'Work with Me:' Training For Best Practice *With Substance-Using Mothers - Diminishing Risk by Promoting Strengths*

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Historically, Canadian child welfare discourse, reflective of a shaming culture, has condemned the substance-using mother. A focus on deficits excludes resilience, adversely affecting both child protection workers and substance-using mothers. Fortunately, a strengths-based discourse and practice are emerging. This paradigm shift demonstrates potential for reconstructing child welfare discourse and practice as helpful rather than harmful.

Consistent with a commitment to a strengths-based approach, this paper discusses findings from two surveys and a qualitative study conducted by the author in 2003. Based on these research findings, strengths-based child protection social worker training was developed, conducted, evaluated and revised.

Given the value of a strengths-based approach, innovative approaches in teaching workers how to work effectively with substance-using mother are discussed. To prepare workers to recognize and build on strengths of substance-using mothers, the training cultivates workers' existing strengths in knowledge, experience, practice and values. Former substance-using mothers co-facilitate the training. Recommendations include developing similar training for social work supervisors and foster parents.

Canadian child welfare discourse pertaining to women substance users has been morally condemning, punitive and counterproductive to women's mental, physical and emotional health. [1] The media has repeatedly portrayed mothers as '*the* risk to their children…positioned in dramatic opposition to the plight of the children.'[2] Thus the condemnation of the substance-using mother is powerfully underscored, shaping both public opinion and social policy and practice.

Reflecting the predominant cultural view and discourse, the nature of child protection service delivery, policy, legislation and risk assessment tools have put social workers in a policing rather than a helping role.[3] To further aggravate a harmful situation, social workers are inadequately informed about the substance-using mothers that dominate their caseload.[4] Social work education has historically reflected the dominant view that any 'good' mother should perform mothering independently. Mothers who require practical or emotional support have been viewed as 'bad' mothers[5]. This is particularly true with substance-using mothers, socially constructed as demonic, unloving and uncaring towards their children.[6] The resulting surveillance and confrontational approaches punish rather than help.

A focus on deficits has excluded resilience, adversely affecting both child protection social workers and substance-using mothers. Fortunately, a strengths-based discourse and practice are emerging in North America. In the United States, a public discourse of strengths-based child protection practice has been underway for over ten years. Putting standards into practice is more challenging, requiring training for workers, supervisors, and foster parents that negotiate these systems. A critical revision of the discourse, commitment from management, and the allocation of adequate resources are necessary to produce significant change.

This paper will discuss findings from two surveys and a qualitative study conducted in 2003, and the subsequent development of child protection worker training. The surveys measured British Columbia child protection workers' current knowledge of substance-use theories and interventions, and the availability of relevant training for social workers. The qualitative study, conducted in 2003 with child protection workers and former substance-using mothers, examined the mother-worker relationship.

Child protection worker training, developed in response to the qualitative study, was conducted in 2003, then evaluated and revised based on workers' evaluations. The initial training and reasons for revision are discussed. The revised training acknowledges workers' fears and builds on their strengths.

Surveying Worker Knowledge and Needs

Child protection workers are not well informed about drug-use and its subculture. Neither are they cognizant of current theories and models of assessment and intervention with drug users, although a 2002[7] survey of 40 child protection social workers in British Columbia indicated a caseload substantially comprised of substance-using mothers (almost 70% by social worker estimates). However, child welfare social workers' self-rated knowledge of current interventions, approaches and theory regarding problematic substance use was relatively poor.[8] Regarding the stages of change theoretical model of addiction, 60% of workers surveyed had a self-rated knowledge of 2/5 or lower. Averaged, their self-rated knowledge of harm reduction practice was 2.8/5. Thirty per cent of workers surveyed knew

nothing about the bio-psycho-social-spiritual theory of addiction. Almost 70% of workers rated their knowledge of a strengths/empowerment approach at 3/5 or less. These findings are troubling given the number of substance users on workers' caseloads.

The survey also asked:

1) What do social workers need to know to better help substance-using mothers?

2) What challenges do social workers face in working relationships with substance-using mothers?

A thematic analysis yielded significant results. Workers said they wanted to know how to facilitate change: 'how to encourage change…without resorting to removal of children.' They want knowledge and understanding of street drugs and their effects: 'understanding of current drugs, usage, patterns and how they affect the individual and their parenting.' Workers also want to know more about the social context of problematic substance use: 'more comprehension of the overall issues.'

Workers have difficulty comprehending the attraction of continued problematic substance use, given devastating consequences. The power of drug use and the drug-using subculture is a mystery to most. Consistent with principles of cross-cultural social work, workers would benefit from more knowledge of the culture and a better understanding of the attractions of substance use and its subculture.

Workers frequently cited 'denial' as a major challenge in working with substance-using mothers: 'denial, rationalization, minimizing, blaming.' This is significant, since substance-using mothers are not in a position to disclose problematic substance use when removal of their children is a likely outcome. Adversarial approaches result in denial, while strengths-based approaches result in trust and disclosure.

A survey of university and college curricula relating to substance misuse within social work programs in British Columbia was also conducted in 2003. The range of college and university social work courses in addictions varied, with one major university offering none at the undergraduate level.[9]

A review of social worker training offered by the provincial government's child welfare department looked specifically at substance-use related material. Findings were assessed in relation to minimal requirements given the estimates of substance-users on workers' caseload. Although the provincial government has offered substance misuse training in the past, it was short-lived, scanty and unavailable since 1999.

The Qualitative Study

The qualitative study was conducted in 2003 with three child protection social workers and four former substance-using mothers who had previous child protection files. Findings indicate a predominantly adversarial relationship continuum with positive outcomes associated with a strengths-based, collaborative worker approach.

Child protection workers experience frustration working in a child welfare system unable to respond effectively to substance-using mothers:[10]

> There are a lot of standards written, that we are expected to follow that aren't, that don't consider, don't take the nature of the relationship into account at all…

Workers and mothers identified effective, family-centred practice approaches:

> (The social worker) took the time to…help me with the relationship with the foster parents and, um, you know, kind of make it more welcome that way. I mean my children still live with these foster parents, right, they've been adopted by them…she took the time to just build on that…the contact is still open

The shared parenting model, despite its value, has been the exception rather than the rule in child welfare practice. This option has been successfully formalized elsewhere.[11]

Fear governs the relationship between substance-using mothers and workers: workers' fear stemming from their lack of knowledge of problematic substance use. For mothers, confrontational approaches diminish possibilities for open relationships. Workers know that 'people are scared of social workers when it means you're taking their children…(they) just want to tell you things that you just want to hear so you'll go away.' Workers expressed feeling distrusted and disliked. Workers in the research talked about play 'private eye;' mothers, afraid and ashamed, hide, deny and minimize the truth.

Mothers and Workers Speak: Strengths

Alternatively, the research spoke to the value of strengths-based approaches, the importance of relationship and feeling heard. Workers reveal what works for them in these excerpts from the qualitative study:

- 'When I start working with families I say I'm not perfect…'

- 'We are all human'

- 'Talk to parents as if they are somebody, and as if what they say counts'

- 'I want things to go better for you, I don't want your child to continue being in care…what can we do here?'

- 'To feel some nurture, because …the person is in pain…'

- 'Never make promises I can't follow up on'

- 'Explain the process, explain how they can challenge the process'

- 'Mum was involved in the …plan'

Workers recognized the importance and effectiveness of work that is strengths-based and collaborative:

- 'Social workers to…not feel that they needed to control everything, but rather that we're sharing…the situation'

- 'We're all involved in it…it's not a me and you thing…(it's) a community thing'

- 'We can do risk assessments…but what is going to help her…where does she want help?'

- 'When you're applying for a new order…sit down and say ok, yes I'm doing this, but I'm still here to support you and help you through this'

- 'Working from strengths…establish some kind of connection'

Mothers express a need for support in their recovery from problematic substance use: '[it] seemed like an enormous wall, of everything, having to change everything and to have all these people know it.' One worker gave a detailed example of best practice and a positive outcome:

> she…phoned me up a couple days later…when I went over, she acknowledged that she been using…she did trust me, knew that by telling me that I wasn't going to jump to conclusions, or jump to judgments, and not going to come and take the kids, that's what helped in that situation…I listened, I just listened to what she had to say… then worked to, you know, started to talk about a plan, something needs to happen here so what are we gonna do - together, right? And to work together to help change this …what do you need?

What mothers found helpful was workers' faith in them, willingness to collaborate, and non-judgemental approaches:

- 'had some faith in me…'

- 'got this feeling like she didn't look down on me'

- 'she gave me some choices…she connected me to the foster mother, helped me to, made me feel welcomed'

- 'she wasn't just a worker, she was getting to be like a human being to me, with feelings and stuff, it really helped…a sense of empathy from the worker, cause you're scared'

- 'realizing, like, she's not out to get me…she's not going to steal my children, she's willing, she's there to work with me'

- 'she was non-judgemental'

Recent Changes: British Columbia

In British Columbia, the Ministry for Children and Family Development's revised (2004) *Child and Family Services Standards* respond to the need for a strengths-based model: 'Standard 7…also promotes services that identify and

build on existing strengths and resiliency, rather than services that address only risks and deficits (June, 2004: 27).' This standard requires workers to collect 'relevant information about the family's strengths, needs and vulnerabilities (204:28).' Standard 14, Family Development Response, is particularly promising. It is described as 'an alternative response in circumstances where identified risks of harm to a child can be managed…' and calls for 'a thorough assessment of strengths and risks within the family' (2004:54).'

The recent Children and Youth Review in British Columbia (Hughes: 2006) recommends that the Ministry's service transformation be supported by worker training, a monetary investment in services and adequate preparation and evaluation. Workers in this qualitative study echo the importance of preparation:

> there's a presumption…(we) know about building a relationship, and the value of that, but learning to integrate that with Ministry standards about child safety, it's a long…process, there's a lot of talk, in training, there's a lot of work on removing kids, when you do it and why, but we never once talked about returning kids…

The power of the documents that guide practice cannot be overestimated: the 'tendency for these workers to emphasize personal deficits may be accounted for by their required daily use of assessment formulations that stress the dysfunctional aspects of the client.'[12] Best practice must be supported through philosophically consistent and helpful training and documents: 'even with supportive legal frameworks, drift toward more forensically driven practice can occur at the expense of family support models' (Connolly 2005). Practice characterized by investigation, documentation of deficits, and the collection of evidence to build a case against mothers occurs not only 'at the expense of family support models', but also at the expense of the family itself.

Fortunately, evaluated and valid strengths assessments are numerous and easily obtained. Several excellent examples of strengths assessments and discussions of their usefulness were found in *Families in Society*[13] some dating back to 1984.[14] Dunst, Trivette and Deal (2003) provide a number of strengths based family assessment scales.

Alternative documents, entrenched in the child welfare system in Western Europe (Connolly 2005), are in use in various American states. The State of Mississippi, Division of Family and Children Services, employs a *Family Centered Strengths and Risk Assessment Guidebook*. In addition to a shift in discourse, a shift in practice has also become increasingly prevalent in the U.S. In Minnesota, for example, the alternative response program has already been evaluated; benefits of the alternative response model are substantial, positive and cost-effective. [15]

Cross-Cultural Awareness: Understanding the Substance-using Mother

It is equally important for child welfare workers that drug-using culture be demystified. The language, values, and other aspects of this culture are invisible to 'outsiders'. The hidden aspects of this subculture are elusive, and the media contributes frightening texts and images associated with substance use. Particularly prone to demonic social construction is the substance-using mother.[16] Prohibition of substances makes many drug users de facto criminals, necessitating secrecy and perpetuating fear in society at large.[17] Given the prevalence of these stereotypes, and how '(w)orker discomfort can be an impediment to exploring the critical issues,'[18] worker education is vital to improving this relationship.

Principles of cross-cultural social work have a valuable application in work with substance-using mothers, considering Raheim's assertion that the 'prior contact each has had with the other's cultural group, the stereotypes each holds about that group, and each person's culturally prescribed rules of social interaction may lead to misjudgements of the other.'[19] It is important for workers to acquire 'specific knowledge of the client's cultural group'[20] and to acknowledge the power differential in their relationship with substance-using mothers.

Workers express a need for this knowledge. With relevant training, they can develop knowledge of drug-using culture and substance-using mothers' place in it. Given the prominence of shame[21] within this population, workers' awareness of their values and beliefs about substance-using mothers is imperative. With active organizational support to use strengths-based collaborative tools, workers can begin to practice effectively and responsively.

Promoting Strengths: Child Protection Worker Training

Responding to the Study

A training program for child welfare social workers was developed and conducted with 20 child welfare social workers in Vancouver, Canada. The training incorporated best practice research, effective strengths-based interventions and experiential learning. Former substance-using mothers were actively engaged in facilitating the training.

Responding to Training Participants

Social workers' evaluations of the training indicated, overwhelmingly, an appreciation of the opportunity to hear directly from former substance-using mothers who have had experiences with child welfare social workers. Workers valued experiential exercises relating to power and control issues. Workers appreciated discussion of the precipitating research, relevant theories and interventions; and, *to some extent*, the social context of substance use.

Workers expressed concern about focusing on negative experiences with protection workers in the first part of the training. The original training presented a volume of information about the social context and construction of substance-using mothers: lone mothers and poverty, gender and class issues, shame and stigma, the policing role of the social worker, and ethical responsibilities of the social worker to effect social change. Workers found the detailed discussion of lone mothers and poverty gratuitous; they expressed that they already know these families are poor. Workers also felt uncomfortable with the extensive information presented about the policing role of protection workers. Understandably sensitive to perceived criticism, they reacted defensively. Similarly, workers felt frustrated by presentation material about social workers' ethical responsibilities to effect social change; this must have been difficult to hear for helpers navigating an oppressive system.

This initial training took less than a strengths-based approach, delivering an extensive problem description. As the qualitative study showed, workers experience role strain in child welfare work, and are negatively affected by the surveillance and policing aspects currently intrinsic to their work. Workers attended the training to seek solutions to a recognized problem. It is important to help workers build on the qualities that initially brought them to social work, and to acknowledge how these qualities are repressed by systemic constraints. Providing them an opportunity to develop familiarity with street drugs and their effects and the subculture reduces fear and increases understanding. In response to the thematic analysis of worker evaluations, the training was revised to increase time spent on solutions and decrease time spent on problem description.

Consistent with a commitment to strengths-based discourse, the training was revised to cultivate workers strengths, beginning with discussion of workers' current knowledge and strengths in working with this population. Definitions of strengths perspectives are elicited from participants. Examples of workers' current strengths-based approaches are identified. The training revision consistently identifies and builds on worker strengths on personal and professional levels. Examining our values and beliefs about substance-using mothers may be a delicate process. By exploring media and literary representations of substance-using mothers from contemporary culture, a context is provided for how we have internalized myths and assumptions. There is also a section that explores our assumptions. Through the use of experiential exercises, social workers can increase awareness and understanding of their own assumptions.

A similar method is used in exploration of power: through the use of literature and film, our relationship to power is explored outside of everyday work and life. By highlighting the social context of our relationship to power, a different perspective is cultivated. Experiential exercises relating to power are also used to enhance learning. To make the connection from learning to everyday work, practice examples are elicited and discussed, consistently focusing on worker strengths.

Former substance-using mothers co-facilitate the training, providing an opportunity for workers and mothers to interact. Involving mothers in the training allows mothers' voice to be heard. Mothers are also able to demystify the subculture and its attraction for workers. This is critical in reducing workers' fear and increasing their comprehension of the 'overall issues.' Workers identified mothers' participation as a particularly important and helpful part of the original training.

Attending to workers' responses has highlighted the value of a strengths-based approach. Consistent with the goal of improving practice with and outcomes for substance-using mothers, this training attempts to respond to the needs of both workers and mothers. Training, like practice, is more effective when a collaborative and strengths-based approach is adopted. *The revised training is included as 'Appendix A.'*

Recommendations for Policy, Practice and Further Research

> *'realizing, like, she's not out to get me,*
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> *she's not out to steal my children,*
>
> *she' s willing, she's there to work with me'*

Historically, we have posed child protection in direct opposition to family protection, creating a tragic familial divide. We are now compelled to think outside the box. It is essential for workers to reviewing their values and beliefs, shaped by outdated, constricting definitions of motherhood and drug use. Training initiatives would improve both practice and outcome. Rigorous evaluation of the effectiveness of training will ensure the promotion of evidence-based best practice. The practice application of relevant training would be enhanced by management support and

sufficient allocation of resources. Further evaluation of current assessment tools and other documents that govern child welfare practice will be important in supporting positive change. Outdated concepts inform these documents and contribute to negative outcomes for both workers and mothers. Recommended research directions also include exploration and evaluation of alternative care arrangements that support birth families. Assumptions about children's best interests require re-examination, particularly in terms of maintaining connections with birth parents. Research pertaining to children's views is scarce.[22]

The development of open fostering relationships and shared parenting options is recommended. Foster parents have a unique opportunity to work with birth parents; social workers help determine how this relationship proceeds. How social workers present and construct birth mothers to foster parents impacts outcomes. Joint strengths-based training with mothers, workers, supervisors and foster parents, supported by further development of helpful child welfare policy and practice standards, could significantly re-shape the course of child welfare practice with substance-using mothers.

Revised Training Outline

Best Practice With Substance-Using Mothers: Diminishing Risk by Promoting Strengths

Introduction: How the Training Originated

1. Survey of social workers' knowledge and challenges: summary

2. Survey of education and training

3. Qualitative research findings: the relationship (Research Poster)

A. What is a "Strengths-Based Approach?"

B.

1. Group Definition of Strengths-Based Approach

2. Recognizing our personal strengths: what are they?

3. Recognizing strengths in others: identify challenges

B. Mothering and Drug Use

1. Values and beliefs held about substance - using mothers

2. Experiential Exercise: Assumptions

3. Experiences that shaped our values and beliefs about drug use: movie clips

4. Our conceptions and expectations of mothers, motherhood: movie clips

5. Media myths about drug using mothers (use examples from recent press and research – group deconstruction and reframing)

6. Drug use as an adaptive response

7. Looking at our own "addictions" – how we cope

B. Cross-Cultural Awareness: Demystifying Street Drugs and Culture

1. Types of drugs commonly used: appearance, packaging, buying, using

2. Drug-using subculture: values, beliefs, language

3. Effects of drugs: physical, mental and emotional

4. Discussion

C. Power and Collaboration

1. Exploring power

2. Experiential Exercises: Broken Squares; Dream House

3. Feelings and power: "When I feel powerless, I…." "When I feel powerful, I…"

4. Acknowledging the power differential in practice: why and how?

5. Research findings – in print - relating to power in the relationship

6. Film; theatre; literature pieces about power

7. Comfort and power: examples of collaborative practice from workers and mothers

D. Current Models of Intervention and Treatment with Substance Users

1. Bio-psycho-social-spiritual model

2. Stages of change

3. Motivational interviewing

4. Harm reduction

5. The function and *timing* of recovery resources: withdrawal management, support recovery, residential and outpatient treatment programs

6. Twelve step and sixteen step programs

7. Alternatives to twelve step programs

E. Using a Strengths and Safety Assessment

1. Strengths and safety assessment tools

2. Using a parental strengths and safety assessment

3. Developing a collaborative family plan of care

4. Building *supportive* documentation (see Strengths-based Report to Court)

5. Discussing safety within a collaborative relationship: Signs of Safety

6. Conversing with foster parents, supporting birth families and foster parents

F. Evaluations

1. Workers complete an evaluation of the training

2. Three months follow- up: Has training impacted practice and/or outcomes?

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[1] Campbell, 2000; Covington, 2002; Gustavsson & MacEachron, 1997; Smyth & Miller,1997; Straussner & Attia, 2002

[2] Greaves, L., Varcoe, C., Poole, N., Morrow, M., Johnson, J., Pederson, A., Irwin, L., (2002), p28

[3] Boyd, 1999; Buchanan & Young, 2002; De Montigny, 1995; Greaves et al, 2002; Tracy & Farkas, 1994

[4] Buchanan & Young, 2002; Greaves et al, 2002; Klee, 2002; Poole & Isaac 2001

[5] Callahan and Callahan, 1997; Murphy and Rosenbaum, 1999; Swift, 1995

[6] Boyd, 1999; Campbell, 2000; Kandall, 1996

[7] Conducted by the author, through University of British Columbia, School of Social Work, 2002

[8] 40 child protection social workers were asked to self –rate knowledge of: harm reduction theory, harm reduction practice; the bio-psycho-social-spiritual model; stages of change; motivational interviewing: mean self-rated knowledge score was 2.6/5.

[9] University of British Columbia, Vancouver, Canada

[10] Boyd 1999; Buchanan and Young 2001; Klee 2001; Poole and Isaac, 2001; Poole, 2000

[11] This model will be discussed at greater length in recommendations at the end of the chapter.
[12] Hwang and Cowger, 1998:31
[13] Early, 2001; Gilgun, 1999; Graybeal, 2001; McQuaide and Ehrenreich, 1997
[14] Early, 2001
[15] Loman and Siegel, 2005; Lohrbach et al, 2005

[16] see Greaves et al: 2002
[17] see Boyd, 1999 and Boyd, 2004
[18] Raheim, 2002
[19] ibid 2002
[20] ibid 2002
[21] For an important discussion of shame and women, see Brown, Brene (2006), *Families in Society*, Vol. 87, No. 1
[22] Templeton, Zohadi, Gaivani, & Velleman (2006)

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