

Parenting Support Toolkit for Alcohol and Other Drug Workers

# Book One: Exploring Parenting



caring  
rules  
praise  
time  
support  
positive  
routine  
affection  
patience  
love

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## Parenting Support Toolkit for Alcohol and Other Drug Workers

### Booklet One: Exploring Parenting

This booklet is the first step to including parenting and child wellbeing issues into your standard practice. It outlines how to include parenting issues in a broader client assessment. The content of Booklet One is intended to create awareness of the importance of the parenting role to an individual's wellbeing and their ability to achieve change. By addressing parenting issues as set out in the booklet, it is anticipated that workers will be better able to help their clients with their alcohol and drug problems and a broad range of other problems associated with parenting stress and child health and behavioural problems.

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### Victorian Parenting Centre

The Victorian Parenting Centre is a not for profit, independent research and development organisation founded in 1997. Its mission is the pursuit of new knowledge of parenting that enhances the wellbeing and resilience of children and their families.

The Centre engages in a range of activities including:

- research and evaluation projects relating to parenting and family intervention
- developing programs and resources for parents and professionals
- trialling and evaluating programs for families
- delivering professional training programs
- providing expert advice and consultation to Government and non-government agencies on issues related to parenting education and support.

The Centre has as one of its key areas of activity the development of programs and strategies that address the particular needs of the most vulnerable families in our communities.

The Centre has developed a wide range of expertise in supporting parents of all age-groups of children and whose need vary from general parenting support through to highly specialised individual programs.



### Odyssey House Victoria

For over 25 years, Odyssey House Victoria has operated effective alcohol and other drugs services. Odyssey's residential rehabilitation facility provides medium to long-term accommodation for residents and their children. This therapeutic community provides a safe yet challenging drug-free environment in which to explore and address drug related problems. The Community Services Division operates for clients who are living within the wider community.

Services provided to clients include:

- assessment and admission for residential care
- individual, family and group counselling
- innovative group work addressing drug issues including relapse prevention, anger management and safe practices
- support programs for parents, families and friends
- youth peer support, referral, outreach, general counselling and intensive case management
- supported accommodation programs
- aftercare initiatives and ongoing support programs.



The Odyssey Institute of Studies is a Registered Training Organisation established in 2000. It is based on a strong commitment to evidence based practice through research into innovative practice and improvements to program delivery. The Institute has been at the forefront in developing and evaluating programs for families, evaluating service needs and developing accredited training courses for professionals in the field.

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### A key to symbols in this resource

Throughout this resource you will find symbols that refer you to other parts of the toolkit for further information.

When you see this icon , additional related information can be found in **Booklet 1: Exploring Parenting**.

When you see this icon , additional related information can be found in **Booklet 2: Information and Tools**.

When you see this icon , additional related information can be found in **Booklet 3: Service and Resource Guide**.

The **information icon**  directs you to the information box which contains issues for Alcohol and Other Drug Workers to consider when working with clients who are parents.

The **tip icon**  provides practical tips and ideas, which may assist Alcohol and Drug Workers when working with clients who are parents.

## Treatment and Parenting

An understanding of the impact of parenting can be enormously valuable to AOD workers. It can improve client outcomes. And it can help protect the wellbeing of clients and children.

Parenting is enormously significant to clients. It can be a major motivator for change. It is also a major stress factor. This is also the case for parents with alcohol or drug issues.

For AOD workers, understanding a client's parental responsibilities can be crucial in assessing drug problems. It's part of good drug treatment.

This section discusses the benefits of incorporating parenting issues into standard practice. It provides tips and suggestions for how to do so in a way that supports parents of all backgrounds and circumstances. It will not make you a parenting expert and in many cases you will be identifying other services and resources that are appropriate for your client.

### Your clients as parents

Knowledge of your client's current roles and tasks, their supports, and their values and beliefs helps you to determine their strengths and any current or potential stressors that may get in the way of your work together.

This knowledge will also assist you and your client to work out the skills, resources and supports that are needed to produce a positive outcome for your client and their family.

Many of your clients are parents or will become parents in the future. Being a parent is one of the most important

roles in a person's life. Parenting can have a significant impact on a person's drug or alcohol treatment in a number of ways.

Firstly, feelings of guilt about parenting or problems with their children may be maintaining your client's drug problems. Secondly, parents frequently describe their children as one of the main reasons for seeking AOD treatment. This is because most parents want their children to have the best possible start in life. Thirdly, the stresses related to parenting or difficult child behaviour can trigger a relapse or influence the severity of a relapse.

By discussing parenting issues with your client, you will get a better understanding of their current situation and any barriers that may affect the success of their treatment program.

### Benefits to Treatment

Exploring parenting issues with a client can benefit their drug or alcohol treatment in a number of ways.

Benefits may include:

- an increase in motivation for treatment
- a more open and honest relationship between client and worker
- an increase in sense of hope that change is possible
- an increase in focus on the reasons for seeking treatment
- an extension of harm minimisation to include the whole family
- a reduction in one major life stressor that maintains problem drug or alcohol use.

### Parents of all shapes and sizes

You may be surprised by how many of your clients are impacted by parenting. This is equally true of clients who are not obviously parents – from those who don't currently have contact with their children, to those who plan to become parents in future!

The Toolkit has been designed to be helpful for all parents, regardless of different backgrounds and perspectives.

For AOD workers, this means thinking about a client's current circumstances, and their cultural and social backgrounds. It might also mean thinking about their future plans. Some examples include:

- pregnant women
- parents with limited or no current access with their children
- clients who plan to become parents in the future
- clients who might become parents as a result of other risk-taking behaviour, such as unprotected sex
- foster parents
- grandparents and other extended family
- parents from diverse social and cultural backgrounds
- indigenous parents.

You will find more information about working with parents with different circumstances throughout this booklet. 

# support

Talking about parenting is particularly important for clients who have multiple needs. These clients are often those least able to articulate and advocate for themselves. In many cases, they are also unaware of the services and help available to them.

As an AOD worker, you may be the most trusted, constant and stable professional in your client's life. This means that you will often be in the best place to assist them get the help they need by engaging other support services.

## Benefits to Children

A major benefit of including parenting when assessing and responding to your client's needs is the promotion of their children's wellbeing.

Benefits to children include:

- early identification of problems
- earlier linking of families into family support services that will build on their strengths and help them to deal with problems that they are facing
- diversion of families from the Child Protection system via use of preventative strategies.

Drug treatment services that are not responsive to parents' needs may exclude some parents' from getting the help they need. It is critical that in any work you do with a client who has children that their parenting role and their children is considered in the same way that you assess whether addressing other parts of their lives such as their vocational aspirations, housing needs or mental health will be important to their treatment.

## What can AOD workers do?

As an AOD Worker, your role is to help parents identify whether they need help, outline their options, and refer them to appropriate expertise for further support. Your ultimate aim is to guide parents on how they can solve problems themselves. As with any intervention, the work you do with a client on their parenting must be tailored to meet the nature of their needs and goals, and your ability to assist them.

It is not expected that every worker will use the Toolkit in its entirety. Workers should determine which parts and how much of the Toolkit they will use based on their own skills, time and resources. The type of agency you work in and your role within that agency will also affect how you use the Toolkit.

Your role can range from giving your client parenting resources such as tipsheets, brochures and videos, to identifying and referring them to websites or other, more relevant services.



### The 'perfect' parenting myth

Good parenting is about protecting children and promoting their development. There is no single 'right' way to parent, nor is there a universally agreed standard or measure of what good parenting is.

It is recognised however, that many factors can influence child wellbeing, including:

- a family's circumstances and lifestyle
- the temperament and characteristics of both parent and child
- a parent's childhood experiences
- a parent's ability to recognise and respond to each child's changing needs

Parents can do many things to promote their children's development and protect them from harm. Some parents need more support and education than others do to achieve these factors. These include:

- having a positive relationship with their children
- giving their children positive messages rather than criticism
- spending time with their children and providing emotional support
- being trusting and trustworthy and maintaining routines
- establishing clear rules and expectations
- monitoring their children's behaviour and activities
- modelling moderate substance use, and use of support networks.
- modelling problem solving skills and positive ways of coping with life's challenges.

These things will also reduce the chances that their children will use drugs later in life.

Some workers will do more intense and specific parenting work with their clients.

With very little change to your current practice, you can help parents identify their own parenting values and to set goals that will benefit their whole family.

By using many of your existing skills such as motivational interviewing and case management, you can increase your client's engagement and commitment to minimise the harm associated with their substance dependencies and any related parenting problems.

When deciding which parts of the Toolkit will be useful, consider the specific needs, values and goals of your client and your own confidence and experience in working with parenting issues. As such your use of the toolkit may vary from client to client and over time as your confidence increases or your role changes.

Some workers may build parenting conversations and support routinely into their drug treatment work whilst others may only ever use one or two parts of the Toolkit in their work.

For example, a worker may casually ask their client (who has dropped by to pick up some syringes), about whether they have any children and then have a brief, relaxed conversation about who the children are and how they are going.

The next time the worker might have a conversation about the kind of support the client gets to raise their children. Over time, it might become clear that the client has little respite, or is not receiving their full child care entitlements. The worker could then use the Toolkit to help their client to make contact with Centrelink or by referring them to a Family Support agency for respite. 

In contrast, a worker in a residential setting may complete a more in depth assessment that incorporates a number of parenting goals into the client's treatment plan. They may use some of the tools in Booklet Two and some of the resources in Booklet Three to directly support their client to meet these goals.

For instance, they may include teaching skills such as how to manage tantrums or increasing the positive attention that the client gives their child in a treatment plan for a parent who is preparing for reunification with their child.

Other workers, who already offer substantial parenting support to their clients, may use the Toolkit to formalise, expand or evaluate the work they do. For instance, they may decide to use some of the measures in Booklet Two to examine the effectiveness of their work.



*“I don't think I would have given up the drugs without learning about the parenting stuff.”*



### Parenting: a hot topic

Parenting can be a difficult topic to introduce. There are a number of reasons for this. It's an extremely emotional topic. Many parents feel concerned about being judged. And some may be worried about the worst case scenario of having a child removed by Child Protection.

Whilst this is true for some families, there are many things that you can do to help reduce the likelihood of this. Although this is a difficult topic, you will be able to use the Toolkit to:

- alleviate your client's anxiety
- turn discussions about parenting into a positive conversation
- reduce the need for Child Protection involvement.

*“My favourite thing is to finish my Dad's beer when he has gone to sleep.”*

# learning

## Skills for life and parenting

Raising children provides great rewards and enjoyment. It also brings stress and challenges. For AOD workers, the challenge is in finding the most appropriate way to support their client – with information, support, or referral to expert services.

Two distinct types of programs are of value for addressing parenting issues: life skill programs and parenting programs.

Life skills cover many of the general problems that AOD workers encounter with clients, including areas such as health and nutrition, budgeting and planning.

Problems such as inconsistent and

unhealthy meals, inappropriate spending, or the inability to establish routines take on extra significance for clients with children. If not addressed appropriately, these can lead to developmental problems for children. Worse, they can become life threatening for both child and client.

Parenting programs focus on the specific skills related to caring for children. These are particularly helpful for parents with personal issues such as substance abuse, for whom parenting stresses can be exacerbated. They cover commonly raised issues such as:

- tantrums
- sleep/bedtime
- whingeing/crying
- mealtimes
- fighting/aggression.

Your client's individual situation and needs will influence which type of parenting program you recommend. There are three types of formats: one-on-one; group or workshops.

One-on-one programs are generally more intensive, providing support over a longer period of time. These work well for clients with multiple or complex issues. Group programs, by contrast, typically have a set agenda and are delivered over a set number of weeks.

They provide a combination of information, skills training and support, and are useful for clients with a range of difficulties who could benefit from the experiences of other parents.

Workshops tend to be one-off, targeted sessions to provide information about a specific issue.

## Tips for non-custodial parents and carers

Your clients will experience vastly different parenting situations. These situations may include parents who are trying to change or re-establish access arrangements. It can also include alternative carers such as grandparents or foster parents.

Separations from children can be stressful for all involved. This is true regardless of whether separations are imposed or chosen, result from relationship breakdown or divorce, parental illness or death, or intervention to protect a child from abuse or neglect. For many non-custodial parents, they can result in grief or anger, which may maintain or exacerbate their problematic drug use.

Additionally, bad feelings from relationship breakdowns may carry over to interactions relating to the contact and caring for children. This can make managing access and care arrangements even more difficult.

Children generally cope better when they have regular contact with their parents, and when they see their

parents and carers working together cooperatively. Any parenting issues relating to separation will be extremely important for your clients, their children, carers, and wider families.

AOD workers can use the following tips to protect parent-child relationships through separations. You can encourage your clients to:

- have regular contact with their child. Encourage them not to wait for their child to contact them. Although children may not be good at contacting people they don't see on a regular basis, this does not mean that they don't care. Remind parents to maintain contact by giving them a call; writing a letter; and remembering to send a birthday card.
- arrive on time when visiting and follow through on promises.
- do things that their child wants to do. Children don't need expensive presents. Giving time and attention is the most important way for parents to show their love.
- have clear expectations for behaviour. Set 3 or 4 clear rules that tell children what to do (e.g., Use a polite voice, Stay where I can see you when we

are out). Your client may need assistance to identify appropriate consequences to enforce these rules.  contains links to tipsheets and websites that can assist. Alternatively, it may be helpful to refer your client to a parenting program.

- make time together drug free. Help clients think of fun things to do with their family. Ideas might include: going to the local park or pool, cooking together or curling up on the couch to watch a video together.
- talk about feelings of loss or grief they feel about separation from their children. They could talk to a friend or family member, to yourself or another professional (e.g., counsellor, psychologist, psychiatrist). If your client is isolated or is experiencing feelings of anger or depression, it is important to refer them for professional counselling, if they are not already receiving it.
- minimise conflict in front of children. It's important for children to see all of the people they love getting on well. Your client may benefit from counselling or mediation to achieve this.

# modelling

## Impact on Parenting & Children

A client's use of drugs or alcohol does not automatically mean that their children are not cared for properly. Rather, the problematic use of drugs and alcohol are a risk factor for parenting. They can contribute to the health of clients and children being put at risk.

This section looks at the potential impact of drugs on parenting and children in more detail. AOD workers will find suggestions for working with parents of children of all ages, as well as for clients who may be parents in the future.

### Drug Use and Parenting

The use of drugs or alcohol, of itself, does not cause bad parenting. Many parents use drugs regularly and provide their children with adequate home environments, care and opportunities to develop into healthy adults.

Likewise, children whose parents have drug problems will not automatically be neglected, abused, or end up with problems themselves. Many parents do an exceptional job at bringing up their children under difficult circumstances. Children's ages, temperament, biology, family and social environment all have an impact on a child's health and wellbeing.

However, children are much more likely to begin drug use at an earlier age, to develop their own problems with drugs or alcohol, and to develop other psychological problems if one or more

of their parents has a drug or alcohol problem. This is supported by the fact that more than half the substantiated cases of child neglect or abuse currently reported to Child Protection Services in Victoria involve parental alcohol or substance misuse.

If your clients spend time with their children, give them attention, praise and affection at the same time as setting clear limits on their behaviour, then parenting may be a small part of any work you do with them. However, for clients not doing these things, parenting will need to have a larger focus in your work together.

### Potential parents and drug use

Drug use is often associated with a number of other high risk behaviours. Unsafe sex is one such behaviour. Unsafe sex may lead to sexually transmitted illness (STI's) and/or an unplanned pregnancy. The consequences of an unplanned pregnancy can be far reaching. Women may become pregnant without themselves or their partner having considered the full implications of pregnancy and parenthood on their own life and that of their child when they are using drugs and/or alcohol. Consequences might include the following: poor developmental and health outcomes for children; unstable relationships; lack of housing, financial and material resources; outstanding legal issues; or poor health.



### Potential parents

Parents and parents-to-be are often highly motivated to change their behaviour or to set new personal goals. The issue of parenting can equally be relevant to clients who are not currently parents. They may:

- want to become parents, or
- become parents as a result of activities such as unprotected sex

By broaching the subject with your clients, your client may:

- increase commitment to any AOD treatment goals, by linking their parenting goals
- consider the positive and negative impacts of becoming a parent. You can raise this by asking questions such as, "what would life be like if you became pregnant now?" "What would you have to give up if you became a parent now?"

As AOD workers you can support your clients in both situations: helping them work towards being in a position to have a child – such as successfully ceasing drug use or develop a savings plan or other life skill – or making sure they have access to contraception to avoid an unwanted pregnancy.

*"I know she has seen me using drugs because I have seen her pretending to inject herself with a pencil."*

## Pregnancy and drug use

To address the complexity of drug use on the developing foetus it is important that pregnant women who are using drugs and/or alcohol receive regular specialist antenatal care, information and advice. It is very important that a referral to an appropriate obstetric service that provides pregnancy care to women who use drugs and/or alcohol is made. 

Most research on children whose parents have drug problems has focused on how drug use during pregnancy affects the development of infants and toddlers. While some studies have found some physiological, cognitive, and attention deficits in infants, there is no evidence that the use of drugs other than alcohol and tobacco during pregnancy have any long term effects on children.

Studies have shown that the use of alcohol during pregnancy can lead to major developmental problems in children. In some cases this can lead to Foetal Alcohol Syndrome, and more frequently it leads to Foetal Alcohol Effects. Currently, it is thought that there is no safe level of alcohol use during pregnancy. Risks increase with the frequency and amount of alcohol that is consumed.

Smoking tobacco, injecting, or the use of other drugs during pregnancy has also been linked with Hepatitis B, Hepatitis C, Sexually Transmitted Illness (STI's), HIV, premature birth, low birth weight, miscarriage and still births,

infant withdrawal symptoms, babies who are difficult to comfort and settle, and developmental problems in infants.

Health issues for parents or their children and problems such as having a baby that is difficult to settle can greatly increase the stress of parenting. This can result in parents and children being at increased risk for poor outcomes. 

## Infancy and parental drug use

Infants are highly dependent on their care givers. They are vulnerable to difficulties in their environment, including their parents' personal and health problems and to any of their parenting skill deficits. Additionally, infants have difficulty adapting to frequent changes in their care. Unfortunately, parents with drug and alcohol problems are less likely than other parents to use child health and support services due to concerns about being judged or stigmatised, or they may be anxious about having their children removed.

A young baby's health can deteriorate very quickly if not adequately cared for. Parenting a new baby is a major experience in an individual's life and can be very stressful and hard work. New and prospective parents tend to focus on the positive aspects of having a baby and are often unprepared for the negative emotions and stress associated with caring for an infant. This stress can lead to an increase in the likelihood of drug relapse. Additionally, many new mothers want to stop their drug use immediately and this can lead



## Parents to be

Pregnancy can be a significant motivator for clients to change behaviour. This is the case regardless of a client's role – as mother, father or even as a grandparent or significant support person.

For AOD workers, pregnancy therefore provides an opportunity to work with clients on goals related to parenthood. For pregnant or breast-feeding clients, this might include encouraging them to:

- stop or reduce drinking
- give up smoking during pregnancy
- look after their own health and wellbeing by using support services such as those that offer care during pregnancy or for new parents

For clients with a pregnant partner, you may explain that their partner will be more likely to give up if they both do so together.

safe

*“As the children got older I would only use at night time after they had gone to bed. Then after an overdose one night, I realised that I shouldn't use by myself.”*

# love

*“I gave up for my daughter. I really didn't want her to go through what I experienced.”*

to stopping treatment methods such as methadone too early. It is important that clients do not alter their treatment for at least the first twelve months of their child's life as any premature reduction can further increase the risk of relapse. Evidence suggests that many new mothers will return to drug or alcohol use by the time their child is six months old.

Drug use during this period may have severe consequences for the child (including death). Research suggests that the quality and nature of children's care during their first few years of life can have long lasting consequences for their later development, wellbeing and ability to form secure relationships. 

## Early to middle childhood and parental drug use

Results from more recent research suggest that poor parental functioning, neglect, and the lack of a positive home environment, rather than drug use itself, have been responsible for the problems in children who grow up with substance dependent parents.

Unfortunately, the parenting of many people who use drugs is often limited by their own upbringing, lack of support, and lifestyle. Their children are therefore more likely to have multiple care givers and be subjected to poor supervision and sudden and frequent changes of accommodation and schools.

*“My Mum smokes and so do my friends.”*

Many children have also experienced family breakdown and have witnessed traumatic events such as a parental overdose or domestic violence.

Parents report being more irritable, impatient, and intolerant of their children when actively using or withdrawing from drugs. They also say that they struggle to maintain routines and cater for the emotional needs of their children, and that they lack quality interactions with their children during these times.

The chances that a child will experience problems can be reduced with supportive parent-child involvement and community engagement. However, the chances of developing problems later in childhood increase with the number of risk factors in a child's life (e.g., poverty, low self-esteem, being male, having few social or problem-solving skills, and having parents who misuse drugs or who have permissive social attitudes).



## Parents with infants

Encourage parents of new babies to:

- set realistic expectations. Remind parents that they are coping with lots of changes and lack of sleep. Encourage them to give their babies lots of affection and attention, and to respond to their needs.
- take care of themselves. Emphasise the benefits of taking a break: rested parents have more energy for quality time; babies learn that parents who leave will come back. This results in less anxiety for everybody.
- take time out. Continue with activities that the parent enjoys. Begin with brief periods and gradually increase the time away from baby. For example, your client could start by going to the shop without the baby, and build up to a night out with a friend or partner.
- use support people. Get your client to think of people such as grandparents, an aunt, uncle, or friend they would feel comfortable leaving their baby with. This might mean helping socially isolated clients to find respite care. 
- seek advice and support about breastfeeding and other child health issues. Speak to the Maternal and Child Health Nurse. Note that many drugs and alcohol pass into breast milk and can be harmful to the baby and affect milk supply.
- provide a smoke free environment. Remind clients that smoking around babies and young children has been linked to Sudden Infant Death (SIDS), asthma, and respiratory problems. 

Be careful if baby sleeps with parents. This is not recommended when parents use drugs or alcohol that make them drowsy or sleep heavily, as this makes it harder to respond to a baby's needs. Babies have accidentally been smothered under these circumstances.

# belonging

## Adolescence and parental drug use

Adolescence is the period between childhood and adulthood during which there is rapid physical growth and development comparable in scale only to the first few years of life. During this time children go through enormous changes in their physical appearance, and thinking ability and in their social and emotional development. This period can be challenging, complicated and confusing for teenagers and their parents.

An important task for parents during this time is to adapt their own behaviour and expectations as their child develops their independence, identity and maturity. The challenge for clients with teenage children is to decide when and how much responsibility to give children whilst at the same time keeping them safe from harm.

Even with the increased role of peers on a teenagers beliefs and activities, parents continue to have a large influence on their children. Teenagers become more aware of their parent's behaviour and may begin to imitate them. A concern for many parents with drug problems is that their children will become like them. There is evidence to suggest that children are likely to imitate their parents' substance use. Older children, in particular, are more likely to be influenced by their parents' drug use and attitudes towards drugs.

Adolescence is also a time when many children will begin to experiment with alcohol, tobacco and other drugs. How a parent reacts to this experimentation can have an impact on their relationship with their child and on their child's continued use. Parents who remain calm, do not judge or criticise either their teenage child or their child's friends will be more likely to maintain their positive relationship with their

child. They also increase the chances that their children will respect and value their opinions about the use of drugs and alcohol.  : contains links for resources about parenting and communicating with adolescents. 



### Early to middle childhood

Encourage your clients to:

- focus on spending quality time with their children. Play games, talk and read with them.
- provide recreational and social opportunities for them. Have friends over to play, and think about sporting groups, and organisations like Scouts/Girl Guides.
- make sure their children attend school regularly. Try to get them to school on time, and provide a healthy lunch and snacks each day.  : if your client needs help with life skills such as budgeting, cooking and understanding children's nutritional needs.
- store drug using equipment safely away from young children.
- be able to answer the following questions about their children at any given time:
  - Where is my child?
  - What are they doing?
  - Who are they with?
  - When will they be home?



### Adolescents

The following are aspects of parenting that it may be useful for parents of adolescents to focus on:

- set clear expectations and boundaries for behaviour
- avoid conflict with a partner in front of children – teach them to solve problems in a calm way
- use problem-solving skills to reach mutually agreed solutions to problems
- make time for enjoyable activities together
- remain calm when dealing with problems
- explain to children that they are not the cause of their parent's drug or alcohol problems.

Finally, let parents know that it is normal to ask for help, and that there are specific services for dealing with problems with teenagers.

The Resource section expands upon using the suggestions above. For clients who are struggling with issues related to parenting an adolescent, the services and resources listed in Booklet Three may help. This is particularly the case for severe or long-term problems. 

# trust

## Engaging Clients On Parenting Issues

It can be really difficult for people to ask for help. This is particularly the case for parents, who are constantly scrutinised by society, by family, the media – even people they don't know. Add to this the stigma associated with alcohol and drug issues, and it can be even harder.

There are a number of ways that AOD workers can raise parenting issues without clients closing up or losing heart. This section discusses techniques that use the client's values as the starting point, and build upon your existing approach.

Australian research (Sanders, 1995) suggests that only one third of parents who are concerned about their child's behaviour or emotional development seek professional help.

There are many things that may prevent parents from seeking help. Social attitudes about parenting are among the most important of these. Much is expected of parents, yet they are frequently exposed to judgmental and critical attitudes in the media, from their extended family and even from complete strangers. Parents are often blamed for problems their children might experience, despite the fact that problems in children have many causes. Parents have no or little control over many of these, including for instance, their child's temperament. Many parents feel that they may be blamed and are reluctant to ask for professional help.

In addition, parents feel vulnerable when it comes to their children. Parents love their children and want the best for them. The possibility that something might be wrong with their child, or that they may be seen as inadequate or incompetent parents, can make them feel guilty, inadequate and anxious. Understandably, parents are sensitive to implied criticism of either their children or themselves. Defensiveness, or refusing to acknowledge a problem, can arise in an attempt to avoid the anxiety associated with child related issues.

As a result, parents often:

- wait a long time before seeking help
- fear their concerns will not be taken seriously
- fear that they may be viewed as bad or inadequate parents
- feel that help seeking is stigmatizing
- begin to feel different from other parents, unsupported, isolated and sometimes rejected
- experience high levels of frustration, anger and anxiety.



### Parents with diverse social and cultural backgrounds

Culture is implicit in any discussion about parenting. Our diverse cultural, language and social backgrounds means that we each bring different values, beliefs and expectations to the task of raising children.

An understanding of your client's cultural background can be vital in developing goals that they will be able to maintain once they have finished working with you. AOD workers can use the following suggestions to approach the subject:

- explore values and attitudes in relation to parenting. Ask what your client feels is important in the way they raise children. What are their hopes and dreams for their parenting and for their children?
- acknowledge your client's background. Ask your client if there are any qualities specific to their culture, its history and its influence on their life today

If a client does identify specific cultural qualities, it might be helpful to talk about how these influence parenting. Consider the following areas:

- roles of men and women in their culture – particularly as parents
- views on child rearing such as expectations around sleeping, eating, dressing and carrying babies
- views about disciplining children – how is it done? By who?
- how do parents talk to each other and show that they are listening
- how do they demonstrate caring.

Note: Most cultures will not condone practices leading to abuse or neglect of children.

*“The kids have seen their mum drunk at lot. And they have seen her throwing things at me and kicking in doors. She was really nice to them when she wasn't drinking but I think they were always a bit scared of her.”*

# routine

In addition to the stigma already associated with drug and alcohol problems and the issues described above, parents with substance misuse problems experience high levels of criticism, blame and assumptions of incompetence or a lack of care for their child. Many also worry that their children will be taken from their care by child protection authorities.

It's not surprising then that the issue of parenting is a sensitive one. The risk is that if the topic of parenting is raised badly it may provoke a defensive response and harm the development of a collaborative relationship.

How you approach parenting issues depends on the context. If you ask about a client's family and children routinely in assessment protocols, then opportunities to discuss child or family related matters will arise as a matter of course. However, your clients may not raise parenting issues with you initially. Instead, the issues may come to your attention in other ways, such as through casual conversations or through informal observation. 

*"Mum is much better now."*



## 1. Parent raises a concern

It is important not to assume that if your client raises the issue with you, that they want you to work on it with them.

1. Validate the client's feelings and acknowledge their concern (Avoid advice giving, making judgements or assumptions regarding the nature or cause of the problem)
2. Clarify the nature of the problem or concern (encourage your client to describe the problem in detail by using open questions and minimal encouragers. Explore any attempts the client has made to solve the problem)
3. Find out what the client would like to get from talking to you (e.g., information, support, advice, referral)
4. Invite the client to problem solve options
5. Be optimistic – offer hope for resolution

See *Booklet Two* for a more detailed approach. 

## 2. Worker raises a concern

This can happen in several ways. You might see how the child behaves, see a problem the parent has in managing their child, or someone else may report a problem to you.

1. Choose your timing for raising your concern carefully
2. Avoid language that the parent can interpret as blaming (focus on the child rather than the parent)
3. Describe what you have seen or heard without interpreting
4. Check your facts (get the parent's perspective of the situation)
5. Ask the parent if the issue is a concern to them
6. Find out if the client would like assistance (from you or others)

See *Booklet Two* for a more detailed approach. 

*"She is always falling asleep. Sometimes she forgets to wake up and take us to school."*

hope

## An Approach to Working with Parents

This Toolkit is designed to help AOD workers improve the effectiveness of treatment outcomes for parents of all backgrounds and situations.

The relationship between a client and professional is integral to achieving the best outcomes for clients. Research tells us that the most effective working relationships are achieved by building on a collaborative relationship, together with a client's strengths and values.

This section outlines how AOD workers can use a collaborative approach to strengthen client outcomes.

Firstly, develop an equal partnership. When you work together as equals, or 'collaboratively', you show your client respect. Respect helps to build the trust, that you will need to work well together.

Secondly, take a 'strengths-based approach'. Identify your client's skills, abilities and resources and build on those to help them reach their goals.

Such an approach can give your client a more positive self-image than if they were given a list of all the things they do wrong, can't do, or don't know. It can be more motivating for them too.

Thirdly, encourage your clients to take responsibility for their own decisions and actions. Guide your client toward the skills that they have or will learn and use long after they have moved on from their work with you.

This involves your client learning how to identify what is important to them, setting goals in line with those values, monitoring their own progress, and learning how to make changes if needed.



### Working Collaboratively

Working collaboratively will help you engage with your clients. It will also help the two of you to be clear about what you hope to achieve, and how you will achieve this. There are three parts to a collaborative approach:

- mutual respect
- clarity about what each of you brings to the relationship
- active participation of the client in setting the focus, course and pace of work.

This approach helps you build a trusting relationship with your client. Collaboration between you and your clients is also critical for positive outcomes.

Keep a positive attitude about your clients by:

- respecting your clients values and goals
- being non-judgemental
- being understanding
- expressing optimism that they can succeed
- staying focused on your clients strengths. 

*"Yeah, I guess there have been a lot of strangers coming here and passing out in the lounge room. The kids are usually the first to see them in the morning"*

# supervision



## What is a Treatment Plan?

Following on from an assessment, a treatment plan can help you and your client organise and document the types of issues you will be working on together.

There are several different types of treatment plans but most have two things in common.

1. a list of specific goals that you and your client decide will be the focus of your work together
2. a matching list of realistic and achievable strategies or ideas to achieve these goals.

Treatment plans can be written for individual clients, for couples or families. Each may include some individual and some shared goals.



The Practice Guide at the end of this Booklet will assist you to use this approach. It is intended that you use the list as a prompt for reflecting on your own practice. 

Finally, formalise your work with parents by incorporating their parenting goals into an overall treatment plan that links their parenting to their drug treatment work. This will enable you both to review and adjust your work according to client's progress against current goals. 

Part of developing a Treatment Plan with your client involves deciding on the best way for the client to achieve their goals. There are a number of ways to do this:

1. Provide the client with Resources. 
2. Refer the client to parenting and child services. 
3. Work with the client yourself. 

# consistency

*“My secret is that I have 4 blocks of chocolate and some chips under my bed.”*

## Working with Clients who are Parents

### Deciding the most appropriate course of action

Your task is to decide the best way for the client to achieve their goals. There are a number of ways to do this:

1. Provide resources to the client
2. Refer to other professionals for specialist parenting or child services
3. Work with the client yourself.

### Providing resources

This is appropriate when a client is experiencing an isolated concern regarding parenting or their children but there are no other major difficulties related to parenting. For example, a parent who is struggling to deal with their child's whingeing but is providing lots of praise and spending quality time with their children.  hints on how to introduce resources in a way that maximises the likelihood that your clients will benefit from them. It also contains information on a range of resources that could be helpful for your clients.

### Making a referral

This is appropriate when clients are experiencing multiple difficulties with parenting or their child's behaviour or development, or when the client is isolated and has little support. It is also the appropriate course of action if working on parenting issues is outside your current role or your professional capacity.

### Working with the client

Working with the client on their parenting goals yourself is another option. It is appropriate if your role and professional skills and experience mean that any work you do is likely to do more good than harm. Below is a discussion of the process for conducting a parenting intervention. If this is not currently within your capacity but you would like to develop your professional skills in this area,  : information about types of Parenting Programs and Services that offer professional training in parenting assessment and interventions.

### Working with Clients on their Parenting Goals

At the end of an assessment you will have developed a treatment plan to identify priorities for intervention. If at that point you and your client have agreed that you will work together on one or more of their parenting goals, then the next step is to plan an intervention.

1. Take a problem solving approach to identifying your client's current strengths and any strategies that they have used in the past that they could use to solve the current difficulty.
2. Develop a plan for implementing those strategies. The plan needs to describe what will be done, when, who by and for how long.

3. Identify any additional resources or skills that your client may need to achieve their goals. Try to give preference to skills that are likely to be reinforced naturally in your client's environment.

4. Introduce new skills as necessary. The steps below will help you to effectively teach clients new skills:

- a) Present the strategy to your client as an option for them to try, noting that different strategies will be relevant to different families at various points in their children's lives.
- b) Give a clear rationale of how the skill will help your client work towards their goals. This will increase their willingness to try something new that is potentially challenging.
- c) Give an explanation of the steps required to implement the skill effectively (e.g., how, when and what to do) to enable your client to use it at home.
- d) Provide a range of examples to illustrate how and when a skill may be used. Examples should be relevant to the developmental and chronological age of your client's children. To maximise the likelihood of the skills being generalised, it is recommended that at least two examples be used when introducing a skill.
- e) Use behavioural rehearsal to teach the skill to your client



- f) Provide your client with feedback on how they went with trying the new strategy so that they can set goals for improving or maintaining their skills. When giving feedback, it is helpful to encourage your client to identify two things that they think they did well during the practice and one thing that they will do differently the next time they practice.
- g) Finally, encourage your client to set themselves between-session tasks. These are an essential element of learning new skills. This enhances the generalisation of the parenting skills covered during your sessions.
5. Help your client to develop a back up plan for times when the strategy does not work.
6. Regularly review progress. Any new skill needs monitoring so that you can reinforce any improvements and adjust the strategies when progress is not being made.

**Alert:** This active skills training process is one that is typical of many parent training programs based on social learning models. However, we are particularly indebted here to Matthew Sanders and his co-authors of the Triple P Positive Parenting Program who have developed and extensively described the thorough and effective approach to behavioural rehearsal presented here.



### Steps to Using Behavioural Rehearsal to Teach New Skills

1. Explain what the skill is. Explain each step clearly and in detail.
2. Ask your client if they have any questions.
3. Clarify any questions your client might have.
4. Check whether your client thinks that the skill will be useful and how confident they are that they can use it.
5. Set the scene. Tell your client that you will practice the skill together so that they feel confident trying it at home. Let them know that you will have a turn first and then they will have a go at using the skill.
6. Demonstrate the skill in a role play for your client. When demonstrating, you should play the role of the parent and your client plays their child. Model exactly what your client will do when they use the skill.
7. Highlight the critical aspects of the skill on which your client will need to focus when they practice.
8. Get your client to practice the skill in role play with you. This time your client is in the role of parent and you are their child.
9. Give constructive and specific feedback that highlights what your client has done well and what they might be able to do differently.
10. Practice until your client experiences some success, in a range of situations (low to high difficulty).
11. Give your client encouragement and praise for any use of the skill.
12. Help your client to think of and solve any potential problems and complications that might arise when they try it at home.

dependable

*“Last week we got a new video. Then it disappeared again.”*

# friends

## Making Referrals

Providing parents with the level of support they need when they need it is crucial. That includes determining whether a parent needs information, support or referral to an expert.

This part of the toolkit discusses how to identify the level of support a parent needs, and provides suggestions for introducing referrals to your client.

Any help that you can provide will save your client from having to establish another relationship, build trust and do another assessment. However, trying to help in areas you know little about or making as many referrals as possible, may not be in the best interest of your client and may do your client more harm than good. When you work with a client who needs more help than you can provide, you should refer them on to an appropriate service.

There are four steps involved in referring a client on to another service. They are:

1. Deciding that a referral is needed.
2. Agreeing that a referral is needed.
3. Finding a suitable service.
4. Supporting clients to follow-up a referral.

### Deciding a referral is needed

Some families may have problems that are beyond the scope of your role or organisation. In any work you do with your clients you need to be alert to signs that your client needs extra help. The most obvious sign is when your client directly asks for more help.

Other indirect signs might include:

- reports of prolonged, severe or frequent conflict with their child or partner
- client having unrealistic or age-inappropriate expectations of their child
- observations of conflict between your client and their child
- client reporting child behaviour problems
- client indicating that they are not involved in any parenting or child services, particularly when children are under five years (e.g. Maternal & Child Health)
- observations of parent responding to child inappropriately (e.g., harsh or extreme consequences to seemingly minor misbehaviours)
- observations of the absence of positive interactions between parent and child
- child appears dirty, hungry or unwell on repeated occasions (beyond what would be expected).

### Agreeing if a referral is needed

If any of these signs are present, talk to your client about your concern. Ask your client if they want extra help. Remember that it can be difficult for some people to ask for help, however, there are several things you can do that might make it easier for your client to say or agree that they need extra help.



### Making referrals count

A referral is more likely to be effective if:

- it is relevant to your client's needs or problem
- the agency or service is available when and where your client can attend
- your client agrees to the referral, and understands why you've suggested it

### Helping parents seek help

There are three major stages to encouraging your clients to seek help:

- Validate and normalise your client's situation.
- Acknowledge the issues they have without minimising or exaggerating.
- Put your client's concerns in context. Let them know that what they are experiencing is not unusual and getting extra help is common and normal. e.g., "It's really tough when kids don't sleep at night. Lots of parents need help to sort that out."

*"Nah, I never get asked to other kids' birthday parties."*

## Find a suitable service

If your client is interested in further assistance, the next step is to find the most appropriate type of help. You'll need to find out from your client what they think would help solve the problem. Many different factors may affect your client's ability to meet their parenting goals. The assistance they need might be in the form of skill development, relationship counselling, financial assistance or emotional support for themselves.

A clear description of the problem and its effect on your client's life will help you to find the best service for them and to establish if there are any other problems that are linked to this one.



### Choosing services

For AOD Workers, the challenge is to advise on services without overloading your client. Take into account:

- Your client's family factors: who the problem affects, their child's age, where they live, their culture and if they can afford to pay for a service.
- Service factors: referral criteria, location, waiting list, cost, eligibility, or whether referral from a specific source is needed.

It is also helpful to have the answers to the following questions:

- who does the problem affect?
- how severe is the problem (e.g. rate it on a scale of 1 to 10 or ask them to describe the last time the problem occurred)?
- how long has it been occurring?
- how often it happens?
- what does your client think is the cause of the problem?
- what does your client want, i.e. what is their goal?
- what have they done to try to solve the problem already?



## Supporting clients to follow-up a referral

To encourage your client to obtain help from other services, talk to them about the referral options and their advantages and disadvantages. This can be done informally and casually. It may be helpful to:

- Present the list of services to your client as options.
- Include the service information you've collected so your client can make an informed choice.
- Use simple language – avoid jargon, negative terms and diagnoses
- Suggest only appropriate agencies, relevant to your client's needs
- Develop a practical plan – who will make the referral, when, what will be said, etc.

- Encourage your client to identify and plan for things that might get in the way – e.g. location, transport, cost, anxiety.
- Ask your client if they will follow through. Get them to set a specific goal.
- Give your client support and assistance to call if they need it.
- Arrange to make contact afterwards to talk about how it went.

**Alert:** Check if your clients have the skills to be able to follow up a referral (e.g., do they know what questions to ask, information to give or how to manage appointments?)



## Collaborating with other professionals

Collaboration with other service professionals is an invaluable technique for strengthening client outcomes.

Many of your clients will be involved with other services. By working closely with other professionals, you can improve your client's chances of achieving their goals. This can vary from providing regular progress updates, to meeting to plan treatment goals.

The end result for clients is a coordinated and cohesive approach – and clients will be less overwhelmed with appointments or tasks. 

# attention



## What if clients don't want help?

Even after the steps outlined in this section, your client might say they don't want outside help. There could be any number of reasons for this: fear, anxiety, the difficulty of change, not having enough time, energy or support to make changes.

If this is the case, try working with your client to identify any barriers stopping them from seeking extra help. This will often be enough to achieve a referral.

Your client may still say that they do not want additional help. In this case, you have three options:

1. Support your client – let them know that additional assistance is available when they are ready. Then continue to work towards their goals together.
2. Acknowledge your client's right to make the decision – but reiterate the importance of the client dealing with the problem. If there is no immediate risk of harm to the client or their children, you may decide to stop your work with the client until the issue has been dealt with and the client is able to continue progress towards their goals.
3. If you are concerned about the welfare of your client's children, you may need to contact Child Protection Services as another source of support and resources. The following section outlines the process for doing so.

*"I used to get pretty grumpy and emotional when using or withdrawing. I hardly ever read them a story or checked on them in the bath."*

# patience

## Using notifications to Child Protection to benefit clients & their families

The focus of the Toolkit is on getting in early, helping to build parenting skills, and directing parents to other services. In this way the Toolkit aims to prevent the need to refer clients to child protection services.

However, there will be times when a referral to child protection services is the most appropriate course of action. Your client may be unable to access other services. They may need a specific type of support. Or their child's welfare may be threatened.

Although the process may be daunting for everybody involved, there can be significant benefits for clients and their families. The following information is designed to help you recognise when a client needs referral to child protection, and how to support them through the process.

### Why notify?

Notifications are an important step in stopping abuse and protecting children from further harm. However, a notification can be made in a way that also protects the engagement you have developed with your client.

**Alert:** The goal of any notification is to:

- stop abuse and harm to children
- prevent future difficulties for the family
- help families get the assistance they need.

### Benefits of a notification

Making a notification to Child Protection Services is not the end of the world – for you or your client. A notification may lead to positive change and improved wellbeing for the parent and their family. By involving Child Protection it is often possible to ensure that families receive the support that they require to achieve their goals. Child Protection can be instrumental in assisting parents to access services and resources that they would not otherwise have access to, such as:

- respite
- equipment
- housing
- financial support.

### Involving clients in the notification process

Often it is possible to maintain trust, respect and your relationship with your client by involving them in the notification.

To do this, it is helpful to discuss your concerns openly with the client. Remember to take the perspective that you believe the client sees their child's wellbeing as a priority.



### Parents putting up their hand

Clients may initiate direct contact with Child Protection about their own children. These parents are likely to have better outcomes because they:

- demonstrate cooperativeness and a desire to change
- have more say about the difficulties they are experiencing
- are more likely to accept the support and resources that are offered
- demonstrate a concern for their child/ren.

quality time

*“I didn't realise that I was supposed to talk to them or play games. When I was smoking a lot of pot, I thought I was doing a good job because they had food and clean clothes. It used to take me ages to do that.”*



### Talking to child protection professionals

If you decide to contact Child Protection Services about a client, it is important to explain to the Intake worker clearly and calmly why you are doing so. The following steps may help:

1. Be confident.
2. Introduce yourself and your role with the family.
3. Describe your concerns and reasons for making the notification, including any potential impacts from not taking any action.
4. Describe the client's strengths and their current supports. Include the nature and limits of any ongoing role you will have.
5. Be willing to give your opinion of what the family needs.
6. Give the Child Protection Services worker an opportunity to demonstrate that they have understood what you have said. Ask them questions to check you have been clear.
7. Ask for feedback on the outcome of the notification.
8. If you are unhappy with the outcome, ask to speak to a supervisor/team leader.

### A discussion about notification is more likely to be successful if you:

1. Have established a trusting and collaborative working relationship.
2. Have established the limits of confidentiality when you began your work together, emphasising your duty of care to the wellbeing of the child.
3. Make explicit to the client that you believe they want what is best for their children and are trying to change their lives.
4. Acknowledge your client's strengths whenever possible.
5. Revisit the client's goals and then invite the client to contrast and evaluate their current situation with those goals.
6. Draw a link between the client's goals and their current position, highlighting that it has created a situation that you cannot solve on your own (necessitates Child Protection Services involvement).
7. Describe the need for involvement of Child Protection positively and in terms of how they can help the family. Be honest and matter of fact.
8. Describe the process Child Protection are likely to follow.
9. Encourage the client to call Child Protection themselves (while you are together). It might be helpful to rehearse with the client what they will say. Alternatively, make the call in the client's presence. 

10. Ensure that your client knows you will continue to offer support to them to keep working towards their goals.
11. Give practical assistance where possible. For example, help them get legal advice, and transport to meetings.

### Recognising common client reactions

Whilst the factors above will increase the likelihood that you can keep a positive working relationship with your client, everyone will respond differently to a notification. However, an initial negative response from your client does not necessarily mean that your working relationship is irretrievably damaged. Your clients may thank you and admit that Child Protection involvement was a “wake-up” call to take their problems seriously.

*“Child protection called me and said that someone had concerns about my children. I was so angry. They came and talked to me and it was the best thing that could have happened. They linked me in with the Triple P Positive Parenting Program and a psychologist for my daughter. The psychologist helped me get her into a good kinder. I got so much help because of Child Protection. I really want my sister to get help from them too.”*

For most people a notification to Child Protection Services will lead to a range of negative thoughts that have a great impact on their sense of identity and

*“My Dad passed out once and went to hospital and they woke him up.”*

# parent

wellbeing. Examples of thoughts might include: “I’m a bad parent”, “I’m a failure”, or “What will other people think?” In addition, many parents will assume that a notification means that their children will automatically be removed from their care.

These thoughts can give rise to a range of strong emotions, including, anger, disbelief, relief, anxiety, resignation and sadness. Whilst it can feel as though these emotions are directed straight at you, it is more likely that the client is not genuinely angry at you but rather that they are upset with the circumstances they are facing. Dealing with an upset client is not pleasant, however it is possible to work through these emotions and get your work together back on track. If the client is not assisted to deal with their emotions it is likely that they will drop out of treatment. Some steps that you can use to assist your client to get back on track are described. 

**Alert:** If a discussion becomes or is likely to become aggressive/violent follow your agency’s policy in relation to keeping yourself and others safe from harm.



## Dealing with negative client reactions

Referral to Child Protection can be frightening for parents, and negative reactions are common. The following tips can help:

1. Remain positive with the client, giving them a sense of optimism for resolving their problems.
2. Clarify the Child Protection process and the likely outcomes (i.e., reassure that it is only in the minority of cases that children are removed from their parents’ care).
3. Avoid becoming defensive by remaining matter of fact (e.g., notification was necessary because neither you nor the client could address the problems adequately without Child Protection ; or you were legally/ethically bound to notify).
4. Keep messages simple (e.g., we can work through this; “Child Protection can help us get services or resources”).
5. Continue to focus on strengths.
6. Bring the focus back to the client’s goals and what you and your client need to do to meet them.
7. Be prepared to discuss with your client what will happen if they choose to cease their treatment because they are upset now (ie. unlikely to achieve goals).
8. Remember the client’s involvement with you is likely to be viewed as a positive sign that the client is trying to address their problems and to protect their children.

positive

*“She looks after me when I’m sick. Now that she is 8, she is like my best friend.”*

## A summary of the Child Protection process

### Who can notify

Any person can make a notification to the Child Protection Service. People in the following professions are required or mandated to make a notification:

- doctors/nurses
- police
- teachers
- school principals.

### When to notify

Many AOD agencies have adopted a policy stating that all staff have a duty of care to notify if they **believe** that there is a **significant risk of harm** to a child or young person they have contact with in their work.

It is reasonable to notify when:

- a child tells you they have been physically or sexually abused
- a child tells you that they know someone who has been abused (often this represents themselves)
- when your client or someone such as their relative, friend, or sibling tells you that they know or believe that a child has been physically or sexually abused
- a child's behaviour or development leads you to believe they have been abused
- a child shows physical signs of abuse or neglect.

### How to notify

If you believe that a child or young person is at significant risk of harm, contact the **Child Protection Service Intake Team** in your region or call **Central After Hours Child Protection Service** on **13 12 78** outside of business hours.

As part of the notification, you will be asked to give specific details about the family. The process will be explained to you, and you will be kept informed across future developments.

The law assures anonymity of the person notifying. However, better outcomes for protective intervention are likely to occur if you can be direct with the parent about your concerns for the child and inform them that you plan to make a notification.

**Note: If you are unsure whether you should notify, discuss your concerns with your regional Child Protection Services, where available. The Child Protection Worker will advise the most appropriate course of action.**

This summary contains information about the child protection legislation and the protocols established between Drug Treatment Services and the Child Protection Service. It has been drawn from the Protocol between Drug Treatment Services and Child Protection for Working with Parents with Alcohol & Other Drug Issues (DHS, 2002). Visit the Department of Human Services' website [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au) for more information.



## An Approach to Working with Parents: Reflecting on Your Practice

### Reflecting on your practice

The following guide sets out a seven-phase practice guide for working with parents based on a model developed by Kanfer & Schefft (1988) that has been extensively applied to working with parents in the C-Frame: Parenting Skills Development Framework (Commonwealth of Australia, 2004). The Practice Guide uses a collaborative approach for building a parent's ability to activate their self-regulatory skills (this refers to their ability to take responsibility for their own decisions and actions). By working through the guide you will ensure that your client's parenting goals have been clearly identified and integrated into your work together. For workers interested in the C-Frame approach to working with parents or in working more intensively with parents, contact the Victorian Parenting Centre.

This Practice Guide is not intended for use as a prescriptive or structured interview directly administered to clients. Instead, it is a tool for workers to reflect on their own practice, particularly in relation to their involvement in parenting work.

AOD workers have varying roles, different experiences and different levels of confidence when dealing with clients who are parents. As such, the practice guide will be most useful as a professional development tool for enhancing your own work. Some workers will be very familiar with the content of the guide, whilst others may have very limited experience with parenting assessment and intervention. It is expected that workers will use the parts of the guide that are relevant to their role and gradually integrate parts of the guide into their practice as they gain confidence. More experienced workers may use the guide to validate their current practice, perhaps adding one or two components to their work with parents.

### Using the Guide for self reflection

The Guide can be used in two main ways. Firstly, you may use it as a general reflection on your knowledge, role and practice with clients who have children. When used like this, you can identify the areas of parenting that are relevant to your role with clients and add any useful content areas to your practice. Secondly, the Guide can be used to reflect on your own practice with each individual client you see. When used like this you can check that you have all the information and have completed all the clinical tasks that are necessary to ensure that your treatment plan and work with a client is comprehensive and clearly related to your client's goals.

Key clinical tasks have been organised into questions that you can ask yourself. You may choose to note whether you have covered each question by circling Yes, No or Not Appropriate. For any questions that you are unsure of, we have included some more specific prompts to give you any additional information you may need to circle Yes on a clinical task.

## An Approach to Working with Parents: Reflecting on your Practice

Circle relevant option

### Phase 1: Developing a collaborative relationship

<b>I understand my client's reason for seeking help</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I understand what my client is seeking help for, why now and why me (or our agency)</li> <li>I understand my client's history of help seeking, what they have tried, what has/hasn't been successful in the past</li> <li>I understand how my client feels about their ability to achieve the changes they are seeking</li> <li>I understand my client's past experience with Child Protection Services</li> </ul>			
<b>I understand the relationship between my client's substance use problems and their parenting</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I understand how being a parent is related to or has contributed to the decision to seek help for drug related problems</li> <li>I have explored how parenting impacts on my client's drug use</li> <li>I understand how my client's drug use has impacted on their children and their parenting</li> <li>I have explored how my client has endeavoured to protect their children from their drug use</li> <li>I understand how my client views their own parenting</li> <li>I understand what my client thinks about how others view their parenting</li> </ul>			
<b>I have made our respective roles clear</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I understand my clients expectations for the outcome of our work</li> <li>I understand what my client expects they will be doing and what I will be doing</li> <li>I have actively engaged my client in our work together</li> <li>My client does most of the talking in our sessions</li> </ul>			
<b>I have encouraged any client behaviour consistent with engagement in treatment</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I have gained an understanding of why previous attempts to help failed or were not fully successful</li> <li>I have identified actions or events that might lead my client to drop out from treatment</li> <li>I have established a plan with my client to maintain their engagement</li> <li>I have implemented strategies that make it easier for my client to attend treatment</li> <li>I have invited my client to raise any concerns they have about our work so that we can address them together</li> <li>I have begun a regular process to review 'how we are going'</li> </ul>			
<b>I have identified all the parenting concerns my client is willing to share</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I began by asking my client about their child or children</li> <li>I have refined these concerns into observable behaviours, events or situations</li> <li>I have assisted my client to prioritise their concerns and identify which issues they want to work on first</li> </ul>			
<b>I have a background history of my client and their family life</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I know how many children my client has and how old they are</li> <li>If my client does not have children, I know about any plans they might have about starting a family</li> <li>I know about the living circumstances of my client and their children</li> <li>I know about any special needs or developmental issues my client's children have</li> <li>I know who are the most important people in my client's social network and in their children's lives</li> <li>I know what other professionals are involved with my client (and with their children)</li> </ul>			

### Phase 2: Developing a commitment to change

<b>I have identified my client's goals</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I have helped my client clarify their core values (including parenting values)</li> <li>I have helped my client explore any gap between what they value and where they are now</li> <li>I have helped my client identify a small number of concrete and realistic goals around their core values</li> <li>I have helped my client to imagine a future in which they had made progress toward their goals</li> <li>I have helped my client to explore what might happen if they did not achieve their goals</li> <li>I have helped my client to think about the pros and cons of any changes they might make</li> <li>I have helped my client to identify, analyse and resolve any conflicts between their various goals</li> </ul>			
<b>I have helped my client to identify how we will know things are getting better</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I have assisted my client to record a baseline rate of the behaviour they wish to change</li> <li>I have helped my client identify a method of measuring progress</li> <li>I have explained the bottom up approach to assessing progress (defining success as movement from the baseline)</li> </ul>			
<b>I have helped my client to identify small actions</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>I have helped my client to identify small things that could be done to make an immediate difference</li> <li>I have helped my client specify what will be done, when, how, how often, and to what standard</li> <li>My client and I have evaluated early efforts to change and we have identified any barriers or obstacles that were encountered in trying to bring about change</li> <li>I have consistently reinforced my client's positive intentions for change</li> </ul>			

### Phase 3: Exploring the context

<b>I have identified the context for my clients concerns</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have identified behaviours, situations, feelings or responses that are causing my client concern (child then parent) and getting in the way of living in a way that is consistent with their values</li> <li>• I have clearly defined (in observable terms) the child or parent behaviour that is the focus of assessment</li> <li>• I understand the relationship between the behaviour, setting events, triggers and short and long term consequences for the child and parent</li> <li>• I have a hypothesis about how the child/parent's behaviour is functional (what they avoid or what they get out of it)</li> <li>• I have identified conditions under which behaviour is strongest or weakest</li> <li>• I have explored the parent/child's unique learning history and context</li> <li>• I have assumed a reciprocal relationship between environment, resources and skills</li> </ul>			
<b>I have helped my client to identify alternative strategies, skills or responses</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have checked whether my client has such a skill or response currently in their repertoire?</li> <li>• If they have, I have explored what is stopping them using it? (resources or opportunity)</li> <li>• I have checked whether my client thinks that such a skill is likely to be helpful? (expectancies)</li> <li>• I have checked whether my client believes they could do this (self-efficacy)</li> <li>• I have checked whether my client would do this (consistency with beliefs and values)</li> <li>• I have asked what would be needed before my client could do this? (level of training)</li> <li>• I have asked my client to identify what would get in the way of doing this and how could those problems be avoided? (obstacles)</li> </ul>			
<b>I have helped my client to identify the strengths and resources they could use to deal with the problem</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have helped my client identify knowledge, wisdom, experience in solving other similar problems, family and community supports, that they already have</li> <li>• I have helped my client to consider what issues or concerns would need to be overcome in order to make the changes needed?</li> </ul>			

### Phase 4: Negotiating a treatment plan

<b>I have completed an assessment feedback with my client</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have fully shared the results of any assessment findings with my client</li> <li>• We have reached agreement on goals for change or intervention</li> <li>• We are clear about the tasks we will work on together</li> <li>• I have checked with my client to see if the assessment outcomes and treatment plan matches their client goals and values</li> </ul>			
<b>I have helped my client deal with any barriers to change</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have helped my client to identify and trouble shoot potential obstacles to change</li> <li>• I have identified and helped my client to access other needed supports</li> </ul>			

### Phase 5: Implementing Treatment

<b>I have monitored and supported my client's motivation for change</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have maintained a focus on reaching positive life goals (rather than a problem focus)</li> <li>• I have linked any suggested actions, strategies and plans back to my client's goals</li> <li>• I have prepared my client for experiencing set backs and disappointments</li> <li>• I have routinely checked the importance of any one client goal and reprioritised when needed</li> </ul>			
<b>I have continually tried to enhance my client's confidence</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have helped my client focus on small steps</li> <li>• I have tried to build in strategies that will lead to early success</li> <li>• I have highlighted and reinforced any actual changes my client has made, even if only small</li> <li>• I have consistently conveyed a sense of optimism in my client's ability to be ultimately successful</li> <li>• I have helped my client to build a sense of personal effectiveness in bringing about changes in their own life</li> </ul>			
<b>I have enhanced my client's ability to solve problems for themselves</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have helped my client to identify and analyse problems</li> <li>• I have always begun by helping my client to identify strategies they may have used to solve similar problems before</li> <li>• I have helped my client to explore how existing strengths, competencies and strategies could be used in this situation</li> <li>• I have provided a problem solving framework and coached my client to use the framework in solving parenting dilemmas</li> <li>• I have supported and encouraged my clients to seek ideas and help from those with child and parenting expertise</li> <li>• I have consistently reinforced the use of existing problem solving ability and any use of problem solving strategies</li> </ul>			
<b>I have introduced strategies to help my client change their environment to support their goals</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Consider: <ul style="list-style-type: none"> <li>• I have helped my client identify aspects of their environment that trigger self-defeating behaviour patterns or problem situations</li> <li>• I have helped my client to develop strategies to eliminate or modify environmental triggers</li> </ul>			

<b>I have helped my client to develop new skills</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have provided a clear rationale for any new skill that I have introduced
- I have explained how the skill will help my client achieve their goals
- I have carefully explained what the skill is and how to do it
- I have asked for and answered any questions my client might have
- I have given preference to skills that are likely to be reinforced naturally in my client's environment
- I have continually checked my client's acceptance of the strategy and their confidence in its implementation
- I have modelled the strategy
- I have highlighted particular aspects of the skill to which they need to focus
- I have had my client rehearse the strategy in role play
- I have given constructive and specific feedback, highlighting what my client has done well and what they might be able to do differently
- I have helped my client to practice until they experience some success, in a range of situations (low to high difficulty)
- I have supported my client to practise in real life situations in which the behaviour needs to occur
- I have provided ongoing reinforcement for use of skills and supports
- I have identified and reinforced any new positive behaviours and approaches demonstrated by my client
- I have helped my client to develop back up plans (when the strategy does not work)
- I have helped my client to devise between session tasks that provide an opportunity for my client to practice the skill

<b>I have helped my client to become independent (self regulate)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have helped my client learn to monitor their actions and the results of their action (self-monitoring)
- I have helped my client to be realistic about what they can achieve and to engage in constructive self evaluation
- I have constantly prompted my client to move away from black and white self-evaluation (good/bad; success/failure) to a dimensional approach (based on the idea that change is gradual and hard work)
- When necessary, I have helped my client develop self-management skills (decision making, problem solving, time management, organisational skills, frustration tolerance and delaying immediate gratification)

<b>I have helped my client to obtain effective social support</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have helped my client identify sources of support that might be found in their social system
- I have assisted my client to obtain the kind of support they need from their social networks (e.g., learning how to ask for help)

### Phase 6: Monitoring and evaluating progress

<b>I have routinely checked that the focus of our work fits with my client's goals</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have supported my client to identify and keep track of indicators of success
- From time to time, I have checked to see whether the skills, resources and supports introduced have been maintained

<b>I have supported my client to monitor, review and evaluate their progress regularly</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- When monitoring has indicated problems or lack of progress, I have helped my client adjust strategies/supports or to introduce new strategies/supports
- I have helped my client to identify new goals and begin working towards them
- I have helped my client develop additional plans/strategies, providing only minimal support as required.

### Phase 7: Maintenance, generalisation and termination

<b>I have encouraged my client to generalise our work to other situations</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have prompted my client to consider how new skills they have learned might be used in other areas of life
- I have faded out the frequency and intensity of encouragement I provide and encouraged self-reinforcement
- I have engaged my client in problem solving around 'future problems'
- I have encouraged my client to think about and set longer term goals

<b>I have helped my client learn to recognise, anticipate and avoid early signals and triggers for relapse</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have helped my client to identify emotions that may indicate that problem solving and new action is required
- I have helped my client to develop a plan for seeking help if/and when required (including rehearsing 'relapse' scenarios)
- I have helped refine my client's understanding of risky parenting situations and events
- I have assisted my client to develop long term strategies for successfully avoiding such situations
- I have helped my client to develop back up plans if the situation cannot be avoided

<b>I have phased out my involvement in my client's life</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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Consider:

- I have tapered and reduced my involvement
- I have established a set of actions/procedures for client to use prior to making contact with me again

## Booklet One: Summary

Exploring Parenting Issues provides an overview of the importance of parenting in improving outcomes for clients and their children. The key points to remember are:

- having children can be a primary motivator for clients to modify their alcohol and drug use behaviour
- our implicit responsibility to protect children from harm
- understanding a client's parental responsibilities can be crucial in assessing and responding to drug problems
- AOD workers who consider parenting issues in standard client assessment and practice can help parents get the assistance they need for their whole family.

We also know that:

- parenting is an emotional issue AND it is particularly difficult for parents with drug and alcohol issues to ask for help
- the best outcomes for children are achieved when issues are prevented
- timing is crucial in minimising risk to clients and their children
- parenting support needs to occur at the right level when clients need it – whether in the form of information, support or referral to another service.

This booklet provides AOD workers with techniques and suggestions for raising the subject of parenting in a way that is easy and non-threatening – whatever the parent's cultural and social background. Importantly, it also addresses techniques for doing so in a way that maintains client trust.

### USING THE TOOLKIT

The Toolkit aims to strengthen the resources of AOD workers and clients. It focuses on getting in early, helping to build parenting skills, and directing parents to appropriate information, programs and services as they need them.

The suggestions and Practice Guide contained within this booklet, together with the Quick Reference Card, should be enough to help you to immediately start considering parenting issues in your assessment and treatment processes.

Booklets Two and Three provide further information and resources to extend your work with parents. Booklet Two contains assessment tools to help you identify resources or skills your clients may need to provide a safe and nurturing environment for children.  Booklet Three contains a guide to state-wide child and parenting related services and resources. 

### MODIFYING THE TOOLKIT FOR YOUR PRACTICES

AOD workers can use the Toolkit to build upon and adapt their existing practices. This Toolkit is not intended to be or to take the place of evidence-based Parenting Programs such as the Parenting Under Pressure (Dawe et al, 2003) or the Triple P Program (Sanders & Dadds, 1996). It does however give you a starting place for identifying and collecting appropriate service and resource information to include in your interactions with clients who are parents. Over time you can build up your Toolkit to include a range of resources that you have found useful and relevant in your work with parents.

The entire toolkit can be downloaded on-line. You can also download individual tools and resources to adapt these to your agency's practices. Please refer to [www.health.vic.gov.au/drugservices](http://www.health.vic.gov.au/drugservices) for a downloadable copy of the toolkit.

**Alert:** The following key sources contained in the Reference List have informed the development of the Parenting Support Toolkit.

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