



PRACTICE NOTES

RELAPSE PREVENTION PLANNING WITH PARENTS WITH CO- OCCURRING DISORDERS IN CHILD WELFARE

Over the course of a person's illness, relapse is often a part of the recovery process. Research indicates that individuals with co-occurring mental illness and substance use disorders (COD) are at higher risk for relapse.¹ When parents with COD are involved in the child welfare system, relapse prevention plans are suggested as an evidence-based approach to equip individuals with more resources while in recovery.

Relapse Prevention Planning

A relapse prevention plan is a tool often used in the treatment of co-occurring mental illness and substance use disorders. A relapse prevention plan provides tools and strategies when a relapse is likely to happen and helps individuals identify triggers and early warning signs effectively. Taking this proactive step can help reduce the risks to the individual, family system, and safety of the child(ren). For parents with co-occurring mental illness and substance use disorders, creating a plan to address both that includes triggers, warning signs and coping skills provides an opportunity to explore strengths and generate confidence in making progress in recovery.

Individuals in early recovery, or within the first six months post-treatment, are at highest risk for relapse.¹ Therefore, it is important to initiate conversation about a relapse prevention plan shortly after first meeting in order to identify and anticipate issues that may arise. Eliciting the client's definition of relapse may help professionals better understand the client's perspective. For example, relapse for an individual experiencing issues with alcohol use and symptoms of depression may include returning to alcohol use, having a depressive episode, or experiencing a psychiatric hospitalization, among others. Once the client's definition of relapse is clear, steps can be taken in order to create a relapse prevention plan.

8 Steps for Successful Relapse Prevention Planning:²

1. Review common triggers
2. Identify personal triggers and early warning signs
3. Identify personal early warning signs
4. Develop and practice coping skills to respond to triggers and warning signs
5. Collaborate to create an individualized relapse prevention plan
6. Share the relapse prevention plan with supportive person(s)
7. Practice using the coping skills and the plan
8. Continue to utilize the plan for the duration of your work with the individual

Helping parents to identify triggers that may precede relapse includes reviewing both common and personal triggers. Some **common triggers** for individuals with co-occurring disorders include not taking medication as prescribed, significant increases in stress, and alcohol or drug use. Families involved in the child welfare system experience a significant amount of stress; parsing out what specific stressors are personally triggering may help mitigate relapse. Early warning signs are the more



FOR PARENTS WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDERS, CREATING A PLAN THAT INCLUDES **TRIGGERS, WARNING SIGNS, AND COPING SKILLS** TO ADDRESS EACH PROVIDES AN OPPORTUNITY TO EXPLORE STRENGTHS AND GENERATE CONFIDENCE IN MAKING PROGRESS IN RECOVERY.³

subtle changes in how a person is feeling and behaving that might signal a relapse is starting. This may include increasing arguments in relationships, or a loss of a sense of hope, among others.

Once parents have a clear understanding of what their triggers and warning signs are, practitioners can partner with them in identifying coping skills, techniques, and plans to address these signs before a relapse occurs.^{2,3} This plan can be created with a family member, partner, friend, or other trusted support who can provide assistance.

Once triggers and early warning signs are incorporated into the relapse prevention plan, practitioners and their clients can explore healthy **coping skills** or strategies for managing stressful situations. This can be an opportunity to be creative and incorporate a person's social supports. Examples of coping skills include exercising, calling a friend, creating a schedule, journaling, or learning meditation and/or breathing techniques. Coping skills can vary widely according to each person and family. Because parents involved with child welfare have higher rates of stress it is important to tailor specific coping skills according to the person's identified warning signs and triggers.

Practice Considerations

Often in the field of child welfare, practitioners create safety plans with the input of families. Safety plans identify any existing or potential safety concerns and provide clear steps for addressing situations as they arise. A relapse prevention plan may be created separately, however in an effort to minimize the number of plans a client is responsible for, we recommend combining your relapse prevention plan with your safety plan. As you create your recovery oriented safety plan, consider these important steps:

- » Tailor the relapse prevention plan to each individual according to their own definition of recovery.⁴ Relapse prevention is a crucial recovery-oriented strategy that is meant to empower individuals and promote overall wellness.
- » Help the client identify their social support network, including specific people to contact, when working through identified triggers and warning signs. A client's support network may include family members, friends, treatment providers, and other key support people.
- » Support the individual to include family or identified support members throughout the entire process.



- Keep these supports in the loop from beginning to end.
- » Use a past or current relapse as a learning opportunity for understanding and gaining insight into preceding events.
- » While having a relapse prevention plan in place is valuable, it is not a guarantee. Relapse may signal additional treatment to support recovery efforts.
- » Identify and reinforce success. This includes helping clients pinpoint times they felt their best, and moments that they were proud of. Encourage clients to celebrate the small wins.

CASE EXAMPLE

Ben is a single father of four children aged 2, 5, 9 and 12. One evening, the children's mother, Lisa, showed up to the home intoxicated and upset. Ben had been drinking throughout the evening as well. The children had been playing in their rooms and their grandmother, who lives with them, was in the basement at the time. When Lisa arrived upset, she and Ben began to argue. The argument turned into a physical altercation and after hearing the disturbance, neighbors called police. The police responded and arrived at the house to find Lisa was still at the home. Upon their arrival, Ben notified the police that both he and Lisa had filed for an Order for Protection on

each other. Therefore, both parties were in violation of the orders. The police proceeded to make a child protection report due to a long history of incidents involving domestic violence between the two adults, the use of alcohol, and the presence of the children during the altercation in question. Through the investigation, the child protection investigator learned that Ben has struggled with depression and alcohol addiction in the past. Ben admitted that he recently relapsed due to financial stress and began drinking alcohol again. Ben works two jobs to pay the bills and provide for his children and relies primarily on his mother's support around the house, especially for childcare.

While Ben ensures the children have a clean and stable home and go to school each day, the social worker is worried about the safety of the children when Ben experiences a relapse.

- » What services would you connect Ben with? Practice using recovery oriented language you could use with Ben as you discuss support options.
- » Would a relapse prevention plan be appropriate for Ben?
- » What would a combined safety plan and relapse prevention plan look like for this family? Write up a sample plan.

Summary

Recovery for individuals with CODs is a journey that includes both success and struggle, including relapse. Practitioners can support individuals living with CODs by identifying ways to anticipate stressful events, including warning signs and triggers. Combining relapse prevention plans with safety plans provides a comprehensive way to address the needs of both caregivers and their children. Recommendations for creating a relapse prevention

plan found in this *Practice Notes* can be immediately integrated into daily practice with parents and families. You may share this information with co-workers and supervisors to initiate further discussion for working with parents with co-occurring disorders throughout their recovery process. Below, please find questions for reflection as you integrate this research knowledge into your daily child welfare practice.

Reflection Questions

1. How can you bring this information into your work team(s) or into supervision?
2. As you consider individuals who you have previously worked with or are currently working with who live with co-occurring disorders, what practices have been successful? What are some of the challenges?
3. What systemic barriers, if any, prevent you from integrating a relapse prevention plan for individuals into your agency?
4. What could you do to share this information with the collaborative professionals working with the families in the child welfare system. (judges, attorneys, guardian ad litem, resource families, etc.)?

References

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- 2 Meyer, P., Gingerich, S., Fox Smith, L., and Mueser, K. (2016). *Minnesota Clinical Competency Scale for Enhanced Illness Management and Recovery for Co-Occurring Disorders*. Saint Paul, MN: Minnesota Center for Chemical and Mental Health (MNCAMH), University of Minnesota.
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- 4 Sheedy C. K., and Whitter M. (2009). *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know From the Research?* HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Spotlight on our Practice Notes partner:

The **Minnesota Center for Chemical and Mental Health (MNCAMH)** is committed to fostering wellness and recovery for all individuals impacted by substances use and mental health disorders. MNCAMH provides training, research, and resources for service providers to build and sustain excellence in the delivery of broad-based mental and chemical health services.

MNCAMH and CASCW have partnered to create three training videos on supporting parents with Co-Occurring Disorders. Be sure to visit www.cascw.umn.edu and www.mncamh.umn.edu to check them out!

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