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## SUBSTANCE ABUSE TREATMENT IN REGARDS TO DECREASING CHILD WELFARE RECIDIVISM

Hailee Campbell-Jimenez

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SUBSTANCE ABUSE TREATMENT IN REGARDS  
TO DECREASING CHILD WELFARE RECIDIVISM

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Hailee Campbell-Jimenez

May 2021

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## ABSTRACT

This research aims to discover whether building a relapse plan into the individuals' case plan minimizes recidivism in the child welfare system. Data will be collected through one on one interviews. The population being surveyed were County social workers. The targeted participants worked with parents with substance abuse addictions and parents who have had their children removed by the Department. This study found that support systems play the most vital role in aiding and assisting in addiction and relapse. Having an established support system either natural or community support, suggest that the Department may not need to get involved during a relapse if the relapse plan is used appropriately with the support system in place.

## ACKNOWLEDGEMENTS

### Family

First and foremost I would like to thank my husband for unconditionally supporting me through the completion of my Master's degree by stepping out of his education to continue working and caring for our son. I would also like to thank all of our family who stepped up to help out with babysitting to allow me to attend class and internship. Without everyone, I wouldn't be sitting here writing this thank you. So truly, thank you family for giving me this opportunity.

### Research advisor

Dr. Davis, thank you for providing me with support and all of the low-stress tips to keep me on track with this project.

### Participants

Thank you for taking the time to help me complete this research project. Your time and knowledge will continue to make an impact on families in child welfare.

## DEDICATION

To my son,  
you can do anything  
you set your mind to.

I love you 409010

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## CHAPTER ONE: INTRODUCTION

### Problem Formulation

Families struggling with substance abuse have shown higher reunification rates when the parent(s) participate in some type of drug treatment program (Frame, Berrick, & Brodowski, 2000), but not without acknowledging the serious threat to maintaining custody of children due to high rates of relapse among this population (Font, Sattler, & Gershoff, 2018). Two competing treatment models are abstinence-based models and harm reduction-based treatment models. For the purpose of this study, an abstinence-based approach is defined as abstaining completely from drugs and alcohol because substance use attributes to poor judgment thus allowing for risk of drug use (Baker, 2019). In contrast with the harm reduction model of treatment focuses on minimizing the negative consequences associated with substance abuse and meeting the client where they are at (Baker, 2019).

Social workers are amongst the many that come in contact with parents struggling with a substance abuse disorder. The National Center on Child Abuse Prevention Research survey found that 85% of states reported substance abuse disorders as one of the two major problems experienced by families referred to children and family services (Young, Nakashian, Yeh, & Amatetti, 2007). There is an overwhelming number of parents who struggle with substance abuse who are often faced with beating the timeline of the system to reunify with their children.

Insufficient treatment due to services being terminated, once reunification is achieved, may lead to relapse and then re-entry of children to the custody of the child welfare system. Parents are oftentimes forced into treatment when they are not ready to completely abstain from the substance. This is where a harm reduction model becomes much more beneficial. Harm reduction models can work for those who are not yet at the action stage in their addiction. It allows for them to enter treatment without having the primary goal be abstinence. (MacMaster, 2004). The DSM-V recognizes the risk for relapse (i.e., criterion 2 and 4) but does not include relapse as a part of the recovery model (American Psychiatric Association, 2013). Not acknowledging relapse as part of recovery, inhibits the ability to effectively help a family who is struggling with substance abuse. Something to consider when working toward family reunification for parents with substance abuse disorders is what treatment program they are involved in. Treatment plans are typically either an abstinence-based approach or a harm reduction model of treatment. If the goal of treatment appears doable by the client, they are more willing to actively participate in the program (Musalek, 2013).

Since the primary goal in a harm reduction approach does not have to include abstinence, often a relapse plan is put into place. Creating a relapse plan may look like calling a relative to come to get the children if the triggers are too overbearing and relapse is insight. This would allow for children to be in a safe place while the parent(s) relapse and recover again without child welfare having

to be involved, thus decreasing recidivism. Having a relapse plan is not to say that parent(s) will relapse, but it allows the social worker or other helping agencies to mitigate the risks associated with a substance abuse disorder. The DSM-V states that due to the behavioral effects these disorders may have on the brain, people may benefit from long-term approaches to treatment (American Psychiatric Association, 2013). Substance abuse disorders require a lifelong recovery process, yet services are terminated once reunification is achieved. The child welfare system expects parents to make a full recovery in this short period. Services should be extended to minimize the risk for children once they have reunified. If funding for prolonged services is not available for families, creating a relapse plan may be the best way to ensure future child safety and mitigate some of the risks associated with parental drug abuse.

### Purpose of the Study

The purpose of this study is to explore how implementing a relapse plan can help reduce child welfare recidivism with substance abusing parents. Implementing relapse plans allows for families to work with their support system before the Department has to be involved. To effectively do this there needs to be more collaboration between child welfare workers, education around substance abuse, and support systems. Ideally, this would reduce recidivism into the child welfare system.

There is a lack of collaboration around these areas resulting more Department involvement more times than not. A review of the recidivism

literature identified several factors that increase the risk of reentry. Risk at the child level includes; age, race, mental, physical, or behavioral problems. Risk at the family level includes; poverty, parental substance abuse, lack of support, and maltreatment type. Risk at the service level includes; the number of placements and prior child protective services (CPS) involvement (Kimberlin, Anthony, & Austin, 2009). This study will aim to address these concerns through a qualitative exploratory study. This study will be exploring the possibility of alternative treatment models that can help the natural cycle of recovery from a substance abuse disorder.

#### Significance of the Project for Social Work Practice

On a macro level, pending the results of this study, this project will help social work practitioners better acknowledge different alternatives to abstinence-based treatment models. Using a harm reduction model can help those struggling with a substance abuse addiction overcome their relapses. Having a plan in place for relapse will help to protect the children in their care. Protecting children is the priority in child welfare, but another key goal is being able to reunify children with their parents. On a micro-level social workers should be assessing if a relapse or safety plan would best fit the family. This may mean adapting some of the current treatment plans to better accommodate children remaining safely in their homes.

When examining how this affects policy, policymakers should consider offering lifelong services to those struggling with addiction. Only giving services in

the time of crisis is not beneficial for families and contributes to child welfare  
recidivism. Considering the safety of children, policy should be driven by the fact  
that relapse is a part of recovery. Many loving and capable parents struggle with  
substance abuse, providing the necessary resources will allow for children to be  
safe while also allowing for parents to recover from their addiction. All things  
considered, the research question for this project is as follows: What are social  
worker practitioners' experiences on implementing a relapse plan to decrease  
recidivism rates?

## CHAPTER TWO: LITERATURE REVIEW

### Introduction

Chapter two consists of a discussion of the relevant literature to this study. This chapter discusses substance abuse treatment models, relapse plans, and recidivism within child welfare.

### Harm Reduction Treatment Model

The core principle of a harm reduction treatment model is to meet patients where they are at in terms of their goals and needs. This allows for the maximum chance of success. This approach allows for a range of treatment goals that are not only limited to abstinence, such as traditional models of substance abuse treatment. In this model, the smallest positive changes are seen as important towards the patient's goals. By allowing for goals other than strictly abstinence, the harm reduction approach allows others to address their addiction in ways traditional treatment can not (Tatarsky, 2003). The harm reduction model was built on the framework of providing individuals treatment who are willing to be engaged in services but not committed to abstinence yet (MacMaster, 2004). Although abstinence is not always the main goal in this model it is fully supported as one of many treatment goals in the program. The harm reduction model opposes the idea of a one size fits all treatment because for many this leads to

the notion that relapse is a failure. Patients in a harm reduction model often find an increased need for continued change (MacMaster, 2004). Relapse is a part of the recovery process that an abstinence-based model does not tend to address. When this is not commonly addressed, patients who relapse feel uncomfortable disclosing their relapses. Many patients feel a lack of empathy and understanding in traditional abstinence-based treatments which contributes to their lack of motivation and effort in treatment (Tatarsky, 2003). Another study found that patients in the harm reduction model felt more respected and that the treatment was individualized to fit their needs and goals (Futterman, Lorente, & Silverman, 2005). This positively impacted their engagement and treatment retention. Meeting the patients where they are at, allows for a more positive treatment relationship. This model also focuses on the strengths of individuals and uses them to assess addiction in a case-by-case situation. As strengths are identified and brought to awareness, it allows the facilitator to incorporate specific strategies that replace substance use for each individual.

#### Relapse Prevention Model

The relapse prevention model is related to relapse, in that, it is a part of the recovery process. The advantage of using a relapse prevention model alongside harm reduction treatment, is that relapse is not considered a failure (Bayles, 2014). Therefore, when one relapses they are encouraged to discuss the relapse. Relapse has a clear pattern once it is established which allows for the successful use of relapse prevention models. Relapse prevention models are

grounded in social learning theory as is the harm reduction model in which it is used (Rawson, et al., 1993). This can allow the patient to identify triggers and cues leading up to relapse and may help prevent future relapses.

### Substance Abuse and Recidivism in the Child Welfare System

Recidivism within the child welfare system is defined as a child or children who re-enter the child welfare system. Various studies have found recidivism rates ranging between 20% to 40% within 1-5 years from initial reunification (Brook & McDonald, 2009; Lee, Jonson-Reid, & Drake, 2012; Wulczyn, 2004). These numbers are reported to be higher when the parent(s) struggle with substance abuse or mental health which tend to co-occur (Font, Sattler, & Gershoff, 2018). Removal due to substance abuse is the second leading cause of removal for children in the United States foster care system (AFCARS, 2018). Parental alcohol or other drug use (AOD) as a factor to removal has nearly doubled over the last 16 years. It is important to note that over the last four years it has increased 5%, which is the largest increase for any reason of removal (National Center on Substance Abuse and Child Welfare, 2016). Achieving reunification within the 12 months according to permanency guidelines often has unintended consequences of recidivism because of the risk of relapse and loss of services once reunification is achieved (Font, Sattler, & Gershoff, 2018).

## Decreasing Recidivism Using the Harm Reduction Model

Olsen (1995) found that client readiness was a significant factor in decreasing the risk of child abuse within families struggling with substance abuse. A highlighting feature of the harm reduction model is substance users do not necessarily need to be ready for abstinence, but instead just being engaged in the services influences continual progress towards less drug use (Tatarsky, 2003). Even when mothers complete one type of substance abuse treatment it betters their odds to continue making progress with their substance abuse and reunification with their children (Choi, Huang, & Ryan, 2012). The study (Olsen, 1995), focused on keeping families together which has a positive effect on treatment outcomes. Families may be a positive role in the therapeutic process of recovery from substance abuse when they are not substance users themselves.

A family-centered approach allows for healing and bonding for a family affected by substance abuse. Typically child welfare places children in out-of-home care while the parent receives treatment. This takes away from the main goal in child welfare of family preservation. Using an integrated approach of the harm reduction model with a family-centered approach may allow for a more positive outcome for recovery as well as increased bonds for a family in treatment (Hammond & McGlone, 2013). In a harm reduction model, theoretically, if the parent is working towards recovery and the risk to the children or child is low, this would allow for children to not have to enter into the child welfare system. It is known, that engaging in some type of treatment is an

important part of the recovery process from substance abuse. Oftentimes parents involved in child welfare are mandated to attend a substance abuse program but they may not be in the change phase of their addiction.

This is why the harm reduction model is a better starting point for these parents than the traditional abstinence model of treatment. Sending them into the traditional model is likely only setting them up to fail does not allow enough time to learn and implement proper relapse plans. When a treatment model acknowledges relapse and addresses the risk for them, the patient will be more prepared on how to handle the situation when it does arise. Harm reduction models use relapse prevention strategies to minimize substance abuse risk (Tatarsky, 2003).

Strategies implemented may include a relapse plan to reduce the risk of harm to the children or child. A relapse plan can be put into place to ensure if the parent has an urge to use again, it is done without risk to the children in the home. Thus, not needing child welfare involvement and in turn, decreasing the rates of recidivism. Substance abuse alone does not constitute grounds for removal, it is the consequences that follow substance abuse that may cause the removal. Any step toward decreased risk are steps in the right direction (Marlatt, et al., 2001). Therefore, when a treatment model allows for more individualized goals, it tends to resonate more with the patient resulting in more engagement and completion of substance abuse treatment (Tatarsky, 2003).

## Theories Guiding Conceptualization

This study is guided by a strength-based perspective to promote long-term change to keep children safe. By acknowledging where the parent is at it can better allow the social worker to pull from the strengths of the parent. Strength-based perspective allows the social workers to keep the client accountable for solutions to the problem, rather than the problem (Yee Lee, 2017). Clients who have been brought to the attention of the Department, may have experienced trauma throughout their lives that directly affects their current functioning. When using strength-based theory in the assessment process, social workers need to focus on solutions to the presenting problem and take the blame off of the client for the best results. Solution-focused theory allows the client to be the “experts” of their lived experiences. This lens may give more credibility to the social worker-client-relationship making it more genuine and authentic because it allows for the client to take control of their narrative (Yee Lee, 2017).

When defining what recovery is for substance users, it is sometimes interpreted as minimizing or decreasing the substance use (Maffina, Deane, Lyons, Crowe & Kelly, 2013). The researchers found that abstinence was not the modality of treatment, as non-abstinence factors were also seen to play a significant role in recovery (Maffina, Deane, Lyons, Crowe & Kelly, 2013). A key factor they found in client recovery was whether or not the client was able to take responsibility for their addiction (Maffina, Deane, Lyons, Crowe & Kelly, 2013).

By using a strength-based perspective it allows clients to set and achieve personal goals while having their self-determination within the recovery process (Arnold, Walsh, Oldham, & Rapp, 2007) Strength-based perspective focuses on an individuals strengths and then identifies factors affecting their life and address how it can be changed. This theory is built on the notion of the environment directly impacting the outcome or goals of the client. As social workers, we can build off this theory by relaying resources, helping create a safety network, and help create better opportunities for the client, to align with the strength-based perspective to benefit the client (Arnold, Walsh, Oldham, & Rapp, 2007).

Strength-based theory focuses on changing the environment. It allows the social worker to help create a safe environment for any children involved or affected by parental substance abuse. Ideally, when applying this theory to the families struggling with substance abuse, it will promote long-term change and decrease recidivism into child welfare.

### Summary

This section reviewed the literature on the topics of substance abuse treatment models. The section also addressed how substance abuse relates to recidivism within child welfare and how incorporating components of the harm reduction model can help decrease recidivism. The theory guiding conceptualization for this study is strengths-based perspectives.

## CHAPTER THREE:

### METHODS

#### Introduction

This section discusses the methods and procedures that were taken to complete this research project. It addresses the study design, sampling procedure, data collection/instruments, procedures, and data analysis.

#### Study Design

An exploratory qualitative design was used because this design was most appropriate as it will explore the impact of relapse planning on clients' case plans and child welfare recidivism. Specifically, the study utilizes open-ended questions to capture the experiences of county social workers utilizing relapse plans within their case plans. This study utilizes one on one interviews, via telephone or online platform. The study used a qualitative design to allow for in-depth narrative data about the experiences of each participant. The limitation of this design is compromising generalizability due to the uniqueness of individual experiences.

#### Sampling

The sample of participants were County social workers who were being recruited via email. The sample size was 8 participants because saturation was reached. Participants were County Social Workers who had experience currently

or within the last five years in building relapse plans into their case plan with the families they work with.

### Data Collection and Instruments

For this study, the interview guide discussed demographics as well as open-ended questions aimed toward answering the research question. Once data was been collected, Landmark Inc. transcribed the interviews. Using this transcription service allowed for the participants' interviews to be transcribed verbatim so that there was no confusion with what the participants were trying to say. These transcriptions may later be referred to by other terms, determined by the researcher.

### Procedures

After IRB approval, participants were recruited via email and were screened for inclusion or exclusion criteria. After the participant was seen to fit the criteria, they were instructed to carefully read and sign the informed consent. Upon signing the consent form the researcher scheduled and conducted the interview via telephone or in-person depending on what the participants preferred. A debriefing form was not necessary for this study. Transcription was completed within 1 week of the completion of all 8 interviews.

## Protection of Human Subjects

All IRB procedures were followed to ensure the protection of the County social workers. Informed consent was given, but names are not required to be on the form. Confidentiality was addressed at the beginning of each interview. Participation was voluntary and participants could withdraw their consent at any time. No names were used in this research and participants were identified by a participant number from 1-8. The data obtained through this research was stored on an audio recorder and written data was stored on a password-protected file. Any physical pieces of data were kept within a locked box. After the completion of this project, all data will be deleted or destroyed within the appropriate time frame.

## Data Analysis

After the completion of interviews, the data was transcribed by Landmark Associates and returned to the researcher as pdf files. Once the transcripts were received, they were coded and given a definitive thematic structure. The type of constructs that are expected to emerge are people, programs, transparency with clients, impacts on sobriety, decreasing recidivism, and education for social workers on addition. Other variables that were coded included ethnicity of the clients, age, years of practice, level of education, current position in child welfare, and personal accounts and experiences around relapse planning.

## Summary

This research aimed to discover whether building a relapse plan into the consumer case plan minimizes recidivism in the child welfare system. Data will be collected through one on one interviews. The prospective population being surveyed will be County social workers. The targeted participants will be working with parents with substance abuse disorder and who have had child welfare involvement. Knowledge of various treatment models and has established rapport with clients will also be beneficial to obtain the most accurate information. Other questions will include demographics and open-ended questions that target what are social workers experiences working with families with substance abuse disorders.

## CHAPTER FOUR:

### RESULTS

#### Introductions

This chapter explains the findings of the study through short narratives in order to better elaborate and understand the following categories: people, programs, transparency, impact on sobriety, decreasing recidivism, and social worker education around addiction.

#### Analysis

Table 1 shows the demographic information for each participant. The participants' ages ranged from 32 to 50 with the average age of the participants being 34 years old. Most participants identified as Caucasian or Hispanic. 7 of the 8 participants had their Masters degree in social work or related field and 1 participant had their Bachelors in social work.

Table 2 discusses the participants' relevance to child welfare. Positions within child welfare included 3 groups: social service practitioners, social service supervisors, and adoptions unit. Participants years of experience ranged from 5 to 20 years with the average being 9 years of experience. Participants reported slightly fewer years of experience building relapse plans into court-mandated case plans. Years of experience ranged from 4 to 17 years with an average of 7 years. Possible reasons for this finding are discussed in chapter 5.

Tables 3-7 discuss the results of the study and are organized into categories as follows: people, programs, transparency with clients, impacts on sobriety, decreasing recidivism, and education for social workers around addiction. These categories were identified through the transcription of the interviews. Several reoccurring themes are discussed further in chapter 5. The categories are based around the interview guide as many participants spoke of important and similar ideas across the interviews. Some data contains quotations to better capture the authenticity of the interviewees and minimize any researcher bias and/or misinterpretation of data.

#### Data Thematic Results

The research question being addressed in the study was: What are social worker practitioners' experiences on implementing a relapse plan to decrease recidivism rates? The goal of this study was to further investigate from a social worker's perspective on addiction dynamics, child welfare recidivism, and relapse planning. From the data collected several themes emerged: parental engagement is a key factor in creating a case plan that parents will complete, parents having some type of support system or network contributes to less child welfare recidivism, and there is a gap in training and additional knowledge around addiction dynamics for social workers.

Table 1. Demographics of Research Participants

<b>Demographic</b>	<b>Participant Response</b>
Age:	50, 32, 36, 34, 50, 37, 37, 33.
Ethnicity:	Caucasian, White, Latina, White, Caucasian, White, Hispanic, Hispanic.
Highest level of education:	Masters, Masters, Bachelors, Masters, Masters, Masters, Masters, Masters.

Table 2. Relevance in Child Welfare

<b>Demographic</b>	<b>Participant Response</b>
Current position within Child Welfare (CW):	Social Service Practitioner III (SSP III), Social Service Supervisor I (SSS I), SSP III, SSS I, SSS I, SSP III, SSS I, Adoptions Social Worker.
Years of experience in CW:	7, 7, 5, 5, 20, 5, 15, 8.
Years of experience building relapse plans into court mandated case plans:	7, 5, 4, 4, 17, 5, 8, 5.

Table 3. People-General

---

<b>Content/Theme</b>
<ul style="list-style-type: none"><li>• Clients</li><li>• Sponsorships/Sponsors</li><li>• Family and friends</li><li>• Children</li><li>• Parent partners</li><li>• Social workers</li><li>• Supervisors</li><li>• Counselors</li><li>• Facilitators</li></ul>

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Table 4. Places-Programs

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<b>Content/Theme</b>
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(Personal Communication, Participant 1, March 2021)

- “I often refer to AA. The reason for that is because it seems like the people that are very involved with AA tend to have lower relapse because they have so many people on their lives, so many people they can reach

out to. I also make sure that they have different facilities that they can go to free of charge.”

- “some of 'em are gonna need to go to dual programs because, for example, if they've been doing meth a long time, sometimes they get delusions. Then they have mental health issues. Whereas, if it's someone that's smoking marijuana, maybe that's not gonna be necessarily the same thing.”

(Personal Communication, Participant 7, March 2021)

- "We try to educate them as well on how to seek services at home.”
- 

Table 5. Concepts-Transparency with Clients

---

**Content/Theme**

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(Personal Communication, Participant 2, March 2021)

- “ I truly believe that with substance use, there is no real completion of any program. I understand that there’s the guidelines and every program has some type of graduation, or completion, or whatever they have, but I don’t think a person ever truly completes their own individual program of life with substance abuse.”

(Personal Communication, Participant 7, March 2021)

- “Letting them know, in the future, if there is a relapse, if they get help, if their kids are safe, if they put their plan in action, if they get help from grandma or grandpa, for example, that we might not need to get involved. I think a lot of parents feel, later, if they relapse and we have another referral, they are so afraid because they think, “Just because I’m positive again, they’re just gonna take my kid away again because I already had a case.”
  - “It just has to be realistic. If you have a client who doesn’t tell her parents anything and you’re putting in the relapse plan that they’re gonna her parents or grandparents that she relapsed, that’s probably not gonna work.”
-

Table 6. Impact on Sobriety

<b>Content/Theme</b>
<p>(Personal Communication, Participant 1, March 2021)</p> <ul style="list-style-type: none"><li>• “Support seems to a big thing, especially AA and sponsorship. If they have a sponsor to talk to, and they’re very involved in AA, that tends to be a component that makes them more successful.”</li><li>• “Support after the program. I always try to find out if they have family, friends, that they can count on because they haven’t had their children in a long time.”</li></ul>
<p>(Personal Communication, Participant 2, March 2021)</p> <ul style="list-style-type: none"><li>• “The biggest component I see is working with them, and then in negotiation of what they’re willing to admit that they’ve done wrong, take any complacency in, and then moving forward of whatever’s happened has happened, but now let’s try to get your kids back.”</li></ul>
<p>(Personal Communication, Participant 3, March 2021)</p> <ul style="list-style-type: none"><li>• “I would say that the best thing is explaining to them, okay, so—even if they’re not ready to admit they have a drug use, but you have a lot of positive tests like saliva on demands, is explaining to them”</li></ul>
<p>(Personal Communication, Participant 4, March 2021)</p> <ul style="list-style-type: none"><li>• “Going over with them what a relapse plan looks like, and I think it’s really about asking them if they’ve ever had periods of sobriety, like what has helped you in the past? What things have they done that has—like when</li></ul>

they feel triggered to use, what are coping skills that they have used that has helped them, because us telling them what to do is not gonna get their buy in. By asking them and making them part of that plan I think is the most important part”

(Personal Communication, Participant 5, March 2021)

- “I think the most important component is getting the client to help you build the relapsed plan, getting their buy-in, getting them to tell you what they need. Then you figuring out how to meet that need within the parameters of what you can and can't do in social welfare. It's really engagement.

(Personal Communication, Participant 6, March 2021)

- “I think those natural supports and really making sure that there's someone else there or some people there who can help step in, if needed.”

(Personal Communication, Participant 7, March 2021)

- “Whether it's natural supports or community supports, that they're aware of how to access and where to call and who to seek assistance from.”

Table 7. Decreasing Recidivism in Child Welfare (CW)

<b>Content/Theme</b>
(Personal Communication, Participant 2, March 2021) <ul style="list-style-type: none"><li>• “I think as long as you have a good plan, they have a solid network of people they can reach out to, someone who can check in on them. Even if they live with their parents. My answer would be a plan of safety.”</li></ul>
(Personal Communication, Participant 3, March 2021) <ul style="list-style-type: none"><li>• “Yeah, we definitely incorporate that in there utilizing their support system. It will be part of their objectives. They would reach out to so and so. If you really wanna tailor it to them, like when you write your case plan, ask them, “May I used their full name to add onto your case plan?”</li></ul>
(Personal Communication, Participant 4, March 2021) <ul style="list-style-type: none"><li>• “The parents engagement. Their engagement throughout the whole process of their treatment. Them doing the program.”</li><li>• “Part of it would be them having to—they’re agreeing to enroll in a relapse prevention program after they’ve completed their initial substance abuse.”</li></ul>
(Personal Communication, Participant 8, March 2021) <ul style="list-style-type: none"><li>• “Even if it meant that—for us, it was about child safety. Even if it meant that the parent was gonna relapse or the parent had temptation to relapse, then at least coming up with a support group that would keep the children safe.”</li></ul>

Table 8. Access to Education Around Addiction

<b>Content/Theme</b>
<p>(Personal Communication, Participant 1, March 2021)</p> <ul style="list-style-type: none"><li>• “I think it's good to know because I think it's good to know the different drugs that are out there, the different programs that are out there. For example, you go to a training. It says relapse is part of the process. You don't go to training; you don't know that. You just automatically think they failed because they relapse.”</li><li>• “Well, just being too busy.”</li></ul>
<p>(Personal Communication, Participant 2, March 2021)</p> <ul style="list-style-type: none"><li>• “I think it’s unbelievably limited. For SSPs in child welfare, there’s not necessarily a requirement about any type of substance use knowledge. I have on my own individual knowledge from school and from my social work program where there’s people—there’s SSPs at one time when I was an SSP, there was people who had extremely various different education backgrounds. That earning more of an education isn’t something that’s really talked about in our practice. It’s not something that the county promotes.”</li></ul>
<p>(Personal Communication, Participant 3, March 2021)</p> <ul style="list-style-type: none"><li>• “We should be certified substance abuse counselors or at least have some better understanding than just learning about the drugs and the little briefings. I think that would be beneficial to us. I don’t know if we could</li></ul>

buy that in there with—maybe we could with the training. They should make a program that’s for us to get certified in it.”

(Personal Communication, Participant 4, March 2021)

- “I would say that those trainings are far and few between. I could say I haven’t seen one come up in probably this whole year, especially with COVID.

(Personal Communication, Participant 5, March 2021)

- I do think that just experience helps a lot, but I think a limitation, as far as those that maybe are brand new is the time to do the training

(Personal Communication, Participant 8, March 2021)

- “I know that when we start an induction, when we start with the county, there’s a couple days of substance abuse. There’s a lot of training on substance abuse, but after that, it’s not very common for us to get trained on it.”

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## Summary

The results of this study indicated that creating a relapse plan with the parents input, can help keep the Department uninvolved and the children safe, therefore decreasing child welfare recidivism. These concepts were discovered through the transcription and analysis of the interviews and organized across tables 3-7. Themes and social worker perspectives were gathered from the data

in order to answer the research question. The data also revealed how counties can assist social workers in providing additional training around substance abuse disorders and relapse planning for families. Further explanation and in-depth analysis of the data discussed will be in the following section.

## CHAPTER FIVE: DISCUSSION

### Introduction

This section discusses the results of the study in further detail. This section attempts to clarify and summarize the information provided by the participants to give more clarification on the next steps for social workers to take when working with families who suffer from substance abuse addiction. The elements being discussed include people, programs, transparency, impact on sobriety, decreasing recidivism, and social worker education around addiction. Further, recommendations on how to apply these findings to the social work profession will be discussed.

### Discussion

#### People

People identified in this study were; Client, Sponsorships/Sponsors, Family and friends, Children, Parent partners, Social workers, Supervisors, Counselor, and Facilitators. Many of the people identified are of importance because support systems were identified to be a key factor in both sobriety and decreasing recidivism. Social workers may identify some of these support networks while creating the relapse plan for substance-abusing parents. From the perspective of the interviewed social workers, there appeared to be a correlation between support systems and sobriety as well as recidivism.

Sponsors and parent partners can serve as an informal support system to the substance-abusing parent by being a part of their recovery. Sponsors may help by sharing experiences, providing strength, listen to their troubles, provide resources for sobriety, hold them accountable for their actions, help avoid triggers, and teach them the steps to the program. Many individuals prefer having someone who has experiences that are similar to their own. It allows for a different connection and understanding than a social worker, or anyone who has not had a substance abuse program can provide to the individual.

Social workers play a more formal role in the clients' life. Social workers may provide some of these same benefits, however many services that social worker offers are court-mandated. Since the services are court-mandated they must be done to have their children return home. This differs from the informal support of sponsors where the services may feel more optional or less intrusive to their lives.

Family and friends may have favorable and unfavorable consequences for an individual during recovery. Ideally, family and friends would be supportive of the individual staying clean, doing services, and trying to revive custody of their children. The reality is that trauma runs deep, many family systems are intertwined in the same lifestyle of using, meaning family and friends could play a detrimental role to the individual getting their children back.

## Programs

Data collected indicated that being enrolled in Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) appeared to help parents stay sober longer. The results of the study also indicated that being a part of these groups helped substance abusing parents get back on track after a relapse has occurred. Furthermore, sobriety should be conceptualized to allow relapse as a part of the journey.

Programs such as NA and AA provide the individual with free informal meetings that many addicts in recovery feel much more comfortable being at. These group meetings have a supportive environment where addicts in recovery may feel more okay with opening up to those in the group. This might provide insight into how AA or NA groups can provide support to the individual during a relapse, therefore possibly avoiding Department involvement which may decrease recidivism in child welfare.

## Transparency with Clients

Many participants reported that being transparent with clients yields the best results. Allowing the participants to be a part of the decisions that they can be, allows the client to take control over their own life. The client knows themselves best which is what makes it important to include their input on case planning and relapse planning to ensure they can meet these goals. This may become a problem when clients do not want to meet court-mandated goals.

Motivational interviewing may be a useful tool in this situation to better help the client understand why and how they can meet the case plan goals.

Many contributing factors may prohibit the transparency between social workers and clients, in regards to court-mandated case plans. There may be a lack of time due to high caseload numbers for the social worker to sit down with the client and discuss it in full transparency. The jargon that Court and Social workers use may not be clear to the client. Many of the case plan goals may seem unobtainable which could provide insight into why so many parents do not participate in their case plans. Being transparent with clients also means speaking the reality of facts to them. As participant 2 stated

I truly believe that with substance use, there is no real completion of any program. I understand that there's the guidelines and every program has some type of graduation, or completion, or whatever they have, but I don't think a person ever truly completes their own individual program of life with substance abuse.

The Department puts timelines in which the case plan terms must be met, but the recovery of addiction is lifelong and parents must acknowledge that for them to continue seeking support long-term. These results may indicate that parents need support for longer than the Department can provide, therefore giving evidence to the importance of programs such as AA and NA that provide long-term support to clients.

### Impacts on Sobriety

The study indicated that a key component to sobriety is through the individuals' support system. The narrative data revealed that when a client has a strong support system they tended to stay sober longer, recover from a relapse more quickly, and more often utilize their relapse plan and put their children in a safe place. This might suggest that taking the time to educate social workers on proper relapse planning, can mitigate child welfare recidivism.

Participants in this study commonly talked about natural and community support systems. Natural support was referred to as the people around them such as family and friends. Family and friends can be a great support system if, the family and friends are not using drugs and encouraging the individual to engage in the drug use with them. In child welfare, it is often seen that many of the people in the individuals' natural support suffer from the same things that brought the individual to the attention of the Department. This suggests another reason why social workers should take the time to understand the family systems and dynamics to ensure that the support they build for the client will positively benefit them.

Community support was primarily defined as groups such as NA and AA. These groups may provide a more informal but extremely beneficial support network to the individual. People within these communities are often already working on leaving their addiction in the past and bettering their future. Therefore they may motivate, inspire, and help those who are just beginning their journey of

sobriety. Both natural and community support appeared to be beneficial to the clients journey through sobriety. Both of these social networks play a vital role in the sobriety of the individual.

### Decreasing Recidivism in Child Welfare

Furthermore, participants reported that to decrease child welfare recidivism it is valuable to create that relapse plan to ensure the children are safe. Oftentimes parents feel opposed because they have this idea that if they relapse their kids will be taken away. As participant 7 stated,

I think a lot of parents feel, later, if they relapse and we have another referral, they are so afraid because they think, just because I'm positive again, they're just gonna take my kid away again because I already had a case.

This is a common belief of many parents who are struggling with substance abuse. This is why it is so important to be transparent with the clients that relapse is a part of recovery. If parents follow their relapse plan, there shouldn't be Department involvement. These results suggest the importance of social worker education around relapse planning.

Social workers must take the time to help parents create and practice implementing this plan. The quality of the relapse plan must also be sufficient for the client to put into use. Is the plan in place strong, thorough, and easy enough for the client? There is no blank template for how a relapse plan should be done due to the uniqueness of addiction and people. Some social workers even

recommend that it is important to have those who say they will be a part of the relapse plan review and sign it, to ensure they will be there when and if the time comes.

### Social Worker Education around Addiction

More often than not, social workers reported that substance abuse training is limited. There is not enough education offered around substance abuse addictions and dynamics. Most social workers reported that training may come up once per year, but that most training is around County policy and procedures versus field knowledge. The research indicated that social workers may be able to better assist clients if they had more educations around how addictions work and how to address relapses with clients.

Lack of training may indicate a variety of things such as; education is not valued by the County in regards to substance abuse. It may indicate that the County believes social workers learned this in their formal education. This may also indicate that there is a lack of agency support around providing adequate training in regards to relapse planning and substance abuse. It could also indicate that the agency might not think additional training will solve the problem.

### Limitations

A limitation in this study was the diversity of ethnicity for the participants. The demographics consisted of five Caucasians/White and three Hispanic/Latina. It may have benefitted the study to have perspectives of other ethnicities. COVID-19 impacted the researcher's ability to collect data from more

participants, therefore this became a limitation. This study was focused on County Social workers', therefore the data may not be generalizable to Counties with more resources.

### Strengths

A strength of this study was the range of years of experience from participants. Years of experience ranged from 5 to 20. Throughout the interviewing process, the researcher noticed that with more years of experience came much more in-depth and rich data. This may indicate that years of experience increase social workers knowledge tremendously. Using qualitative methods became a strength in this study because it allowed for rich narrative data to be collected.

### Social Work Practice and Conclusions

With the data collected from this research, it appears that implementing a relapse plan benefits both the Department and the families involved. Creating a relapse plan with the parents involvement can help keep the Department uninformed and the children safe, therefore decreasing child welfare recidivism. Case plans have evolved from being general templates to individualized goals and plans for the client. This revolution of individualizing case plans will continue to benefit families because it allows for the variance of individuals. As relapse is now more commonly acknowledged as a part of the journey through sobriety, it seems as if social workers should be trained more on how to help and create

relapse plans for families. It is important to remember that substance abuse is a leading factor in the case of removal of children from their homes. It is the job of social workers to be informed and educated on how to best assist the families that come to the attention of the Department.

APPENDIX A:  
EMAIL OUTREACH FLYER

The following is the flyer that was sent out to each participant for recruitment:

**PARTICIPANTS NEEDED!**

For the study regarding social workers experiences on implementing relapse plans to decrease recidivism into the child welfare system.

**WHO DO WE NEED?**

Social workers who have 3 or more years experience working in the child welfare system and who have relevant knowledge around child welfare recidivism, implementing relapse plans, and parental substance abuse addiction.

Participants will complete an interview via Zoom at a scheduled convenient time to the participant.

\*\*\*Interviews should last between 15-30 minutes. All participation is voluntary and appreciated\*\*\*

**Please contact the researcher Hailee Campbell-Jimenez at:**

**Via email: [hcampbel@rivco.org](mailto:hcampbel@rivco.org)**

**Via phone: (951) 877-2174**

**This study has been approved by the California State University, San Bernardino Institutional Review Board.**

(Developed by Hailee Campbell-Jimenez)

APPENDIX B:  
INTERVIEW GUIDE

Participant Identifier Number: \_\_\_\_\_

#### Interview Guide: Demographics

1. What is your age? \_\_\_\_\_
2. What is your ethnicity? \_\_\_\_\_
3. What is your highest level of education? \_\_\_\_\_
4. Current position within child welfare? \_\_\_\_\_
5. How many years of experience do you have in child welfare? \_\_\_\_\_
6. How many years in building relapse plans into case plans do you have? \_\_\_\_\_

#### Interview Guide: Qualitative Questionnaire

1. Explain to me your experience building relapse plans into court-mandated case plans for families in child welfare.
2. What component of building a relapse plan do you think is the most important when considering if the client will actually use this plan? How do you engage clients in this process?
3. What do you think is the a key factor when determining if the child(ren) will return home after the parent(s) complete a substance abuse treatment program?
4. As termination of services approaches, do you spend any time with the parent(s) discussing resources or referrals should they experiences a relapse?
5. Do relapse plans look different depending on the drug or how they administer the drug? I.e., pills, intravenously, smoking, etc.
6. How do you individualize sections of the case plan that address addiction and relapse?
7. Do you use the case plan assessment tool (SDM)? Is it helpful or not in addressing potential relapse in the case plan?
8. What are the limitations regarding additional knowledge/training around addiction dynamics that social service practitioners may need to assist clients in developing steps to address addiction?
9. What do you build into your case plan to help prevent the relapse of parents and the potential risk of recidivism of the children into the child welfare system?

(Developed by Hailee Campbell-Jimenez)

APPENDIX C:  
INFORMED CONSENT

## **INFORMED CONSENT**

The study in which you are being asked to participate is designed to capture the experiences of social workers implementing relapse plans in order to decrease recidivism within child welfare. The study is being conducted by Hailee Campbell, a graduate student, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of this research is to identify factors in a relapse plan within a court-mandated case plan to help parent(s) struggling with a substance abuse addiction not experience recidivism.

**DESCRIPTION:** I am asking you to help us understand the role of building a relapse plan into court-mandated case plans, to better serve families struggling with substance abuse addition. In building a competent relapse plan, it is believed to positively impact recidivism rates in child welfare.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential and data will be reported in group form only.

**DURATION:** It will take one hour or less for the interview.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** Questions regarding this study should be addressed to the researcher, Hailee Jimenez. Contact information is as follows:

Via email. [hcampbel@rivco.org](mailto:hcampbel@rivco.org)

Via telephone: (951) 877-2174

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2021.

I agree to have this interview be audio recorded: \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX D:  
INSTITUTIONAL REVIEW BOARD APPROVAL

Date: 4-9-2021

**IRB #:** IRB-FY2021-80

**Title:** Substance abuse treatment plans in regards to decreasing child welfare recidivism

**Creation Date:** 10-26-2020

**End Date:**

**Status:** **Approved**

**Principal Investigator:** Thomas Davis

**Review Board:** Main IRB Designated Reviewers for School of Social Work

**Sponsor:**

APPENDIX E:  
COUNTY PARTICIPANT APPROVAL

[REDACTED]

[REDACTED]

**Letter of Cooperation from Research Partner [REDACTED] County**

October 28, 2020

Dear Hailee Campbell Jimenez:

Based on my review of your research proposal, I give permission for you to conduct a study on "Substance Abuse Treatment in Regards to Decreasing Child Welfare Recidivism". As part of this study, I authorize you to solicit interviews with social work staff and provide in-person presentation to administrators and staff regarding dissemination of study results. Individuals' participation will be voluntary and at their own discretion. We reserve the right to withdraw from the study at any time if our circumstances change.

The student will be responsible for complying with our site's research policies and requirements, including adherence to the Department of Social Services (DPSS) External Research Policy (DP17-402) and the following:

1. Immediate written notification if changes occur to the project scope, schedule, research methodologies, sampling techniques, data elements, or data collection methodologies
2. Documentation of IRB re-approvals for projects that extend beyond the approved project time duration.
3. Project status reports every six month covering completed and ongoing activities six month look-ahead, and any issues. Status reports will continue until the final report is received by DPSS
4. An executive summary of the research finding and conclusions submitted no later than 60 days after the scheduled project completion date
5. Written and electronic copies of one-page abstract and final report submitted no later than 180 days of the project completion date. With DPSS approval, an interim report may be submitted if the final report is not completed within this time period. The interim report is not a substitute for the final report.
6. Copies of all publications resulting from the research project. An abstract will be submitted to DPSS for review prior to publication

I understand that the student will not be naming our organization in the research project report that is published.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from Cal State San Bernardino.

Sincerely,

[REDACTED]

[REDACTED]

## REFERENCES

- American Psychiatric Association. (2013). Substance-Related and Addictive Disorders. In *Diagnostic and statistical manual of mental disorders* (p. 481). Washington: American Psychiatric Association.
- Arnold, Elizabeth Mayfield, Walsh, Adam K, Oldham, Michael S, & Rapp, Charles A. (2018). Strengths-based case management: Implementation with high-risk youth. *Families in Society*, 88(1), 86–94. <https://doi.org/10.1606/1044-3894.3595>
- Baker, N. (2019, December 18). Abstinence vs. harm reduction in addiction recovery. Retrieved September 24, 2020, from <https://www.recovery.org/abstinence-vs-harm-reduction-in-addiction-recovery/>
- Bayles, C. (2014). Using mindfulness in a harm reduction approach to substance abuse treatment: A literature review. *International Journal of Behavioral Consultation and Therapy*, 9(2), 22-25. <https://doi:10.1037/h0100995>
- Bowen, S., Chawla, N., Collins, S. E., Witkiewitz, K., Hsu, S., Grow, J.,...Marlatt, A. (2009). Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial. *Substance Abuse*, 30(4), <https://doi.10.1080/08897070903250084>

- Brook J, McDonald T. (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review*. 2009;31(2):193–198. doi: 10.1016/j.childyouth.2008.07.010.
- Children's Bureau (2018). The AFCARS report: Preliminary FY 2018 estimates. [Government Report] Washington, D.C.: Government Reporting
- Choi, S., Huang, H., & Ryan, J. P. (2012). Substance abuse treatment completion in child welfare: Does substance abuse treatment completion matter in the decision to reunify families? *Children and Youth Services Review*, 34(9), 1639-1645. doi:10.1016/j.childyouth.2012.04.022
- Font, S. A., Sattler, K. M., & Gershoff, E. (2018). When home is still unsafe: From family reunification to foster care reentry. *Journal of Marriage and Family*, 80(5), 1333-1343. doi:10.1111/jomf.12499
- Frame, L., Berrick, J. D., & Brodowski, M. L. (2000). Understanding re-entry to out-of-home care for reunified infants. *Child Welfare*, 79, 339-369.
- Futterman, R., Lorente, M., & Silverman, S. W. (2005). Beyond harm reduction: A new model of substance abuse treatment further integrating psychological techniques. *Journal of Psychotherapy Integration*, 15(1), 3-18. doi: 10.1037/1053-0479.15.1.3
- Hammond, G. C., & McGlone, A. (2013). Residential family treatment for parents with substance use disorders who are involved with child welfare: Two

- perspectives on program design, collaboration, and sustainability. *Child Welfare*, 92(6), 131-150. Retrieved from <http://libproxy.lib.csusb.edu/login?url=https://search-proquest-com.libproxy.lib.csusb.edu/docview/1804470760?accountid=10359>
- Kimberlin S, Anthony E, Austin M. (2009). Re-entering foster care: Trends, evidence, and implications. *Children and Youth Services Review*. 31(4):471–481. doi: 10.1016/j.chidyouth.2008.10.003.
- Lee S, Jonson-Reid M, Drake B. (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services. *Children and Youth Services Review*. 2012;34(9):1825–1833. doi: 10.1016/j.chidyouth.2012.05.007.
- National Center on Substance Abuse and Child Welfare. (2016). Child Welfare and Alcohol & Drug Use Statistics. Retrieved May 01, 2020, from <https://ncsacw.samhsa.gov/research/child-welfare-and-treatment-statistics.aspx>
- MacMaster, S. A. (2004). Harm reduction: A new perspective on substance abuse services. *Social Work*, 49(3), 356-363. doi:10.1093/sw/49.3.353
- Maffina, Lauren, Deane, Frank P, Lyons, Geoffrey C. B, Crowe, Trevor P, & Kelly, Peter J. (2013). Relative importance of abstinence in clients' and clinicians' perspectives of recovery from drug and alcohol abuse. *Substance Use & Misuse*, 48(9), 683–690. <https://doi.org/10.3109/10826084.2013.782045>

- Marlatt, G. A., Blume, A. W., & Parks, G. A. (2001). Integrating harm reduction therapy and traditional substance abuse treatment. *Journal of Psychoactive Drugs*, 33(1), 13-21. doi:10.1080/02791072.2001.10400463
- Rawson, R. A., McMcCann, J. L., & Marinelli-Casey, P. (1993). Relapse prevention models for substance abuse treatment. *Psychotherapy*, 30(2).
- Tatarsky, A. (2003). Harm reduction psychotherapy: Extending the reach of traditional substance use treatment. *Journal of Substance Abuse Treatment*, 25(4), 249-256. doi:10.1016/s0740-5472(03)00085-0
- Yee Lee, M. (2017). Solution-Focused Theory. In 1294274473 953330376 F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (pp. 513-531). Oxford: Oxford University Press. doi:9780190239602
- Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2007). Screening and assessment for family engagement, retention, and recovery (SAFERR). In substance abuse and mental health services administration (Ed.), DHHS Pub. No. (SMA) 08-4261.
- Wulczyn F. (2004). Family reunification. *The Future of Children*;14(1):95–113. doi: 10.2307/1602756.