

# **Pathways to Collaboration: Understanding the Role of Values and System-Related Factors in Collaboration Between Child Welfare and Substance Abuse Treatment Fields**

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# Section I

## Relationships Between Child Welfare and Substance Abuse

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- Prevalence of substance use and abuse among parents in the U.S.
- Relationship between parental substance abuse and child welfare involvement
- Policy changes that underscore the urgency for effective collaboration



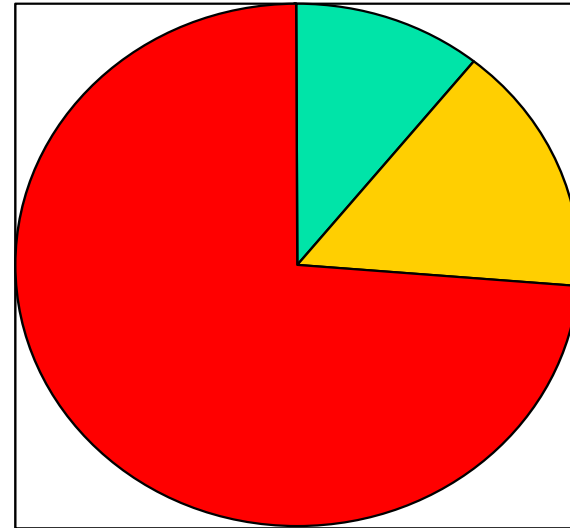
## Activity: “Find someone who...”

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- Find other participants for whom a statement is true and get their signature
- Have people sign only one statement
- Try to collect signatures for as many statements as possible

# Prevalence of Substance Abuse and Dependence in U.S. Families

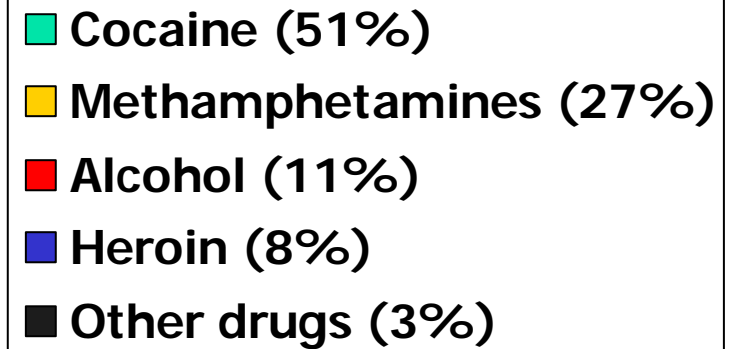
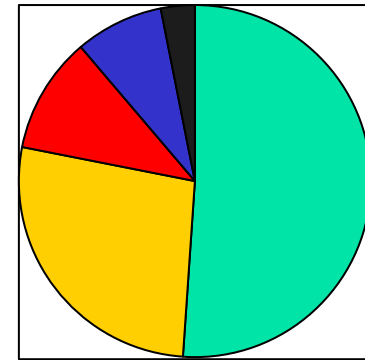
- Over 6 million children younger than 18 years of age in the U.S. (approximately 9%) lived with at least one parent who abused or was dependent on alcohol or illicit drugs in the past year (Office of Applied Studies, 2003).



- Both alcohol and any illicit drug
- Any illicit drug only
- Alcohol only

# Drugs of Abuse Among Women with Children in Foster Care

- Primary drugs of abuse for mothers of children in foster care in California are overwhelmingly illicit (GAO, 1998).
- Methamphetamine abuse and manufacturing are increasing as a child welfare concern nationally and in California (Hohman, Oliver, & Wright, 2004).



# Rates of Alcohol and Drug Use During (and 1 Year After) Pregnancy

(OAS, 2004)

- Among pregnant women...
  - 9% reported drinking any alcohol,
  - 3% reported “binge” alcohol use (5 or more drinks on at least one occasion), and
  - 3% reported use of illicit drugs.
- Rates of alcohol and drug use among women in the first year after giving birth were not significantly different from nonpregnant women. For example, the rates of illicit drug use among recent mothers (9%) was similar to that of nonpregnant women (10%).



# Relationship Between Substance Abuse and Child Welfare

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- Parental substance abuse is a factor in one third to two thirds of children involved in the child welfare system.
- Lower estimates tend to be associated with reports of child abuse and higher estimates are generally associated with out-of-home placements (DHHS, 1999).



# Relationships Between Substance Abuse and Child Welfare Include...

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- Higher incidence of child abuse and neglect among substance abusers in the community,
- Higher rates of substantiated child maltreatment among substance abusing parents referred into child welfare, and
- Higher rates of out-of-home placements, re-reports of abuse, and reentry into foster care.



# Children of Families with Substance Abuse Problems Tend to Be...

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- Younger than other children,
- More likely to be placed in out-of-home care,
- More likely to have experienced severe or chronic neglect, and
- More likely to exit through adoption.

(Semidei, Feig-Radel, & Nolan, 2001)



# Substance Abuse Treatment & Prevention of Child Maltreatment

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- Treatment is effective in reduction of substance abuse, prevention of relapse, psychosocial functioning, and family functioning.
- Treatment services for pregnant and parenting women evidence positive outcomes, including reunification.
- However, the gap between the availability of treatment and the need remains.

(CASA, 1999)



# Key Policy Changes that Make Urgent the Need for Stronger Collaboration

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- Adoption and Safe Families Act (ASFA)
- Changes in TANF
- Laws related to response to substance exposed infants
- Child welfare redesign in California

# Competing Time Frames: The Four Clocks

(Young & Gardner, 2002)

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1. Federal, state, and local child welfare system policies, such as ASFA.
2. State and federal time limits for CalWORKS eligibility and welfare-to-work requirements.
3. Time required for parents to recover from alcohol and drug dependence.
4. The developmental timetable that affects children, especially younger children, as they achieve--or fail to achieve--bonding and attachment during their first 18 months.



## And a “Fifth” Clock

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- A “fifth” clock measures the degree to which service delivery systems and services providers mobilize to respond to the deadlines and demands reflected by the four clocks described above

(Young & Gardner, 2002)



## Section II

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# Impact of Values, Beliefs, and Expectations in Practice



# Values and Ethical Dilemmas

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- Values are “the social principles, goals, or standards held by an individual, group, or society” and are used to guide practice at policy, agency, and individual helper levels.
- Ethical dilemmas “are those in which two or more principles or values conflict.”

(Gambrill, 1997, p. 44)



# Factors to Consider in Decision-Making...

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1. The client's interests.
2. The interests and rights of other involved parties such as family members or victims.
3. The professional code of ethics.
4. ***The social worker's personal values.***  
(Emphasis added by authors.)
5. The agency's policy.
6. Legal regulation.

(Gambrill, 1997, p. 44)



# Social Worker Decision-Making May Be Impacted by...

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- Bias, or “an emotional leaning to one side in regard to a person, group or issue” (Gambrill, 1997, p. 34),
- Social worker beliefs and expectations (Gambrill, 1997),
- Use of “intuition” or personal values over analysis (Daniel, 2003; Drury-Hudson, 1999; Gambrill, 1997).



# Values and Micro Practice: Study by Adams (1999)

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- A majority of social workers in this study:
  - Affirmed that drug-using parents were entitled to the same respect as other families (99%),
  - Agreed that trying to help drug-using parents is a worthwhile task (88%) and that these parents can change their drug using behavior (82%),
  - Believed that many drug users are good enough parents (68%), and
  - Rejected critical stereotypes of drug-using parents (62%).



# HOWEVER...

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- A majority of respondents supported the views that
  - Parents living with children should not use drugs (63%),
  - Professionals should not give the view that drug use is acceptable (72%),
  - 32% of respondents agreed that social workers discriminate unfairly against drug-using parents, and
  - Only 18% agreed that drug-using parents got fair treatment from social workers, with almost half (47%) stating that they did not.



# Discussion Questions

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- How might your (or another social worker's) personal values conflict with professional values?
- What ways might this impact practice?
- What would be some of the ways to remedy this (on both individual and systemic levels)?



# Individual Worker Level: Optimal Attitudes/Beliefs

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- Treatment optimism—belief that intervention can be effective, that addiction is treatable
- Orientation toward viewing substance abuse in the context of treatment/intervention
- Non-moralist perspective
- Rejection of stereotyped views of substance abusers
- Understanding that addiction is prevalent and that workers can have a positive impact on families affected by addiction

(Richmond & Foster, 2003; Gregoire, 1994)



# Systems Level: Structural Ways to Reduce Bias

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- Structured risk assessment tools.
- Multidisciplinary teams.
- Family group conferencing.



# Activity: Individual Values and Case Planning

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- Break into small groups
- Review case example and develop a case plan (based on the instructions you have been given)
- Prepare to report highlights of your plan to the full group



## Section III

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Attitudes and Values of Child Welfare and  
Substance Abuse Treatment Professionals  
in California: Findings from the  
Collaborative Values Inventory



# Barriers to Collaboration...

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- Differences in who is defined as a client
- Conflicting attitudes and values about parents with alcohol and drug problems
- Differing perceptions about prognosis and effectiveness of treatment
- Differences in focus, policy, and practice related to timing
- Differing laws and regulations about confidentiality



# Values and Collaborative Practice

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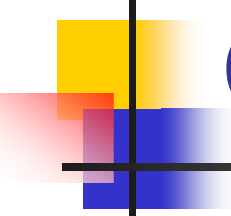
- Values are “the social principles, goals or standards held by an individual, group, or society” (Gambrill, 1997, p. 44).
- The articulation of values or guiding principles is often the linchpin in developing successful collaboration.



# The Collaborative Values Inventory

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- Developed by Children and Family Futures/ National Center for Substance Abuse and Child Welfare as a neutral tool for assessing commonality and differences in values between systems.
- This tool is commonly used in counties in California and in other states.
- This study examined the strength of the instrument and explored differences between professionals in child welfare and substance abuse systems (CVIs completed by 350 professionals in CW, AOD, and other fields).

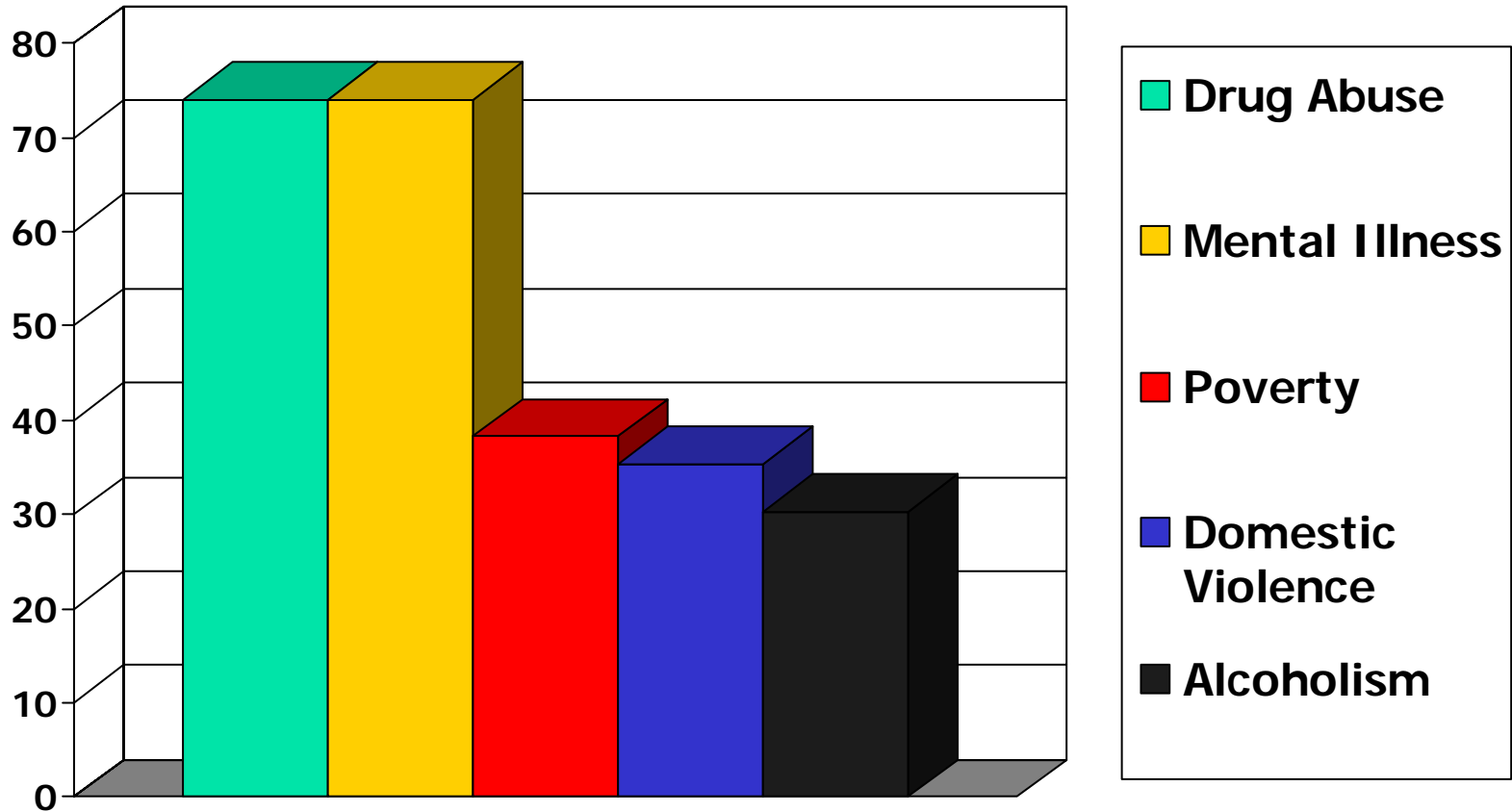


# “Dimensions” Measured by the Collaborative Values Inventory

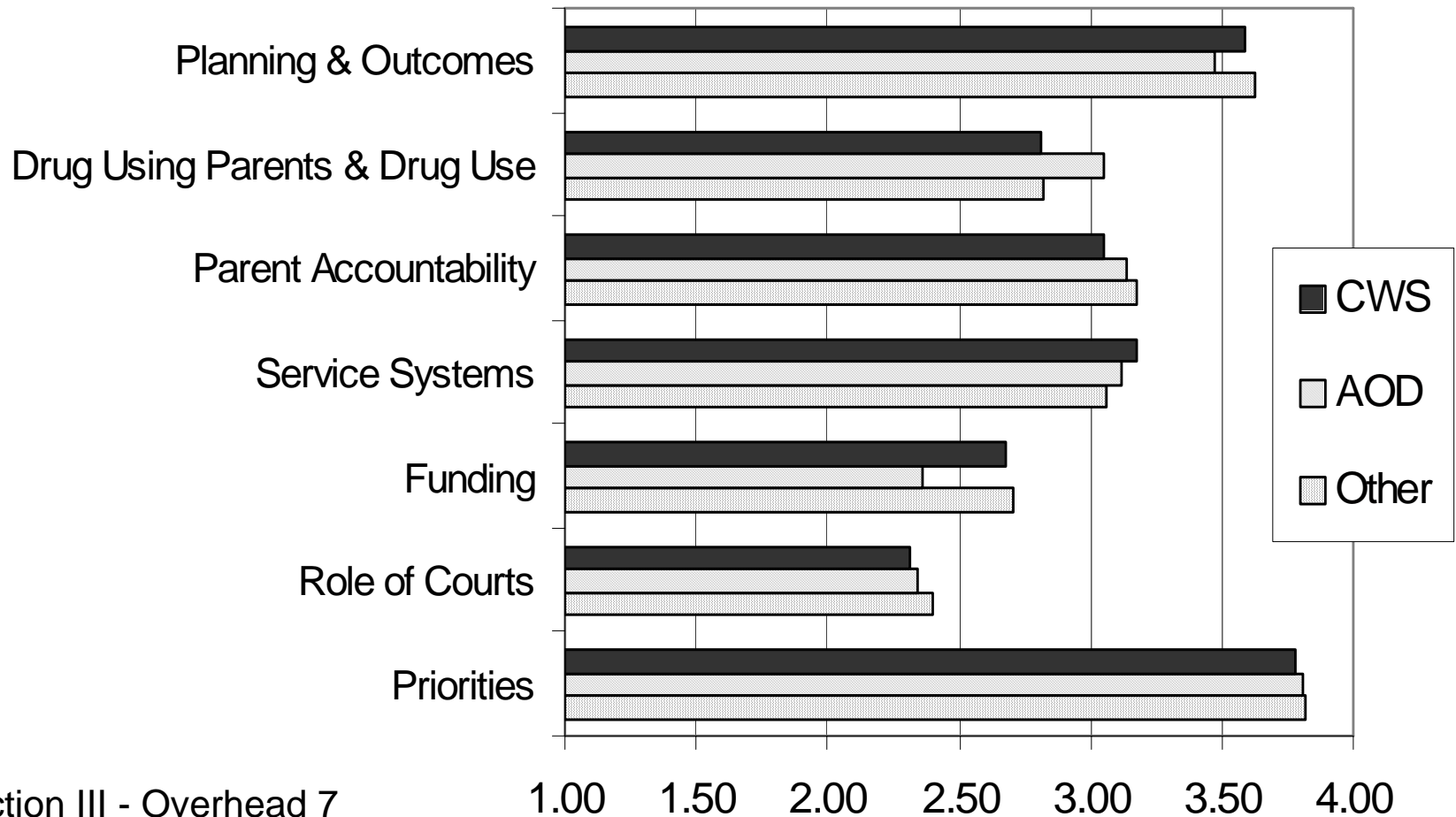
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1. Values and beliefs about planning and outcomes
2. Values and beliefs about drugs and drug using parents
3. Values and beliefs about parental accountability
4. Beliefs about improving service and community systems
5. Values about funding
6. Beliefs about dependency course related to substance abuse and child welfare
7. Values about community priorities

# Findings: Most Important Causes of Problems Impacting Families



# Findings: Differences Between Fields (1 = disagree, 4 = strongly agree)





# Highlights of Commonalities

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- **Strong agreement about priorities**  
(e.g., support for both child welfare and alcohol and drug services and support for services targeted to children of substance abusing parents)
- **Shared concerns about dependency courts**  
(e.g., the degree to which judges' and attorneys' responses to parents with AOD problems are appropriate and effective)
- **Similar beliefs about improving services**  
(e.g., that services would be improved if agencies were more responsive to the cultural differences between client groups)



# Highlights of Commonalities (cont'd)

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- Although the overall score in values and beliefs about improving services were similar between fields, two items of interest were significantly different.

*Child welfare respondents were more likely to:*


- Perceive confidentiality guidelines as a barrier to collaboration, and
- Believe that AOD services should give higher priority to families/women involved in child welfare.



# Discussion Questions

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- How might common priorities and beliefs about improving systems help in the early stages of collaboration?
- Why might respondents have disagreed with statements suggesting that court/attorney responses to parents with alcohol and drug problems are appropriate and effective? What might contribute to this?
- How might differences in perceptions about confidentiality as a barrier to collaboration be addressed?



# Highlights of Differences: Beliefs About Drug Use and Drug-Using Parents

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- The score was highest among respondents from the AOD field
  - Although most respondents agreed with the statement “people who are chemically dependent have a disease for which they need treatment,” AOD professionals were *more likely to strongly agree* with this statement.

(from the Collaborative Values Inventory)



# Highlights of Differences: Beliefs About Drug Use and Drug-Using Parents cont'd)

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- Interestingly, although most respondents disagreed (69%) that there is no way that a parent who uses drugs can be an effective parent, respondents from the *AOD field* were *more likely* than CW respondents to agree.
- The trend was similar for statements about parents who abuse drugs or who are chemically dependent.
- At the same time, respondents from CW were *significantly more likely* to agree with the statement that “Some parents with problems with alcohol and other drugs will never succeed in treatment.”



# Highlights of Other Differences

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- By contrast, the score in the area of planning and outcomes was lower among respondents from the alcohol and drug treatment field compared to child welfare and other disciplines (e.g., less likely to agree that there is a need to involve communities in planning for both child welfare and alcohol/other drug services).
- The mean score for the scale related to *funding* was also lower among respondents from the alcohol and drug field than others (e.g., less likely to believe there is sufficient funding for services).



# Discussion Questions

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- What might account for differences in beliefs about drugs and drug using parents? How might that impact collaboration?
- How might respondents from child welfare and alcohol and drug fields define “effective” or “ineffective” parenting differently?
- Why might people from different fields have different perceptions of systems-level issues (such as need for funding or need for including communities in planning)?



# Section IV

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## Building Systemic Collaboration: Findings from the Collaborative Capacity Instrument



# 10 Elements of Effective Collaboration

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1. Underlying values and principles
2. Daily practice related to screening and assessment
3. Daily practice related to client engagement and retention in care
4. Daily practice--services to children
5. Joint accountability and shared outcomes
6. Information sharing and data systems
7. Training and staff development
8. Budgeting and program sustainability
9. Working with related agencies
10. Working with communities and supporting families

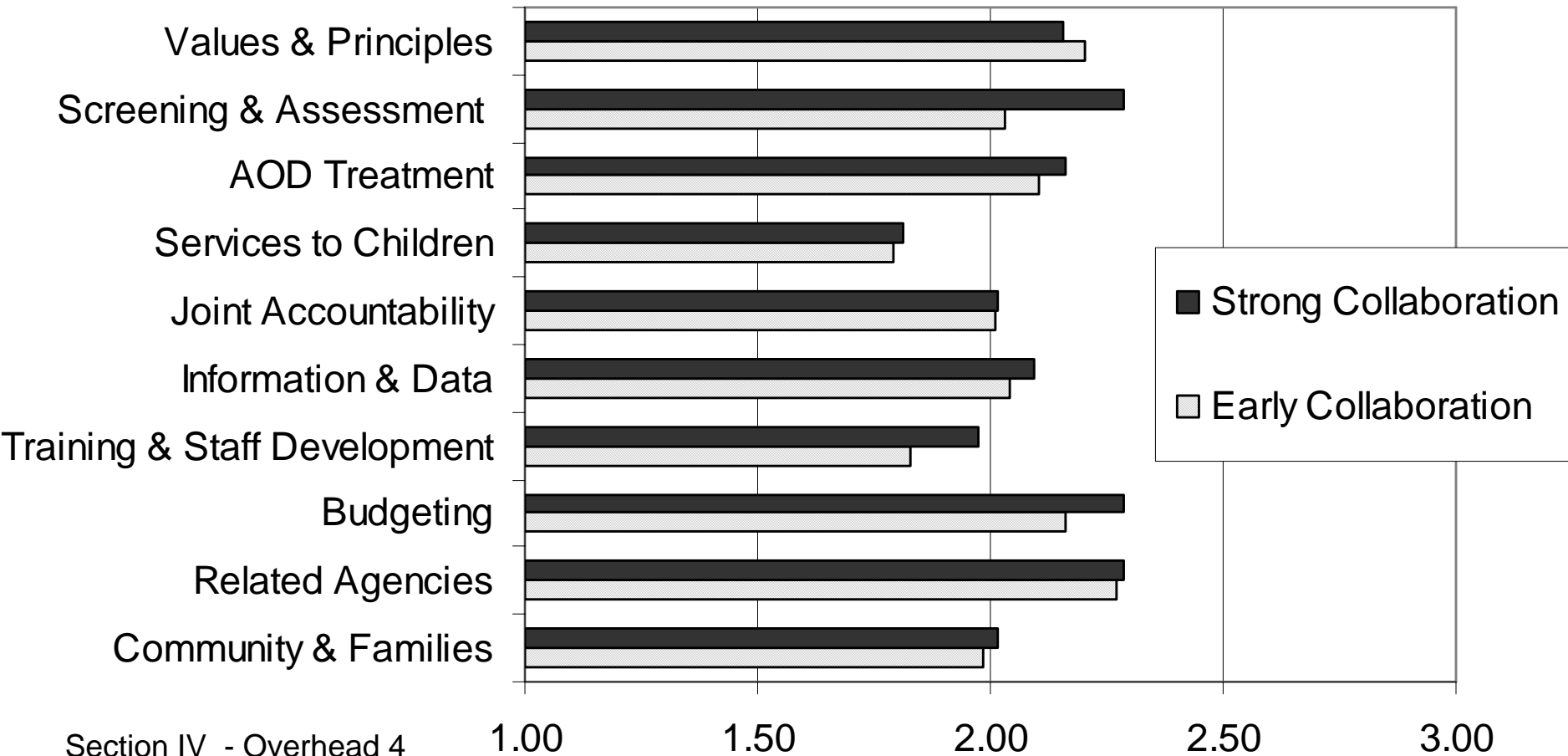
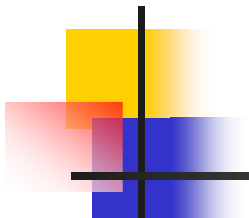


# The Collaborative Capacity Instrument (CCI)

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- Developed by Children and Family Futures/National Center for Substance Abuse and Child Welfare as a tool for assessing current collaboration between systems
- Commonly used in counties in California and in other states.
- This study examined the strength of the instrument and explored differences between counties with a strong history of collaboration and counties earlier in the collaborative process (CCIs completed by 347 professionals in CW, AOD, and other fields).

# Scores from the CCI by County Collaboration Status





# Collaborating Counties: Practices in *Screening and Assessment*

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Were more likely to report...

- Development of a joint AOD/CWS/Dependency Court policy on standardized screening and assessment of substance abusing families in CWS,
- Use of outstationed AOD workers at CWS offices and in the courts,
- Multidisciplinary teams for case planning,
- Intake processes that allow...
  - the child welfare system to identify clients with prior AOD treatment episodes, and
  - the AOD system to have adequate information about child welfare cases to conduct assessments.



# Collaborating Counties: Practices in *Training and Staff Development*

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Were more likely to report...

- Multidisciplinary training,
- Multi-year plans that include updates to training provided to CWS and AOD agencies on working together,
- Basic training on substance abuse and addiction to attorneys who work in dependency court, and
- Training for cultural competency in working with diverse AOD/CWS clients groups.



# Collaborating Counties: Practices in *Other Areas*

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More likely to report...

- Multi-year budget plans to support integrated CWS/AOD systems,
- Case plans that are linked between systems,
- Agreements regarding the level of information about client progress in treatment to be communicated to CWS and the courts,
- Development of shared outcomes for CWS/AOD clients (included in service provider contracts),
- Not relying on drug testing as the most important indicator of clients' compliance with treatment.



# Activity: Strategies to Improve Collaboration Across Systems

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## INSTRUCTIONS:

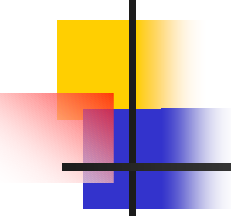
- Read case studies.
- Discuss questions in small groups.
- Prepare to share key issues and recommendations for next steps in the full group.



# Section V

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## Building Bridges Between Systems: Resources and Next-Steps



# Review of Highlights from Literature & Research Study

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- There is a strong correlation between substance abuse and child abuse and neglect, including a correlation with out-of-home placements.
- The urgency to overcome systemic differences and build collaborative capacity due in part to the 1997 legislation Adoption and Safe Families Act.
- Personal and professional values often underlie practice decisions.
- Professionals in child welfare and alcohol and drug fields may hold differing beliefs and values in a number of areas.
- Counties with a strong history of collaboration report specific collaborative practices in screening and assessment, training and staff development, and other areas.



# Implications for Practice

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- The strong correlation between substance abuse and child welfare coupled with recent policy changes make urgent the need to improve practices, program design, and policies for addressing these intersecting issues.
- Social workers need to use skills in critical thinking and evaluation of personal and professional values in order to minimize potential bias.
- It is equally important that social workers in child welfare, substance abuse, and related fields develop skills in identifying systemic value differences and barriers to collaboration.



# Resources

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- Children and Family Futures  
[www.cffutures.org](http://www.cffutures.org)
  - Collaborative Values Inventory
  - Collaborative Capacity Instrument
  - National Center on Substance Abuse and Child Welfare link; link to other resources
- National Clearinghouse on Alcohol and Drug Information (NCADI)  
<http://ncadi.samhsa.gov/>



# Closing Reflection & Identification of Next Steps

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- As you reflect on highlights from the curriculum, what areas stand out to you and why?
- What specific information or ideas might be relevant to *your own* social work practice? What next steps would be useful to you as a practitioner?
- What “promising practices” in cross-systems collaboration might be adopted or adapted in your county system? What are the next steps you would recommend to your county administrators and staff?