

Considerations for the Court on Stages of Change

Progress and Compliance

When a family involved in the Child Welfare system is before the Court for a Dependency matter the Court must consider the progress and compliance that family is making toward the goals on the plan that has been adopted. Compliance is the easiest to assess when managing child welfare & drug and alcohol cases however progress is most helpful when determining child safety. Determining where the parent is on the change process while engaging and partnering during planning will result in a comprehensive safe plan.

Pre-contemplation - This parent sees no need to change. At this stage, the person has not even contemplated having a problem or needing to make a change. This is the stage where denial, minimization, blaming, and resistance are most commonly present. A parent struggling with addiction in this stage poses the most risk in their parental role. Caution is needed when engaging with the parent to develop a plan to keep their child safe. Constant and consistent outside people are always needed at this stage to ensure a safe plan.

Contemplation - This parent considers change, but also rejects it. At this stage, there is some awareness that a problem exists. This stage is characterized by ambivalence; the person wants to change, but also does not want to. They will go back and forth between reasons for concern and justification for unconcern. This is the stage where persons feel stuck. Decision making is often compromised in this stage and partnering and modeling within the planning process is needed to ensure the plan is safe. Outside supports are a must to ensure a plan is comprehensive and safe.

Determination - This parent wants to do something about the problem. At this stage, there is a window of opportunity for change: the person has decided to change and needs realistic and achievable steps to change. Safety planning in this stage sees a partnership in the parent however follow through is still difficult. Enough external supports are needed to assist the parent in planning tasks and follow through with each task.

Action - This parent takes steps to change. At this stage, the person engages in specific actions to bring about change. The goal during this stage is to produce change in a particular area or areas. This stage sees an active, engaged and independent partner in planning and task completion. This stage also is the stage when independent responsibility of their plan can begin.

Maintenance – This parent maintains goal achievement. Making the change does not guarantee that the change will be maintained. The challenge during this stage is to sustain change accomplished by previous action and to prevent relapse. Maintaining change often may require a different set of skills than making the change. This stage is where coaching, feedback and self-evaluation occurs. Increased skill development is also focused on and plans in this stage are self-guided and internally motivated.

Relapse - This parent slips or returns to the pre-change state. At times, the person might “slip” and not regard the setback as serious enough to be concerned, yet someone may be at risk. Relapse is

a normal and expected part of the change cycle. This stage needs to be planned for throughout the life of a case. A good comprehensive child safety plan will incorporate this stage of recovery. When planning during this stage there needs to be a level of clear understanding, honesty, responsibility taken by the parent to ensure ongoing safety.

It is very important for the agency and the court to consider the interplay of progress and compliance when making a safety determination. A parent might be very compliant about attending the intervention or providing a sample for a drug screen but may not be making any progress on the behavioral changes necessary to safely parent a child as outlined above in the stages of change. There should be observable and tangible actions a parent is displaying based on the examples described above to achieve the designation of making progress on a goal.

Treatment & ASFA Timeframes

Children have rights of protection and care. They have the right to live free from abuse and neglect in their homes. Child welfare is tasked with ensuring safety, permanency & well-being of children by empowering families. When validated child welfare cases of abuse or neglect result in placement, regardless of the precipitating factors, timelines are established to ensure permanency for children. The Adoption & Safe Families Act (ASFA) timeframes are twelve consecutive months in care or fifteen out of twenty-two months. This timeframe often does not coincide with a parent's recovery from addiction. Children need permanency and stability for their optimal development and emotional safety. When a parent is struggling with addiction and recovery and exceeds the ASFA timeframes, there needs to be a shift from reunification planning to concurrent planning of adoption. When this shift occurs, focus must clearly fall on identifying the child's need for permanency, outweighing the parent's desire to reunify. However, consideration can be given to parents who are clearly in the maintenance phase of recovery that experiences a slip and whose relationship with the child is clearly in the best interest for the child's well-being to be maintained. Any additional time awarded to a parent needs to be clearly negotiated and with measurable tasks and goals outlined.

There has been considerable debate regarding balancing of the ASFA Timeframe and the disease model of Addiction. It can be argued that this disease won't be cured within the timeframe as it is a life-long process. That said, children also have a right to permanency. Child Welfare agencies and the Court should once again rely on where a parent is in the change process and the observable behaviors that are allowing them to reach their goals. An example of this is a parent whose child has been in placement for 11 months yet they are only in the contemplation stage of change. They have not taken any tangible action steps toward safely parenting. The notion that this might be achieved within the ASFA timeframe is questionable and an agency would most likely choose to file TPR paperwork. Conversely, a parent whose child has been in placement for 11 months and is in the action stage of change might have a better prognosis of a safe return. An agency and Court may want to consider a compelling reason that the parent is still involved in a course of treatment and extend the ASFA timeframe that better aligns with the intervention. This should not be an indefinite timeframe though as the child does deserve permanency.