatment and/or fail to follow treatment recommendations they might be putting their children at risk of harm and the case may be screened into court for an order of protection. Temporary Custody is sometimes the end result of these hearings. It is in the parent's best interest to deal with substance issues and fulfill parenting responsibilities while their children remain in their custody in order for the case to be closed successfully and avoid placement.

Caseworker's Signature & Date: _____
 Supervisor's Signature & Date: _____
 Parent's Signature & Date: _____

This page of the form is to be:
 Completed at the end of 3 months (90 days)
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois
Department of Children and Family Services
Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Three to 6 Months from Case Opening (Complete at end of 6 months)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Failed to follow recommendations of substance abuse assessment <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Initially engaged in treatment but left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment program for antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Failed to attend 12-Step or other community support groups <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Entered residential treatment & movement not restricted <input type="checkbox"/> Entered outpatient treatment, attended 50% of outpatient treatment sessions with few unexcused absences <input type="checkbox"/> Developed relapse prevention plan <input type="checkbox"/> Identified relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> Identified and/or started attending 12-Step meetings or other community support groups <input type="checkbox"/> Identified 12-Step sponsor or community support person(s) <input type="checkbox"/> Able to self report relapse <input type="checkbox"/> Self-reported abstinence for 30 days <input type="checkbox"/> Had clean urinalysis for the past 30 days <input type="checkbox"/> Began building a drug-free support network Program and/or family members have reported that parent: <input type="checkbox"/> Acknowledged the impact substance abuse had on child's well being and the quality of family relations <input type="checkbox"/> Improved insight into effects of substance abuse	Parent: <input type="checkbox"/> Successfully completed treatment or stepped down to a lower level of treatment <input type="checkbox"/> If still in treatment, attendance exceeds 80 % <input type="checkbox"/> Informed worker and or family of aftercare & relapse plans <input type="checkbox"/> Regularly attended 12-Step or other community support groups <input type="checkbox"/> Has 12-Step sponsor or other community support person(s) <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Had all clean urinalysis for past 60 days <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Established a drug-free support network (Include: job training, employment readiness, employment, school, YMCA, church, etc) <input type="checkbox"/> Reciprocated positive support received from non-drug using family and friends have offered <input type="checkbox"/> Continued improved insight into effects of substance abuse
Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent failed to: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent was inconsistently able to: <input type="checkbox"/> Be contacted//meet with caseworker <input type="checkbox"/> Arrange immunizations and/or schedule medical care appointment <input type="checkbox"/> Arrange/attend 0-3 screens <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent consistently able to: <input type="checkbox"/> Engage/participate in Comprehensive Service Plan recommendation <input type="checkbox"/> Completed all scheduled immunizations <input type="checkbox"/> Volunteer (Head-Start, school, etc.) <input type="checkbox"/> Attended 0-3 screen/recom. services <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers Other: _____ _____ _____

Caseworker's Signature & Date: _____

Supervisor's Signature & Date: _____

Parent's Signature & Date _____

This page of the form is to be:
 Completed at the end of 6 Months
 Signed by parent, caseworker and supervisor before being filed.

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Six to 9 Months from Case Opening (Complete at end of 9 months)

Please use Notes Section (final page) to document significant events.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to meet with caseworker Unable to be contacted/located <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Participated in substance abuse treatment, but currently not in TX, or left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Identified 12-Step sponsor or community support person <input type="checkbox"/> Inconsistently attended 12-Step meetings or other community support group <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week <input type="checkbox"/> Developed and shared relapse prevention plan with 12-Step sponsor and/or other informal support networks <input type="checkbox"/> Support system confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 30 days Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Consistently worked self help group <input type="checkbox"/> Attended self-help meetings and maintained regular contact with sponsor or mentor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, church, etc) as evidenced by _____ <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 90 days <input type="checkbox"/> Reciprocated positive support from non drug using family and friends Program and/or family members have reported that parent: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step groups
Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent failed to: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent inconsistently able to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange for immunizations and schedule medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent was consistently able to: <input type="checkbox"/> Engage/participate in Comprehensive Service Plan recommendation <input type="checkbox"/> Completed all scheduled immunizations <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers <input type="checkbox"/> Volunteers (Head-Start, school, etc.) Other: _____ _____ _____

Caseworker's Signature & Date: _____
 Supervisor's Signature & Date: _____
 Parent's Signature & Date: _____

This page of the form is to be:
 Completed at the end of 9 Months.
 Signed by parent, caseworker, and supervisor before being filed.

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Nine to 12 Months from Case Opening (Complete quarterly as long as case remains)*

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to contact/meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Initially engaged in treatment but prematurely left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Identified 12-Step sponsor or community support person(s) <input type="checkbox"/> Inconsistently attended 12-Step or other community support group(s) <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week of relapse <input type="checkbox"/> Developed/shared a relapse prevention plan with 12-Steps sponsor other informal support networks <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Clean urinalysis for past 60 days Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 120 days <input type="checkbox"/> Consistently worked 12-Step and other community support program, attended self-help meetings and maintaining regular contact with sponsor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 120 days <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, etc) as evidenced by _____ <input type="checkbox"/> Reciprocated positive support received from non drug using family and friends Program and/or family members have reported that parent: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step or other self-help groups as evidenced by _____
Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent failed to: <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent inconsistently able to: <input type="checkbox"/> Contact/meet with caseworker <input type="checkbox"/> Arrange for immunizations and /or schedule medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline Other: _____ _____ _____	Parent was consistently able to: <input type="checkbox"/> Completed the majority of services recommended on the Comprehensive Service Plan <input type="checkbox"/> Complete all schd. immunizations <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Volunteer (Head-Start, school, etc.) <input type="checkbox"/> Used non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers

Caseworker's Signature & Date: _____

Supervisor's Signature & Date: _____

Parent's Signature & Date: _____

This page of the form is to be:
 Completed at the end of 12 Months.*
 Signed by parent, caseworker and supervisor before being filed.

Recovery Matrix – Intact Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Use this section to include information such as additional substance exposed births and other significant events and extenuating circumstances critical to the case. Also use this page to include examples for “as evidenced by.”

Notes Section:

Case Name & DCFS ID:

Caseworker’s Signature & Date:

Supervisor’s Signature & Date:

Parent’s Signature & Date:

Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Recovery from substance abuse involves not only attaining and maintaining abstinence but also changing one's thinking, behavior and sustaining those changes over time. When measuring progress in recovery, it's important to keep in mind a child's sense of time, the parent's progress in treatment and the behaviors parents demonstrate that are consistent with good parenting, such as participation in the health, educational and developmental activities. Moreover, in order to increase visitation and eventual family reunification, the caseworker must document activities and observations that indicate a parent's progress in substance abuse recovery and the resumption of positive parenting responsibilities. The recovery matrix worksheets provide caseworkers, parents, and the court with criteria, guidelines and a visual representation for assessing and discussing a parent's progress in recovery and movement toward reunification over a 12-month period. The Recovery matrix uses clear behavioral indicators whenever possible in order to provide a consistent measure of change. By using these indicators, parents, caseworkers and the court have consistent tools to measure progress.

This Recovery Matrix is used in all placement cases where substance abuse has been determined by allegation or when indicated on the substance abuse screen CFS 440-5. Each time the matrix is administered, the caseworker and the parent discuss the parent's progress towards recovery and parenting, unless the parent is unwilling or missing. For questions or assistance, please contact DCFS Service Intervention staff.

DIRECTIONS

Following case opening, the assigned caseworker meets with the parent to introduce the concept of the recovery matrix and to explain its use. There are five separate recovery matrix forms: Baseline 0-45 days, 45 - 90 days, 3-6 months, 6-9 months, and 9-12 months. These forms are used together sequentially to monitor and assess a parent's progress through the first 12 months following case opening. The caseworker completes these forms with and the parent at the designated time frames.

In some instances, substance abuse issues are identified significantly later in the case. Once identified, caseworkers are to complete the matrix worksheet that coincides with the timeline following the TC date. For example, at eight months into the case, the caseworker identifies a substance abuse issue. The caseworker completes the six to nine month worksheet and indicates the date and circumstances surrounding how the substance abuse issue was identified in the Lack of Progress column. Any additional comments are to be made on the notes page.

- After introducing the recovery matrix at the caseworker's initial contact with the parent (e.g., 48 hour meeting), the caseworker meets with the parent to complete the appropriate Recovery Matrix worksheet (CFS 440-9) at the following times:
 - Prior to the 45 day Service Plan in order to establish a baseline – using the 0 – 45 day Baseline matrix
 - At the end of 90 days – using the 45–90 day matrix
 - Prior to the first ACR (6 months) – using the 3 – 6 month matrix
 - At nine months from Temporary Custody – using the 6 – 9 month matrix
 - Prior to the next ACR and Permanency Hearing (Twelve Months from temporary custody) – using the 9 to 12 month matrix

NOTE: When the case is opened beyond 12 months, continue to use this matrix at three-month intervals as long as the goal remains return home.

- In addition to the parent's self report, the caseworker must examine additional sources of information to support completion of the recovery matrix: monthly treatment progress reports- completed by the substance abuse treatment agency, urinalysis reports, other professional collaterals, and family members.
- The caseworker should place check marks at the appropriate level of progress in both the Substance Abuse Treatment and Parenting Responsibilities columns. **Check all that apply.**

Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Note: although the parent may be showing a lack of progress in one area, there may be partial progress in another. For example, a parent may be showing a lack of progress in parenting responsibilities and partial progress in substance abuse treatment. This process provides the caseworker an opportunity to acknowledge the parent's strengths and progress as well as areas of needed improvement. Because recovery is not always a linear process a parent may experience periods of ambivalence and relapse. The ideal situation would be for a parent to complete substantial progress at the end of each interval in order to obtain unsupervised visitation and eventual reunification.

- The completed Recovery Matrix is signed by the caseworker and parent and then reviewed and signed by the supervisor. Each participant receives a copy before being filed. Caseworkers submit the completed Recovery Matrix with other required documentation to ACR staff and court personnel.

State of Illinois
Department of Children and Family Services
Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Baseline Matrix: Zero to 45 days from TC (Complete prior to 45 day Service Plan)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment - Baseline		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____ Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days Other: _____ _____ _____

Visiting and Parenting Responsibilities - Baseline		
Lack of Progress	Partial Progress	Substantial Progress
Parent was notified and did not attend/participate in: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Was not notified about TC hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Parent was not notified about TC hearing Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Failed to attend initial visit after T/C was taken <input type="checkbox"/> Did not visit child (ren) <input type="checkbox"/> Did not request visits <input type="checkbox"/> Had not made self-available for services <input type="checkbox"/> Failed to attend/cancelled visits	Parent has participated in two of the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment Parent: <input type="checkbox"/> Established a visiting plan with worker <input type="checkbox"/> Had begun to visit child – attendance is sporadic <input type="checkbox"/> Did not contact worker to reschedule missed visits <input type="checkbox"/> Failed to attend visits beyond parent’s control (i.e. transportation)	Parent has participated in the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Initial 40 day Family Meeting Parent: <input type="checkbox"/> Actively contribute to the development of the Comprehensive Service Plan <input type="checkbox"/> Consistently visited child/ren and actively engaged in critical educational, developmental and health appointments for child/ren <input type="checkbox"/> Attended Comprehensive Health Evaluation with Healthworks Primary Care Physician <input type="checkbox"/> Attended routine scheduled medical appointments <input type="checkbox"/> Attended Pre-school or Head Start

Caseworker tasks to be completed for up to 12 months: Remove barriers that would prevent parent’s entry into treatment and/or hinder visitation and reunification, such as arrange transportation, location for visits. Facilitate parent’s participation in significant court hearings, assessments appointments, home visitation and engagement activities. Promote longer and more frequent visits to help assess parent’s readiness for unsupervised visits. **Reminder: One week prior to ACR, evaluate with Parent and Supervisor to review expectations & include the completed Recovery Matrix in required documentation for ACR reviewer.**

Remember: The time clock begins at case opening, therefore it is imperative to impress upon the parent that they are legally required to show substantial progress within 12 months from the date of the child’s placement for successful reunification. Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following custody, caseworkers would indicate “client continues to use and/or “unable to locate” on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in TX.

Parent’s Signature & Date _____
 Worker’s Signature & Date _____
 Supervisor’s Signature & Date _____

This page of the form is to be:
 Introduced during the first contact with the parent
 Completed prior to the 45 day Service Plan
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois
Department of Children and Family Services
Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

45 – 90 Days from TC (Complete at the end of 90 days- 3 months)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____ Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days Other: _____ _____ _____

Visiting and Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent was notified and did not attend/participate in: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Was not notified about TC hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Parent was not notified about TC hearing Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Failed to attend initial visit after T/C was taken <input type="checkbox"/> Did not visit child(ren) <input type="checkbox"/> Did not request visits <input type="checkbox"/> Had not made self-available for services <input type="checkbox"/> Failed to attend /cancelled visits	Parent has participated in two of the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment Parent: <input type="checkbox"/> Established a visiting plan with worker <input type="checkbox"/> Had begun to visit child – attendance is sporadic <input type="checkbox"/> Did not contact worker to reschedule missed visits <input type="checkbox"/> Failed to attend visits beyond parent’s control (i.e. transportation)	Parent has participated in the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Initial 40 day Family Meeting Parent: <input type="checkbox"/> Actively contributed to the development of the Comprehensive Service Plan <input type="checkbox"/> Consistently visited child/ren and actively engaged in critical educational, developmental and health appointments for child/ren <input type="checkbox"/> Attended Comprehensive Health Evaluation with Healthworks Primary Care Physician <input type="checkbox"/> Attended routine scheduled medical appointments <input type="checkbox"/> Attended Pre-school or Head Start

Caseworker tasks to be completed for up to 12 months: Remove barriers that would prevent parent’s entry into treatment and/or hinder visitation and reunification, such as arrange transportation, location for visits. Facilitate parent’s participation in significant court hearings, assessments appointments, home visitation and engagement activities. Promote longer and more frequent visits to help assess parent’s readiness for unsupervised visits. **Reminder: One week prior to ACR, evaluate with Parent and Supervisor to review expectations & include the completed Recovery Matrix in required documentation for ACR reviewer.**

Remember: The time clock begins at case opening, therefore it is imperative to impress upon the parent that they are legally required to show substantial progress within 12 months from the date of the child’s placement for successful reunification. Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following custody, caseworkers would indicate “client continues to use and/or “unable to locate” on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in TX.

Parent’s Signature & Date _____
 Worker’s Signature & Date _____
 Supervisor’s Signature & Date _____

This page of the form is to be:
 Introduced during the first contact with the parent
 Completed at the end of 3 months (90 days)
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois
Department of Children and Family Services
Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Three to 6 Months from TC (Complete prior to the first ACR and/or at end of 6 months)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Failed to follow recommendations of substance abuse assessment <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Initially engaged in treatment but left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment program for antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Failed to attend 12-Step or other community support groups <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Entered residential treatment & movement not restricted <input type="checkbox"/> Entered outpatient treatment, attended 50% of outpatient treatment sessions with few unexcused absences <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> Identified and/or started attending 12-Step meetings or other community support groups <input type="checkbox"/> Identified 12-Step sponsor or community support person(s) <input type="checkbox"/> Able to self report relapse <input type="checkbox"/> Self-reported abstinence for 30 days <input type="checkbox"/> Had clean urinalysis for the past 30 days <input type="checkbox"/> Began building a drug-free support network Program and/or family members have reported that parent: <input type="checkbox"/> Acknowledged the impact substance abuse had on child's well being and the quality of family relations <input type="checkbox"/> Improved insight into effects of substance abuse	Parent: <input type="checkbox"/> Successfully completed treatment or stepped down to a lower level of treatment <input type="checkbox"/> If still in treatment, attendance exceeds 80 % <input type="checkbox"/> Informed worker and or family of aftercare & relapse plans <input type="checkbox"/> Regularly attended 12-Step or other community support groups <input type="checkbox"/> Has 12-Step sponsor or other community support person(s) <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Had all clean urinalysis for past 60 days <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities as evidenced by _____ <input type="checkbox"/> Established a drug-free support network (Include: job training, employment readiness, employment, school, YMCA, church, etc) as evidenced by _____ <input type="checkbox"/> Reciprocated positive support received from non-drug using family and friends have offered <input type="checkbox"/> Continued improved insight into effects of substance abuse

Visiting and Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Did not and/or inconsistently visits child (ren) <input type="checkbox"/> Did not request visits <input type="checkbox"/> Did not reschedule missed visits <input type="checkbox"/> Did not attend 0 - 3 Screening <input type="checkbox"/> Worker made arrangements to transport parent to visit but parent failed to attend/cancelled <input type="checkbox"/> Did not attend well-child appointments or attend parent-teacher conferences <input type="checkbox"/> Demonstrated no interest in establishing or resuming parental responsibility	Parent: <input type="checkbox"/> Attended the majority of visits with child (ren) <input type="checkbox"/> Demonstrated increased parenting responsibility during visits as evidenced by _____ <input type="checkbox"/> Attended some well-child appointments <input type="checkbox"/> Attended at least one parent-teacher meeting and/ or school conference <input type="checkbox"/> Inconsistently attended visits but has attended coaching/teaching visits	Parent: <input type="checkbox"/> Consistently visited with child (ren) <input type="checkbox"/> Attended initial 0 - 3 Screening <input type="checkbox"/> Visited regularly and incorporates opportunities to encourage continued involvement and participation in educational, health and developmental activities for the child (ren) <input type="checkbox"/> Requested and actively involved in developing a plan for unsupervised visits <input type="checkbox"/> Able to identify parenting deficits and strengths as evidenced by _____ <input type="checkbox"/> Developed parenting goals that are child specific and measurable

Parent's Signature & Date _____

Worker's Signature & Date _____

Supervisor's Signature & Date _____

This page of the form is to be:
 Completed prior to the first ACR (6Months)
 Included in required ACR documentation for review
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois
Department of Children and Family Services
Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Six to 9 Months from TC (Complete at end of 9 months)

Please use Notes Section (final page) to document significant events.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to meet with caseworker Unable to be contacted/located <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Participated in substance abuse treatment, but currently not in TX, or left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Identified 12-Step sponsor or community support person <input type="checkbox"/> Inconsistently attended 12-Step meetings or other community support group <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week <input type="checkbox"/> Developed and shared relapse prevention plan with 12-Step sponsor and/or other informal support networks <input type="checkbox"/> Support system confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 30 days Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Consistently worked self help program <input type="checkbox"/> Attended self-help meetings and maintained regular contact with sponsor or mentor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, church, etc) <input type="checkbox"/> Support network confirmed drug free time as evidenced by _____ <input type="checkbox"/> Had all clean urinalysis for past 90 days <input type="checkbox"/> Reciprocated positive support from non drug using family and friends Program and/or family members have reported that parent: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step groups as evidenced by _____

Visiting and Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Unwilling to participate in services <input type="checkbox"/> Did not request visits <input type="checkbox"/> Unpredictable attendance at visits <input type="checkbox"/> Did not reschedule missed visits <input type="checkbox"/> Did not attend 0-3 Screening <input type="checkbox"/> Worker made arrangements to transport parent to visit but parent failed to attend/cancelled <input type="checkbox"/> Did not attend well-child appointments or attend parent-teacher conferences <input type="checkbox"/> Demonstrated no interest in establishing or resuming parental responsibility	Parent: <input type="checkbox"/> Consistently attended the majority of visits with child (ren) and reschedules missed visits <input type="checkbox"/> Participated in educational, health and developmental activities for the child during visits as evidenced by _____ <input type="checkbox"/> Attended the majority of child's scheduled appointments such as: 0-3 screening, pres-school/school activities, medical appointments <input type="checkbox"/> Demonstrated increased parenting responsibility during visits as evidenced by _____ <input type="checkbox"/> Began to identify parenting deficits and strengths to program staff, worker, and or family members	Parent: <input type="checkbox"/> Consistently visited with child (ren) <input type="checkbox"/> Used visits to take appropriate actions to enhance care giving skills and promote child's development <input type="checkbox"/> Participated in child's educational or developmental program such as: 0-3 screening, pres-school/school activities, medical appointments <input type="checkbox"/> Regularly attended child's school activities, such as; class plays, sports events, attends parent/teacher conferences <input type="checkbox"/> Actively involved in the development a plan for unsupervised visits <input type="checkbox"/> Ready for unsupervised visits as evidenced by _____

Parent's Signature & Date _____

Worker's Signature & Date _____

Supervisor's Signature & Date _____

This page of the form is to be:
 Completed at 9 months from Temporary Custody
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois
Department of Children and Family Services
Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Nine to 12 Months from TC (Complete prior to 2nd ACR, permanency hearing and as long as goal remains return home)

Please use Notes Section (final page) to document significant events/concerns.

Substance Abuse Treatment		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Failed to contact/meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Initially engaged in treatment but prematurely left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Identified 12-Step sponsor or community support person (s) <input type="checkbox"/> Inconsistently attended 12-Step or other community support group(s) <input type="checkbox"/> Identified relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week of relapse <input type="checkbox"/> Developed/shared a relapse prevention plan with 12-Steps sponsor other informal support networks <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Clean urinalysis for past 60 days Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 120 days <input type="checkbox"/> Consistently worked 12-Step and other community support program, attended self-help meetings and maintaining regular contact with sponsor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 120 days <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, etc) <input type="checkbox"/> Reciprocated positive support received from non drug using family and friends Program and/or family members report: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step or other self-help groups
Visiting and Parenting Responsibilities		
Lack of Progress	Partial Progress	Substantial Progress
Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Unwilling to participate in services <input type="checkbox"/> Did not request visits <input type="checkbox"/> Unpredictable attendance at visits <input type="checkbox"/> Did not reschedule missed visits <input type="checkbox"/> Did not attend 0-3 Screening <input type="checkbox"/> Did not attend well-child appointments or attend parent-teacher conferences <input type="checkbox"/> Demonstrated no interest in establishing or resuming parental responsibility	Parent: <input type="checkbox"/> Consistently attends the majority of visits with child (ren) and reschedules missed visits <input type="checkbox"/> Participated in educational, health and developmental activities for the child during visits as evidenced by _____ <input type="checkbox"/> Attended at least 70% of child's scheduled appointments such as: 0-3 screening, pres-school/school activities, medical appointments <input type="checkbox"/> Demonstrated increased parenting responsibility during visits as evidenced by _____	Parent: <input type="checkbox"/> Consistently visited with child (ren) <input type="checkbox"/> Used visits to take appropriate actions to enhance care giving skills and promote child's development <input type="checkbox"/> Regularly attended child's health, educational/developmental activities <input type="checkbox"/> Understood the importance of appropriate caregivers <input type="checkbox"/> Developed an understanding of safety hazards as evidenced by _____ <input type="checkbox"/> Routinely reads to child/homework <input type="checkbox"/> Reinstated roles, rules, & rituals <input type="checkbox"/> Actively involved in the development a plan for children returning home <input type="checkbox"/> Parent ready for reunification

Parent's Signature & Date _____

Worker's Signature & Date _____

Supervisor's Signature & Date _____

This page of the form is to be:

- ✓ Completed prior to 2nd ACR (12 months from Temporary Custody)
- ✓ Completed as long as return permanency goal is return home & every 3 months thereafter

State of Illinois
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Recovery Matrix – Placement Cases

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Use this section to include information such as additional substance exposed births and other significant events and extenuating circumstances critical to the case. Also use this page to include examples for “as evidenced by.”

Notes:

Case Name & DCFS ID:

Caseworker’s Signature & Date:

Supervisor’s Signature & Date:

Parent’s Signature & Date:
