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	May blame the child welfare system, others for the consequences of substance abuse May be in pre-contemplation stage of change*	Often not evident but parent may participate in screening/assessment or enroll in treatment or attend recovery group if mandated Continued AOD** use	Provide basic education on the effects and impact of substance abuse Offer hope Discuss benefits of participation in treatment Remove barriers to enrolling in treatment Use motivational interviewing process*** Help parent see discrepancy between their goals and values and their current behaviors If parent continues to resist treatment, consider seeking court ordered treatment
Phase 2: Transition	Parent thinks about cutting back or entering treatment/prepares to enter treatment If in treatment, parent participates in substance abuse education, counseling and mutual support	Parent accepts need to address relationship between substance use and life problems Begins to accept responsibility for destructive behaviors and consequences May be ambivalent about treatment Post-acute withdrawal symptoms may include foggy thinking, irritability, depression and anxiety****	Participates in screening and assessment Enters and participates in treatment, though may be inconsistent Intermittent substance use Continued post-withdrawal symptoms can include poor sleep, intense hunger, persistent cravings, depression, mood swings	Discuss with the family team the process of recovery and importance of treatment involvement Encourage the parent's relationship with the treatment provider Encourage family members to participate in family education at treatment program Discuss with parent new coping strategies that they are learning in treatment and offer continuous encouragement for parent's use of these strategies 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 Adjust other case plan demands (avoid "front loading" services) during first month or more following AOD withdrawal 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) Provide highest level of family visitation consistent with child safety (if children not living with parent) 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

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)

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

* 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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