

Parenting Support Toolkit for Alcohol and Other Drug Workers

## Book Two: Information and Tools



caring  
rules  
praise  
time  
support  
positive  
routine  
affection  
patience  
love

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## Parenting Support Toolkit for Alcohol and Other Drug Workers

### Booklet Two: Information and Tools

This booklet contains background information and a range of tools to help you determine what parenting support or skills your clients may need in order to reach their parenting goals and provide a predictable, safe and engaging environment for their children. The additional information contained in this booklet will further develop your ability to talk with clients about their parenting and their children. The tools will enhance your ability to screen for and identify the physical, emotional and social needs of children and to effectively assess parenting skills and resources. This booklet will also assist you to achieve the tasks outlined in the Reflection on Practice Guide contained in Booklet One: Exploring Parenting.

## Acknowledgements

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Parenting Support Toolkit for Alcohol and Other Drug Workers, Victorian Government Publishing Service.

Published by the Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne, Victoria.

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Authorised by the State Government of Victoria, 120 Spencer Street, Melbourne, Victoria.

Printed by: Big Print, 520 Collins Street, Melbourne

Also published on:

<http://www.health.vic.gov.au/drugservices/pubs/index.htm>

The Parenting Support Toolkit for AOD Workers was developed in partnership by the Victorian Parenting Centre and Odyssey House Victoria. The toolkit was developed by:

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Jan Matthews	

The development of the toolkit would not have been possible without the assistance of workers and parents from across Victoria. We would like to thank all the parents and workers who helped shape the content of the toolkit by participating in key informant consultations, phone interviews, discussion groups and the piloting of the toolkit.

Thank you to the following workers from Barwon Health; Drug Treatment Services and Odyssey House Victoria who generously gave their time to trial the toolkit with their clients and gave valuable feedback to the project team:

Vanessa Allen	Sarah Miller
Steven Ball	Laura Petrie
Vicki Davies	Robyn Schilders
Matt Gleeson	

Many thanks to external consultants, Ros Burnett and Sharon Dawe for their invaluable assistance in shaping the content of the toolkit.

Finally, we would like to thank the members of the Steering Committee for their guidance in the development of the toolkit:

Rose McCrohan	Zoe Hancock
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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.



Odyssey House  
Victoria

Institute Of Studies


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.


## Contents


The contents of this Booklet are not intended for use as a cohesive parenting program or manual. Instead, they provide some key information and resources that you can choose from and use with an individual client, depending on client need. For details of specific parenting programs, refer to resources in Booklet Three.


### 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.

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## Part One: Information

### Background Information

The content of this section provides information that workers can use to enhance their own knowledge of child development, risk and protective factors and Child and Family Court orders. Remember to seek the advice or services of other professionals if your client needs assistance beyond your level of expertise.

#### Child Development: Birth to 15 years old

All children develop at different rates but growth and developmental stages usually happen in the same sequence. Because of this, a trained observer is usually able to detect any developmental problems through their knowledge of what children of a certain age should be able to do.

Age differences in children's development are influenced by a range of factors such as:

- individual abilities, both intellectual and physical.
- emotional and physical wellbeing: Childhood insecurities, illnesses and traumas can temporarily delay developmental stages.
- educational experience: Ranging from sensory stimulation, incidental learning through to formal education.
- gestation period (ie. Whether a child was born prematurely).

The following list includes a range of the more frequently observed and reported indicators of child development.

**Alert:** The following is largely adapted from the Department of Human Services, Child Health and Development (poster), 2001, Victoria. The descriptions below are not intended as a checklist to be completed on every child but as a guide against which to compare any observations or other information gathered in the course of your involvement with your client. This information is not intended to make you an overnight expert. If substantial variation from the usual milestones is observed, however, you might consider seeking the input of a child development specialist.

#### 0–6 Weeks of Age

The newborn infant is totally dependent. Most responses at this age are reflexes; hands held in a fist, grasping in response to touch, leg extensions, sucking, swallowing and eliminating (from bowel and bladder). Newborn infants can lift their head to turn to the side when lying down but they have very little head control when upright. They communicate vocally by crying and usually stop when picked up. They begin to watch their parents and can follow shapes over short distances with their eyes. They sleep most of the time, except when being handled, fed, and during nappy changes, although their sleep patterns will vary.

## 2–4 Months of Age

Sleeping times will begin to last beyond four hours and infants of this age have longer periods of wakefulness. Less sleep will occur during the day and seventy per cent of babies will sleep through the night by the time they reach four months. Infants of this age cry for attention and will usually respond and settle with a change of activity.

As they develop more physical control, they will be able to follow objects by moving their eyes and head and will smile easily, hit out at objects, grasp objects (sometimes with both hands) and take them to their mouth. They can hold objects and play, but they are unable to control and let go.

Towards 4 months of age, infants can lift their head and chest by supporting their weight on both arms, and they may roll from their stomach onto their back. They begin to develop an awareness of sounds, including recognising parental voices and responding with coos. The intensity, patterns and pitch of their crying varies a great deal, as do their laughs and babbles.

Infants at this age enjoy looking at picture books and being read to. They display more deliberate behaviour and may repeat enjoyable chance movements such as thumb sucking or hitting at a toy. They will usually show preference for parents or carers, but will relate to other family members as well. Generally, they will begin to develop a wariness of strangers and will experience separation anxiety. At this age, individual personality also will begin to emerge.

## 6–9 Months of Age

During this period, infants are able to transfer objects from one hand to the other and poke at small objects using their index finger, as they develop an awareness of cause and effect. As their coordination improves, they may search for fallen toys, move into a sitting position, roll both ways, and pull themselves to a standing position. They become more mobile and move by creeping, crawling or rolling, and may become frustrated by restricted movements. They can take steps with alternate feet when held.

Infants of this age are easier to interact with as they can recognise partly hidden objects and play simple games. They begin to imitate sounds and will laugh, giggle and make sounds to get attention. They are able to express feelings, likes and dislikes, and show frustration if an activity is interrupted. As they begin to recognise the varying emotional tones of their parents, they will respond to 'no'. They remain wary of strangers and will usually be anxious when separated from parents or carers.

Bedtime rituals usually begin. Eighty-three per cent of babies of this age will sleep through the night, getting 7-10 hours sleep, while napping 2-3 times during the day. They may wake overnight briefly. Most babies of this age can drink from a cup and will be eating solid foods, including some meats.

## Toddlers (1–2 Years)

Children control their bodies increasingly during this age and they are able to use their thumb and forefinger to pick up small objects, build small towers of blocks, and can bang two blocks together. They can usually hold pencils and scribble using a preferred hand. They begin walking forward and sideways holding onto a hand or furniture. As they age they will be able to turn pages, remove wrapping from presents, and stand or walk unaided. This will improve as they learn to run stiffly, climb, walk upstairs, propel a tricycle with their feet on the ground, kick a ball and throw overarm.

During this age, language skills will develop as they are able to use most sounds. Toddlers begin to say three word sentences, and speak from 6-50 recognisable words. Their understanding of some simple sentences increases as they repeat the last words of sentences. At this age, children react vocally to music and can participate in nursery rhymes. Their interest in their environment increases as they can point to their own body parts when named, hand over familiar objects when named, use tools to obtain an object, and imitate play.

As their cognitive ability increases, they may start to understand why things happen and can begin to delay their own satisfaction to please others. Some may indicate awareness of being wet or soiled and express toileting needs. They like to be in constant sight and hearing of a familiar adult but will play and want to be more independent.



They may cling tightly in affection, fear or fatigue and be jealous of attention to other children, and show sensitivity to approval and disapproval.

At this age, children will play alongside other children but are usually unable to take turns unless supervised. As children develop their ability to trust they will demand their parent's attention, assert their own will and test behaviour limits. Toddlers may be easily frustrated; they may throw temper tantrums, and they like to use objects such as a teddy bear and rituals for comfort and security.

Older toddlers will eat most of the meals eaten by the family (3-4 daily) and will sleep 11-12 hours at night with one daytime nap. They learn behaviour by imitating the actions of their parents and other family members.

Older toddlers become aware of gender differences, start to use imaginative play, learn right from wrong according to consequences, and generally become more independent about their choice of food and self-feeding.

### Preschoolers (3–5 Years)

Preschoolers will constantly ask questions using who, what and why. They will listen to and tell stories and know their own name and age.

Preschoolers gain much pleasure from practising and achieving physical coordination. They can hold pencils in a mature grip, can draw a person with three identifiable parts, count by rote to ten, build a tower 9-10 blocks high, balance on one foot, walk on their tiptoes, and ride a tricycle using pedals and steering. Older preschoolers can catch, bounce and kick balls, and will play well with other children. They begin to understand how to take turns and share, although they may continue to be possessive of personal belongings.

Preschoolers begin using adjectives, adverbs and some prepositions, as well as plurals, and can match and name 2-4 colours. Older preschoolers will separate more easily from parents and they like to help adults with domestic activities and show independence in feeding, dressing and toileting. They develop a sense of humour, a concern for others and show pride in accomplishing new tasks.

Preschoolers take initiative in selecting their own books, games, toys and friends, but will be willing to accept parent's expectations, views and rules. Most will be toilet trained during the daytime and increasingly at night, and will adopt culturally prescribed behaviours and roles. Preschoolers can feed themselves competently using spoon and fork but will need help with cutting.

### Primary Schoolers (6–12 Years)

Children's social and cognitive abilities will develop rapidly during their primary school years. Early primary schoolers can walk, run and climb under most conditions. They can ride a bicycle with training wheels, write some numbers and letters, draw squares, circles, triangles and a person with identifiable body parts. They learn to read and to add and subtract. They can identify shapes and repeat whole sentences.

As they develop relationships with their school peers, they begin to understand that rules and roles may vary from those in their own family. They learn to relate appropriately to adults outside their family, but may continue to show signs of sibling rivalry at home. Their involvement with peers becomes increasingly more important. Early primary schoolers sleep for an average of 12 hours a night, show independence, but may become frustrated when tired, angry or embarrassed.

Older primary schoolers will develop good writing skills, may play a musical instrument and participate in art or craft activities. They have the skills to participate in individual or team sports, use complex sentences, and can follow a series of up to three commands. They are able to compose stories with a beginning, middle and an end and use language in a social situation to communicate, solve problems and question purpose.

Older primary schoolers will learn the concept of time, speed and movement and the concept and value of money.

They tend to develop peer groups of the same age and gender and show defined personality and temperament traits. As they become more self-reliant they develop a sense of pride in accomplishments, but can be self-critical. Primary schoolers generally have full bladder and bowel control and become more sexually aware and curious. They begin to integrate some adult behaviour and standards into their own behaviour and can consider the viewpoints of others.

### **Early Adolescence (12–15 Years)**

During early adolescence, individuality continues to develop in handwriting and individual sleep patterns based on needs and activities. Advanced fine motor skills such as model building or sewing improve as do speed and accuracy in physical activity. Children of this age generally adopt the language of their peers. The importance of being a member of a peer group increases and will influence their self-esteem. They enjoy problem-solving using improved memory skills and flexible thought processes. They develop a more objective and realistic view of the world through their ability to understand an alternative perspective. They begin to think critically about social concepts while their moral judgement develops.

Adolescents will take more responsibility for their own behaviour and begin to set goals and work towards them. They understand right from wrong and appropriate behaviour for a given situation. Adolescent behaviour can waiver between independence and dependence as they seek more autonomy and a sense of self-identity. Their demands for privacy increase as they become more interested in the opposite sex. They may commence some sexual activity. These developments may result in mood swings and arguing with family members. Appetite varies according to growth spurts.

## Risk & Protective Factors for Children's Health & Wellbeing

### Risk factors

Parental drug use, of itself, is not a sufficient reason to assume poor parenting and lack of child wellbeing. However, a number of problems in children have been associated with parental substance misuse and their associated lifestyle. Risk factors increase the chance of problems for children. Protective factors can moderate or mediate these risks. Risk factors and Protective factors have a cumulative effect in that no one risk or protective factor determines the outcome for a specific child. The more risk factors a child is exposed to in the absence of protective factors the greater at risk they will be.

The following list provides common examples of both risk and protective factors. It is neither exhaustive nor should it be used as a checklist. It is a reference only. The best way to assess whether a child is at risk is to complete a comprehensive assessment that incorporates a range of assessment methods, including, interviews, observations and questionnaires. A comprehensive assessment would also cover all areas of the child and their family's life, including their development, home environment, parent's wellbeing and parenting skills.

Risk factors include:

- Inconsistent caring
- Inadequate supervision
- Poor family management
- High mobility and inadequate and unsafe accommodation
- School absence
- Low material resources and poverty
- Lack of mental stimulation and opportunities for recreation
- Social isolation and stigma
- Exposure to violence and criminal behaviour
- Exposure to drug use and drug using peers
- Family and parent-child conflict
- Anti-social values
- Emotional or physical neglect or abuse

These factors, in the absence of moderating or protective factors, are likely to lead to children's:

- Failure to thrive
- Accidental injury
- Emotional difficulties
- Behavioural difficulties
- Poor social development
- Low self-esteem and motivation
- Offending behaviours
- Mental health problems
- Poor school performance and early drop out
- Early onset of drug use and drug problems

### Protective factors

A number of protective factors are likely to reduce or moderate the possible risks associated with parental problem drug use.

These include:

- The provision of all the child's basic needs (food, clothes, warmth, personal hygiene, emotional comfort, safety, stimulation, age appropriate activities)
- Ante-natal care and attending any child health and immunisation appointments
- Daily routines in which the child feels safe and secure
- Support from extended family, especially grandparents
- Secure attachment to at least one adult
- An easy temperament
- Social and emotional competence
- School and community engagement
- Drug safety in the home (safe storage of drugs and equipment, safe disposal of injecting equipment, overdose & how to deal with medical emergencies)

## Types of Protective Orders

Protective Orders are made by both the Children's Court and the Family Court. This section describes the types of orders that each court may make.

### The Children's Court

The Children's Court usually deals with custody and residential care arrangements for children when the Department of Human Services is involved. In cases where the child is deemed in need of protection, the court is also responsible for the issuing of Protective Orders.

Protective Orders aim to ensure the safety of the child while those involved work towards the resolution of the difficulties that lead to the order. A case planning process is part of most orders and will occur within 6 weeks of the order having been made. Orders may be extended through application by protective workers to the Court if the difficulties that led to the order being made have not been resolved, and may also be revoked through application to the Court by the parent, child or protective worker if the child is no longer deemed at risk. In instances where the order stipulates that the child live with someone other than with their parents, arrangements for contact are made with the protective worker.

For more information about protective orders issued by the Children's Court visit:

<http://hnb.dhs.vic.gov.au/4A25673000078E04/BCView/73FA445367FC225D4A256AF50007DF91?OpenDocument>

## Undertaking

- An undertaking is an order that requires the child's primary carer or persons with whom the child is living to agree in writing to do or not do certain things specified in the order.
- An Undertaking may contain conditions that the court considers to be the best interests of the child, such as the parent attending counselling.
- Ongoing supervision by protective workers is not required as part of this order, however the family is accountable to the court for keeping the conditions of the Undertaking.
- An Undertaking is generally made for a period not exceeding six months.

## Supervision Order

- Under this order, parents still retain the full range of parental responsibilities, and the child will usually live at home.
- A protective worker will maintain ongoing contact however to ensure the child is safe and the conditions of the order are met.
- The length of a Supervision Order will usually be 12 months.

## Supervised Custody Order

- Custody is granted to a third party, who may be a relative or close family friend, and they are responsible for day-to-day decision making regarding the child's care and control.
- The parent retains legal guardianship rights.
- The court may also include conditions on the order that it considers to be in the best interests of the child, such as for the parent to attend counselling.
- A protective worker will be involved in supervising the custody order.
- A Supervision Custody Order is made for a period of not longer than 12 months.

## Interim Protection Order

- The child is placed under the temporary supervision of the Department of Human Services for a period of up to 3 months while a protective worker works with the family to develop a plan to deal with concerns for the child's safety.
- Unless otherwise decided, the child may remain living in the family home
- The order may include conditions considered to be in the best interests of the child.

### **Custody to a Third Party Order**

- Custody is granted to a third party, who may be a relative or close family friend, and they are responsible for day-to-day decision making regarding the child's care and control.
- The parent retains legal guardianship rights.
- The court may also include conditions on the order that it considers to be in the best interests of the child, such as for the parent to attend counselling.
- Protective workers will not be involved in supervising the order.
- A Custody to a Third Party Order is made for a period of not longer than 12 months.

### **Custody to the Secretary Order**

- Custody is granted to the Secretary (Head) to the Department of Human Services
- The Secretary is responsible for the day-to-day decisions of the child's care, such as where and with whom the child shall live.
- The parent retains legal guardianship rights, meaning that long-term decisions such as the child's religion remain with the parent.
- This order is initially made for 12 months.

### **Guardianship to Secretary Order**

- Most parental legal rights and responsibilities are transferred to the Secretary to the Department of Human Services for the length of the order, including where the child will live.
- The order may be made for a period of up to 2 years, however the operation of the order will be reviewed towards the end of the first 12 months of the order.

## Family Court Orders

### Parental Responsibility and Parenting Orders

The Family Law Act makes it clear that each parent has full responsibility for each of their children until aged 18. Parental responsibility is not affected by changes in the parents' relationship, for example, if you separate or remarry. However, if parents cannot agree about the arrangements for their children, the Court will make orders about parental responsibilities. These orders are called Parenting Orders. The Court must make a decision based on the best interest of the child. If you apply to the Family Court for parenting orders, the Court will generally order that you attend a mediation session with a Court Counsellor, before a court hearing, to try to reach agreement with your former partner.

### What orders can you apply for?

There are four main types of parenting orders you can apply for:

- **Residence** - who the children will live with
- **Contact** - who the child will have contact with
- **Child maintenance** - providing for financial support of the child
- **Specific Issues** - any other aspect of parental responsibility such as education, holidays, sport, religious or medical matters.

Some examples of these orders are as follows:

- **Residence and specific issues order**  
If you believe it is in the best interests of the child that the child lives with you and that you have sole responsibility for the child's care, welfare and development, you may apply for an order: 'that the child live with you and that you have sole responsibility for the child's care, welfare and development'.
- **Residence order and a contact order where both parents retain full parental responsibility for the child**  
If you believe it is in the best interests of the child to live with you part of the time and have contact with the other parent for specified times, you may apply for an order: 'that the child live with you for (specify the period of time) and have contact with the other parent for (specify the period of time)'.
- **Specific orders issues**  
If you wish to have orders made about specific areas of responsibility for the child such as schooling, health care and other matters you will need to apply for an order: 'that you be responsible for all decisions relating to the child's schooling and health care etc.'

### How can you change an existing order?

If you wish to vary (change) existing orders, you will need to demonstrate to the Court that there has been a significant change of circumstances and you now need a different order. You follow the same process as if you were applying for the first time. You need to include a copy of the existing orders if you are applying to a different registry (office) of the Court or another Court (for example, where you are making an Application in Family Court to vary Orders made in a Local or Magistrates Court). See [www.familycourt.gov.au](http://www.familycourt.gov.au) for more details.

## Working with parents

This section describes in detail the approach to working with parents that was introduced in Booklet One: Exploring Parenting.

It outlines three separate theories that together can help you to effectively include parenting in your work with clients:

1. Collaboration
2. A Strengths Based approach
3. Self-Regulation

It also provides information about:

- Setting goals
- Collaborating with other professionals.

### Collaboration

#### What is collaboration?

A collaborative approach to therapy and intervention is one where you and your clients work together as equal partners to achieve their life goals.

A collaborative approach 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.

Broadly, there are three important parts to a collaborative approach.

Collaboration involves:

- 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 the intervention.

When you work in this way, you are more likely to build a trusting relationship with your client. Trust is crucial to the success of any work that a client and therapist do together. We also know that collaboration between you and your clients is critical for positive outcomes.

#### How does collaboration do this?

The primary goal of the collaborative approach is to create an environment where you can engage with and support your clients while they try new things to change themselves.

A collaborative approach works on the basis that you and your client both bring unique knowledge to the problems that the client has, and that together, you'll be able to come up with a solution that the

two of you couldn't have come to on your own. Your client brings a detailed and practical knowledge of themselves, their family and the environment in which they live and operate. You bring new ideas and methods that your client may never have thought of or tried before.

Without collaboration, you might make suggestions that are impractical for your client to try. Remember, one solution does not fit all. We are all different and your client will tell you how different they are from everyone else. Similarly, without your specific knowledge and the advantage you have of being removed from their specific problem situation, your client might just keep trying the same few solutions they had thought of so far, without success.

#### How do I work collaboratively?

For collaboration to work, you must cultivate a positive attitude toward the people with whom you work. There are many ways that you can do this. Firstly, you must know and respect your clients' values and goals. That is, know what is important to them and why.

Your next task is to remain non-judgmental. Collaborative practitioners don't impose their own values and goals on their clients and they don't judge them against their own standards. Instead, they show understanding and are optimistic about what the client wants for him or herself.

This can be a challenge for you, particularly when your client continues to behave in a self-defeating way, or when their behaviour affects other people such as their children.

At times like this, you can demonstrate a collaborative approach by accepting that there may be good reasons why your clients behave how they do.

### How do I work collaboratively with parents?

Most of your clients, who are also parents, will not directly come to you for help to achieve their parenting goals. They will generally expect you to help

them to minimise the harm of their drug use, or to stabilise, reduce, or cease their drug use.

They may also want you to assist them with other problems that contribute to or are associated with their drug use such as legal, housing, mental health, vocational or relationship issues.

You may need to help your clients to understand how this can be enhanced

by supporting them in their parenting role. However, your own beliefs and values will have an impact on whether they feel supported or feel they can trust you.

Maintaining certain beliefs can help you to demonstrate a collaborative attitude to the parents you work with.

### Promoting collaboration

Below are some of the strategies that you can use to establish genuine partnerships with the parents with whom you work.

#### Encourage active involvement

Make it clear to your client that they have a major role in deciding what the two of you will work on and the order in which they will be done. This includes the focus and pace of any interventions, the specific strategies they would like to try and how they will monitor their success.

#### Elicit their views

Frequently ask your client what they think and how they feel about what is happening during the intervention. This includes asking them to comment on the program's content (e.g., "Is this a strategy you might use at home?") and process (e.g., "Let's pause and talk about how things are going today. What are your reactions so far?"). Attend to your client's body language and ask questions when you think there is some concern. For example, "Judging from the look on your face, Sam, you don't agree with this point of view.>").

#### Validate your client

Listen carefully to what your client says and try to understand rather than



### Collaborative Attitudes

- There is no such thing as a bad parent, just as there is no such thing as a perfect parent. Parents try their best, sometimes under difficult social and personal circumstances.
- A client's identity as a parent may be very important to them, even if they have little contact with their child or children.
- All parents get stressed at times. Parents with the necessary life and parenting skills to be adequate parents, may still struggle to provide for their children because of a lack of help, little time for themselves, poor mental or physical health, or their inability to manage their own emotions and behaviours.
- Some babies exposed to drugs during their mother's pregnancy become very difficult to comfort and to settle. Parenting these children, or those with learning delays or disabilities, can be extra challenging for parents.
- Many parents with low self-esteem and confidence often interpret their babies crying or their children's difficult behaviours as signs that their children don't love them. Parents need their own love, encouragement, and support.
- Despite the tendency of parents to feel guilty about the life they have given their children, most parents do many good things—often just one or two specific issues or problems need attention.
- All parents are active problem solvers. Most parents will try to solve their problems before they seek help from others. If you don't acknowledge this you may alienate them and create resistance to any new ideas or approaches you suggest.
- Parenting involves learning and parents have the ability to learn. Parenting does not come naturally for most people. We are not born with the knowledge or skills that we need to raise our children. Adults learn how to parent through their experiences of remembering what it was like as a child, watching others and on the job as they raise their own children.



analyse and argue with them. You must try to understand your client's perspective and feelings without judgment, blame or criticism.

### **Highlight their strengths and resources**

Rather than have your client explicitly acknowledge that some aspect of their behaviour is wrong, weak or lacking, explore what your client wants and their goals. Establish a working relationship based on the collaborative pursuit of these goals. Find and describe your client's strengths and what resources they have to draw upon. The analysis of strength is equal to, if not more important, than the analysis of problems because it is your client's strengths you will appeal to for change. This does not mean that you ignore any concerns you may have about your client and their children. Instead, you may treat their problems as obstacles to overcome in reaching their goals.

### **Start where the client is**

Genuine collaborative work begins where the client wants to begin. At the beginning of the intervention, focus on identifying and clarifying your client's immediate concerns and goals. It can be unhelpful to impose other people's structures, demands or goals on your client.

### **Avoid the expert role**

Don't tell your clients how to care for and raise their children. It is your client's job to make decisions about what strategies to select and implement. Your job is to present ideas and strategies as choices and options for them to choose

from. It can help if you believe there is no single right approach or strategy that meets the needs of all families. You can help your client by tailoring the strategies or solutions to better fit a family's needs and environment.

Avoid adopting the expert role when you share with your client the principles, advantages and limitations to the strategies you suggest.

### **Avoid unsolicited or premature advice giving**

In a collaborative framework, you are aware of the mandate your client gives you. The mandate is what assistance your client asks you for. If you try to address other areas of your client's life without their permission you can damage your relationship.

There is also a risk that your client will reject any advice you give, if you give it before they feel you fully understand their unique circumstances. You will benefit from exploring the history and context of a problem so the advice you give can be relevant and accurate.

This may be especially relevant when discussing parenting with clients attending drug and alcohol treatment services.

### **Accept negative feelings**

At some stage, all clients will experience negative emotions. Your task is to acknowledge, normalise and accept these. While these feelings can be unpleasant, an effective worker won't collude with their client to avoid them.

When negative feelings emerge, name them and, where possible, normalise

them. For example, "Jane, it's not easy to decide that you need help and come to ask for it. I would say that most of my clients initially feel disappointed in themselves that it has come to this. It might help you to know that I believe that it's a sign of strength when someone decides that getting some new ideas might be the way forward."

### **Demonstrate warmth and acceptance**

There is a range of worker characteristics that research shows is associated with good intervention outcomes. They include showing interest, concern, genuineness, understanding, acceptance and warmth. We encourage you to adopt the position of a curious and interested observer of the life and experiences of your client; show an interest in the wellbeing of the parent as a whole person—rather than just as a parent. For example, show an interest in the details of their life situation; remember their children's names, events, etc.

Acknowledge your client's views and feelings without criticising, correcting, judging or blaming.

### **Encourage and affirm your client**

Ensure there is a positive and optimistic tone to your interactions with your client. Give your client the message that you are confident that solutions can be found and that they will be able to find and implement them. This can make their path to change smoother.

Encouragement from you is also critical. It can enhance your client's active involvement in their intervention. You

can do things such as acknowledge their desire for change and praise their efforts and achievements.

### **Avoid confrontation**

If you confront and argue with your client you can increase, rather than decrease their resistance to what you suggest. When a client's views seem to be wrong, according to the best available knowledge on a subject, or counter-productive to the client's goals and values, you may gently bring such discrepancies to your client's attention. Different views are seen as different hypotheses, each worthy of consideration.

For instance, you might say, "I have heard of another explanation, would you be interested in hearing it? Do you think this might apply?"

Try to understand your client's view and the reasons why they have come to that view. Rather than take a position on the issue and try to convince them that they are wrong, you might help them examine their assumptions and beliefs. Invite your client to consider the possibility that a new way to think and act (whether right or wrong) may be more helpful and lead to a better outcome.

### **Avoid collusion**

Finally, do not collude with your clients. Collusion occurs when you support them in self-defeating behaviour and beliefs. It can create an environment that allows a client to continue to avoid change. Collusion might involve avoiding difficult topics and negative emotions, confirming unsupported assumptions, or failing to explore the possible negative consequences of a client's course of action. Collusion can also occur when a worker allows work to stall in the engagement and assessment phases and does not assist the client to move into the more demanding and difficult change phase.

Collusion is most likely to happen if you value being liked and accepted by your client more highly than helping them to achieve their goals. However, confronting, blaming, manipulating or bullying your client, or adopting a moral approach and demanding change, is not a remedy for collusion. Nor is repeatedly stating the needs or rights of their child or their children. None of these is likely to help to achieve change. You can assist your client to work through difficult issues using the collaborative strategies described above, without resorting to judgement, blame or intimidation.

Remember, most parents want what is best for themselves and their children. Help parents to see their family as a whole, with each part having its own needs to be considered. Generally, parents will be responsive to your help in ensuring that their children's and their own needs get met at the same time.

## A Strengths-based approach

### What is a Strengths-Based approach?

A strengths-based approach involves helping your client identify what it is they do well and tailoring your intervention to suit those skills. It also involves identifying any gaps in their skills that can be targeted by the intervention. When you use a strength-based approach you give your client a greater opportunity to succeed because they can use the skills and resources they already have to get where they want to be and can add additional skills to complement and extend their strengths.

### Benefits to a Strengths-Based Approach

A strengths-based approach also has other benefits. First, it allows you to get a balanced view of your client. Before meeting your client for the first time you may already know they have a problem. Using this approach, you now also have an understanding of the positive things they have going for them as well.

Secondly, this approach can give your client a positive self-image. People with a positive self-image are more likely to have a more optimistic attitude, persist at difficult tasks and believe that their efforts will make a difference.

Strengths are what a person does well, when compared to the other things they do, not compared with other people. For example, your client might be a better

swimmer than runner or better at art than science. Swimming and art are their strengths, regardless of how well they do them compared to other people. For instance, they may never be as good as Ian Thorpe or Picasso, and it would be unfair to compare them with these people.

### Using a Strengths-Based Approach

Encourage your client to focus on their own skills and strengths and to acknowledge the skills and talents of others. Let your client know that everyone's skills are different; some people will be better than us at some things, while we'll be better at others. Point out that everyone has skills and strengths regardless of how good others are at those things.

Having a strength does not mean that you must be the best or come first.

Using a strengths-based approach is particularly important when talking with your clients about being a mum or dad. Most parents experiencing drug or alcohol problems will also lack confidence about their parenting. Many will also feel some guilt or grief about having not provided enough for their children or having not been around for them. These feelings can be very intense and may act as a trigger for heavier than normal drug use or a relapse.

Focusing on the things that a parent has done well, you can help them to overcome some of these feelings and

motivate them to keep trying. You may still acknowledge any parenting difficulties or gaps, but you will encourage parents to do more of what they are doing well, and less of what is not working. Additionally, by beginning discussions and sessions by focusing on what your client has done or can do, it is easier to encourage them to try something new because your client is less likely to think that they have to start from scratch. Rather, they can see new skills as improving their abilities.

For example, a parent may be struggling to get their child to school each day. They may tell you that they always makes a fuss about finishing their breakfast and getting dressed, and that they get very stressed and sometimes react angrily to this. Using a strengths based approach you could begin by asking the client to think of another time when they have felt stressed and angry and were pleased with how they managed their feelings. Then you could get the client to describe what they did that helped them to cope in that situation. Next, you would have the client identify any of those strategies that might help them to stay calm when dealing with their child in the morning.

This approach is more likely to build your client's confidence and they may then be more receptive to any additional strategies you can suggest for setting boundaries for their child or ways of managing their emotions and their stress.

## Self-Regulation

Another common feature of effective programs and interventions is the underlying belief that the parent, not the worker, is best placed to make decisions about their children and family life. After all, parents know themselves, their children and their family situation better than anyone else does. They are also the only ones who can say whether the strategies or solutions suggested in the program are possible or practical for them.

Rather than tell your client how to be a parent, it is suggested that you give your client information and ideas that might help them decide what their approach to parenting will be and to come up with solutions to their own problems. Your client needs to make decisions about how they will use the ideas given in the program; it is up to them.

However, just talking about this is not enough. For intervention programs to work most effectively, your clients have to actively participate. Knowing everything there is to know about being a parent doesn't make someone a good parent.

Your client will get the most out of their work with you if they are able to turn knowledge into action.

However, changing behaviour is not easy: old habits die hard. Even trying to make simple changes to old ways of communicating and acting requires motivation, effort and concentration.

Below are some suggestions about how you can help your clients make changes by activating their self regulatory skills.



## Helping clients to self-regulate

### Identify values

The first step for your client to achieve change is for them to know where they want to go. Your client is more likely to make the effort they need to change, and to keep trying when things get tough, if they have a clear idea about what is important to them and why they want to make the change.

### Set goals

While values give people direction, goals give them specific destinations. Goals are the immediate practical things that your clients want to achieve so that they can live in a way that is consistent with their values. For example, your client might value being a loving parent. If showing love is important to them, then one of their goals might be to give their child lots of positive attention. A person is more likely to achieve a goal that they have set themselves if it relates to what is important to them. Your task is not to set goals for your clients, but to help them set their own.

### Offer choices

After clients have set themselves a goal, their challenge is to work out how to get there. This is the stage where you can expect to do most of your work. Generally, you will present your client with a range of skills and strategies that they can choose from to work towards their goal. Your client's task is to decide what to do, and how they will do it. For instance if your client's goal is to give their child more positive attention, you might need to teach your client how to give descriptive praise.

### Encourage self-monitoring

Encouraging your client to set a goal and plan a course of action are important, but how will they know if they are on the right track? The next step in the process of change is to encourage your client to regularly check and improve how things are going. Encourage them to take note of what works, and be prepared to change things that don't seem to work as well.

## Setting Goals

### Why set parenting goals?

Parenting goals help to ensure that treatment makes a difference. Goals help you ensure that treatment is relevant to your client. They also help clients understand the relevance of your work together. Goals also increase client motivation to change and assist in treatment planning and referral.

### How to assist your client to set parenting goals?

Your clients may initiate the goal discussion by talking about how they would like things to be different. Alternatively, you may initiate the setting of parenting goals following discussions of parenting problems or parenting values. Regardless of the way parenting goals are introduced these goals will be more effective if they come from your client.

It can be helpful to introduce parenting goals once your client has outlined the parenting problems they have been experiencing.

Problem discussions focus on the negatives, whereas a goal discussion makes the focus more positive.

Useful prompts include:

- How would things be different if the problem didn't happen?
- What would you like to see instead of that problem?
- How would you like things to be?
- What would it be like if that problem didn't occur?
- What would it mean for you if you didn't have this problem?

A discussion of values can also lead to goal discussions. Values are generally broad and idealistic. They indicate where the parent would like to be but not how to get there. Parenting goals should help the client move towards their values.

Useful prompts include:

- Are you living according to your values?
- What could you change to help you live according to your values?
- What tasks could you set yourself that would help you move closer towards your values?
- You said you would like your child to see you as loving. How does this compare to what you are like now?
- You said you wanted to be a good parent. What would a good parent do? Which of those things are you already doing? Are there things you could change to help you work towards your value of being a good parent?

Your clients may want to set goals that are outside their control, eg: I want my ex-partner to work with me in parenting. In these situations you can help your client to acknowledge that they do not have control over this situation and to set goals for what they can do to improve the situation eg: "I will not criticise my ex-partner in front of my child."

Clients will often have broad, general and non-specific goals for example "I want to have a better relationship with my son", "I want them to behave" or, "I want her to be more independent". Once you have identified their goals you

can assist your client to develop more specific, measurable and achievable goals so specific situations and behaviours can be recognised and addressed.

### What makes a goal good?

The way goals are expressed will influence their effectiveness. The most effective goals are specific, measurable and achievable. A specific goal will clearly indicate what is to be done. It should specify what will be done, who will do it, when will it be done, how well will it be done (eg frequency, independently).

Specific example:

**"I will spend 10 minutes each day playing with my daughter"**

**What will be done:** play with my daughter

**Who will do it:** me

**When will it be done:** each day

**How well will it be done:** for 10 minutes

Specific goals will also allow progress toward the goal to be more easily measured. In the above example a simple recording of time spent playing with the child will provide a measure of progress.

Goals also need to be realistic or achievable. Goals that are too hard set your client up to fail leading to demoralisation, loss of motivation and reluctance to attempt change. Assisting your client to measure current behaviour (establishing a baseline measure) can be a helpful way to determine what is achievable or realistic.

If your client sets unrealistic goals, eg “I will never yell at my child again” you can assist them by discussing what is acceptable rather than what is ideal. Useful prompts include:

- If the situation couldn’t be perfect what would be reasonable?
- How much change would be enough for you to notice a difference?
- How much change would you settle for?
- What would be a worthwhile change?
- Currently Kim is having 6 tantrums a day, it may not be possible to stop her tantrums altogether, what would be an acceptable number of tantrums per day?

Once goals have been refined make a list for yourself and your client. Encourage the parent to look back on them regularly to check progress and ensure that parenting goals are still relevant.

### Getting started

Some clients will be able to use these goals and start making changes immediately. However many clients will need some extra help to get started. These clients may believe that they are not capable of making the changes they would like. Fear of failure can prevent them from attempting change.

Workers can help clients take the first step by assisting them to set small, achievable actions to do following the session. Ensure your client is an active part of this process. Useful prompts include:

- What small step could you make this week that would help you get started?
- Is there anything you could do today to get you on your way?
- Is there something small that you could do this week that would make a difference?

Keep actions clear and specific. Plan for what your client will do, when, how often and how much.

For example “I will call my maternal and child health nurse this afternoon and ask her to send me information about our local toy library”?

**What:** Call the maternal and child health nurse.

**When:** This afternoon

**How often:** Once

**How much:** Request for information to be sent.

Always have your client repeat this back to you to check their understanding. Some clients may also benefit from writing it down, or having it included on their homework sheet.

### Monitoring progress

Clients are more likely to remain motivated to work towards their goals if progress is measured in terms of how much things have improved, rather than how close they are to achieving their goals.

Measuring progress in terms of goal achievement can lead clients to thinking that anything less than achieving the goal is a failure. So progress is measured in terms of where they came from, not where they are going. This is where a baseline measure can be really helpful. Avoid asking about whether goals have been met, instead ask “How are things different? What changes have you made? How have things improved?”

Workers can assist their parents to continue working towards their parenting goals by routinely monitoring their progress, talking positively about goals, describing what they have already done well and the difference, and being optimistic about further improvements.

## Working collaboratively with other professionals

If your client has children, they will often be involved with other professionals (i.e., schoolteacher, maternal and child health nurse, paediatrician, GP).

Working collaboratively with other professionals is likely to lead to better outcomes for your client and their children. It ensures that your client:

- is given consistent messages and information
- is working towards complimentary goals
- receives assistance that does not overwhelm them with information, tasks or appointments
- has a coordinated, comprehensive and cohesive treatment plan
- sees how new skills and resources could be helpful in other areas of their life
- is clear about the role of each worker.

The danger of not working collaboratively is that your client may become confused and frustrated. This can in turn lead to problems with engagement and result in the client dropping out of treatment.

The level of contact you have with other professionals will vary from client to client and across time. You may meet regularly with other professionals for case conferences or simply provide and receive updates on your client's goals

and progress. Contact will be determined largely by your client's needs and your role in working with the client.

To develop and maintain a collaborative working relationship with other professionals, it is helpful to:

### 1. Seek your client's permission.

Provide your client with a clear rationale for contacting other professionals, describe the type of information you will share and describe how you will use any information you receive. A consent template is included in Booklet Two.



### 2. Clarify the roles of each professional involved.

Include the nature and likely duration of involvement. This will assist you to avoid doubling up on services or the specific issues being addressed. For example, it may not be the best use of resources or very helpful to have two or more professionals working on a client's skills at budgeting, particularly if there are other important issues in the client's life. It will also assist you to make sure that the client is not attempting to work on more than one or two goals at any one time. Clarity regarding roles will also ensure that important issues and goals are not addressed due to workers each assuming that someone else is doing it.



## Avoiding the trap of Collusion

The following are some ideas that will help workers to avoid situations involving negative talk about other workers:

1. Be clear on roles and responsibilities of each worker. Describe these positively to the client.
2. Decide together what key messages you will give the client.
3. Stay out of conversations that put down or criticise other workers.
4. Repeat the key messages you have decided and state the positive role that the worker can have in helping your client achieve their goals, whenever another worker is mentioned negatively.
5. Suggest that your client speak directly to the other worker (or to their manager) if they have any concerns about them.

**3. Establish goals for your collaboration.**

This should cover who you will have contact with, how frequently you will meet, what you will do. For example, a family support worker and AOD worker may agree that they will meet monthly to discuss the client's goals and current priorities. The aim of the contact will be to ensure that they can reinforce and compliment each others work during their own contact with the client and to ensure that any issues that could effect the client's progress are identified and addressed.

**4. Establish how you will make contact.**

This may include face to face meetings, e-mail and telephone contact.

**5. Keep your client informed.** Whilst it may not be appropriate or helpful to have your client at all meetings between you and other professionals, it is important that they are aware of the work you do together and can see how it will benefit their lives. Holding case conferences where the client is invited to attend is one way to do this. Another method is to provide them with regular verbal or written updates.

For a number of reasons, communication with other professionals can become difficult.

Firstly, making contact takes time and effort (which many workers do not have) and as such can be difficult to maintain. However, the benefits to the client make this effort worthwhile.

Secondly, there are times when we may disagree with the approach or advice given by another professional. When this is the case it is important to address the problems quickly so that the client's progress is not affected. It may be helpful to arrange a meeting to clarify how you will make contact with one another and the responsibilities of each professional.

Thirdly, there are situations when a client seems to be working well with one worker but not with others. In these circumstances it is important that workers communicate and problem solve a way of working together that will help the client view other workers as relevant and useful to them so that the trap of colluding with the client can be avoided.

Finally, if the issue is a disagreement regarding approach, the clarification of

responsibilities is even more important. It may be necessary to agree to disagree and to accept the advice of the person who is responsible for helping the client with the issue. It is not helpful to openly disagree or contradict other professionals in front of the client as this will lead to confusion and potential drop out from treatment.

If you are concerned about the ethical stance of another professional's work or feel that the client or their children are at risk, get advice on how to proceed. This advice can come from your own manager or it may be available from professional bodies such as the Australian Psychological Society.



## Part Two: Tools

### Interviewing Guides

Interviewing forms the basis of most assessments. By asking questions, workers gather information about their client's current concerns, background, past problems, attempts to cope with and solve problems, as well as their strengths, hopes and aspirations. Interviewing is also used to assess client skills, resources and their environment. The way you listen and the type of questioning you use will influence how a client responds, and the quality of information that you gather.

Consistent with the C-Frame (Facs, Commonwealth of Australia, 2004) the Parenting Support Toolkit recommends a collaborative interviewing style that assumes a partnership between the worker and the client. The worker avoids being authoritarian or becoming the "expert", and takes the role of facilitator, supporting the client's movement towards change and the use of self-regulatory behaviours (see the 'working with parents' section of this Booklet for a more detailed discussion of the collaborative approach).

The following interviewing guides may be helpful, especially if discussing parenting with your clients or thinking about parenting issues is new to you. The sample interview questions may help you to phrase questions using the collaborative approach to encourage your clients to open up about their parenting and their children, and to overcome their anxiety about having their children removed from their care.



#### Helping clients to talk

There are two common difficulties that can arise when using interviewing to gather information and to establish a working relationship:

1. Getting the client to open up, talk and give accurate information
2. Getting the client to stay on track and give information that is relevant to their goals and problems.

These difficulties may occur because clients are worried that they will be judged or not taken seriously. This may be because they have experienced these reactions from workers in the past. Also, it can be difficult to describe an experience succinctly and simply and clients can be unsure of what information is relevant for you to hear. The following are some ideas for increasing the chances that your client will trust you and be open to talking with you.

- Explain to your client the reason you are asking about a particular issue.
- Use open questions – begin sentences with phrases such as “tell me about...” “tell me more...”, “Could you describe...”
- Ask the client to tell you why they think problems have occurred.
- Ask the client what they think needs to happen to change their situation.
- Make interpretations or opinions tentative – begin with phrases like “I wonder if”
- Introduce new actions or strategies as suggestions – “Many of my clients have found... useful. Would you be interested in trying it/hearing more about it?”
- Keep the focus on the client's strengths – “You have been making some really good decisions about keeping your children safe when you are using heroin. It's great that you have waited until they are asleep. Would you be interested in looking at some other things you could do to add to what you are doing that would make them even safer?”
- When the client goes off track, take them back to the last relevant thing they said. Try interrupting them by saying something like “Can I stop you there. You have said some really important things and I want to check I have understood what you mean” Then give a quick summary and end it with the last relevant bit of information. Get the client to begin again by saying “Tell me more about ...”

Regularly check and summarise what you have heard with the client to see if you have understood them and if they have any questions about what you are saying.

## Sample Interview Questions

The following examples should not be used as a checklist. These questions are examples and should be put into your own words and only used if relevant.

**Family Background:** Every family is different and is often defined by the members of the family, rather than outsiders. The following questions are designed to gather information about the family's membership from the viewpoint of the parent.

- Who's in your family? What are the names of the people in your family? What age are they? Are they male or female? Is that a girl's/boy's name?
- Who lives with you? What are their names and ages? Do they have ongoing relationships with other people outside the household?
- What contact do you have with family members not living with you? Are there any legal restrictions or obligations on your relationship with any family member? Are you hoping to re-unify or have more contact with these children?
- Are your children currently in childcare/schools? Where and how often do they attend? How involved are you with your child's daycare/school? How often do you talk to your child's daycare worker/teacher? How do you find your involvement with your child's daycare/school?
- Genograms (described in this Booklet) can also help you examine a family background.

**Parenting Role:** Parents' involvement with their children changes over time. This can be because the child's needs are changing or the family circumstance is changing. It is important to know what that role is now, what it has been and what the parent would like it to be. Every parent enters the role with different expectations and these may change with experience or circumstances. It is important to understand how the reality has matched the expectations.


- What sort of things do you currently/regularly do with your child/children? Which activities do you find enjoyable/fulfilling?
- Has your role or experiences of parenting changed in recent times? What sort of things have you done in the past? What would you like to be doing now? Describe your relationship with this child? Can you tell me what has happened with your other children?
- When you became a parent, what did you think it would be like? Are things as you expected? When you think about your role as a parent, what is important to you?
- What do you want for your children? How would you like your children to remember you?
- In your role as a parent, what's currently working well? What parts of being a parent do you think you are good at/ best at?
- Are there things about your current role as a parent that you would like to change? Are there skills/information/supports that would help you achieve these changes?
- What currently gets in the way of achieving your goals as a parent?
- Do you feel confident that with the right supports you can achieve the goals you have for your child?

### Getting support with Parenting:

Parenting is rarely a task undertaken by one person alone. Practical or emotional support and information can come from family, social networks or formal services. The level and type of support will vary according to the needs of both the child and the parent, at any point in time. An Ecomap (described in this Booklet) can also help you to examine the support your client gets with their parenting.

- Where do you get support with the care of your child? How often and how much? What other supports do you or your family get with day to day tasks?
- What sort of supports have you used in the past? How effective did you find these supports?
- What sort of supports do you need to achieve the goals you have for your child? What support would be useful?
- What support do you get for yourself at the moment?

**Taking the first step:** It is important to keep your clients moving toward their goals as a parent. Therefore it is very useful to identify any step in the right direction that can be taken immediately. The treatment plan (described in this Booklet) can also help you to structure any steps that your clients take to help them achieve their goals.

- Where to now? What could you do today that would help you move closer to your parenting goals? What could you do before we meet next time?
- What supports might be available right now that would help you achieve one of your parenting goals?
- What sort of emergency supports could you use if you become overwhelmed or experience difficulties with your children or your parenting? Would you use a helpline? (See Booklet 3 for some parent support services and resources ).

**Alert:** Many isolated parents tend to use their children for emotional support and friendship. This may seem like an appropriate way for parents to build a strong relationship with their children. However, young children need opportunities to be children. They need time for play. They need clear boundaries with appropriate levels of responsibility. Children need to be sheltered from the emotional worries and stress experienced by their parents. All parents need their own emotional support, and they need to get this from other adults.

**Remembering that your clients are parents:** As you continue to work with your clients, it is important to remember that parenting can impact on all parts of your work. Ask about whether parenting stress or successes relate to your client's situation and follow up on any referrals you have suggested.

- How are the children doing at the moment? How are the new strategies working? Are you or your children still participating in any of the new activities you had started last time?
- How are you going with your parenting goals? What is working well for you? Is there anything you need to change to make it work better?
- Did you find that referral helpful? What other support do you need at the moment? Do you still have the number for that Helpline I gave you?
- Is the stress you are experiencing at the moment related to the difficulties you are having with your children? Have you done anything fun with your children lately?

### Essential Assessment Questions

It is recommended that the following three questions be included, as a minimum, on the formal assessment forms in all drug and alcohol agencies. Such questions will open up the discussion about a client's role, or potential role, as a mum or dad. The data would assist the planning and allocation of resources for any parenting or child support that might be needed.

1. Do you have any children? Yes/No
  - If no, are you planning to have a child in the coming year?
2. What is the gender and age of each child? Male/Female  
Age \_\_\_\_ (years)
3. Are you currently the child's full-time primary care giver? Yes/No
  - If no, which of the following best describes the contact you have with your child(ren)?
    - a) Regular part-time care,
    - b) Some access or visits, or
    - c) Very little or no contact

### Essential Assessment Question for Pregnant Women

Are you currently seeing a health professional for pregnancy care? (e.g., obstetrician, Women's Alcohol & Drug Service)


## Parent/Child Observations

### Why Observe Parent-Child Interactions?

Directly observing interactions between a parent and a child is one of the most reliable ways of gathering information about parenting behaviour. There is often a difference between what people report is happening and what is actually happening. This is because it is difficult to be both observer and participant in an event, or because a parent may not wish to reveal the difficulties that they are experiencing, due to embarrassment or fear about being blamed or judged.

### What is an Observation?

Direct observations consist of information that is collected from watching your client interact with their child. Direct observation can provide information about the type, frequency, intensity, triggers, outcomes and context of parenting behaviours. Your observations might help you to decide if parenting issues will impact on your client's treatment. You should use opportunities as they arise to directly observe interactions between your client and their child. It is important to recognise that your presence may affect the parent's or the child's behaviour so that you do not place too much emphasis on what you have seen without checking it with other information sources (i.e., interview, questionnaire measures). Observations should be of both effective parenting behaviours and any difficulties a parent might be having. Remember it is

important to give positive feedback to your client about the things they are doing well. Observations should be objective (describe what is happening) rather than interpretations of what is happening to avoid overemphasising or misinterpreting from one incident. See the Box below for an example of an objective observation. 

Observations can be done formally by setting up a situation to increase the occurrence of specific target behaviours.


Workers do this when they wish to directly evaluate a client's or child's behaviour or skills. Formal observations can be conducted by using procedures such as videotaping, narrative recording, checklists, and coding schemes (whereby, a range of behaviours are noted on an observation record every time the specific behaviour occurs). The procedure chosen will vary depending on the goals of the assessment. For more detail on conducting formal



### Making objective observations

An objective observation is one that describes the behaviour that you have seen. Examples include: "The parent hugged her child" "She gave a clear stop instruction" "The child screamed for five minutes". When discussing your observations with your client it can be really difficult to remain objective. Our society has trained us to interpret what we see. For example, if I look out the window and see grey clouds I might say "it's cold outside". This is an interpretation. An objective observation would be "The sky looks very grey". It is important to use objective descriptions because when we make an interpretation from one piece of information we may be missing something critical or we may just be wrong. Consider the above example. Assuming it is cold based on one piece of information (ie. the clouds are grey), may be incorrect. The only way I will know for sure is to add some additional information, such as, what time of year is it (winter, summer etc), what is the temperature, or is the wind blowing. Each of these pieces of information add up to make the interpretation "it's cold outside" accurate or not.

If we apply this to the context of working with parents, it is important to gather information in a variety of ways so that we can make accurate interpretations. One type of information is the objective observation. Consider the example of a parent seen yelling at their child. One interpretation might be that the parent has an "anger" problem and needs anger management. However, if we gather some additional information, we might find out that the parent was up all night with a sick baby and then just prior to you entering the room their child was climbing up a high bookcase. That child has fallen and broken their arm from doing this type of thing in the past. Given all of this information our interpretation might be quite different – the parent needs sleep and some assistance with encouraging their child to do safer activities.

observations see Booklet Three for services that conduct training in parenting interventions. 

Observations can also occur informally, as part of any contact you have with the client when they have their children present. It is expected that most AOD workers will conduct more informal observations of their clients with their children. Informal observations can be used to alert you to potential issues your client is facing and goals they might like to set for themselves. However, informal observations on their own are rarely a sound basis for making judgements.

### How Do You Observe Parent-Child Interactions?

Whilst AOD workers may infrequently be in a position to conduct formal observations of their clients, many will have the opportunity to see their clients with their children. This may occur in the waiting room of the AOD agency or during a session where the client brings their children or even when the client attends to pick up their dose or take part in a needle exchange program. The following are some steps to making an informal observation:

1. It is useful whenever possible, to take note of how your client and their child interact with one another. The more often you can observe your client's behaviours, the more certain you can be about any conclusions you make.
2. After observing an interaction between a parent and child, write down the details of what you saw.

The list on the following pages 'Typical Parent-Child Interactions' provides some ideas of the sorts of interactions you might see when a client is coping well with parenting (please note this list is not exhaustive).

3. If you do not observe at least some of these parent/child behaviours, it may indicate that your client needs some help. The summary of risk and protective factors and the child development guide in this booklet may also help you decide if your client is having parenting difficulties.
4. If this is the case, discuss with the parent what you have seen. Whenever possible, hold the discussion at a time when the client is calm and has time to talk. By having this discussion, you can check whether what you saw was a typical interaction and ask about other related issues. Refer to the box below for ideas on holding positive discussions based on your informal observations.



### Discussing your observations

Remember to comment on your client's successes if you catch them engaging in positive interactions with their child. We all like to receive praise for the things we are doing well. Describe what you see, rather than offering an interpretation.

Always begin a discussion of what you have observed by describing the child's behaviour (not the parent's) as this will be less threatening to the parent and will help them to feel that you understand their perspective. Consider the following example:

**Observed Situation:** Parent yelling at child to stop throwing toys in the waiting room

**Unengaging Description:** "I noticed that you yell a lot at Timothy to stop. Is this something that you do often? Do you want some help with it?"

**Likely Result:** Parent likely to feel criticised and reluctant to discuss parenting with you

**Engaging Description:** "I noticed that it was really difficult for you to get Timothy to stop throwing toys. You had to tell him over and over again and even yell to get him to stop. Is this what usually happens when you go out? Would you like some help to make it easier to manage?"

**Likely Result:** Parent feels understood and empathised with and consequently more inclined to talk and accept assistance.

ALERT: The following list 'Typical Parent-Child Interactions' is not a standardised Direct Observation form. It should be used to assist workers to identify issues for discussion with their client and to help clients identify parenting goals. This type of informal observation is not a sound basis for assessing parental competency.

## Typical Parent-Child Interactions

### INFANTS (0 -18 MONTHS)

- Parent comforts child when distressed
- Parent gives child attention/responds when child wants attention
- Parent plays with child
- Parent attends to child's feeding needs (eg., has food/drinks available when appropriate)
- Parent changes child's nappy when required
- Child is dressed appropriately for the weather
- Parent and child seek out each other's eye contact
- Parent talks to child
- Parent provides interesting activities for child to look at, touch, listen to and taste
- Parent and child give and respond to affection (eg., cuddling, rocking)
- Parent sets limits (eg., distracts child from touching dangerous objects)
- Parent ensures environment is safe
- Parent knows where child is, who they are with, and what child is doing at all times

### TODDLER (1 – 2 YEARS)

- Parent makes home environment safe (eg., power-point protectors, dangerous objects locked away or stored out of child's reach)
- Parent knows where child is and who with at all times
- Parent provides child with (and participates in) a range of interesting activities (to stimulate learning and development)
- Parent praises child for good behaviour
- Parent talks and listens to child
- Parent and child demonstrate affection
- Child seeks out parent if hurt or upset
- Parent responds when child seeks attention
- Parent sets limits (eg., clear instructions, distracts child from dangerous or undesirable activities)

### PRESCHOOLERS (3 – 5 YEARS)

- Parent makes home environment safe (eg., power-point protectors, dangerous objects locked away or stored out of child's reach)
- Parent knows where child is and who with at all times
- Parent provides child with (and participates in) a range of interesting activities (to stimulate learning and development)
- Parent praises child for good behaviour
- Parent talks to and listens to child
- Parent and child demonstrate affection
- Child seeks out parent if hurt or upset
- Parent responds when child seeks attention
- Parent sets limits (eg., distracts child from dangerous or undesirable activities, or removes activity for a short period of time)
- Parent encourages independence (play, self-care)
- Parent gives clear instructions
- Parent has clear, simple rules
- Parent deals with misbehaviour calmly and consistently
- Child plays alone for short periods of time
- Child generally complies with parent's instructions

## Typical Parent–Child Interactions

### PRIMARY SCHOOLERS (6 – 12 YEARS)

- Parent encourages independence and problem solving (child finds own answers)
- Parent and child demonstrate affection
- Parent praises child for achievements, efforts, and good behaviour
- Parent gives clear instructions
- Child complies with parent instructions
- Parent gives child more/increasing responsibility
- Parent remains calm when managing misbehaviour
- Parent talks to and listens to child
- Parent provides child with (and participates in) a range of interesting activities (to stimulate learning and development)
- Parent sets limits (eg., clear instructions, removes activity for a short time, uses time out)
- Parent has clear, simple rules

### EARLY ADOLESCENCE (12 – 15 YEARS)

- Parent gives adolescent increasing responsibility/independence (adolescent has input into problem solving and decision making)
- Parent and adolescent treat each other with respect
- Parent and adolescent speak nicely and calmly to each other
- Parent acknowledges adolescent's achievements and efforts (eg., gives praise and positive feedback)
- Parent places limits around adolescent behaviour and acts on consequences

Note: For older adolescents (15-18 years), it is expected that the same behaviours will be observed. Additionally adolescents should be making more independent decisions.

## Genograms and Ecomaps

Genograms and Ecomaps are a visual way of representing the relationships of people in your client's environment at a particular point in time. By repeating or modifying these diagrams, they also provide useful tools for recording and understanding developments within your client's family over time, including their interactions and social support needs. These tools are therefore helpful for interviewing, planning and tracking changes.

### Genograms

The Genogram is a family tree that typically shows three or more generations of people. It provides a picture of the family system through time. It can show genealogical

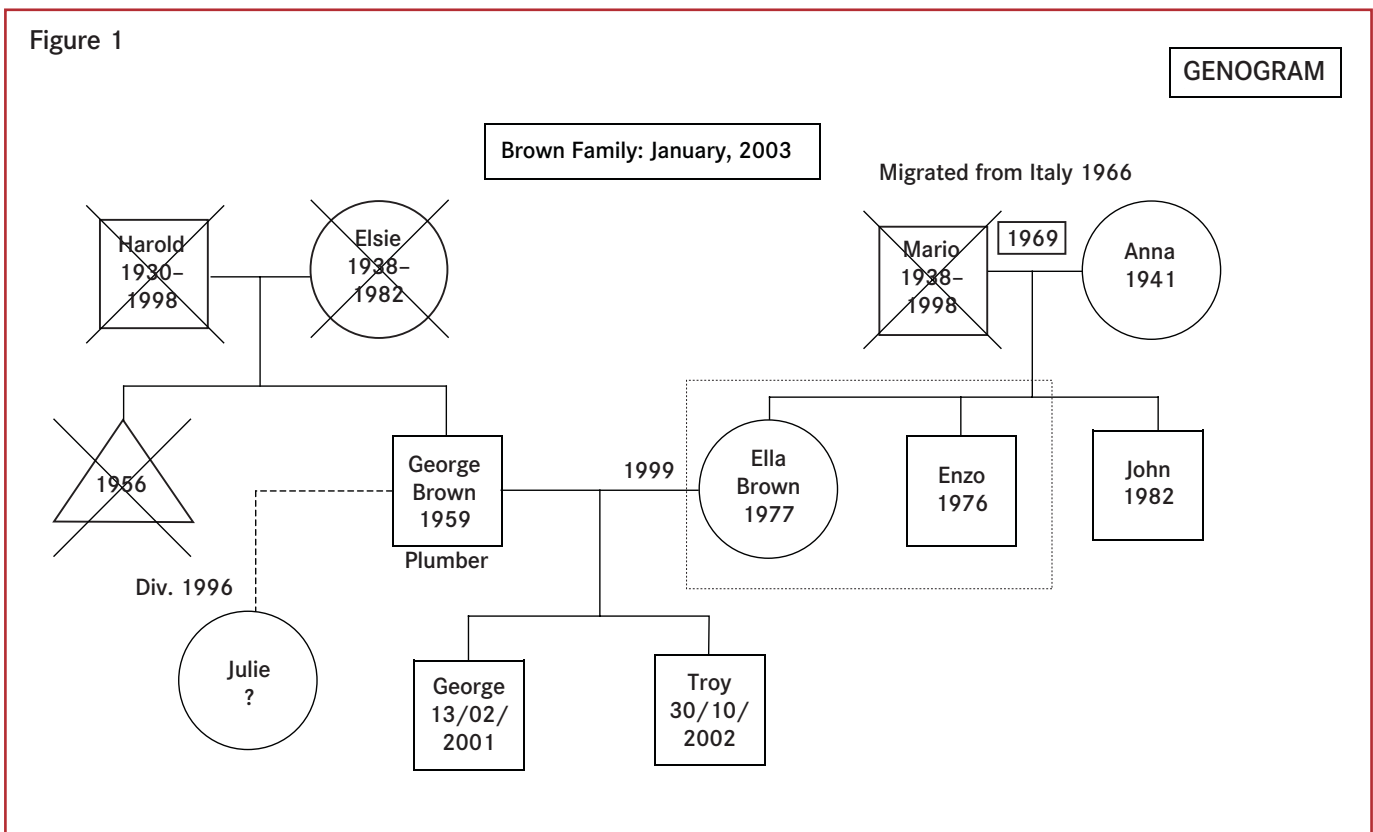
relationships, information about family structure, major family events, losses, migration, roles and communication patterns. It is a tool that can be used to understand an individual in the context of their total family system.

Genograms are used in a range of practice settings to engage and assess families and individuals, and to assist in targeting areas for change. The collaborative process of constructing a Genogram provides the opportunity to build rapport with your client.

To create a Genogram you need a large piece of paper because the more generations you explore, the wider it gets. Males are drawn as squares, females as circles, and triangles are used when gender is not known.

Marital pairs are shown by drawing a line from a square to a circle and the marital date can be added on the line.

Children are added starting with the oldest from left to right. A divorce is indicated with a dotted line and it can be useful to include the dates on the line. Drawing an X through a symbol and writing the year of death signifies a family member who has died. Drawing a dotted line around the family members who make up the household can also be useful to highlight the members in complicated reconstituted families. Generations are represented by expanding the Genogram vertically and the current generation of family members (brothers, sisters and cousins) is added to the diagram horizontally.





### What other information can I include?

Charting a Genogram allows the recording of dates of births and deaths, when members joined a family or left, family losses, as well as indicating the age of parents at the birth of a child and how early or late into the marriage or partnership the child came. Birth-dates show each individual's age and place within the family and can draw attention to potential roles such as "responsible older child" or "baby of the family". These can all be useful to highlight intergenerational identifications. Migrations, relocations, periods of loss, upheaval or change, as well as occupations, interests, socioeconomic status, causes of death, all provide a worker with information to help understand the family system.

The family's communication structure and the relationships among members, such as level of closeness and distance, boundaries, conflicts and alliances, can also be shown. For example, drawing a line around parts of the family with close links can denote close communication bonds.

Genograms can be detailed or simple representations of your client's current family circumstance. You can vary the level of detail according to your role and the needs of your client. See Figure 1.

Adapted from C-Frame: Parenting Skill Development Framework (2004, Commonwealth of Australia).

### Ecomaps

#### What is an Ecomap?

An Ecomap is constructed in much the same way as a Genogram, that is, by using symbols to represent elements of the client's family. However, Ecomaps are a broader tool than genograms in that they allow you to take a much wider view of your client's life, including the nature of relationships and the flow of emotion, activity or resources within their family system and between their family and other systems. An Ecomap can demonstrate supports, conflict or disconnections in a family's social network and is particularly useful where you believe that there are problems in the match between the family and its environment. Constructing an Ecomap collaboratively with your clients may help to target areas for goal setting. As the process of constructing the map can point out the nature of the family's boundaries (Who interacts with Who and Who takes responsibility for What.), any conflicts that may need to be mediated or resources required may also be identified.

The ecological perspective of an Ecomap highlights to your client that you are interested in the complex experience of parenting, rather than just searching for failings or deficits. Ecomaps can also be used to highlight changes, reinforce progress or evaluate outcomes as new information comes to hand or when the family is able to access new resources. A comparison of Ecomaps prepared at different points in time can graphically demonstrate the changes that have occurred.

#### How do I draw an Ecomap?

To create an Ecomap you draw the family in a circle at the centre of the network and then identifying other people, groups or services that have an impact on the family (e.g. extended family, friends, employers, health care services, recreation groups etc.). Identifying systems or resources that are required but missing (usually represented by no connecting line to the family), and determining the nature or strength of connections between the various parts of the network adds to the overall quality of the picture.

There are no exact rules as to how to represent the various elements on an Ecomap (see figure 2). Usually, the family system or household is drawn within a large circle in the centre of the map. Relationships between family members are represented by drawing a family tree, similar to the format of Genograms (see above). Males are drawn using squares and females using circles, and it can be useful to put the person's age in the centre of the circle or square.

Next, connections between the family and different parts of the environment are added, for example, work, extended family, school, health care and recreation. Lines are drawn showing connections between the family and their extended systems, with a solid or thick line indicating a strong or important connection and a dotted line representing a tenuous connection.

A relationship under stress or in conflict can be represented by drawing a jagged line and the direction or flow of resources can be indicated by drawing

arrows. Alternatively a brief description of the nature of a relationship, provided by the client, can also be written along the connecting line. The Ecomap can also be used to highlight the differences between different family members' connections to the various outside systems, for example a connection can be drawn between a particular family member and an outside group to emphasise when family members have differing relationships.

**What is an Ecomap used for?**

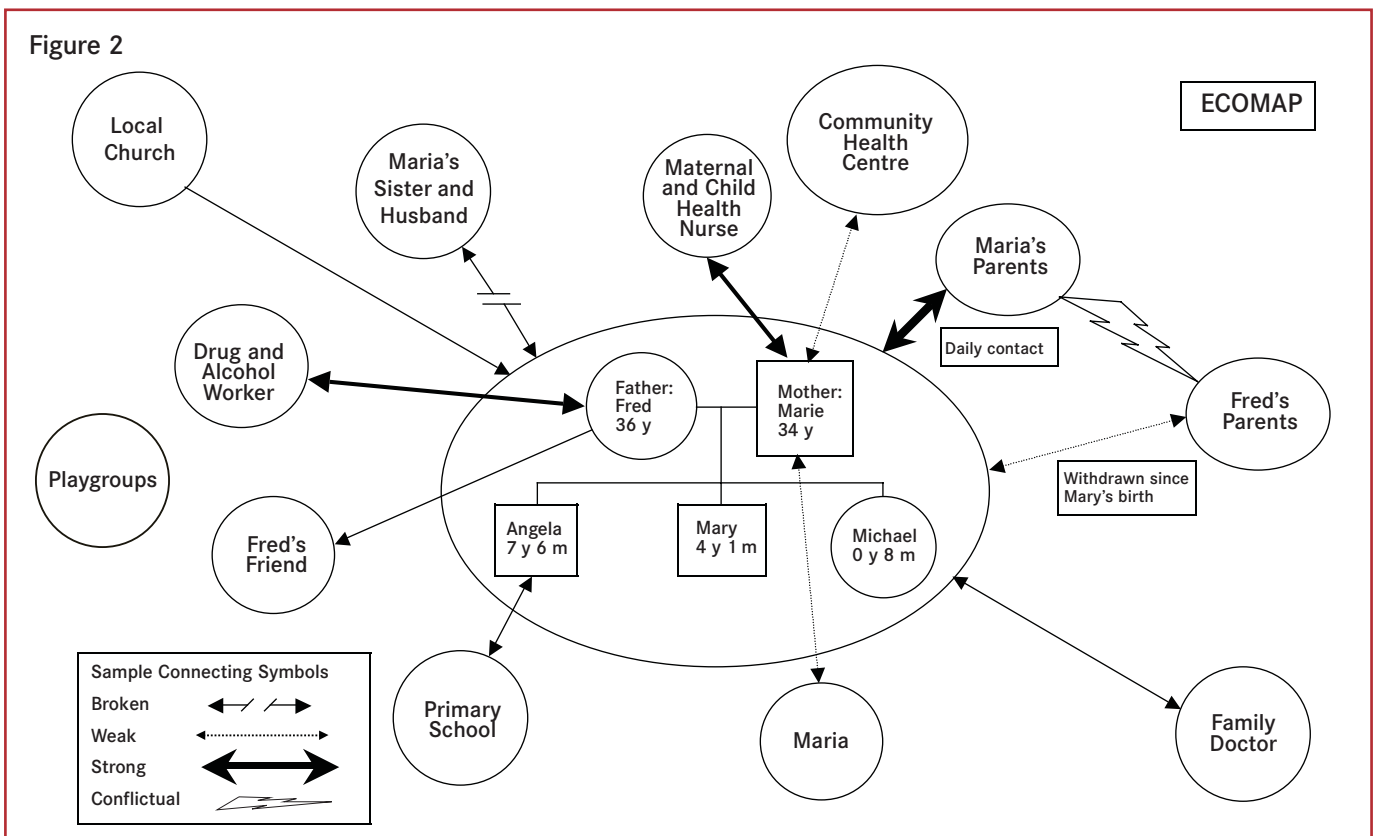
The Ecomap is not only a useful tool for you to organise, integrate, record and assess information, but the process of construction can also be useful to clients by providing a picture of their

family's situation. Ecomaps can allow the connections, themes and qualities of the family's life to be seen and can encourage the integration and acceptance of a family's situation in a different way than before. For example, a fairly empty Ecomap may help a client to begin to share their loneliness and isolation and draw attention to areas in need of development or change.

In summary, Ecomaps graphically facilitate the collaborative identification of relationships, issues, resources required, potential strengths and assist in the planning of actions that lead to change. Repeating an Ecomap can also be a useful way of tracking change, as elements are added/removed or the connection between elements changes.

**Alert:** Software programs exist that can be accessed via the Internet that generate computer based Ecomaps (e.g. smartdraw.com). This can be useful if a permanent record is required.

Adapted from C-Frame: Parenting Skill Development Framework (2004, Commonwealth of Australia).



## Treatment Plans

### What is a Treatment Plan?

When a client first attends your agency, you usually begin by finding out what type of help or service they want from you. To do this, you may have an assessment or screening procedure in place to examine what problems or supports your client needs.

Following the 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 tasks 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.

Like assessments, treatment plans can also be organised around the domains in a person's life. Domains may include Health, Housing, Legal, Parenting, Recreation, Relationships, Vocation, and of course Drug Use. This ensures that the work you do incorporates all of the issues that are important to your clients.

Many workers already write and use individual treatment plans with their clients. In some agencies, it is standard practice and treatment plans are required for accountability or accreditation purposes.


### How do I write a Treatment Plan with my clients?

Following an assessment of your client's needs, you can begin writing a Treatment Plan by asking your clients to tell you about their life goals and what they hope you can help them with. Ordinarily, you allow your client to list these goals, hopes and dreams without too much interruption. This helps to ensure you record the issues that are important to your clients.

Once this has been done, it can help if you and your client work through this list and label the goals as long-term or short-term. You may also want to label them as goals that relate to specific issues, or goals that are more general. For example, "To improve my health" is more general, while, "Go and see a doctor about whether I have Hep C" is a specific goal.

You may like to buy or borrow one of the many guides or books that have been written on creating individual Treatment Plans. Many of these are specific to a topic area and contain hundreds of pre-written goals, objectives, and suggested interventions to help get you started.

The next step is to discuss your client's goals with them. General goals may need to be broken down into components that are more specific or sub-goals. This can make them more realistic and achievable. Remember that long-term goals will take more time to achieve. Good treatment plans always have a few simple goals to give you and your client some quick positive outcomes. It can also be useful to have

a few medium or long-term goals as well. These can give your client direction and provide them with a challenge. (More detail on Goal Setting is included in the 'Working with Parents' section of .)

Ideally, you should write goals so that you can easily determine if they have been achieved. For example, "To address my drug problem" is ambiguous, whereas, "To only drink alcohol on two or less days per week", will be easier to assess.

Next, you may discuss which goals you or your agency can help your client with, and which goals they may need to get some other help with. You might also work together to determine the priority given to each goal. This will help to ensure that you are always working on things that are important to your client.

The last step in writing a Treatment Plan is to list beside each goal, an objective about how you and your client will achieve each goal. Again, these interventions or tasks need to be specific, observable, realistic and achievable.

### How do I use a Treatment Plan with my clients?

Don't spend too long creating the perfect plan. Encourage your client to begin work on their goals as soon as possible. Give your client a copy of the treatment plan. You may both agree to sign the plan so it forms a clear contract of the things you will work on, and outline who is responsible for each task. Even if you don't see this client again,

you may have helped them to simplify the way forward.

Review the treatment plan regularly. This allows you both to check the progress towards your client's goals and to record their successes and any obstacles or setbacks that arise. Together, you may decide to add new goals or make changes to the treatment plan at this time. You may need to help your client build in rewards for when they achieve a goal.

While treatment plans can seem formal, they help keep your work with clients focussed and on track. They also help your client measure their progress and to determine whether what you are doing together is working.

### How do I incorporate parenting issues into my client's Treatment Plan?

Parenting issues can be included in your client's treatment plan like any other life domain. If you decide to structure the way in which your client generates their goals, you can ask them to think of some hopes or dreams that they have for their children or about their family relationships. However, your client may bring up some goals relating to being a mum or dad without any prompting. If your client has difficulty thinking of some specific goals, you might provide them with a list of goals to think about. A child development chart can help do this.



### Some examples of parenting goals are:

- to learn and practice alternative and more effective ways of responding when my children misbehave
- to re-gain custody of or make contact with my child
- to spend at least 2 minutes with each child 4 times each day
- to give my child a birthday party this year
- to get my child to school each day on time
- to list details of all the supports in my local area
- to increase the number of visits I make to my children from monthly to fortnightly
- to arrange a time for my children to see their grandparents
- to provide and encourage my children to eat more fruit and vegetables
- to learn to manage my money better so I can provide a weekly treat for my child
- to reduce my guilt about being a bad parent
- to speak more politely with my child's mother
- to read to my children at least 3 times a week
- to contact or visit my child's teacher at least once a term to discuss their progress at school
- to limit the number of hours my child spends in front of the television
- to not swear in front of my children
- to give my child more cuddles
- to encourage my child's father to be more involved with my child.

### How will we know if goals have been achieved?

The following questions may assist clients to identify any successes:

- How will you know when you've met your goal?
- How will you know if you are making progress in a positive direction towards your goal?
- What will you be doing differently?
- What will others be doing differently?
- What would be happening tomorrow that is different from today?
- Who will notice a difference?
- What will they notice that is different about you?

# Treatment Plan

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Client's Gender: M  F

Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_


Domain & Goals	Interventions or Specific Tasks	Person Responsible	Due Date/ Completed
Drug and Alcohol			
1.	1. 2.		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
2.	1. 2.		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3.	1. 2.		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Date:	Progress Comments:		

# Treatment Plan

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Client's Gender: M  F   
 Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Domain & Goals		Interventions or Specific Tasks		Person Responsible	Due Date/Completed
1.		1.			<input type="checkbox"/>
		2.			<input type="checkbox"/>
2.		1.			<input type="checkbox"/>
		2.			<input type="checkbox"/>
3.		1.			<input type="checkbox"/>
		2.			<input type="checkbox"/>
Date:	Progress Comments:				

## Ready-To-Use Templates & Information Sheets

The following templates and information sheets are forms that may be used with your clients or adapted to suit your particular circumstances. All templates are available for downloading on the DHS Website. See Booklet Three for details. 

The first template, **“Support in My Local Area”** provides parents with an opportunity to find out about and to document the services and supports for parents and their children that exist in the local area. By filling this in with your clients, or by doing this as an exercise yourself, this template also provides workers with an opportunity to discover their local services and to begin to build relationships with workers that will improve any future referrals.

**“Getting The Support I Need”** helps parents consider the types of support that are currently available to them and provides a focus for relationships to develop for future support. This template may also help workers to identify conflict in relationships and other barriers to overcome.

By completing the **“Care Plan for My Children”** with parents, workers will encourage their clients to consider the needs of their children during any period for which they are unable to provide full time care. This template will also help workers to explore the supports

available to their clients from other family members and gain parental permission to collaborate with schools and other workers should an emergency arise. This type of sharing of information can be developed over time and faxed to other professionals as needed.

The **“Circles of Harm and Safety”** template can be used with parents who want to explore ways to minimise the impact that their drug use may have on their children. It can be used to highlight and document a parent’s strengths and the things that they are already doing to ensure this. You may also use this as a tool during motivational interviewing.

Some parents would like to discuss their drug or alcohol use with their older children but are unsure about how to do this. **“A Message to Kids”** may be copied and given to parents to help them with this task. They may decide to pass it on to their children, or simply discuss the issues it raises with them.

**“Defining Parenting Problems”** will help workers to explore parenting issues in a way that leads to clear problem definitions. A template is included to document the list of problems you may generate with your clients. This will assist workers to create parenting goals to include in your treatment plan.



Clients will be more likely to use a template if they view it as their own rather than as something they are doing for you as their worker. To increase your client’s sense of ownership, try the following:

- Hand the form you are discussing to the client. Let them hold it while you talk.
- If possible have your client fill in the form.
- For forms that do not require filling in (i.e., Fact or tip sheets) highlight some part of the text that you want your client to pay attention to or write their name on it.
- Ask your client if you can make a copy of it for your records.





## Support in My Local Area

This template may be used to record the details of services for parents and their children in any local area. Parents or workers can fill this in by making contact with local service providers or local councils. Workers might like to do this as an exercise with parents, to improve relationships with other key workers. Remember to keep it in a visible area and refer to it as needed.

**In Case of an Emergency call:** 000    **Lifeline:** 13 11 14    **Kids Helpline:** 1800 55 1800  
**Parentline:** 13 22 89

**Poisons Information:** \_\_\_\_\_

**Local Doctor:** \_\_\_\_\_ Ph. \_\_\_\_\_ A/H Ph. \_\_\_\_\_

**Local Hospital:** \_\_\_\_\_

### Maternal & Child Health

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			
3.			

### Child Care Centres / Child Care Options

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			
3.			

### Local Kindergartens / Schools

Kinder or School	Address	Assistant Principal	Phone
1.			
2.			
3.			

### Children's Social or Recreational Groups / Activities

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			
3.			

**Child & Family Services**

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			

**Local Respite Care**

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			

**Local Centrelink Office & Key Staff Contacts**

Address	Contact Person	Role	Phone
1.			
2.			

**Community Centres, Toy and Book Libraries & Neighbourhood Houses**

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			
3.			

**Cultural and Linguistically Diverse Supports**

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			
3.			

**Other**

Agency & Service offered	Address	Contact Person	Phone
1.			
2.			
3.			

## Getting The Support I Need

List all the people in your life that do or could provide you with support. Try to include even people who don't provide you with support now, but that could in the future. Think of support as any of the following:

1. practical assistance such as babysitting or financial help;
2. personal support such as having someone to talk to or spend time with; or
3. information such as being given advice, tipsheets or books on topics of interest such as child nutrition or parenting strategies. Support can come from friends and family or from more formal sources, like your AOD counsellor or GP.

	Current Sources	Possible Sources
<b>Practical</b>		
<b>Personal</b>		
<b>Information</b>		

## Care Plan for My Children

This plan will ensure that your wishes and the wishes of your children’s other care givers can be considered if your children require temporary care. Temporary care may occur during an illness, a relapse, during detoxification or treatment, or during any other times when you may not be able to look after your children.

This plan should be completed by all of the children’s legal guardians. It is intended as an agreement about your wishes. It is not a legally binding plan.

Children’s Names:	Gender	Age
1.		
2.		
3.		
4.		
5.		

List all the people who currently look after these children on a regular basis.

Current Care Givers:	
	Relationship to child
	Relationship to child
	Relationship to child
	Relationship to child
	Relationship to child

In case of an emergency I/we would like our child/children to stay with any of the following people. All people listed have agreed to this.

Name:	Phone & Address:

Our specific wishes in case of an emergency are:

---



---



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---



---



---



---

## Key Contact Details and Information about My Children

Doctor's Name & Contact Details:

---

Medicare Number:

---

Child's Medication:

---

Special Needs about Feeding or Food, Health, Allergies, or Sleeping:

---

Current Child Care Centre:

---

Kindergarten or School:

---

Regular Activities or Appointments:

---

Current Support Workers:

---

Other Information:

---

In case of an emergency, I ..... the parent or guardian  
of ..... (list children) give my  
worker ..... permission to contact the following people about  
my children: .....  
Children's school teachers or principals: .....  
Workers: .....  
Family members: .....

Signed: ..... Date: .....

## Sharing of Information

I, ..... the parent/caregiver of  
..... do hereby provide permission for  
information about him / her and myself to be released to and by

(insert agency/professionals details) .....  
with the following people / agencies:

1. Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: ..... Date: .....

2. Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: ..... Date: .....

3. Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: ..... Date: .....

4. Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: ..... Date: .....

## Circles of Harm and Safety

### HOW TO USE THIS TEMPLATE:

In each circle: list 1 or 2 **good things** that you currently do to minimise the harm that your drug use has on your kids; list 1 or 2 things you currently do that are **not-so-good** for the well-being of your kids, and then list 1 or 2 things that you could do to make things safer for your kids. Remember to describe specific things that someone else could see you doing.

### Life style Acquiring drugs

Good things:

Not so good:

Child safety:

### Intoxication Using drugs

Good things:

Not so good:

Child safety:

Good things:

Not so good:

Child safety:

### Withdrawal Coming down from drugs

# A Message to Kids!

When your mum or dad is having problems with drugs and alcohol it can be really scary and confusing. You may feel lots of different emotions. Some kids worry about something bad happening to their mum or dad. Others wonder if they are to blame for their parent's problems. Some kids feel angry at their mum and dad and many feel guilty or think that they are being disloyal to their mum and dad if they talk about what is happening in their family.

You may even feel lots of different things on one day. Any feelings you have are okay and it is important to talk to someone about them. You need to feel safe, supported and protected. You may have someone that you trust to talk to

or you might prefer to talk to someone who doesn't know you or your family.

Some useful people to talk to include your school counsellor or welfare teacher or a family member (grandparent, aunt or uncle) or friend.

Kids Help Line can be a great place to start, if you want to get some things off your chest or get some help without telling anyone your name or your parents' names.

**Kids Help Line**  
**1800 55 1800**

A 24 hour anonymous counselling line for children aged 5-15 years.

Even if you don't want to talk to someone now, it can be helpful to remember that:

- You are not to blame for your parent's problems.
- Even though your mum or dad has problems, it doesn't mean that they don't love you.
- Your mum or dad may be trying very hard to fix their problem.
- Getting better takes time, but with some help, your parent should be able to get better.

You might like to write down the names of any people you think you would be able to talk to and their telephone numbers in the space below:

	Name	Telephone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____



## Defining Parenting Problems

### Why define a problem?

Parents often become overwhelmed by the problems in their lives. Coming up with a clear description of a parent's concerns can help them to establish some order. Sometimes, simply clarifying the problem is enough to set a parent on their way to solving it. In other cases, the problem definition can help you to determine how you can best assist the parent. A clear problem definition can also assist you to determine the most appropriate referral if this is required. Working with a parent to help them define their parenting problems can help you to see the problems from their perspective. It can help the parent be an active participant in clinical decision making. These outcomes enhance the therapeutic relationship and increase the likelihood of change.

### What should a problem definition include?

The more information you can get about a problem the easier it will be to work towards a solution. The problem definition should be as objective as possible. Anyone reading the definition should be able to identify the behaviour it describes. Once you have some basic information about a problem, encourage

the parent to be as objective as possible. Useful prompts include:

- What does this problem look like?
- If I walked in and this problem was occurring what would I see?
- How would I know that this was occurring? What would I see?
- Can you describe it so that a stranger could identify the behaviour using your description?

### Examples of vague descriptions and objective problem definitions are listed below:

Vague Descriptions	Objective Problem Definition
My child doesn't listen.	My child does not do what I ask him to do.
I can't take my child shopping.	My child puts things in the trolley and then lies on the floor kicking and screaming when I take her out.
My partner sabotages my attempts to get my kids to bed on time.	I tell the kids to go to bed at 7pm and my husband tells them they can stay up late and watch TV.
I lose control when my child is cheeky.	I yell at my child, calling her names and threatening to smack her when she answers me back.

The FINDS acronym can be a helpful way to remember what information to include in a problem definition.

**Frequency** – how often does the problem occur?

**Intensity** – how severe is it (e.g., on a scale of 1 to 10)?

**Number of Other Problems** – how many other problems exist at the same time?

**Duration** – how long has the problem been occurring?

**Sense** – why does the client think it is happening/what do they think caused the problem?

A FINDS description of the problem “My child puts things in the trolley and then lies on the floor kicking and screaming when I take her out” might be:

**Frequency:** Every time we go shopping

**Intensity:** She screams so loud everyone looks at her, she cries until she is breathless and her arms are red from hitting the ground. It is about 8 (on a scale of 1 to 10)

**Number of Other Problems:** She also runs off when we are shopping

**Duration:** These tantrums last about 10 minutes

**Sense:** It usually happens when I have told her she can’t have something or do something.

It can also be useful to look at a problem in terms of what happens before and after the problem situation, that is, its triggers and consequences.

The following table provides some examples:

Trigger	Behaviour	Consequence
I told Kelly she couldn’t have the chocolate she wanted.	Kelly lying on the supermarket floor kicking and screaming.	I gave Kelly the chocolate so she would stop screaming.
I asked Sam to pick up his toys.	Sam walked away and left his toys on the floor.	I refused to let Sam turn on the TV until he had picked up his toys.
Playing at the park.	Harry ran off and wouldn’t come back to me when I called.	I said Harry could have an ice-cream if he came back.

## What else might be helpful to know?

You might need to find out all sorts of other information about the problem. Different problems will require different information. Examples include:

- How long has this been occurring?
- What do you think might be causing the problem?
- Are there any things that make the problem better, or worse?
- What would you like to happen instead?
- What have you tried so far?
- Have you resolved similar problems in the past? What worked then?
- Are there any other problems that are related to this one?
- How does this problem impact on your life?


## What if there are multiple problems?

In most cases parents will have more than one parenting concern. A never-ending list of problems can be overwhelming for both the parent and the worker. A problem list can help. In addition to summarising problem information, a problem list can help parents to see why they feel so overwhelmed by their problems and why it will take some time to address them all. This list also helps workers to involve parents in treatment planning and to ensure they are working on the parent's priorities.

The following categories help you and the client to prioritise their problems:

- **Immediacy** –how soon the client thinks it needs to be addressed
- **Difficulty** –how hard your client thinks it will be to resolve
- **Influence** –how much control your client feels they have over changing the problem
- **Priority** – how important is it to your client on a scale of 1 to 10

## Where to from here?

You could choose to do a number of different things once you have assisted your client to define their parenting problems. You may give your client some information about solving their problems or you may decide that you are not able to help and that a referral may be necessary. Where you can assist, you may begin by exploring how their parenting problems are related to their drug use and then set goals or encourage the client to monitor problem behaviours. (See setting goals and making referrals in Booklet one. 

Problem	Immediacy (Immediate, Short Term, Long Term)	Difficulty (Hard, Moderately Hard, Very Hard)	Influence (High, Some, None)	Priority (1 is low, 10 is extremely high)
Kids not following instructions	I	VH	S	10
Me yelling at the kids	ST	MH	H	6
Getting the kids to bed	I	VH	S	10
Child not doing homework	ST	MH	S	7

## Problem List

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Problem	Immediacy (immediate, short term, long term)	Difficulty (hard, moderately (hard, very hard)	Influence (high, some, none)	Priority (1 is low, 10 is extremely high)

## Screening and Assessment Measures

There are many widely available tools to help you gather information about parenting and related child development or problems. These tools can be in the form of questionnaires, checklists or interview guides. Some address specific issues, while others attempt to cover the full range of parenting elements. No one assessment measure will provide you with the full picture of a client's life, their strengths, stressors and experiences. It is therefore recommended that the tools listed here be used in conjunction with other assessment methods such as interviewing and observations to assist you to develop a full understanding of your client's values, goals and needs.

The following measures have been chosen because they are simple to use, have been well researched and provide reliable, valid information on which to base decisions. These measures may be used as a part of a formal assessment or screening process. They may also provide evidence to support clinical decisions regarding client need or appropriate referrals, or be used to evaluate client change in response to an intervention.

Descriptions of each of these tools are provided on the following pages.

Domain	Tool	Author	Status
Child Behaviour	1. Strengths and Difficulties Questionnaire	Goodman	<b>Included</b>
	2. Eyberg Child Behavior Inventory	Eyberg & Pincus	Summary
Parenting Stress	3. Parenting Daily Hassles	Crnic & Greenberg	<b>Included</b>
	4. Parenting Stress Index	Abidin	Summary
	5. Adult-Adolescent Parenting Inventory	Bavolek	Summary
Relationships	6. Relationship Quality Index	Norton	Summary
	7. Family Problem Communication Index	McCubbin et al	<b>Included</b>
Support	8. Family Needs Scale	Dunst et al	<b>Included</b>
	9. Maternal Social Support Index	Pascoe et al	Summary
	10. Family Relationship Index	Holahan & Moos	Summary
	11. North Carolina Family Assessment Scale	Kirk & Reed Ashcraft	Summary
Child Risk Assessment	12. Child Abuse Potential Inventory	Milner	Summary
	13. Hearth Safety Assessment Tool	Robinson & Camins	Summary

## Child Behaviour

Screening measures of child behaviour may be useful if you wish to determine the type of problems that your client is experiencing with their children or the extent to which child difficulties are different to those in the general population. Such information may help you identify stresses in your clients' lives and help you to decide what additional support or referrals may be necessary.

### 1. Strengths and Difficulties Questionnaire (Goodman)

The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening measure for 3-17 year old children. It is available without charge for non-commercial purposes. It can be used for assessment, research, or outcome evaluation. Parents can complete this simple 25-item measure in about 5-10 minutes. A supplement assesses the perceived impact of the child's behaviours in a number of areas. Various versions exist in different languages for parents and teachers of children and for older children to complete themselves.

The questionnaire can be administered and scored with minimal training. The questionnaires, clinical norms, articles and other information about this measure can all be downloaded at [www.sdqinfo.com](http://www.sdqinfo.com).

### 2. Eyberg Child Behaviour Inventory (Eyberg & Pincus)

This screening measure of externalising behaviour problems is suitable for children aged 2-16 years and takes approximately 5 minutes to complete. This 36-item measure is designed to assess the severity of conduct problems and whether the behaviour is something that the parent is worried about or finds stressful.

The Eyberg Child Behaviour Inventory can be used for assessment, research, or outcome evaluation. This published questionnaire can be purchased through [www.parinc.com](http://www.parinc.com). Graduate psychology training is recommended for the interpretations of scores.

## Parenting Stress

How satisfied or stressed a client is feeling about their parenting may have a large impact on their life and on their drug or alcohol treatment.

Measures of parenting confidence, stress or attitudes may be useful if you wish to further examine the nature of parenting difficulties your client is reporting. They may also highlight the extent to which these difficulties are impacting on your client's life. Such information may help you to generate some parenting goals or assist your decision to offer a referral to a parenting support service or a skills development program.

### 3. Parenting Daily Hassles (Crnic & Greenberg)

This scale assesses the frequency of 20 'daily hassles' that may be experienced by parents or care givers. It also measures the perceived intensity or impact of these daily hassles. It is particularly useful for those caring for young children. Parents generally enjoy filling out this scale, which takes about 10 minutes.

The scale can be used to highlight areas for future discussion or intervention. Scores can also be used to assess whether problems lie in child behaviours or parents expectations of children's needs.

For more information see Crnic, K.A. & Greenberg, M.T. (1990). Minor parenting stresses with young children. *Child Development*, 61, 1628-1637; Crnic, K.A. & Booth, C.L. (1991). Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and the Family*, 53, 1043-1050.

#### 4. Parenting Stress Index (Abidin)

This screening and diagnostic instrument measures the level of stress a client is experiencing as a parent and helps to determine whether the stress is related to characteristics of the parent, the child, or other areas of their life (eg. Relationship stress). The measure is most relevant for parents of pre-school children but it can be used for children under 10 years. The 36-item short form can be completed in about 10 minutes. A longer form yielding 7 child domains and 8 parental domains is also available, as is a software version.

This instrument provides a wealth of information for those wishing to explore, assess, or evaluate parenting with their clients and can be purchased through [www.acerpress.com.au](http://www.acerpress.com.au).

#### 5. Adult-Adolescent Parenting Inventory (Bavolek)

The Adult-Adolescent Parenting Inventory is a 32-item assessment of high-risk parenting and child rearing attitudes. It can be used with adolescent or adult parents and takes about 20-30 minutes to complete. No special qualifications are needed to administer this inventory. It can help workers to identify inappropriate expectations of children and parenting attitudes or practices that may be abusive.

The Inventory can be purchased through [www.nurturingparenting.com](http://www.nurturingparenting.com) and contains two alternative test forms to allow for re-testing within short time periods.

### Relationships

Relationship stress impacts on a person's ability to be responsive to their children's needs. Measuring relationship stress will help you to determine if your client is currently experiencing relationship difficulties. These measures may also help you to explore your client's typical approach to relationships. Such information may help you to identify any barriers your clients need to overcome in order to develop supportive and healthy relationships.

#### 6. Relationship Quality Index (Norton)

The Relationship Quality Index, also known as the Quality Marriage Index, is a very short and simple 6-item measure of marital or relationship quality and satisfaction. This may be used to gain a sense of current relationship satisfaction or as a measure of change over time.

For more information see Norton, R. (1983). Measuring marital quality: A look at the dependent variable. *Journal of Marriage and the Family*, 45, 147.

#### 7. Family Problem Communication Index (McCubbin, Thompson & McCubbin)

The Family Problem Solving Communication Index is a 10-item measure of family communication patterns. The measure explores two types of communication patterns: inflammatory (incendiary) communications that exacerbate family

stress and affirming communications that convey caring and support and exert a calming influence. This measure takes less than 5 minutes to complete and is a useful exploration of communication exchanges between parents and adolescents.

To score this scale: Reverse score items 3 & 9. For Affirming Communication: sum items 2,4,6,8,10. For Incendiary Communication: sum items 1,3,5,7,9.

For more information see McCubbin, H.I., Thompson, A.I., & McCubbin, M.A. (1996). FPSC: Family Problem Solving Communication, Family assessment: Resiliency coping, and adaptation – Inventories for research and practice, 639-684. Madison, WI: University of Wisconsin System.

## Support

Screening measures of formal or social support can be useful to assess the help that your client is receiving. Such information may assist you to identify gaps in your client's network that make it difficult to balance their own needs and self-care with their parental responsibilities and the needs of their children. Such information can inform your client's treatment planning or be used to evaluate the success of any case management or parent support intervention.

### 8. Family Needs Scale (Dunst, Cooper, Weeldreyer, Snyder & Chase)

This 41-item questionnaire is designed to measure the need for assistance, support of resources in different areas of a parent's life. It takes about 10 minutes to complete with parents who have children of any age. It is useful in exploring a parent's needs around basic resources, personal and family growth, planning, budgeting, social support and friendship, leisure, education, employment and childcare.

This measure may be reproduced without cost. More information can be found in Hanley, B., Tasse, M.J., Aman, M.G., & Pace, P. (2003). Psychometric properties and norms of the family needs scale. *Journal of Child and Family Studies*, 12, 41-48.

### 9. Maternal Social Support Index (Pascoe, Loda, Jeffries & Earp)

This 21-item questionnaire assesses the degree of support a mother is receiving from significant others, neighbours, relatives, and community groups. This tool is useful in clinical practice for exploring maternal help with daily tasks, emergency child care, satisfaction with family visits, satisfaction with partner and other support people communication, and community involvement.

For more information see Pascoe, J.M., Ialongo, N.S., Horn, W.F. Reinhart, M.A., & Perradatto, D. (1988). The reliability and validity of the maternal social support index. *Family Medicine*, 20, 271-276.

### 10. Family Relationship Index (Holahan & Moos)

This assessment tool assesses perceived quality of social support and family resistance to stress. This measure is derived from the Family Environment Scale and takes about 15 minutes to complete. It is made up of three sub-scales: Cohesion; Expressiveness; and Conflict. The Family Relationship Index is useful to explore family dynamics and to detect changes as a result of family interventions.

Standardised norms and the scale can be purchased through [www.mindgarden.com](http://www.mindgarden.com)

### 11. North Carolina Family Assessment Scale (Kirk & Reed Ashcraft)

This assessment scale examines five domains of family functioning: Environment; Parental Capabilities; Family Interactions; Family Safety; and Child Wellbeing. The scale contains 31-items rated by workers and takes 20-30 minutes to complete. It is widely used in intensive family preservation services as a measure of need, of progress toward parenting goals, and for re-unification preparation.

More information and this free scale can be downloaded at [www.nfjp.org](http://www.nfjp.org)



## Child Risk Assessment

Measures which explore or assess levels of child risk and safety can provide workers with a systematic and objective way of gathering information to inform their decision making. This information may be used to inform referrals, to detect and prevent potential child abuse or neglect, to identify your client's areas of strength or weakness, or to evaluate the effectiveness of your program interventions and parental harm minimisation strategies.

*Alert: These measures are a guide only. They can be used, in conjunction with other assessment methods, to aid your clinical judgements about whether your client needs further assistance or if a notification is necessary.*

## 12. Child Abuse Potential Inventory

The Child Abuse Potential Inventory is a 160-item self-report questionnaire which provides excellent information to assess risk for child physical abuse. It can be used as a screening tool or used to evaluate the effectiveness of parenting interventions and takes about 20 minutes to complete. This measure examines several personal and interpersonal dimensions of parenting including distress, rigidity, unhappiness, loneliness, child problems, negative concept of child and self, and problems with family or others. It has norms for general and disadvantaged populations and is widely used.

It can be purchased through [www.parinc.com](http://www.parinc.com) and requires psychology qualifications to administer and score.

## 13. Hearth Safety Assessment Tool

The Hearth Assessment of Children's Safety in a Drug Using Environment is a risk assessment tool that was designed to bridge the gaps in language, confidence and communication between child protection and alcohol and other drug treatment service providers. It assists workers to identify the source and level of risk to the child while maintaining therapeutic engagement with parents by also identifying signs of safety and family strengths. This tool is made up of two matrices, one focusing on the parent's drug use cycle, the other on the child in the context of their carer's drug use.

Use of this tool is restricted to accredited personnel. For information about obtaining accreditation contact the Hearth Program in Western Australia through [hea@upnaway.com](mailto:hea@upnaway.com) or **(08) 9370 3272**

## The Scales

### Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain of your response. Please answer these questions on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
1. Considerate of other peoples feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children (food, toys, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or moving about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Parenting Daily Hassles

The statements below describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and circle how often it happens to you (rarely, sometimes, a lot, or constantly) and then circle how much of a 'hassle' you feel that it has been for you FOR THE PAST 6 MONTHS. If you have more than one child, these events can include any or all of your children.

EVENT	How often it happens				Hassle (low to high)
1. Continually cleaning up messes of toys or food	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
2. Being nagged, whined at, complained to	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
3. Meal-time difficulties with picky eaters, complaining etc.	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
4. The kids won't listen or do what they are asked without being nagged	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
5. Baby-sitters are hard to find	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
6. The kids schedules (like pre-school or other activities) interfere with meeting your own household needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
7. Sibling arguments or fights require a 'referee'	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
8. The kids demand that you entertain them or play with them	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
9. The kids resist or struggle with you over bed-time	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
10. The kids are constantly under foot, interfering with other chores	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
11. The need to keep a constant eye on where the kids are and what they are doing	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
12. The kids interrupt adult conversations or interactions	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
13. Having to change your plans because of unprecedented child needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
14. The kids get dirty several times a day requiring changes of clothing	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
15. Difficulties in getting privacy	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
16. The kids are hard to manage in public (grocery store, shopping centre, restaurant)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
17. Difficulties in getting kids ready for outings and leaving on time	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
18. Difficulties in leaving kids for a night out or at school or day care	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
19. The kids have difficulties with friends (eg. fighting, trouble, getting along, or no friends available)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
20. Having to run extra errands to meet the kids needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5

Questionnaire completed by (please specify) mother/father/adoptive parent/foster carer/other.

## Parenting Daily Hassles Scoring

The scale can be used in two distinct ways:

- A) Total Frequency and Intensity Scales can be obtained
- B) Sub-scales of Challenging Behaviour and Parenting Tasks can be derived from the intensity scale.

### A) Total Scales

- The Frequency Total Scale is derived by adding all frequency scores (rarely=1, sometimes=2, a lot=3, and constantly=4). If the parent says that an event never occurs, score this as 0. The range for this scale is 0-80. A score of 3 or 4 for any event indicates that it occurs with above average frequency. A total score above 50 indicates a high frequency of potentially hassling happenings.
- The Intensity Total Scale is scored by adding the hassle ratings (1-5) for each item. If an item has been scored as 0 on the frequency, it should also be scored as 0 for hassle intensity. The range for this scale is 0-100. A score of 4 or 5 for any one event indicates that it is at least some problem to the parent. A total score above 70 indicates that the carer is experiencing significant pressure over parenting.

### B) Sub-scales

- The Challenging Behaviour Scale is obtained by adding the intensity scale scores for items 2,4,8,9,11,12,16. Scale range is 0-35.
- The Parenting Task Scale is obtained by adding the intensity scale scores for items 1,6,7,10,13,14,17,20. Scale range is 0-40.

### Family Problem Solving Communication Index

When our family struggles with problems or conflicts which upset us, I would describe my family in the following way:

	False	Mostly False	Mostly True	True
1. We yell and scream at each other.	0	1	2	3
2. We are respectful of each others' feelings.	0	1	2	3
3. We talk things through till we reach a solution.	0	1	2	3
4. We work hard to be sure family members were not hurt, emotionally or physically.	0	1	2	3
5. We walk away from conflicts without much satisfaction.	0	1	2	3
6. We share with each other how much we care for one another.	0	1	2	3
7. We make matters more difficult by fighting and bringing up old matters.	0	1	2	3
8. We take the time to hear what each other has to say or feel.	0	1	2	3
9. We work to be calm and talk things through.	0	1	2	3
10. We get upset, but we try to end our conflicts on a positive note.	0	1	2	3

**McCubbin, Thompson & McCubbin, (1996)**

## Family Needs Scale

Carl J. Dunst, Carolyn S. Cooper, Janet C. Weeldrayer, Kathy D. Snyder, & Joyce H. Chase

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This scale asks you to indicate if you have a need for any type of help or assistance in 41 different areas. Please circle the response that best describes how you feel about needing help in those areas.

To what extent do you feel the need for any of the following types of help or assistance:	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Having money to buy necessities and pay bills	NA	1	2	3	4	5
2. Budgeting money	NA	1	2	3	4	5
3. Paying for special needs of my child	NA	1	2	3	4	5
4. Saving money for the future	NA	1	2	3	4	5
5. Having clean water to drink	NA	1	2	3	4	5
6. Having food for two meals for my family	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family	NA	1	2	3	4	5
8. Feeding my child	NA	1	2	3	4	5
9. Getting a place to live	NA	1	2	3	4	5
10. Having plumbing, lighting, heat	NA	1	2	3	4	5
11. Getting furniture, clothes, toys,	NA	1	2	3	4	5
12. Completing chores, repairs, home improvements	NA	1	2	3	4	5
13. Adapting my house for my child	NA	1	2	3	4	5
14. Getting a job	NA	1	2	3	4	5
15. Having a satisfying job	NA	1	2	3	4	5
16. Planning for future job of my child	NA	1	2	3	4	5
17. Getting where I need to go	NA	1	2	3	4	5
18. Getting in touch with people I need to talk to	NA	1	2	3	4	5
19. Transporting my child	NA	1	2	3	4	5
20. Having special travel equipment for my child	NA	1	2	3	4	5
21. Finding someone to talk to about my child	NA	1	2	3	4	5
22. Having someone to talk to	NA	1	2	3	4	5
23. Having medical and dental care for my family	NA	1	2	3	4	5
24. Having time to take care of myself	NA	1	2	3	4	5
25. Having emergency health care	NA	1	2	3	4	5

To what extent do you feel the need for any of the following types of help or assistance:	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
26. Finding special dental and medical care for my child	NA	1	2	3	4	5
27. Planning for future health needs	NA	1	2	3	4	5
28. Managing the daily needs of my child at home	NA	1	2	3	4	5
29. Caring for my child during work hours	NA	1	2	3	4	5
30. Having emergency child care	NA	1	2	3	4	5
31. Getting respite care for my child	NA	1	2	3	4	5
32. Finding care for my child in the future	NA	1	2	3	4	5
33. Finding a school placement for my child	NA	1	2	3	4	5
34. Getting equipment or therapy for my child	NA	1	2	3	4	5
35. Having time to take my child to appointments	NA	1	2	3	4	5
36. Exploring future educational options for my child	NA	1	2	3	4	5
37. Expanding my education, skills, and interests	NA	1	2	3	4	5
38. Doing things that I enjoy	NA	1	2	3	4	5
39. Doing things with my family	NA	1	2	3	4	5
40. Participation in parent groups or clubs	NA	1	2	3	4	5
41. Travelling / vacationing with my child	NA	1	2	3	4	5

Reprinted from Dunst, C. J., Cooper, C. S., Weeldreyer, J. C., Snyder, K. D., & Chase, J. H. (1988). Family Needs Scale. In C. J. Dunst, C. M. Trivette, & A. G. Deal (Eds.), *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

## Notes



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