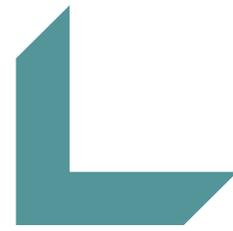


Supervision Key



The successful application of knowledge to practice is one of the most-needed and desired outcomes for behavioral health and child welfare workers. While individuals themselves will determine to what extent learning is operationalized, effective supervision is necessary for this to be maximized.

Understanding Behavioral Health Issues



Framework and Use

This **Supervision Key** is designed as a companion guide to the *Understanding Behavioral Health Issues* course to facilitate supervision of child welfare professionals as the target audience for this course. The **Supervision Key** is not intended to be a comprehensive approach to supervision, rather it is designed to explore and support course content with the professional as it relates to practice and service delivery.

You, the supervisor, can use this **Supervision Key** to explore the child welfare professional's

- » general understanding of the course;
- » interest in individual sections of the course; and
- » concerns about individual sections of the course.

You may also use the **Supervision Key** to

- » clarify any boundaries and/or limitations in using the course information;
- » clarify course information, as it relates to that child welfare professional's assigned role(s); and
- » expand the child welfare professional's case conceptualization skills relating to visualizing scenarios and selecting interventions.

Please consider the timing and frequency of course-related supervision. Sessions should occur

- » soon after the worker completes the course; and
- » at subsequent intervals to assess how course material has been used in practice.



Module 1: Substance Use Disorders

Now that your staff members have taken the “Understanding Behavioral Health Issues” course, there are three basic steps to guide the transfer of learning into practice from **Module 1. Substance Use Disorders**.

1. Review the Teaching Points

Your first supervisory action is to “check the learning” to gauge the level of comprehension among course takers and determine if clarification or additional education is necessary.

Next, explore the key course topics with your staff member. You may begin a dialogue using the list of teaching points and prompts below. Consider examining these questions with your staff member through a qualitative consultation.

ASK - What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?

- a. **The Continuum of Alcohol and other Drugs** – Can the staff member differentiate mild, moderate or severe substance use disorders? Do they recognize the “shift” in determining severity as opposed to use, misuse, dependence?
- b. **Defining Addiction and Addiction in the Brain** – Does the staff member understand that substance use can cause chemical alterations resulting in changes to the brain? Including withdrawal symptoms and cravings?
- c. **Contributing Factors for Substance Abuse** – What biological, psychological and social factors are present for families we work with in child welfare? What makes our families more vulnerable? How are children in the child welfare system impacted by substance use?
- d. **Identification of Disorders** – What are some caution points that might indicate a person could be suffering from a substance use disorder? Can your staff member discuss behavioral, psychological and physical signs?
- e. **Commonly Used Substances** – What are the prevalent substances used today? What makes alcohol and prescription medications so challenging? Can the staff member differentiate between the signs of use in the different classes of drugs? What risk factors exist for women and their children?
- f. **Treatment Options** – What resources are available in the area? How are referrals made and to whom? Is there recognition that recovery is life-long and a process? Does the staff member understand that relapse can be part of the disease and must be addressed in the recovery plan?
- g. **When Substance Use is Suspected** – What are the first steps? How do we assess the stages of change with families? How do we engage parents in treatment? What are the safety needs of the children?

There are three basic steps to guide the transfer of learning into practice.



2. Assess the Impact of Behavioral Health Issues on Child Welfare Practice

Once you are confident that the staff member has a general working knowledge and understanding of the teaching points, it is time to explore a little deeper. Nearly everyone has been affected by persons with substance use issues; whether as a family member, friend, co-worker or personally. Personal experience can sometimes skew our objectivity. This is an opportunity to assess the staff member’s attitudes, judgments and biases about substance use disorders, and explore the impact on the families we serve.

Areas of Discussion:

- » Challenge your staff member to think about substance use disorders as a disease of the brain that has biological, psychological, social, and spiritual manifestations. The conscious decision to accept addiction as a physiological condition requiring treatment is an important one.
- » Explore how the staff member will remain objective and neutral if they have strong personal feelings regarding negative experiences with substance use disorders. Additionally, explore any feelings of being sympathetic or permissive regarding substance use. An extreme viewpoint in either direction is cause for further exploration and on-going monitoring.
- » Assess whether the attitudes and beliefs of your staff member are consistent with the research. Are they in-line with agency guidelines?
- » Identify any unresolved concerns/questions that might impede the staff member from working effectively with a family experiencing substance abuse.
- » Have the staff member identify at least four (4) parental behaviors that might lead to a referral for a substance use disorder assessment.
- » Discuss the staff member’s knowledge of intervention options for the parent and/or caregiver.
- » Discuss whether the staff member has an understanding that recovery is a process. How do they define success?

3. Apply the Concepts

The critical juncture in training and supervision takes place when staff members have an opportunity to apply the knowledge and build skills in the field.

Preparing for practice is important. Below are some considerations and suggestions to share with staff members who are working with families experiencing substance use disorders:

- a. Assess for staff member’s personal biases or conflicts.
- b. Review the file in advance and staff with others who know the family.
- c. Compile a list of local treatment resources and the referral process.
- d. Focus on family engagement, listening and learning the story.
- e. Assess the environment for indicators that family members may be using substances.
- f. Ask what they believe goes into a “recovery plan.”
- g. Assess the developmental stage of the children and the impact of family substance use on their safety, permanency and well-being.
- h. Clarify the role of the staff member. Reinforce that they are not a clinician, doctor or therapist.
- i. Follow-up with the staff member after a family visit to provide ongoing support and guidance.

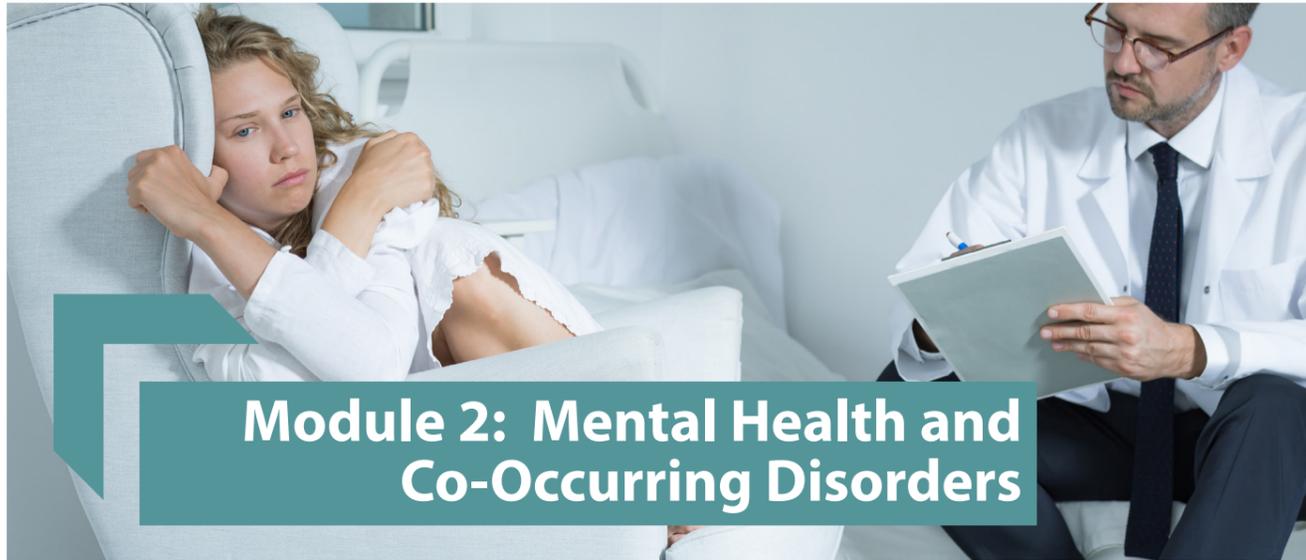
Best practice dictates that inexperienced staff members have the process modeled for them and be accompanied by a supervisor, job coach or mentor during the learning phase.

Summary

It is important for staff members to have the skills to identify signs and symptoms of substance use, while also having the ability to engage the family in seeking treatment options and recovery planning. The timelines for permanency for children in child welfare are inconsistent with those of achieving long-term sobriety. Therefore, it is critical that child welfare professionals exercise diligence and act with a sense of urgency when serving families affected by substance use.

A substance use disorder can be a singular condition, but may also be linked with mental health disorders. Module 2 will explore Mental Health and other Co-Occurring Disorders.





Module 2: Mental Health and Co-Occurring Disorders

Please follow the three basic steps to guide the transfer of learning from Module 2 into practice.

1. Review the Teaching Points

Below you will find questions to begin a dialogue, along with a list of the teaching points and prompts. Consider examining these questions with your staff through a qualitative consultation.

ASK: What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?

a. Current Views on Mental Health – Does the staff member accept that a mental health disorder is a physiological condition impacting the brain that can be treated? Do they understand that just like substance use disorders, there is a continuum from mild, moderate and severe conditions for mental health disorders?

b. Specific Mental Health Disorders – What are the most common mental health disorders that families in the child welfare system experience? Reinforce that anxiety disorders and depression are typically the most prevalent, while psychotic disorders occur less often.

Do staff members make the connection that mental health disorders may have a direct or indirect impact on the family's ability to: work, carry out daily functions and engage in meaningful relationships? How are children impacted? What are the concerns surrounding safety, permanency and well-being?

Review the criteria concerning the removal of children from the home. Does the staff member understand that a treated or untreated mental health disorder in and of itself does not justify removal of children from home?

c. Impact of Stressful Life Events on Mental Health Disorders – Do staff members understand that someone who suffers from a mental health disorder may have fewer or underdeveloped coping skills to manage stress? Is there recognition that being involved in the child welfare system is stressful and demanding? Are staff members willing and able to have a discussion with families around suicidal thoughts and/or actions? What support systems, both formal and informal, are available for the families and for the children?

d. Treatments for Mental Health Disorders – Do staff members understand the modalities of treatment AND that recovery is possible? What are the local resources? What do we do when families do not want to seek treatment, or are inconsistent with taking prescribed medication? How do we develop a safety plan for children whose parents are suffering from an untreated or undertreated mental health disorder?

e. Co-Occurring Disorders – What disorders do we generally see co-occurring? Do staff members understand that treatment for both disorders should be done concurrently? When staff members are screening for a substance use disorder, do they take the next step to determine if there may be underlying mental health conditions and vice versa? Many times people with a mental health disorder will “self-medicate” with substances.

Check the Learning

Remember, “check the learning” and level of comprehension of your staff regarding this module. It is important that we link these conditions given that staff will be assessing for both mental health and substance use issues while working with the families.

2. Assess the Impact of Behavioral Health Issues on Child Welfare Practice

It is critical to explore the impact of mental health disorders on children and families served in the child welfare system. This is an opportunity to address stigma associated with mental health disorders and why people may avoid or delay treatment. It is also beneficial to help your staff member understand that their role is to be a conduit to care. They are not a therapist or a medical professional and are NOT qualified to diagnose a disorder, but rather they are to be observant for signs and symptoms and make referrals to professionals.

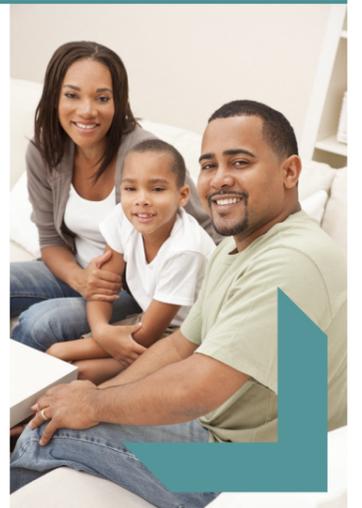
Areas of Discussion:

- » Challenge your staff to use clinical terms and avoid slang and stigmatizing labels. Example: “My client has been diagnosed with a mental health disorder” vs. “This mother is crazy.”
- » Model the appropriate language relating to mental health disorders in the office so when your staff members are working with the family, they use correct terminology. Example: “The mother has been diagnosed with bipolar disorder” vs. “The mother is bipolar.”
- » Help your staff members differentiate between signs and symptoms. Signs are things others can see, while symptoms are things that someone experiences and may report. Coach your staff members to look for signs outlined in the training and also how to engage the parent to share their symptoms.
- » Emphasize the needs of the children of parents experiencing a mental health disorder, whether it is currently being treated or is untreated. Are their physical, emotional and cognitive needs being met? Are their safety concerns being addressed? How does the impact of unmet needs change for children as they go through developmental stages? Discuss the potential effects on the children if the mental health disorder is being treated or if it remains untreated.

3. Apply the Concepts

It can be challenging for staff members to work with parents living with mental health disorders. The most important thing to reinforce is that the staff member's role is one of a child welfare professional, NOT the therapist or doctor. Some ways to help staff work effectively with the family AND remain focused on their role include:

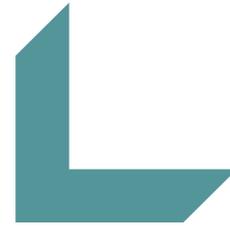
- » Reinforce that staff members are responsible for managing the case and referrals, not diagnosing or providing the direct service. Staff members must be objective when assessing signs and symptoms and use their engagement skills to build rapport with the parents.
- » Reiterate that staff members must be aware of their own potential biases towards mental health disorders and make a conscious effort to remain neutral and supportive.
- » Have the staff member identify at least four (4) parental behaviors that might lead to a referral for a mental health disorder assessment.
- » Discuss the staff member's knowledge of intervention options for the parent and/or caregiver.
- » Encourage your staff member to learn the parent's story when assessing adult functioning and parenting. How does the mental health disorder directly or indirectly affect the parent's ability to keep their children safe? What supports are immediately available? What treatment has been effective or sought in the past?
- » Ensure that staff members validate that involvement in the child welfare system can be scary and stressful for a parent. Discuss partnering with the parent to identify resources and provide service linkage aimed to mitigate safety risks and increase protective capacities.
- » Maintain open and frequent communication with the mental health and/or substance abuse providers to assess the parent's progress and behavioral change.
- » Partner with the parent to provide encouragement and hope.



Summary

Mental health disorders commonly occur although treatment is often delayed due to stigma or inadequate access to resources. Mental health disorders can impact a person's work, daily functioning, social life and family relationships. Parents in the child welfare system with a mental health disorder often need understanding, support and assistance from staff members to access treatment. Like other chronic diseases, such as diabetes or high blood pressure, mental health and co-occurring disorders may necessitate long-term intervention and management. When engaged in appropriate treatment, many parents with mental health disorders lead productive lives and provide a safe home for their children. Staff members can help bridge the gap between the parents and the professionals and help create positive outcomes for the families they serve.

Child Welfare Course Series



Understanding Behavioral Health Issues is the first of six courses that address behavioral health issues in families served by the child welfare system.

Complete the series at: <http://fcbonline-ed.mrooms3.net/>

- » ***Understanding Behavioral Health Issues, 2017 (3 CEUs)***
- » ***Assessment and Identification of Substance-Related and Mental Health Disorders (2 CEUs)***
- » ***Using Motivational Interviewing in Everyday Practice (5 CEUs)***
- » ***The Impact of Parental Behavioral Health Disorders on Children (3 CEUs)***
- » ***Developing a Comprehensive Response to Behavioral Health Issues (4 CEUs)***
- » ***Supporting and Sustaining Recovery (2 CEUs)***

These courses are supported by the Florida Department of Children and Families, Office of Substance Abuse and Mental Health.



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