

# TAKING THE **FIRST STEPS** TOGETHER



A Guide to Creating Collaborative Peer-Led  
Services for Parents Affected by Substance Use

# FIRST STEPS TOGETHER

FAMILIES IN RECOVERY SUPPORT

Thank you to the Department of Public Health, Bureau of Family Health  
and Nutrition and Bureau of Substance Addiction Services and to  
Jewish Family & Children's Service.



**Massachusetts Department  
of Public Health**



**Substance Abuse  
and Mental Health  
Services Administration**



**Jewish Family &  
Children's Service**



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Health Services Administration to the Massachusetts Department of Public Health  
and is administered by the Bureau of Family Health and Nutrition.*

# Thank You!

## Acknowledgements

This work would not be possible without the staff at all of our FIRST Steps Together sites.

**Bay State Community Services**

**Cape Cod Children's Place**

**Center for Human Development**

**Jewish Family & Children's Service**

**Making Opportunity Count**

**Square One Community Services**

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This toolkit was conceptualized, designed, written and created by the FIRST Steps Together Training and Technical Assistance Team and Project Director.

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We would like to thank the following people for their significant contributions to the vision and content creation of this resource.

**Amy Sommer**

**Christina Russell**

**Alvina Duffy**

**Nicole Walden**

**Katie Britton**

**Maureen Whitman**

FIRST (Families in Recovery Support) Steps

Together is a program focused on empowering parents and families affected by substance use. We have seven sites across Massachusetts and deliver services in homes, communities, or virtually.

We understand that recovery from substance use is often a process with many ups and downs. We know pregnancy and parenting can be hopeful and exciting, but also stressful and overwhelming. This can be especially true for parents working on their recovery. Our home visiting services are flexible and driven by what families find most helpful.

FIRST Steps Together is a peer-centered program led by Family Recovery Support Specialists (FRSS) who are parents in recovery themselves, with specialized training that allows them to use their experience to walk with participants as they navigate their journey. Our program offers the option of a Mental Health Counselor, a space to connect with other parents in support groups, care coordination, and help with concrete needs.

Since launching FIRST Steps Together, we have accompanied many families on this journey. We feel privileged to help plant these seeds of hope and honored to have the opportunity to watch families grow.

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## Letter from the FIRST Steps Together Project Director

It is rare to have the perfect confluence of factors such that a program like FIRST Steps Together can be born.

Years of advocacy and demonstration of need, available funding, visionary leadership, and cross-bureau collaboration at the Massachusetts Department of Public Health (MDPH) made the development of a specialized home visiting program for substance affected families possible.

FIRST Steps Together was never intended to solely be a service delivery program. It was intended to: embody and disseminate an approach to partnering with families; prioritize and appropriately support a workforce of people bringing a wealth of expertise and skills from their personal experiences with substance use and recovery; and move systems towards more compassionate and responsive practice.

The seven FIRST Steps Together sites all share core program elements, and more importantly they have a shared approach of joining with families with respect, open hearts, open minds, and a belief in the transformative power of recovery.

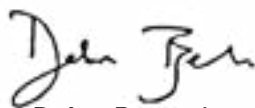
They understand that parenting is a meaningful social role that can contribute to one's recovery, and that recovery will have even more extensive intergenerational impacts than addiction. They recognize that having program staff who lead with their recovery every time they step into a room or pick up a phone takes unique courage and strength. This requires thoughtful agency supports to sustain. Sites promote collaborative practice, challenge stigma, raise awareness of the intersections of recovery and parenting, and elevate issues that require higher level policy shifts to facilitate systems change.

The administrative staff, peer specialists, clinicians, program supervisors and directors work tirelessly under often challenging circumstances. They bring their full selves every day to the important work of helping families to heal and recover from the effects of trauma and addiction. And they want to share their experience, strength, and hope with users of this guide.

The training and technical assistance team has guided the sites in the development of FIRST Steps Together, responded creatively and thoroughly to identified needs, and led a comprehensive and inclusive process to bring this guide to current and future staff as well as to other interested parties.

This guide reflects the work of many people. And most importantly, it reflects the opportunity to be of service to parents who, with great vision and optimism, are striving for a renewed life in partnership with FIRST Steps Together.

In gratitude,

A handwritten signature in black ink that reads "Debra Bercuvitz".

**Debra Bercuvitz**  
Director, FIRST Steps Together  
Massachusetts Department of Public Health



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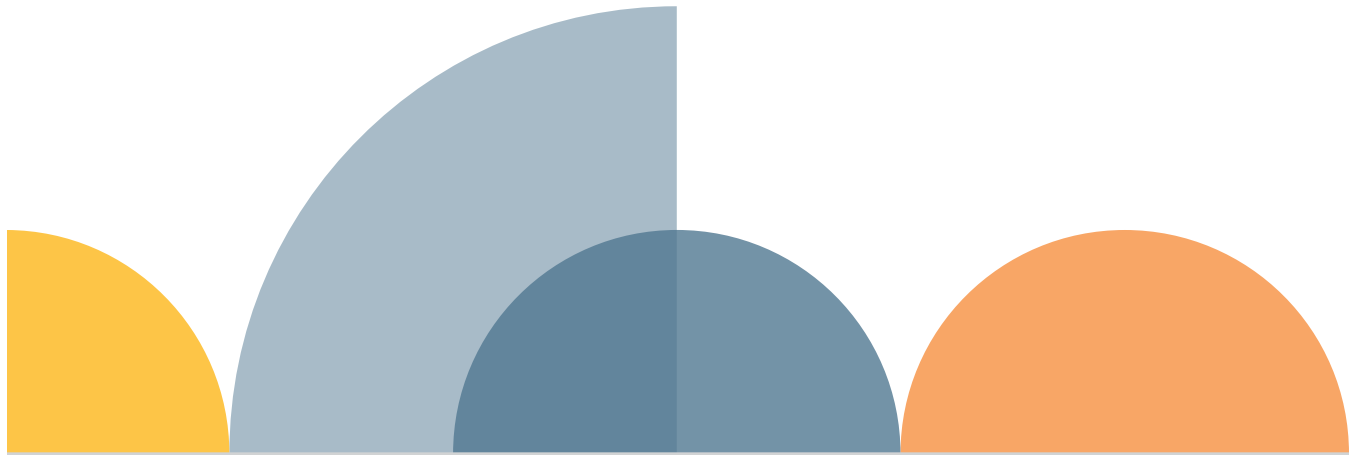
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# Introduction





# Project Overview

FIRST (Families in Recovery Support) Steps Together is a home visiting program dedicated to serving and empowering parents on their journey recovering from substance use.

The foundation for this project has been carefully laid by many years of experience gained through similar projects utilizing a specialized workforce of peer recovery staff focused on pregnancy and parenting.

The project serves expectant parents and parents with a child aged 5 or under. Each participant is matched with a Family Recovery Support Specialist (FRSS), who is a parent in recovery with specialized training. The program also offers connection and support through groups, clinical services, and care coordination. The model we use emphasizes the collaboration between the FRSS, Clinician and Supervisor team to best support families, and each other. The staff at seven direct service sites across Massachusetts have served more than 880 families to date. In addition to the impact on families, this project has supported the development of a perinatal peer workforce that feels equipped to do this work. Many staff have also been able to use the training and support available through the project to advance their careers as they have become Certified Recovery Coaches, trainers, team leads and supervisors, and worked towards additional credentialing such as LADAC and CADAC. The project logic model (on [page 5](#)) provides an overview of the project goals, theory of change, underlying assumptions, aims, activities, and expected outcomes.

The project is supported by a Training and Technical Assistance (TTA) Team that builds capacity for this work through training, targeted technical assistance, project management and learning communities. In addition to the typical responsibilities of providing TTA, the team puts a priority on the relationships with staff and creating spaces where staff can be celebrated for successes, feel able to bring challenges, and focus on their own self-care and wellness.

FIRST Steps Together was initially funded in 2018 with State Opioid Response funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), through the Massachusetts Department of Public Health (MDPH) Bureaus of Substance Addiction Services (BSAS) and Family Health and Nutrition (BFHN). It was launched as a two-year pilot but has since gained traction and recognition that has allowed it to be awarded additional years of funding for expansion and sustainability.

This guide was created initially as an implementation manual for the FIRST Steps Together sites. It has grown to become a resource for anyone embarking on, or expanding, their work in building peer-led programs to





serve families impacted by substance use. We approached each section of this guide asking ourselves the following questions:

- If we could have a conversation with someone about this integral piece of the work, what would we want them to know?
- What can we share, not just about how we do this work, but also the importance of why?
- What tools are critical to effective service delivery?
- What resources deepen the understanding of this work?
- How can we weave in the voices and experiences of those doing the work?

Each section of the guide was written by someone with extensive expertise in the content and then reviewed and refined by staff in multiple positions across this and other complementary projects. This includes staff who: provide direct services to parents in recovery; provide group facilitation training; serve pregnant people and parents in recovery; provide home visiting services; work closely with Child Welfare Services; are involved in hiring and supervising peer staff; and those who work in public health, agency, and project management roles. We paid special attention to the voices and input of those with lived expertise and especially those who represent often marginalized populations within the recovery community.

This guide is the compilation of the theory, practice, process and experiences of so many who are doing this rewarding, and at times exhausting, work every day. It contains nine chapters that cover everything from beginning to think about this work, to hiring and building teams, to serving families through home visits and groups and collaborating with partners and systems. It also contains the [FIRST STEPS: My Family Portfolio](#) on [page 262](#). This stand-alone, pull-out resource is for families to use to guide their recovery and parenting journeys. [FIRST STEPS: My Family Portfolio Provider Guide](#) on [page 238](#) contains guidance specifically for providers to help them make the most of this resource. We hope that you will use and widely share this resource with families and other providers.

As Christina Russell, Project Director at Cape Cod Children's Place has said many times, we do this work "in service of." It is our hope that this guide will be received as a useful resource in service of those who are doing and expanding this work, and in service of the families we have the privilege to walk alongside.



## Language Matters

**Language has power and words matter.** In creating this guide, we were particularly mindful of the language that we used. In many cases, we explain the reason for the language choices we have made so that others can better understand the stigma and bias that may be associated with terms that we are consciously moving away from. Our goal is to use language that represents our deeply held values of cultural humility, the strength and hope of recovery, and the inherent dignity and self-determination of all people.

We acknowledge that language comes with different meanings, biases and assumptions that are deeply rooted in a person's experience and culture. Language choice also reflects our current understanding. Preferred terms have changed even during the writing of this guide. It is our hope that the core concepts that we share will continue to be of value over time, even if some specific wording becomes outdated. We encourage you to seek your own guidance from your participants, colleagues, and communities.



# Logic Model

## Project Goals

1. Expand the availability of specialized home visiting services for pregnant women and parents (with children ages 5 and under) affected by substance use.
2. Leverage the intersection of parenting and recovery to support families as they increase their capacities in both areas.
3. Further refine and expand a workforce that specializes in the perinatal and parenting populations affected by substance use.
4. Improve family recovery, safety, and well-being through a peer-led, trauma-informed, person-centered, recovery-oriented model of support.
5. Promote a strengths and resilience-based comprehensive public health approach to parental substance use that incorporates collaboration with collaterals including the Department of Children and Families and healthcare providers.



## Theory of Change

- Utilizing the Strengthening Families Protective Factors Framework increases family strengths and promotes healthy child development, while reducing the occurrence of child maltreatment.
- Addressing SAMHSA's four major dimensions that support sustained recovery (physical and emotional health; safe and stable home; purposeful and meaningful activities, education, or employment; and community and social supports) will increase the likelihood of long-term recovery and family well-being.
- Culturally responsive service provision, including the use of peer recovery staff cross-trained in parenting support will increase participants' recovery and parenting capital, access to and engagement in services, (including behavioral health treatment and Early Intervention), and self-advocacy skills.
- Parents who are adequately supported in their parenting and recovery journeys raise resilient children who are less likely to experience trauma and other adverse childhood events.



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the Parent**

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the Parent-Child  
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**In Service of  
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## Underlying Assumptions

### Self-efficacy

- People have the answers within themselves. They are experts on their own lives. “Nothing about us without us” should apply in all we do.

### Importance of perinatal, postpartum and early childhood period

- Pregnancy and the early postpartum period provide a unique opportunity for motivation and change.
- Intervening during the early childhood window allows for greater impact on child development and can increase protective factors.

### Use of a recovery-oriented model

- Using a strengths-based approach that recognizes the intersection of substance use, trauma, and parenting, promotes respectful, person-centered, trauma-informed service.

### Hierarchy of needs

- Access to concrete supports and services minimizes stressors and allows parents to be better able to attend to both recovery and parenting.

### Use of home visiting

- Home visiting services increase program accessibility, support consistent participation, and enhance the service provider’s understanding of a family’s context. Participants may feel better understood, more valued and more invested when someone is willing to come to them.

### Use of the peer model

- The peer model promotes engagement, provides hope and a sense of future possibility for individuals and systems.
- Peer staff are uniquely qualified to support participants on their recovery journey.

### Use of a peer-clinician-supervisor model

- A team approach allows for collaborative communication, shared perspectives, and care coordination to support areas critical to the maintenance of recovery. This includes addressing trauma, behavioral health, and supporting the parent-child relationship.
- The unique demands of the peer role benefit from enhanced supervision, clinical input, and support.

### Access to embedded clinical services

- Embedded clinical services reduce barriers to accessing outside mental health services, such as waitlists and transportation issues.
- Clinicians who are uniquely trained in substance use and parenting are able to build trust and support a holistic approach to care.

### Use of groups

- Parents who participate in groups experience a decrease in isolation, which is often linked to depression and substance use.
- Attending and participating in groups can help normalize experiences and help create a community of parents in recovery.

- Creating a safe and supportive group space allows for participants to offer and receive mutual aid and support.
- Groups can be a beneficial pre-engagement strategy for those who are unable to access or are not yet ready for more intensive one-on-one services.

### Providing care coordination

- Families regain control and feel empowered in their lives when they experience effective care coordination.
- Care coordination reduces stressors related to multiple providers and increases engagement in other services.

### Impact on the parent

- Parents who are negatively affected by substance use, or are in early recovery, often experience stigma and isolation.
- Cultivating positive social supports helps create a network that supports sustained recovery.
- Building recovery capital is a protective factor to prevent relapse and overdose.
- Simultaneously addressing parenting and recovery can have a mutually reinforcing positive effect.

### Impact on the parent-child relationship

- Substance use can negatively impact the parent-child relationship.
- Strengthening reflective functioning increases parental responsiveness and secure parent-child attachment.

### Addressing systems issues

- Systems are not well designed to support family units affected by parental substance use and no single system can be responsible.
- Systems often do not recognize the internal and external barriers that prevent families from successfully engaging.
- Strengths-based language is important in decreasing stigma, promoting client-centered work, and expanding a sense of what is possible.
- Response to families impacted by parental substance use should be approached from a public health, recovery-oriented lens. Care coordination between service providers helps to develop a shared understanding and unified support system for families.

### Workforce development

- Development of a workforce that specializes in perinatal and parenting populations impacted by substance use leads to positive outcomes for both peer staff as well as for larger systems, including the treatment, recovery and family service systems.
- Building capacity for a recovery-centered perinatal workforce provides advanced learning opportunities and career progression for those with lived expertise to leverage their experience and skills.

### Providing culturally relevant services

- Providing intentional, culturally responsive services reduces health inequities by increasing engagement in services.
- Addressing racism and equity at a systems level leads to better services and outcomes for all.



## In Service of the Parent

AIM	ACTIVITY	OUTCOME
<b>Increase recovery capital</b>	<ul style="list-style-type: none"> <li>■ Offer groups that build recovery community and offer psychoeducation</li> <li>■ Provide information about multiple paths to recovery (including harm reduction, treatment options, and Medication for Opioid Use Disorder (MOUD))</li> <li>■ Provide coordinated care with service partners through regular contacts and team meetings</li> <li>■ Utilize screening tools to provide early identification of child and family needs</li> <li>■ Co-create a recovery and parenting portfolio that includes wellness and safety plans, and Family Care Plan (Plan of Safe Care)</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased number of social connections</li> <li>■ Increased number of recovery supports</li> <li>■ Increased help-seeking practices</li> <li>■ Increased harm reduction practices</li> <li>■ Increased recovery capital (health, home, purpose and community)</li> <li>■ Decreased amount of time between recurrence of use/relapse and reconnecting to services</li> <li>■ Decreased number of fatal and non-fatal overdoses</li> <li>■ Increased number of participants receiving MOUD</li> </ul>
<b>Increase parenting capital</b>	<ul style="list-style-type: none"> <li>■ Utilize screening tools to provide early identification of child and family needs</li> <li>■ Provide home visits to facilitate developmentally appropriate activities</li> <li>■ Offer child development education and resources</li> <li>■ Explore parenting experience, patterns, styles</li> <li>■ Model attuned interactions</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased satisfaction with parenting relationship</li> <li>■ Increased parenting capital</li> <li>■ Increased parental resilience</li> <li>■ Increased reflective functioning</li> </ul>
<b>Increase self determination to navigate care coordination</b>	<ul style="list-style-type: none"> <li>■ Identify and reduce duplicative services</li> <li>■ Provide care coordination and ongoing collaboration with collateral contacts</li> <li>■ Provide scaffolded support to parents when engaging with systems</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased self-efficacy in communication with collaterals</li> </ul>
<b>Increase ability to access concrete needs</b>	<ul style="list-style-type: none"> <li>■ Provide or assist with support to meet concrete needs</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased parent report of adequate resources</li> </ul>





## In Service of the Child

AIM	ACTIVITY	OUTCOME
Promote early identification of developmental needs	<ul style="list-style-type: none"> <li>■ Conduct developmental screenings</li> <li>■ Make appropriate referrals to Early Intervention</li> <li>■ Provide developmentally appropriate child activities during visits</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased number of children who are appropriately referred to Early Intervention</li> <li>■ Increased number of families that engage in Early Intervention services for at least 1 year, or at time of discharge from FIRST Steps Together</li> </ul>
Reduce trauma to child related to separation	<ul style="list-style-type: none"> <li>■ Provide support for Family Time</li> <li>■ Advocate for appropriate parenting time and custody arrangements</li> <li>■ Support parents in maintaining connection during times of separation</li> <li>■ Provide scaffolded support to parents when engaging with systems</li> <li>■ Model person-centered, strength based, trauma-informed care when engaging with systems</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased attachment during family separation</li> <li>■ Decreased number of out of home placements</li> <li>■ Maintained or positively progressed custody status when appropriate</li> </ul>





## In Service of the Parent-Child Relationship

AIM	ACTIVITY	OUTCOME
Improve the parent-child relationship	<ul style="list-style-type: none"><li>■ Provide strategies for co-regulation</li><li>■ Provide developmental guidance to strengthen parent-child interactions</li><li>■ Practice interpreting child's behavior as communication of a need</li><li>■ Offer Evidence Based Practices that strengthen attachment and reflective functioning</li><li>■ Support appropriate custodial arrangement</li></ul>	<ul style="list-style-type: none"><li>■ Increased reflective functioning</li><li>■ Increased knowledge of parenting and child development</li><li>■ Parent-child dyad has strengthened attachment</li><li>■ Parent-child dyad has increased times of attunement</li><li>■ Ruptures in relationship more often followed by repairs</li><li>■ Maintained or more positively progressed custody status when appropriate</li><li>■ Increased number of reunifications</li></ul>



## In Service of the System

AIM	ACTIVITY	OUTCOME
Increase readiness and capacity of systems to better serve families impacted by substance use	<ul style="list-style-type: none"> <li>■ Cultivate relationships with collaterals to share resources and information</li> <li>■ Promote a public health approach</li> <li>■ Provide resources and education to support Family Time (Training and Technical Assistance Team/Agency)</li> <li>■ Increase understanding of substance use and recovery</li> <li>■ Provide education opportunities for systems (Training and Technical Assistance Team/Agency)</li> <li>■ Model recovery through FRSS role</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased collaboration among entities serving families as measured by increase in contacts and collaborative meetings</li> <li>■ Increased shared knowledge and language as a result of participation in offered trainings/resources</li> <li>■ Increased understanding that people who use substances can maintain recovery and be caring and attentive parents</li> <li>■ Reduced disruption and trauma in family relationships</li> <li>■ Decreased number of out of home placements</li> </ul>
Create a seamless system of care for parents and expectant parents in recovery	<ul style="list-style-type: none"> <li>■ Convene or participate in local perinatal substance use collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>■ Collaterals report increased beneficial outcomes for families</li> <li>■ Strengthened and formalized partnerships across agencies</li> <li>■ Identified gaps in services and reduced duplication of service provision</li> <li>■ Increased access to services</li> <li>■ Reduced cost to systems</li> <li>■ Improved health outcomes of parents and children</li> <li>■ Increased number of appropriate referrals</li> </ul>

*Continued on following page*

AIM	ACTIVITY	OUTCOME
<p>Increase participant utilization of support services through care coordination</p>	<ul style="list-style-type: none"> <li>■ Outreach to local community partners to build referral relationships</li> <li>■ Cross promote program offerings</li> <li>■ Coordinate and participate in community events</li> <li>■ Participate in local perinatal substance use collaboratives</li> <li>■ Convene collaborative meetings with community providers</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased accessibility to services for participants</li> <li>■ Increased number of collaborations between community partners</li> <li>■ Participants report decrease in conflicting service goals</li> <li>■ Participants report decrease in duplicative services</li> </ul>
<p>Increase health equity for those with substance use disorders (SUD), particularly for parents that are Black Indigenous People of Color (BIPOC)</p>	<ul style="list-style-type: none"> <li>■ Utilize data to identify underserved populations</li> <li>■ Conduct program evaluation and implement improvement measures to ensure diversity, equity, and inclusion</li> <li>■ Address bias and stigma through staff training and advocacy efforts</li> <li>■ Develop hiring practices to reflect the diversity of the population served</li> </ul>	<ul style="list-style-type: none"> <li>■ Decreased health inequities for parents in recovery</li> <li>■ Increased number of program participants from historically underserved populations</li> <li>■ Reduced number of self-reported negative experiences of bias and stigma in service delivery</li> </ul>



## In Service of the Workforce

AIM	ACTIVITY	OUTCOME
Increase agency readiness and capacity to hire, train, supervise and support peer family recovery specialists	<ul style="list-style-type: none"> <li>Promote staff policies and practices, including reflective supervision, to support peer staff satisfaction and wellness and to mitigate the impact of secondary trauma</li> <li>Promote hiring practices to attract and retain diverse staff and reduce inequities in the workforce</li> <li>Join statewide efforts to implement specialized peer recovery services</li> <li>Develop a toolkit of best practices providing specialized, home based, parenting and recovery supports (Training and Technical Assistance Team)</li> </ul>	<ul style="list-style-type: none"> <li>Wider spread adoption of specialized peer workforce</li> <li>Staff report feeling supported and prepared for work</li> <li>Staff report feeling their wellness is prioritized</li> <li>Staff who have experienced secondary trauma report feeling well supported</li> <li>Increased connections to statewide workforce initiatives</li> <li>Utilization of FIRST Steps Together tools/trainings</li> </ul>
Increase agency readiness and capacity to serve families with SUD and substance use related challenges	<ul style="list-style-type: none"> <li>Develop a toolkit of best practices providing specialized, home based, parenting and recovery supports (Training and Technical Assistance Team)</li> </ul>	<ul style="list-style-type: none"> <li>Utilization of FIRST Steps Together tools/trainings</li> </ul>
Develop a specialized peer recovery workforce with expertise in early childhood and parenting	<ul style="list-style-type: none"> <li>Provide training and TA to staff on topics related to peer recovery and support services through home visiting (Training and Technical Assistance Team)</li> <li>Provide opportunities for learning and connection for specialized peer recovery workforce, as well as for Supervisors and Clinicians (Training and Technical Assistance Team)</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of opportunities for people with lived experience to leverage their expertise and experience in a professional capacity</li> </ul>
Support clinical staff in developing their understanding and clinical capacities to support the unique strengths and challenges of parents in recovery	<ul style="list-style-type: none"> <li>Promote specialized clinical expertise for attachment-based work with substance affected parents and families</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of Clinicians with training and practice in serving families impacted by substance use</li> </ul>

# Tools

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# 1

## Building the Foundation





# 1.1

## Foundational Concepts and Theory

“After being a program participant myself, I wanted to give this amazing gift to other families like mine. I began volunteering and then working as a peer specialist. I have witnessed the many transformations of not only the families I’ve worked with but also the staff that serve them. **There is incredible power in peer work.** I am so grateful for the opportunities in my life that have come from doing the work of serving families in recovery.”

— FAMILY RECOVERY TRAINING SPECIALIST



# Summary

When building a house, there is a reason that the foundation is poured first. It is the solid ground upon which all else is built.

We begin this resource by sharing the foundational concepts and learnings that this program is built on. This includes understanding the essential, valuable role that peer staff bring in leading this work. We will also talk about the importance of language choice in all we do. This includes advocacy with, and for, families through direct service work and with larger systems (such as Child Welfare Services and treatment systems). We discuss how trauma, substance use, and parenting overlap and intersect. And we explore the power of trauma-informed/healing centered work delivered by peer staff in the home setting. In using this FIRST Steps Together approach, we strengthen parent-child relationships, empower families, and support the parenting and recovery journeys.

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# The Power of Peer Work

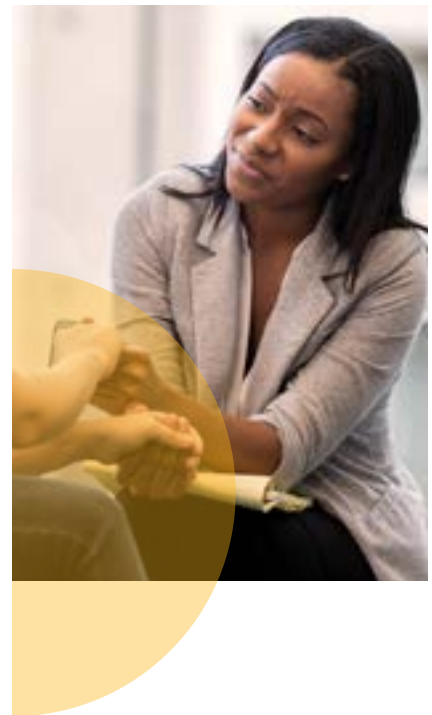
The peer model increases engagement, provides hope, and offers a sense of possibility for individuals and larger systems.

Peer staff are uniquely qualified to walk alongside those in recovery on their journey. They are the magic ingredients or “secret sauce” of this program.

Participants are more open to receiving help from someone who has faced similar challenges in their own life. While we use the term “peer” to describe a staff member who is also in recovery, we recognize that this is a broad category. There is diversity in age, race, sex, background, recovery experience and many other factors.

FIRST Steps Together is centered around the Family Recovery Support Specialist (FRSS) as the primary point of service delivery. A FRSS is a parent with **lived experience** in recovery from substance use, who has completed specialized training to deliver a variety of parenting and recovery support services. (You can see an example of our training plan in 1.3 Recruiting, Hiring and Training on [page 67](#).)

It makes all the difference for program participants to partner with a FRSS who can assist with their recovery, parenting, concrete needs and care coordination in a way that reduces shame, decreases isolation, builds trust in others and increases self-confidence.



**Lived experience**, also referred to as lived expertise, brings personal understanding of an issue as the result of a person's experience, such as being a parent, struggling with substance use, or living as a person in recovery.

# Language as Advocacy


Language has the ability to shape how we see things. It is a powerful tool!

Our word choices can support or challenge stereotypes. Think about the difference between calling someone an “addict” or a “person who uses substances.” Or between saying someone has a “dirty” drug test or a “positive” one. How do these words change the picture in someone’s mind? In your own mind?

When we use strengths-focused and **person-first language**, we encourage shifts in the way program participants see themselves and in how other providers view and interact with them. The language we use shapes and supports the message that there is always hope, and that persons in active use and in recovery are capable and valued.

**Person-first language** centers around the person, rather than the issue or challenge. For example, a “person with substance use challenges” rather than “an addict” or “addicted person.”

William White, a well-known author and recovery specialist, has also written extensively about this topic. Please find his essay **“The Rhetoric of Recovery Advocacy: An Essay On the Power of Language”** here:

 [chestnut.org/resources/f3da3d21-5763-4ba2-9db4-dc59f0ca379f/2001-Rhetoric-of-Recovery-Advocacy.pdf](https://chestnut.org/resources/f3da3d21-5763-4ba2-9db4-dc59f0ca379f/2001-Rhetoric-of-Recovery-Advocacy.pdf)

For some, this shift will be very natural, or they may already be using this type of language. For others, it will require effort to slow down and make a choice to use this language in every interaction.

We also know that some language use may be specific to a culture or environment. For example, a person who has used substances may introduce themselves at a Twelve Steps meeting as an “addict” but at work, they may say that they are a “person in long term recovery.” Language choice matters in every phone call, every email, every interaction.

Using language as a tool for advocacy might look like this:

A FRSS is with a participant for a meeting with another service provider who describes the participant’s child as “born addicted.” We can use this opportunity to say something like:

*“I noticed that you are using a term that we have really moved away from. Saying a baby is ‘born addicted’ can not only be stigmatizing, it is also just not correct. Babies can be born exposed to or dependent on substances, but that is not addiction. Addiction requires behaviors that are done repeatedly even when there are negative consequences. I know this maybe doesn’t seem like a big thing, but the language we use is really important and I appreciate your openness to this.”*

It could also look like this:

You are in a community meeting where someone speaking refers to substance exposed newborns as the “littlest victims” of the opioid crisis. Describing someone as a victim implies that there is also a perpetrator. Portraying a parent with a substance use disorder (SUD) as a villain is shaming and stigmatizing. It does not recognize the strengths that parents and families have, the possibilities for achieving or maintaining recovery, or how much they care about their children.



A person in recovery shared this:

“When I hear this [my baby is the littlest victim], I think of myself as a bad person. I wonder if I am even worthy of recovery. I am more likely to succeed if you build me up, not tear me down.” What we might say in this situation:

*“Can we take a pause here for a minute? When we use victimizing language it makes it seem like there is someone in this situation that is the villain or the bad guy. We have been working to shift our language in a way that recognizes that a substance use disorder is a medical diagnosis for which there is treatment and hope. No one is the bad guy here; everyone is doing the best they can.”*

## All Paths of Recovery

We emphasize meeting our participants “where they are at.” We take an open, non-judgmental approach to supporting them with their recovery.

People start using substances for many reasons, including to self-medicate or cope with past or present trauma or shame. Frustration with not meeting recovery goals, or feelings of “not doing enough” can perpetuate this cycle. Our project uses a participant driven, **harm reduction** approach.

Harm reduction is a public health “big picture” perspective that reduces negative consequences related to a particular practice or behavior. Some participants aim for complete abstinence, while others may first want to reduce how much or how often, or the types of substances, they use. Our program offers support to families in planning how to reach their recovery goals while reducing the risk of potential harm and prioritizing the safety of participants and their children.

We also keep in mind that finding and maintaining recovery sometimes includes relapse, or **recurrence of use**. As a field we are shifting towards using the language “recurrence” rather than “relapse.” “When we accept that **substance use or alcohol disorder is a disease**, then we can understand that a relapse is the recurrence of symptoms associated with that disease. That allows us to stop stigmatizing someone’s actions as a moral



**Many paths brought me to where I am today, and I’m sure there will be more ups and downs to come. I do know there is no wrong way, all paths to recovery work. For those of us in recovery, I hope we can all walk them together, holding hope for those still in the dark, using our strength and experience to light the way.”**

– FAMILY RECOVERY  
TRAINING SPECIALIST

**Harm reduction** is an approach that focuses on reducing harm, risk or consequences, rather than solely maintaining abstinence. We support harm reduction approaches to decrease harm and increase safety.

**Recurrence of use** is the phrase we use to normalize the fact that there may be recurrence of use along the path to sustained recovery. (Relapse prevention and recovery maintenance are terms to describe practices that can prevent recurrence of use.)

failing. Just as a person with cancer or heart disease may have a recurrence of symptoms of their illness, our loved ones with substance or alcohol use disorders can also have a recurrence of symptoms...”<sup>1</sup>

We find it is most effective to take an approach that supports all paths of recovery, led by each program participant’s self-determination. There are many paths of recovery and the path each person chooses can be unique to them, based on factors including their personality, cultural background, available resources, the familiarity and availability of approaches to them and more. Part of our role is to introduce participants to a variety of options that they may not have known are available, and to help them choose the ones that feel like the best fit for them.

Learn about how the FIRST Steps Together sites support **All Paths of Recovery** with the newsletter on this topic:

<http://www.FIRSTStepsTogetherMA.org/>



One Supervisor shared the experience of a participant feeling they might benefit from the community of a Twelve Steps program, but they felt uncomfortable with the language around a “higher power.” That Supervisor was able to introduce them to SMART Recovery, which is loosely based on the Twelve Steps but does not require “submission to a higher power.”

A former FRSS shared an experience working with a participant who felt they had been given the message from a recovery group that they would never be considered “sober” if they took medication to assist them with their recovery. The FRSS helped to hold space for her and shared potential resources as the participant worked through choosing what felt like the right fit. Ultimately the participant decided that taking medication was the right choice for her. The FRSS also helped her find a medication-friendly Twelve Steps group where she could feel supported.

We empower participants to find what works for them. Individuals need to drive their own recovery to sustain it.

When supporting participants, the FRSS may offer lessons learned from their own lived experience, including their own successes and challenges to show the wide range of paths of recovery.

We also encourage participants to seek out other supports such as therapy, exercise, yoga, meditation, or journaling, for their mental, emotional, physical, and spiritual health. Many participants find it is helpful to engage in multiple supports at the same time, such as committing to regular self-care daily practices, utilizing medication as part of their treatment, participating in a group or recovery community, and receiving individual guidance from a peer specialist or counselor.



But more services are not always better, and we help participants engage in those services that are most useful to them, while reducing any unnecessary or duplicative service obligations.

We assist participants in identifying where their plans from multiple service providers may overlap with each other or have goals that are working against each other. We help them to advocate for a plan that feels “just right” in meeting their needs, and those of their children.

For example, in one case a participant had a plan from Child Welfare Services that mandated participation in a specific parenting class that was no longer available in their area. At the same time, they were participating in a parenting group through FIRST Steps Together. The Supervisor was able to provide the outline and content for those groups to the social worker who determined that they could use participation in the group they were already attending to meet the goal in their Family Assessment and Action Plan.

## Healing Centered Care

Practicing healing centered/trauma-informed care is key to providing compassionate, person-centered, and effective services. It should be an essential consideration for any agency’s program planning and implementation.

**Healing centered engagement**<sup>2</sup> is an emerging approach that “focuses on enhancing the conditions that contribute to well-being. Without more careful consideration, trauma-informed approaches sometimes slip into rigid medical models of care that are steeped in treating the symptoms, rather than strengthening the roots of well-being.”<sup>3</sup>

In our program we apply trauma-informed care in a person-centered, strengths-based approach that treats everyone we meet with an acknowledgement that many of us have had past traumas that influence the way we think and act. Healing centered engagement takes that a step further. It moves the conversation even further beyond asking “What happened to you?” to asking, “What is right with you?”



**A trauma-informed lens allows us to engage and understand differently, recognizing people’s reactivity because of their history. It’s not on the person to communicate better or differently. It’s on the provider to be understanding and inquisitive and to look beneath the behaviors for what that person needs and what they might be trying to communicate.”**

– PROGRAM DIRECTOR

**Healing centered engagement** is a term coined by Dr. Shawn Ginwright to describe an asset-based, culturally rooted approach to collective healing and well-being.

This approach says that “communities, and individuals who experience trauma are agents in restoring their own wellbeing” and places the focus on “the wellbeing we want rather than the symptoms we want to suppress.”<sup>4</sup> This approach also focuses on those providing services being supported to restore and sustain their own health and wellbeing.

As we make a shift toward this newer approach, we continue to rely on existing resources and approaches (further explained below). In whatever approach we use we support the whole person in finding what works best for them.

# Trauma-Informed Care

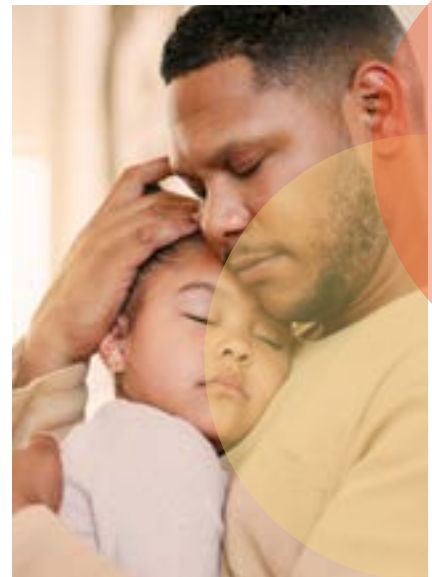
Practicing trauma-informed care is a way of coming to the table with an open mind. We approach every interaction from a place of curiosity, wondering about the thoughts, feelings and experiences behind the actions.

“A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures and practices. Seeks to actively resist re-traumatization.”<sup>5</sup>

According to the **National Council for Mental Wellbeing**, “70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives.”

[thenationalcouncil.org/wp-content/uploads/2022/08/Trauma-infographic.pdf](https://thenationalcouncil.org/wp-content/uploads/2022/08/Trauma-infographic.pdf)



There are many resources on the topics of trauma and **trauma-informed care**, including **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**. SAMHSA notes that, "Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being."

**SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach:**

[ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)

This definition encompasses experiences that are often shared by our participants, such as trauma or re-traumatization from/related to:

- Childhood, multi-generational or other **historical trauma**, including **formative trauma** experiences carried into adulthood and their own experience being parented.
- Other relational traumas or abuse, including family and intimate relationships, as well as co-parenting relationships which may still impact them due to a shared custody situation.
- **Intimate Partner Violence** and/or sexual traumas, which can be triggered by the experience of childbirth, breastfeeding and in the early postpartum period.
- Substance use or early recovery, including experiences of disempowerment or exploitation, such as homelessness, physical, sexual or psychological abuse.
- Recovery settings and communities, for example when having to face people and process experiences from the past including seeing people with whom they may have used substances or engaged in transactional sex.
- Recovery or other settings that rely heavily on power differentials between staff and residents, such as those that use point systems, levels, or punitive measures.
- Services and systems, such as the health care system and mental health systems, and in navigating care while feeling vulnerable, uninformed, stigmatized, belittled, judged, disempowered, or otherwise harmed.
- Involvement with the Child Welfare System and/or family and juvenile court systems, including trauma related to loss of custody or legal relationships with children.
- Involvement in other legal systems, such as the criminal court system or the experience of incarceration.
- Racism, and navigating systemically racist service systems.

**Trauma-informed care** is an approach that presumes a history of trauma among the general population. Providers adjust their tone, language, and care environments accordingly to avoid potential triggers.

**Historical trauma** describes trauma experienced by a group of people in previous generations, which still impacts generations to come.

**Formative trauma** describes experiences that are foundational to a person's world view, for example traumatic experiences that occur in childhood.

**Intimate Partner Violence (IPV)** is coercive control, abuse, or violence in any form, such as psychological, emotional, physical, or sexual, that occurs between two people in a close relationship.

In FIRST Steps Together, we take a trauma-informed/healing centered approach in all of our interactions with participants, their families, and their providers. We encourage our colleagues working in the fields of parenting and recovery to do the same. This requires an understanding of trauma, its impact on the brain and the body, the signs and symptoms of Post-Traumatic Stress Disorder (PTSD), and the hope for healing from past trauma.

This also means being aware of how our participants' trauma histories impact their day-to-day lives and recognizing the many of ways they can be triggered by navigating the health care, recovery treatment and Child Welfare Systems.

We take an approach that comes from a place of curiosity when participants do things or make choices that we may not understand.

A former FRSS shared this:

*"For example, when working with someone who is experiencing or about to experience homelessness, you find them a bed and then they don't go. You feel so frustrated! You did all of this work to make phone calls, rushing around to make this happen and then they didn't show up? But you need to take a step back and be curious about what's going on. Asking, 'Why? Why might they not have followed through?' They could have been in a group setting before and been abused. It could be anxiety over the unknown. Instead of explaining that to you or even being aware of it themselves, their response was to not take action. Now they have come back to you still needing help finding housing. This opens the door to explore. For that person to maybe learn something about themselves. To make a different choice. Helping them to figure out why they did not take the help that was available. What were the feelings behind it? Often this is an 'aha' moment for the participant and provider!"*



When we approach a situation from a place of curiosity we can often get to the meaning behind the behaviors. Then we can work together and brainstorm other options. For example, instead of viewing someone who is refusing or not engaging in services as "non-compliant" we can think about what might be keeping them from engaging. We talk a lot to parents about how to recognize their children's behavior as a way of communicating. We encourage them to ask, "What is this behavior trying to tell me?" The same holds true with adults. Behavior is communication. Remaining curious, trying to help find what feelings are behind something and asking what the behavior is trying to tell us. We can then think about this together. We can ask if they feel like their responses or behaviors are serving them now and/or if they want to find a new way to respond. We are transparent in doing this, as we promote and teach self-advocacy.

In our efforts to create a trauma-informed/healing centered community around the families we serve, this also often includes accompanying participants to appointments and in interactions with other service providers. We actively support participants to speak up for themselves. This is also an opportunity to model or provide information and resources about best practices related to trauma-informed/healing centered care with other service providers. We take a thoughtful, yet vocal, stand against harmful practices. It is our responsibility to not only support our participants with the message that healing is possible, but to model that language and those examples to providers as we co-create recovery-responsive communities. We always remember the message “nothing about us without us” and support participants’ involvement in collaborative conversations with their other providers.

We advocate for comprehensive trauma treatment for the parents and children in our program who could benefit from a more targeted treatment approach. For some participants, this means working with a FIRST Steps Together Clinician. Others may benefit from the support of an outpatient provider, or a group focused on recovery from specific trauma types, such as post-traumatic stress disorder (PTSD).

We know that those with lived experience in recovery from substance use and people drawn to the helping professions often have deep, personal motivations for engaging with this challenging, yet rewarding, work. Rather than viewing trauma as a rare occurrence, we assume it exists among clients and staff throughout our project. In this way, we do not single out those who have experienced trauma; rather, we uphold a constant sensitivity to its presence.





Our staff may also be impacted by secondary or **vicarious trauma** while doing this work. We keep this in mind in all of our interactions, from individual conversations to team meetings to project-wide trainings. We promote self-care, offering frequent breaks, being mindful of potential triggers and creating policies and practices that are trauma-informed/healing centered. Policies and practices related to this are discussed in later chapters.

**Vicarious trauma** results from the impact on the care provider from indirect exposure to a traumatic event through firsthand account or narrative of that event.

# Understanding the Intersection of Trauma, Substance Use and Parenting

For parents in recovery, trauma, substance use, and parenting are closely intertwined. We believe in the power of healing in each of these areas simultaneously because of the profound impact they have on one another.

Substance use and trauma intertwine in many ways. Active use may begin as a coping mechanism for trauma, other painful feelings or experiences, or as self-medication for an underlying physical or mental health issue.

Amy Sommer, LICSW, FIRST Steps Together Program Director and Clinician, shares that for some people, using substances “flips a switch” in the brain, causing the person to become dependent. Once dependency takes hold of the brain, it locks the brain’s **“rational evaluator”** and “emotional and motivational” centers in a struggle. This means that substance dependence activates cravings that basically override the ability to exercise reason or choice. Instead, the brain begins to understand use of drugs or alcohol as a primary need, like food and water. This same part of the brain controls our safety and survival, or “fight or flight,” responses to trauma. These changes to the brain can continue even when a person initially stops using substances. In this way, active or former addiction, together with the ongoing effect of our trauma histories, can negatively impact parenting capacities even into a parent’s early recovery.



The ability to help the parent be able to reflect on their parenting is so critical. And building that level of insight is not easy, especially for parents where substance use has been part of their background. **You’re helping parents be able to step back and encourage them to think “What was that about?” or to wonder “What was my child feeling in that moment?”**

– CLINICIAN

**Rational evaluator** refers to the part of the brain that weighs pros and cons of any given situation, to evaluate the next right choice.



Substance use also reduces the brain’s experiences of pleasure and shifts the focus of memory and reward circuitry. A parent in recovery may feel the challenges of parenting, such as exhaustion and frustration, more acutely, without the ability to enjoy as much of the pleasure. For example, the soft smell of a newborn’s head, a rush of delight when an infant smiles, or a feeling of overwhelming love when a small child wraps their finger around yours. Parents in recovery may also be more likely to remember stressful experiences and less likely to feel and remember the positive rewards of parenting. **This means parents in early recovery may experience parenting as high frustration with low reward.**

But there is hope! The practice of building **reflective function**<sup>6</sup> helps parents to recognize and think about what is happening both within themselves and in their interactions with their child. **This process of reflection is powerful enough to literally “re-wire” the brain.** Many times, facilitating a pleasurable interaction between a parent and child, or highlighting a positive moment that we witness, enhances the sense of pleasure, competence, and reward that we want parents to feel from these kinds of interactions.

This work is the core of what we do. We guide parents in building their reflective capacities, which helps them increase their own self-awareness while developing their ability to read and respond to their children. This promotes **attachment** between parent and child. As the parent’s confidence grows, the provider highlights the parent’s strengths, which further reinforces the connection between parent and child. The more the child’s needs are met, the more secure they grow and the more capable the parent feels. This re-wiring of the brain occurs when the parent can work through distressing moments, return to feeling competent by meeting their child’s needs, and again be able to enjoy their child.

**In responding to both trauma and substance use within the context of parenting, the challenge may be twice as great; however, the benefit is also twice as powerful.** Breaking the cycle of multi-generational trauma and reducing the potential negative outcomes for children of some parents who use substances can foster healing and resilience in both the parent and the child.

**Reflective function** describes our ability to imagine mental states in ourself and others. With practice we can strengthen our ability to make sense of our own responses and the responses of others.

**Attachment** is the bond between child and caregiver.

# Perinatal Mental Health Use and Parenting

The perinatal period, right before and after birth, is a time of increased vulnerability as well as a window of opportunity and motivation for many expecting parents.

We recognize that the **perinatal period** is one of great vulnerability for our participants. They are simultaneously adjusting to the physical, mental, and emotional changes and challenges of pregnancy and the early postpartum and parenting periods, while at the same time in active substance use or shifting from substance use to early recovery.

Many factors impact each participant's transition into parenthood. These include but are not limited to:

- Potential involvement with the Child Welfare System
- Trauma history
- Birth experience
- Family history
- Biological predispositions
- Family dynamics and social support system
- Housing and/ or living environment
- Recovery status, mental health, use and impact of medication
- Experience with breastfeeding and infant feeding
- Tolerance for lack of sleep
- The individual temperament of their baby
- Existing protective factors
- Systemic racism and interaction with biased systems
- Financial resources and access to meet concrete needs

We also know that pregnant women with SUD are even more likely to have a co-occurring psychiatric illness, and postpartum depression (PPD).<sup>7</sup>

To effectively support our participants, we need to prioritize their mental health. FIRST Steps Together participants have the option to meet with



Better parental reflective function can mitigate the negative effects of substance misuse, trauma and mental health challenges on caregiving relationships.”

– PROJECT DIRECTOR

**Perinatal period** describes the time immediately before and after giving birth.

our program Clinicians, or we coordinate collaborative care with outside providers. Our Clinicians have received training in **perinatal mental health**, and guide parents towards additional specialized treatment (as with trauma treatment, above) when needed. In service of building a specialized workforce, Clinicians also receive training related to trauma, parenting, substance use, and reflective functioning.

Beliefs and demands around parenting and early recovery can be overwhelming and often seem at odds with each other. Equally overwhelming for new parents may be the numerous requirements from different providers or service systems, including potential Child Welfare involvement. Our program aims to make those often-conflicting expectations explicit to support parents in understanding and resolving them. For example, many recovery supports focus on “one day at a time,” yet it is natural and healthy for a parent to be thinking about all they want for their child’s future. Or a person may identify that to move towards healthy recovery and a sense of community, they first need to create distance from the people or places that may be most familiar and where their use was most problematic. Yet, perinatal mental health experts recognize the value of support in a new parent’s life.

Despite these additional challenges, pregnancy and parenthood can be a strong motivator for participants to engage in treatment for substance use. A baby can represent a new beginning for a parent who has been contemplating, struggling with, or working to sustain their recovery. Making difficult changes for the benefit of their child may be the first step in seeking help for substance use or misuse.<sup>8</sup> Research shows that the incidence of overdose in pregnant and postpartum women decreases during pregnancy, increases after birth, and then rises again sharply between seven and twelve months postpartum (see figure). Peer-based, integrated services, such as FIRST Steps Together, that begin in pregnancy and continue for at least the first year postpartum provide crucial hope, support and understanding for families navigating their recovery while parenting young children.

**Perinatal mental health** refers to a woman’s mental health throughout her pregnancy and the post-postpartum period.



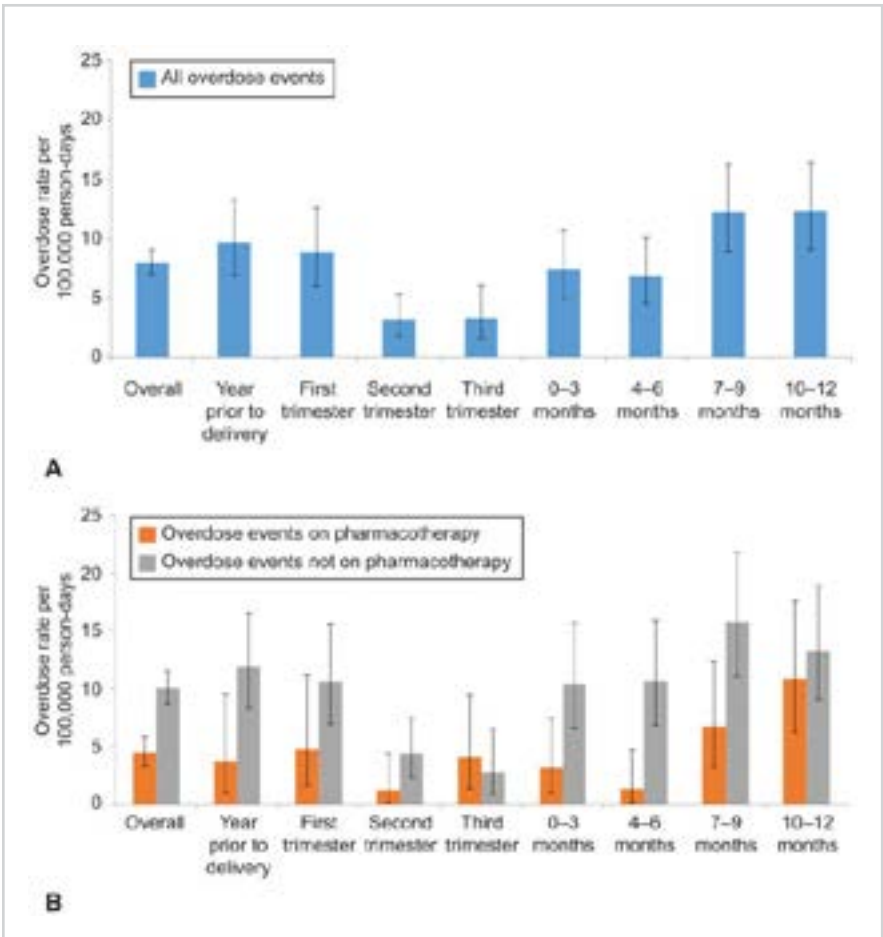
**Postpartum Support International** has created a suite of excellent resources for providers and parents related to perinatal mental health:

[postpartum.net](https://postpartum.net)

We also recommend utilizing and sharing the toolkits and resources from **The Massachusetts Child Psychiatry Access Program (MCPAP)** for Moms:

[mcpapformoms.org/Toolkits/Toolkit.aspx#Informational](https://mcpapformoms.org/Toolkits/Toolkit.aspx#Informational)

While this data predates our program, the trends are consistent. The graphs below, representing *Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts*, show the results of a study that included all Massachusetts female residents who delivered a live birth between 01/01/12 and 09/30/14. The study concluded “The year after delivery is a vulnerable period for women with OUD. Additional longitudinal supports and interventions tailored to women in the first year postpartum are needed to prevent and reduce overdose events.”<sup>9</sup>



*Opioid overdose rates among pregnant and parenting women with evidence of opioid use disorder in year prior to delivery (n=4,154). All overdose events (A), stratified by receipt of pharmacotherapy during month of overdose event (B). Error bars represents 95% CIs. First trimester defined at 0-12 weeks of gestation, second trimester defined as 13-28 weeks of gestation, and third trimester defined as ≥29 weeks of gestation.*

# Home Visiting

Home visiting removes barriers to accessing services and provides many benefits to expectant parents and families in the postpartum and early parenting phases.

Parents receiving services through home visiting benefit from being able to tend to their children's needs or routines during visits, not having to worry about transportation or childcare for these meetings and having materials such as paperwork or applications for other services or benefits readily available to them.

By literally meeting our participants "where they are at," we can interact with participants in their own environments. This can give us a better understanding of the participant's reality, needs and strengths.

A former FRSS shared this "Their environment gives us a lot of information. One participant I worked with often talked about how her home reflected what was going on inside her brain. On days I came and her house was really messy, I could see that as a signal she was really struggling and feeling like things were in chaos. On those visits I would ask: 'Where are you at? Where are your thoughts? Can I help you clear this one space? What's one small thing we can do together?' Her home helped show me how she was feeling in that moment and sometimes in home visiting we are literally just sitting with someone and being with them in their mess." While this service delivery model has many benefits, it also poses unique challenges that we will explore in later chapters. Some of these include maintaining boundaries, managing safety concerns, and supporting staff who provide direct services outside of the office. Also, some families are more comfortable meeting in a setting other than the home. We are creative in providing options, such as walking visits, meetings in parks or coffee shops, connecting while providing transportation to appointments or exploring other places in the community where the participant feels most comfortable.

For more on the benefits of home visiting you can start with the **Resource Toolkit for Home Visiting and Other Early Child Professionals:**

[uwm.edu/wcwpds/home-visiting-early-childhood](http://uwm.edu/wcwpds/home-visiting-early-childhood)



**My Clinician was someone who understood my parenting struggles at times. She created a carefree space to play with my daughter. My Clinician was great at letting me know, 'hey you're doing an amazing job.' I was really hard on myself. How did I lose custody? But she helped me rebuild my confidence. My daughter is a very happy-go-lucky girl. And very resilient. It's been a really joyful time."**

– PARTICIPANT

# Child Development

We understand that our participants' ability to feel competent as parents, connected to their children, and capable of experiencing joy in parenting, is key to maintaining their recovery.

We have familiarity with the joys and challenges associated with parenting through infancy and early childhood, along with a strong working knowledge of child development, social and emotional development and well-being, sleep safety, feeding basics, and communication. It is also important to be comfortable supporting parents in expressing concerns, noticing potential developmental delays and seeking out additional support.

Staff have access to many useful resources to explore with families, including:

**The Massachusetts' Children's Trust Online Resources for Family Support Professionals:**

[childrenstrustma.org](https://childrenstrustma.org)

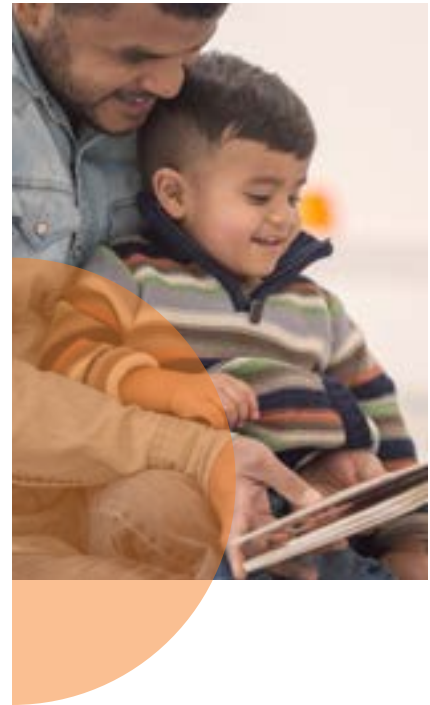
Center for Disease Control's "**Milestones & Schedules**" materials:

[cdc.gov/parents/infants/milestones.html](https://cdc.gov/parents/infants/milestones.html)

We help participants build their knowledge of child development and of their personal parenting capacities by providing individualized parenting support, **psychoeducation** and/or clinical support. This includes sharing information about milestones with parents and helping them to recognize the signs and symptoms of "fussy babies," including those who may have feeding, sleep, and soothing challenges due to early substance exposure.

We also help participants develop a toolbox of strategies to respond to their children's needs, with a special focus on **co-regulation**<sup>10</sup> between parent and child. This process includes helping parents recognize their children's more challenging behaviors as a way of communicating and understanding that more challenging behaviors in children are often expressions of need or discomfort.

For example, a parent may feel frustrated about a child throwing crayons during a home visit and see this child as being "bad" or "never listening." We may use this as an opportunity to wonder with the parent about what this child may be communicating. Are they bored? Are they wanting the parent's attention? Is there a way to meet this need in another way? Maybe the parent, home visitor and child could all start the visit by coloring together before giving the child something independent to do while the parent and visitor talk during the second half of the visit. Situations like this



**Psychoeducation** is an approach that provides education and information in a structured way, like through the use of an evidence-based curriculum.

**Co-regulation** is defined as warm and responsive interactions that provide the support, coaching, and modeling children need to understand express, and modulate their thoughts, feelings, and behaviors.



help parents work through these difficult moments with greater patience and understanding and allows both the parent and the child to return more quickly to a place of co-regulation and comfort.

Another important part of our work is comforting parents who are concerned about developmental issues that may result from substance exposure during pregnancy or those whose children have been diagnosed with **Neonatal Opioid Withdrawal Syndrome (NOWS)**, often referred to as **Neonatal Abstinence Syndrome (NAS)**.

**Neonatal Opioid Withdrawal Syndrome (NOWS)** refers to the symptoms that infants may experience as a result of exposure to opioids specifically

**Neonatal Abstinence Syndrome (NAS)** occurs when a newborn experiences withdrawal from substance exposure in utero. This includes medication prescribed for treatment of substance use disorders.

For more information on NAS, you can view this article from The National Institute for Children's Health Quality: **A Mother-Centered Approach to Treating Neonatal Abstinence Syndrome (nichq.org)**

<https://www.nichq.org/insight/mother-centered-approach-treating-neonatal-abstinence-syndrome>

Many parents carry an emotional burden due to substance use in pregnancy and early parenting. We create space for them to process their feelings around this sensitive topic, while simultaneously normalizing the challenges of pregnancy and parenting. We understand these worries may continue to cause parents distress as their children grow, particularly if a child exhibits developmental delays.

We help normalize and separate out typical worries parents have about kids. Sometimes things do happen that are a result of parental use of substance, child removal or something else. We can come to the table with an understanding: Parenting is hard and parenting in recovery is even harder. SUD has created situations that may be challenging for children and it's hard to sit in that space. But that is what we do. We sit with parents in their feelings, refer families to **Early Intervention**, have practical conversations about child development, and offer suggestions for best supporting the child and parent in that moment.

**Early Intervention (EI)** is a free federal program that serves children ages 0-3 to support the child in meeting milestones in physical, cognitive, behavioral, and social emotional development.

For more information you can visit: **What is "Early Intervention?"**

[cdc.gov/ncbddd/actearly/parents/states.html](https://cdc.gov/ncbddd/actearly/parents/states.html)

For the **Massachusetts Early Intervention program** visit:

[mass.gov/orgs/early-intervention-division](https://mass.gov/orgs/early-intervention-division)

A parent in recovery puts it this way "All parents and expecting parents have high emotions and concerns; there's another layer when you add SUD to it. Blaming yourself is this whole other layer we carry. Everything that is wrong with our child, we blame ourselves. Is this because I was on methadone when I was pregnant? It's ok to just name it. It's guilt and shame." Sometimes it is in the simple act of acknowledging this. **We make the unspeakable speakable. Once something is spoken, there can be work towards healing.**

# Consideration of the Parent-Child Dyad

In addition to balancing the needs of the parent and the child, we explore the strengths and difficulties within the parent-child relationship, viewing the “dyad” as its own entity.

Pediatrician and psychoanalyst Donald Winnicott once said, “If you set out to describe a baby you will find you are describing a baby and someone.” A baby does not just exist on its own but in relation to those who care for it. The authors of *Raising a Secure Child* and creators of Circle of Security Parenting put it this way, “From birth through old age, our ability to act with some autonomy is directly related to our capacity for connectedness.”<sup>11</sup>

It can be difficult to simultaneously balance the individual needs of a parent (who may be struggling with the adult challenges of recovery, parenting and concrete needs) and those of their child (who may be a fussy baby, a challenging toddler or an older child seeking connection). In each interaction, we consider the parent and the child as individuals, while also holding in mind the **dyad**, or relationship between the two.

We pay particular attention to the dyad because so much of our role centers around strengthening the parent-child relationship as the primary catalyst for positive change. In our work, we ask ourselves these kinds of questions:

- What are the interactions between the parent and child like? How does the parent feel about them?
- How is the parent responding to the child? How is the parent feeling in these moments?
- What is the child seeking from the parent? How might the child be communicating their needs?
- In what ways are their interactions attuned, or in sync? In what ways might the interactions be misattuned, or out of sync?
- Do the parent and child seem to be understanding one another and meeting each other’s needs?
- When the parent and child encounter conflicts or frustrations, are they able to experience “**rupture and repair**?” Can they work through difficulties, learn from them and come back together?



**Dyad**, often referred to as the parent-child dyad, describes the pair and relationship between the two.

**Rupture and repair** is when two people experience a miscommunication or disagreement in their relationship, followed by coming back together to better understand and meet each other’s needs.

It is not always easy to slow down a visit to help a parent think about what’s going on internally for them or the previous events that may be at the root of their current thoughts or feelings. But aiding the participant in making these connections is central to our work.

As parents begin to understand their own motivations, they increase their ability to understand their child’s behavior as a way of communicating. They instead begin to see a fussy baby, a tantrum from a toddler, or a power struggle with a preschooler, as a child asking for connection or help, seeking assistance in calming down, or voicing an unmet need, such as hunger or sleepiness.

**We support the dyad when we focus our attention on the dual needs of parent and child, and when we view the relationship between the two as a powerful tool to improve the wellbeing of each.**

We work through moments of disconnection and frustration and highlight the interactions when the parent and child work well together. We build the parent’s confidence and the dyadic connection by highlighting when and how they successfully meet the child’s needs. Like when a baby soothes in a parent’s arms or in response to their voice.

When a parent names their own challenges and is able to take a deep breath and calmly walk the child through the moment without losing their cool, they are further strengthening that connection. We raise up these successes to empower participants and encourage them to continue to grow their parenting capacities.

When working with participants, we also pay particular attention to processing the impact of their own experiences being parented to identify and break cycles of multi-generational trauma. We support participants’ recovery by prioritizing their parenting needs and by offering individualized services that support other aspects of their identity.



# Strengthening Families

Parents who feel supported, empowered, and competent are more likely to experience positive outcomes for themselves and for their children.

Strengthening Families is a framework developed by the **Center for the Study of Social Policy** that seeks to lower the risks of **adverse childhood experiences** by strengthening a family's protective factors. We use this approach with the individual family and at the community and systems levels.

**Adverse childhood experiences**, or ACEs, are potentially traumatic events that occur in childhood such as: experiencing violence, abuse, or neglect, or witnessing violence in the home or community.

At its heart, Strengthening Families is about how families are supported to build key protective factors that enable children to thrive. The five protective factors at the foundation of Strengthening Families also offer a framework for changes at the systems, policy and practice level—locally, statewide and nationally (**Center for the Study of Social Policy**).

[cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf](https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf)

By welcoming families into the work as partners and advocates for their children, we build up their strengths and confidence and help adults thrive in their role as parents, which in turn builds resilience in their children.<sup>12</sup>

According to the Center for Disease Control and Prevention, “ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.”

“Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.”

You can find out more about **ACEs** here:

[cdc.gov/violenceprevention/aces/fastfact.html](https://cdc.gov/violenceprevention/aces/fastfact.html)



“Childhood trauma is widespread. It is estimated that 26% of children in the United States will witness or experience a traumatic event before the age of four. Additionally, some children—including Black and Hispanic/Latinx children as well as children living in poverty—face more systemic challenges and are therefore significantly more likely to experience trauma, and to experience it more frequently.”

From **Framework for Trauma Informed and Responsive Organizations** in Massachusetts:

 [mass.gov/doc/framework-for-trauma-informed-and-responsive-organizations-0/download](https://mass.gov/doc/framework-for-trauma-informed-and-responsive-organizations-0/download)

On their website, Strengthening Families notes:

*“Children are more likely to thrive when their families have the support they need. By focusing on the five universal family strengths identified in the Strengthening Families Protective Factors Framework, community leaders and service providers can better engage, support and partner with parents in order to achieve the best outcomes for kids. The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.”<sup>13</sup>*

The five key protective factors are:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

FIRST Steps Together uses the Strengthening Families approach to build parental capacities and connect parents to resources within their community. Understanding the importance of the relationship between parental support and children’s wellbeing is at the core of our program. We strongly believe that to support a person’s recovery, we must also support their parenting, and to support their parenting, we must also support their recovery. On their own, each of these components is not sufficient because child well-being depends on parents maintaining their physical recovery and developing and deepening their parental capacities.





# Four Major Dimensions of Recovery

As noted by SAMHSA, “Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.”

As a project we have embraced **SAMHSA's Four Major Dimensions That Support Recovery**. We have overlaid our program goals and services to align with these priorities as well as those promoted through the Strengthening Families Protective Factors Framework. We have created our own descriptions for each of the dimensions:



**COMMUNITY** | Having trusted relationships and social networks that provide support, friendship, love and hope.



**HOME** | Having a stable and safe place to live.



**HEALTH** | Accessing external and internal resources to support wellness in all dimensions.



**PURPOSE** | Activities, such as parenting, work, school, service, or creative endeavors that provide direction and meaning.<sup>14</sup>

For more information on the **Four Dimensions of Recovery**, please visit the SAMHSA website Recovery and Recovery Support:

[samhsa.gov/find-help/recovery](https://samhsa.gov/find-help/recovery)

Our program works to support participants across these domains, understanding that to obtain and maintain their health and recovery, participants need more than to have their basic needs met. Families also need a sense of community, hope and purpose.

To get a better look at how our team supports participants with the **four dimensions**, you can view our newsletter:

[www.FIRSTStepsTogetherMA.org](http://www.FIRSTStepsTogetherMA.org)



The experience of parenting is intertwined with each of these four domains. For the pregnant parents we serve, and those in early recovery, we focus on physical and emotional health. When we think of home, we think of family. Parenting gives us a greater sense of purpose and place in the world every day. And our community is comprised of the relationships that hold and nurture us and our children.”

– CLINICIAN AND MOTHER  
IN RECOVERY



# Evidence Based Practices

Evidence based practices (EBPs) are informed by research and backed by data that demonstrates the effectiveness of a particular approach in serving a specific group.

For grant supported programs like FIRST Steps Together, using EBPs ensures that time and funding are spent in ways that maximize impact. We also rely on practice-based evidence as well as evidence-informed practices to support families.

Our program uses a number of evidence-based practices that support the parent-child relationship including Mothering from the Inside Out (MIO).<sup>15</sup> MIO was developed by the late Dr. Nancy Suchman of Yale University, and we offer it as foundational training for all our staff. There are also many other therapeutic approaches and trainings that are not offered on the program wide level but are used at specific sites. (More information on some of the Evidence Based Practices and Programs that FIRST Steps Together sites use can be found in [1.3 Recruiting, Hiring and Training](#) on [page 67](#) and in [2.3 Planning and Facilitating Groups](#) on [page 187](#).)



By enhancing a mother's ability to reflect on her own and her child's mental states, **her caregiving sensitivity improves, ultimately improving her child's attachment security.** Given that early exposure to adversity and continuous exposure to contextual stress likely have a cumulative effect on mothers' Reflective Function, Mothering from the Inside Out has proven valuable for mothers with addictions (its originally intended population) as well as mothers who face other chronic stressors."

- MOTHERING FROM THE  
INSIDE OUT TRAINING TEAM

# 1.1

## Key Takeaways

**APPROACH:** We maintain a strengths-based, supportive, non-judgmental approach.

**LIVED EXPERIENCE:** There is a unique power in peer work delivered by those with lived experience.

**RECOVERY AND PARENTING:** Understanding and simultaneously supporting both recovery and parenting is key to promoting success in both areas.

**PERINATAL FOCUS:** The challenges and opportunities specific to the perinatal period offer a distinct opportunity for growth and change.

**RELATIONSHIP:** We see relationships as the primary catalyst for change, with strengths mirrored by the provider for the parent and, in turn, by the parent for their child.

## 1.1

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## 1.1

# Endnotes *(continued)*

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# 1.2

## Preparing the Organization

“When there isn’t true buy-in from leadership, the initiative will tank. **It is critical to have a champion that drives the work and helps to get agency buy-in.** It’s really important to have people that understand and believe in the work and want to see it through in an authentic way.”

— PROGRAM SUPERVISOR



# Summary

Peer recovery support programs thrive when built within organizations that deeply value the unique lens of lived experience.

We understand and promote a recovery-oriented culture at all levels: from direct services and staff supervision to community partnerships and organizational leadership. This dedication is seen throughout our culture, values, policies and procedures.

This section will guide organizations in assessing their readiness for, and commitment to, peer recovery support work. We share ways to create or adapt policies and practices that promote a recovery-oriented culture and illustrate these in practice.

## INSIDE

Recovery-Oriented Systems and Organizations

Create a Leadership Team

Conduct an Agency Assessment

Moving from Assessment to Action

Embedding Organizational Culture into Policy and Practice



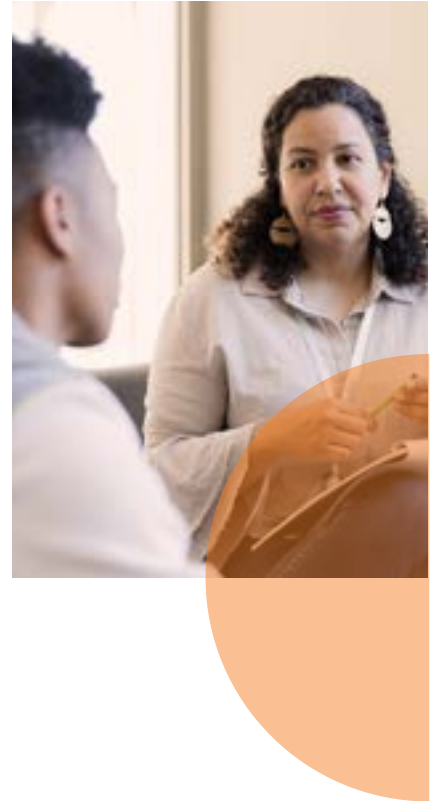
# Recovery-Oriented Systems and Organizations

“Recovery oriented” means literally “orienting,” or turning everything toward, supporting those in recovery and respecting their self-determination.

Recovery is a strength and a way of relating with the world that impacts every aspect of one’s identity. Recovery-oriented organizations understand that recovery is possible and is sustainable when people have the right kind of support. This requires thought, planning and commitment from all levels of organizational systems.

Recovery-oriented systems of care are “networks of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene in and treat substance use problems and disorders.”<sup>1</sup> These services are:

- Person-centered
- Inclusive of family and other **ally** involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care
- Partnership-consultant relationships
- Strength-based
- Culturally responsive
- Responsiveness to personal belief systems
- Commitment to peer recovery support services
- Inclusion of the voices and experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research based
- Adequately and flexibly financed<sup>2</sup>



An **ally** is a person or group of people who support a cause. Unlike a bystander who may remain neutral, an ally is someone who actively offers and voices support for a given initiative.

SAMHSA has created the **Recovery Oriented Systems of Care (ROSC) Resource Guide**, find it here:

[samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](https://samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf)

For more information about recovery-oriented systems and organizations, we recommend checking out the **Peer Recovery Center of Excellence**.

“The Peer Recovery Center of Excellence exists to enhance the field of peer recovery support services. Led by those with lived experience, Peer voice is at the core of our work and guides our mission.”

We recommend starting with their “explainer videos” on topics “that are foundational to the recovery community; Recovery Community Organizations, Peer Support, Recovery Capital, and Recovery-Oriented Systems of Care.”

 [peerrecoverynow.org](https://peerrecoverynow.org)

## Create a Leadership Team

At the heart of recovery-oriented organizations is an openness to recognizing and supporting the unique insights and experiences that peer staff bring.

Even organizations that have long served families in recovery may need to work on creating or strengthening their approach to building a recovery-oriented culture. It is helpful for senior staff members who have a strong understanding of the organization’s history to partner with members of the recovery community and their allies as well as people who are familiar with the challenges and opportunities that come with employing people with lived experience.

In order to create and maintain programs and services for families in recovery, an agency’s leadership needs an ongoing, long-term commitment to providing quality, strengths-based, trauma-informed/healing centered services.

The following groups within an agency play a central role in the program development effort:

- Executive Director/CEO/Leadership Team
- Board
- Human Resources
- Finance
- Operations/Risk Management
- Clinical Director
- Staff and/or families with lived experience



These individuals and teams should be involved throughout the process, from initially creating and/or showing their support for the program vision to addressing ongoing operational considerations.

After identifying organizational leaders, program planners begin to consider how to generate **stakeholder** buy-in. Persons with lived experience, and those whose work is rooted in the recovery community, are the best source of information as you begin or continue this journey. They can address the different perspectives and potential **unconscious biases** that may get in the way of recovery-oriented work.

There are many ways to approach this, including forming a team to conduct an agency readiness assessment and arranging opportunities for leadership and other staff to hear firsthand from program participants and peer staff about their experiences. These efforts guide how an organization designs its services to fit the needs of the population being served.

Planners may also find it helpful to identify a leader or other agency champion who can advocate for and motivate others to support a recovery-oriented culture. Organizations can also seek out concrete resources, such as funding to support assessment, capacity-building and implementation.

A **stakeholder** is a person or organization that shares a commitment or has a vested interest in a particular cause or initiative. Some professionals may prefer the use of the phrase "interested parties".

**Unconscious bias**, also known as implicit bias, is our tendency or predisposition towards unfounded or unsupported judgement against or for something.

## Conduct an Agency Assessment

Conducting a thorough assessment helps to determine how to bridge the gap between an agency's current culture and programming, and goals for expansion.

Successful home visiting, peer recovery and parenting support programs are built around the four key pillars below. When assessing an organization's readiness, planners can begin by looking at the agency's current policies and practices in the following areas:

- **STRENGTH-BASED APPROACH** | Parent support programs heavily rely on a strength-based model. Organizations unfamiliar with this approach will need to engage in training to shift practices toward those that are supportive, free from judgment and centered on participants' unique strengths and capacities.



- **HOME VISITING** | This model allows participants to access services in their homes and in the community. This model also provides useful context of a participant's family life to their home visitors. Agencies implementing this approach will need to develop specific policies and training designed around the home visiting structure.
- **RECOVERY** | Staff members using their lived experience in recovery will need ongoing support both for their work with families and in consideration of their own recovery. Staff across an agency may require either initial or additional training to support work with families, to learn how substance use may affect parents and to build deeper understanding about the intersections between recovery and parenting.
- **TRAUMA-INFORMED/HEALING CENTERED PRACTICE** | Given the common co-occurrence of substance use related challenges and trauma, it is essential that organizations are equipped to utilize a trauma-informed/healing centered approach to service delivery and staff support.

Agencies may find it helpful to use The National Center on Domestic Violence, Trauma and Mental Health's assessment guide: **Tools For Transformation: Becoming Accessible, Culturally Responsive, and Trauma Informed (ACRTI) Organizations** to examine their strengths and needs.

**Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations**—An Organizational Reflection Toolkit:

🔗 [nationalcenterdytraumamh.org/publications-products/tools-for-transformation-becoming-accessible-culturally-responsive-and-trauma-informed-organizations-an-organizational-reflection-toolkit](https://nationalcenterdytraumamh.org/publications-products/tools-for-transformation-becoming-accessible-culturally-responsive-and-trauma-informed-organizations-an-organizational-reflection-toolkit)

Although the above Toolkit has a specific focus on survivors of domestic and sexual violence, it is an excellent resource for assessment and can guide programs in outlining thoughtful service delivery that takes into account the needs of families in recovery, for whom accessibility, **cultural responsiveness**, and trauma present challenges. The specific sections of the assessment that correspond to creating a recovery-oriented culture include:

- Organizational Commitment and Infrastructure
- Staff Support and Supervision
- Physical, Sensory and Relational Environments
- Intake Process
- Programs and Services
- Community Partnerships
- Feedback and Evaluation



**Maintaining a trauma-informed lens is understanding that a person is working with what they have to the best of their ability. It may not be pretty or make sense to others, yet being trauma-informed is understanding this reality and looking for the person's experience and what they are trying to communicate, beyond their behaviors."**

– PROGRAM DIRECTOR

**Cultural responsiveness** enables individuals and organizations to respond to people of all cultures and other diversity factors in a way that recognizes, affirms, and values their worth.

# Moving from Assessment to Action

After completing an assessment, it is time to begin developing a plan.


Start by looking at the agency's overall assessment and prioritizing the identified issues. The following guiding questions can help support this process:

- **IMPACT** | How much does this issue impact agency culture and the ability to provide recovery-oriented services? How much of an impact will result from making changes?
- **CHANGEABILITY** | How changeable is the issue? How much time and commitment will it take to change?
- **CAPACITY AND RESOURCES** | Does the agency have enough capacity and available resources to make change now? What will need to be increased before taking further action? What kinds of resources (people, technical, financial) will be needed?

Next, create a strategy to guide the work, measure progress and celebrate successes. An action plan, can break larger goals into smaller steps and provide stakeholders with details about how and when each milestone will be reached. It is important to determine what specifically needs to be accomplished, who is responsible for each piece and how the organization will assess its progress towards goal completion.

Consider using a SMARTIE format that defines goals and action steps that are Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive and Equitable. SMARTIE goals provide clarity and accountability and ensure that improving diversity, equity and inclusion is considered in all planning and implementation.

For more on **SMARTIE goals**, we recommend this worksheet from The Management Center:

 [managementcenter.org/resources/smartie-goals-worksheet](https://managementcenter.org/resources/smartie-goals-worksheet)



An action plan is like a road map. You start with where you want to go and then **use your action plan as a map to figure out how you are going to get there.**

– PROGRAM DIRECTOR

For example, consider the differences in language between the two following action steps:

*“Create a subcommittee to address possible bias among administrative staff.”*

OR

*“By June 2022, a subcommittee made up of agency leadership including at least one person with lived experience and one person who identifies as BIPOC, will survey current families about their experience of potential bias in the previous twelve-month period.”*

Which language more clearly communicates expectations and highlights action steps? A plan that incorporates SMARTIE goals helps those responsible for change to work backwards from the goal to develop a realistic plan.

The Massachusetts Department of Public Health has also created a **Racial Equity Data Road Map** that explains how and why agencies should consider adding inclusion and equity measures to goals and provides guidance for agencies that desire to “assess their progress in addressing racial inequities in service delivery and health outcomes.”

[mass.gov/doc/racial-equity-data-road-map-pdf/download](https://mass.gov/doc/racial-equity-data-road-map-pdf/download)





# Embedding Organizational Culture into Policy and Practice

Creating a recovery-oriented, accessible, culturally responsive, and trauma-informed/healing centered environment benefits everyone.

By embedding shared values into their policies and practices, agencies can reinforce their commitment to a recovery-oriented culture. When recovery-oriented policies are built into a program's foundation, they provide the team and program leadership with the necessary structure, tools, and environment to carry out their individual roles. This creates an environment where everyone operates within the same framework. There is a common language and understanding of priorities and values.

When preparing for program implementation, it is important to review existing procedures and practices and to identify next steps. An agency's assessment may reveal a need to create, communicate or update policies related to hiring and serving individuals across the recovery continuum. This may include:

- **UPDATING** | Organizations may find that existing human resource language may require additional detail.
- **CREATING** | Organizations newer to the work of peer recovery support may need to decide upon and communicate new practices, such as those for carrying and administering Naloxone.
- **COMMUNICATING** | Organizations should ensure that staff are aware of new and existing policies, understand their purpose and know how to utilize available resources. Human Resources departments can support staff members by being communicative and responsive to questions.

When creating or adapting policies, program planners should be mindful that the language they use does not reinforce assumptions that people in recovery are more vulnerable than other staff to work challenges or stress.

**Many of these recommendations represent best practice for all work environments. Policies should be designed to reflect the understanding that all who engage in this work may experience challenges, triggers, and potential secondary trauma.**



Agencies need the flexibility to change the way they hire people, supervise people, and deliver services. Working in this space requires flexibility and programs have to really want to do this work and stand behind it."

– PROGRAM DIRECTOR

It is valuable to review the following practices prior to beginning a peer recovery support program or integrating peer staff:

- **HIRING** | Some FIRST Steps Together roles require staff members to have lived experience in recovery from substance use. We recommend that organizations engage human resource departments in the planning, recruitment and hiring processes. This can create more equitable processes and balance agency and funding source constraints (such as required background and Criminal Offender Record Information (CORI) checks) with an acknowledgement that staff with lived experience are uniquely qualified to do this work. A recovery-oriented culture values peer staff as the hub of the care team and builds services around staff members' ability to walk with families on their recovery and parenting journeys. Many sites understand that they will need to thoughtfully plan the hiring process to account for peer staff that may have work and life experience that look different from that of other applicants. Another aspect of planning for hiring is setting expectations that salaries should reflect the varied skill sets and levels of expertise needed. We keep in mind that having lived experience in recovery is an essential qualification to do this work, and as such, should be compensated accordingly, with equal value given to lived experience as with professional experience and formal education.
- **STAFF SUPPORT** | All staff may encounter secondary or vicarious trauma or burnout at some point in their careers as helping professionals. It is crucial to prioritize recovery maintenance and wellness for all staff. And to recognize the additional responsibility and emotional workload that is placed on staff who use their personal, lived experience to benefit others and the immense emotional energy that this requires. Policies should be crafted that encourage staff to tend to their own recovery and wellness needs. These policies should extend to all program employees, regardless of their role, including administrative staff, Family Recovery Support Specialist, Clinicians, Supervisors, and Directors.
- **SUPERVISION** | Peer recovery support work and providing clinical and supervisory support for staff serving families with complex needs, requires a high level of both administrative and reflective supervision. Staffing ratios may be lower and staff may have smaller caseloads than other agency programs. Program planners will need to carefully determine and communicate appropriate staffing patterns and supervision expectations.
- **HOME VISITING** | The unique circumstances of delivering services in families' homes and in the community require that agencies develop clear policies and procedures to maintain staff and participant confidentiality and safety.
- **DATA COLLECTION** | Agencies will need to consider how they will create or update their data security policies (e.g., implementing secure e-mail)



Knowing that we work in a fractured system, we show up in some ways that are unique to our program and may not be the same as other professionals. I think that it's really important to have people who understand and value this aspect of our work. Our ability to be flexible and meet people where they are at allows for a different kind of connection to our participants."

- PROGRAM SUPERVISOR

to strengthen their data collection and record keeping practices. Additionally, organizations must require staff to receive training and guidance around patient confidentiality, the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR.

- **WORKING WITH CHILDREN AND FAMILIES** | It is essential for organizations that have not previously served families or children to examine how existing policies address providing services for multiple family members, including minor children. These might include policies around transporting families to groups and providing childcare. Agencies may also need to create policies and practices around serving multiple family members from the same family with their own services. They need to consider how they will address confidentiality, safety concerns and respecting each parent's journey and choices.
- **PROGRAM-SPECIFIC POLICIES** | It is valuable for agencies to develop program-specific guidelines, such as participant no-show policies and requirements for staff to confirm scheduled home visits in advance of commencing travel.

The following section details specific hiring considerations and includes sample language for agencies to use when considering policy creation.



Individual and group supervision isn't just about managing our work loads and responsibilities, it's also about giving and receiving support to one another on a regular basis. We make sure to protect this time. It's something I actually look forward to. Being able to unload what I've been carrying each week in a safe space with a supportive supervisor and team, means that it's less for me to carry alone."

– CLINICIAN

# Hiring Staff from Diverse Backgrounds

People enter recovery through many paths, and unfortunately, one common route is through contact with the Criminal Justice or Child Welfare Systems.

It can be challenging to work through hiring someone who has items that come up in their background check. Yet, as one Program Director notes, when working with families who may have their own legal challenges, “These staff members are able to do the work with real credibility. By employing these individuals, we communicate that we understand that this may be part of the journey.”

Human Resources and leadership teams committed to peer recovery and parenting support work can consider past offenses in context and build their hiring processes around a belief that people do change and evolve, and that individuals in recovery, including those with a criminal history, have something valuable to offer to their fellow staff and peers. This understanding also includes a recognition of the roles poverty, trauma, substance use and race play in terms of who commits offenses, who is charged and how they are processed through the justice system.



This resource outlines the benefits and process of hiring peers with lived experience specific to incarceration and/or recovery:

**Employing Your Mission-Building Cultural Competence in Reentry Service Agencies Through the Hiring of Individuals Who Are Formerly Incarcerated and/or in Recovery** (Fortune Society and John Jay College of Criminal Justice of the City University of New York, n.d.).

[prisonlegalnews.org/media/publications/fortune\\_society\\_building\\_toolkit\\_on\\_cultural\\_competence\\_and\\_hiring\\_ex\\_prisoners.pdf](https://prisonlegalnews.org/media/publications/fortune_society_building_toolkit_on_cultural_competence_and_hiring_ex_prisoners.pdf)

Many agencies that have had success in hiring exceptional staff who have criminal histories, share that they have found great value in creating a process that clearly outlines those offenses that are mandatory exclusions and those that allow for discretion.

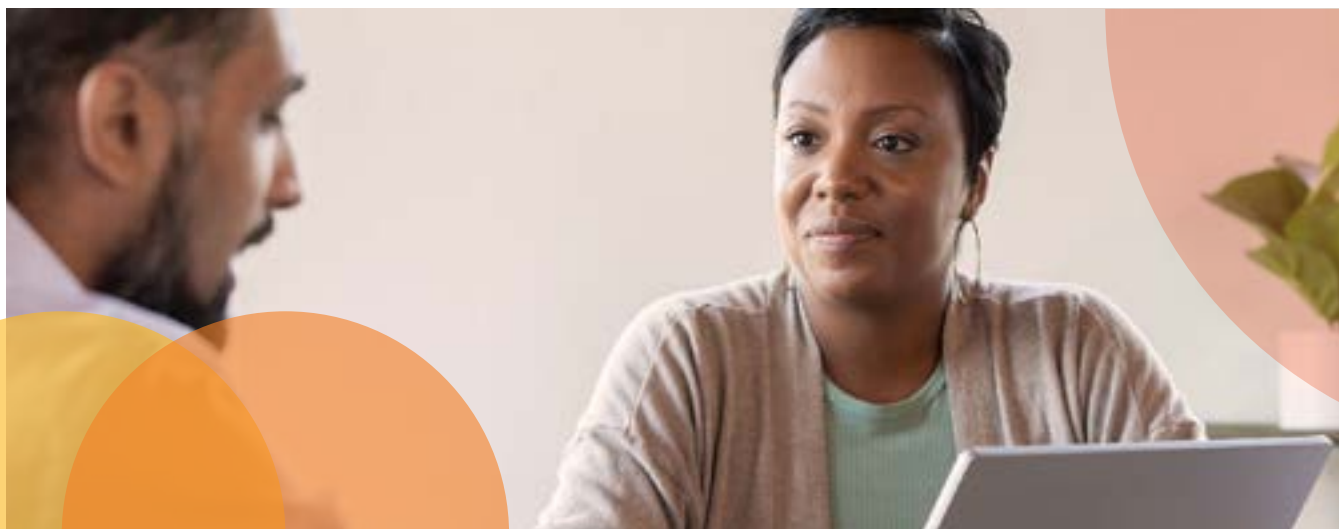
These organizations also build a strong, mutually respectful relationship between leadership, supervisory staff and Human Resources. One Supervisor shared, “We have worked to create a trusting relationship. They know I have done my part to identify someone who is in a good place, is solid in their recovery and has a lot of recovery capital. When I feel confident about their abilities, I know that Human Resources will do their best to get a full picture, view prior offenses in context and work to see if this is someone we can hire. I also trust that if sometimes the answer has to be ‘no,’ Human Resources has done everything they could.”

As provided by the Massachusetts Department of Criminal Justice Information Services, "Unless otherwise provided by law, factors to consider when determining suitability include, but are not limited to the following:

- Relevance of the record to the position sought
- Nature of the work to be performed
- Amount of time since the conviction
- Age of the candidate at the time of the offense
- Seriousness and specific circumstances of the offense
- The number of offenses
- Whether the applicant has pending charges
- Any relevant evidence of rehabilitation or lack thereof
- Any other relevant information, including information submitted by the candidate or requested by the organization."<sup>3</sup>

Some agencies may have additional guidance and less discretion, such as those that currently work with children or other vulnerable populations who are guided, regulated or overseen by governmental bodies (such as those involved in Early Childhood Education and Care). These governing bodies often have strict mandatory exclusions. In all cases, agencies are advised to "take special care when basing employment decisions on background problems that may be more common among people of a certain race, color, national origin, sex or religion; among people who have a disability; or among people age 40 or older." For example, employers should not use a policy or practice that excludes people with certain criminal records if the policy or practice significantly disadvantages individuals of a particular race, national origin or another protected characteristic, and does not accurately predict who will be a responsible, reliable or safe employee. In legal terms, the policy or practice has a **disparate impact** and is not job related and consistent with business necessity.<sup>4,5</sup>

**Disparate impact** occurs when policies, practices, rules or other systems that appear to be neutral result in a disproportionate impact on a protected group.





# Promoting Wellness, Recovery and Self-Care

An agency’s ability to retain staff rests, in part, on proactively developing policies that allow employees to take the time and space they need to tend to their own wellness and recovery.

Organizations can build a supportive culture and atmosphere by offering employees ample sick, vacation and personal time and encouraging staff to access recovery supports during the workday, as needed. Given the nature of our work, sites should also have policies in place to offer leave that doesn’t count against staff’s earned time off, in the case of a program-related event or trauma.

Self-care is critical to the wellbeing of our staff and maintaining our work. When supporting families affected by substance use challenges, we become holders of their stories. We assist participants in carrying their pain, worries and trauma. Staff members naturally grow to care for participants and their families. They become emotionally invested in parents’ success and can feel frustrated if families are unable to take or sustain action to improve their circumstances or their children’s lives. Even when they are deeply personally and professionally committed to the program’s mission, staff members often feel overwhelmed, disappointed, concerned and even mentally or emotionally exhausted from doing this work.

One agency’s policy statement reads:

*“Burnout is emotional exhaustion, which can result from spending substantial time giving to others without taking care of ourselves. One may have an overwhelming feeling that nothing they do will help the situations at hand. Discouragement can show up as a loss of enthusiasm and passion for the work that staff once found so fulfilling. As a result, an employee may become cold, rigid, even irritable with participants and coworkers alike. Compassion fatigue is a combination of burnout and secondary traumatic stress... we become a kind of holder of others’ stories. If not processing through these stories, we are at risk of personalizing them and beginning to feel another’s traumas as if they are our own. We may worry that these same traumas are or will happen to us and/or our loved ones. Burnout, discouragement, and compassion fatigue are among some of the very real effects we, ourselves, could face if not remaining aware of and caring for our own being, physically, mentally, emotionally and spiritually.*

*Self-care is the greatest preventive measure we can take to safeguard ourselves from these negative effects of our work. Basic components of self-care are such things as good hygiene (showering, brushing teeth, wearing clean clothes), getting adequate sleep, fueling our bodies with good nutrition and some type of regular physical exercise. Relaxation techniques such as meditation, deep breathing or yoga are great*



Every day we walk alongside parents as they navigate systems and work toward their recovery. Sometimes it’s messy and frustrating, other times it’s wonderful and rewarding, **but through all those moments we need to take care of ourselves. It’s ok to say “I need a break.” Just like we encourage our participants to take care of themselves, we must do the same in our own lives.”**

– FAMILY RECOVERY  
TRAINING SPECIALIST



*stress relievers. It is often said in some circles that ‘the issues are in our tissues.’ Therefore, combining physical movement with mental relaxation can help release some of the stress and traumas we are holding. Also, processing what we encounter within this work in supervision is another way of ‘letting go’ and realizing we need not and cannot ‘fix’ everything for the families we serve. Processing allows for understanding and release; to counteract the things that may ‘rent space’ in our beings.”*

The following are recommended practices and policies to support staff self-care and wellness:

- **Allow for flexible work schedules.** One agency’s policy states “Our program allows for flexible work schedules, meaning that generally staff choose to work Monday through Friday 8 AM–4 PM or 9 AM–5 PM; but employees can flex these hours to earlier or later times, shifting work hours as needed to meet personal or client needs.”
- **Allow staff to engage in self-care and recovery activities during the workday.** Another organization’s policy indicates, “We allow our staff to engage in self-care activities, such as attending recovery support meetings and therapy as needed during the workday.”
- **Incorporate wellness practices into agency culture.** This may look like starting meetings with mindfulness practices and offering yoga classes and wellness groups. For example, some of our sites offer “Motivation Mondays,” where staff can come together briefly at the start of the week around topics such as mindfulness, meditation, boundaries and other self-care practices. This allows staff to begin their week with an uplifting point of connection which serves as a refresher and a reminder for why we do this work. Supervisors can further encourage well-being by offering something as simple as taking a walk outside during supervision.
- **Regularly discuss self-care in supervisions and staff meetings.** Make this practice as much of a priority as checking in on family cases and documentation.
- **Allow staff to engage in trainings and other educational opportunities as part of their work hours.** This may include mutual aid groups, collaborative meetings, and other opportunities for staff to connect and support one another.



By offering opportunities for self care and wellness within the work day, we are giving our staff members the tools not only to care for themselves but also to model these practices for the families they work with.”

– CLINICIAN AND MOTHER IN RECOVERY



## Staff Wellness and Recovery Support

Stress and secondary trauma can lead to burnout and can strain employees' ability to maintain effective coping skills during challenging periods.

It is important that agencies clearly outline policies that describe how staff can use time off or take an extended leave of absence without fear of losing employment. Workplaces can also build paid sick and vacation time into their policies, promoting a workplace culture that encourages use of this time to tend to wellbeing, refresh and recharge. It is important that staff members at all levels of the agency value wellness practices, modeling and normalizing the importance of self-care, particularly due to the highly demanding nature of working in the social services field.

A component of **SAMHSA's Wellness Initiative**, this handbook defines wellness and presents the eight dimensions of wellness: social, environmental, physical, emotional, spiritual, occupational, intellectual, and financial. It also offers tips for improving oneself in each dimension.

[store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf)

Rather than waiting for an emergent situation to put self-care strategies in place, all employees including administrative staff, FRSS, Supervisors, Clinicians, and Directors, should be equipped with information about available options.

At times there may be a need for a staff member to take a more significant step back from work. This could be for a variety of reasons related to compassion fatigue, burnout, a need to increase the amount of time needed to tend to their own family, wellness or recovery needs or for other reasons specific to that staff member.

Considerations for offering this support include:

- Impact on the staff member’s wellbeing and recovery
- Effect on the staff member’s ability to carry out essential job functions
- Effect on the families being served
- Impact on the team, including FRSS, Clinicians, and Supervisor

When creating a plan for a reduction in duties or time off, it is important to indicate how and when all parties will demonstrate or determine that the staff member can return to work and reassume job functions. For example, how will Supervisors know when a staff member is ready to resume work? Will the staff member begin with a reduced schedule? What criteria will determine when they are ready to engage in direct services and restart family home visits? What may signal a need to provide additional support or time off? Will the staff member require increased supervisory support, and, if so, how will that be structured?

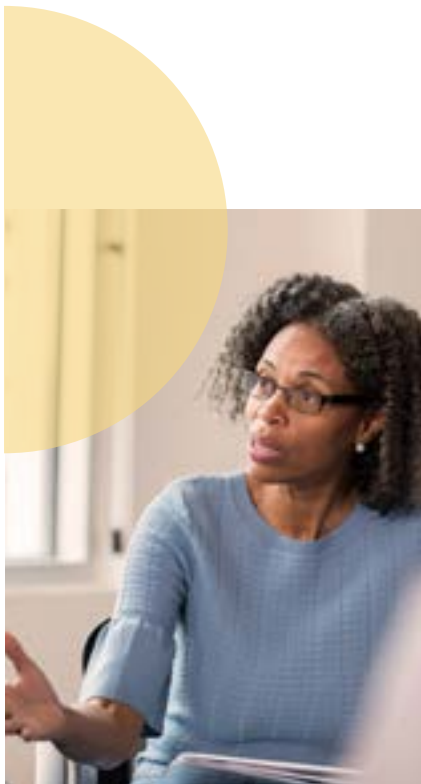
In our work with families, we are dedicated to promoting proactive wellness planning. Similarly, our staff also benefit from structured policies and planning that allow for time to support their health, well-being, and recovery needs. This provides an effective and transparent roadmap that guides staff members in accessing both ongoing support as well as increased amounts of support as needed.

## Crisis Response

Responding to families in crisis is often part of the work that we do. Being prepared for difficult and emergent situations can alleviate some of the stress and trauma for both parents and their providers.

Most organizations develop crisis response policies that specify how to document and report emergency situations and guide mandated reporters in initiating claims of child abuse or neglect. These policies outline the specific steps staff members should take in cases of a medical or mental health crisis and include information about responding to substance related concerns and overdose.

We keep staff updated about who is available to respond to emergent and urgent situations outside of regular agency hours. In addition to making sure there are practices and procedures in place to respond to and document crises, we also place great emphasis on the support available to staff members in the wake of a crisis. This may include offering staff members additional support and supervision, ensuring time off is available if needed, and that tools and resources are available should staff members need ongoing support to process.





## Home Visitor Safety

It is important that agencies maintain appropriate policies to train and protect home visitors when they are providing services to families in their dwellings or in the community.

Given that this model of service delivery often lacks the structure and support of the office setting, prioritizing home visitor safety is a consideration for any providers of home services and is not specific to those serving families in recovery. (Please visit the [2.2 Home Visiting](#) section on [page 149](#) of this document for additional resources and information.)

## Confidentiality

Federal law supplements existing agency policies regarding confidentiality, by restricting how information related to participants treatment for substance use may be used and disclosed.

All program-related communications, referrals, releases, forms and other supporting materials and practices must comply with Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2), commonly referred to as “42CFR” or “42 CFR part 2.” These regulations govern the confidentiality of drug and alcohol abuse treatment and prevention records and give very specific requirements for how that information can be shared. Confidentiality should be considered in all aspects of service – from how information is communicated with participants, other service providers and between Clinicians, Supervisors, and FRSS – to how information is captured, transported, and stored. Training around policies and practices for ensuring confidentiality should be included during onboarding, and as part of ongoing supervision and professional development.

**Substance Abuse Confidentiality Regulations** from SAMHSA has Frequently Asked Questions (FAQs) and Fact Sheets regarding the Substance Abuse Confidentiality Regulations.

[samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs](https://samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs)

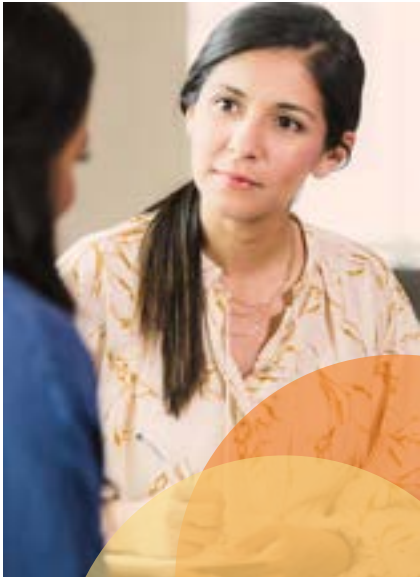
## Supervisory Capacity and Caseload

Given the nature of our work, the often-taxing use of self and the specialized training required, we give significant attention to supervisory capacity and caseload.

We consider many factors when balancing supervisory assignments and staff workloads. We make adjustments to account for participants with a higher level of need who may require more frequent home visits or more involved **care coordination**. We also attempt to distribute higher need families across staff. Although travel and planning time, intensity and frequency of services provided per family and documentation and supervision all vary, we typically recommend that full time FRSS staff manage a caseload of 8–10 families. Some staff may also hold specific responsibilities within their sites, such as being the primary contact for intakes, providing oversight for data collection, or spending additional time developing activities, events, or trainings. This can be beneficial both for sites to have a shared responsibility for team related tasks and for individual staff members who may appreciate variety in their work, opportunities for growth and professional development, and a break from the intensity of providing direct services full time which may result in staff burnout. Time for these additional responsibilities is also factored into the number of hours staff have available when determining caseloads and responsibilities.

Staff members who carry many families that are complex and have more intense needs may require additional support and supervision hours. (Please visit [1.4 Supervision](#) on [page 108](#) for guidance around approaches and time commitment.)

**Care coordination** is the collaboration and sharing of information between providers to increase the effectiveness of services and improve the outcomes of care.





## Culturally and Linguistically Appropriate Services (CLAS)

The National CLAS Standards are designed to guide agencies in creating and implementing health services that are respectful and responsive to all individuals.

The Massachusetts Department of Public Health has created the resource **Making CLAS Happen: Six Areas for Action**.

“This manual aims to offer a comprehensive and organized approach to make culturally and linguistically appropriate services (CLAS) ‘happen’ in your organization. Clear guidelines, tools and references can enable agencies to move toward cultural competence.”

[mass.gov/lists/making-clas-happen-six-areas-for-action](https://mass.gov/lists/making-clas-happen-six-areas-for-action)

These standards enhance an organization’s ability to provide culturally and linguistically appropriate services, and many federal and state funding sources require agencies to follow them. The goal of incorporating the CLAS standards into practice is to increase an agency’s ability “to meet the needs of persons of diverse cultural, religious, racial, and linguistic backgrounds, disability status, socioeconomic status, gender, and sexual orientation. In so doing, organizations will see a number of benefits, including improving client health and satisfaction, increasing staff competence and confidence, becoming more viable for grants and contracts, reducing costs and preparing to meet federal and state requirements.”<sup>6</sup>

The Addiction Technology Transfer Center (ATTC) Network has a wealth of training and resources around **Building Health Equity and Inclusion**. The landing page for these resources can be found here:

[attcnetwork.org/centers/global-attc/clas-resources](https://attcnetwork.org/centers/global-attc/clas-resources)



# Child Safety Concerns

All of our staff members are mandated reporters and prioritize the safety of the families we serve.

All states have laws that identify individuals “mandated” to report child abuse or neglect concerns. FIRST Steps Together staff are formally trained in mandated reporting procedures during onboarding and once per year after that. Staff members regularly discuss the purpose and practice of **mandated reporting** in their supervision sessions. They also share this information with families during intake and throughout their work together. (Read more about mandated reporting in [2.2 Home Visiting](#).)

**Mandated reporting** refers to the obligation of all service providers who work with children and other vulnerable populations to report suspected neglect or abuse.

More information about **mandatory reporting** and state specific information is available here:  
[childwelfare.gov/topics/systemwide/laws-policies/statutes/mandated-reporting/](https://childwelfare.gov/topics/systemwide/laws-policies/statutes/mandated-reporting/)

It is essential that agencies have a clear policy describing how and when reports will be filed, if abuse and neglect will be documented as a program incident and with whom this information will be shared. Many organizations require staff to consult a direct supervisor before reporting; however, if colleagues disagree around the need to file, we support individual staff members in doing what they believe to be right.

Each state has individualized guidance for this reporting process. Please find **Massachusetts guidance** here:  
[mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter](https://mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter)

Whenever possible, we believe it is valuable to notify the family of the filing. When appropriate, staff can complete the report or phone call collaboratively with or in the presence of the family. This transparency allows the provider and parent to maintain a trusting and supportive relationship. In this way, staff members at many sites have supported parents through a Child Welfare Services investigation and through subsequent parent-child separations.



# 1.2

## Key Takeaways

**PREPARE:** Preparing your organization to do this work begins with agency leadership which models and elevates the importance of a supportive, recovery-oriented culture.

**DEVELOP:** A key component to organizational readiness is developing and adapting agency wide policies, procedures, hiring practices, and staff support services to sustain a peer recovery workforce.

**CREATE AND ADAPT:** Policy creation and adaption should occur before program implementation. Special consideration should be given to policies and practices around staff supports, home visiting safety, data protection, confidentiality, and crisis response.

## 1.2

## Endnotes

- 1 Sheedy C. K., and Whitter M., Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know From the Research? HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009. [naadac.org/assets/2416/sheedyckwhitterm2009\\_guiding\\_principles\\_and\\_elements.pdf](https://naadac.org/assets/2416/sheedyckwhitterm2009_guiding_principles_and_elements.pdf)
- 2 Sheedy C. K., and Whitter M., Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know From the Research? HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009. [naadac.org/assets/2416/sheedyckwhitterm2009\\_guiding\\_principles\\_and\\_elements.pdf](https://naadac.org/assets/2416/sheedyckwhitterm2009_guiding_principles_and_elements.pdf)
- 3 Department of Criminal Justice Information Services. (2012). DCJIS Model CORI Policy. Boston, MA: Author. [CORI Forms and Information | Mass.gov](https://www.mass.gov/info-details/cori-forms-and-information)
- 4 U.S. Equal Employment Opportunity Commission. (March 2014). *Background Checks: What Employers Need to Know*. Background Checks: What Employers Need to Know. U.S. Equal Employment Opportunity Commission. [eeoc.gov/laws/guidance/background-checks-what-employers-need-know](https://www.eeoc.gov/laws/guidance/background-checks-what-employers-need-know)
- 5 Society for Human Resource Management. (2022). *Disparate Impact*. [shrm.org/resourcesandtools/tools-and-samples/hr-glossary/pages/disparate-impact.aspx](https://www.shrm.org/resourcesandtools/tools-and-samples/hr-glossary/pages/disparate-impact.aspx)
- 6 Massachusetts Department of Public Health—Office of Health Equity. (2013). Making CLAS Happen (Enhanced) Six Areas for Action A Guide to Providing Culturally and Linguistically Appropriate Services (CLAS) in a Variety of Public Health Settings. [mass.gov/doc/clas-introduction](https://www.mass.gov/doc/clas-introduction)

# 1.3

## Recruiting, Hiring and Training

“The development of this workforce is as important as the direct service work we do with families. **We are constantly thinking about how to best support the peer staff, supervisors and clinicians who work with parents in recovery.** It is important to consider how we grow and support this workforce, sustain staff and give people a chance to feel their work matters to families, to their agencies, and to the program as a whole.”

— PROJECT DIRECTOR



# Summary

Relationships are the catalyst to change and central to our work. Building successful, collaborative relationships begins with recruiting, hiring and training new staff.

This chapter provides an overview of the hiring process. This includes the creation of a hiring team, management of the recruitment, interview and pre-employment processes, and onboarding and training new staff. We also discuss diversity, equity and inclusion throughout the process. This chapter offers thoughtful advice on hiring candidates who bring lived experience and expertise in working with those parenting in recovery. We will explore the strengths and benefits of candidates who may not have “traditional” work or educational backgrounds, or who may have had previous involvement with Child Welfare or criminal justice systems.

## INSIDE

Building a Collaborative Team

Diversity, Equity and Inclusion

Create a Hiring Team

Defining Project Roles

Considerations for Determining Compensation

Job Posting and Advertising

Application Review

Interview Questions and Process

Pre-employment Considerations

Onboarding and Training

# Building a Collaborative Team

A frame that guides this model is “the whole is greater than the sum of its parts.”

The perinatal peer work force is strengthened by building collaborative teams of Family Recovery Support Specialists (FRSS), Clinicians, and Supervisors who can support one another in service delivery. **Although each FRSS, Clinician and Supervisor plays an individual role, their collaborative approach amplifies the support that is offered to families, and to each other.** Staff should feel seen, heard and supported, through Reflective Supervision and thoughtful feedback from their team members. Then, in a “parallel process,” they can bring that experience to their own work where they model **attuned interactions** with the families they serve. In turn, parents can carry these strengths and skills into their relationships with their children.

**Attuned interactions** refer to interactions between two people in which they feel “in sync” or “on the same page.” This may feel like being seen, understood or having our needs met.





# Diversity, Equity and Inclusion

Diversity, equity and inclusion are areas of priority across all aspects of our project, and we seek to hire staff who are representative of the families we serve.

Promoting **diversity**, **equity**<sup>1</sup> and **inclusion** (DEI) requires us to engage in a project-wide effort to reduce inequities, address bias and combat stigma.

When considering DEI efforts, **Human in Common**, an organization that specializes in providing professional diversity and *Ethical Upstander*® training, notes that effective organizational efforts to elevate diversity, equity and inclusion should result in “dismantling the barriers that prevent people with marginalized social identities from actualizing their full potential or from fully engaging in all aspects of society...”<sup>2</sup>

More information, events, and trainings on **Human in Common's** work can be found on their website.

 [humanincommon.com](https://humanincommon.com)

**We seek to hire staff who represent the families we serve and those who we hope to reach.** For example, we know that people of color are often underrepresented in treatment and recovery services. One way we seek to address the cultural and system barriers that have created this disparity is by actively hiring and incorporating the voices of people of color in our work. We also continue to look at data in our service delivery to reflect on how inequities might be identified and addressed.

We also focus on creating and promoting policies and practices that uplift people and parents in recovery, support their professional development and value their lived experience and expertise. This means providing continuing education opportunities, appropriate compensation, and clearly communicating support for wellness and self-care within the workplace. This also requires an agency wide commitment to using strengths-based and person-centered language to actively counter the stigmatization of people in recovery.

We strongly believe that organizations should strive to do the following:

- Amplify policies and practices that create equity in the hiring process.
- Promote a workplace culture that welcomes and elevates diverse perspectives and backgrounds.

**Diversity** refers to a variety of characteristics, such as race, ethnicity, gender expression, sexual orientation, ability, immigration status, age, class, religion and veteran status.

**Equity** recognizes each person has different circumstances and needs, and therefore different groups of people need different resources and opportunities allocated to them in order to thrive.

**Inclusion** celebrates and amplifies the identities, voices, values, priorities, and leadership of all community members, especially those who have been marginalized.

- Model supervisory and project management practices that encourage accountability and continuous assessment of DEI initiatives.

DEI goes beyond reaching, hiring and retaining diverse staff members. It also includes fostering a workplace culture that promotes **cultural appreciation** and engages in allyship and solidarity.

FIRST Steps Together centers on the provider-parent relationship and its capacity to create transformational change. By employing a diverse staff, we demonstrate to participants that we see them and value their stories and experiences.

**Cultural appreciation** is valuing and respecting a range of cultures and their importance.

## Create a Hiring Team

Collaborative input from program staff guides the hiring process and is an essential step to building a cohesive and effective service team.

Creating a hiring team is vital to supporting efforts to attract and retain well-qualified staff members. Current project staff who are successful in their roles know what is necessary to do the job well and are valuable voices in the recruiting and hiring process. Agency leadership, FRSS, Clinicians and Supervisors each bring a valuable and distinct perspective about how individual roles serve the larger team. When hiring team members have opportunities to share these perspectives during the interview process, candidates better understand the team approach.

Diversity is an important part of a hiring team's makeup. This includes representation of a variety of staff roles as well as multiple personal characteristics, such as race and ethnicity, gender expression, ability or other status. Some sites have also considered including current or former program participants in their screening and/or interview processes.

Suggested Hiring Team Composition:

- **HUMAN RESOURCES REPRESENTATIVE** | This individual is knowledgeable about agency hiring policies. They have experience posting jobs and conducting background and CORI (Criminal Offender Record Information) checks. In this way they can serve as a source of support throughout the hiring process.
- **FRSS AND CLINICIANS** | These staff members can help find potential candidates through their personal and professional networks. They can also assist with crafting interview questions and participate on the interview team.



The more agency staff participate in the hiring process, the more invested they will be in the success of the candidate. As the hiring process evolves, staff will also increase their understanding of the role and the support that new hires will need to succeed in the position..."

- [PHILADELPHIA DEPT. OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITIES SERVICES](#)

- **SUPERVISORS** | These staff members recognize what the day-to-day job entails and how a candidate may fit in with existing staff and agency culture. They are well positioned to determine which applicant characteristics fill most-needed team priorities.

# Defining Project Roles

Creating a successful, strengths-based, person-centered, trauma-informed/healing centered model is dependent on the staff who carry out the mission and vision for this work.

After creating a hiring team, it is essential to clearly define each staff role and outline specific job responsibilities and qualifications. We focus here on the three key roles that function both individually and in strong partnership: Family Recovery Support Specialists (FRSS), Clinicians and Supervisors. In this section each role is defined and then followed by a list of key job responsibilities and core competencies needed to do this work effectively.



## Family Recovery Support Specialists

Family Recovery Support Specialists (FRSS) are the hub and heart of FIRST Steps Together.

FRSS have a unique understanding of the realities of being a person in recovery and a parent navigating various support systems. They bring an invaluable perspective and expertise to this work. FRSS “walk alongside” participants while they navigate their journey of parenting in recovery. They also play a central role by helping program participants connect to resources and work effectively with other service providers.

FRSS model what it is to be in long term recovery, both for participants and for collaborative partners in the field who may not have an understanding of the many strengths that peer staff bring. This works to counter stigma and negative misconceptions of those with previous substance use histories, while empowering others in recovery to embrace this aspect of their identity in their work.



What stood out for me was the **ease with which he could inhabit his professional role with such thoughtfulness and insight**, while also bringing in his personal experience in a way that felt genuine and meaningful.”

– CLINICIAN REFLECTING ON WORKING WITH A FAMILY RECOVERY SUPPORT SPECIALIST

FRSS know how to maintain a professional relationship, yet also connect personally with participants. They regularly draw from their own experience in ways that support and encourage parents without dictating their path forward. FRSS staff should be dependable, consistent and professional, despite unexpected challenges that may arise. FRSS should be open to all paths of recovery and parenting. Each individual and family is unique, and one method does not work for everyone.

In working with other service providers, FRSS must be able to draw from, yet see beyond, their own past experiences to collaborate effectively. For example, someone who has personal experience with Child Welfare Services may have complicated feelings about that agency. They will need to be able to reflect on their own experience while also appropriately compartmentalizing those personal experiences in their role as a professional member of the care team. This allows FRSS to better collaborate and advocate for participants involved with Child Welfare Services.

We recommend that FRSS have at least three years in recovery, and their length of time in recovery should be considered in the context of their **recovery capital**.<sup>3</sup> Recovery capital differs between individuals and can vary over time. Recovery capital may include social supports, a recovery community, and access to groups or meetings. We also consider each person's ability to prioritize their recovery and wellness needs and to recognize when they might need additional support.

The role of peer staff working as Family Recovery Support Specialists on this project differs from that of traditional recovery coaches. They walk alongside participants not only on their recovery journeys, but also in building their parenting capital. FRSS also provide care coordination through collaboration and advocacy efforts with other service providers and by assisting families in meeting their concrete needs.

Peer staff utilize each other for support, share resources and strategies and provide varied "voices and faces of recovery" within the program. This is why it is essential that agencies employ multiple staff members in this role. By building a FRSS team, peer staff not only benefit from each other's professional expertise but also from a community of colleagues who can share in the joys and burdens of this work.

### Job Responsibilities

Family Recovery Support Specialists' core job responsibilities include direct family support by phone, text, virtually and in-person; developing plans for recovery and parenting, including the Family Care Plan (Plan of Safe Care); helping participants engage with and navigate services; planning for and facilitating groups; collaborating with Clinicians; and working with Child Welfare Services.



**An FRSS is a person in recovery that can support you through their own lived experience and training, while walking alongside you on your recovery and early parenting journey. They can share their lived experience in a way that others in recovery can relate to, while respecting that there are MANY paths to recovery, and each person will need their own unique, personalized support."**

– FAMILY RECOVERY  
SUPPORT SPECIALIST

**Recovery capital** is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery...

### Family Recovery Support Specialists:

- Facilitate referrals and engagement with community-based services to meet concrete needs, build recovery capital and strengthen parenting skills.
- Collaboratively create care plans for recurrence/relapse prevention, safety, and wellness and develop a Family Care Plan (Plan of Safe Care).
- Provide parenting and peer recovery education and coaching. Most one-to-one sessions focus on supporting participants in accomplishing the goals they set for themselves in these areas.
- Help navigate complex and challenging systems and relationships with service providers. Support participants in building a sense of self-determination and empowerment.
- May engage in targeted work around organizing, planning, and prioritizing tasks, developing the ability to consider multiple perspectives, and building the capacity to regulate emotions.
- Plan and facilitate parent-child activities that promote healthy child development and create opportunities for learning, while strengthening the parent-child relationship.
- Facilitate groups that cover a range of topics, including parenting skills, recovery support or general wellness.
- Collaborate with program Clinician.
- Frequently collaborate with Child Welfare Services to support and advocate for their participants.
- Often act as the face and voice of recovery in other service systems and with colleagues.



**Hiring only one peer support staff may place additional pressure on the individual should any challenges arise. By initially hiring more than one peer support staff, you can reduce the pressure placed on one person, provide new peer support staff a source of mutual support, and improve staff retention.”**

- [RESOURCES FOR INTEGRATED CARE](#)



## Core Competencies

CORE COMPETENCY	DESCRIPTION
KNOWLEDGE, SKILLS AND EXPERIENCES	
Lived experience as a person in recovery from substance use	<p>Understands the recovery process from having personal lived experience of substance use related challenges and long-term recovery.</p> <p>We recommend a minimum of three years in recovery, considered within the context of each person's individual recovery capital.</p>
Lived experience as a parent	Understands the challenges of parenting while struggling with active substance use and/or in recovery.
Ability to set boundaries	Demonstrates the ability to connect with participants on a personal level while maintaining professional boundaries.
Strong communication skills	Possesses the ability to clearly and effectively communicate with participants, families, team members and community partners.
Knowledge of addiction treatment and support systems	<p>Understands addiction treatment and support systems in the community.</p> <p>Shows an openness to exploring multiple paths of recovery, recognizing that each individual and family is unique and the path that worked for them may not be the best fit for the family they are serving.</p> <p>Knowledge of or openness to exploring alternative supports with participants.</p>



## Clinicians

Clinicians provide direct support to participants, initiate referrals, facilitate groups and may act as a collaborative liaison to outside service providers.

Clinicians may also offer consultation to FRSS or Supervisors around a specific participant need or provide wellness/recovery support for staff.

It is important that Clinicians are well-versed in the broad impacts of substance use on the parent-child relationship and on the family as a whole. Clinicians must understand trauma, including multi-generational trauma, as it impacts both the parent and the child. Clinicians should also possess a genuine understanding of and respect for the expertise brought by peer staff with lived experience.



## Job Responsibilities

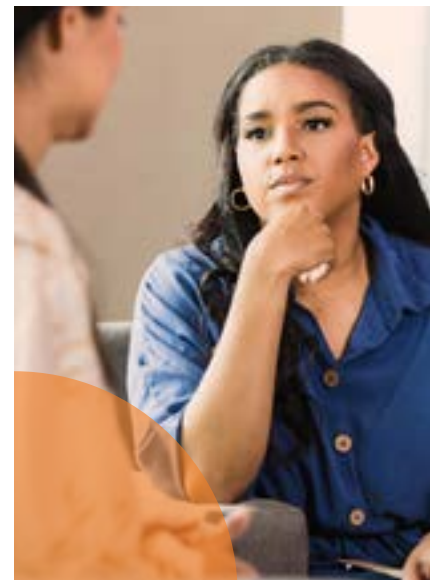
A Clinician's primary responsibility is to provide short- and long-term direct clinical support to participants and their families. This may include individual mental health counseling, support for substance use recovery, work around trauma, reflective function and/or family, or **parent-child dyadic therapy** in the context of recovery and parenting.

### Clinicians:

- Draw upon various therapeutic approaches to support parents and their children, while building parental capacities and reflective function, utilizing models such as Mothering from the Inside Out (MIO).
- Provide guidance and consultation to other team members on specific issues or participants.
- Some Clinicians may directly support other team members to address secondary trauma, wellness and recovery issues.
- Conduct participant intakes, assessments, and discharges. Collaborate with other team members on home visits.
- Develop and provide guidance on complex care plans.
- Provide support in collaboration with prescribers around use of medications, including Medications for Opioid Use Disorder (MOUD).
- Collaborate with and make referrals to community providers for complementary or long-term substance use and mental health treatment to meet the needs of participants.
- Assist with participants' concrete needs.
- Act as collaborative team members by promoting multiple perspectives, elevating the value of lived experience, supporting FRSS and Supervisors, and advocating with community providers and systems.
- Co-facilitate parenting and recovery support groups.
- Some Clinicians may also guide other clinical staff in their licensing, documentation or continuing education efforts. May support the Program Director in overseeing clinical compliance requirements, particularly if the site is licensed as a mental health clinic.

### Parent-child dyadic therapy

supports both the parent and child in joint sessions, with a particular focus on their relationship with one another.



**Mothering from the Inside Out (MIO)** is one of the first evidence-based psychotherapeutic interventions specifically designed for parents with substance use disorders (SUD). MIO involves meeting weekly with a specially trained counselor and is designed to help mental health clinicians or counselors think with parents and work through common parenting challenges together. MIO was developed by Dr. Nancy Suchman at the Yale Child Study Center. For more information, please contact Amanda Lowell:

[amanda.lowell@yale.edu](mailto:amanda.lowell@yale.edu)

## Core Competencies

CORE COMPETENCY	DESCRIPTION
<b>KNOWLEDGE, SKILLS AND EXPERIENCES</b>	
Experience with or knowledge of substance use disorders and recovery	Demonstrates broad knowledge of substance use treatment and recovery experiences and processes, including impacts on the participant and family.  Values and supports various harm reduction approaches to recovery.
Experience with or knowledge of mental health and co-occurring disorders	Understands the connections between substance use disorders and co-occurring mental health conditions, particularly those related to perinatal mood disorders and trauma.
Master's degree in Counseling, Social Work, Human Services or related field	Holds a master's degree in counseling, social work, human services or a related field.
Advanced/ Independent Masters Level Clinical Licensure	Possesses advanced licensure and the ability to practice as an independent family therapist, mental health counselor or clinical social worker.
Experience with or knowledge of perinatal period and young children	Demonstrates the ability to assess, educate and counsel participants through the experiences of pregnancy, childbirth and the postpartum period.  Experience working with infants or young children, including experience working with parent-child dyads, as well as a strong working knowledge of mental health issues, including perinatal mood disorders.



## Supervisors

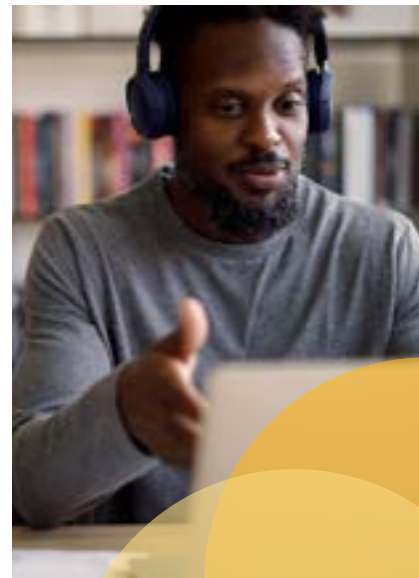
Supervisors provide day-to-day program oversight by reviewing participant progress and promoting staff professional development, job performance and wellness.

A Supervisor's core job responsibilities include providing Reflective Supervision, ongoing guidance to the program team, and building and maintaining relationships with community organizations. Duties include program management and administration and managing day-to-day staff needs and workloads. Supervisors are also available to provide responsive support for issues as they arise, such as concerns that come up during home visits. Supervisors balance the greater vision for the work with the needs of program participants and the wellness of their staff. As the primary provider of staff oversight, it is important for Supervisors to model self-reflection, self-awareness and a commitment to ongoing self-improvement and professional development.

## Job Responsibilities

### Supervisors:

- Supervise and support the program team through providing individual/reflective and group/team oversight and supervision.
- Provide flexible, individualized staff management that considers supervisees' styles, strengths and needs.
- Model and encourage staff to practice self-care, frustration tolerance and emotional regulation to ensure they can continue to effectively conduct their work.
- Distribute caseloads and match program participants to appropriate staff members. Determine workloads and may assist supervisees with time and calendar management.
- Offer a range of training as needed to assess and promote a healthy workplace culture. This may include prioritizing diversity, equity and inclusion, and creating a welcoming and destigmatizing environment for staff members with lived experience. This may also include offering training on the fundamental aspects of professional conduct and communications to those who may be new to the workforce.
- Offer support and additional resources, as needed, to reduce secondary trauma and burnout.
- Develop and maintain relationships with community organizations to grow and sustain the program, recruit participants and connect them with community resources.
- Manage and administer the program and collect, report and use data for continuous quality improvement.
- Oversee other administrative tasks, which may include ensuring that staff are in compliance with regulatory and agency policies and procedures, developing and monitoring budgets, and meeting reporting requirements.
- Attend meetings, consult with staff members and/or be involved in the decision-making process in partnership with collateral contacts, including Child Welfare Services.
- Advise other staff members in cases of a participant's emergent need or safety issue. Assist with crisis management, incident report documentation or referrals to higher level care.
- Address staff disciplinary issues and determine an appropriate course of action.
- Participate in regional perinatal collaboratives, statewide initiatives and systems of care meetings.



## Core Competencies

CORE COMPETENCY	DESCRIPTION
KNOWLEDGE, SKILLS AND EXPERIENCES	
Interpersonal skills	<p>Possesses the written and verbal communication skills needed to work effectively with team members and community partners, such as Child Welfare Services.</p> <p>Demonstrates the ability to manage, collaborate and negotiate with different personalities.</p>
Experience with or knowledge of reflective supervision	Values, and is skilled in, providing Reflective Supervision.
Supervisory experience with people in recovery	Possesses knowledge and skills to guide, mentor and support team members' sustained recovery and wellness.
Experience with or knowledge of substance use disorders and recovery	<p>Demonstrates broad knowledge of substance use treatment and recovery experiences and processes, including impacts on the participant and family.</p> <p>Values and supports various harm reduction approaches to recovery.</p>



## Desired Qualities Across Roles

While all team members bring a unique set of skills and knowledge to their positions the following qualities and attitudes are desired for all staff and extend across roles.

QUALITY	DESCRIPTION
QUALITIES AND ATTITUDES	
Empathetic/compassionate	<p>Demonstrates the ability to actively listen to participants to understand their perspectives.</p> <p>Values the feelings of participants and team members.</p>
Dependable	Maintains dedication to the work and program team and is reliable and consistent in providing support to participants and team members.
Open-minded	<p>Appreciates the unique experiences of participants and strives to meet them where they are in the recovery and parenting processes.</p> <p>Demonstrates the ability to be non-judgmental in their support for participants.</p> <p>Maintains an open-minded stance toward participants' and team members' different perspectives on recovery and parenting.</p>
Flexible	Acknowledges the importance of being adaptable in both mindset and schedule to meet participant and team member needs.
Willingness to learn	Recognizes the limitations of their own experiences and demonstrates readiness to acquire new skills and knowledge.
Self-reflective/self-aware	Understands the importance of exploring one's own feelings and interpretations and seeking guidance from team members.
Collaborative	<p>Appreciates and engages in collaborative work with team members to provide comprehensive support for participants.</p> <p>Skilled at communication and collaboration with multiple community providers and stakeholders.</p>

# Considerations for Determining Compensation

Recovery coaches are often inadequately compensated. By not offering a living wage, programs further disempower and even exploit an already marginalized population.

FRSS are asked to utilize their lived experience in their work, which can be emotionally and psychologically taxing and requires significant specialized training. When agencies determine compensation for peer staff, they should factor in the skills needed, training required, and job responsibilities expected.

Some agencies may be concerned about paying FRSS more than other staff roles, such as traditional recovery coaches or early childhood home visitors. However, equal pay across these roles may not be equitable. While FRSS and recovery coaches or home visitors may have similar educational backgrounds or work experience, FRSS job responsibilities (and the training and skills required) are often significantly more extensive, given the role's dual focus on parenting and recovery. Additionally, the position requires a high level of independence and autonomy because FRSS deliver home-based services and provide individualized support to families.

The FRSS position requires strong communication and collaborative skills to work effectively within the program team and navigate relationships within larger systems. Agencies are encouraged to evaluate their pay scale so that FRSS are adequately compensated. This helps peer staff avoid the stressors caused by having to maintain multiple jobs due to low pay. Sharing pay scales anonymously across agencies for all FIRST Steps Together positions has enabled staff at lower paying sites to advocate for higher pay. Better pay often leads to greater staff retention, which is a significant consideration, given the disruptions to programs and participants from staff turnover. Staff retention is also critical to program sustainability given the training investment in staff and the challenges hiring for such specific skill sets.



Peer specialists have expressed concerns about needing to earn **wages that support and sustain their independence and recovery**, as well as the significant contributions that **working in these roles provide them.**

- [NATIONAL SURVEY OF COMPENSATION AMONG PEER SUPPORT SPECIALISTS](#)



# Job Posting and Advertising

Job postings should be announced widely within the agency as well as with community partners and local collaboratives.

How a job description is worded can make a difference in the types of candidates who apply. We want to encourage candidates with diverse backgrounds to apply. This is particularly critical to the FIRST Steps Together Program because staff members with lived experience may have varied professional or educational backgrounds. We also value the perspectives that bilingual and Black, Indigenous, and People of Color (BIPOC) staff members bring to our work.

An important first step in drafting a job posting is weighing what qualifications are required versus which are preferred, and which may not actually be necessary. More requirements can limit potential applicants with diverse backgrounds. For example, some applicants may not have taken a linear educational path but may have the life and on-the-job experience we are looking for. For some positions, having personal or professional experience with the Child Welfare System, navigating systems for meeting concrete needs, or having achieved long-term recovery may be more beneficial than an advanced degree. Some content or knowledge areas and/or specific skills could be covered through training and could be listed as preferred, but not required, in the job posting.



To view sample FRSS, Clinician and Supervisor job descriptions  
Go to [page 93](#)

Qualified candidates often learn about positions through word of mouth or from personal or professional connections with current staff members. Employers often receive more successful applications when staff members share position announcements within their own networks. This may include sharing job postings with collaborative partners in service provision as well as with referral sources. Advertising on free job-sharing websites also works well to attract a broad range of applications. However, be aware that this approach increases the likelihood that the hiring committee will have to sort through less qualified candidates, including those well outside of your geographic area.



**We really tried to think outside of the box when advertising for these positions, instead of just going to the usual online job boards. We thought about where those we serve are being served; places like Recovery Centers and Family Resource Centers, as well as networks like fatherhood initiatives and professional groups specifically for BIPOC.”**

– PROJECT DIRECTOR

It is important to advertise position openings in an equitable and inclusive manner. This may include sharing hard copies of job postings with brick-and-mortar community partners so those with limited internet connectivity or technical experience are able to access the posting.

## Application Review

An initial applicant review helps identify the most qualified candidates.

Review initial applications to eliminate any candidates that do not meet basic qualifications. Some additional screening by phone can determine if a potential hire has attended (or has willingness to attend) specific required trainings, such as Recovery Coach Academy, and has a driver's license and reliable transportation.

Requesting a cover letter offers applicants an opportunity to share more about why they feel they are best suited for the position. Cover letters provide the hiring team with additional information about a candidate's personal and professional background and qualities. This also gives the team a window into how an applicant organizes their thoughts and how comfortable they are describing their work in recovery. Be mindful however that creating a cover letter may not be something that some applicants have experience doing. It may be helpful to provide clear directions or prompts for what you are looking for. For example, you may want to say, *"We like to ask applicants to write a brief letter that tells us a little more about themselves and why they are interested in this position. What do you want us to know about you? What are the skills and strengths that you can bring to this role? What do you think you will enjoy most about doing this work?"*

We begin by reviewing applications and cover letters and initiating conversations with applicants to screen out FRSS candidates who are not prepared to use their own lived experience as a parent in recovery or who do not meet other basic criteria. Other initial screening measures may be used to review applications when hiring for a Clinician or Supervisor position.



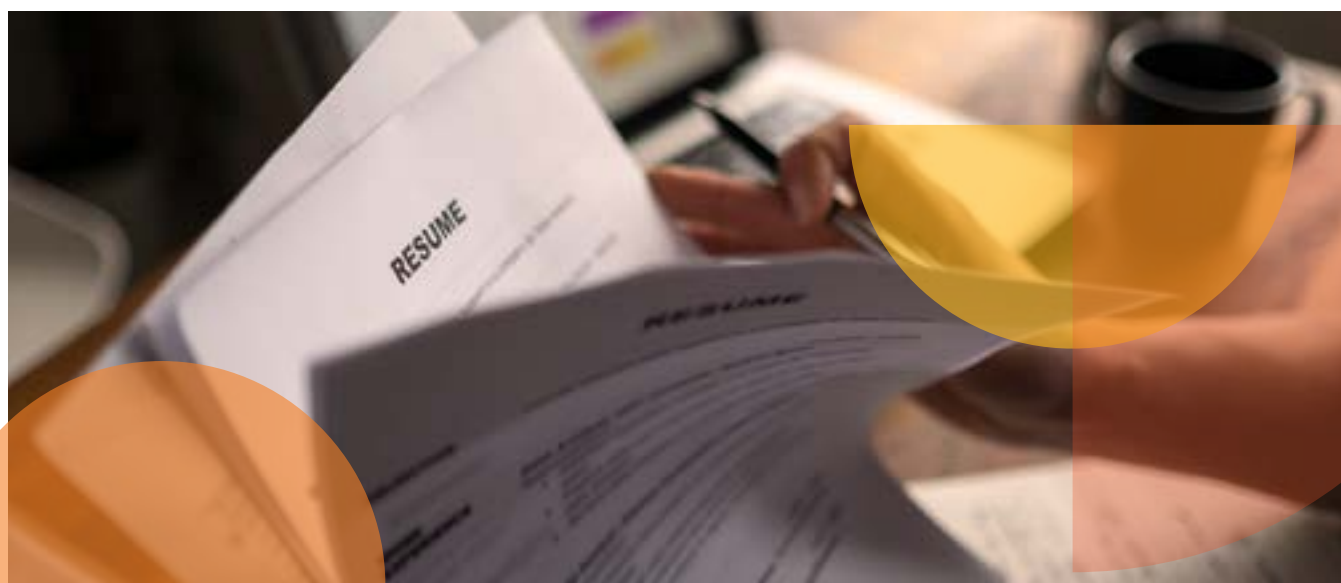
During initial screenings and interviews, what I am really listening for, is 'Is this person open to seeing and supporting different points of view? Can they separate their own experience, or clinical background from the experience of a parent walking through their own path to recovery?'"

– PROGRAM SUPERVISOR

# Interview Questions and Process

Utilizing multiple interview formats helps determine how an applicant will perform as an individual and how they will build successful, collaborative relationships within a team.

**As a member of the FIRST Steps Together team, the ability to work as a team collaborator is as important to success as the ability to work well with families.** Varied interview formats allow us to accurately assess an applicant's abilities. These may include a brief screening, one-on-one meetings and group interviews. Different approaches will also accommodate candidates with diverse backgrounds and learning styles, allowing a wider range of candidates to accurately showcase their strengths through the interview process. Formats may include telephone interviews, video conferencing and in-person meetings. For example, the interview process may be structured as an initial screening call, followed by a one-on-one interview with a Supervisor, a second interview with a Project Director or site Clinician and a third interview with a group of FRSS. Sites may conduct these interviews in differing orders, depending on which roles they are seeking to fill. Current staff are likely to pick up on skills, attributes, abilities or concerns about a candidate that may otherwise be missed.



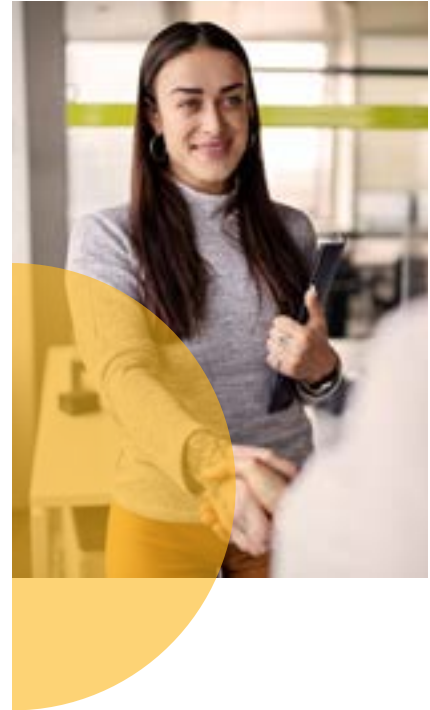


To see sample interview questions for FRSS, Clinicians and Supervisors, go to [page 95](#)

Each team member can offer the interviewee insight into their own experience and role. Supervisors can outline job expectations and discuss various aspects of the position. FRSS peer staff are most familiar with the role and are likely to ask candidates well-placed follow up questions.

*“Presenting brief participant scenarios and asking candidates structured questions will provide interviewers with more information about how the person will likely respond in real life situations... Other core skills that should be assessed during the interview process are skills necessary for documentation and record keeping...Although many candidates will understand that peer support work comes with this component, some may be considering only the soft skills required (such as the ability to engage and build rapport) and not necessarily the other skill sets needed to provide peer support. It is important to use the interview process to assess experience, comfort level, and attitudes around documentation and record keeping.”<sup>4</sup>*

Additionally, when peer staff conduct a group interview without a Supervisor present, they offer candidates an opportunity to bring up candid questions and concerns in a less formal venue.



## Pre-employment Considerations

Applicants for FRSS positions may have professional journeys that look different from those of workers who have taken a more traditionally linear educational or professional path.

We are mindful that many of our staff across various roles, and particularly those who utilize their lived experience, may have backgrounds that include a criminal record or a history of substance use. Human Resource departments often view these applicants as posing a risk or liability. We use several practices to destigmatize employing individuals with these lived experiences. These include engaging Supervisors in ongoing, open dialogue, offering Reflective Supervision, providing ongoing training and prioritizing staff self-care and wellness.

Staff with a history of incarceration and/or involvement in Child Welfare Systems are often able to use these past experiences to inform their work as they walk alongside others who are newer to recovery. Agencies should carefully draft job postings to communicate their interest in, and active recruitment of, candidates with prior involvement in the criminal justice or Child Welfare Systems. This includes articulating that thoughtful use of these experiences is an asset to the program.

The following script, from a Project Director, illustrates how to approach this topic with a candidate in advance of requesting they submit a background or CORI check. Opening this discussion allows the applicant to be transparent and to add context to any information that may be contained in a background or CORI check.

*"In the interest of giving you as much information as possible about our hiring process, I want to let you know that we are a federally-funded program of the Department of Public Health and when we do our required background check, it goes all the way back. There are a few things that can disqualify someone for this position; but many things that may come up can be worked through together with candidates. In our program, we are actively working on CORI reform. You do not need to share anything with me that you do not want to. We simply want to be up front about the process."*

Further, when screening candidates for positions at sites that contract with other agencies, such as the Department of Early Education and Care (EEC), we are careful to inform applicants that the process is specific to that site and programs. In these cases, the licensing requirements may require more stringent background checks.





It is also important to conduct an in-depth reference check with at least three references. An explicit part of the work of an FRSS is that they are a person in recovery. Be clear with candidates that discussions with their references will include conversations about the job description and the applicant's lived experience.

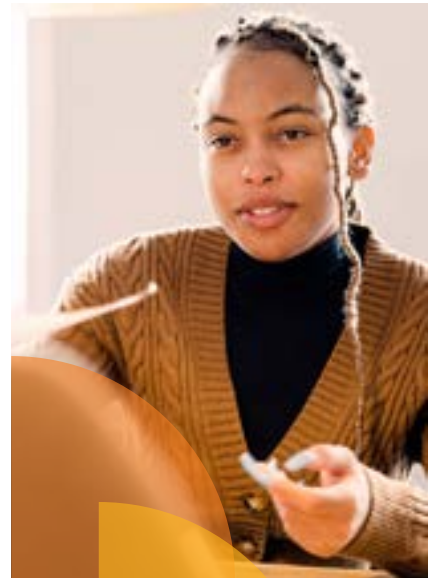
When screening an FRSS applicant, interviewers will need to respectfully inquire about the candidate's lived experience and recovery and underscore that these are integral aspects of the position. However, this is a sensitive topic that is protected as a disability-related question and cannot be directly addressed in the initial phases of the formal interview process. As noted in the Peer Support Toolkit created by Philadelphia's Department of Behavioral Health and Intellectual disAbility Services:

*"Given that potential employers cannot ask disability-related questions, some interviewers find it challenging to explore the person's recovery status and how that will impact their work. One point to remember is that one of the essential functions of the job for most peer staff is the ability to use their lived experience in recovery to support other people with mental health and substance use conditions. In this context, it is completely appropriate to ask questions such as, 'In this role, how do you envision using your lived experience to support people with mental health and substance use conditions?'"<sup>5</sup>*

## Onboarding and Training

It takes time and training for staff to develop the competencies they need to perform their multifaceted support and care coordination roles.

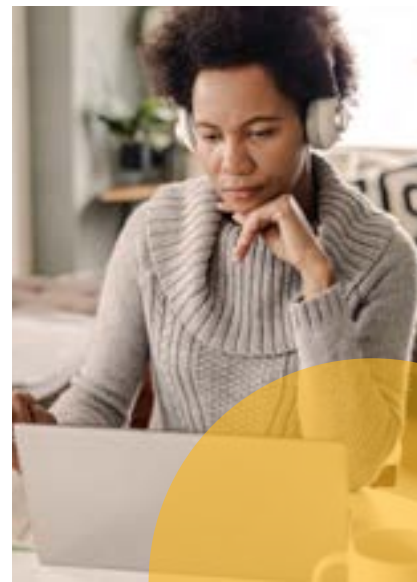
Taking the time to onboard staff benefits not only the families we serve, but the agency as well. Sufficient onboarding gets staff up to speed more quickly, reduces stress, decreases turnover (which can be stressful for both colleagues as well as families and can be a significant expense for agencies), and helps to develop staff's specific job knowledge.<sup>6</sup> Initial onboarding for this type of work may take as many as three to four weeks, or more, depending on how much background knowledge and experience new staff bring. Additionally, once the official onboarding period is complete, it will likely be several months before staff fully understand





and feel proficient in their roles. The training period prior to meeting with families individually should include ample time for:

- Agency onboarding
- Project orientation
- Data collection and documentation training
- Webinars and other required trainings (see training plan on [page 102](#))
- Frequent meetings with Supervisor to discuss learning, observations and questions
- Shadowing staff in a variety of roles and responsibilities, such as intake, home visits, visit planning, documentation, groups, filling concrete needs, and connecting with collateral contacts
- Becoming familiar with local resources and collaterals, including:
  - Child-centered resources, such as local childcare providers, pediatricians, and Early Intervention
  - Recovery-centered resources such as support groups, Medication Assisted Treatment/ (MOUD) and behavioral options, behavioral health resources
  - Resources for meeting concrete needs, such as diaper banks and food pantries
  - Local perinatal collaboratives
  - Child Welfare System (In Massachusetts, this will include learning about the Area Substance Use Coordinator and Plan of Safe Care Coordinator.)
  - Other frequent collaborators/ local resources (We include more information on building collaborative, trauma-informed/healing centered relationships later in [2.1 Engagement](#) on [page 123](#).)



## Competency-Based Training Plans

Competency-based training plans can be used to prepare for onboarding activities and other recommended trainings throughout the staff member's first year of employment.

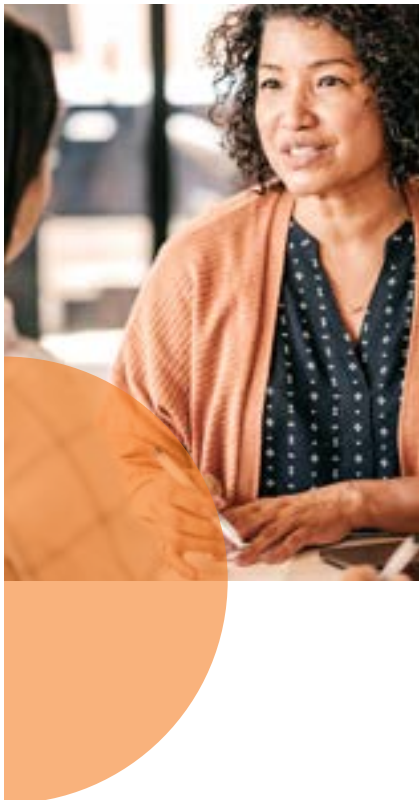
These plans represent the foundational skills, concepts and content needed to effectively provide integrated and collaborative recovery, parenting and care coordination services. Some of the content/concept areas represent discrete training topics. Others are, for example, foundational concepts that might be embedded in a larger training. We have suggested a timeframe for when these content/concept areas would ideally be introduced but would like to note that many of these are revisited over time and are a regular part of conversations during team

meetings and supervision. Ongoing professional development after initial training is an essential component of this work. Professional development needs and expectations should be outlined by agencies and discussed regularly as part of staff supervision and as part of program expectations.

These sample training plans represent the current thinking at the time of writing. As the work continues to develop, and new needs and research emerge, the training needed for each position may change. Please bear in mind that these plans should be considered individually for each staff member, based on the specific skill set for each role, taking into consideration individual strengths and needs, and population and community specific factors. We also want to note that some people serve in dual roles, for example some Clinicians and FRSS also have supervisory responsibilities. In these cases, those staff should work with their Supervisor to determine which competencies and training they will need depending on their role. For example, we recommend anyone serving in a supervisory capacity be trained in Reflective Supervision. Additionally, we recommend that Project Directors and administrative support staff use a modified version of the competencies and training plan that most closely aligns with their job responsibilities. For example, Project Directors often benefit from possessing the competencies identified for Supervisors plus skills in project management, grant writing, policy development, program strategy, sustainability and advocacy. It is important for administrative staff to be comfortable working with staff and participants in recovery and to possess strong organizational and office management skills. Additionally, strong verbal and written communication skills are needed as well as a demonstrated ability to plan, take initiative, follow through and collaborate with team members.

For all roles, it is important that the staff member and Supervisor should review and complete the training plan together. When determining an individualized training plan, it is helpful to consider the following:

- What knowledge and skills does this person already bring to the role? Do they have previous education, training or experience that already includes some topic areas? If so, is it still important for them to further develop their knowledge specific to this population or is their previous learning sufficient?
- What trainings and opportunities are most important to prioritize?
- How often is it helpful for this person to have an opportunity to review what they are learning and to ask questions?
- How will Supervisors structure the staff member's first few weeks to maintain a balance between learning and doing? How can Supervisors encourage and plan for staff to set aside time to take in information and opportunities to process, consolidate and apply what they have learned?





**Sample Competency-Based Training Plans**  
Go to [page 102](#)

## People to Shadow/Meet

During the onboarding process, we include opportunities for new staff to shadow current staff and begin to build relationships with collaterals.

Supervisors can use the [Individuals to Shadow and Meet Tool](#) to identify the individuals with whom new staff should meet and explain the purpose for these introductions. When planning for onboarding, we consider: Are there professionals the new staff member should shadow? What is the specific purpose for the interaction? Would it be helpful for them to see how an intake is conducted? Explore how visit planning happens. See how more senior staff members manage a home visit with small children. Learn how to receive referrals from other local agencies.

Supervisors and staff can work together to identify what questions may be helpful to ask, which supplies or program materials to bring and how they can prepare for the meeting. For example, should the new hire plan to bring their business cards or promotional materials? Are there specific questions that may be helpful to ask, or specific information that may be useful to gather?

During or following the planned interaction, the new staff member can fill in notes and list any follow-up actions or questions they have. It is helpful for Supervisors to include a plan for when and how this follow-up will happen.



**Individuals to Shadow and Meet**  
Go to [page 106](#)

# 1.3

## Key Takeaways

**THOUGHTFUL PROCESS:** There are many components to building a cohesive and effective team. The process begins with thoughtful hiring practices that incorporate multiple perspectives and experiences and integrate DEI tenets.

**CAPTURE STRENGTHS:** It is critical to take the time to craft job descriptions that accurately reflect the work. It is equally important to design and conduct interviews that adequately assess and capture each candidate's strengths and potential.

**SPECIALIZED TRAINING AND SUPPORT:** Onboarding and training is a thorough process that builds upon each staff member's knowledge, skills and abilities, supports them in developing their use of lived experience and provides specialized training in areas of core competencies.

# 1.3

## Tools





## FRSS Sample Job Description



The FIRST Steps Together Program is an innovative, peer-led initiative that provides care coordination, recovery and parenting support to expectant parents and parents impacted by substance use.

We seek individuals with lived experience in recovery from substance use who have, or are interested in, training as a Recovery Coach to become a Family Recovery Support Specialist (FRSS). Candidates will also have lived parenting experience or professional experience working with young children or in the child development arena.

As part of a project team including a Supervisor and Clinician, the FRSS will support individuals on their self-identified recovery path both in the emotional and logistical tasks related to recovery and parenting. The FRSS will enhance services and access to treatment and recovery by drawing on their personal knowledge and experience. They will initiate, establish and maintain relationships with families by developing trust and rapport. This individual will act as a coach and mentor and will help parents set goals and work toward developing skills.

The FRSS will provide assessments, outreach, advocacy, referrals, and coordination of services for families. Using the [FIRST STEPS: My Family Portfolio](#) on [page 262](#), the FRSS will collaborate with treating providers, family members, community partners and state agencies to help organize and facilitate access to services.

The FRSS will perform administrative duties, including managing professional phone calls and emails, completing required documentation and collecting/reporting data required for grant-funded programming. They will participate in required trainings and meetings, both within the program and as needed with collateral contacts. The FRSS will communicate and work collaboratively with colleagues, attend team meetings and connect with Supervisors to discuss participant progress, receive support, identify goals and challenges and continue professional development.

### Qualifications

- Lived experience as a person in recovery from substance use who demonstrates effective use of skills necessary to maintain long term recovery.
- Lived experience as a parent, or professional experience working with children and families, with an interest in supporting parent-child relationships.
- Ability to share one's own personal experiences and recovery story with the purpose and intent to build trust and collaboration with program participants.
- Display comfort with multiple pathways to recovery from substance use and a willingness to embrace a strength-based approach.
- Strong advocacy skills along with knowledge of community-based services, resources, and the local recovery community.
- Demonstrated ability to work effectively in a wide range of settings with people from diverse backgrounds, including participants and co-workers.





## FRSS Sample Job Description *continued*

- Experience planning and facilitating groups or willingness to learn how to co-facilitate groups.
- Ability to work independently and as part of a multidisciplinary team.
- Capacity to motivate and effectively work with participants to achieve goals.
- Strong oral and written communication skills and excellent organizational skills, including the ability to master details, multi-task and work under pressure.
- Basic computer proficiency skills, as required to record and track activities, contacts and referrals.
- High School Diploma or GED.
- Recovery Coach Academy Certificate or ability to complete required Recovery Coach Academy within six (6) months of hire. Valid Massachusetts driver's license with an acceptable driving record and proof of current insurance. Use of a reliable vehicle is required, as the position involves in-state travel.
- Candidates who identify as BIPOC (Black, Indigenous, and People of Color) are especially encouraged to apply.
- Candidates who are bilingual are encouraged to apply.

### Duties

- Provide home visiting services to deliver parenting and peer recovery education and support to families with children from the prenatal period to age 5. Visits take place virtually, at home and/or in the community.
- Assist parents in building skills that help promote their recovery and self-sufficiency. Educate participants in taking an active role in their own recovery journey.
- Promote parent-child interactions, offer developmental guidance and education as needed and support parenting time visits for those who have shared or limited parenting time.
- Help families navigate the healthcare and social services systems; accompany parents/families to appointments and meetings as needed and advocate on behalf of parents/families to help decrease barriers to care.
- Share and discuss common experiences with parents to guide them in building a collective sense of community and creating meaningful lives.
- Clearly and effectively facilitate communication between the parent, the FIRST Steps Together Program and any external providers/organizations, while maintaining appropriate confidentiality and boundaries.
- Keep accurate records and maintain and submit all required family and program documentation.
- Assist in planning and facilitating parent groups and events.
- Perform other program operations duties as assigned.
- Participate in developing and implementing community activities that support and promote recovery.
- Work collaboratively with other providers to deliver evidence-based services to families in recovery.
- Accommodate participant schedules by working flexible hours or evenings





## FRSS Sample Interview Questions



- What interests you most about this position?
- Describe a time when you struggled to build a relationship with someone important.
- Describe a time when you worked with others as a team. What was your role? What strengths do you think you will bring to our team?
- What about this position do you think will be personally challenging for you?
- Tell me about two achievements that you are most proud of.
- What is your parenting experience? What is your view of parenting in recovery?
- What resources and practices do you find most helpful in maintaining your recovery?
- How do you practice self-care?
- What are your feelings around working with Child Welfare Services? If you have had personal involvement, working with Child Welfare Services can be challenging. How do you envision advocating for families with Child Welfare Services?
- FRSS often use lived experience as a tool when working with families. How do you think you will share your experiences with the families you are working with?
- Can you tell me about some of your relevant work history?
- Sometimes it is not possible to get everything on your to-do list done. Can you share a time when your responsibilities became overwhelming? What did you do?
- Can you talk about your understanding of using a strengths-based approach when working with others?
- Today the recovery field is embracing and promoting multiple pathways to recovery. Please describe your views on individuals choosing their own path to recovery.
- How would you effectively support parents and families who are making different choices than you would or those who have different values around MOUD, family planning or voluntary termination of pregnancy?
- FRSS conduct home visits and may also provide transportation to other services in the community. Do you currently have reliable transportation and a valid driver's license?
- How comfortable are you going into people's homes?
- Staff may work remotely at times. What is your comfort level working with participants through telehealth?
- What does it mean to you to be a role model?
- How would you manage yourself in the moment if you heard that a participant had an overdose?
- Describe a situation in which you would seek support from your team members.
- As you may know, this work can be very demanding. Staff members often need to turn to colleagues for support and guidance and we are all at risk for secondary trauma and burnout. How readily do you recognize your own needs and ask for help?
- What do you know about local support resources? How comfortable are you with the case management aspects of finding and/or working with other support services and resources on participants' behalf?
- Is there anything else you would like to share about yourself?
- What questions do you have about the role or the program?





## Clinician Sample Job Description



### Position Summary

[Agency Name] is seeking a Clinician for FIRST (Families In Recovery Support) Steps Together to provide short- and long-term direct clinical services in the office, home and community settings to parents and expectant parents with a history of substance use challenges. Clinical services include individual mental health counseling or treatment, support for substance use recovery and/or family or parent-child dyadic therapy in the context of recovery and parenting. The Clinician will also provide guidance to Family Recovery Support Specialists, who use their lived experience to assist pregnant, and parenting participants on their recovery journeys. The treatment will focus on issues of parental self-efficacy, mood and affect regulation, recurrence/relapse prevention and building reflective function capacities and will promote positive dyadic interactions and healthy infant/young child development.

### Essential Job Functions

- Provide assessment, care coordination and short- and long-term direct clinical support to pregnant and expecting parents impacted by substance use.
- Support parent-child dyads who have faced challenges related to parental substance use.
- Collaborate with Family Recovery Support Specialists (staff with specialized training and lived experience in substance use and parenting) on behalf of participants.
- Facilitate parenting and recovery groups for program participants.
- Utilize best practices related to trauma-informed/healing centered treatment and recovery from substance-use disorders to deliver services to families.
- Implement Mothering from the Inside Out (MIO) model to support parents in increasing reflective function capacities.
- Collaborate with hospital staff, infant-toddler family specialists, Child Welfare Services social workers, addiction treatment staff and others connected to the infant's and parent's treatment.
- Provide services in families' homes, community settings, area hospitals and virtually, including neonatal intensive care units.
- Participate actively in multi-disciplinary team meetings.
- Partner with program staff to promote FIRST Steps Together with community providers, area agencies and interested professionals.
- Maintain required record-keeping for participants and for research and administrative project needs.
- Perform other duties as assigned.



## Clinician Sample Job Description *continued*

### Educational/Experience Requirements

- An advanced degree in Social Work, Counseling, Psychology or related human services field is required.
- Experience in working with participants with substance use disorders is preferred.
- A minimum of two (2) years of experience working with parents in the perinatal period and/or with infants or young children or with parent-infant dyads.
- Training, practice and comfort in working with families with complex needs.
- Experience working in collaboration or on care teams.
- A driver's license and vehicle are required.
- Willingness/ability to travel for professional development as needed.
- Candidates who identify as BIPOC (Black, Indigenous, and People of Color) are especially encouraged to apply.
- Candidates who are bilingual are encouraged to apply.





## Clinician Sample Interview Questions

- What interests you most about this position?
- Please describe your experience working with parents in recovery.
- Today the recovery field is embracing and promoting multiple pathways to recovery. Please describe how you view recovery and share your thoughts about how people choose their path to recovery.
- The current opioid crisis has impacted many people in the communities around us. Please share how you have been impacted in either your professional work or personal life.
- What do you think are the benefits and challenges of joining a mostly peer staff? (This conversation typically evolves, and we can get a good sense of the candidate's level of respect for peer-based work.)
- This program focuses heavily on the relationship between child and parent. How comfortable are you in working with dyads? How comfortable are you working with parents who may not have custody of their children?
- Many of our participants struggle to trust service providers and people who are in their friend/family network. Please describe how you set out to build a trusting therapeutic relationship with participants.
- Please give an example of a time when you did not meet a participant's expectations. What happened and how did you attempt to rectify the situation?
- Both Clinicians and FRSS facilitate psycho-educational and support groups. Please share your experience facilitating groups. If you had the opportunity to choose a group topic or curriculum to implement, what would it be?
- Staff may work remotely at times. What is your comfort level working with participants through telehealth?
- For this project, Clinicians may visit families in their homes to provide services. What is your experience/comfort level in doing so?
- How would you manage yourself in the moment if you heard that a participant had an overdose?
- How would you approach managing conflict or disagreements within a team?
- What is your experience and comfort level with care coordination and communicating with collaterals from different sectors, including physicians, Early Intervention, social workers or state agencies?
- What qualities and expertise do you feel you would bring to our team?
- What is your familiarity with resources and supports within our catchment area?
- Is there anything else you would like to share about yourself?





## Supervisor Sample Job Description

[Site/Agency name] is seeking a Program Supervisor for our FIRST Steps Together Program. This program provides parenting and peer recovery education and support to pregnant, postpartum and parenting women and men and their families who have been impacted by substance use. The Program Supervisor is responsible for providing reflective and group supervision to peer recovery staff and initiating opportunities for ongoing review of implementation data, discussion of family needs, peer support and skill building. The Program Supervisor engages in outreach, recruitment, reporting, data collection and continuous quality improvement. The Program Supervisor is responsible for supporting diversity, equity and inclusion (DEI) tenets, fostering racial equity and using data to inform program decisions. The Program Supervisor develops and maintains relationships with community organizations to enhance and sustain the program and attends advisory committees and other community meetings and assists with presentations for various audiences. The Program Supervisor advocates for family recovery across professional networks, using person-centered, strengths-based and de-stigmatizing language to promote the FIRST Steps Together Program.

### Essential Job Functions

- Provide weekly Reflective Supervision and support to Family Recovery Support Specialists (FRSS), whose roles include recovery coaching, case management and strengthening the parent-child relationship. This includes prioritizing Family Recovery Support Specialists' maintenance of their own recovery and wellness.
- Sustain frequent contact with FRSS to oversee workload, address concerns and questions and monitor staff needs.
- Maintain and monitor referrals, including scheduling intakes, contacting referral sources and assessing availability of FRSS services.
- Coordinate and/or complete intakes, initial assessments, and necessary electronic "paperwork" for new participants.
- Collaborate with other agencies working within the field of parenting and recovery, including health care organizations, Early Intervention, Child Welfare Services, substance use treatment and recovery centers and other providers connected to participants.
- Plan and facilitate regular FIRST Steps Together staff meetings to ensure program quality and consistency, staff cohesion and morale.
- Oversee the planning of parent groups and other program activities.
- Assist Project Director (PD) in developing and revising program policies and procedures.
- Review all reports of suspected abuse and neglect of children and assure that appropriate actions are taken.
- Assist PD in recruiting, interviewing, hiring and onboarding program staff.
- Complete annual performance reviews for staff under direct supervision, including establishing specific individual professional development goals.
- Ensure records are accurate, current and meet all agency and funding source requirements.
- Participate in all required trainings and staff development programs.
- Pursue ongoing professional development.





## Educational and Experience Qualifications

- An advanced degree in Social Work, Counseling, Psychology, Public Health or related field, or comparable years of experience.
- A minimum of five years of experience working with families and children, preferably in a home visiting setting.
- A minimum of five years of experience working in the behavioral health fields, including mental health or substance use recovery/treatment.
- Prior supervisory experience, with preference for overseeing individuals with lived experience.
- An understanding of and full support for the FRSS Peer-Led Recovery Model, along with a respect and advocacy for all paths to recovery.
- Completion of the DPH-BSAS Recovery Coach Academy, Recovery Coach Ethics Training and Recovery Coach Supervisor Training or ability to complete training within six (6) months of hire date.
- Training or practice related to working with families with complex needs.
- Demonstrable knowledge of the addiction treatment services system and support services.
- Proven ability to understand and respond to the needs of families from diverse cultural and linguistic backgrounds.
- Organized and able to multitask with strong attention to detail and capacity to prioritize and complete tasks prior to deadlines.
- Ability to work cooperatively and professionally as a member of a team. Desire to continually learn and to improve skills through training and use of Reflective Supervision.
- Valid Massachusetts driver's license with acceptable driving record, proof of current insurance and willingness to travel to program participants' homes is required.
- Knowledge of Microsoft Office suite (Excel, Word, Outlook, Power Point)
- Availability to work flexible hours as necessary.
- Candidates who identify as BIPOC (Black, Indigenous, and People of Color) and/or are bilingual are encouraged to apply.





## Supervisor Sample Interview Questions



- What interests you most about this position?
- What does being a Supervisor mean to you? Which of your qualities would help you succeed in this position?
- The current opioid crisis has impacted many people in the communities around us. Please share how you have been impacted in either your professional work or personal life.
- Today the recovery field is embracing and promoting multiple pathways to recovery. Please describe how you view recovery and share your thoughts about how people choose their path to recovery.
- A Supervisor's primary responsibility is to guide Family Recovery Support Specialists with the families they serve and to provide them with support as persons in recovery. Please share how you would offer support to Family Recovery Support Specialists.
- For those staff members who haven't worked in human service office settings, how would you acculturate and support them?
- One of the unique aspects of our program is that staff members bring diverse perspectives and come from a wide range of backgrounds, with varying levels of education and experience. How will you manage such a diverse team?
- Our program uses Reflective Supervision. Are you familiar with this model for supervision? Tell us about your supervisory style.
- What is your experience and comfort collaborating and advocating within the Child Welfare Services system?
- Please describe some of your experiences working with parents of young children. What was your role?
- What sets you apart as a great candidate for this position?
- How would you manage yourself in the moment if you heard that a participant had an overdose?
- This position requires a wide range of skills. On any given day you may need to provide staff supervision, interact with participants, collaborate with collateral contacts, make a report regarding a crisis or safety issue or perform a number of other tasks. How easily do you shift between skill sets?
- How well do you think on your feet and multi-task?
- How do you engage in self-care?
- This work involves big emotions. How do you respond when others present to you with strong feelings or emotions?
- Is there anything else you would like to share about yourself that would help us make a hiring decision?





## Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor

Trainings required for all staff unless otherwise specified. Please note, some trainings are required for certain roles but recommended and available for all staff.

### Orientation and Onboarding

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Language as Advocacy			
Confidentiality, HIPAA, 42CFR			
Mandated Reporter Training			
Data Collection and Screening Tools			
Professional Practices and Boundaries			
Using Lived Experience <i>Required for FRSS</i>			
Initial Engagement and Building Relationships with Families			
Paths of Recovery			
Home Visiting: Safety			
Home Visiting: Planning & Conducting the Visit			
Safety Planning and Family Care Plan (Plan of Safe Care)			
Use of FIRST Steps: My Family Portfolio			
Educating Parents on Best Practices for Safe Sleep			



## Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor *continued*

### Within the First Three Months of Hiring

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Understanding the Intersection of Trauma, Substance Use and Parenting			
Recovery Coach Academy <i>Required for FRSS</i>			
Group Peer Support (GPS) <i>Required for anyone facilitating or co-facilitating groups</i>			
Intimate Partner Violence (IPV)			
Overdose Prevention and Narcan Training			
Wellness Planning and Recovery Maintenance			
Collaborating with Child Welfare Services			
Medication for Opioid Use Disorder (MOUD)			
Best Practices for Care Coordination: Working with Other Service Providers			
Meeting Concrete Needs: Resources and Referrals			
Strengthening Families Framework			
Substances 101			
Understanding Child Development			
Policies and Practices for Supporting Staff Wellness <i>Required for anyone providing supervision</i>			



## Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor *continued*

### Within the First Six Months

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Co-occurring Disorders and Perinatal Emotional Complications			
Introduction to Motivational Interviewing (MI)			
Secondary Trauma, Compassion Fatigue and Preventing Burnout			
Mothering from the Inside Out (MIO) <i>Didactic portion required for FRSS and Supervisor, full training required for Clinicians</i>			
Reflective Supervision <i>Required for anyone providing supervision</i>			



## Sample Competency Based Training Plan for Family Recovery Support Specialist, Clinician and Supervisor *continued*

### Within the First Year

	TRAINING INFORMATION:	NOTES/ADDITIONAL FOLLOW UP:	DATE COMPLETED:
Birth Planning and Preferences			
Supporting the Postpartum Period			
Preparing and Caring for Substance Exposed Newborns			
Removal and Reunification			
Culturally and Linguistically Appropriate Services (CLAS) Standards			
Tobacco Cessation			







## Individuals to Shadow and Meet



Person to Shadow/Meet (Name, Role):

Person to Shadow/Meet (Name, Role):

Purpose or Intention of Meeting:

Purpose or Intention of Meeting:

Contact Information:

Contact Information:

What I Want to Learn or Ask (Ex: Specific questions, processes, best practices):

What I Want to Learn or Ask (Ex: Specific questions, processes, best practices):

What I Want to Bring or Share (Ex: Introduction, business cards, promotional materials):

What I Want to Bring or Share (Ex: Introduction, business cards, promotional materials):

Notes:

Notes:

Follow-up/Next Steps:

Follow-up/Next Steps:



## 1.3

# Endnotes

- 1 United Way of the National Capital Area. (2022, April 6). *Equity vs. Equality: What's the Difference - Examples & Definitions*. United Way NCA. [unitedwaynca.org/blog/equity-vs-equality/](https://unitedwaynca.org/blog/equity-vs-equality/)
- 2 MA Department of Public Health, Bureau of Substance Addiction Services & AdCare Educational Institute, Inc. *Interrupting Racism Level 3: Operationalizing Racial Equity in Workplace Policies & Practices - (684)* [Slides]. Zoom.
- 3 Chestnut Health Systems. (2022). *William White Papers*. [chestnut.org/william-white-papers/](https://chestnut.org/william-white-papers/)
- 4 Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). *Peer Support Toolkit*. Philadelphia, PA: DBHIDS. [peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=5#](https://peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=5#)
- 5 Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). *Peer Support Toolkit*. Philadelphia, PA: DBHIDS. [peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=5#](https://peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=5#)
- 6 Campanella, C. (2014, November 10). *Why is Onboarding so Important!* [linkedin.com/pulse/20141110053210-112837408-why-is-onboarding-so-important](https://www.linkedin.com/pulse/20141110053210-112837408-why-is-onboarding-so-important).

# 1.4

## Supervision

“This work is too important to do alone!  
**How you are is as important as what you do.** It is not possible to work on behalf of human beings, to try to help them, without having powerful feelings aroused in oneself.”

— DR. JEREE PAWL, A PIONEER IN THE FIELD  
OF EARLY CHILDHOOD EDUCATION



# Summary

FIRST Steps Together staff have identified supervision as “the most important policy or practice to support staff wellness.”

Regularly receiving supervision improves the services we provide. This results in better care and outcomes for families. All staff benefit from regular encouragement, guidance and feedback from team members and Supervisors. Even part-time staff spend multiple hours per week in supervision. Both scheduled and on-demand supervision provide a time for supervisees to problem solve specific situations, examine their biases, consider alternate possibilities for challenges, and discuss resources and concrete needs. Supervision also allows time for staff to practice role playing and collaborative conversations with other service providers, review program processes and paperwork, think with their Supervisor about professional development goals, and integrate skills learned in continuing education trainings.

Types of supervision include reflective, administrative, group, on-demand, and clinical supervision.

## INSIDE

[Types of Supervision](#)

[Supervision and Support of Peer Staff](#)

[Supervision and Support of Supervisors](#)

[Supervision and Support of Clinicians](#)

[Staff Support and Wellness](#)

# Types of Supervision

Supervision is not “one size fits all.” Multiple types of supervision come together to provide the comprehensive support needed to do this work.



**Reflective Supervision** allows us to examine the impact of our own thoughts and feelings on our work and to consider alternate possibilities and approaches to challenges.



**Administrative supervision** designates time to complete case reviews, ensure proper documentation and adherence to program practices and policies.



**Clinical supervision** offers an opportunity for Clinicians to think collaboratively about clinical or therapeutic approaches that may best serve the family’s needs. This is also a space to consider the impact of environment, familial relationships, trauma histories, mental health challenges, substance use, and other barriers to engagement or progress.



**Group supervision** offers an opportunity to raise thematic challenges, practice case presentations, and encourages increased collaboration, critical thinking, and team building.



**On demand supervision** provides real time support for staff when faced with complex questions and concerns or navigating emergent situations and safety issues.

This chapter unpacks each of these types of supervision and underscores the ways supervision is used to address not only reflection and support but staff development and wellness.



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# Reflective Supervision

“This relationship... can be a model for the desired working relationships with parents, children, and colleagues that creates a ripple effect of collaboration and mutual respect throughout an agency.”<sup>1</sup>

The families we work with face enormous challenges. Stressors that impact an entire community or group of people, such as systemic racism, housing access issues, disparate pay, and others, can be particularly impactful for the families we serve.

Imagine working with a family who is experiencing homelessness, doesn’t know where their next meal is coming from, and is concerned that Child Welfare Services may remove their children. Holding space for this family may leave staff feeling worried and helpless, with the situation consuming their thoughts, even outside of work. Supervision is a space we can talk through our own thoughts and feelings and discuss how to best support the family.

The Supervisor’s primary role is to encourage their supervisee’s growth. As Heffron and Murch note in *Reflective Supervision and Leadership in Infant and Early Childhood Programs*, “In [Reflective Supervision], the supervisor creates a safe and welcoming space for staff members to reflect on and learn from their own work with a trusted mentor/Supervisor at their side.”<sup>2</sup>

Reflective Supervision creates a relationship between the Supervisor and supervisee that provides safety, containment, and mutual respect.

Reflective Supervision is a partnership. It is not a top-down model where the Supervisor is seen as the “expert.” Instead, there is a shared responsibility for creating an environment of self-discovery.

Reflective Supervision treats human challenges with compassion. This is a time to be curious and not to judge or assess. The Supervisor shows the supervisee empathy when exploring an experience that may have been difficult or uncomfortable. We consider if something can be learned and view the issue from multiple perspectives. **By experiencing supervision in this way, staff are then able to offer program participants this same approach of compassion, curiosity, and reflection. We believe that modeling this approach encourages parents to provide this same experience to their own children.**

**FIRST Steps Together staff members who serve in any supervisory capacity are required to be trained in Reflective Supervision.**



Reflective Supervision promotes and supports the development of a relationship-based organization. This approach expands on the idea that supervision is a context for learning and professional development. The three building blocks of Reflective Supervision are reflection, collaboration, and regularity.”

– [ZERO TO THREE](#)



Reflective Supervision is an Evidence Based Practice (EBP) and key to infant and early childhood mental health work. It provides Supervisors with tools to help supervisees work through difficulties they encounter. Research on Reflective Supervision shows the many advantages of reflective practice. These include more individualized service delivery, greater job satisfaction, and higher quality programs. Reflective Supervision also leads to enhanced support for relationships with children, families and colleagues; reduction in vicarious traumatization; and application of trauma-informed/healing centered, and diversity infused practices.<sup>3</sup>

Many resources detail the primary practices of Reflective Supervision, including **Best Practice Guidelines for Reflective Supervision/Consultation** from The Alliance for the Advancement of Infant Mental Health.

[allianceaimh.org/reflective-supervisionconsultation](https://allianceaimh.org/reflective-supervisionconsultation)

The following key components of Reflective Supervision and consultation are adapted from *Reflective Supervision and Leadership in Infant and Early Childhood Programs*:

- **UNDERSTANDING THE FAMILY STORY** | In supervision, the pair discusses what is known of the family's story. This includes the child's environment, the relationship between the parents, extended family members, and other caregivers. We consider important events and daily interactions in the context of the family's history and culture.
- **HOLDING THE CHILD IN MIND** | The supervisory pair consider the child's experience and well-being, in addition to the parent's experience. We think together about the child as an individual and in relationship with others such as parents, siblings, extended family members, and other caregivers.
- **PROFESSIONAL USE OF SELF** | This involves careful attention to one's own experiences (thoughts, beliefs and emotional responses). This is particularly true when working with families in complex and sometimes challenging or triggering situations.
- **PARALLEL PROCESS** | This describes how one relationship affects and is affected by other relationships. In our work, this means building skills and ways of relating to one another in supervision that can be carried over into other relationships. We can model this in our work with parents, who can then offer these skills and ways of relating to their children.
- **REFLECTIVE ALLIANCE** | The relationship developed between supervisee and Supervisor allows for both insight and growth. Both staff members must come to supervision ready to explore and reflect on the deeper meanings of their interactions to allow for learning together.




Understanding a family's story is key to building a connection with parents and supporting their relationship with their children. We need to support parents in making sense of their own strengths and needs and the strengths and needs of their children, so we can move towards their goals in our work together."

– PROGRAM CLINICIAN  
(AND MOM IN RECOVERY)




**Tips on Becoming a Reflective Supervisor and a Reflective Supervisee:**

 [eclkc.ohs.acf.hhs.gov/human-resources/article/tips-becoming-reflective-supervisor-reflective-supervisee](https://eclkc.ohs.acf.hhs.gov/human-resources/article/tips-becoming-reflective-supervisor-reflective-supervisee)

In all of our work, we strive to be culturally informed and responsive with our participants. We maintain this same perspective in supervision. We know that our individual world views come from our personal lived experiences, biases and backgrounds. Project staff think critically about their own perspectives to understand their biases and assumptions. We guide staff members in questioning their own beliefs and in building their knowledge of families' cultural, socio-economic, ethnic, racial, linguistic and spiritual practices.

**Zero to Three** is a national non-profit focused on child development, health and mental health. They “offer information and practical strategies for parents, provide training and resources for professionals, and advance responsive public policies.” Their website is an excellent source of resources related to the practice of Reflective Supervision.

 [zerotothree.org](https://zerotothree.org)



## Administrative Supervision

Administrative supervision is a time to seek support around documentation, practices and policies.

Supervisory support with administrative needs may take place as a part of regularly scheduled weekly supervision sessions as well as on demand as needed. This time may include offering assistance with case notes, data collection, or incident reports. Pairs may use this time to discuss Human Resource requirements, agency specific training, or continuing education. Discussions may include case load, time management, organizational skills and needs, or planned time off. While much supervisory time is spent



focused on building reflective capacity and supporting staff in their work with families, we recognize that these administrative and organizational responsibilities are important pieces of professional development and critical components to delivering effective services.



## Clinical Supervision

Clinical supervision provides an opportunity for Clinicians to explore the use of self, consider therapeutic elements of approaches, build reflective capacity and work through challenging or triggering experiences.

Typically, there will be requirements for the supervision of a Clinician determined by the clinical license that person maintains or is working towards. This is true for licensed clinical social workers (LCSW), licensed independent clinical social workers (LICSW), licensed mental health counselors (LMHC), or licensed marriage and family counselors (LMFT), and those who hold other credentials, depending on their state or level of licensure.

Clinical supervision may be used to explore mental health or substance use related concerns, questions about the parent-child dyad or a child's development. Staff may also discuss other clinical components of the work, including establishing connections with a participant, navigating barriers to accessing treatment and using specific interventions or approaches within visits.

At some sites there may not be an appropriately licensed clinical supervisor to provide the supervision required. For those that do not have clinical supervision readily available, we recommend agencies support their clinical staff by contracting with an outside agency or provider to ensure that clinical supervision and licensure requirements are being met. Even in cases where ongoing supervision is not required for licensure, for example for those Clinicians already fully licensed, we still recommend individual supervisory support on a weekly basis.



## Group Supervision and Team Meetings

Team meetings offer the space to process challenging work experiences, share successes, unite staff, build community and act as a protective factor against burnout and secondary or vicarious trauma.

Group supervision and team meetings provide time to review participant needs, brainstorm resources, discuss challenges, and share successes. This is also a time to offer updates and encouragement to other members of the team. Staff can bring questions and concerns, ask for clinical guidance and



**As a Clinician, being supervised by a Clinician, I so value Reflective Supervision, having a space to process my work, but also my own life, my own person and biases, and to sort out how each of these things impacts the other."**

- CLINICIAN AND MOTHER IN RECOVERY

discuss monthly topics or areas of focus. This time can also be used to focus collaboratively on issues related to participant notes, data collection, care coordination or meeting participants' concrete needs.

For example, an FRSS shared that she was working with a mom who was struggling with her parenting. She was feeling overwhelmed and found that the only way she was communicating with her kids was through yelling at them. The FRSS had made some suggestions but felt like they were falling flat. Feeling defeated, she brought this challenge to the team meeting and presented it during case review. The team rallied around her, helping her to recognize the success of mom simply wanting to change the way she interacts with her children. This also created space for FRSS and Clinicians to share experiences and their own feelings. From there, they were able to share resources and strategies to help the FRSS walk alongside mom as she made changes in her parenting style.

Each member of the care team provides unique perspective and expertise which inform conversations in team meetings:

**FRSS staff** bring the lens of having lived experience as parents in recovery, and often have personal experience and insight into navigating Child Welfare Services, court systems and accessing benefits.

**Clinicians** offer a reflective and curious stance on participant challenges and provide insight or wonderings in the areas of mental health, child development, or substance use. This perspective can help inform next steps, goal setting, or decisions about outside referrals.

**Supervisors** have vast knowledge of the systems that impact the participants we serve and can offer support for staff as they connect with other community providers and build relationships with collaterals. Supervisors also oversee the work of many staff members and can assist teams in recognizing recurring needs, overcoming challenges, and working together to benefit from one another's strengths.

Some sites begin team meetings with an ice breaker or a calming mindfulness exercise and may end a meeting with time to share successes or shout-outs. Some sites have monthly themes that they focus on across individual and group supervision, team meetings, and other staff events. Examples of these themes include boundaries, parenting, engagement, and staff self-care and wellness.



## Making Space for Regular and On-Demand Supervision

One of the distinguishing features of the FIRST Steps Together program is our dedication to real-time supervisory support and oversight.

**Individual supervision should take place at least one hour per week, at a set time that allows both Supervisor and supervisee to participate consistently.** Having a set day and time each week for supervision ensures a regular opportunity for connection, communication and addressing any questions and concerns. This set time also allows pairs to check in about longer-term participant needs and goals, administrative and Human Resources needs, and to follow up on professional development. This practice creates structure and routine. We parallel this process during home visits, modeling parents, who can then recognize and appreciate the benefits of predictability and regularity in their interactions with their children.

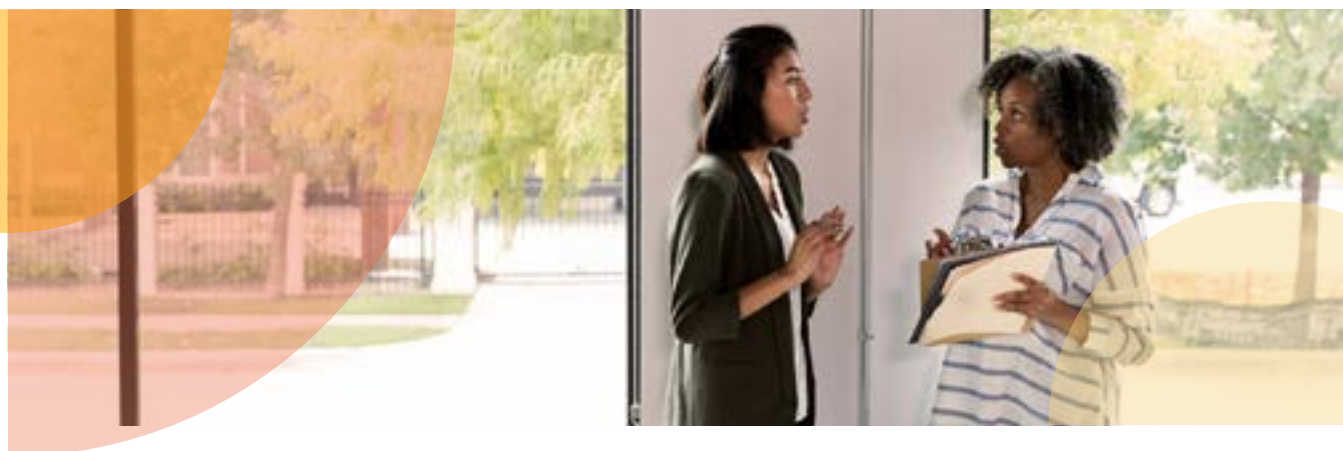
**Supervisors also need to be available for real-time on demand supervision as needed throughout the week.** When working with families, immediate needs and significant events can happen at any time. Drop in supervision provides real time support for home visitors to discuss how to handle challenging situations. This responsive supervision also allows time to process thoughts, feelings and potential triggers of our own past experiences. After a significant event, we dedicate time to process what happened, seek resources and reflect. We regularly hear from staff how important it is for Supervisors to be available for unplanned, frequent check-ins to support the immediate needs of families. This can also reduce the impact of secondary trauma and **compassion fatigue**.<sup>4</sup>



In addition to individual supervision, our current meeting structure is that we provide weekly staff meeting, weekly group supervision and FRSS and Clinicians meet together to collaborate about parents they provide support to on a weekly basis.”

– PROJECT DIRECTOR

**Compassion fatigue**, refers to the physical and mental exhaustion and emotional withdrawal experienced over an extended period of time by those in the helping professions.





# Supervision and Support of Peer Staff

Supervision offers dedicated time in a safe space to practice skills for professional growth and development.

People come to this work from all different walks of life and while some may have extensive experience working in a professional environment, others may not. Those who are new to this type of work may be unfamiliar with certain skills needed in an office or home visiting setting. Supervision allows time to examine and reflect on these pieces of the work, practice new skills, and share feedback. Supervisors should plan to dedicate significant time to onboarding new staff while also providing ongoing support in the first weeks and months of a new hire. Topics and skills may include maintaining boundaries, professional communications, organization, data collection and paperwork, collaboration with collaterals, and managing notes, emails, and calendars.

By building the confidence and professional capacities of FRSS, Supervisors can help develop skills that allow for peer staff to better navigate potentially challenging situations with outside providers. Some community partners may not understand the FRSS role and may not recognize and appreciate their expertise. Others may consciously, or unconsciously, stigmatize or undervalue a FRSS during interactions or in collaborative meetings. Supervision can be a place where FRSS staff practice speaking about our program and what makes their role unique in working with families as peer recovery support specialists. Supervision can also be used as a space to script language or role-play interactions, to better serve and advocate for program participants.



When I started, I had limited office skills. **Having extra time with my Supervisor gave me the confidence I needed to thrive in the office. Now I share what I've learned with clients and new coworkers."**

– FAMILY RECOVERY  
SUPPORT SPECIALIST

# Supervision and Support of Supervisors

Due to the many complicated demands of this role, Supervisors also benefit from a substantial amount of support.

We understand that just as with other program roles, Supervisors too become holders of family stories and traumas. Supervisors benefit from support themselves to reduce the impact and stress of carrying their teams in working with complex and often high-risk families. Supervisors should receive at least one hour of Reflective Supervision for themselves each week. This individual supervision is in addition to any team, group or on demand supervision they may also receive. This offers Supervisors a critically important space to process how to best support both staff members and program participants. This time provides them with their own space to share the experience, concerns and joys of supporting both their program staff and parents in recovery. These ongoing conversations reduce the risks of burnout and secondary trauma while building a sense of community across roles.



**Supervision is a safe space.** There are things I can't react to, except in my own supervision. And I hope the people I supervise also feel the same; that our time together is a safe space that they can have a reaction that they might not be able to show anywhere else."

- PROJECT SUPERVISOR

# Supervision and Support of Clinicians

In addition to receiving clinical supervision, Clinicians benefit from regular time and space for Reflective Supervision.

Clinicians receive weekly individual supervision, and ideally group supervision in addition to clinical supervision. This space offers opportunities for self-reflection and personal and professional development. It is also a way to provide consistent support for proactive wellness practices and reduce burnout and compassion fatigue.

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# Staff Support and Wellness

Compassion Fatigue, secondary trauma, and burnout are real issues faced by home visitors. We must create time and space to support staff wellness.

*“Every time I use my lived experience it is emotionally draining yet healing in the same breath. We are sharing a piece of our past which may sometimes be dark and shameful but through sharing our experiences, both the peer and family move towards healing.”*

– Former Family Recovery Support Specialist

All staff, regardless of role, benefit from supervision and a supportive environment. Supervision offers an opportunity to promote the idea that wellness and selfcare are at the core of the work we do. By implementing these practices for staff, we set the example and model the importance of taking care of ourselves for the families we work with.

Utilizing their lived experience requires peer staff to give a great deal of themselves and their energy to their work. Additionally, peer staff hold space for the stories and trauma of others which can put them at a higher risk for compassion fatigue, secondary trauma, and **burnout**.<sup>5</sup> This responsibility can be challenging, even triggering, at times. Staff will be asked to support participants through removals, recurrence of use/relapse, active use or even overdose. Staff also experience burnout from supporting families through the constant “fight” of overcoming adversity and advocating within systems that are not designed to be intuitive or supportive to the families we serve. It is important for agencies to build policies to support and encourage staff to tend to their own recovery and wellness during work time. Supervision time can be used to continue ongoing conversations about balancing work responsibilities and prioritizing recovery maintenance and wellness.



Supervision is important to me because it gives me a **safe space to share the struggles and/or successes I have in my own life** and time to navigate things that I might be struggling with that week.”

– FAMILY RECOVERY  
SUPPORT SPECIALIST

**Burnout** is a cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress.

SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy has developed a helpful resource, **Supervision of Peer Workers**:

 [samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf](https://samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf)

## 1.4

## Key Takeaways

**SELF-AWARENESS AND USE OF SELF**

**ARE KEY:** Reflective supervision provides the container for self-awareness and use of self within the Supervisor/supervisee relationship.

**PARALLEL PROCESS:** Skills modeled and practiced in individual and group supervision can then be paralleled in the provider/family relationship.

**AVAILABILITY:** Having on-demand access to Supervisors throughout the week assists with meeting the needs of families. This may include preparing for or attending meetings with collaterals, guidance around a crisis or immediate need, or creating space for supporting staff's own recovery and wellness.

**PROACTIVE SUPPORT:** Supervision is key to ensuring high quality service delivery, promoting wellness and growth, and preventing compassion fatigue and burnout.

**DEDICATED TIME:** To implement and maintain a successful program, an agency must prioritize and dedicate the necessary time and resources to support intensive supervision practices.

## 1.4

# Endnotes

- 1 (Heffron and Murch, 2010, p. 5). Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three, p. 5.
- 2 (Heffron and Murch, 2010, p. 5). Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three, p. 5.
- 3 Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three.
- 4 Child Welfare Information Gateway. (n.d.). *Burnout, Compassion Fatigue, and Secondary Traumatic Stress - Child Welfare Information Gateway*. <https://www.childwelfare.gov/topics/management/workforce/workforcewellbeing/>
- 5 Boyd, D. (2017, January 4). *Compassion Fatigue*. The American Institute of Stress. [stress.org/military/for-practitionersleaders/compassion-fatigue](https://stress.org/military/for-practitionersleaders/compassion-fatigue)

# 2

## Serving Families



# 2.1

## Engagement

“The first contact is so important! I always make it a point to be warm, and to listen intently to what the potential participant is sharing with me. **I want them to feel no judgement because most of the time that is all they have experienced** in society around addiction.”

— FAMILY RECOVERY SUPPORT SPECIALIST



# Summary

The process of engagement often requires a significant investment of time to build trusting relationships.

We use the initial engagement period to show potential participants how peer-led services may look and feel different than other services they have previously received. We carefully explain our services, provide the time to ask questions, offer participants the opportunity to join groups or receive other interim supports, and start thinking together about their goals for themselves and their families. Engagement looks different for each family, depending on how ready they are to seek support and actively participate. We may build rapport over days, weeks, or even months. When parents are ready to commit to participating in our program, we then begin the intake process. This includes seeking consent for participation, data collection, and screenings. We begin to gather participants' history and explore their current needs, working with the parent to create participant-driven goals and deepen the provider-parent relationship.

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# Initial Engagement

We are mindful to approach every interaction with potential participants in a meaningful way, starting with the first contact.

We believe the time and resources spent making initial connections and building engagement with families is a benefit to them, even if they decide not to continue with our program at that time. These exchanges plant a seed of possibility for those who are not yet ready to enroll in services. Even a brief contact makes parents aware that support is available to them if and when they choose to pursue it. From the moment parents first interact with our program, we strive to make every potential participant feel heard and accepted.

The engagement period begins when we make an initial connection either with a parent interested in our program or with a referral source reaching out on a potential participant's behalf. This process looks different depending on each family's needs. If a parent is eager and ready to enter the program, initial engagement may quickly lead to the intake process.

Alternatively, **parents may not be ready to join the program for many reasons. In these situations, building the trusting relationships that will become the foundation of our work together may take longer.** In some cases, we try to connect with potential participants for many weeks or even months, depending on the family's needs and responsiveness. This may include phone calls, follow-up text messages, or deliveries of diapers, baby clothes or other supplies.

Connecting with a new provider can be anxiety provoking, especially for families that may have had difficult experiences with service providers in the past. This is a time that using our lived experience is especially helpful. Thoughtfully sharing from our own lives can be a source of connection and commonality, while normalizing being a parent in recovery and building trust between the FRSS and the family.

For example, an FRSS shared that she had a family who was referred by Child Welfare Services. The parent was not returning her calls to schedule the screeners and appeared to be hesitant to engage. The FRSS was able to use her own past experience with Child Welfare Services to convey that she understood how it can feel like a risk to share about substance use struggles and parenting. She reassured the parent that she was there to support her and would stand by her to work together during this challenging time for her family. The parent shared she felt more at ease and willing to engage because of how the FRSS had acknowledged and normalized her feelings.



We are always very quick to reach out to families shortly after the referral comes in, and we maintain a strategy of outreach that allows for there to be uncertainty in the relationship formation and “getting to know you” phase of things. This allows for the right for self determination and space to consider options.”

– PROGRAM SUPERVISOR

Some FIRST Steps Together staff attend joint meetings with parents and their current or referring providers. Many sites also offer to connect interested families to program alumni or invite them to attend groups prior to committing to regular home visits.

We recognize that often referring providers have a sense of care and responsibility for the families they refer. It is important to us that parents and their providers understand the services we offer and especially the supportive and empowering culture of our program. We take care to engage in collaborative communications around referrals. This practice helps ensure families have a smooth and supportive transition to our program. (More on warm handoffs can be found on [page 218](#).)

Some agencies may not understand how or why our program places such an emphasis on building trust and providing consistent support to parents even before enrollment. We believe the potential for the impact of our services is dependent upon building a meaningful connection in this initial engagement period. We must be patient and comfortable with participants engaging intermittently and reluctantly. This may look like expressing and then losing interest, enrolling and participating inconsistently or withdrawing from and then re-joining the program. We recognize this can be the nature of our work, in supporting families impacted by substance use.

Initial engagement can be a time-consuming process. We recommend that our staff document time spent on initial engagement, prior to enrollment. The benefits of documenting this process include demonstrating to funders and agency administration the time and resource commitment needed to successfully engage participants. This kind of documentation also provides data for program and service improvement.



# Release of Information

Releases of information (ROI) are both best practice and legally required documents, designed to protect parents and empower them to decide when and how their personal information is shared.

In the medical and social service fields, there are many power differentials between providers and program participants. FIRST Steps Together works to ensure that when participants give their consent for contact between providers, they feel informed, empowered, and aware of their rights.

Before we ask a participant to sign any release of information, we:

- Discuss their wishes in detail
- Respond to any questions or concerns related to the release
- Determine what specific information they want to share or keep confidential
- Consider whether the release will allow for one-way or mutual information sharing
- Identify whether verbal or written updates or records will be shared
- Ask if the participant wishes to be present for these contacts or be involved in collaborative meetings
- Clarify if, and under what circumstances, staff members are permitted to make contact

It is important that releases specify which information can be shared, with which providers or programs, and when the permission expires. We train our staff on the laws that mandate the protection of health and substance use related information, including HIPAA and 42CFR. This training helps staff recognize the importance of following agency processes aligned with these governing laws. When a participant signs a release, staff members provide them with a copy for their own records. Participants are reminded that at any time they may withdraw their consent. Whenever possible, we encourage colleagues and collaborative agencies to offer and accept dual consents. This eases the burden on participants and minimizes delays in communication.

We take the time to talk with participants about the many benefits and potential drawbacks of open communication between providers. One complex issue is the importance of perception. We work with families to help them understand that appearing forthcoming and transparent can be to their benefit, whereas opting not to allow any sharing of information between providers may result in negative assumptions. We share this perspective not to pressure participants to give consent, but rather to help parents understand the complexity of care coordination particularly when



Child Welfare Services is involved. We show participants how allowing even partial communication between providers can result in smoother service delivery, which can improve their experience as service recipients.

## Waitlists

Waitlist management is a process that balances prioritizing the most urgent needs while also ensuring that families feel supported until they are able to fully enroll.

Sometimes a program is at capacity when someone new is referred, and it is necessary to add them to a waitlist. Even if we are unable to immediately enroll new families, we conduct initial screenings and explain and review services at the time of referral. This helps us identify if our program is right for the family before placing them on a waitlist. If we are not the right fit, we take the time to connect and refer the family to a service provider or program that can better meet their individual needs.

For participants placed on our waitlist, we make sure they feel connected and supported right away. This may include helping them access concrete resources like diapers or baby items, offering participation in groups or events, or following up with regular check-ins.

**There are many factors to think about when managing and enrolling participants from a waitlist. Many sites prioritize pregnant and expectant parents, those at higher risk for overdose, and those who have urgent needs related to Child Welfare Services.**



We have heard from participants that **they are so glad to be connected right away with a group even if they have to be placed on a list to wait for an opening for an FRSS.**

– SUPERVISOR



# Service Agreement

Early in the engagement process, we explore with potential participants the support they are seeking and how it compares with what our program offers.

We clearly communicate to parents that while our program is voluntary, once they decide to participate, they will benefit by making a commitment to regular participation. One way to clearly communicate expectations is through a clear and easy to understand Service Agreement. Service agreements should be clear and contain easy to understand language. Staff should take the time to go over the agreement together with the participant and answer any questions they may have.

Discussion of the service agreement includes:

- **PARTICIPATION IN SERVICES** | We take the time to explain the various services we offer. We talk about which services are expectations for those enrolled in our program, versus those that are optional supports. For example, a typical commitment means regularly meeting with a FRSS for weekly home, community, or virtual visits. Participants may also choose to take advantage of other opportunities, including care coordination, group attendance, events with other parents in recovery, and individualized clinical support. This is explained with the context that we always work to meet the parent where they are at, understanding that engagement may ebb and flow and needs may differ depending on the family's circumstances. In times of higher need, phone and in person support may be frequent throughout the week. At other times less support may be needed, particularly as the family branches out to other community and natural supports and nears graduation.
- **EXPECTATIONS AROUND SCHEDULING AND CANCELLATIONS** | We communicate our expectations and policies around scheduling, rescheduling, or cancelling. These policies typically pertain to home visits and individual clinical sessions, as well as groups that require a regular commitment. As part of this conversation, we also explain what participants can expect from us regarding scheduling, rescheduling, or cancelling visits, for example in the case of inclement weather, illness, or otherwise.
- **CONFIDENTIALITY** | We talk about how we keep participants' personal information confidential. This includes not sharing their information with other providers without their specific permission and written consent, except in cases that require mandated reporting.



When I first met with my FRSS I wasn't even sure what I was signing up for. He took the time to go over the program and what we would be doing together. I felt better knowing what I was committing to and that it was based on what I wanted and what my family's needs were."

– PARENT IN RECOVERY



- **MANDATED REPORTING** | We explain what mandated reporting is and what the process will look like if we do have safety concerns. (For more information about mandated reporting, please read the Child Safety Concerns section on [page 64](#).)
- **AVAILABILITY AND COMMUNICATION** | We explain that we are generally available for support during work hours. We make note that FIRST Steps Together is not a crisis response service and we will provide additional resources and contacts for any emergencies or issues that occur outside of work hours. This reflects our belief in the importance of building participants' natural support systems and modeling healthy boundaries. We inquire about communication preferences, such as: Do participants prefer to talk on the phone or by video? Is it easier to connect by phone or by text? How long does it typically take us to respond to a message? We talk about who they can reach out to if they cannot reach us.
- **COMPLETION, GRADUATION, AND DISENROLLMENT** | We discuss our process for helping participants make progress toward their goals and how we will together determine when they are ready to complete or graduate from our program. We also discuss reasons that we may need to disenroll them from our program.



#### FIRST Steps Together Service Agreement

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# Data Collection

Data collection is essential to capturing the impact of our work. It provides important information that is used to sustain and improve our program.

Data collection results in a better understanding of the services we provide, including how effective we are in reaching underserved populations. It also helps us to capture and share information about our program's impact with funders and other partners.

We recognize that the data-collection process can be time-consuming and at times may feel uncomfortable for both staff and participants. Starting off with data collection may feel disruptive while trying to build an intentional, supportive relationship. It can also lead people to feel that this is "just another treatment program." We prepare our teams to effectively and thoughtfully gather data in a trauma-informed/healing centered manner. This requires significant time and training. We want staff to feel informed and confident with the data collection process and for parents to feel empowered and comfortable about the information they choose to share with us.

Data collection begins with informed consent. We explain why this information is being collected, who will have access to it, how it will be used and how we will protect their personal health information. Although most participants, once provided with this information, decide to give their consent, we want them to understand that they have the right to refuse. Staff should have a thorough understanding of what options are available for those who choose not to give consent to participating in data collection.

For example, in FIRST Steps Together, some data collection tools and screeners are required to determine eligibility for participation in our program. If potential participants do not wish to consent to these screeners, we would work with them to refer them to another service or program. Other data collection tools that we use allow for personally identifiable information to be de-identified.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a thorough resource that outlines specific recommendations for conducting interviews and guides service providers through the process of trauma-informed data collection and appropriate follow-up care. **A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills:**

[ddap.pa.gov/Documents/GPRA/SAMHSA%20GPRA\\_Data\\_Collection\\_Using\\_Trauma-informed\\_Interviewing\\_Skills.pdf](https://ddap.pa.gov/Documents/GPRA/SAMHSA%20GPRA_Data_Collection_Using_Trauma-informed_Interviewing_Skills.pdf)



Data collection can be overwhelming, that's why I always carve time out of my day to make sure I can get this done. The sooner the data is put in, the more accurate the information will be. **This is essential to capture all the amazing services we provide to each and every family we have contact with."**

– FAMILY RECOVERY  
SUPPORT SPECIALIST

The screening and data collection process can be challenging for parents if the questions bring up past trauma. Given this, many sites decide to complete the initial intake process and then wait a period of time before conducting more thorough data collection. The benefit of this approach is that more sensitive questions are asked once participants have established a strong and supportive connection with their home visitor.

Many sites have also shared success stories of having an FRSS and Clinician jointly conduct these initial intakes. This shared meeting can better support the parent and familiarize multiple team members with the family's needs. This also proactively builds relationships with program staff which can help participants feel supported even if their usual provider is unavailable. This practice also helps build connections with program Clinicians, increasing the likelihood of parents being open to receiving future clinical support if needed.

# Use of Screening and Assessment Tools

Screening tools offer a shared perspective for the provider and parent to understand child development and any needs for additional support.

Screening and assessment tools are designed to give a better picture of families' strengths and needs in several key areas. These areas include child development, parental mental health, depression, life skills, intimate partner violence and tobacco related needs. We understand it may be hard to talk about sensitive topics due to shame or stigma. We touch upon these topics in the beginning of the relationship, to normalize the open discussion of sometimes challenging issues, such as substance use during pregnancy, mental health concerns, homelessness, intimate partner violence, food insecurity and trauma. We hope that by having these conversations early and by regularly using tools and screeners with our participants, they will feel more comfortable asking for help when they are ready to do so.



**The child development screeners help parents to be curious about their child. They can discuss any concerns that they might have. It also helps create a time as the provider to share about other services that might be able to come in and help address some of the concerns they might be having.”**

– FAMILY RECOVERY  
SUPPORT SPECIALIST

The Center for Disease Control and Prevention has helpful resources around developmental milestones and screenings, including **Milestones In Action**, a free library of photos and videos showing developmental milestones.

<https://www.cdc.gov/ncbddd/childdevelopment/screening.html>

## Child Development Screening

Much of our work is dedicated to helping families build confidence in their parenting skills and strengthening their knowledge of child development.

Helping parents better identify and respond to their children's needs is a primary protective factor, as identified by the **Strengthening Families Framework**. Developmental screeners build parental awareness around child development, attachment, and the importance of nurturing relationships. We have open conversations with parents about their questions, observations and worries about their child's strengths and vulnerabilities.

### Strengthening Families Framework:

[cssp.org/resource/about-strengthening-families-and-the-protective-factors-framework/](https://cssp.org/resource/about-strengthening-families-and-the-protective-factors-framework/)

Many parents in recovery fear that their substance use may have a long-term impact on their child's development. Regular developmental screening provides an opportunity to address those feelings together and we invite parents to share any anxieties they may have. Making space to explore these feelings and normalize these concerns is an important piece of our work together.

Use of childhood development screeners:

- Provides a structure to support staff and parents in discussing child development,
- Empowers parents to be the experts on their own children,
- Identifies child strengths and areas where additional resources can benefit development,
- Helps parents identify questions that they may want to ask their children's other providers such as their pediatrician,
- Facilitates referrals to Early Intervention,
- Help address racial inequities, given significant research that documents that developmental delays are identified later among children of color,



The screeners are used to help participants both raise concerns about their children's development and to bring awareness to areas of development the child might need to build. For some participants, who are very nervous about their children's development due to substance use during the pregnancy, the screening has provided reassurance."

– PROGRAM SUPERVISOR

- Creates a common language with other service providers, and
- Enhances our ability to use data to better support the families we serve.

**Additionally, developmental screeners may help parents who do not have physical custody of their children to feel more connected to their child's development.**

Collaborating with families on these screeners allows for parents to be the experts on their own child and can provide a structured focus for Family Time. Home visitors should weigh the costs and benefits of using these tools with families who do not live with their children. For some, this process may be upsetting. Asking parents to complete a questionnaire when they may not be sure how to answer, may feel frustrating or bring up feelings of guilt and shame. Offering parents the opportunity to share or reflect on a moment or experience from their Family Time, builds confidence and knowledge around their child's development. We determine what is comfortable for each parent on an individual basis.

We complete the first developmental screen within three months of entering the program, or within three months after birth if a parent joins FIRST Steps Together during their pregnancy. We repeat the screening every six (6) months, or sooner if there are developmental concerns. If a family has already completed a developmental screener with another provider or is involved in Early Intervention, we can determine how best to collaborate to offer support and resources.

The assessment process is more useful when we build an understanding of a family's culture. We must also be mindful of their access to resources, such as books, developmental toys and safe spaces for exploration that promote child development. Certain sites lend out "Family Time" backpacks, which include many of these materials and activities, to support child development and the parent-child relationship. Other sites create monthly activity packs or themes and provide materials to families during visits or events. Our funding allows us to provide families with resources such as age-appropriate books, toys, and activities for supporting child development.

The majority of our sites use the Ages & Stages Questionnaires® (ASQ). These tools can be used with infants, toddlers and young children.

The **ASQ-3** "screens and assesses the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from in-depth evaluation for developmental delays."

The **ASQ:SE-2** "is a set of questionnaires about behavior and social-emotional development in young children. There are nine questionnaires for different ages to screen children from 1 month to 6 years old."<sup>1</sup>



Sometimes a parent doesn't know what to bring every week or wants to switch it up. We put together "visit backpacks" which have developmentally appropriate toys, books and games. This takes the pressure off the mom to scramble to come up with what to do in this one hour period of time."

- FAMILY RECOVERY  
SUPPORT SPECIALIST

More information about **Ages & Stages Questionnaires®** can be found here:

 [agesandstages.com](https://www.agesandstages.com)

By completing these screenings, we can identify potential developmental or behavioral challenges and connect families to appropriate support services. We also use the information gathered from developmental screens to help parents identify areas of growth for themselves and their children that can be incorporated into goal setting and activity planning. If there are questions about a child’s health or development, we encourage parents to speak with their child’s pediatrician. We may also refer participants to their local Early Intervention program, which supports children birth to age three who have developmental delays or are at risk of developing delays. If a child is older than age three and deemed eligible, they may qualify for supports through their local school system.

### Equity and Cultural Considerations for Developmental Screening and Early Intervention Efforts

While screening tools can be useful for gathering information, we understand that all developmental screeners have their limitations; for example, developmental milestones can vary by culture and some screening tools give examples that may not be universally recognizable across cultures. When conducting developmental screenings, such as the ASQ/ASQ-SE, we train our home visitors to take into account the culture, environment, and unique context of each family.

We know that risks of stereotyping and unconscious bias can be high in cross-cultural interactions.<sup>2</sup> When working with families whose cultural backgrounds may differ from our own, we bring self-awareness of our own cultural assumptions, values, and beliefs and a willingness to explore the cultural knowledge of others in the full context of their personal and shared histories, assumptions, goals, beliefs, and practices.<sup>3</sup>

For example, American cultural norms may emphasize goals related to “self-maximization” like happiness, confidence, independence and assertiveness balanced with qualities of “lovingness” like kindness, and compassion. Other cultures may emphasize goals related to “proper demeanor” such as being respectful, appreciative, and accepted by the community.<sup>4</sup>

A literature review conducted by the Massachusetts Early Childhood Comprehensive Systems Impact Project Team in 2018, shows us some of the ways that development is viewed within cultural contexts. Some of the key findings presented in the review included:

- One study found that in some cultures there is no corresponding word for “development” in the language and that the concept of



**From the very beginning, focus first on establishing a respectful relationship and understanding the family’s cultural values and child-rearing beliefs. Be prepared to set aside your own biases and try to see through the lens of the family. If you encounter practices that you don’t subscribe to (such as parents carrying their children all the time), recognize those as cultural judgments and set them aside.”**

– [AGES AND STAGES](#)

“developmental milestones” is not recognized, including the language and context to identify areas of concern.

- Beliefs and practices around child development and disability are strongly influenced by religious and spiritual traditions that vary between cultural groups.
- Only a very small number of standardized developmental screens were validated for use in non-Western cultures and languages.
- Long-term socialization goals for children differ among cultures and can influence how parents report on developmental screens and how they identify concerns.
- Age expectations for milestones differ by culture. The assumption that there is one universally “correct” set of ages at which children should attain milestones is inaccurate. Making this assumption may lead to parents being judged for lacking knowledge of the “correct timetable” and thought of as being at risk for poor parenting practices and in need of parenting education.

When making referrals for additional services based on developmental screens, such as referrals to Early Intervention (EI), we also consider the following racial disparities that were identified:

- At 24 months Black children were almost 5 times less likely to receive services than White children.
- Black mothers report factors such as stigma, fear of blame and child protective services involvement as factors affecting their willingness to discuss their own emotional health concerns with their child’s health care provider.
- Disparities exist in timeliness of diagnosis and referral to developmental services for children of color in North America and Europe, in particular for children with ASD.
- Evidence also shows children of color have 3 times the number of office visits related to developmental delay or behavior but receive a diagnosis of autism spectrum disorder (ASD) one year later than white children.

Given the impact of racial disparities on access and referral to services, timeliness of diagnoses, and the negative experiences many Black mothers report when seeking support for their own health concerns, we make a concerted effort as a program to raise and counter these issues. We are mindful to provide prompt and supportive services, encouraging parents in recovery, particularly persons of color, to speak openly about their experiences and seek support. We normalize the challenges of early parenting and encourage all families to pursue Early Intervention services regardless of a known diagnosis. We offer to facilitate a warm handoff and connect families with their local EI programs to elevate any concerns about their child’s development.



**We help families with their assessments by offering to go with them, preparing them to share their individual family circumstances when asked to help with eligibility, and even requesting a one-to-one visit by an Intake professional to make it easier to share sensitive and private information.”**

– PROJECT DIRECTOR



Please visit **Tips for screening children from diverse cultures** from Ages & Stages Questionnaire® for more information on screening children from diverse cultures.

[agesandstages.com/free-resources/articles/tips-screening-children-diverse-cultures/](https://www.agesandstages.com/free-resources/articles/tips-screening-children-diverse-cultures/)

# Depression and Parental Mental Health Screens

A number of biological, hormonal, and circumstantial changes occur in the pregnant, postpartum and early parenting phases.


New parents are at a greater risk for mental health issues, including the most common diagnoses of Postpartum Depression (PPD) and Post-Partum Anxiety (PPA) ([1.1 Foundational Concepts and Theory](#) on [page 16](#)). Parenting a newborn can come with fear and anxiety, hormonal changes, sleep deprivation, isolation and physical and mental strain. Many of these factors can exacerbate or contribute to mental health issues which can make new parenthood even more challenging. We know that expecting and new parents often do not receive the mental health support they may need, which puts them and their children at risk. This is particularly true for parents that identify as Black, Indigenous and People of Color.

Many new parents’ fears of shame, stigma, and penalty from the Child Welfare System may prevent them from telling their doctors that they are experiencing anxiety, depression, or intrusive or troubling thoughts. Furthermore, we recognize that the healthcare system is laden with structural and systemic oppression and racism that negatively impacts people of color. Our program makes sure to discuss and assess parents for depression, anxiety and other mental health concerns, and provide healing centered services and supports. Although there are heightened concerns specific to the mental health of those who are pregnant and postpartum, we also screen other parents and partners. For example, when serving fathers, we know that they too may struggle with mental health issues. This is particularly true for fathers in early recovery and when first adjusting to new parenthood. We use several screening tools including the Edinburgh Postnatal Depression Screen and the Yates Paternal Depression Screening Tool.

We are careful to conduct screenings in a confidential and trauma-informed/healing centered manner. This allows us to identify parents’ needs, provide additional support, advocate for higher levels of care, or make referrals. Additional support should go beyond medical or clinical services to address social isolation. We recommend referring to “Mommy and Me” groups, peer or mutual aid support groups, and other community resources, while keeping in mind that traditional groups for new parents

may not be the best fit for families in recovery. In response to this need, we offer groups specifically designed for parents in recovery that provide a supportive and safe environment to talk about the challenges of being a new parent in recovery.

**Postpartum Support International** can be a helpful referral. The mission of Postpartum Support International is to promote awareness, prevention and treatment of mental health issues related to childbearing in every country worldwide. They also offer a variety of support groups. Visit the link below or call 1.800.944.4773 for more information.

 [postpartum.net](https://postpartum.net)

## Life Skills Progression Tool

Assessing participants' life skills progression, using tools sometimes referred to as self-sufficiency scales, helps us better understand parents' areas of strength and need.

While many screening tools are available, the **Life Skills Progression (LSP)**<sup>1</sup> was created to specifically serve maternal, infant, and early childhood home visiting programs.

*"The Life Skills Progression (LSP)<sup>1</sup> is an outcome summary tool that home visitors can use to gather and organize information about family competencies obtained from other data sources. The LSP is not intended to be administered via interview or parent self-report. Instead, a home visitor scores the LSP items by considering in-depth information about the family that has been collected through referral information, interviews and conversation, observations of family functioning, formal assessments, and selected screening tools. This information is used to develop a profile of family strengths and needs, service plans, and monitor progress in outcomes."*<sup>5</sup>

### Life Skills Progression (LSP)

 [products.brookespublishing.com/Life-Skills-Progression-LSP-P608.aspx](https://products.brookespublishing.com/Life-Skills-Progression-LSP-P608.aspx)



Looking at a participant's 'life skills' helps us to come up with short term goals that might improve some of these skills. This also helps us to have an open dialogue when sitting with a parent. **As participants begin to share about life skills, sometimes they open up about past trauma or struggles they have encountered."**

– FAMILY RECOVERY  
SUPPORT SPECIALIST

This tool assesses parent and child progress in the areas of relationships, education, mental health/substance use and other risks, basic essentials, and infant/toddler development. These categories are further broken down into the following sub sections:

- |  |   |
|--|---|
| 1. Maternal and Newborn Health   | 4. Crime of Domestic Violence   |
| 2. Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ER Visits | 5. Family Economic Self-Sufficiency                                     |
| 3. School Readiness and Achievement  | 6. Coordination and Referral for Other Community Resources and Supports |

Other scales, including the **Self-Sufficiency Matrix Guidance for Adult Community Clinical Services Providers** cover related areas, such as participant skills and access to resources in the following domains:

- |                           |   |
|---------------------------|---|
| ■ Housing                 | ■ Mobility                              |
| ■ Employment              | ■ Community Involvement                 |
| ■ Income                  | ■ Parenting Skills                      |
| ■ Food                    | ■ Legal                                 |
| ■ Childcare               | ■ Mental Health                         |
| ■ Children's Education    | ■ Substance Use and Addictive Behaviors |
| ■ Healthcare Coverage     | ■ Safety                                |
| ■ Life Skills             | ■ Disabilities and Physical Health      |
| ■ Family/Social Relations |   |

#### Self-Sufficiency Matrix Guidance for Adult Community Clinical Services Providers:

[mass.gov/doc/accs-self-sufficiency-matrix/download](https://mass.gov/doc/accs-self-sufficiency-matrix/download)



We support participants by considering these areas to identify needs and inform the process of goal setting. These scales aid both participants and staff members in understanding how strengths and weaknesses impact families' ability to meet their basic needs and reach their higher-level goals. This also guides the FRSS and other team members in offering support and providing concrete resources to build trust and engagement in clinical services.

Additional examples of Life Skills Measures include:

**Housing & Community Services | Snohomish County, WA—Official Website** ([snohomishcountywa.gov](https://snohomishcountywa.gov)):

<https://snohomishcountywa.gov/429/Housing-and-Community-Services>

**Arizona's Self Sufficiency Matrix**

[hudexchange.info/resource/1562/self-sufficiency-matrix-using-hmis-to-benchmark-progress-sample/](https://hudexchange.info/resource/1562/self-sufficiency-matrix-using-hmis-to-benchmark-progress-sample/)

**Center for Women's Welfare (CWW), The Self-Sufficiency Standard:**

<https://selfsufficiencystandard.org/the-standard/overview/>

## Intimate Partner Violence (IPV) Screening

Regularly screening families for IPV brings this issue into the open and communicates to our participants that we are available whenever they feel ready to seek support.

Staff may use brief screens to assess intimate partner or domestic violence and other safety concerns. We also take into account staff members' intuition and awareness of warning signs. Before intake, we ask participants whether they feel safe to conduct the conversation in-person or virtually. We also ask whether it's OK to leave a message or send a text or e-mail to their preferred contact method.

The **CDC** offers a wide array of tools, which can be found here:

[cdc.gov/violenceprevention/intimatepartnerviolence/index.html](https://cdc.gov/violenceprevention/intimatepartnerviolence/index.html)

We also recommend viewing **Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings**. This compilation includes existing tools for assessing intimate partner violence (IPV) and sexual violence (SV) victimization in clinical/healthcare settings.

[cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf](https://cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf)

We maintain an ongoing responsibility to act on behalf of the safety and security of the parents and children we serve. Many families have extensive trauma histories and experience continuing risks associated with their



**We screen for Intimate Partner Violence and Safety on an ongoing basis, to make an often silenced and secret issue known and to encourage parents to share these experiences with us when they are ready to do so. We want to communicate that we are aware of the prevalence and complexity of IPV issues, and that we're here to help without judgement, if and when a family wants to talk or access resources."**

– CLINICIAN

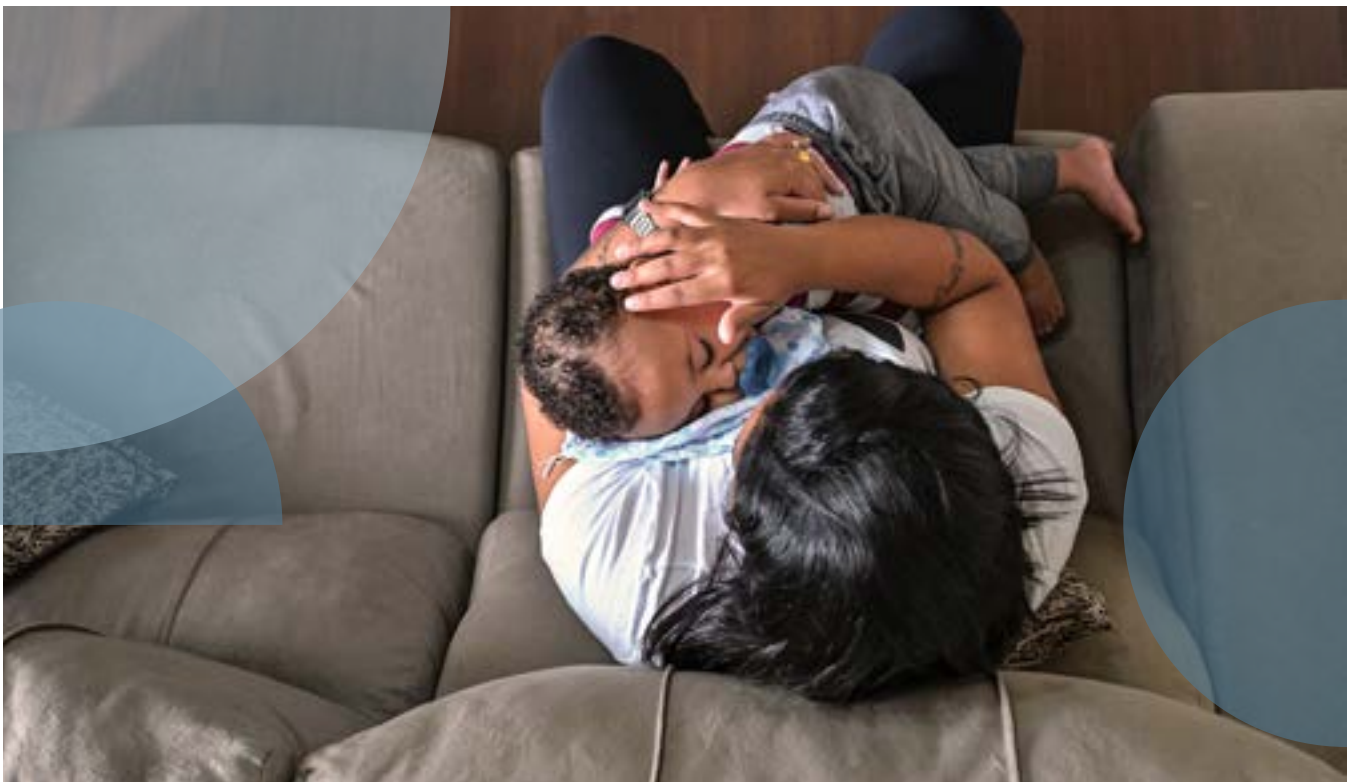
recent or current substance use. Risks can also come from their living environment, employment or familiar or intimate relationships. We recognize some families are also impacted by violence or political divisiveness within their home countries and that there is often trauma associated with immigration into the United States. These are all important factors to hold in mind when supporting families, particularly those who may be experiencing intimate partner violence (IPV).

This **Healthier Pregnancy Provider Fact Sheet on Intimate Partner Violence Screening** from the Agency for Healthcare Research and Quality contains more information on best screening and intervention practices

[ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/healthier-pregnancy/documents/intimate-partner-violence-provider-fact-sheet.pdf](https://ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/healthier-pregnancy/documents/intimate-partner-violence-provider-fact-sheet.pdf)

Participants may experience IPV in many forms. We understand IPV as a continuum of risk and harm, ranging from verbal abuse, such as shaming or threats, to physical abuse. **Coercive control**<sup>6</sup> may include behaviors that seek to control aspects of participants' lives, such as finances or access to education or employment; social, emotional and recovery supports; medical care or medication; reproductive care and choice; transportation; safe housing, ability to see or care for their children, etc. We encourage our sites to screen for these issues and to revisit concerns as needed. (For more information and resources on IPV, please visit chapter 2 on [page 156](#).)

**Coercive control** is a strategic form of ongoing oppression and terrorism used to instill fear. The abuser will use tactics, such as limiting access to money or monitoring communications, to exert control.





# Tobacco Cessation

Continued tobacco use can impact not only the health of a participant and their family members but may also affect their ability to sustain their recovery.

“Recovery rates are enhanced by not smoking and the continued use of nicotine may be a factor in alcohol relapse and other drug use.”<sup>77</sup> Janet Smeltz, M.Ed., LADC-I, former Director of Tobacco Education and Treatment Programs, Institute for Health and Recovery describes tobacco use as a “pilot light” that can keep the pathways for addiction primed.

Additional recommended smoking cessation resources include:

**A Practical Guide to Help Your Patients Quit Using Tobacco** from the CDC:

[cdc.gov/tobacco/patient-care/pdfs/hcp-conversation-guide.pdf](https://cdc.gov/tobacco/patient-care/pdfs/hcp-conversation-guide.pdf)

**Getting Started with Tobacco Awareness Groups** from the Massachusetts Department of Public Health:

[massclearinghouse.ehs.state.ma.us/PROG-BSAS-YTH/SA5824.html](https://massclearinghouse.ehs.state.ma.us/PROG-BSAS-YTH/SA5824.html)

We regularly assess participants’ tobacco use as part of their overall health and wellness. Screening includes evaluating a parent’s tobacco use and their desire and readiness for change. If they are interested, we offer educational materials to encourage harm reduction or abstinence. If a participant is eager and motivated to change their smoking habits, we provide direct smoking cessation services or education or refer them to an outside intervention program.

“

I didn't know quitting smoking could help my recovery. **My FRSS provided resources and supported me when I decided it was time to quit.** It felt nice having her cheer me on. Quitting was hard but I'm now smoke-free, I want to set a good example for my children.”

– PARTICIPANT





# Ongoing Engagement

Once the program participant has engaged with our services, the intake and initial data collection has been completed, and relevant screeners have been conducted, we shift into ongoing service provision.

For all families, ongoing engagement includes weekly home, community, or virtual visits with a Family Recovery Support Specialist. For parents who want additional support, they can access individual clinical counseling, as well as groups. Our program offers care coordination, which includes collaborating with other service providers, to advocate for the family's wellbeing and to make sure there are no duplicative services, and that families' service needs are being met. We also help with concrete resources to ensure parents' and children's basic needs are met.

Thinking about a participant's flow through services in goal setting provides mile markers to guide the work with families. This practice also supports the parent's progress and builds their skills and confidence. Having smaller action steps as guides towards longer-term goals gives both staff and participants a structure for the work and a sense of accomplishment.

In the ongoing engagement period, our program's service delivery model shifts to more routinely planned visits. The following chapters will explore each aspect of these services, including conducting home visits, planning and running groups, and building and sustaining community connections.



I was overwhelmed by all the different services we had in the beginning. **My FRSS worked with my other providers to make sure our needs were met, and we had the right supports. Knowing she'll be with us every week as long as we need her has helped relieve my stress."**

– PARTICIPANT

# 2.1

## Key Takeaways

**ENGAGEMENT IS A PROCESS:** Engaging new participants often requires time, multiple forms of outreach and persistent follow up.

**COMMUNICATE EXPECTATIONS:** During intake, staff should review the services offered by the program, the mandated reporting requirements, and the commitment required by participants, while explaining the unique services we provide.

**CONDUCT SCREENINGS:** A variety of screenings and assessments conducted over the first few months of engagement, and then repeated as needed, provide useful information on which to base family services and participant's goals.

# 2.1

## Tools





## FIRST Steps Together Service Agreement



### What is FIRST Steps Together?

FIRST Steps Together is a home visiting program that provides peer coaching and parenting support to parents on their recovery journey. Each family is matched with a Family Recovery Support Specialist who is a person in recovery with specialized training. They will walk alongside you on both your recovery and parenting journey.

### Services provided to you and your family

- **Home, Community, or Virtual Visits:** regular meetings with a Family Recovery Support Specialist as well as clinical services if needed to support you on your parenting and recovery journeys.
- **Group Connections:** opportunities to connect with other parents in recovery to share experiences, offer each other support and build your recovery community.
- **Resource Support:** connections to day-to-day parenting items (diapers, wipes, etc.) and other resources in the community to help meet and maintain your family's specific needs.
- **Advocacy:** guidance and support working with care systems and building relationships with other service providers.

### What can you expect?

First, we will meet with you to learn about your family's needs and how best to support you. Your goals for recovery, parenting, and for your family as a whole will guide our work together. You will help set a visit schedule for us to meet at your home, in the community, or virtually, at a day and time that works for your schedule.

- **Your involvement and participation** with our program are voluntary.
- **You will work with your FIRST Steps Together team** to plan for what you need to meet your goals.
- **You will have the opportunity to create a Recovery Portfolio**, including a Family Care Plan (Plan of Safe Care).
- **You can participate in groups** to connect with other parents in recovery, to share experiences, explore learning topics, and build community.
- **We will explore other services and resources** available to you to support your parenting and recovery journeys.
- **You will have the opportunity to meet with a therapist** who works in our program or receive referrals to outside mental health supports.
- **We will support you to better understand** your child's development and any needs they may have.

### What will we ask of you?

- **Be present** for and participate actively in all scheduled visits.
- **Not be under the influence** of any substances during our visits.
- **If you need to cancel or reschedule a visit, give at least 24 hours notice** when possible and we will do our best to accommodate rescheduling in a timely manner. In the event that we need to cancel or reschedule, we also will try to give at least 24 hours of notice when possible.



## FIRST Steps Together Service Agreement *continued*

- **Be open to sharing your experience** as a parent and reflecting on your relationship with your child.
- **Share your thoughts, challenges, and successes** with recovery.

### Record keeping

- **During your participation in FIRST Steps Together, routine information will be collected, kept confidential and stored in a secure location.** This includes family background information, health related information, referrals, client notes, information shared from other services providers with your permission, and information about the services we provide to you and your family. Collecting this information helps us better serve all families and ensures we receive funding for the program.

### Confidentiality

FIRST Steps Together will not release confidential information outside of the program without your written permission, with the following exceptions as required by law:

- To protect you or others from serious harm. For example, we are mandated to report if a family member plans to harm him or herself, if a family member plans to harm another person, or if there are concerns about abuse or neglect of a child or other vulnerable person.
- If we receive a court order telling us to do so.

When possible, we will work collaboratively with you when responding to these situations. You will always be informed about what information has been released.

### The Limits of Our Services

Family Recovery Support Specialists are not psychologists or medical professionals. We cannot diagnose any health or medical condition, but we do have therapists who can provide you with additional support if needed. We can also complete referrals to help connect you to qualified professionals for mental and physical health care for yourself or your child.

If you have any questions, you can contact your Family Recovery Support Specialist or the Program Supervisor.

**I have read and understand the above. I agree to participate in FIRST Steps Together services. By signing this form, I understand that at any time, I can let my Family Recovery Support Specialist, or the Program Supervisor know verbally or in writing that I no longer want to participate in the program.**

_____ Printed name of enrolled participant	_____ Signature of enrolled participant	_____ Date
_____ Printed name of FIRST Steps Together staff member	_____ Signature of FIRST Steps Together staff member	_____ Date



## 2.1

# Endnotes

- 1 The California Evidence-Based Clearinghouse for Child Welfare. (2015). *CEBC » Assessment Tool » Ages And Stages Questionnaire*. [cebc4cw.org/assessment-tool/ages-and-stages-questionnaire/#:%7E:text=ASQ%2D3%20screens%20and%20assesses,depth%20evaluation%20for%20developmental%20delays](https://cebc4cw.org/assessment-tool/ages-and-stages-questionnaire/#:%7E:text=ASQ%2D3%20screens%20and%20assesses,depth%20evaluation%20for%20developmental%20delays)
- 2 Massachusetts Early Childhood Comprehensive Systems State Impact Team. (2018). *MECCS Racial Equity Planning Highlights from the Literature*. Early Childhood Comprehensive Systems Project.
- 3 Massachusetts Early Childhood Comprehensive Systems State Impact Team. (2018). *MECCS Racial Equity Planning Highlights from the Literature*. Early Childhood Comprehensive Systems Project.
- 4 Massachusetts Early Childhood Comprehensive Systems State Impact Team. (2018). *MECCS Racial Equity Planning Highlights from the Literature*. Early Childhood Comprehensive Systems Project.
- 5 Design Options for Home Visiting Evaluation. (2011, October). *LIFE SKILLS PROGRESSION BRIEF: Information and Guidelines for Use in Meeting MIECHV Benchmarks*. [mdrc.org/sites/default/files/img/LSP\\_Brief.pdf](https://mdrc.org/sites/default/files/img/LSP_Brief.pdf)
- 6 Lamothe, C. (2019, October 10). *How to Recognize Coercive Control*. Healthline. [healthline.com/health/coercive-control#getting-out](https://healthline.com/health/coercive-control#getting-out)
- 7 MA Department of Public Health Bureau of Substance Addiction Services. (2020, August). *Getting Started with Tobacco Awareness Groups* (No. SA5824). [files.hria.org/files/SA5824.pdf](https://files.hria.org/files/SA5824.pdf)



# 2.2

## Home Visiting

“Home visiting allows us to meet families exactly where they are at, but we don't leave them there. By removing obstacles to services, like lack of transportation and childcare, we help participants clear their own path towards the life they desire. **We are right there walking beside them, holding hope, and shining a light on the road ahead,** taking those first steps, together.”

— FAMILY RECOVERY TRAINING SPECIALIST



# Summary

Providing services in the home setting allows families to receive uniquely tailored parenting and recovery supports they might not otherwise be able to access.

In this chapter we explore how to plan, prepare for and conduct home visits. This includes visit planning, goal setting, establishing routine, responding to parents’ needs, and following up after visits. We offer a framework for how to balance providing structure during a visit while maintaining flexibility to meet parents where they are at.

We understand that home visiting can pose difficulties that office-based services may not, and we explore ways to reduce those risks, including safety planning with participants. We also talk about the importance of allowing time for regular self-care and wellness practices for all staff members.

## INSIDE

[Before the Visit](#)

[During the Visit](#)

[After the Visit](#)

[Visit Documentation](#)



## Benefits of Home Visiting

Home visiting programs have demonstrated short- and long-term impacts on the health, safety, and school-readiness of children; maternal health; and family stability and financial security.<sup>1</sup>

Many parents, particularly those working towards recovery from substance use, may be balancing numerous responsibilities related to their parenting, recovery, the expectations of multiple service providers, and ensuring their families' concrete needs are met. Home visiting removes barriers to accessing services and provides flexibility for the busy schedules of parents in early recovery.

One former FRSS describes it this way,

*"It is really hard for parents to pack kids up and get on a bus with a clunky stroller and crying baby to trek across town to make it on time to an appointment to discuss challenges they are facing as a parent in recovery. By coming to them and meeting at their home or in their community, we can schedule around their parenting and recovery needs, such as Twelve Steps meetings, trips to the clinic, naptime, or feedings. By doing this, we can reduce their anxiety and help them feel better understood. In this way, people may feel safer and more comfortable opening up about their life challenges and successes and can work on meaningful steps towards achieving their goals."*

# Before the Visit

Allowing time for visit preparation benefits both parents and providers by dedicating time in each visit for parenting, recovery, care coordination, and any urgent needs.

Visit planning is an essential component of our work. It allows us to show up for home visits with a solid understanding of the priorities for that day, remembering any follow-up from the week prior, and checking in about the three program areas of focus: parenting, recovery, and care coordination. Visit planning also helps ensure that we have with us whatever resources or materials are needed for parent-child activities or support with concrete needs. We encourage staff to spend at least one hour preparing for each visit, which may include reviewing previous notes, gathering resources, connecting with other service providers, or preparing an activity for a home visit. We also connect with our Supervisor, a Clinician and/or the larger team to identify the ways we can be most supportive in helping each family reach their goals. All of these pieces inform the visit plan. Each plan should specify how we will support the parent in reaching their goals and meeting their concrete needs by:

- Working on the [Strengthening Families](#) Protective Factors on [page 37](#)
- Completing sections of [FIRST STEPS: My Family Portfolio](#) on [page 262](#)
- Sharing recovery resources or activities
- Sharing parenting resources or activities
- Bringing items, resources, or applications to help meet concrete needs
- Discussing follow-up and next steps from collaboration with other care providers

A former FRSS shared,

*“When I am planning for a visit, I will look back at my previous visit notes as well as the participant’s goals to think about how to prepare and what to bring with me. For example, if one of their goals is to start taking steps towards going back to school, I will think about resources I can bring to help with that, like information about local GED or other continuing education programs.”*



It is essential to pre-plan for each visit to **make sure you are engaging with the family as a whole.** That could mean bringing age-appropriate activities to encourage parent and child interaction, resources or supplies to meet concrete needs, a recovery portfolio binder, birth plan, or other wellness materials to work through.”

– FAMILY RECOVERY  
TRAINING SPECIALIST

While this work requires flexibility, we know that both families and staff members benefit when in-home visits follow a loose structure for each visit. Establishing this routine:

- Provides a sense of predictability for both the parent and provider; knowing what to expect at each visit creates a safe space.
- Helps ensure that our primary areas of focus: recovery, parenting and care coordination, are addressed at each visit.
- Allows us to model skills, including organization, planning, consistency, routine and relationship building.

**While we arrive with a thoughtful plan for each visit, we follow the parents' lead in prioritizing their needs and concerns.** Our staff bring unique lived experience and specialized training that can help participants along their parenting and recovery paths, but we defer to parents to be the experts in their own lives and needs. This means that we support parents' self-determination and follow their lead during home visits. If what we have come prepared to focus on for that visit is not their priority for that day, we need to be able to pause and meet them where they are. This may mean focusing on something else entirely for that visit, or taking the time to listen, hold space for them, offer support, and then shift back to what we had prepared. Visit planning is important because we know that parents may be overwhelmed with day-to-day needs and responsibilities, and they may need support keeping in mind their longer-term goals and breaking them down into actionable steps. While our work requires flexibility and responsiveness to urgent needs, it is also important to help parents continue moving towards their goals in the areas of parenting, recovery and care coordination.

For example, a home visitor may come to a meeting with a plan to fill out housing applications, but then notices that the participant's toddler is bouncing off the walls, causing the parent to feel overwhelmed, stressed, and distracted. They may decide to set aside the initial activity they had planned and do a parent-child activity like coloring together to promote coregulation and help calm both the child and the parent. Once everyone is feeling ready, they can move into what they have planned for the rest of the visit.

In this way, we are constantly balancing the immediate and longer-term needs of families, making sure that our visit plans allow for both a structure that promotes progress and affords the family flexibility.



**Home Visit Planning Tool**

Go to [page 175](#)



## Self-Care

Self-care before and after each visit helps us to maintain our composure and self-awareness and readies us to focus our attention on the families' needs.

As one Supervisor shared "We are the keepers of these families' stories." That is a huge responsibility. While we often get to celebrate parents' growth and accomplishments, we are also often hearing and holding stories and experiences that can be incredibly sad and frustrating, such as: the removal of a child, even though we felt like dad was doing everything "right"; a mom who has a recurrence of use after months of hard work; an inability to find someone safe housing; or a dad who is choosing to stay with an abusive partner. These are some of the experiences we witness and help parents hold. That is why practicing self-care and taking a proactive approach to preventing burnout and compassion fatigue is so important for those that do this work. We need to "fill our own cups" in order to be able to be of service to others. If we are burned out, we cannot provide effective services and our work force cannot be sustained.

Self-regulation and self-care practices look different for each of us. For some, this may be as simple as a breathing exercise or making time for a coffee before a home visit. For others, they may have a ritual, such as listening to a favorite song or practicing a short meditation.

One staff member shared: *"I use the Insight Timer App because it is free and there are a lot of one minute meditations I can search for."* There are many similar programs that staff have used and recommend to families.





# Safety Considerations

Many safety concerns for home visitors can be minimized through careful planning, screening and awareness.

The majority of home visits are safe. But proactive planning for safety helps staff members to feel confident and prepared for the variety of situations that could arise during home or community-based visits. Safety is something that all home visitors need to think about, and ones own safety should be their number one priority.

When we initially connect with a family, we have conversations with the participant prior to a first visit, using questions like those found in the Home Safety Assessment Tool, to help determine the best place to meet. We might plan to meet in their home, in the community, or virtually. If an unexpected guest, difficult family dynamics, active substance use or other situations prevent a pair from meeting in the home, we recommend working together to find an alternative meeting space that is comfortable for the parent and provider. The location or mode of visits may also change over time. It is important to check in with participants regularly to make sure that the meeting location continues to feel comfortable for them.

Regardless of where the visit takes place, our goal is to create a space that is safe, comfortable, and accessible for everyone. We have included a full list of tips and a safety assessment tool at the end of this chapter, but a few things we always recommend to staff are to:

1. **Be mindful of where you are sitting.** Notice where the doors and exits are. Sit so that your back is not to a door and the exits are accessible.
2. **Consider what you will wear and bring to the visit.** Wear comfortable shoes and only bring what you need for the visit.
3. **Trust your instincts.** If your gut tells you something feels uncomfortable or unsafe: end the visit, call your Supervisor, or take other action as needed.

Just as staff are encouraged to consider their own safety and boundaries in the home visiting environment, we also keep in mind the comfort and safety of participants. In addition to safety planning, we support and respect participants' boundaries. A few things we do as guests in the home include:

- **Show respect for the participant's home and culture.** Consider their norms around things like taking off shoes in the house and offering food or drinks. Prepare ahead of time, for example by bringing your own drink so that you can politely decline without offending your host.
- **Look for the good in participants' homes.** We use a strengths-based



lens in viewing their space. For example, a pile of dirty dishes on the counter may mean that this family has been cooking for themselves and enjoying meals together. Lots of toys on the floor may mean this is a child-friendly home where exploration and play are embraced.

We encourage all home visiting staff, regardless of the specific population they serve, to review the Safety Tips for Visiting with a Family Tool.



**Safety Tips for Visiting with a Family Tool**  
Go to [page 176](#)

We also encourage all staff to utilize the Home Visit Safety Assessment Tool.



**Home Visit Safety Assessment Tool**  
Go to [page 178](#)

Visit planning also includes safety planning with your Supervisor. This includes thinking ahead for how you will check in and out from visits, knowing who is available for supervisory support and the best way to reach them, and making sure you have your phone charged and with you at all times. These practices create a routine that adds a layer of reassurance and safety to home visits.

One former FRSS shared this practice she used:

*“I would have a code word with my Supervisor. If there was some kind of issue or emergency that I didn’t feel comfortable managing I would text my Supervisor the word we had agreed on beforehand. My Supervisor would then call and say that they needed me to come to the office right away. This gave me an out if the visit was too much for me to handle on my own.”*

**Intimate Partner Violence (IPV)**

Providing support to participants who have experienced coercive controlling and abusive relationships is an important part of our work with families.

We are mindful of the potential of IPV within the families we serve. Initial assessments or screening tools for safety or IPV can help identify families for whom additional safety planning and support is needed.



*“Among people with SUDs, researchers have consistently found high rates of both current and lifetime IPV. Similarly, studies have also shown that victims of IPV are more likely to have a SUD, compared to those who have not experienced IPV.”<sup>2</sup>*

Partners who use control may:

- Limit their partners' access to recovery resources;
- Prevent them from attending support groups or meetings;
- Hide or use their medication;
- Force them to use substances against their will;
- Control their finances and access to healthcare;
- Threaten or take action towards making false reports of substance use; neglect or abuse to Child Welfare Services; and
- Engage in other controlling and abusive practices that interfere with recovery.

In relationships where power and control are present, individuals may feel uncomfortable, ashamed or may not recognize or share these issues.

Issues can slowly escalate as relationships become more tense and confusing, with some good or less harmful times that are followed by more hurtful and potentially dangerous experiences. Abused partners may not even see the pattern.<sup>3</sup>

There are many tools to help explore unhealthy or abusive patterns within families, such as the **Duluth Power and Control Wheel**. While this tool uses language oriented towards female victims of emotional, physical, and sexual abuse, this guidance is for all parents regardless of their gender identity or sexual orientation.

 [theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf](https://theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf)

Participants are less likely to share about IPV during the initial engagement phase, before establishing trust within the relationship. However, asking is still important, as it shows an understanding of the importance of this issue and sets the expectation that thinking about safety will be part of our work together. Screening for safety also opens the door for future conversations, even if a family may not initially be ready to share their concerns. In addition to the use of formal safety assessments and screening tools, a home visitor may find they are also using their own intuition and observation of red flags, which include:

- Extra attention to calls and texts
- Intense concern about money/receipts



**IPV thrives in a culture of silence. As organizations, we should be screening for IPV; but more than that, we need to be prepared in advance for if a need arises. Having tools and resources readily available helps us be better equipped to respond in a timely manner to support the families we work with.”**

– CLINICIAN

- Difficulty seeing the home visitor alone or communicating directly with a provider
- Change in style of dress, including wearing seasonally inappropriate clothing
- A home visitor learning of, or witnessing, a participant being berated or inappropriately teased by their partner
- Cancelled appointments or frequent requests for schedule changes
- Reluctance to have people over or to receive in-home services
- Damage to home/furniture/walls
- Lack of access to assistive devices (such as a cane or walker) that are necessary for a participant to reach or use
- Participant's family or friends do not like their partner
- Participant makes excuses for their partner or their behavior
- Depression, feelings of low self-esteem
- Cuts, bruises, or other injuries with vague explanations
- Ongoing symptoms, such as stomach pain, headaches
- Delays in seeking medical care
- Self-harming behaviors (including cutting and disordered eating)
- Changes in substance use/misuse
- Isolation or unhealthy social withdrawal
- Expressions of suicidal thoughts or feelings<sup>4</sup>



**Many of the recommendations for home visitors working with families experiencing intimate partner violence should be followed as best practice with all families.**

Here are some resources for more information on Intimate Partner Violence.

**The National Domestic Violence Hotline** is a good website for general information about domestic abuse.

[thehotline.org](https://thehotline.org)

We also recommend the Learn More section of the **National Coalition Against Domestic Violence**.

[ncadv.org/learn-more](https://ncadv.org/learn-more)

## Privacy and Confidentiality of Services

Visiting families in their homes and community settings can present challenges with maintaining participant privacy and confidentiality.

Some participants want to keep their involvement in the program private, particularly those who have friends or family who may be unaware of their substance use history. We consider the various ways we can protect participants' privacy in advance of being in a situation that may jeopardize their confidentiality. For example, it is important to know participants' preferred phone numbers and whether or not we can text or leave a voice message. We also specifically ask whether we can share our role or agency affiliation, or whether it is better to just leave a first name and number.

We encourage visits outside of the home if participants are not comfortable sharing openly while others in their household are within earshot, or if there is a risk to the family's safety or other violence within the home. When choosing public meeting places, we look for spaces that can provide both privacy and an environment that is child friendly. Some spaces, such as public libraries, may offer child-appropriate activities, baby friendly restrooms, and space for strollers. However, we are also aware that staff and participants cannot control all potential situations, particularly when in public spaces. For example, in a public meeting space, a parent may encounter a person or situation that makes them feel unsafe or uncomfortable and the First Steps Together staff member will need to think on their feet to support the participant. Whenever possible, it is helpful to plan for these scenarios.

Parents and their providers should discuss in advance how participants would like staff to respond if they run into each other in public or if someone else approaches the pair while they are meeting. These conversations may include discussing whether and how they would introduce themselves in a public space, or if the participant would prefer the provider to redirect the conversation or otherwise decline to answer.

(For more information about privacy and confidentiality practices, view the section in [1.2 Preparing the Organization](#) on [page 44](#).)



# During the Visit

This is the time when we get to sit with our participants, find common ground through lived experience, celebrate successes, and work through challenges.

We encourage our staff to approach each visit with flexibility and an ear towards the parents’ urgent concerns. During the visit, we model for program participants the skills we seek to build around parenting, recovery and meeting concrete needs. Even during those visits when a participant is upset or distracted, their child needs their attention, or an immediate crisis takes precedence over the planned meeting, we can still respond thoughtfully. In this way, we strengthen our connection with the families we serve and help build their own reflective function simply by showing up and offering a consistent, calm, patient, flexible, and non-judgmental presence.

We use the guidance and tools from the [FIRST STEPS: My Family Portfolio](#) on [page 262](#) during meetings as a good way to get to know participants, especially during the first few visits. Creating plans together gives direction to the work, eases the process of goal setting, and offers providers insight into what matters most to the family. This knowledge can also help inform collaborations with outside service providers, as we can use these plans to prioritize urgent needs and elevate strengths specific to each family’s parenting, recovery, and concrete needs.





During visit planning, parents and providers can decide together which plan to start with. This is a step-by-step process that happens collaboratively and is broken down into manageable pieces for the family. Sometimes creating these plans can bring up big feelings for both home visitors and the families they serve. We encourage staff to make sure they take time to not only regulate themselves, but also to hold space for families as they walk through this process.

Below are a few examples of the plans included in the [FIRST STEPS: My Family Portfolio](#) on [page 262](#) and how we would talk about them with parents:

- A Wellness Plan or **Wellness Vision** helps you think through activities and practices that can help you stay or become healthy. This can include physical exercise, daily reading, making time for a hobby or craft, getting enough sleep, taking your medication as prescribed, or simply taking a shower, eating breakfast, or making your bed in the morning. Wellness plans can be whatever you want them to be. This is a space to prioritize what is important to you.
- A **Family Care Plan (Plan of Safe Care)** helps you access needed services and will increase coordination between providers and your family, especially if there is a potential for a filing with Child Welfare Services.
- The **Child Safety Plan** was created to help you plan for how you can keep your children safe in the event of a health emergency, relapse, or other family crisis. This plan includes alternative care instructions and your preferences for who your children should be placed with, if you are not able to care for them.
- **Goal Setting and Vision Boards** take a vision or goal for the future and help break it into smaller, more manageable steps. You can complete these for yourself or together as a family. Being able to picture your destination and mapping out the path forward, is a powerful tool for achieving your goals.

Section [FIRST STEPS: My Family Portfolio Provider Guide](#) on [page 238](#) further explores how you can best use the [FIRST STEPS: My Family Portfolio](#) on [page 262](#) to support participants, coordinate care, and advocate for the families you work with.



## Open-Ended Questions

We use open-ended questions to encourage parents to lead the conversation with what feels most important to them.


To begin the visit, we **start by asking an open-ended question to check in** with the parent about how they're doing currently and how their week has been. This allows the parent a space to share any pressing issues, questions

or concerns, and gives the provider an idea of whether they will be able to follow the visit plan or if they need to shift the plan to respond to the parent's needs on that day. We also **use a mid-point question to ensure we are meeting the participant's needs** for that visit. This creates space for the parent to change topics if they feel we haven't gotten to what they wanted to discuss that day. Lastly, we close with an open-ended question to provide time for closure, reflection and planning follow-up or next steps. This allows time to take what we have explored in the home visit and think about action steps that either the parent or the home visitor can take to help support parenting, recovery, or any other family needs. In this way, we can support families in moving towards their goals, problem solving any challenges, and following up by providing resources, concrete needs and care coordination.

This approach is modelled after the FAN (Facilitating Attuned Interactions) visit format, with open-ended questions such as:

- **An opening question:** How has this week been for you as a parent? How has it been in terms of your recovery?
- **A mid-point question:** Are we getting to what you wanted to talk about today? If not yet, what should we prioritize during our remaining time together?
- **A closing question:** What are your goals for this week? What steps will you take to bring you closer to those goals? Is there follow-up that I (the staff member) can complete to support those goals? As I leave today, what are you taking with you from our time together?

FAN (Facilitating Attuned Interactions) is a conceptual model and practical tool for building relationships and reflective practice. Developed in 2005 by the **Erikson Institute** as an approach to working with parents of fussy babies, FAN is a meta-framework that is not model specific and is generalizable to the helping relationship in many settings. FAN is based on the concept of attunement; that is, feeling connected and understood creates the space to learn and to try new ways of relating.

 [erikson.edu/academics/professional-development/district-infancy-programs/facilitating-attuned-interactions](https://erikson.edu/academics/professional-development/district-infancy-programs/facilitating-attuned-interactions)

This structure allows staff and families to manage their expectations for the visit and increases the likelihood that the pair will make time for the most important issues, even if there are pressing needs, interruptions, or other unexpected changes to the visit plan.

The following tool provides examples of questions to ask around recovery, parenting, and care coordination.



#### Open-Ended Questions for Home Visits Tool

Go to [page 180](#)

## Goal Setting

At the beginning of our relationship with participants, we help them to identify the goals they want to work towards. These goals guide our work together.

FIRST Steps Together takes a person-centered and strength-based approach in all our work, but particularly when working with a family to determine their own goals for our work together. We believe that individual goals should be identified by the participant, based on their own needs and hopes for their future. As a program, we embrace all paths of recovery and harm reduction, and therefore each participant's recovery goals will be unique to their preferences and practices. Participants' goals typically fall into the three areas of program focus: parenting, recovery, and care coordination. This includes collaboration and advocacy efforts with other service providers, as well as aiding families in meeting their concrete needs. Staff then work with participants to break each of their goals into smaller, more actionable steps, which ultimately lead to bigger changes. This practice supports participants in meeting their goals and recognizing and celebrating the progress they make along the way.

One site shared: "Recently a client wanted to get her driver's license. Her first week's goal was to get the manual that explains what is needed to obtain the license. The next goal was to get all the required paperwork together. After that, the goal was to submit the paperwork to the Department of Motor Vehicles (DMV) in order to set up an appointment. After completing all of these smaller steps, our client was able to obtain her license!" **We support participants' self-determination as they navigate the process of setting and working toward their goals. This allows them to take initiative and appreciate the consistent progress they are making.**

(Visit the My Goals worksheet on [page FP14](#) of the [FIRST STEPS: My Family Portfolio](#) for a Goal Mapping worksheet.)



# Strengthening Recovery

We spend time at each visit checking in about the participant’s recovery journey and needs and building skills to strengthen their recovery capital.

Participant’s recovery needs vary depending on their individual circumstances. Each visit we make sure to check in about a parent’s recovery successes and challenges. Some weeks, a parent may feel strong and confident in their recovery and support system, while other weeks they may feel triggered or challenged or at risk for recurrence of use/ relapse. A parent may share their fears around maintaining recovery during stressful times, such as when they are emotionally, physically or mentally strained or have had an upsetting experience. If they are near, or have already experienced, a recurrence of use, it may be hard for parents to share what they are walking through, due to shame, stigma, or feelings of failure around the challenges of being a parent in recovery. Once becoming a parent, they may feel isolated from their previous recovery supports. Parents may seek guidance in finding new supports such as Twelve Steps programs, medication changes, or new or additional care providers.

For example, a parent may have been consistently going to SMART Recovery meetings for the past four years, but then after having a baby, they don’t have childcare and cannot attend the meetings with their baby in tow. A FRSS can help this parent explore other options to meet their recovery needs, such as parent-friendly meetings or virtual groups.

Some of the recovery work that takes place during home visits also includes working through plans from the [FIRST STEPS: My Family Portfolio](#) on [page 262](#), including the Wellness Vision and Recovery Maintenance Plan. This work also includes identifying support groups; exploring medication options for substance use disorders; and sharing our lived experience.

# Strengthening Parenting

We build parenting capital by exploring parents’ questions and concerns, supporting protective factors and working to strengthen the parent-child bond.

Some home visits may include discussions of recent parenting challenges or successes, like difficulties with feeding, sleeping, or challenging behaviors that the parent wants help thinking through. Parents may also share times where they felt excited for or connected to their child, for example reaching a new milestone, or sharing a sweet bedtime moment. Parents may also reflect on their own parenting, something they feel they did well or wish they had done differently. This is also true for parents who do not



**I try to find the strength in their story. Especially if they have had a relapse and feel like they don't have hope. I bring them back to a time when they were in recovery, we remember what worked then, and we come up with a plan. Even if it is just one thing that gives them hope, it's enough. Sometimes it is just sitting and listening to them. I make it clear I am not a sponsor, but I am a safe space.”**

– FAMILY RECOVERY  
TRAINING SPECIALIST

maintain custody of their children and may have Family Time ([page 234](#)) or otherwise limited parenting time contact. Some visits may include pre-planned parent-child activities, such as sharing a sensory activity, a book, a song, or exploring a new playground. Parents may also ask for home visitors to be present if they want to try a new way of caring for or responding to their child, for example, a new way to swaddle or soothe, or to respond to a challenging behavior.

A parent may share questions or concerns around their child's behavior, development, or health. They may also describe issues related to their family dynamics or other co-parenting or relationship issues. They may be figuring out their identity as a new parent, parenting without a model or reflecting on their own experience of their childhood. New parents may struggle with perinatal emotional complications or doubt their parenting abilities. There are many issues and questions related to parenting that program participants may raise in home visits, and we do our best to be supportive and responsive to whatever concerns parents may bring.

Sometimes parents may express anxiety or concerns around their child's development. For these families, we can provide ongoing support by using and making sense of developmental screening tools (such as ASQ and ASQ-SE), offering education and resources related to child development and behavioral challenges, or by attending collaborative meetings with Early Intervention, pediatricians, or other specialty clinics or providers. Parents may also ask for assistance with their child's short-term developmental challenges, including those related to sleep, feeding, soothing, a minor illness, separation anxiety, challenging toddler behaviors or learning to navigate a new routine or milestone.

Often, for parents working towards recovery from substance use challenges, early parenting can be particularly challenging. Due to the impact of substance use on the brain's reward system, parents in early recovery may not naturally experience small moments of joy that may carry over new parents through the exhaustion of the early parenting stages. Some parents in recovery may also have experienced lots of blame and shame related to their substance use during pregnancy or in parenting. We work with parents to understand their baby or child's behavior as a mode of communication, rather than a complaint to be taken personally.

For example, one FRSS shared,

*"I had a young mother I was working with who was convinced that her baby hated her because he cried all the time. I was able to teach her about behavior as communication and that his crying might be a signal that he was hungry, needed to be changed, or was overstimulated. We practiced new soothing techniques together and explored how to recognize when her son needed a break from interacting. She*





*was relieved to learn that her baby didn't hate her, and her son began to cry less when his mom was better able to recognize his needs."*

Another important part of our work is supporting parents who may feel guilt or shame around their substance use and whether that has impacted their child's development. We help parents work through these feelings, holding space for them and responding in a compassionate and strengths-based way. Many of our staff members are parents in recovery ourselves and have grappled with these same questions and feelings. Our ability to empathize about this shared experience can be a powerful support for the parents we work with.

One parent shared,

*"I remember soon after I had my son he had some sensory processing issues – he didn't like loud noises, was sensitive to textures and had issues around certain foods. I thought that it might be my fault because I was on Methadone during pregnancy. I was really nervous to bring this up with my pediatrician because of the shame I was feeling so I brought it to my FRSS instead. She helped me see that it was not my fault, connected me with Early Intervention and taught me tips and tricks to calm my child when he was overstimulated."*

# Strengthening Care Coordination and Meeting Concrete Needs

Care coordination benefits families by assisting them in accessing resources, meeting basic needs, and connecting with partner services.

Parents may seek information about their rights around certain benefits or government programs, their rights as people in recovery, and their rights around educational services, such as Early Intervention. Families will need support in areas where FIRST Steps Together may not be experts, but can play a vital role in connecting parents to the providers in their community who are. Sometimes parents bring up concerns about other services or providers; difficult interactions with Child Welfare, an upsetting comment from a healthcare provider or worries around preparing for an upcoming court date. In all these ways, care coordination benefits the families we serve, by providing resources, meeting concrete needs, facilitating referrals, and streamlining services.

Regardless of a parent's needs or concerns, staff members explore not only the issue itself but also the parent's experience. We take the time to discuss the underlying feelings and fears, potential outcomes, and possible solutions. Home visitors are encouraged to notice what the parent is experiencing in any given moment. They could be overwhelmed with



feelings, in a space to problem solve, able to plan ahead, or simply in need of a break and time to breathe. Depending on how a parent is feeling and what space they are in, their ability to make decisions, take action, or be reflective may differ. When parents are ready to take action, we can help by sharing resources, making phone calls with them, assisting in planning and prioritizing, setting goals and timelines, and providing support through every step of the process.

When families are not able to meet their basic needs, it is unlikely they will be able to focus on anything else, like their recovery or parenting goals. Basic needs may include food, health and sanitary products, or baby items such as formula, baby food, and diapers. Basic needs also include housing, financial resources, access to medical care, assistance with past-due rent or other housing instability, accessing transportation, appropriate child-care, employment, legal representation, or resolving a lapse in health insurance or other benefits (SNAP, WIC, childcare vouchers, etc.). We understand the importance of meeting concrete needs, accessing benefits and helping parents navigate these often-challenging systems with a sense of dignity and growing self-determination.

# Celebrating Progress and Looking Ahead

Recognizing and celebrating parents’ progress builds confidence and encourages their ongoing efforts as we support families in working towards their goals for the future.

We help participants recognize their own progress and successes, by reflecting together on where they were when they first came into our program and the skills and connections they have built while working with us. Staff assist program participants in identifying their areas of need and thinking about what “progress” would look like in each of those areas. We suggest completing “progress/ goal reviews” every three months, with a collaborative meeting that includes the participant, FRSS, Supervisor, Clinician, and other service providers if desired. During this time a participant may break existing goals into smaller pieces, set new goals, or be ready to start planning for transition or graduation from the program.

The Recognizing Progress tool describes examples of progress that staff may notice in the families they work with.



**Recognizing Progress Tool**  
Go to [page 182](#)

# Transition and Graduation Planning

As families near completion of the program, we take time to reflect on their progress, celebrate their successes and plan for smooth transitions from our care.

The timeline for transition planning looks different for every family. We revisit the family's needs, strengths, and supports to determine next steps, working together with participants to determine their readiness to leave the program. We explore whether they feel they have achieved the goals they set for themselves throughout their time in the program and consider if they have adequate and useful ongoing services for their family. We offer to connect participants with natural supports in their communities, and we complete warm handoffs to other service providers whenever possible.

Participants may experience a shift in their needs and abilities as they continue with the program. They begin to meet goals related to their recovery, parenting, and care coordination. Achieving goals may look different for each family. For example:

- In terms of recovery; we see participants decrease substance use or high-risk behaviors, maintain their recovery; start or continue with the use of medication, if necessary; and utilize recovery supports in the community, such as groups, therapy or other treatment options.
- We see participants feeling more confident in their parenting skills, more connected to their children, and better able to recognize and respond to their children's needs. For some parents we see increases in the amount of time they are able to spend with their children and positive progression toward reunification. For other parents, we see them able to process, grieve, and accept alternative custody arrangements.
- For care coordination and concrete needs, we see an increase or decrease in the number of service providers, completion of a Child Welfare Services Family Assessment and Action Plan, or a shift from more intensive services towards natural supports. We also see an increased ability to meet concrete needs such as food, stable housing, access to education and employment, and reliable childcare. We see completed applications for benefits and connections with other resources.

Some participants may have apprehensions about moving on from our program and we are open to discussing their concerns, ensuring that they feel supported. Others may be excited that they are nearing program completion and have met many of the goals that they set out to accomplish.



**When a participant enrolls in the FIRST Steps Together program the conversation about graduation usually begins at the first visit. At this visit, the FRSS and the family will start talking about setting goals and what it will look like to receive a certificate of completion from the program.”**

- FAMILY RECOVERY  
TRAINING SPECIALIST

Some sites have more formal graduation ceremonies, where each participant is recognized for their progress within the program, and each staff member is given an opportunity to reflect on their time together. Other sites may have individual goodbyes, offering a small transitional object such as a card, a stone, or a motivational quote. Goodbyes should be tailored to each participant and reflective of the time you've spent together. The goal is to recognize each family's hard work and to highlight how far they have come. We want program graduates to carry with them this sense of accomplishment and unconditional care that the program offers. We hope that they feel strong and capable to continue on their individual journeys and that they feel connected to other parents in recovery, to their children, and to their communities.

For a variety of reasons, we sometimes don't have the opportunity to say goodbye and have thoughtful transitions with participants who are leaving our program. When relationships end this way, it can feel challenging for the provider; but we remind ourselves that this program is designed to meet people where they are at. Sometimes we are not the best fit or they are not ready to commit to services. We are always happy to reenroll participants who want to return to the program when their circumstances change.

## When Difficult Things Happen During a Visit

When challenges arise during a home visit, we need to be ready to respond professionally and use the tools of our training to provide a sense of calm and hold space for the family.

When challenges arise, we reference the safety, wellness or relapse prevention/ recovery maintenance plans that have been proactively and collaboratively completed with families. These plans create a shared understanding and agreement for how to respond in times of difficulty or crisis and empower parents to take an active role in their wellness, recovery, and safety. Depending on the circumstances, we may need to use our best judgement and/or call upon a Supervisor for real-time assistance. Our responsibility to take immediate action differs depending on the concern and whether there is a safety issue for either the parent, the child, or provider. It is important for staff to always put their own safety first.

### Safety Concerns

More substantial concerns for a child, such as safety issues, may require working with other service providers or reporting to an outside agency.



**We recognize that both recovery and parenting are ongoing journeys and a longer-term process than services typically allow. Program participants are welcome to come back for future support and under certain circumstances. Some sites keep groups open to previous participants. Many families choose to remain connected to our program in some way."**

– PROJECT DIRECTOR

If a staff member is uneasy about a child's well-being, we encourage them to first discuss these concerns with the parent, when safe to do so. We always urge staff members to consult with their Supervisor if they are unsure of how to best manage a concern. As helping professionals in the state of Massachusetts, all staff members are bound by state law to adhere to the requirements of mandated reporting of any suspected neglect or abuse of a minor.

As a program, we prioritize completing a Family Care Plan (Plan of Safe Care) and/or Recovery Maintenance Plan, and Child Safety Plans with families, in advance of any emergency situations and regardless of anticipated involvement with Child Welfare Services. These documents comprehensively consider parent and child safety, including appointing emergency contacts, naming potential alternate care/ custody arrangements, and listing service professionals and support systems for each family. Completing these documents encourages families and providers to be proactive in advance of an urgent need.

It is important for staff members to keep their Supervisors updated as soon as possible with any immediate concerns related to child safety, because they can view the situation objectively and provide support for their staff during this challenging process. Especially for those staff members who have their own lived experience with Child Welfare Services, navigating this process can bring up their own big feelings.

When filing a report, we use a strengths-based approach, noting the supports and protective factors the family has in place. In the case of a mandated report, the process should be transparent and involve the parent, when safe to do so. (More on mandated reporting can be found on [page 64](#).)

For more information on reporting child abuse or neglect as a mandated reporter visit this resource: **Report child abuse or neglect as a mandated reporter.**

[mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter](https://mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter)



**If a baby is fussy during a visit, I let the parent know I'm happy to help or wait while they tend to their child. Just in case, I have a song ready to engage them. Or if we need to end the video call, I reassure them I'm flexible and their child always comes first!"**

– FAMILY RECOVERY  
TRAINING SPECIALIST

## Virtual Visits

In some cases, it is necessary and more practical to meet virtually, perhaps due to distance, illness, or parent preference.

Staff plan for virtual visits in a way that mirrors their preparation for in-person meetings. Each visit has the same flow, using an opening, mid-point and closing question or practice; and each visit is designed to touch upon

parenting, recovery and care coordination. Staff may include an activity to strengthen and support the parent-child relationship and will follow up on previous goals and upcoming needs. Some participants prefer to connect by phone, while others are comfortable connecting by video. Video meetings allow for including children more easily in the visit. When children are present, it is important to think of ways to best include them, perhaps by reading a book, singing a song, or having a virtual scavenger hunt. Providers can drop off materials for facilitation of a family activity ahead of time—such as supplies for a craft like rock painting, ingredients to make calming jars, or age-appropriate books.

It can be a challenge to talk about more sensitive topics with a child present. It is best practice to think with the participant beforehand about how to address “adult topics” in front of children. This may require having a private phone conversation, text message, or email communication separate from the visit or when their child is not present. Similarly, for those parents living in family residential programs, we want to ask about their comfort addressing sensitive topics while they may not have privacy. For these sessions we suggest headphones, a white noise machine, or permission to use a private office or meeting space within the building.

Knowing beforehand whether the visit will be video based or audio only, and where the parent will be meeting from, is important for visit planning. For example, if there are forms to fill out they can be shared on the screen but may need to be dropped off ahead of time if the visit is over the phone.



**Virtual Visit Tips Tool**  
Go to [page 183](#)

# After the Visit

After the visit we practice self-care as well as routine follow-up, such as completing documentation, seeking supervision, and care coordination.

After each visit, we encourage home visitors to take care of themselves in whatever ways they find most helpful. This may be a self-care or self-regulation practice, connecting with a colleague or Supervisor to debrief a challenging visit, or reaching out to a collaborative provider to inquire about a family’s needs. This is also the time to consult with a Supervisor about any questions or concerns that came up during the visit. After the



visit staff also follow up on any applications or resources for concrete needs. Lastly, timely documentation is an important responsibility that follows each visit.

# Visit Documentation

Documentation not only provides accountability, but allows staff to see patterns, demonstrate progress, plan, follow up, and collaborate.

Staff members always document their participants' progress, any outstanding needs and next steps for working together. For our program, this includes data collection, such as completing Service Logs. This allows staff members in roles across the project to collaborate more seamlessly and access up-to-date information about a family's strengths and needs. Given that most FRSS and Clinicians see numerous families and may have multiple collateral contacts over the course of a day or week, it is important that staff members maintain current notes.

In addition to completing home visit notes, staff documentation includes updating releases of information, provider support letters, group or other event attendance, incident reports and other materials. We sometimes maintain our own notes in a private and protected personal notebook or other electronic format. This allows staff to retain de-identified notes and ongoing to-do lists that aren't necessarily included in their formal agency notes. This practice helps staff remain organized and recall visit details.

We encourage staff members to familiarize themselves with the procedures and policies around visit documentation, HIPAA (the Health Insurance Portability and Accountability Act), and 42 CFR which explain the importance and laws around protecting participants' confidential information. Taking visit notes in a way that correctly captures information, while still protecting the participants' privacy is an important skill for staff across all roles to practice and develop. Participants may ask how their records are maintained and what information goes into each note. We should have a working knowledge of the process for records requests and understand which information is accessible or protected. Each staff member should be able to clearly and concisely explain how a participant or other provider can receive copies of their formal records, if requested.



Staff members have lock boxes to store and transport confidential information, and their electronic devices are password-protected. Staff protect participants private information as required by 42CFR, and understand that any paper files that they transport from a home visit are to be filed in the locked office cabinet as soon as possible.”

- PROGRAM SUPERVISOR



**After Visit Planning Tool**  
Go to [page 185](#)



# 2.2

## Key Takeaways

**REDUCING BARRIERS:** Delivering services in the home, community, or virtually, reduces barriers to services, such as lack of transportation or childcare.

**PLANNING:** Home visiting services require making time for thoughtful planning and execution prior to, during, and after each visit.

**PREDICTABILITY:** Following an anticipated flow for each visit can provide a sense of comfort and predictability for both the provider and the parent, by offering an opening, a mid-point check-in, and a closing routine.

**VISIT STRUCTURE:** Home visits can be structured differently, depending on the participant's needs and whether their child or other family members will be present. However, touching upon the three primary areas of focus: parenting, recovery, and care coordination, is essential to each visit.

**SAFETY:** It's important for staff to be aware of their surroundings and what is happening during a visit. Planning and screening can increase staff awareness and reduce safety concerns.

**DOCUMENT:** Maintaining prompt and accurate notes after visits allows for seamless care coordination and more effective follow-up on outstanding participant needs.

# 2.2

## Tools





## Home Visit Planning



Staff name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Today's date: \_\_\_\_\_ Visit date: \_\_\_\_\_ Visit location: \_\_\_\_\_

Do I need to get any new releases signed, or any existing releases updated at this visit?

Yes      No

Are there any screenings, data collection or other paperwork I need to complete during this visit?

Yes      No

Which family goals will we work on during this visit?

	PARENTING	RECOVERY	CARE COORDINATION
FOLLOW UP FROM LAST VISIT			
FOCUS FOR THE WEEK			
PREPARATION OR MATERIALS NEEDED			





## Safety Tips for Visiting with a Family

We encourage all home visiting staff, regardless of the specific population they serve, to review the following tips on safety considerations for home visitors. These tips promote staff awareness of their personal safety and surroundings, on their travels and in the home, office, and community settings.

### Personal Safety Fundamentals

- **Trust** your instincts.
- **Be assertive.**
- **Stay calm**, practice self-regulation.
- **Assess the situation** moment by moment.
- **Be aware** of where the exits are in the home you are visiting.
- **Be mindful** of what personal information you share.
- **Leave** if you feel uncomfortable and notify your Supervisor of the situation.

### Plan for your Home Visit

- **Notify your Supervisor** of your plan to see a participant and share the visit location.
- **If you have any specific concerns about the visit**, or if anything seems “off” or unusual about the participant or your plan to meet, relay this to your Supervisor in advance of the visit.
- **Draft a text message that is ready to send** to your Supervisor if issues arise, or preschedule a call from your Supervisor to serve as an opportunity to touch base and leave mid-visit if needed.
- **Confirm in advance** with the participant that you will be arriving as scheduled.
- **Prepare all items** you will need for your visit.
- **Know where you are going** and plan your drive ahead of time.
- **Always bring your cell phone** and have your cell phone charged.
- Make sure your **Supervisor’s phone number** is in your contacts.
- Wear clothing and shoes that **provide freedom of movement**.

### Traveling to the Home Visit

- **Organize your materials** before leaving for the visit.
- **Be alert** and aware of your surroundings.
- **Do not park in a secluded area.**
- **Keep car doors locked** and check your surroundings before exiting.
- If you are being followed, **drive to the nearest police department or fire department.**
- **Leave purse, bags, and bulky items** locked in your car and out of sight.



## Safety Tips for Visiting with a Family *continued*

### During the Visit

- **Do not enter** until you see someone you know.
- **Knock and stand to the side of the door** while waiting for an answer.
- **Take note of others** who are in the surrounding area or home.
- **Listen to your instincts.** If you feel unsafe at any time, or if the situation becomes unsafe/uncomfortable, LEAVE.
- If there is immediate availability of a weapon, **remove yourself from the situation.**
- If there are pets in the house, **ask to move them to another room** if you have allergies or feel unsafe or uncomfortable around the animal(s).
- **Be respectful of people's homes.** Respect personal space and maintain professional boundaries.
- **Be mindful** of what personal information you share.
- **Visually check** the surrounding area when you are leaving.
- **Always carry car keys in the same place** where they are easily accessible.

### Office Visits

- **Plan an emergency escape route** and be aware of how to get immediate help.
- **Arrange furniture** in the office so you are near to the door to prevent entrapment.
- **Never work alone** in your office and only see participants during regular business hours.
- **Make sure personal items are locked** in your desk prior to the participant arriving.
- **Set up your office space** so that any safety hazards for both parents and children are out of sight and out of reach.

### Community Visits

- **Plan the visit** for a safe meeting location.
- **Plan to arrive in advance** of the participant to get settled and oriented.
- **Choose seating** that ensures the privacy of your conversation.
- **Leave all personal items in the car.**





## Home Visit Safety Assessment

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

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Child/Children's Name and Age: \_\_\_\_\_

Date of 1st Attempt to Contact: \_\_\_\_\_ 2<sup>nd</sup> Attempt: \_\_\_\_\_ 3<sup>rd</sup> Attempt: \_\_\_\_\_

### Introduction

*Thank you for your interest in our program. As our visits may take place in your home, I would like to explain our home-based services and ask you a few questions about where you live and any other services you are receiving. These are standard questions that we ask everyone prior to coming to their home. This should take us about 10 minutes. Is this a good time for you?*

### Home Environment and Services

- Have you or has anyone in your family received home-based services where providers came to your home? Please tell me about those services including when they were received.
- Can you tell me a little bit about where you and your family live, and who currently lives there?
- Where in your home would be the best place for us to meet with you and/or your family?
- Where would be the best place to park? Is there anything I should know about parking?
- Other than you and your child/children, who might be in the home when I get there?
- Are those people aware that we will be providing services in your home? Are those people aware that this is a program for parents in recovery?
- Some of our staff have allergies so it is important to know:
  - Do you have any pets?
  - Does anyone smoke in the home?

*We operate from a smoke-free/tobacco-free facility, and we have the same expectations for the homes we work in while we are present. For our own health and safety, we ask that participants and their families refrain from smoking in the home while we are present.*





## Home Visiting Safety Assessment *continued*

### Safety

*The Commonwealth of Massachusetts has developed new guidelines for the safety of human service workers. The next few questions help us to ensure the safety of everyone in your home during our visits.*

- Are there any weapons in your home? If yes, are they stored in a safe/secure location?
- We ask that there be no active use of alcohol, drugs, or tobacco while we are in your home. Do you agree to this?
- Do you, or does anyone else who might be in the home while we are present have any active restraining orders?
- Do you feel safe in your home?
- Is there anything else you would like me to know about you, your family, or where you live that may impact our time together? Or anything else that it would be helpful to know before my first visit?

**Thank you for answering these questions.**

Time of first scheduled home visit: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Open-Ended Questions for Home Visits

These questions can help guide conversation and ensure that important topics are discussed at home visits. Please feel free to use your own words to ask these questions and to pick the topics that feel most important for the family you're working with.

### Parenting

- Think back to your week...
  - What has been the best part of parenting (child's name) this week?
  - What has been the hardest part of parenting this week?
  - Describe a time that made you smile or laugh...
  - Describe a time that frustrated you, pushed you to your limits...
- What is something you noticed about your baby/child since we last met?
- What is something new (child's name) is doing this week?
- What about your parenting are you most proud of since we last met?
- What interactions do you wish you could change? What would you do differently?
- What are some specific parenting issues you want to talk about today?
- How has your parenting been impacted by your use/recovery this week?

### Expecting Parents

- How are you feeling? Physically? Emotionally?
- What supports do you have in place? What things do you still need?
- How can I support you in completing a Family Care Plan (Plan of Safe Care)?
- What are some questions we might be able to explore together?
- Share with me some hopes for your birth experience... let's create a birth plan...
- What are you most excited about? What is the most scary or stressful?

### New Parents

- How are you feeling? Physically? Emotionally?
- How have you/your partner been healing/adjusting since birth?
- How has your baby been feeding/sleeping/soothing?
- How have you been with meeting your own basic needs? (sleep, eating, hygiene, self care)
- How has your recovery shifted since becoming a parent?



## Open-Ended Questions for Home Visits *continued*

- How have your older children (if applicable) been adjusting?
- What has been the most surprising? What has been your favorite thing about becoming a new parent?
- What questions or concerns might you have related to your parenting this week?
- What supports do you have in place? What has been the most helpful and why? What else do you feel would be useful?
- Share with me any concerns or questions you have...

### Recovery

- How are you feeling in your recovery this week? (physical, emotional, psychological, spiritual)
- What supports have been useful? (daily practices, gone to a group, asked for help, etc.)
- If you've had thoughts about using, or just felt on edge, what was happening leading up to that feeling? What do you think might have caused that?
- What have you done to take care of yourself?
- How do you know when you are doing well? How do you know when you need more support?
- How have you been feeling in terms of your medication (MOUD or other)?
- What are some other self-care practices that would be useful or that you've been wanting to try?
- What (if anything) is holding you back from getting the support you need or maintaining progress/recovery?
- What are you doing well? What are you doing differently at this time?
- What are some things you're learning or noticing about yourself in this process?
- How do you feel your use/recovery is impacting your parenting?
- What questions or concerns might you have related to your recovery this week?
- What can I and/or your other service providers do to better support you in your recovery?

### Care Coordination & Concrete Needs

- How have your other services been this week?
- Which of your service providers would it be useful for me to connect with? What specifically would you like us to check-in about?
- What questions or concerns might you have related to your care coordination or concrete needs this week?
- What resources, parenting items, or basic needs can our program support you with?





## Recognizing Progress

FIRST Steps Together is a strengths-based, person-centered, trauma-informed/healing centered program. Grounded in this philosophy is the belief that individual goals should be identified by the participant based on their own needs and hopes for the future. Our program embraces all paths of recovery and harm reduction, and participant goals and progress will be specific to each person.

Here are some examples of progress that we may see in the families we work with:

<b>PARENTING PROGRESS</b>	<ul style="list-style-type: none"> <li>■ More confidence in parenting skills</li> <li>■ More able to understand what their child's behavior is communicating</li> <li>■ More able to identify and meet child's needs</li> <li>■ Maintained/increased Family Time</li> <li>■ Progress made towards parent's own custody goals</li> <li>■ Parent and child feel more connected during Family Time and times apart</li> <li>■ Parent has more knowledge of child development</li> </ul>
<b>RECOVERY PROGRESS</b>	<ul style="list-style-type: none"> <li>■ More help seeking practices</li> <li>■ Progress towards harm reduction</li> <li>■ Reduced substance use</li> <li>■ Reduced high risk substance use</li> <li>■ Reduced life challenges related to use</li> <li>■ Decrease in overdoses</li> <li>■ Reconnected to services after recurrence of use/relapse</li> <li>■ Sustained recovery maintenance</li> </ul>
<b>CARE COORDINATION/ CONCRETE NEEDS PROGRESS</b>	<ul style="list-style-type: none"> <li>■ More use of concrete supports in times of need</li> <li>■ Completed referral/connection to local EI services</li> <li>■ Progress towards stability/securing housing</li> <li>■ Progress towards securing benefits (childcare, WIC, SNAP, TANF, etc.)</li> <li>■ Parent feels the support services in place are helpful and not duplicative</li> <li>■ Parent feels service goals are aligned across providers</li> <li>■ Progress towards goals for education and/or employment</li> <li>■ Progress towards pharmaceutical support (MOUD, mental or physical health)</li> <li>■ Improvement in mental and physical health/ stability/ and support</li> <li>■ Improvement in dental health/stability/support</li> <li>■ Progress towards family planning/feeling empowered in reproductive choices</li> <li>■ Progress towards referrals/connection to services for self or kids</li> </ul>
<b>GENERAL PROGRESS/ PARTICIPATION/ ENGAGEMENT</b>	<ul style="list-style-type: none"> <li>■ More engagement in program/responsiveness to outreach</li> <li>■ More regular attendance/participation in program (contact, individual meetings, group attendance, etc.)</li> <li>■ Re-engagement after a lapse in services</li> <li>■ Progress towards wellness/safety planning</li> <li>■ Gives notice of schedule changes in advance</li> <li>■ More planful/organized</li> </ul>





## Virtual Visit Tips

Virtual visits offer some unique benefits and challenges for both staff members and families seeking to connect by video or phone. To increase the likelihood of facilitating a successful connection, staff members can ensure adequate preparation for these visits, a set plan for the time together, communicate clearly with the participant, and be flexible to their real-time needs. Some parents may prefer virtual visits due to the convenience, while others may find it hard to focus, be open, or keep their kids engaged. Regardless of each family's unique needs, here are some tips that may help guide virtual visits.

### Before the session

- **The day before a session**, send a picture or screenshot of the materials a parent will need for a planned parent-child activity. In some cases, staff members may drop off materials prior to a visit. Ensure that you, as the staff member, are also prepared with these materials.
- **Find an area in your environment that is private** and ensure that the participant is able to do the same. Make sure you are both comfortable speaking freely, with minimal interruption or distraction. If children will be present or involved in the meeting, assure the participant that the meeting plan will be adjusted as needed.
- **If relevant, compile resources in advance**, ideally in an online or PDF format. This will allow you to screen share or email necessary resources to the participant, so you can review them together prior to or during your meeting.
- **Practice mindful self-regulation** before logging on to a call. Take a deep breath, listen to music or use visualization or another practice to center yourself. Our appearance of being a calming presence can immediately have a comforting and reassuring effect on our participant families. If a participant is interested, this practice can also be used as a virtual visit session opener.

### During the session

- **Remember to touch upon the three areas of focus:** parenting, recovery and concrete needs/ care coordination, however briefly.
- **Parenting:** Watch for cues from the parent about what the child needs. If a child is fussy or overly energetic, let the participant know you will stand by if or when they tend to the child. If the parent is open to your interacting directly with their child, have an age-appropriate activity.
- **Recovery:** Check in about a parent's recovery needs, how they are feeling that week, if they've experienced any challenges or triggers, or have any successes to share. This might include checking in about recovery supports and whether more support is needed.
- **Concrete needs:** Inquire about the family's basic needs. If they are struggling, strategize ways to connect with community resources. Keep in mind Maslow's Hierarchy of Needs on [page 222](#) and recall that a participant may not be able to engage in higher-level activities if they are concerned about meeting their basic needs for food and safety.
- **Be flexible and accommodating** if the participant needs to end the call.
- **Suggest to the participant** that since routine is helpful and generally containing for both the parent and child, you would like to schedule sessions with them at the same time every week.



## Virtual Visit Tips *continued*

### After the session

- **Take a deep breath and engage** in any self-care activities that support your personal process.
- **Connect with your Supervisor to discuss** any outstanding or acute issues, follow up with collateral contacts or perform other next steps and complete Service Logs and home visit notes.







## After Visit Planning



Staff name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Today's date: \_\_\_\_\_

Visit date: \_\_\_\_\_ Visit location: \_\_\_\_\_ Visit length: \_\_\_\_\_

Who was present at this visit? \_\_\_\_\_

What family goals did you focus on during this visit? What progress has been made for each goal?  
Were any goals met, changed or added?

*Note: Planned follow-up should include working with the family, consulting with your Supervisor, Clinician and/or team, as well as coordinating with collaterals.*

	PARENTING	RECOVERY	CARE COORDINATION
BRIEF SUMMARY OF WHAT WAS ADDRESSED			
PLANNED FOLLOW UP			
MATERIALS OR RESOURCES NEEDED FOR NEXT VISIT			

How much time did you spend focusing on each area? (give an approximate percentage)

\_\_\_\_\_ Parenting      \_\_\_\_\_ Recovery      \_\_\_\_\_ Care Coordination

Did you work on the family's Plan of Supportive Care during this visit?

Documentation check:

Service log complete

Agency documentation complete

Releases or screenings filed or entered (if applicable)



## 2.2

## Endnotes

- 1 National Home Visiting Resource Center. (2022, February 18). *Why Home Visiting?* [nhvrc.org/about-home-visiting/why-home-visiting](https://nhvrc.org/about-home-visiting/why-home-visiting)
- 2 Evanson, T. (2020, July 27). *The Intersection between Intimate Partner Violence and Substance Use Disorder* | Addiction Technology Transfer Center (ATTC) Network. Addiction Technology Transfer Center Network. [attcnetwork.org/centers/mountain-plains-attc/product/intersection-between-intimate-partner-violence-and-substance](https://attcnetwork.org/centers/mountain-plains-attc/product/intersection-between-intimate-partner-violence-and-substance)
- 3 Youdovin, J. (2021, October 19). *Workshop on Domestic Abuse* [Webinar] Journey to Safety, Jewish Family & Children Service
- 4 Youdovin, J. (2021, October 19). *Workshop on Domestic Abuse* [Webinar] Journey to Safety, Jewish Family & Children Service

## 2.3

# Planning and Facilitating Groups

“Groups are a foundational aspect of our program and for good reason. In order to thrive as parents and people in recovery, **we need community, accountability, and non-judgmental support.** We need to feel and know that we are accepted, good enough, and loved. We need to hear from others who are walking the same path, to see that they are doing it and that it can be done. We need to be told, and to come to believe, that we can do it too.”

— FIRST STEPS TOGETHER CLINICIAN



# Summary

Community is one of SAMHSA’s four major dimensions that support recovery. SAMHSA defines community as “having relationships and social networks that provide support, friendship, love, and hope.”

Groups can provide a safe space for social connection and practicing new skills. Parents in recovery often feel out of place in typical early parenting groups or classes. When designed specifically for parents in early recovery, groups prevent a feeling of “otherness” and build a supportive sense of community. A great deal of time and preparation goes into creating a supportive group and developing an environment that fuels these types of connections. This chapter focuses on how to prepare for and facilitate groups. Group organizers must make a number of decisions prior to starting. These choices include selecting a facilitation model and/or curriculum and finding a comfortable and accessible location. In the following sections, we explore the considerations involved in creating a new group and provide a checklist tool that sites can use for planning and implementation.

## INSIDE

[Building Community Through Groups](#)

[Co-facilitation Model](#)

[Group Planning Considerations](#)

[Implementing Groups](#)

[Encouraging Engagement](#)

[Acknowledging Successes](#)

[Virtual Facilitation](#)

# Building Community Through Groups

Parents in recovery need a space where they can speak freely and without judgement to grow their parenting confidence and build their recovery community.

While most people with medical conditions are met with aid and encouragement, those navigating the disease of addiction often experience isolation, inadequate care and a lack of community support. In many cases, people in recovery may need to distance themselves from friends and family who were part of their lives during their active addiction. Some of these relationships may have been harmful, unhealthy or unsafe and may have involved coercive control, emotional or physical abuse, transactional sex practices or pressure to use substances. They may have had to use coping or survival techniques that put themselves or their families in danger. During periods of active use, program participants may have damaged relationships or burned bridges with family and friends. As a result, they may have less access to **natural supports** and community connections. **Guilt and shame may stop parents of young children from reaching out for help when they need it, and this can be particularly true for parents working towards recovery.**

For parents experiencing active substance use or early in their recovery, stigma often makes it even more difficult to find and connect with other parents. It may feel uncomfortable sitting in a new parents' group with those who do not struggle with the same substance use-related challenges. Parents may feel that they need to lead with their substance use history, or "out" themselves in terms of their recovery or involvement with Child Welfare Services. This experience can feel scary, overwhelming, shame inducing and otherwise uncomfortable. Yet, we know how important building social connections is to sustaining recovery.

Strong support systems are created by strengths-based groups that meet in safe spaces for healing and growth. This community can act as a safety net for families to maintain their recovery and serve as a place to turn in times of need. Groups can provide connections to community supports such as resources for physical and mental health care. It is important that parents experience being accepted when they are vulnerable and honest and that they are met with respect. We recognize the profound power in groups and in witnessing and standing with others as they face and overcome their struggles. Friendships built in these groups offer



**I think groups are a wonderful opportunity for moms in recovery to know that they are not alone. Lots of moms have shame and guilt. When we know better, we do better. When we bring awareness about how the past affects the present, we can start to stretch ourselves to make progress toward our goals. Having the support of a group can help build that self-understanding."**

- FAMILY RECOVERY  
SUPPORT SPECIALIST

**Natural supports** are supports that people have available to them within their own communities. They include family, friends, local initiatives or organizations, activities, and other support systems.

encouragement and accountability in all phases of sobriety. These gatherings can offer opportunities for parents to learn, heal, relax, have fun, make friends, and/or enjoy time with their children.

## Co-facilitation Model

Co-facilitation is a practice that brings together one or more facilitators to lead a group. This provides multiple benefits to both participants and staff.

Most FIRST Steps Together groups use a model. We encourage diversity between group leaders, prioritizing teams of staff in different roles, who can bring various strengths and perspectives to the benefit of the group members. When using a co-facilitation model, complementary skill sets can enhance the planning, implementation and follow-up processes. Participants benefit from exploring their own journeys through the unique lens that each staff role brings.

**The Group Peer Support (GPS) approach is a trauma-responsive support group model based on evidence-informed modalities that has been replicated in diverse communities nationally.**

 [grouppeersupport.org](http://grouppeersupport.org)

FIRST Steps Together staff are trained in the Group Peer Support model. The creators of **Group Peer Support (GPS)** outline the following benefits of a co-facilitation model for groups:

- **DIVERSITY** | Co-facilitation allows for more than one voice, perspective, life story and experience to be heard. It also allows for more diverse mothers/people to be represented in the facilitation team in terms of age, parental experience, race, ethnicity, sexual orientation, lived experience, economic and educational background.
- **EGALITARIAN** | Co-facilitation models equal power in leadership relationships, rather than a “top down” hierarchical model of leadership.
- **ENCOURAGES AND MODELS LEADERSHIP AMONG ALL PARTICIPANTS** | Co-facilitation models the fluidity of leadership and the potential for leadership to be seen as a quality inherent in all people, not exclusive to an elite few. Modeling and encouraging leadership between co-facilitators, and also by inviting participants to take an active group role, allows participants to be mentored into their own power by more experienced leaders.



I am learning about myself as a result of being the facilitator. What I like about it is that we are all there together telling our stories. By sharing my story, the group members may feel they can open up to me and the rest of the group, and they think to themselves, “she cares about what we have been through.” What you tell about your story can help others with their journey.”

– FAMILY RECOVERY  
SUPPORT SPECIALIST



- **LEADERS ARE HUMAN** | Co-facilitation also gives more staff members for participants to look up to, in that group facilitators may share their own struggles, vulnerabilities and process of growth, as an example of strength, rather than of personal failing or deficit. This in turn allows participants to become comfortable with sharing their own story to benefit others in mutual aid.
- **BREAKS DOWN MENTAL HEALTH PARADIGM** | Co-facilitation creates an environment that is more egalitarian and less hierarchical. In this way groups can help break down the power differential often inherent in many mental health settings. By having multiple group leaders and encouraging group members to also take on leadership positions, participants experience sharing power, joint responsibility, and mutually respectful resolution in times of conflict.

When there is more than one facilitator responsible for a group, the group is:

- **MORE SUSTAINABLE** | Facilitators experience less burnout because they share group responsibilities such as planning, organizing, outreach, facilitation, and managing difficult situations and group members.
- **MUTUAL SUPPORT FOR FACILITATORS** | Facilitators can lean on each other, brainstorm and process group challenges, share group joys and successes, provide support to one another and share areas of expertise and inspiration.
- **CONTINUITY OF THE GROUP** | If facilitators are unable to attend as planned (due to illness, weather or otherwise) the group can carry on, with a familiar and comfortable facilitator who is already familiar to group participants.
- **REALITY CHECK AND SUPPORT FOR CHALLENGING SITUATIONS** | When challenging events or moments occur during the group time, co-facilitators can hold and manage the emotional intensity of the group better than a single facilitator can.
- **CRISIS INTERVENTION** | In the event of a crisis, one facilitator can maintain the group, while the other offers outside support to an individual participant. Together, facilitators can identify and implement emergency protocols if necessary.
- **DON'T HAVE TO "DO IT ALL"** | Planning a group with co-facilitators sets a good example for our participants, in that it challenges the typical "good mother/woman" myth that we have to do it all, without help from others. In this way, we model shared responsibility and help-seeking for our participants, as well as the importance of mutual aid.
- **LEADERSHIP IS MORE JOY-FILLED & CREATIVE** | Co-facilitating a group is more enjoyable and less stressful. Leaders can benefit from each other's strength and wisdom, share creative ideas and take pride together in their participants' successes and the group's evolution.



Even as a facilitator of the group it helps me out immensely. The best thing I ever gained from my recovery is the ability to be my true, honest self and allow myself to find a safe space to be vulnerable. This group is about that trust and about trusting people with who I really am, and hopefully supporting others along a similar path."

– FAMILY RECOVERY  
SUPPORT SPECIALIST

- **LEADERSHIP GROWTH** | Co-facilitators can support and acknowledge each other's "growing edges" and strengths, supporting and challenging each other to grow through the group facilitation process and practice.<sup>1</sup>

## Group Planning Considerations

There are many planning decisions that can influence a group's format, dynamics, and participants' engagement.

There are a variety of ways to structure groups. When considering starting a new group, it is helpful to think about the population you are serving, what their needs are and what your agency and staff may have to offer. We ask questions such as:

- Who will be attending the group?
- Will the group use an established curriculum?
- Will it center on a shared topic, such as parenting in recovery or intimate partner violence (IPV)?
- Will it focus on family activities, such as holiday crafts, cooking, yoga or meditation?
- Where will we hold this group?
- What time of day works best for those participating?

Groups may be curriculum-based; drop in style; brief offerings, such as a summer walking group; one-time events, such as holiday party or community baby shower; or structured to provide ongoing support. Some groups are voluntary and open to the community and others require pre-registration or dedicated attendance. Some are for parents only and others welcome partners and/or children.



**Group Planning Considerations Tool**  
Go to [page 206](#)



I feel like fathers in general are so underserved, especially dads in recovery. There is something about being a father that is about needing to be strong all the time so that we can't (or don't have a place to) express our feelings openly. It is nice to be around other guys who understand what we are going through and where we have been. **We see others opening up and it feels safe to open ourselves up.**"

– FAMILY RECOVERY  
SUPPORT SPECIALIST

# Curriculum-based Groups

Using a curriculum, preferably one backed by evidence-based or evidence-informed research, has many benefits for both group attendees and facilitators.

There are many advantages to using a curriculum:

- Many established curricula have been researched and show demonstrated evidence of effectiveness.
- Staff can search to find a curriculum that addresses specific protective factors that they want to build, such as knowledge of child development or strengthening parent-child attachment.
- Some participants are interested in joining groups to fulfill a requirement on their Child Welfare Services Family
- Assessment and Action Plan. We determine in advance if the structure and content of a group will meet these requirements.
- Using an evidence-based curriculum may also satisfy funder requirements.
- Facilitators save time because content is already created and clearly outlined. Program materials typically include: a set structure for each session, open and closing prompts, materials, activities and a list of key learning points to cover.



On the other hand, some may find a curriculum-based approach challenging because it requires facilitators to complete advanced training that may be time consuming or expensive. Some facilitators may also find the structure of these groups too rigid to allow the space to meet participants where they are during any given session. Ideally, a curriculum provides flexibility, while delivering learning material that builds parents' confidence and reflective capacities.

Keep in mind that if a group is curriculum-based, the number of sessions is typically pre-determined. Facilitators may choose to add additional sessions, such as an introductory meeting or closing celebration to build group cohesiveness and comfort. Introductory sessions can be particularly useful in preparing participants for the experience. This practice also offers participants an opportunity to work out transportation and childcare issues prior to fully committing to a group.

Given the nature of these meetings, they are often run as "closed" groups. If a session is already in progress, new participants cannot join until the next round. Although this approach requires a waitlist for new registrants, this format allows for a more intimate environment that creates a sense of closeness and confidentiality.



Group Facilitation Models and Curricula Tool  
Go to [page 208](#)

## Drop-in Groups

Ongoing and informal groups can bring participants together around shared experiences, creating the opportunity for mutual support.

Drop-in groups can be open to both participants and the wider community. They are sometimes organized around loose topics, such as wellness, parenting in recovery or relationships; however, their main purpose is to allow space for participants to openly share their stories and feelings around their experiences. Group leaders may find it helpful to have a structure prior to and after opening the group up for discussion. Holding drop-in groups makes it easier for parents to attend around their own schedules and removes the pressure of committing to a predetermined number of sessions.



**We need to receive and internalize the message that being a parent in recovery isn't shameful; it is a strength. This is the power of peer work. And this is the power of mutual aid groups. Groups offer an opportunity to share experiences, to develop skills, and to build community. Growing a strong support system of other parents in recovery is an integral piece of establishing and maintaining long-term recovery."**

– CLINICIAN

# Topic-based Groups and Events

Through topic-based groups, facilitators provide useful information in response to program participants' specific areas of need or interest.

These types of groups may be structured as single meetings or as a series of gatherings on a specific topic of interest. Program staff may identify subjects or may ask for ideas from families. The benefit of these groups is that they often draw strong participation if the activities or areas of focus are of interest and well planned. These groups may also center on an activity or experience, such as yoga, meditation, cooking, crafts, holiday celebrations, or parent-child bonding. Activity-based groups can serve as opportunities for families to relax, connect, and enjoy one another. The downside to topic-based groups is that they are often one-time or short-term gatherings. This format may not allow enough time for participants to develop deeper relationships and build community.

# Registration and Gathering Contact Information

Providing group descriptions and asking participants to register in advance builds a shared understanding and commitment to the group prior to the first meeting.

Facilitators may ask participants to register in advance of the group. This can help to determine how much space is needed for the group, how many facilitators and childcare providers are needed, and ensure that the number of participants who come to the group is just right—not too many, not too few—for everyone to get the most benefit from the group.

We gather personal information, such as name, phone number or email address and an emergency contact. This allows us to follow up with participants and to have contact information in case of an emergency or crisis or in the event of cancellations or other changes.

We provide required releases if a group offers transportation or childcare. Signed releases may also be completed if the participant wishes to give us permission to share group attendance or other information with Child Welfare Services or other collateral contacts.



One participant said since joining the yoga group she started practicing it on her own time and now her day goes smoother. She is now starting her day that way and her day just goes smoother. **FIRST Steps Together is all about empowerment and finding your voice and taking your power back. This just fits so well with our whole program and what we are all about.”**

- FAMILY RECOVERY  
SUPPORT SPECIALIST



# Location and Group Space

When determining location, we prioritize group attendees’ access and comfort, often partnering with community agencies.

We select a physical location for in-person groups that is large enough to accommodate attendees and their children, if they are also attending. We choose spaces that are stroller-accessible, family-friendly, clean and comfortable for nursing, feeding and diapering. Some families may have negative associations with certain locations, such as schools or places of worship. Given this, programs may want to choose more neutral spaces. Many sites find it beneficial to co-locate a group at an agency or setting that is already offering other supportive services to families, such as a recovery center or Early Intervention office.

It is ideal to select a group location that has parking and is easily accessible by public transportation. We also offer transportation whenever possible. e.g., coordinating rides among participants or staff, providing bus passes or gas cards, or reimbursing parents for using ride sharing services, such as Uber or Lyft. We keep in mind how these options will work for families with multiple children or families with infants and toddlers who will need car or booster seats.

Some groups may need spaces with a designated separate area for childcare, a family meal, coffee or other refreshments. Groups hosting interactive activities or crafts will have to plan for space to facilitate these gatherings and to store supplies between meetings.

We also consider the layout of the room, how the group is positioned, where the doors and windows are, and who might walk by or be within earshot while the group is meeting. We are aware that these factors may impact privacy and determine how safe and comfortable participants with trauma histories feel in the group setting. It is also helpful to have a separate safe space outside of the group to privately process with individual participants, if the need arises.

One FRSS shared that during a group, one of the participants seemed anxious and was fidgeting and not participating in the group. When the FRSS checked in with her, the participant shared that because she was sitting with her back to the door, hearing the door open and close, but not able to see who was walking in and out, she felt anxious and afraid and distracted throughout the group session. The FRSS was able to shift the seating in the room, so that everyone felt safe and comfortable.



# Scheduling

Being a parent while working towards recovery can put many demands on participants' time. When scheduling groups, keep in mind children's routines, recovery treatment services, families' work hours, and public transportation schedules.

To accommodate a diverse group of families' needs, we offer programs at multiple times, including evenings and weekends. Sometimes it can be helpful to offer drop-in groups multiple days a week at varying times. Facilitators aim to select group times that work for the majority of members. Consistency in scheduling is also helpful for parents who have arranged to exercise additional Family Time with their child during group meetings, with the permission from Child Welfare Services. While this can create an opportunity for additional connection that may be more enjoyable than a typical supervised visit in an office, we are mindful that scheduling can also be a challenge. Both parent and child can struggle if one or the other doesn't show up to a group as planned.

# Childcare

Offering childcare to groups removes a significant barrier to parents' participation.

By providing childcare, parents with kids can attend groups. When parents' attention is not divided and they know their children are safe and cared for, they are more at ease and able to speak openly about their challenges and successes. Programs interested in offering childcare need to consult their agency, local, and state policies. They should gather information about space, ratios, background checks, and permissions regarding diaper changes, toileting, first aid and feeding. It is also important for agencies to create a permission form, so parents can confirm in writing that their children may participate in childcare or other activities in their absence, if, for example, babysitting is situated in a separate room within the same building. We are also aware that for some parents who have experienced removal of children from childcare settings or school, putting their child in care even briefly for a group, can be very difficult.

For parents who may be attending without their children, we plan group activities that can be done with or without children present or create options to take materials home to do at another time, such as during Family Time visits.



**I chose Friday afternoon to run my Recovery Group so that participants could have a little extra support with the weekend coming up, when we are not available to assist them. It really seems to help to be able to talk about if they are feeling any triggers or stressors facing the upcoming weekend or holidays that fall on a weekend."**

- FAMILY RECOVERY  
SUPPORT SPECIALIST



## Food

Offering meals during groups can be a great way to bring people together and can inspire families to share meals as a daily practice.

Providing coffee or snacks can help participants, particularly those who experience food insecurity, feel nurtured and supported. There are several factors for leaders to consider when offering a full family meal, light refreshments or children's snacks. It is important to be aware of food policies, food allergies, and potential limitations on spending, for grant funded programs. Despite potential food-related restrictions, participants are often excited to enjoy a meal or refreshments, and this may contribute to regular attendance.

In some groups, preparing, serving and eating food together, as an activity, allows for a meaningful shared experience. One staff member shared, *"We started each group session with a family meal and placed some conversation starters at each table. Families shared that having dinner provided was a huge help in being able to get their children to the group. They appreciated not having to worry about and prepare something for dinner one night each week. One past group participant said she had forgotten how nice it was to just sit at the table and eat together and that they started eating together more at home too."* Some programs may also use family meals as opportunities to offer support and reflection around parent/child interactions. Groups that offer snacks or meals also have the benefit of planning in advance to offer excess food to families experiencing food insecurity. Families often appreciate knowing they will be going home with lunch or dinner.

## Crisis Management

Although facilitators cannot always anticipate a crisis, they can engage in safety planning and prepare for how they will handle an emergency, if one arises during a group session.

During the group a parent or child may express of experience a safety concern that requires immediate attention. These may include mental or physical health, or substance use related issues. By creating a crisis management plan, group facilitators and participants know what to expect in case of an emergency. This also positions the program to address situations in an appropriate, culturally responsive, and trauma sensitive manner. These plans include arranging for a Supervisor and/or Clinician to be available during group times and developing policies for reporting child welfare concerns. Group facilitators may also keep resources on hand for emergency responders, crisis lines, domestic violence advocates and



**The group is open to the public to engage the community that needs it. We encourage people to bring along others who might want to join us. When we are able to meet in person, we provide food and local restaurants donate pizza, bagels, or other snacks. We start a half hour earlier for some social interaction time and food, and then people can settle into the meeting."**

- FAMILY RECOVERY  
SUPPORT SPECIALIST

mental health supports. (More on mandatory reporting can be found on [page 64](#). More on IPV can be found on [page 156](#))

When establishing group guidelines, we indicate that facilitators are mandated reporters, which means that we are required to share and follow up on any safety concerns that impact participants and their children. It is important to discuss this openly with parents before commencing group meetings. We also communicate that the primary role of FIRST Steps Together is to support the parents we serve, and we will maintain their right to confidentiality as long as there are no safety issues. In the case that an immediate concern requires a filing with Child Welfare Services, we work with the family to establish a safety plan and will include the parent in the reporting process, whenever possible.

## Promotion

After facilitators have planned all the initial details of a new group, it is time to market and promote it, in order to connect with potential participants.

Given the nature of our services, it is important to maintain participants' privacy. Our goal is to advertise the group offerings with promotional materials that feel warm, inviting, and empowering. We want flyers to contain positive, strength-based language at an accessible reading level. The written content should address barriers, list contact information, avoid copyright infringements, and include the funding statement or meet any other agency or grant requirements.

We encourage sites to consider **National CLAS Standards** when creating their promotional text. *"The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities."*<sup>2</sup> Several of these standards focus on communication and language for programs to consider when developing materials and advertising groups and other services. For example, when developing group promotional materials, we aim to have diverse families represented in any photos or imagery and we provide group information in multiple languages, whenever possible.



### National CLAS Standards in Health and Health Care

[thinkculturalhealth.hhs.gov/CLAS](https://thinkculturalhealth.hhs.gov/CLAS)

The **Centers for Disease Control (CDC)** has developed **Plain Language Materials and Resources** to assist programs in creating accessible and easily understandable written content.

[cdc.gov/healthliteracy/developmaterials/plainlanguage.html](https://cdc.gov/healthliteracy/developmaterials/plainlanguage.html)

It is ideal to promote a group in many ways. Flyers are a simple and tangible way to share group meeting and registration information. Email blasts or social media posts may reach additional audiences. We value “warm handoffs” from community partners, who can share group information with potential participants. Because of this, we depend upon our staff members to build relationships with other agencies already serving families. This includes maintaining collaborative relationships with OBGYNs and pediatricians, other recovery services, childcare centers and any number of other agencies and programs. When we take the time to explain the group purpose, registration process and expectations, we find that our collateral contacts refer a greater number of participants.

# Implementing Groups

After planning and promoting the group, facilitators turn their attention to solidifying a detailed plan for the format and structure of group sessions.

Taking the steps above can create a trauma-informed/healing centered, and accepting atmosphere, where everyone feels safe, cared for and free to openly share as a parent in recovery. Then, it is time to shift our focus to implementing and facilitating the group.

Many groups have opening and closing rituals. An opening ritual might look like beginning with introductions, a check-in question, or readings. For example, GPS groups start with a “mindfulness rest stop,” which is an opportunity for each person take a deep breath, center themselves and create a safe shared space before beginning the group. Other groups may start with a fun icebreaker like, “What superpower do you wish you could have, and why?” to give everyone a chance to talk and get comfortable within the space. Some groups may start with a physical activity, such as chair stretches or playing “Stand Up-Sit Down” to help parents and children “get the wiggles out,” self-regulate and calm their nerves. Some closing rituals could be washing hands at the end of group to “leave the trauma at the table,” or ending with a participant takeaway, such as “What is one thing you will do for yourself this week?”

Groups often work together to create guidelines or working agreements that provide a shared understanding about expectations for both facilitators and participants. These guidelines may include coming to a group consensus about confidentiality, crosstalk, cell phone use, navigating



conflict and strong emotions, using a timer or talking stick to encourage equal participation, or when and how group members will take breaks for personal or child-related needs.

Regardless of structure and format, all groups benefit from facilitators using both active and reflective listening. This looks like reading verbal and nonverbal cues and providing feedback when appropriate. It is often best practice to ask permission before reflecting back on what a group member has shared. Part of providing trauma and healing sensitive spaces is being able to read the room to understand when the group needs a pause. Sometimes this means recognizing when concrete advice should be shared or clinical support is needed.

It is helpful for co-facilitators to set aside time after the group to process the group session, review challenges, successes or any participant needs and decide if any follow-up is required. This may mean bringing a concern to a Supervisor, following up with a participant, providing a referral to other services, contacting anyone who has missed the group, or offering interim support between meetings. Sometimes big feelings come up and we create space for participants to talk about their experience outside of the group time. It may be helpful to consult with a Clinician or Supervisor in these moments. Group leaders should use supervision to process group related questions and concerns.

## Encouraging Engagement

Even the most well-planned groups may require providers to take extra steps to support engagement.

For some parents, venturing out of their comfort zone and attending a group can be anxiety provoking and feel like a big step to take. Group members may require individualized support to promote their active participation. There are many ways to support parents through this process. Some prefer having a staff member accompany them to the first session of a group or to talk them through the format, share what to expect, and introduce them to the group facilitator or other members. Others may benefit from weekly reminders or encouragement to attend the group. Some participants may find it helpful to talk through their fears and anxieties. Staff can send "thank you for coming" or "we missed you



**Especially during COVID, with kids at home, it can be easy to forget [about group] so we send an extra text on the day of to remind everyone. We tell people they can just come to listen, even if they can't talk."**

- FAMILY RECOVERY  
SUPPORT SPECIALIST

in group today" text messages after group. FRSS or Clinicians can make space during individual visits to talk through these feelings, acknowledge strengths, and brainstorm ways to work through these challenges. Some group members may want to travel to the group together, to increase their comfort with attending. This practice also offers some additional accountability and strength in numbers if either one of the pair is feeling reluctant to attend on a given week. We have found that some participants appreciate it when we follow up after a group session, sharing that their presence was appreciated or highlighting important moments or takeaways.

# Acknowledging Successes

Acknowledging successes benefits group members by providing recognition and positive reinforcement, highlighting strengths, building self-esteem, and encouraging ongoing commitment.

We celebrate accomplishments and milestones. When participants complete a group, many sites choose to mark their success with certificates, small tokens, or by celebrating with a meal or fun event together. In addition to acknowledging successes, group members can use attendance sheets or certificates of graduation to demonstrate the work they are doing on their parenting and recovery. These materials, which document participant progress, can also be useful when advocating with other service providers and Child Welfare Systems.

# Virtual Facilitation

Running a virtual group opens doors to participation for many who would not be able to attend in-person groups.

Sometimes it makes sense for facilitators to lead a group virtually. During the pandemic, to maintain community and prevent isolation, many groups



Many of our participants have never had the opportunity to graduate from any educational institution. [When participants complete our program] **they feel like they have accomplished something and now belong to a community of parents just like themselves. To watch their journey from beginning to end and to see their next chapter beginning is a wonderful experience."**

- FAMILY RECOVERY  
SUPPORT SPECIALIST

moved to a virtual format. Through this period, we found that offering virtual groups removed many of the most common barriers to participation, such as lack of transportation and childcare. However, the online format does require participants to have both an internet connection through a phone or computer and a private space where they can speak freely.

While all group settings offer parents an opportunity to develop deeper social and emotional connections, virtual groups give participants the option of participating or listening from the comfort of their own homes, with both privacy and the potential for anonymity. With the benefits of privacy, there also comes the challenge of how to create safe spaces when group members may have other people in their homes and listening in the background. Groups discuss this openly to come to a shared agreement.

For example, one FRSS had a participant with extreme anxiety that prevented her from leaving the house and developing relationships with other parents working towards recovery. Through the virtual format, she was able to attend groups from her home. After some time, she was comfortable enough to make virtual connections with other parents and start to build her recovery community.

With virtual groups, co-facilitation is still important, but may look different than in-person group leadership. One facilitator may act as a “producer,” managing the virtual “room” and troubleshooting any technology questions participants may have. Staff members can be available through the chat function, in a breakout room, or at a separate phone number to assist with any questions or needs or to provide additional support during the group session.

Facilitators can leave the virtual room “open” before and after group meetings, to give an opportunity for participants to become comfortable with the technology or to build connections with one another. Using breakout rooms during virtual sessions provides the opportunity for smaller groups of participants to engage in more intimate conversations.

To create a safe and protected virtual space for participants, we encourage group leaders to become familiar with the security features available for virtual facilitation, including requiring advance registration, using unique meeting IDs and passwords, utilizing waiting rooms, exercising the ability to mute all participants and understanding how to quickly remove someone from a meeting.

For more information on how to secure your online meeting, we recommend:

#### **Zoom Online Event Best Practices**

 <https://explore.zoom.us/docs/doc/Zoom-Online-Event-Best-Practices.pdf>

#### **Zoom Security Basics**

 [www.youtube.com/watch?v=dgs9mjnycaE](http://www.youtube.com/watch?v=dgs9mjnycaE)



**For our mindful yoga group, it is ok to come as you are. We just kind of acknowledge what is happening in the moment and let it go, sticking to mindfulness and simple yoga. When the group is wrapping up, I leave them with something, such as setting an intention or offering ways to pay attention to their breathing.”**

- FAMILY RECOVERY  
SUPPORT SPECIALIST



# 2.3

## Key Takeaways

**INCREASE SOCIAL SUPPORT:** Group participation builds the social supports and community that are important for maintaining recovery and building recovery capital.

**CO-FACILITATION MODEL:** To support group function and dynamics and to build in a reflective practice at the conclusion of each session, we encourage co-facilitators to establish a regular time to process and reflect together.

**CREATE SAFE SPACES:** Thoughtful planning can create a safe space for growth and healing as participants navigate recovery and parenting by using trauma-informed/healing centered practices.

**CONSIDER BARRIERS:** When providing groups, keep in mind the barriers participants may face and be thoughtful of the location, schedule and format, as well as any emotional support needed to encourage group participation.

# 2.3

## Tools





## Group Planning Considerations



### Location, Transportation, and Time

- Choose a safe and easy to find location.
- Choose a central location for the catchment area/close to program site or other widely used services.
- Ensure there is ample parking and the location is public transportation accessible.
- Provide transportation for participants if possible.
- Provide, when possible: ride share options (such as Uber), bus passes, cab fare, or gas cards.
- Ensure access to car seats/booster seats for ride shares.
- Check for ramp, to ensure the space is stroller accessible.
- Consider the layout of the room, how the group is positioned and where the doors are. (This is important for participants with a trauma history to feel comfortable in the space.)
- Consider lighting, sounds and other interferences (for those who are sensory sensitive, for infants and young children, and in general.)
- Consider potential group members' schedules (e.g., MOUD dosing, childcare, school, work, public transportation times.)

### Food

- Provide coffee, snacks, a meal or other refreshments.
- Consider space for eating, sanitation requirements and associated cost of food and dishware/utensils.
- Accommodate dietary restrictions/allergies.
- Avoid serving potential choking hazards for younger children.
- Allow time for preparation and clean up.

### Childcare/Child-related Needs

- Ensure that if childcare is offered it meets child care ratio requirements.
- Prioritize having a clean and safe space (for play, diaper changes, feeding).
- Offer access to age-appropriate activities, toys, and materials.
- Seek parental permission to change, feed, provide first aid and give overall care to the child.
- Ensure that if children are present, there is adequate space for them to join the group.
- Be mindful that group rules are reflective of potential children in attendance (e.g., child-appropriate language).
- Offer a comfortable space with an electrical outlet access for breast feeding/pumping/diaper changing.



## Group Planning Considerations *continued*

### Additional Considerations

- Prepare a crisis plan prior to beginning the group.
- Ensure there is private space to process individually should a group member need one-on-one support from a group facilitator.
- Schedule a Clinician and/or Supervisor to be available on-site during group time.
- Be mindful of any participant specific needs/requests (e.g., potential conflicts or concerns.)
- Craft and distribute group promotional materials.
- Require basic data collection for participants (e.g., cover sheet that includes basic personal information, emergency contact request.)
- Provide certificates of participation or completion that can be shared with other service providers if desired.





## Group Facilitation Models and Curricula



Sites can choose from a wide array of evidence-based group facilitation models and curricula that are designed to build social connections, create safe spaces for healing and growth, and increase protective factors.

FIRST Steps Together utilizes the following programs as each has been uniquely beneficial in supporting families impacted by substance use.

### Group Peer Support (GPS)

#### Group training, materials, and format:

- Length varies depending on the training. GPS offers both facilitator training and a certification program
- GPS Trainer's Facilitator Guidebook (and all materials provided)
- This model can be used as a stand-alone facilitation format for groups, with or without the additional structure of a GPS curriculum guide, including guides for postpartum parents and those in recovery

#### How they describe their model:

*"GPS for parents is an accessible, replicable and adaptable evidence-informed group model that draws on a variety of successful and evidence-based therapeutic and support group modalities including Cognitive Behavioral and Interpersonal Therapies, Mindfulness-based Stress Reduction, Motivational Interviewing and Psycho-social Education for the greatest outcomes for parents. GPS is a strength-based group model informed by the knowledge that group treatment is an effective modality in overcoming barriers such as stigma, shame and isolation, as well as addressing issues of inadequate population-specific community-based mental health resources."*<sup>3</sup>

#### What group facilitators say:

*"What I enjoy about facilitating GPS and using this group structure is all the comments I have received over the past few years from group members who share they feel safe, heard, not judged and empowered. More than one participant has told me this group taught them how to set healthy boundaries and that it was ok to say no to people."* — GPS group leader

**For more information:** [grouppeersupport.org](http://grouppeersupport.org)

### Parenting Journey In Recovery

#### Training and materials:

- Five-day training
- Toolkit containing the curriculum for each session, background information on starting a new group, facilitator tips and unique props, is included in the training
- Group typically runs for two hours once per week for 12-14 weeks



## Group Facilitation Models and Curricula *continued*

### How they describe their model:

*“Substance use disorders are complicated and difficult to overcome. Parents and caregivers living with addiction face the additional challenge of building strong, positive relationships with their children while maintaining their recovery, which can be both rewarding and daunting. Parenting Journey in Recovery provides a valuable source of fellowship and support and enhances awareness of potential triggers that may escalate re-occurrence. In a safe and caring setting, you will explore past and present patterns of emotional regulation and thoughts and behaviors related to addiction that influence your choices. With hard work and honesty, you will create a new path that strengthens recovery, accountability, and positive actions, while facing the daily challenges of living with addiction.”<sup>4</sup>*

### What group facilitators say:

*“The group is women really opening up to each other to tell their stories and then being able to recognize and share those successes with each other. I wish something like this had been around when my children were young. The group is really building connection and that is what I love most. The moms are already talking about continuing to meet outside of the group and that is the outcome I would like to see: building relationships with other moms in recovery, building awareness with themselves and their children and building community and connection.”* — Parenting Journey group leader

**For more information:** [parentingjourney.org](http://parentingjourney.org)

## Nurturing Program for Families in Substance Abuse Treatment and Recovery

### Training and materials:

- Two-day training
- This group typically runs for 60–90 minutes once per week for 12–17 weeks

### How they describe their model:

*“The Nurturing Program for Families in Substance Abuse Treatment & Recovery is built on the principles of relational development. We believe that success and satisfaction of parents and children improve as certain essential factors become more vital and pervasive within the relationship.”<sup>5</sup>*

### What group facilitators say:

*“I would say that the women who attended the Nurturing Families groups I ran enjoyed the balance of learning about themselves and learning how to be a healthy parent. I remember one participant really liking the scheduling and routines group because she struggled with that. The group sessions are a nice mix of learning and activities to reinforce the learned concepts.”* — Nurturing Families group leader

**For more information:** [nurturingparenting.com](http://nurturingparenting.com)





## Group Facilitation Models and Curricula *continued*

### Circle of Security Parenting

#### Training and/or materials:

- Four-day, in-person training (Remote options are also available)
- Upon completion, participants receive a Level 1 Facilitator certificate
- Facilitators can work through four levels of training to receive more support and a higher level of certification
- This group typically runs for 90 minutes once per week for eight weeks

#### How Circle of Security describes their model:

*“Our goal is to engage each parent’s wisdom by illustrating how attachment needs are expressed by infants, children and adolescents.”<sup>6</sup>*

#### What group facilitators say:

*“I like the intervention because it is a relatively straightforward and compelling way to encourage parents to think about the meaning behind child behavior that fosters healthy attachment. The material is accessible, and the graduation certificate at the end of the series is often appreciated. During the group, participants watch video clips illustrating the main concepts with scheduled pauses for questions to promote reflection. The video clips are from a parent’s perspective and are delightful to watch. This helps translate complex ideas about attachment and makes them simple and “sticky” so parents can easily access the material.*

*The approach is a parent reflection model, instead of a parent education model. That means that instead of telling parents strategies about what to do and how to do it, the model encourages thinking about yourself as a parent in relationship to your specific child.” — Circle of Security group leader*

**For more information:** [circleofsecurityinternational.com](http://circleofsecurityinternational.com)

### Active Parenting

#### Training and materials:

- One-day training (eight hours)
- This group typically runs for two hours once per week for six weeks

#### How Active Parenting describes their model:

*“Being a “successful parent” means more than providing food, clothing, and shelter. It requires taking an active role in a child’s growth and development, and an active approach to parenting. Our mission at Active Parenting Publishers (APP) is to support and prepare families through “every stage, every step” of their child’s development. We are also here to support and prepare parent educators “every stage, every step” in their efforts to provide the best programs possible to the families they serve.”<sup>7</sup>*



## Group Facilitation Models and Curricula *continued*

### What group facilitators say:

*“What I like about Active Parenting is that it provides a lot of information about ages and stages and helps parents think about how to have a ‘just right approach.’ It teaches how to balance giving their child freedom to explore and learn and do the things that it’s their ‘job’ to do during each stage while also making sure that they are safe and finding ways to discipline them that teach them and help create bonds instead of damaging them.”*  
— Active Parenting group leader

For more information: [activeparenting.com](https://activeparenting.com)

### Some other notable programs for groups used by FIRST Steps Together programs:

- WRAP Program  
[wellnessrecoveryactionplan.com](https://wellnessrecoveryactionplan.com)
- The Journey Recovery Project  
[journeyrecoveryproject.com](https://journeyrecoveryproject.com)
- Positive Parenting  
[positiveparenting.com](https://positiveparenting.com)



## 2.3

## Endnotes

- 1 Cycon, A. & Friedman, L. (2020) *GPS On the Road to Recovery Curriculum*. Group Peer Support
- 2 U.S. Department of Health and Human Services Office of Minority Health. (2021, December 30). *Think Cultural Health Resources*. Think Cultural Health—The Office of Minority Health. [minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)
- 3 Group Peer Support. (2022). *GPS Model*. [grouppeersupport.org/gps-model](https://grouppeersupport.org/gps-model)
- 4 Parenting Journey. (2022, March 10). *Parenting Journey In Recovery*. [parentingjourney.org/parents/parenting-journey-i/sober-parenting-journey](https://parentingjourney.org/parents/parenting-journey-i/sober-parenting-journey)
- 5 Nurturing Parents. (2022). *Families in Substance Abuse Treatment & Recovery*. Families in Substance Abuse Treatment & Recovery. [nurturingparenting.com/ecommerce/category.i?cmd=view&catid=1:3:5](https://nurturingparenting.com/ecommerce/category.i?cmd=view&catid=1:3:5)
- 6 Circle of Security International. (2019). *Circle of Security*. [circleofsecurityinternational.com](https://circleofsecurityinternational.com)
- 7 Active Parenting. (2021, September 28). *Active Parenting*. [activeparenting.com](https://activeparenting.com)

# 2.4

## Care Coordination and Collaboration

“In FIRST Steps Together, we help our participants grow their recovery capital through referrals and care coordination. **With every referral we make, we add a new skill, resource or support person that can walk alongside them.** Through this process and partnership, we begin to see our participants gain those internal and external resources needed to maintain recovery and nurture their families to break the cycle of addiction for the next generation.”

— FAMILY RECOVERY TRAINING SPECIALIST



# Summary

Care coordination requires building relationships in a proactive and thoughtful way and is fundamental to supporting parents in recovery.

Care coordination is the practice of working together with community partners to ensure we are best meeting the needs of the families we serve. Families affected by substance use are often balancing multiple service providers and appointments. Through effective care coordination, we can come together with the family to make sure their services are aligned with their goals and their basic needs are being met. Through community coalitions, such as perinatal collaboratives, we can promote a strengths and resilience-based comprehensive public health approach to parental substance use that incorporates collaboration with other providers, including Child Welfare Services and health-care workers. Our goal is to create a seamless system of care for parents and expectant parents working towards recovery.

## INSIDE

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# Building Community Partnerships

Building relationships and making connections with community partners creates the support network necessary to best serve the families we work with.

FIRST Steps Together collaborates with a number of agencies and organizations to best serve parents working towards recovery in our communities. We start by identifying the other agencies in our community that serve expectant parents, parents, people who use substances and people in recovery. One Supervisor shared *"We started by literally walking out of our office and visiting all of the agencies that serve families in our community. Not only did this get us familiar with all of the potential partners and resources available, it also helped us to experience what it is like for our families to navigate going from agency to agency. We got to see what the waiting rooms were like and imagine what it would be like to do all of this while pushing a stroller and carrying a toddler. We introduced ourselves and shared about our program and found out more about each agency and what they had to offer. We collected all of this information in a binder. Every time we find out about a new resource, get a new flyer, or make a new contact, we add it to the binder."*

Then we begin relationship building. Just as we take the time to get to know a potential participant to engage with them in a meaningful way, we want to do the same with our community partners, to build lasting relationships that focus on the shared goal of supporting families in our community. We set up time for a phone call, stop by their office or meet for coffee. We start with curiosity. We ask them about themselves and about their work:

- What does their work look like?
- What do they love about it?
- What makes their work challenging?
- What are their goals?
- What kinds of services do they offer?
- What makes their services a good fit for someone?
- What is the best way to refer participants to them?
- What does their referral process look like?



It's been helpful to build a relationship with a point person at other agencies within my community. These relationships have allowed us to do many things, such as host a group at their location, make successful referrals, or simply build an understanding of our program. **This all helps build healthy community connections for our program participants and the agency as a whole."**

- FAMILY RECOVERY  
SUPPORT SPECIALIST

We can answer the same questions about ourselves and our work. As we continue to build these relationships, we explore how we can work even more collaboratively together to streamline referrals, avoid duplication and gaps in services, and provide a more seamless system for parents in recovery in our community. Some collaborative organizations plan events together, invite one another to learning opportunities, co-facilitate groups, and share and display each other's promotional materials. There are many ways that agencies can partner and show one another support.

## Strengthening Referral Relationships

We cultivate reciprocal relationships with our referring partners, so that we are familiar with other community resources and so they are informed of our program offerings.

**Our goal is to make referrals as simple as possible for community partners and for self-referring participants.** We spend time thinking together about how to best send and receive referrals to and from each partner. This includes discussing preferred modes of communication. Some agencies want to use protected email, some feel more comfortable with a phone call and others prefer sharing information with participants and asking them to self-refer. Some programs may handle referrals with an intake coordinator, while others prefer going directly to the service provider. We prioritize maintaining strong connections with referral partners by regularly checking in to make ourselves available to answer any questions they may have and to ensure we have their updated program information.

Although we partner with a variety of community organizations, a large portion of our referrals come from local obstetrics and gynecology (OB/GYN) providers and from Child Welfare Services. An even larger proportion of participants self-refer after seeing FIRST Steps Together promotional materials or hearing about the program from a current or former participant or a partnering provider.





Below is a list of the referral sources we most frequently collaborate with. This is not an exhaustive list. Some sites have found great success in identifying non-traditional partners specific to the needs of their communities and participants.

- **Children and family focused programs and services:**
  - Child Welfare Services
  - School guidance counselors
  - Women Infants and Children (WIC)
  - Early Intervention programs
  - Other home visiting programs
  - Family resource centers
  - Children's Behavioral Health Initiative mental health agency and local crisis services
- **Justice system:**
  - Correctional facilities
  - Probate courts
  - Post-incarceration groups
- **Local health care services:**
  - Hospitals
  - Birthing centers
  - Prenatal care practices
  - Pediatric offices
  - Primary care providers
  - Public health nurses
  - First responders (e.g., police, fire, EMS)
- **Local recovery services:**
  - MOUD providers
  - Peer recovery centers or recovery coach programs
  - Community-based outpatient programs
  - Family residential treatment programs
  - Pregnancy enhanced programs
  - Acute treatment services (detox)
  - Sober living homes
  - Harm reduction services
  - Post overdose follow-up services
- **Previous and current participants**
- **Self-referrals**
- **Gyms and health and wellness programs**
- **Laundromats**
- **Local libraries**
- **Places of worship and clergy**



It's exciting to introduce the parents I work with to Peer Recovery Centers and encourage them to explore what is available. I've seen some embrace this opportunity, building their recovery capital by meeting people and exploring different paths to recovery. Many centers offer diverse styles of groups that allow people to develop life and job skills, as well as confidence in new areas."

- FAMILY RECOVERY  
SUPPORT SPECIALIST

For those in Massachusetts, find out more about **Peer Recovery Support Centers** here:

[mass.gov/info-details/peer-recovery-support-centers](https://mass.gov/info-details/peer-recovery-support-centers)

# Program Promotion

Successful program promotion requires clearly communicating the unique benefits of our program and casting a wide net to reach potential participants.

Staff should be comfortable describing our various program offerings, reviewing the criteria for enrollment, and explaining the unique benefits of home visiting for new parents working towards recovery. Some staff create and practice an “elevator speech” so that they feel confident in talking with others about the program and services.

We promote FIRST Steps Together through printed materials, online and in-person trainings, monthly newsletters, on-site events and groups that are open to the community, local collaboratives, and task forces, and connections. We adapt the reading level, language and imagery of our promotional materials to ensure that they are accessible and welcoming to a diverse population of potential participants.

# Warm Handoffs

A warm handoff is a relationship-based referral designed to support participants and put them at ease while promoting seamless collaboration and care coordination between providers.

Through all of our efforts to cultivate referral sources, promote our program, and build relationships, we set the stage for warm handoffs.

**Warm handoffs are not simply referrals; they are supportive transitions of care between service providers.** Generally, initial meetings involve a phone call between providers, often with the participant present, or a face-to-face meeting when possible. We are familiar with our referral sources, so that when we welcome new participants from other programs, we have a sense of what supports they have already received and what additional services may be most helpful for them.

We are mindful to practice open communication when receiving participants into our own program and when supporting families as they make connections with other providers. For example, when a participant transitions home from the hospital after giving birth and is matched with an Early Intervention Specialist, we can be present for the first EI meeting, provide context about the family’s strengths and needs, and act as a support to the parent to introduce them to these new services. This can help ease the parent’s anxiety when meeting a new provider and can help acclimate the new provider to the needs of the family. These initial connections also form the foundation for an ongoing partnership between providers to best support the family.



When I go to these community events, I stay updated. I learn about new services and what each program specializes in. I connect with the people who are working there—and there are always new people! The staff members I meet see who I am and that I am passionate about what I do for work. When they have a person that may be a good fit for any of our services, they remember me and are more likely to make the referral.”

- SUPERVISOR

The facilitation of “warm handoffs” includes making note of any specific concerns or triggers within the intake process, while still being careful to protect participants’ privacy and confidentiality. This includes both receiving sensitive information from referral sources and relaying sensitive information to other care providers who will be serving our program participants after their discharge or graduation. We connect with outside providers only after FIRST Steps Together receives signed releases. These conversations often take place in person or over the phone, so that sensitive information can be communicated in a thorough manner.

Some of these early meetings may occur in a hospital, treatment facility or home setting during pregnancy or in the early postpartum period. We are mindful that participants may be particularly vulnerable, high-needs and high-risk at these times. (Please refer to release of information section and tool in [2.1 Engagement](#) on [page 127](#).)



# Care Coordination

Care coordination helps us to elevate the quality of care we provide and improve outcomes for the families we serve.

Care coordination is the practice of sharing information between providers who serve the same person or family, to align goals between providers, better meet the family's needs, and avoid duplication in services.

**Effective care coordination empowers parents, reduces the stress of managing provider relationships, and enhances parents' ability to participate in multiple support services.** Participants benefit from receiving **wraparound** services from providers who work together and have regular communication with each other to stay well-informed of the family's needs and progress. Providers collaborate in their care efforts to build upon a participant's strengths and offer support in response to their needs. In this way, providers and program participants remain accountable to one another, and all contributors work to support the wellbeing of the family being served.

In any setting, care coordination is designed to improve outcomes. The Agency for Healthcare Research and Quality (AHRQ) states that care coordination encompasses many activities, including:

- Establishing accountability and agreeing on responsibility
- Communicating and sharing knowledge
- Assisting with transitions of care
- Assessing needs and goals
- Creating a proactive care plan
- Monitoring and follow up, including responding to changes in needs
- Supporting self-management goals
- Linking to community resources<sup>1</sup>

While effective care coordination is best practice, it is up to the participant whether or not they give permission for communication between their providers. We respect participants' wishes regarding the nature and frequency of our contacts with other providers. Participants may want to be included in these conversations or may permit providers to consult with one another separately. Our goal is for participants to feel that FIRST Steps Together supports them and helps them meet their needs without complicating services or creating conflicting goals.



**We can act as a hub for helping to foster communication between the many providers that a family might have. So in addition to making referrals, we might also be collecting and reviewing service/ action plans to streamline tasks, convening meetings or conducting shared visits (even remotely!) with participants and providers.”**

- PROGRAM DIRECTOR

**Wraparound** is a team-based approach to services, that includes professional and natural supports which provide individualized and coordinated, family-centered care to meet the complex needs of families.

Communication between providers is particularly important when participants ask for help navigating or advocating within a particular system. Advocacy is integral to our work and allows us to affect change for the families we serve. Health care and social service systems are not well designed to support family units affected by parental substance use. These systems often do not recognize the barriers that prevent families from engaging in services. Many participants feel overwhelmed and disempowered having to navigate multiple providers and systems and they turn to our program for support.

We are devoted to speaking up on behalf of the best interests of the parents and children we work with, while also empowering them to advocate for themselves and their families. We may offer parents tools and language to communicate more effectively or arrange and attend collaborative meetings with other service providers. **In this way, we work to align goals, problem-solve challenges and propose solutions that support the parent-child relationship.** In some cases, we may be asked to support participants in preparing documentation that shows their progress for the purpose of case reviews or court dates.

## Team Meetings

Collaborative team meetings provide the opportunity for multiple service providers to be informed and united in their work to support a given family.

Team meetings are opportunities for all providers serving a family to gather either in person or virtually, along with the participant, to discuss a family's needs, progress and services. For example, we may periodically meet with a participant, their Child Welfare Services social worker, outside therapist and/or other treatment providers to look together at the plans and goals the participant is working on with each provider. Meeting jointly in this way allows us to:

- Discuss each plan and how various services can complement each other.
- Look for areas where we can remove duplication to streamline services.
- Identify where there might be gaps in services where families would benefit from more support.
- Review goals or actions between service plans that may conflict with one another.
- Help prevent participants from being overwhelmed by an unmanageable amount of tasks.



**Through connection and partnership, we created a system where participants get to know the labor and delivery/pediatric teams. We hold a pre-delivery session with a hospital staff member who may be responsible for mandated reporting, so that parents can express their wishes associated with their delivery. This has been a powerful connection and can prevent the need to do multiple comprehensive assessments post-delivery.”**

- CLINICIAN



**Our aim is to work collaboratively to align our services to best meet the needs of each parent and their children.** Similarly, we can conduct team meetings to review the services that participant’s children are receiving, bringing together our team and their EI provider and other supports.

It is important that the participant feels comfortable and empowered to take an active role in these meetings. We can help parents prepare by developing questions, prioritizing talking points, and compiling documents that show their progress. This preparation builds the parent’s confidence and self-advocacy skills. We recognize that in times of higher need, participants may be more vulnerable and less able to advocate for themselves.

Ideally, each provider’s perspectives and goals will align with those set by the participant. If this is not the case, we advocate for the family’s best interest, in a professional and thoughtful manner, providing documentation and rationale as needed.

## Care Coordination to Meet Concrete Needs

Working together with community partners also gives parents access to a broader range of resources and benefits.

Providing concrete support is a protective factor for families. It is difficult to focus on building parenting or recovery skills when a family’s basic needs are not being met. We often reference Maslow’s Hierarchy of Needs to explain this aspect of the work. The visual image of Maslow’s Hierarchy is shown as a pyramid where the most basic needs form the foundation upon which all other needs can progressively be met. These basic, physiological needs are met by having access to food, clean water and shelter. Many of our participants’ basic needs also include items such as: formula, diapers, wipes, hygiene products (e.g., soap, deodorant, detergent, toiletries), safety products (e.g., outlet covers, cabinet fasteners, other baby-proofing supplies), menstrual products, clean and weather appropriate clothing and shoes, and items for babies’ safe sleep and transportation (e.g., Pack n’ Plays or cribs, car seats, strollers, etc.).

Families may receive benefits through Women Infants and Children (WIC), which supports nutrition by providing formula, milk and healthy food items to parents and children ages 0–5, or through the Supplemental Nutrition Assistance Program (SNAP), which offers a monthly allowance to families for the purchase of food products. Similarly, some families may qualify for Temporary Assistance for Families with Dependent Children (TAFDC)—often known as “welfare” or “government assistance”—a monthly allowance relative to family size that can be used for non-food needs, including items for the children or the family. Program participants often benefit from care coordination and collaboration between FIRST Steps Together staff members and assigned case workers managing these benefits.



**Our team has found it extremely helpful to work together with WIC to support breastfeeding mothers, specifically those on Medication for Opioid Use Disorder (MOUD). This helps to provide families with comprehensive care and a collaborative support system working toward the same goal.**

– PROGRAM DIRECTOR

Safety needs reside just above physiological needs on Maslow’s Hierarchy. These are the supports that provide security and physical, emotional and psychological safety. Considerations may include safe housing, stable employment and healthy relationships. FIRST Steps Together participants often need help with housing and may be in search of a residential program for substance use, affordable housing units for rent or an emergency shelter. We may collaborate with potential housing programs or workers, coordinate care with Intimate Partner Violence (IPV) programs, or encourage continuing education or training efforts to help participants secure stable employment.

Resources and support services are specific to each state, location and, often, each catchment area. It is important that staff members have a working knowledge of the resources available in their area and understand the process for accessing these supports. Building and maintaining this resource list can be time consuming. While it is important that we all have familiarity with what resources are available in our community, some sites dedicate one person to do this research and maintain a list for all staff. For example, assisting a family in finding housing may take an entire day, or multiple days for emergency shelter, whereas longer term housing may require multiple hours for multiple months to secure. Some agencies have found that having a designated resource coordinator, can be more effective and efficient.

**The first step in stabilizing and supporting a family is ensuring that they have access to basic resources, so that they can live with a sense of safety and security. This foundation allows parents to shift their focus towards meeting their higher-level needs and long-term goals.**

## Care Coordination to Meet Expecting Parents' Needs

When serving expectant parents through pregnancy, birth and the postpartum periods, it is essential that we have positive working relationships and open communications with perinatal providers.

We are often a primary support provider for expectant parents. We help create birth plans that detail their preferences, including use of medication and feeding choices. We also work together to complete Family Care Plans (Plan of Safe Care) that prioritize the safety and well-being of both parent and child. We aim to finalize these plans in advance of a potential crisis or involvement with Child Welfare Services.

While we encourage our staff to be familiar with the other parenting and recovery providers in the area, we specifically highlight the importance



**One of the most important parts of our work is helping parents understand the process of assessing safety concerns for their newborn babies while also linking them to supports that will benefit them throughout the DCF process. One tool that can be used to document a client’s care team, supports, and future plans is a Family Care Plan (Plan of Safe Care)."**

- CLINICIAN



of maintaining connections with local hospitals. This includes building relationships with the social workers available in their obstetrics and labor and delivery departments. Collaborative communication between hospital staff and outside providers during a participant's pregnancy allows care providers to better anticipate and meet each families' needs.

Staff should familiarize themselves with relevant hospital practices and policies, such as visitor policies, NICU accommodations and practices around supporting birthing parents who are prescribed Medication for Opioid Use Disorder (MOUD). For example, it is helpful to find out if the hospital has the ability to provide MOUD treatment during the hospital stay. We also ask specifically about their policies and practices for Substance Exposed Newborns. This may include asking about skin-to-skin contact, low lighting, feeding practices, rooming in for the birthing parent and baby, assessments such as Eat, Sleep, and Console and/or what nursery practices exist.

Lastly, it is important for us to be familiar with each hospital's procedure for making reports with Child Welfare Services. Participants have shared that they feel more prepared and less anxious when they have received support with birth planning and when they understand why and when a hospital may file a report with Child Welfare Services and what that process will look like.

The Neonatal Quality Improvement Collaborative of Massachusetts developed **The Eat, Sleep, Console NAS Care Tool** which can be found here:

[neogicma.org/eat-sleep-console](https://neogicma.org/eat-sleep-console)

We can help parents prepare for this possibility by sharing that they have completed a Family Care Plan (Plan of Safe Care) and discuss what information they have collected and created that they can proactively share with the social worker. When possible, sharing this information ahead of time means that parents do not have to locate and provide this information in their first postpartum hours and days and can instead focus on recovering and bonding with their new baby. We have seen preparation before the



birth and timely care coordination with evidence of recovery supports has helped Child Welfare investigations to go more smoothly for our participants. In many cases, this preparation allowed for the parent to maintain custody and bring their baby home from the hospital, rather than experiencing a period of separation due to an interim custody placement.

# Collaborating with Child Welfare Services

It is our role to walk with parents through the process of working with Child Welfare Services, helping them navigate the system, offering support, and advocating for them and their children along the way.

Child Welfare Service was designed to ensure that children are safe and that families have the necessary support to care for their children successfully. For various reasons, many of our families have current or past involvement with Child Welfare Services. This may be due to struggles with substance use, relationships involving IPV, lack of stable housing, family histories that include prior involvement with the system, pregnancy while receiving MOUD, or concerns about abuse and neglect. For many families this feels catastrophic. It can be scary and traumatic to be faced with the possibility that your children could be removed from your care. Supporting families through this experience is one of the most important aspects of our work. We can hold space by offering a listening ear, helping parents work through their Family Assessment and Action Plans, advocating with and for them, using our lived experience to empathize and connect, and offering to attend meetings or Family Time. It is also our role to help parents who have experienced Termination of Parental Rights find ways to heal and cope with this long-term separation from their children.

There are many staff on the project that have experience navigating the Child Welfare System, not just professionally, but also personally. Using this lived experience to benefit others helps families maintain hope for their own futures and builds trust with FIRST Steps Together staff. However, having personal experience with this system can also pose a challenge by bringing up big feelings for staff and potentially influencing the way they



Working closely with Child Welfare Services has helped me better understand what is being asked of our program participants. **This has also helped me navigate services and given me space to voice concerns if I feel services are overlapping or offer suggestions on things that might be of benefit for the family.”**

- FAMILY RECOVERY  
SUPPORT SPECIALIST



approach the work. It is important that staff members work to identify their own bias and explore these feelings in supervision so they can interact with Child Welfare Services in a meaningful way that benefits the families they serve.

We are acutely aware of the fact that involvement with the Child Welfare System may have a permanent impact on the family's composition and custody arrangements. We hold space for the parent, while also prioritizing the best interests of the child. This can be particularly challenging when the parent is not able to provide an environment where both the child and parent can thrive. Some families maintain guardianship, but have Child Welfare Service oversight, and others experience temporary or permanent custody changes. FIRST Steps Together supports participants with their recovery and parenting goals no matter what that looks like, and effective collaboration with Child Welfare Services is critical to their success.

**Dedicating the time to learn about Child Welfare Service processes and getting to know the staff in each local office is the best way to help families navigate the system.** Familiarizing ourselves with the roles and structure of the system also helps staff learn how to elevate concerns, especially if there is variability between case workers and practices. We support our staff in building and strengthening relationships with their local Child Welfare Services and working through barriers to effective collaboration.

When beginning to serve a participant who has Child Welfare Services involvement, we aim to develop a direct relationship with their Child Welfare case worker and supervisor from the very start. It is best practice to build a collaborative connection with other providers proactively, rather than in response to an issue or conflict. We encourage staff to become aware of who the "players" are. This often means learning who is serving as the initial investigator responding to a report of suspected child neglect or abuse. Similarly staff should be aware of which case worker is assigned to the family after the initial investigation, and which supervisor will be overseeing them. Each case worker has a supervisor who oversees the

case, consults on decisions and attends team meetings. Massachusetts also has a system of regional Substance Use Coordinators, who can advise on issues related to families impacted by substance use. It is important for staff to build relationships with each of these individuals. All parties should develop a mutual understanding of the concerns, the family's goals, any trauma histories, and a plan to support the parent in providing a safe and supportive home for their children, whether that be within their own family or through another placement. We are best able to support families and advocate for their needs when we understand how a family moves through the Child Welfare System and when have already established relationships, when possible, with the key players and decision makers.



**Here are some children's books that may help when parents and children are apart:**

*Once I Was Very Scared* by Chandra Ghosh Ippen  
This book was designed to help young children who have experienced stressful or traumatic events.

*You Weren't With Me* by Chandra Ghosh Ippen  
This story was designed to help parents and children talk about difficult separations, reconnect, and find their way back to each other.

*Love Me This Way* by Lee Ellen Aven  
This delightfully illustrated book is a primer on unconditional love told from the child's point of view.

*Maybe Days* by Jennifer Wilgocki  
A straightforward look at the issues of foster care, the questions that children ask, and the feelings that they confront.

*The Kissing Hand* by Audrey Penn  
This story is used to reassure children upset by separation anxiety.

One particular area that requires a significant amount of our effort, is supporting families with Family Time. **In our program, we use the language “Family Time” to refer to what other agencies may call “supervised visitation” or “supervised parenting time.” This is an intentional way to reframe and shift the focus from “supervision” of the parent towards supporting the family connection and parent-child relationships.** For many parents, being separated from their child or children with very limited contact is extremely painful and difficult, and often this reality is hard to imagine for those who have not lived it. FIRST Steps Together takes an active role in collaboration and education with Child Welfare Services to recognize and support Family Time, however limited, as an opportunity for connection. There are significant benefits to both the parent and child to maintain their bond in a safe and supportive setting.

Child Welfare Services is obligated to provide parents who do not have custody of their children with regular Family Time during the period of separation. Family Time should occur at a frequency determined by the

specifics of the situation, the age of the child, the temporary custody placement, and the parent’s ability to engage in Family Time and actively work on their Family Assessment and Action Plan. Ideally, Family Time happens in person, but may also happen through phone calls and video meetings.



**Ideas and Plans for Family Time Tool**  
Go to [page FP41](#)

Many parents work hard to maintain their connection with their children even though they may be offered limited contact with them. This can be a deeply upsetting and discouraging experience. While they may eagerly anticipate having contact with their child, participants may also be filled with apprehension about how the visit will go or how the child will feel or respond. Parents may also feel discomfort and uncertainty about being supervised by their Child Welfare Services worker. The experience can be traumatic for both parent and child. To help alleviate this, we work together with the parent on how they can prepare for and navigate their visits and to determine things they can do after each visit. A more detailed list for how we do this is included in the Tool: Supporting Parents Before, During and After Family Time.



**Supporting Parents Before, During and After Family Time Tool**  
Go to [page 234](#)

We also work collaboratively with the social worker in several ways. We can help offer context and possible explanations for parent’s difficult experiences and strong emotions. Throughout the process of separation and exercising Family Time, parents and children are often emotional, as being away from each other can be extremely painful and confusing. **Parents may experience a wide array of emotions, ranging from guilt, shame or remorse to numbness, anger, sadness, relief, indifference or feeling complete shut down. We can help by creating an opportunity to reflect on the emotions of the child and parent, framing behaviors in the context of the situation.** When speaking with the case worker, we note that this is a traumatic experience for both parent and child and trauma responses are not only normal but to be expected.

Sometimes a parent asks us to be present with them during their visit. In order to attend a session of Family Time, we typically seek permission from the social worker in advance of the visit. Depending on the parent’s preferences, we may take the role of a more passive observer, we may be there for the parent’s emotional support, or we may facilitate parent-child interactions or advocate for the parent with the case worker. We prepare for Family Time by gathering information about the history of the parent-child relationship, inquiring about how the most recent visits have gone, and learning about any potential concerns the parent or case



Parents and their child(ren) often have big feelings leading up to Family Time, during the visit, and after separating from each other. **It’s often helpful for parents to focus on the pieces they can control—packing a snack, bringing an activity for their child, or repeating a positive affirmation for themselves. I remind them that no matter how the Family Time goes, they can bring their thoughts and feelings back to our time together.”**

- CLINICIAN





worker may have. Additionally, we determine if there is a goal or focus for the time together. The focus might be related to a parent's own individualized goals or to something from their Family Assessment and Action plan. A parent may express a specific goal or simply ask us for company or emotional support. Some parents may want us to be more active with advocacy or through involvement with their child in order to support the parent-child relationship.

We collaborate with the case worker to better understand their expectations and goals for each visit. Knowing what kinds of changes the case worker is hoping to observe and the rationale behind these goals for the family, can help clarify the importance of things that may otherwise seem arbitrary. In this way we can understand these expected shifts in behavior as an important part of the case worker's ongoing assessment of the parent's readiness to parent. Communicating these expectations explicitly to the parent can help them feel prepared, as well as provide opportunities for problem solving together when some tasks seem to be more difficult or confusing. In this way we can help smooth and strengthen communications between Child Welfare Services and the families we serve, assisting the family in making sense of their goals and the actions necessary to accomplish them, and helping case workers better understand the challenges families may face in navigating their service plans.

We've had the opportunity to collaborate with many dedicated, compassionate, and thoughtful case workers, supervisors, managers and regional coordinators who have positively impacted the families we work with. Regardless of the circumstances, care coordination and collaboration is a priority for our program.

## Creating and Engaging in Perinatal Collaboratives

Perinatal Collaboratives are an avenue for making change in your community.

In addition to working to build individual relationships with service providers, we can have a stronger collective impact when we come together in a coalition or collaborative. FIRST Steps Together sites actively participate in local or statewide perinatal collaboratives. These alliances bring together



perinatal care providers, public health professionals, and advocates with shared goals to use their collective power and expertise to improve the quality of care for parents and babies. These collaboratives acknowledge and share the good work that is being done and identify where connections between services can be strengthened.

Launching a perinatal substance use collaborative can be as simple as emailing local providers and agencies with a request that they each send at least one representative to a meeting. When building up participation, it is important to send regular meeting reminders and to be persistent in inviting agencies that may not initially attend. It is best to communicate the message that all providers and agencies are welcome, as is their input about topics for future meetings.

Initial meetings should be designed to give an overview and set collaborative goals for future gatherings. Involving regional or statewide professionals from the Department of Public Health, state hospitals or local treatment facilities can help the collaborative promote and disseminate information to stakeholders in the local recovery community. The more varied the composition of the stakeholders involved, the greater the potential impact it can make across different systems within the community.

A well-run collaborative will ideally have co-chairs, who can create and maintain responsibility for ongoing communication and oversee logistics, including documenting meeting minutes. This allows stakeholders who may be unable to attend or participate in a given meeting to remain informed and to provide input and offer support for ongoing initiatives.

Local stakeholders to invite into your collaborative include:

- Child Welfare Services
- Medication for Opioid Use Disorder (MOUD) providers
- Other treatment providers
- Recovery centers
- Home visiting programs
- Local legal and court system representatives
- First responders
- Primary care physicians
- Pediatricians
- Early Intervention providers
- WIC providers
- Healthy Families programs
- Hospital programs
- Perinatal providers (obstetricians, midwives, doulas, nurses, hospital social workers)





- Parent support groups
- Housing support organizations

It is beneficial to invite previous or current participant families, and others with lived experience to be part of your group to provide their input. Families may be willing to share their stories to illustrate various aspects of their own care and discuss what worked, what challenges or barriers they faced and what outstanding needs they feel could be better met by effective care coordination and initiatives of the perinatal collaborative.

The collaborative environment provides a forum for open dialogue about breakdowns in the continuum of care and referral process or challenges within large family social service systems. This approach offers providers an opportunity to address problems or make changes to their systems.

For more information on perinatal collaboratives, we recommend:

**SAMHSA's guide: A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders**

[store.samhsa.gov/sites/default/files/d7/priv/sma16-4978.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4978.pdf)

**Prevention Collaboration In Action tools, through Prevention Solutions @EDC**

This easily searchable toolkit is designed to provide tips, tools and resources for each step in forming collaborative relationships and groups from "Understanding the Basics" to "Engaging the Right Partners" to ongoing work together. It also includes a section of tools specific to collaborative work to address the impact of opioids on families and communities.

[pscollaboration.edc.org/collaboration-tools](https://pscollaboration.edc.org/collaboration-tools)



# 2.4

## Key Takeaways

**ACCESS:** Coordinating and advocating for access to concrete supports and services minimizes stressors and allows parents to better attend to both their recovery and parenting.

**EMPOWER:** Families feel empowered when they experience effective care coordination, which can align the efforts of multiple providers and increase parents engagement in other services.

**REFLECT:** Effective care coordination can be challenging when navigating complex systems and collaborating with providers who may not share our approach. We encourage staff to use supervision to support their care coordination efforts.

**ADVOCATE:** An integral piece of our work is advocating for the families we serve and modeling for them how to advocate for themselves. In this way, we support parents in better navigating complex systems and overcoming both internal and external barriers that often prevent families from successfully engaging in services.

**COLLABORATE:** A coherent, collaborative public health approach supports the best interest of families by ensuring shared vision, input and accountability across stakeholders.

# 2.4

## Tools





## Supporting Parents Before, During and After Family Time

### Preparing for Family Time

It may be difficult to think about Family Time when emotions are high, so we help parents think through and create a plan for visits. **This may involve emotional preparation**, such as working through feelings and coming up with strategies to calm and center themselves before, during and after the visit, so they can be present for their child. We normalize the experience of having a range of emotions about Family Time and give parents the space to speak openly so that they can show up for their child in a way that wouldn't otherwise be possible.

**Parents also need to think about the concrete or logistical aspects of Family Time**, such as how they will travel to and from the visit, what snacks, toys or activities to bring and how to connect and spend time with their child within the assigned time and space limitations. If the time allows, sharing a meal can be a great way to connect with their child by preparing and/or bringing foods that may be a comfort, reminder of home, or part of their family's culture.

Depending on the length of separation, parents might no longer have items at home that are developmentally appropriate for their child's current needs. Many sites offer "developmental backpacks" that contain toys and activities to promote parent-child connection during Family Time. If there are questions about what foods or activities may be allowed during Family Time, we encourage parents to reach out to their case worker to confirm that their plan for that visit will be supported.

One FRSS shared: *"Each of our developmental backpacks has a book and age-appropriate toys so there is a reading activity and something that focuses on motor skill development. I enjoy how they can be used in so many different ways. I have moms that struggle with reading to their kids, and this makes it easy. If you have an animal book and can hand them the toys one at a time it makes it all engaging."*

We can also assist participants in preparing for the visit by thinking together about their child's interests and **helping them plan an activity** that is developmentally appropriate. For example, activities could be exploring board books and building blocks, coloring, using play dough, or playing with a puzzle or board game.

One Clinician shared: *"Help your participant think about having some routine or structure in this time together that the child can anticipate and look forward to. This could be a favorite snack, a special hello or goodbye, a favorite activity or a comforting phrase or song. With so much unknown and so much out of their control, having their parents be consistent, as much as possible, can help the child feel more contained."*

It may be helpful to support participants in reviewing their plan for Family Time, practicing responses to difficult questions their children might ask (like, "why can [younger sister] be with you but I can't" or "When can I come home?"), and coming up with a quick breathing exercise or grounding phrase they can use to manage stress during the visit.

Additionally, staff and parents may prepare documentation of progress to bring to visits for the case worker. Most agencies require parents to confirm the day before scheduled appointments, and staff can guide participants in practicing this form of accountability. Preparation and support for Family Time may change over time, depending on the parent or child's needs and the progress of their case and service plan.



## Supporting Parents Before, During and After Family Time *continued*

### During Family Time

**Sometimes a parent asks us to be present with them during their visit.** In order to attend a session of Family Time, we seek permission from the Child Welfare Services case worker in advance of the visit. Depending on the parent's preferences, we may take the role of a more passive observer, we may be there for the parent's emotional support, or we may facilitate parent-child interactions or advocate for the parent with the case worker.

These situations require us to be aware of our own feelings and potential triggers, particularly for staff that have lived experience and past personal involvement with Child Welfare Services. We can work in Supervision to process these feelings prior to a meeting and make a plan for our own wellbeing so we can prioritize the participant's needs during their Family Time.

**We remind parents to try not to get discouraged if their visit doesn't go as planned; the most important thing is showing up for their child and spending time together.** We are mindful that challenging behaviors around Family Time, such as a child being "uncooperative"—which may look to outsiders as a visit "not going well"—could be completely normal. Often difficulties around visits may be the way a child or their parent processes big feelings, confusion, avoidance or frustration related to having to navigate repeated separation from one another. Another way we collaborate with Child Welfare Services is by providing this context and helping case workers make sense of these behaviors.

### After Family Time

**While most parents treasure this limited time with their child, both the parent and their child can have strong feelings around these visits.** For parents in recovery, these emotions can be hard to walk through without the escape of substance use. We want to be mindful that supervised Family Time can be triggering for many parents, even those who typically feel strong and stable in their recovery. Given this, we make sure to offer additional support and check-ins around these times.

Post-visit support can take many different forms. In some cases, a parent may want to meet with us via phone or video to process their feelings and experience. Sometimes, participants may need accountability for their recovery, and we can encourage them to attend a support group or meeting. Some parents may want to take action, talk through follow-up steps and plan advocacy efforts, while others may just need space for self-care.

**Providers should work together with participants to plan for how they want to care for themselves after the visit.** This could include establishing a ritual, such as breathing exercise, rubbing a worry stone, calling a friend, taking a walk, listening to music, or checking back on their wellness plan.



## Supporting Parents Before, During and After Family Time *continued*

### Holding Each Other in Mind

We recognize that it can be challenging to maintain the parent-child connection, particularly if families do not have regular phone or video contact between visits. **When parents are apart from their children, we encourage them to maintain their bond by “holding each other in mind,”** even if it is painful to do so. For example, a parent may keep a picture of themselves with their child, or a favorite book they read together, or a small favorite item of their child’s. Some parents process the time apart by writing letters or journal entries, in which they note all the things they would say if they could. Each parent needs to do what is best for them, and although coping with the separation looks different for every family, self-care and safety always come first. Similarly, a child may maintain attachment to their parent by holding on to a stuffed animal or article of clothing that has the parent’s scent, a photo album, or something else that serves as a grounding and comforting reminder of the parent, to let the child know they are loved by their parent.

*One FRSS shared, “When I was separated from my children for a time, it was suggested to me that I record myself reading our favorite book, “Guess How Much I Love You.” By doing this, my children were able to read with me, even when I wasn’t physically present. This helped soothe them during a difficult time and it made me feel like I was still able to contribute as a parent in a meaningful way. The small act of recording myself reading helped us stay connected and reminded my little ones that they were still loved, even though we were apart.”*

For more information on how to best support Family Time, please see resources at [www.FIRSTStepsTogetherMA.org](http://www.FIRSTStepsTogetherMA.org)





## 2.4

# Endnotes

- 1 Agency for Healthcare Research and Quality. (2018). *Care Coordination*. [ahrq.gov/ncepcr/care/coordination.html](https://www.ahrq.gov/ncepcr/care/coordination.html)

# 3.1

## **FIRST STEPS: My Family Portfolio Provider Guide**



**FIRST STEPS**

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# **My Family Portfolio Provider Guide**

**FIRST STEPS  
TOGETHER**  
FAMILIES IN RECOVERY SUPPORT



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# FIRST STEPS: My Family Portfolio Provider Guide

*The FIRST STEPS: My Family Portfolio* was designed by parents in recovery to help other parents through their recovery and parenting journeys.

This portfolio serves as a resource for anyone working on their recovery while parenting. We recognize that pregnancy and parenting can be both exciting and joyful, but also stressful and isolating. Many participants benefit from peer and clinical support, as well as comprehensive wraparound support services. Parents can use these materials to think through how their substance use and recovery impacts their parenting, and how meeting their own needs can allow them to better meet the needs of their children. We hope this resource will strengthen program participants' recovery capital and parenting skills, to the benefit of the whole family.

*Taking the First Steps Together, A Guide to Creating Collaborative Peer-Led Services for Parents Affected by Substance Use* was created to provide the "Why" and the "How" for those who are working to support recovery and parenting together through peer-led services. Each of the previous chapters builds the foundation for this work. While the Family Portfolio can stand alone, we highly recommend looking through the previous chapters for a much more detailed view of how to accomplish this work. This chapter is the "Provider Guide" and can help providers walk alongside families as they complete their portfolio.

This Provider Guide explains how to help support participants as they complete each tool. We have also included *Language for Advocacy and Collaboration* which gives suggestions on how to communicate with other service providers around the family's recovery and parenting strengths, concrete needs, and progress. Please know that these are just examples, and you should feel free to use the language that feels most comfortable to you and to the specific situation.

The Family Portfolio can be completed independently by parents or with the help of any supportive person or provider. This can be any person providing support for the parent or child, including a recovery



coach, healthcare professional, educator, developmental specialist, therapist, spiritual guide, or other mentor. We encourage parents and providers to use this portfolio to guide your work, demonstrate parents' progress, advocate for their wishes, and support their child.

**The portfolio includes four sections that can be individualized for each family:**

**MY STEPS** guides parents through the process of identifying their support system, creating wellness plans and setting personal goals. It also includes information on safety and relapse/recurrence of use prevention planning, birth planning and a Family Care Plan (Plan of Safe Care).

**OUR STEPS** centers on strengthening the parent-child relationship and caring for the child, while supporting their developmental needs. This section includes space for parents to think with their child about their family's hopes and dreams for the future.

**STEPS TOWARDS EACH OTHER** is for families experiencing separation. This section focuses on ways for parents to maintain their connection with their children during time apart. This section also includes tools to support the parent-child relationship, as well as ideas and plans for Family Time.

**SUPPORTING STEPS** is a space to collect important information, applications and resources that support the parenting and recovery journeys.

At the end of each section there is a space for *Thoughts and Feelings*. We encourage parents to use this space however they would like. Taking time to reflect on their journey is an important practice for self-care and growth.

Doing this work offers participants an opportunity to consider who they have been and who they want to be as parents and as individuals. Parents can decide which of these documents may be useful or important to share with their providers. Alternatively, they may decide to keep certain pieces of the portfolio for their own personal use.

Within the healthcare, child welfare, and family court systems many participants with current or prior substance use challenges often encounter stigma and assumptions about their abilities to parent. This portfolio guides parents in thoughtful and intentional decision making, as they prioritize their children's needs while navigating parenting in recovery.



This portfolio also allows for collaboration among providers that focuses on each family's strengths and develops a shared understanding of the supports they have in place.

We intend for providers to work with families at their own pace and to take this portfolio one piece at a time. Our goal is to empower parents to take charge of their lives, define their goals and strengthen their recovery while holding their children in mind. We hope this completed portfolio will guide other service providers in streamlining goals between services, easing parents' burdens and offering participants space to reflect and grow.





# MY STEPS

This section focuses on the parent's journey as they work towards recovery. In this section, parents will have the opportunity to identify their support system, set goals, create wellness visions and safety plans and organize their important documents.

## Support List

The purpose of this tool is for parents to collect and organize their contacts so they have easy access to the information they need. This tool helps participants identify their support systems and develop an up-to-date list of providers and releases of information. The completed tool powerfully supports care coordination as we use it in collaboration with their other providers.



**My Support List**  
Go to page [FP6](#)

### Language for advocacy and collaboration:

*"Attached is (Parent Name)'s list of their current providers, along with their contact information and signed releases. (Parent Name) has taken the initiative in compiling this information by allowing our program to collaborate with providers for both them and their children. (Parent Name)'s current providers supply services in the areas of (fill in the blank). We feel they are currently: well-supported (if applicable) or they would benefit from additional supports (if applicable) and will continue to work with them to meet their family's goals."*

## Wellness Vision

Creating a wellness vision offers an opportunity to work with participants to identify what wellness looks like for them. This includes the daily activities and practices that can help them stay or become healthy, determining how to recognize stressors and noting what coping or self-care strategies work best for them. This tool was designed with questions to encourage participants to reflect on the relationship between their stress and their wellness. Working through these sections may bring up big feelings and realizations



about healthy and unhealthy practices in a participant's life. We encourage providers to take this one step at a time, use reflective listening practices and support participants through this process.

It may be helpful to review the SAMHSA's *Creating A Healthier Life: A Step-By-Step Guide To Wellness* which has ideas specific to each domain of wellness. Participants can also use the My Goals tool for setting wellness goals.



#### My Wellness Vision

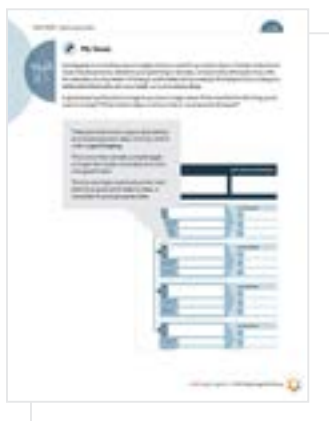
Go to page [FP9](#)

#### Creating A Healthier Life: A Step-By-Step Guide To Wellness

[store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf)

#### Language for advocacy and collaboration:

*Participants may complete this plan just for their own use or may choose to share it with other providers. If they would like to share their plan with others, FIRST Steps Together providers may note, "(Parent Name) has completed a wellness vision that goes beyond relapse/recurrence of use prevention and safety. (Parent Name) has used this process to become more self-aware and identify the coping skills necessary to maintain their recovery and wellness."*



## Goals

Brainstorming and identifying goals can help participants imagine the future they want for themselves and their children. We encourage parents to reflect on their parenting, recovery, and professional and personal development goals. It may be helpful to share a SMART goal format to help participants set goals that are Specific, Measurable, Attainable, Relevant and Timebound. Another approach is to begin with "the magic wand" question, asking, "If you had a magic wand, what would be the first thing you would change about your life?" This can be the beginning of a conversation about what is most important to the families we work with.

There are many tools to support goal setting and visualizing action steps. Goal mapping is one useful approach. This is a visual tool to help think about goals and break bigger or longer-term goals into smaller and more manageable steps. This tool also helps parents think about the "why" behind their goals, which can be motivating in working towards them.



#### My Goals

Go to page [FP14](#)



**Language for advocacy and collaboration:**

*“(Parent Name) has identified their parenting, recovery, professional and personal development goals. We have worked together to break down larger goals and prioritize action steps needed to achieve them. (Parent Name) has been thoughtful and reflective throughout this process and has shown dedication to growth in these areas.”*



## Plans—Recovery Maintenance and Child Safety

This section guides parents through proactively creating a plan that can be used in the case of illness, relapse, or another unexpected crisis or emergency. This increases the likelihood that both parent and child will get the support and care that they benefit from. While we recommend families use the Family Care Plan (Plan of Safe Care), some parents may feel more comfortable starting with a personal and individualized safety plan.

My Recovery Maintenance Plan is a tool that encourages parents to make a clear plan for how to maintain their recovery with specific commitments from the parent as to the actions they will take to get back on track and keep themselves safe if a relapse/recurrence of use occurs.

My Child Safety Plan is a tool for participants to specify how they will keep their children safe in the event of a health emergency, relapse/recurrence of use or other family crisis.

All parents can benefit from having these completed plans in place in case of emergency or crisis. We recommend walking alongside parents by taking this process slowly and approaching it without judgement or bias. This may be a good opportunity to use your lived experience, if applicable, to help parents see the value and importance of having these plans in place. It may also be useful to remind parents that their providers can do a much better job of advocating on their behalf if they have this information.



### My Plans—Recovery Maintenance and Child Safety

Go to page [FP16](#)

**Language for advocacy and collaboration:**

*FIRST Steps Together staff members may describe this plan to collaterals, by noting that “(Parent Name) has completed a safety plan that considers not only their own health and safety but also the safety and well-being of (their child/ children). (Parent Name) has carefully thought through the supports available to them and how they will regain/sustain their health or recovery in the case of a recurrence of use or other emergency. Together, we have made a plan for the care*



*of (Parent Name) (child/ children) and have included the details of this plan as well as contact information for this alternate caregiver. We completed this plan collaboratively and I am happy to help answer any questions along with (Parent Name) or on behalf of (Parent Name)."*



## Service and Treatment Plans

This space is intended for parents to store their service and treatment plans, and make note of any goals, treatment plans and progress notes. This will help parents keep track of what they're working on and allow for sharing with other providers if they choose. We encourage both providers and parents to ensure privacy and confidentiality by keeping these records in a safe place, so that this protected information is only shared with the parent's knowledge and permission. To keep these documents safe, we recommend including a pocket folder or envelope that closes.



### My Service and Treatment Plans

Go to page [FP20](#)

### Language for advocacy and collaboration:

*"These materials include service plans, goals and progress notes from (Parent Name)'s providers (if applicable). Our aim is to ensure that (Parent Name) is well supported, but not overburdened by duplicative or overlapping services. We would be happy to schedule a collaborative meeting to review these plans and determine how our programs can best support this family."*



## Group and Meeting Attendance

This section is designed to hold documentation of the parent's attendance and participation in groups. Many recovery programs, Child Welfare Services action plans and court-ordered substance use treatment require these materials. Participants may also find it useful to track their own progress within their various groups.

We recognize that it can be challenging to have this form signed off on, particularly if it may breach Twelve Steps program anonymity. We encourage participants to do their best. Similarly, some meetings occur virtually, so we recommend parents request an email confirming their attendance. In some cases, participants may need you to advocate for/with them. This may involve reaching out to group leaders or other service providers, explaining the importance of obtaining the signature and thinking through alternate solutions if this requirement poses challenges.



### My Group and Meeting Attendance

Go to page [FP21](#)



**Language for advocacy and collaboration:**

*"(Parent Name) has been attending groups/meetings focusing on (parenting, recovery or other). We've seen (Parent Name) grow and develop skills throughout their group participation (explain growth and new skills, if applicable). They have gathered information from the group(s) they have attended. These materials include documentation of their meeting attendance and/or a learning or take-away from each group session. Please let us know if you have any questions about the group format or (Parent Name)'s involvement."*

**Letters of Support**

This space is intended to store letters of support that document parents' progress by their service providers or speak to their character by other important people in their life. When parents are involved with Child Welfare Services or the court system, it is beneficial to highlight their successes, personal growth, and recovery.

We advise all families who regularly participate in services to ask their providers for letters of support. It is important that these are written on agency letterhead and contain the provider's full name, position, agency, information about the service they provide, the dates of program participation and specific examples of or observations about progress. Parents may also want to collect letters from other important people in their life such as family, friends or other supports. They can also include parenting group certificates, positive work reviews, employer recommendations or anything else that highlights their strengths and growth.

We have included a sample letter participants can share. It may be helpful to brainstorm who can provide a letter, role play asking for it and help parents decide how these letters could be shared.

**My Letters of Support**

Go to page [FP22](#)

**Language for advocacy and collaboration:**

*"(Parent Name) has gathered letters of support from their current and past providers as well as other important supports in their life. Each letter includes the provider's contact information and a description of their work together. Character references speak to the parent's personal and parenting qualities and relationships. These letters illustrate (Parent Name)'s dedication to their growth as a parent and a person in recovery. I have also included a letter detailing my experience working with (Parent Name). Additionally, (Parent Name) has included progress notes from various services, along with certificates of completion of (parenting group name(s)). (If applicable)"*





## Birth Planning Kit (*Resource for Expectant Parents*)

When working with pregnant and expectant parents, we recommend *The Journey Recovery Project Birth Planning Kit Recovery and Wellness Plan*, which is available to print and download from the Massachusetts Department of Public Health Clearinghouse.

### The Journey Recovery Project Birth Planning Kit Recovery and Wellness Plan

<https://massclearinghouse.ehs.state.ma.us/PROG-BSAS-YTH/SA3588.html>

This kit includes materials to plan prenatal and hospital visits, list birth and medication preferences and learn about the early postpartum period. It includes Information about Neonatal Opioid Withdrawal Syndrome (NOWS), often referred to as Neonatal Abstinence Syndrome (NAS), soothing, breastfeeding and safe sleep.

There are many things to consider throughout pregnancy and in birth planning, and families are often faced with unforeseen challenges along the way. Connecting with providers and asking specific questions about the birth process can lessen expectant parents' anxiety and allow them to feel empowered to create a plan, express their wishes and voice concerns. This process can also result in a more respectful and comfortable birth and postpartum hospital stay for parents and babies.



**My Birth Planning Kit**  
Go to page [FP23](#)

### Language for advocacy and collaboration:

*"(Parent Name) has tracked information related to their pregnancy and has also participated in prenatal care and received educational materials about the postpartum period and infant care and safety. (Parent Name)'s birth plan and preferences are outlined here. Please take the time to review these materials with (Parent Name). They have also given permission for you to reach out to our program if you have any questions."*





## Family Care Plan (Plan of Safe Care) (Resource for Expectant Parents)

The Family Care Plan (Plan of Safe Care) is a federal requirement intended to support the safety and wellbeing of children and families affected by substance use.


In Massachusetts, currently, when an infant is born affected by substances (legal or illegal), a report is typically made to Child Welfare Services. When the family is discharged from the hospital, Child Welfare Services will require a Family Care Plan (Plan of Safe Care) to be in place.

We encourage all expectant parents to complete this plan during their pregnancy, particularly anyone who has used substances before or during the prenatal period (including treatment with MOUD) and families who have had previous involvement with Child Welfare Services.

Providers can work with participants to complete this plan and facilitate a meeting with the family, other service providers and hospital staff. The aim of this meeting is to ensure the family is prepared for the birth of their child and that their services are reasonable and appropriate. This type of collaboration can help support the family and ensure hospital staff are aware of the Family Care Plan (Plan of Safe Care) prior to delivery. If a meeting cannot take place, we recommend the expectant parent notifies the birthing hospital social workers of the existence of the Family Care Plan (Plan of Safe Care) upon arrival at the hospital.

The Massachusetts Department of Public Health has created the version below that can be downloaded from their website. The consent form is included, which gives permission for providers to discuss the participants' needs with each other and with Child Welfare Services. Providers should remind parents that it is their choice to sign this consent form, and it can help their providers work better together.

### Plan of Safe Care

 [mass.gov/plan-of-safe-care](https://mass.gov/plan-of-safe-care)



### My Family Care Plan (Plan of Safe Care)

Go to page [FP24](#)

### Language for advocacy and collaboration:

*“(Parent Name) has gathered the information related to their Family Care Plan (Plan of Safe Care) for their family. We want to share that (Parent Name) has taken the initiative to organize these materials to ensure their children are cared for. (Parent Name) has worked with FIRST Steps Together to complete a relapse/recurrence of use prevention and safety plan, a crisis plan for each of their children, and has*





*listed supportive family and friends who are familiar to and available to care for their children, if (Parent Name) is for any reason unable to do so. They have been engaged in substance use treatment services (if applicable) and have listed the provider's contact information, including (if applicable) access to toxicology screens. We are committed to assisting (Parent Name) through this process and to working collaboratively with you for this family's benefit."*



## Other Important Documents

We invite participants to use this section to organize and store their important documents. Materials may include copies of birth certificates, social security cards, health insurance cards, housing or daycare voucher forms, family or juvenile court documents or any other items the parent feels are important and wants to have available for appointments and interactions with providers. Families involved with the Family Court System are often asked to provide a copy of their custody agreement or related court orders to their children's daycare, school, medical, therapeutic and other providers or to share these documents in cases of emergencies involving their child.

We encourage parents to plan ahead and always have this documentation readily available, because these requests are standard practice across providers and agencies. We do recommend that when this section of the portfolio is not being brought to an appointment, it is stored in a secure location, to protect the family's personal information.

We ask staff members to support participants in assembling their physical portfolio, by offering folders with pockets, page protectors, or tabulated dividers. Parents may find it helpful to store these materials in an accordion file that keeps important documents clean, safe, dry and readily accessible.



### My Other Important Documents

Go to page [FP25](#)



## Planner

Part of building skills as a parent in recovery is having the ability to organize appointments and manage time. Participants can use this calendar, or another system that works for them, to keep track of Family Time visits and Child Welfare Service meetings or reviews, court dates, groups and meetings and other responsibilities, such as medical, educational or therapy appointments.



### My Planner

Go to page [FP26](#)



# OUR STEPS

This section is dedicated to supporting the child's journey, regardless of where they lay their head at night. These materials can be used to support parents as they identify their child's support system, and to hold information about their developmental, educational, medical, or other needs.

## Family Information and Providers

Here participants can list their children's basic information including their full names, dates of birth, best contact numbers, school or daycare providers' contact information and each child's medications, allergies and emergency contacts. There is also space to list each child's service provider's names, roles, contact information, and a release for each child, if needed.



### Family Information and Providers

Go to page [FP29](#)

### Language for advocacy and collaboration:

*"(Parent Name) has recorded a list of their children's educational and medical providers and noted any diagnosis, medications and allergies (if applicable). (Parent Name) has taken the initiative to gather this information and to allow our program to collaborate with their children's providers. Please let us know how we can best work together to support this family."*

## Supporting Child Development and Milestones

Some children may need additional support services, either in infancy, during the toddler or preschool years, or at school age. We want parents to know that seeking out extra support for their child is always the right thing to do if they have any questions or concerns about their child's development or needs. Many children, whether or not their parents are in recovery, benefit from developmental supports.

Children ages 0–3 may be involved with Early Intervention. Early Intervention services are provided in home, office or group formats, led by



social workers or occupational and physical therapists, who are specially trained to support children's development. School-aged children may have Individualized Educational Plans (IEP) or 504 Plans. IEP or 504 plans outline the child's right to specific services or academic accommodations provided within the school setting. Early Intervention and special education programs periodically evaluate children across developmental areas and assess the ongoing need for services or accommodations they are receiving. Additionally, all of our sites use periodic screeners designed to assess and follow a child's development. Pediatricians and helping professionals, such as school nurses may also evaluate children's progress or share information related to milestones after appointments.

Parents should be made aware of any assessments, evaluations and related meetings and when possible, actively participate in them and advocate for their child's needs. Often, there is a lot of information shared at these meetings. You can support participants by helping them prepare for these meetings. This may include making lists of questions they want to ask, noting any follow up steps that need to be taken, role playing challenging conversations, sharing resources about their rights as a parent, and connecting them to additional supports if needed.

After these meetings, families receive paperwork that serves as a record of the parent's rights, evaluation/assessment results and proposed or agreed upon services. Keeping these documents here makes it easier for participants to refer back to them when seeking additional support for their child(ren).



#### Supporting Child Development and Milestones

Go to page [FP31](#)

#### Language for advocacy and collaboration:

*"(Parent Name) has collected developmental screeners, appointment outcomes, aftercare instructions and educational materials related to their child's health. (Parent Name) has actively engaged in our sessions together, is focused on supporting (Child Name)'s healthy development and has followed up with their pediatrician and (Child Name)'s other providers with any questions or concerns they have about (Child Name)'s health and growth."*





## All About My Child

In this section, we encourage participants to think about their child and describe all the ways that they are special. You can help parents identify the unique needs of their child, including daily routines, calming practices, comfort items and favorite activities.

Participants can share this information to support smooth transitions between care providers, including a co-parent, alternate caregiver, foster parents and childcare provider. These can also be used as a tool to plan special time or Family Time with their child or to support them through a difficult moment.



### All About My Child

Go to page [FP32](#)

### Language for advocacy and collaboration:

*“(Parent Name) has taken the time to write out (Child Name)’s likes and dislikes, stressors and calming practices and coping strategies, along with preferences and routines. We feel it is useful to gather this information in one place, so that you as the (co-parent, care provider, foster parent, etc.) can be aware of what works for this child and how best to support them.”*



## Family Goal Setting and Vision Boards

This section provides an opportunity for parents and children to share their hopes and dreams and think together about what is important to their family.

Vision boards can be a fun and tangible activity for home visitors to complete with families to help identify and illustrate their wishes and goals for the future. Depending on the age of the children they can have more or less involvement in the hands-on aspects of this activity, such as choosing, cutting, gluing or taping collage pieces. Vision boards can be completed with an individual, parent-child dyad or in collaboration with the entire family. The finished product provides a regular reminder of what is important to the family so that they can support each other in taking steps towards achieving their vision and goals. Directions for this activity are included in the parent section.



### Family Goal Setting and Vision Boards

Go to page [FP35](#)





## Saving Special Moments

We encourage parents to save special things from their child or children, such as photographs, drawings, notes or class assignments. Remembering these meaningful moments helps highlight the joys of parenting which is particularly important when parents on this journey are dedicating themselves to doing this work. We suggest that providers offer parents a pocket folder or envelope to keep these special items safe.



### Saving Special Moments

Go to page [FP36](#)



# STEPS TOWARDS EACH OTHER

This section focuses on maintaining the parent-child connection during times of separation. For both parents and children, times apart can be challenging and emotional. Supporting parents in completing this section can help ease their stress, stay organized, and make the most of the time they have together with their child. Collaboratively completing this section also allows providers to better understand and advocate for the families we serve.



## Maintaining Connection

Many parents who have Child Welfare Service involvement or alternative custody arrangements have supervised Family Time, which may mean limited time with their children. It can be extremely challenging to maintain the parent-child connection; particularly if they do not have regular phone or video contact between visits. When parents are apart from their children, we encourage them to maintain their bond by “holding each other in mind,” even if it is painful to do so.

For example, a parent may keep a picture of themselves with their child, or a favorite book they read together, or a small favorite item of their child’s. Some parents process the time apart by writing letters or journal entries, in which they note all the things they would say if they could. Each parent needs to do what is best for them, and although coping with the separation looks different for every family, self-care and safety always come first. Similarly, a child may maintain attachment to their parent by holding onto a stuffed animal or article of clothing that has the parent’s scent, a photo album or something else that serves as a grounding and comforting reminder they are loved by their parent.



### Maintaining Connection

Go to page [FP39](#)



### Language for advocacy and collaboration:

*"In our work together, we have focused on supporting the connection between (Parent Name) and (Child Name) during this period of separation. (Parent Name) has been thoughtful in considering what might be supportive to (Child Name), and they feel it would be helpful for (Child Name) to (fill in with the item or practice that the parent wants to offer the child). We hope that (alternate caregiver/Child Welfare Services) will accommodate this request as a way to prioritize (Child Name)'s comfort and connection to (Parent Name). We are happy to further discuss this matter."*



## Ideas and Plans for Family Time

In this area, we encourage parents to gather their ideas and make plans for their Family Time. When parents have involvement with Child Welfare Services, their parenting time and responsibilities are often limited and supervised. We refer to these supervised visits as “Family Time” to keep the focus of this time on maintaining and strengthening the parent-child relationship. This limitation and supervision of Family Time can make it difficult for parents to connect with their children. Parents may not know how to spend the time, what to bring, how to support their child, or how to process their own feelings around these visits.

Here are some ideas to help providers support parents before, during and after Family Time:

### Before the Visit

Helping parents prepare for a visit helps ensure that the time together is child focused. Thinking ahead with participants about how they want to spend the time and what they should bring for age-appropriate activities can go a long way toward easing any anxiety they may feel about the visit. We also provide the opportunity for parents to identify concrete supports we can help provide for visits such as diapers, snacks, and activity items. Planning for Family Time and having open conversations before the visit also creates an opportunity for parents to share their feelings and discuss their goals for the time they will be spending with their child/children.

### During the Visit

Family Time can be challenging for both participants and their children. They may be overwhelmed with emotions, unsure of how to navigate the situation, feel the pressure of having someone watch them, and may struggle with how best to handle their child's behavior. This may be particularly true for families who are managing multiple children of different ages.





It may be helpful to support participants in reviewing their plan for Family Time, practicing responses to difficult questions their children might ask, and coming up with a quick breathing exercise or grounding phrase they can use to manage stress during the visit.



#### Ideas and Plans for Family Time

Go to page [EP41](#)

## After a Visit

After a visit, parents are likely to experience a range of feelings, thoughts, and questions that came up during the time they spent with their child. Parents may feel excited, disappointed, sad, angry, vulnerable or any combination of emotions. This can also be a high-risk time for relapse/recurrence of use. We encourage providers to plan to connect with parents after these visits to offer additional support. Parents benefit from having their experiences heard and their feelings validated in a supportive and non-judgmental way. Providers can check in about participants' parenting and recovery needs and journey, while also revisiting their Wellness and Safety and Recovery Maintenance Plans.

### Language for advocacy and collaboration:

*“(Parent Name) has planned this week’s family time and has brought a (snack, activity materials, etc.). We have talked about how visits can bring up big feelings for them and for their child and they have practiced some ways they might handle how their child may communicate these feelings through their behavior. We know it is not uncommon to see behaviors during visits that may not be typical for a child, and they are prepared to support their child through this experience. Their goal is to make this visit a time of connection with their child and we hope that you can accommodate this plan.”*

## Family Time Notes

It is in the best interest of the family to keep up to date records of all Family Time visits, other contacts with their child, and interactions with Child Welfare Services. This is a useful practice for advocating in support of the parent-child relationship.

We encourage participants to use the provided form to make note of any missed or rescheduled Family Time, including any related communications that explain the nature of the cancellation, and to note whether and when the visit was rescheduled. It is recommended that parents include concerns they have for the caseworker, their observations or concerns for their child, such as a sickness, allergy, or something they shared, or any other child-related issue that arises during their parenting time or between visits.



We urge parents to communicate proactively with their case worker to confirm visits, make note of any scheduling conflicts, and ask for make-up time if there is a cancellation. We encourage parents to be as involved with their children's appointments and child-related meetings as possible, and to have regular contact with the child's caregivers and service providers. Providers should work with parents to document all (or as much as possible) of this information in writing or to make note of it in a parent's personal calendar or record-keeping system. It is important for parents to have their own records which detail exactly what happened and when, in the case of a miscommunication between families and Child Welfare Services regarding scheduling, concern for the child, or initiative taken by the parent.

**Family Time Notes**Go to page [FP43](#)**Language for advocacy and collaboration:**

*"Our program has supported (Parent Name) in understanding the expectation and guidelines for Family Time. (Parent Name) has concerns related to (missed parenting time, concern for their child's well-being or other issue). We would like to schedule a collaborative meeting to discuss these concerns and determine how we can work together to resolve these issues and better support (Child Name)."*

**Family Action and Assessment Plan**

This space is intended for parents to keep their Family Assessment and Action Plan. Providers can work with participants to access resources to meet the goals of their Action Plan and help them track their progress. We encourage both providers and parents to ensure privacy and confidentiality by keeping these records in a safe place, so that this protected information is only shared with the parent's knowledge and permission.

**My Family Action and Assessment Plan**Go to page [FP44](#)**Language for advocacy and collaboration:**

*"We have been supporting (Parent Name) in working through the goals of their Family Action and Assessment Plan. Our aim is to ensure that (Parent Name) is well supported, but not overburdened by duplicative services. We would be happy to schedule a collaborative meeting to review these plans and determine how our programs can best support this family."*



# SUPPORTING STEPS

This is a space for parents to collect all of the important information, applications and resources that support their parenting and recovery journeys.



## Community Resources and Applications

We know that families thrive when their basic needs are met, and they are fully supported by natural supports in their communities. It is best practice for providers to be knowledgeable about local resources, to offer information to families, and to engage in collaborative care coordination. In this section, we have created a space to share and store community resources and applications for benefits. These may include information about benefits such as TANF, SNAP, WIC, affordable housing, food, diaper banks and access to children's clothes and goods, home furnishings, transportation or other supports individualized to the family's needs.



### Community Resources and Applications

Go to page [FP47](#)



## Employment and Education Resources

Providers can offer information tailored to parents' specific employment or education goals. Although some families may not need support in this area, others may benefit from connection to local continuing education or employment resources. We encourage staff members to work with the family to offer individualized guidance.



### Employment and Education Resources

Go to page [FP48](#)



## Recovery Resources

There are multiple paths of recovery to explore with participants. Each parent has their own needs, beliefs and recovery style. Providers can assist parents in exploring multiple forms of recovery supports to determine which work best for them. Some common approaches include: harm reduction practices, medication support (MOUD/ MAT), SMART Recovery, Twelve Steps resources, spiritual supports and practices and physical



exercise. We can support parents by helping them explore their options, affirming their choices, making referrals as needed, and sharing recovery resources such as group and meeting lists, worksheets, guides, articles and daily practices.



#### Recovery Resources

Go to page [FP49](#)



## Parenting Resources

Each child has unique needs and each parent has their own parenting preferences, beliefs, and style. Many of the available online parenting resources provide printable versions of worksheets, guides, articles and parenting practices. We have included links to several parenting websites that contain information about safe sleep, feeding, soothing and milestones. One resource our program promotes and utilizes is the Journey Recovery Project, which is specifically tailored to parents in recovery and is available online at no charge to parents or providers. We encourage providers to support all families as they explore these helpful tools.



#### Parenting Resources

Go to page [FP50](#)



# 3.2

## **FIRST STEPS: My Family Portfolio**



**FIRST STEPS**

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# My Family Portfolio

**FIRST STEPS  
TOGETHER**  
FAMILIES IN RECOVERY SUPPORT



# My Family Portfolio Contents

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# Introduction for Parents

This is your recovery portfolio. It was designed by parents in recovery to help guide you through your journey as you create the life you desire for you and your family.

The portfolio includes four sections for you to individualize:

**MY STEPS** focuses on identifying your support system, creating wellness plans and setting personal goals. It also includes information on safety and relapse prevention planning, birth planning and a Family Care Plan (Plan of Safe Care). This section is dedicated to your vision for your life as a parent in recovery. These tools will help you organize your thoughts and start taking action steps to achieve your goals.

**OUR STEPS** centers on strengthening your relationship with your child(ren) and supporting their developmental needs. There is space to think together with your child about your family's hopes and dreams for the future.

**STEPS TOWARDS EACH OTHER** focuses on maintaining connection with your child(ren) during times of separation. This section gives you tools to use to support your relationship, including ideas and plans for Family Time. In our program, we use the language "Family Time" to refer to what other agencies may call "supervised visitation" or "supervised parenting time." This is an intentional way to reframe and shift the focus from "supervision" of the parent towards supporting the family connection and parent-child relationship(s).

**SUPPORTING STEPS** is a space to collect all the important information, applications and resources from your community to support your parenting and recovery journeys.

At the end of each section there is a space for your Thoughts and Feelings. Taking time to reflect on this work is a beneficial step in your recovery journey. We encourage you to use this space however you would like.

This process can be exciting as you start to think about all the possibilities for your future, but it can also bring up big thoughts and feelings as you do the work. We understand you may already have a lot on your plate. We encourage you to take your time and move through the tools at your own pace, take breaks as needed, and put thought into your plan for wellness and self-care.



If you are currently or may become involved with Child Welfare Services, working with your provider to complete these materials may help you feel more prepared and less anxious. It is our hope that working through this portfolio will feel empowering and move you closer to the goals you have for yourself and your family.

Your provider can walk alongside you as a guide; but your portfolio will be whatever you choose to make it. This is a resource for you. It captures and communicates who you are and what is important to you. As a program, we believe that your recovery strengthens you as a person and as a parent. This is your opportunity to show that and to take those first steps.



# How to Use this Portfolio

This is an opportunity for families to begin envisioning the life you want for yourself and your children.

We can think of each piece of this parenting and recovery portfolio as a stepping stone leading us from where we are now towards where we want to be. We have structured this Portfolio to be taken one step at a time. Most tools can be completed either with your provider or independently depending on what is more comfortable for you.

Here are some tips for completing this Portfolio:

- These materials can be completed in any order, at any pace.
- Break the Portfolio down into smaller, more manageable pieces. Prioritize the pieces that are most important or time sensitive for your family's situation. For example, expectant parents may want to start with the Birth Planning section.
- Use the checklist included with each section to mark off each piece once it is completed, to have a sense of achievement and celebrate your work.
- The Wellness Vision is a good place to start. This is your first step in designing your life as a parent in recovery.
- Use the Parent Goals section to identify your family's wants and needs. This can be a helpful exercise to figure out the smaller steps you can take to get you to your longer-term goals. This section also helps you recognize and appreciate your progress!
- Ask your providers for help with certain pieces of this Portfolio if anything feels overwhelming or confusing. Also, share the pieces that you feel proud of!
- Know that your providers also have guidance for how to support you in completing this Portfolio. Their guidance includes "language for advocacy" if you need help explaining your portfolio or progress to outside providers or Child Welfare Services.
- This is a "living document" and can be an ever-changing tool for your family to use over the course of your lifetime.



# MY STEPS

This space is dedicated to your journey as a parent working towards recovery. In this section, you will have the opportunity to identify your support system, set goals, create wellness and safety plans, and organize all your important documents. These tools can be shared with your service providers to make sure your family is receiving the care they need.

## This section includes:

My Support List

My Wellness Vision

My Goals

My Plans—Recovery Maintenance and Child Safety

My Service and Treatment Plans

My Group and Meeting Attendance

My Letters of Support

My Birth Planning Kit

My Family Care Plan (Plan of Safe Care)

My Other Important Documents

My Planner

My Thoughts and Feelings





## My Support List



The purpose of this tool is to have easy access to your support system's contact information. Your support system is anyone you can reach out to in times of need, such as friends, family, recovery supports, medical professionals, mental health providers and spiritual supports. Your support team can communicate with each other and work together if you choose to include signed releases of information for your service providers.

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Is this your cell phone? Yes No

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Can you receive mail here? Yes No

Is this a shelter or treatment program? Yes No

If yes, Program Name: \_\_\_\_\_

Preferred Contact Method Email Phone Call Text

### Emergency Contacts

Who should I contact in case of an emergency?

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_



## My Support List *continued*

### Important Contacts

This section is to identify and name the important people and providers who are in your corner. This may include:

- Close friends
- Substance use treatment providers
- Doctors such as primary care, OB/GYN or pediatrician
- Sponsors or mentors
- Spiritual advisors or clergy
- Mental health providers or therapist
- Early Intervention providers
- Home visitors
- Recovery Coach/Peer Support
- Lawyer or probation officer
- Child Welfare Services

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

This person is my: \_\_\_\_\_

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

Email: \_\_\_\_\_

Current Release of Information?      Yes      No      Not applicable

I can call this person for: \_\_\_\_\_

Notes:

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

This person is my: \_\_\_\_\_

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

Email: \_\_\_\_\_

Current Release of Information?      Yes      No      Not applicable

I can call this person for: \_\_\_\_\_

Notes:



**My Support List** *continued*

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

This person is my: \_\_\_\_\_

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

Email: \_\_\_\_\_

Current Release of Information?      Yes      No      Not applicable

I can call this person for: \_\_\_\_\_

Notes:

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

This person is my: \_\_\_\_\_

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

Email: \_\_\_\_\_

Current Release of Information?      Yes      No      Not applicable

I can call this person for: \_\_\_\_\_

Notes:

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

This person is my: \_\_\_\_\_

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

Email: \_\_\_\_\_

Current Release of Information?      Yes      No      Not applicable

I can call this person for: \_\_\_\_\_

Notes:







## My Wellness Vision

This plan helps you think through the daily activities and practices that can help promote wellness in your life. This can include physical exercise, daily reading, making time for a hobby or craft, getting enough sleep, taking your medication as prescribed, or simply taking a shower, eating breakfast or making your bed in the morning. Wellness plans can be whatever you want them to be. This is a space to prioritize what is important to you. Full sentences are not needed, just jot something down! This is for you!

### Getting to Know Me

For me, wellness looks and feels like:

These are the things I already do to care for myself:

These activities make me feel good:

When I am at my best, my life looks like:

*(It is OK if you haven't felt your best yet! You are taking steps towards that now!)*

These are the things I can do for myself to stay healthy/well:



## My Wellness Vision *continued*

My positive daily habits are:

Things I am grateful for:

As part of my daily gratitude practice, I will:

## Identifying My Stressors

These are the things that sometimes cause me stress:

These are the relationships that sometimes cause me stress:

These are the places that sometimes cause me stress:



**My Wellness Vision** *continued*

I can tell I am starting to feel stressed or upset because I start thinking/ feeling:

My coping skills for managing my stress are:

When my stress is overwhelming me, I will:

**Taking Care of Me**

One thing I will do for myself today is:

One thing I will do for myself this week is:

One thing I will do for myself this month is:



**My Wellness Vision** *continued*

The ways I am involved with my social supports/ community are:

The ways I am taking care of my education/ employment are:

The ways I am taking care of my physical wellness are:

The ways I am taking care of my mental/ emotional wellness are:

The ways I am taking care of my spiritual wellness are:

The ways I am taking care of my financial wellness are:



**My Wellness Vision** *continued***Positive People I Have in My Life**

NAME	PHONE	I WILL CONNECT TO THESE PEOPLE	NOTES
		Once a day Once a week As often as needed	
		Once a day Once a week As often as needed	
		Once a day Once a week As often as needed	
		Once a day Once a week As often as needed	
		Once a day Once a week As often as needed	
		Once a day Once a week As often as needed	



**“Remember, a fulfilling life is all about balance. Focus on bringing harmony to all aspects of your personal wellness and enjoy the journey!”**

– FAMILY RECOVERY SUPPORT SPECIALIST





## My Goals

Setting goals is an exciting way to imagine what you want for yourself and your children in the future. Goals may be personal, related to your parenting or recovery, or about some other part of your life. For example, you may dream of having a comfortable home, a new job, finishing school, or being in a better place financially, with your health, or in your relationships.

A good jumping off point is to imagine you have a magic wand, *What would be the first thing you'd want to change? What realistic steps could you take to move towards that goal?*

There are many tools to support goal setting and visualizing action steps. One way we find useful is **goal mapping**.

This is a tool that can help us break bigger or longer-term goals into smaller and more manageable steps.

This tool also helps us think about the "why" behind our goals which helps to keep us motivated in working towards them.

WHY THIS IS IMPORTANT:	
GOAL	ACTION STEPS
Who can help me reach it?	1
When will I reach it by?	2
	3
GOAL	ACTION STEPS
Who can help me reach it?	1
When will I reach it by?	2
	3
GOAL	ACTION STEPS
Who can help me reach it?	1
When will I reach it by?	2
	3
GOAL	ACTION STEPS
Who can help me reach it?	1
When will I reach it by?	2
	3



## MAIN GOAL:

## WHY THIS IS IMPORTANT:

## GOAL

Who can help  
me reach it?

When will I  
reach it by?

## ACTION STEPS

1

2

3

## GOAL

Who can help  
me reach it?

When will I  
reach it by?

## ACTION STEPS

1

2

3

## GOAL

Who can help  
me reach it?

When will I  
reach it by?

## ACTION STEPS

1

2

3

## GOAL

Who can help  
me reach it?

When will I  
reach it by?

## ACTION STEPS

1

2

3







## My Plans—Recovery Maintenance and Child Safety



Creating a safety plan for yourself and your child helps to ensure that in the case of illness, relapse, or another unexpected crisis or emergency, both you and your child(ren) can get the support and care that you need. While it may be uncomfortable to think through what an emergency response plan would look like, it is a chance for you to share with your providers or other supports what you think would be best for you and your child(ren). Your trusted providers can do a better job of advocating on your behalf if they have this information. **My Recovery Maintenance Plan** is your plan to prevent relapse and keep yourself safe.

### MY RECOVERY MAINTENANCE PLAN

Things that help me work towards recovery are:

*(examples: support groups or meetings, physical care/ exercise, seeing my therapist regularly, taking my medication, talking to a positive friend, doing something I enjoy, etc.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Things I need to avoid to protect my recovery:

People: \_\_\_\_\_  
 \_\_\_\_\_

Places: \_\_\_\_\_  
 \_\_\_\_\_

Things: \_\_\_\_\_  
 \_\_\_\_\_

I know relapse may be possible when:

I feel... \_\_\_\_\_

I think... \_\_\_\_\_

I start... \_\_\_\_\_

I stop... \_\_\_\_\_



**My Plans—Recovery Maintenance and Child Safety** *continued*

When I am feeling this way, I can turn to: (examples: talking to certain people, attending support groups/ meetings, seeking spiritual support, my place of worship, service providers/ care team, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Things that help me work towards recovery are: (examples: support groups or meetings, physical care/ exercise, seeing my therapist regularly, taking my medication, talking to a positive friend, doing something I enjoy, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

My provider and I agree that if s/he is unable to contact me for \_\_\_\_\_ (amount of time) they can call:

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

Relationship: \_\_\_\_\_

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

Current Release of Information?      Yes      No      Not applicable



## My Plans—Recovery Maintenance and Child Safety *continued*

**My Child Safety Plan** is your plan for how you will keep your child(ren) safe in the event of a health emergency, relapse or other family crisis.

### My Child Safety Plan

If relapse or other crisis happens, this is how I will keep my child safe:

I will immediately contact \_\_\_\_\_ who has agreed to provide alternate childcare in their home or \_\_\_\_\_ location.

Their relationship to my child is \_\_\_\_\_ their contact # is \_\_\_\_\_

Their address is \_\_\_\_\_

We will work together to explain this plan to my child in a kid-friendly way and to maintain contact during the time of separation.

Things that are a comfort to my child include (comfort objects, special routines, favorite foods or activities—specify for each child):

---

---

My child's school or daycare provider is (Name, Contact): \_\_\_\_\_

---

Their school or daycare schedule is: \_\_\_\_\_

---

Their pediatrician is (Name, Contact): \_\_\_\_\_

---

Other important providers or people include (Name, Contact): \_\_\_\_\_

---

Other important care information for my child includes (medications, allergies, etc.): \_\_\_\_\_

---

---



**My Plans—Recovery Maintenance and Child Safety** *continued*

In the event that I am unable to care for myself or my child, my emergency contact is:

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

Relationship: \_\_\_\_\_

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

Current Release of Information?      Yes      No      Not applicable

People who can stay with me and my child:

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

Relationship: \_\_\_\_\_

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

Current Release of Information?      Yes      No      Not applicable

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

Relationship: \_\_\_\_\_

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

Current Release of Information?      Yes      No      Not applicable

My provider and I agree that if s/he is unable to contact me for \_\_\_\_\_ (amount of time) they can call:

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

Relationship: \_\_\_\_\_

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

Current Release of Information?      Yes      No      Not applicable





## My Service and Treatment Plans



Here is a space to keep your service and treatment plans, make note of any goals, and progress notes. This will help you to keep track of what you're working on and allow you to share this information with your providers if you want to. Please make sure you protect your own privacy and confidentiality by keeping these records in a safe place, so that this information is only shared with your knowledge and permission. For safe keeping of these documents we recommend using a pocket folder or envelope that closes.

### Documents may include:

- Service plans
- Treatment plans
- Goals
- Progress notes



Don't forget to store this section of the Portfolio in a **secure location**, if possible!





## My Group and Meeting Attendance

Here is a space to keep track of your attendance and participation in groups or recovery meetings, what you get out of them and whether or not you want to revisit a particular meeting. This is also a great way to reflect on your progress and the time you have put in to work on your recovery. Additionally, many recovery programs, Child Welfare Services, and court-ordered substance use treatment or probation will ask for a record of meeting or group attendance.

We recognize that it can be challenging to have this form signed off on, particularly if it may breach Twelve Steps program anonymity. If you are meeting virtually, you may not be able to get a hand-written signature, so we recommend requesting an email confirming your group attendance. Regardless of the circumstances, we encourage you to do the best you can and please ask your provider to help and advocate with you as needed.

AGENCY AND GROUP NAME	MEETING LOCATION, DATE AND TIME	ATTENDANCE SIGN OFF	TAKE-AWAY NOTES IF APPLICABLE
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	
		<i>n</i>	





## My Letters of Support

Parenting in recovery is hard work. Whether you have many years of recovery or you are just getting started on this journey, it can be great to have a reminder of your progress. This section is a place for you to keep any letters from providers or sources of support like friends and family, or certificates from completing a program or a group such as parenting class or Intensive Outpatient Treatment program. We recommend including a pocket folder or envelope to keep these letters safe.

If your family is involved with Child Welfare Services or the court system, it is helpful for you to be able to show your work, growth and recovery. You can ask your service providers for letters of participation and support that can be used to show your strengths and progress. When possible, these should be written on agency letterhead and contain the provider's full name, position and agency, information about the service(s) they provide, dates of participation and observations about the progress you are making. In addition to providers, you can have friends and family write letters speaking to your character, your parenting, and your work in recovery.

Below is a **sample format for a letter of support** that a provider can complete on your behalf. Feel free to share this template with your providers. They are welcome to tailor the language to meet your specific needs.

*(Agency Letterhead)*

Provider Name, Credentials

Role

Agency

Address

Email

Phone

To Whom it May Concern,

I am writing this letter for (Participant name), who I have worked with since (date).

We meet (weekly) and (Participant name) has been consistent with these meetings.

(Participant name) has shown growth and progress in the areas of: (list areas of growth, goals or skills). (Participant name) has also participated in (insert groups or other program activities).

We will continue to work together to meet (Participant name)'s goals to support their family. Please feel free to contact me with any questions about our program services.

Sincerely,

Name, Credentials (if applicable)

Best mode of contact







## My Birth Planning Kit *(Resource for Expectant Parents)*

If you are expecting, we recommend exploring **The Journey Recovery Project Birth Planning Kit**, which is available to print and download from the **Massachusetts Department of Public Health Clearinghouse**.

This kit includes materials for your prenatal and hospital visits, space to list your birth and medication preferences, and information to help you learn about the early post-partum period. There is information about Neonatal Opioid Withdrawal Syndrome (NOWS), often referred to as Neonatal Abstinence Syndrome (NAS), soothing, breastfeeding and safe sleep practices.

We want you to feel informed and empowered. We believe that completing a birth plan will help you feel more comfortable and less anxious, so that you have a better birthing and post-partum experience.

*The Birth Planning Kit is a personal folder that can help you stay organized, prepare a packet of materials to share with the Department of Children and Families (DCF- the Child Welfare Agency in Massachusetts), and support you on your journey of recovery and pregnancy. The Birth Planning Kit contains a Recovery and Wellness Plan, and a sample DCF portfolio, which can serve as your Family Care Plan (Plan of Safe Care). This folder is for you, but you may want to work through the materials with someone you trust.*



### The Journey Recovery Project Birth Planning Kit

<https://journeyrecoveryproject.com/>

### Massachusetts Department of Public Health Clearinghouse

<https://massclearinghouse.ehs.state.ma.us/>

### Resources include:

- People to Meet with During Pregnancy
- Prenatal Appointment Tip Sheet
- Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Syndrome (NOWS) Guide
- Wellness and Recovery Goals Worksheets
- Prenatal Care Activities Log
- Recovery Activities Log
- Post-Birth Self-Care Plan





## My Family Care Plan (Plan of Safe Care) (Resource for Expectant Parents)

The Family Care Plan (Plan of Safe Care) is a federal requirement intended to support the safety and well-being of children and families affected by substance use.

In Massachusetts, currently, when an infant is born affected by substances (legal or illegal), a report is typically made to Child Welfare Services. When the family is discharged from the hospital, Child Welfare Services will require a Family Care Plan (Plan of Safe Care) to be in place.

We encourage all expectant parents to complete this plan during their pregnancy, particularly anyone who has used substances before or during the prenatal period (including treatment with MOUD), and families who have had previous involvement with Child Welfare Services. Bring your plan to the hospital and let the hospital social worker know that you have it. You don't have to share what you have written with anyone if you don't want to.

Having the plan completed ahead of time can relieve some of the stress of this busy time so that you and your family can focus on your health and getting to know your new baby. This also shows that you have taken the time to think and plan how you will receive support during the days, weeks, and months ahead, after having your baby.

You can download the **Family Care Plan (Plan of Safe Care)** created by the Massachusetts Department of Public Health here:

[mass.gov/info-details/information-about-plan-of-safe-care-posc](https://mass.gov/info-details/information-about-plan-of-safe-care-posc)

A consent form is included, which gives permission for your providers to speak with each other and with Child Welfare Services about your care. Remember that it is your choice to sign this consent form, and it can help your providers work better together.

For more information we recommend also using **The Journey Recovery Project** My Family Care Plan (Plan of Safe Care).

[journeyrecoveryproject.com/resources/plan-of-safe-care-materials](https://journeyrecoveryproject.com/resources/plan-of-safe-care-materials)

The Journey Recovery Project has created a DCF Portfolio. **The DCF Portfolio** is a personal folder that includes all the information that would be helpful to share with Child Welfare Services if a report or filing is made after you give birth.

[journeyrecoveryproject.com/wp-content/uploads/2020/10/DPH\\_JourneyProject\\_BPK\\_POSC\\_Pages\\_Web.pdf](https://journeyrecoveryproject.com/wp-content/uploads/2020/10/DPH_JourneyProject_BPK_POSC_Pages_Web.pdf)





## My Other Important Documents



You can use this section to **organize and store your important documents**. Often it is hard to keep track of all your family's paperwork and information. Having it all in one space, such as an envelope or pocket folder, will make it easier to access in times of need, such as when registering for school or filling out paperwork for assistance.

Documents may include copies of birth certificates, social security cards, health insurance cards, housing or daycare voucher forms, family or juvenile court documents or any other items you may need for appointments. You may be asked to share some of these materials with your children's school, Child Welfare Services, or other providers. We encourage you to plan ahead and have these documents available at all times. When you are not using these documents, we recommend storing this section of the portfolio in a secure location, if possible, to protect your family's personal information.

### Documents may include:

- Birth certificates
- Social security cards
- Health insurance cards
- Housing or daycare voucher forms
- Family or juvenile court documents
- Items you may need for appointments



Don't forget to store this section of the portfolio in a **secure location**, if possible!





## My Planner

Being a parent working towards recovery often means keeping track of lots of moving parts such as appointments for yourself and your child. Writing down your schedule helps you stay on top of all that you are juggling. You can use this calendar as a planner to keep track of your recovery meetings, family time visits, Child Welfare Service meetings or reviews, court dates and other appointments for you or your child, such as medical, educational or therapy appointments. We have included a **one-month calendar template** here but please feel free to print additional copies so that you can plan ahead if that is helpful for you.

MONTH:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY





## My Thoughts and Feelings

Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.



# OUR STEPS

This space is dedicated to your child's journey and can be used whether or not they are currently in your care. You can use this section to identify your child's support system and hold information about their development, educational and medical or other needs. If your child is old enough, you can include them in this process and work together to set family goals.

**This section includes:**

Family Information and Providers

Supporting Child Development and Milestones

All About My Child

Family Goal Setting and Vision Boards

Saving Special Moments

My Thoughts and Feelings





## Family Information and Providers

Here is a space to list the important information about your child/children and to keep track of everyone who works with them, including providers at their daycare or school, their doctor's office, their therapist or early intervention provider, or any other supports. Keeping this information in one place will help you stay organized and save you time. Use the "notes" section to add any other information about your child's providers or services that you feel is important.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Child's personal phone (if applicable): \_\_\_\_\_

Adult contact if other than me: \_\_\_\_\_

### School/Daycare Information

School: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Schedule: \_\_\_\_\_

### Pediatrician

Doctor: \_\_\_\_\_

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

Office/agency: \_\_\_\_\_

### Other Providers' Information (such as Early Intervention, Therapist)

Provider name and position: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Current Release of Information Signed?      Yes      No      Not applicable

Notes:





**Family Information and Providers** *continued*

Any Diagnosis:

Any Medications:

Any Allergies:

**Emergency Contacts**

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

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





## Supporting Child Development and Milestones

If you are concerned that your child may need extra support to meet developmental or learning milestones, we encourage you to connect with your child's pediatrician (any age), the local Early Intervention program (ages 0–3), or the school special education team (3+). This section can be used to store copies of developmental screeners, appointment outcomes, aftercare instructions and educational materials for your child.

If you're unsure of who to ask for help, your provider can offer referrals or connect you to local resources to start this process.

**We want parents to know that seeking out extra support for your child is always the right thing to do if you have any questions or concerns about your child's development or needs. Many children, whether or not their parents are in recovery, benefit from developmental supports as babies, toddlers, preschoolers, and into school age.**

Your family pediatrician should be able to assess your child's needs or refer you to support services. If your child is between ages 0–3 they may qualify for Early Intervention, which is a free program that will send a developmental specialist, clinical social worker, or other service provider (Occupational, Speech, or Physical Therapist as needed) to provide home or virtual visits to support your child's development.

If your child is older than 3, your pediatrician can make a referral for a developmental assessment. You can also connect with your child's local school system to express any developmental questions or concerns you have, and you have a right to request an evaluation at any time. If your child is evaluated and it is decided that they would benefit from extra supports, they can be given an Individualized Education Plan (IEP) or 504 plan, which would outline the services they qualify for and have a right to receive, with their parent's permission. With these education plans, annual meetings and regular assessments and updates should be provided throughout the year. As the parent, you have the right to actively participate in meetings and advocate for your child's needs. You also have the right to accept, decline, or partially accept or decline any services offered.

After any visit or meeting with your child's service provider or special education team, you will receive paperwork that serves as a record of your child's needs and rights to services as well as the services provided. Here is a space for you to keep track of that information. This is also a space you can store educational materials and information regarding child development, safe sleep practices, feeding routines and resources related to understanding your child's feelings and behaviors.





## All About My Child

This section offers a space to describe your child and some of the things that make them special. Think of this as a way to speak for your child and tell the adults in their life what they may not be able to say for themselves. This form can be filled out on your own or together with your child. You can use this tool for yourself or to support smooth transitions between various care providers. Feel free to share this information with an alternate caregiver, such as a co-parent, daycare provider, foster parent or other temporary care provider. Complete what you feel you can or want to. Not everyone knows or wants to share these things about their child. It's okay to leave some sections blank.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

My favorite things about my child are:

My child's favorite activities are:

Our favorite things to do together are:

Things my child doesn't like are:

My child's favorite foods are:



## **All About My Child** *continued*

My child's least favorite foods are:

My child's favorite toys are:

My child loves to read/watch:

We share our love for each other by:

My child can be calmed down by:

My child's comfort item(s) are:

My child is sensitive to:



## **All About My Child** *continued*

My child feels upset when:

Our daily routine is (weekday):

Our daily routine is (weekend day):

Our bedtime routine is:

My child is comfortable with these adults/caregivers:

Other things to know about my child are:





## Family Goal Setting and Vision Boards

Setting goals allows families to share their hopes and dreams and think together about what is important. By creating a shared vision, your family can decide on action steps to take together towards your goals. We recommend using Goal Mapping from the MY STEPS section with older children, as this makes it easy to take a big idea and break it down into smaller pieces. With younger children, it can be fun and helpful to create vision boards.

Goals can be big or small, simple or complicated, and here are some prompts to get you started:

- What do you wish our family could do more of together? (for example: family dinners, time outside)
- What would you like us to learn or work on together? (for example: how to read or ride a bike, etc.)

### Vision Boards

Children (and adults) may not always be able to put into words what they are thinking. Vision boards become a visual reminder of a family's hopes and dreams. This can help parents and their children feel inspired and motivated to work towards your goals together.

#### Materials:

- Poster board, construction paper or old newspaper
- Magazines, newspapers, printed images or words
- Scissors
- Glue or tape
- Markers, crayons and/or paint

#### Directions

- Look at magazines or other images that your family finds inspirational
- Cut out words, shapes, images, or anything of interest
- Use tape or glue to connect these pieces to your board
- Display your finished vision board in a space where your family can regularly see and appreciate it!





## Saving Special Moments

This is a space for you to save special things from your child. This may be a photograph, drawing, note, or a class assignment. We recommend using a pocket folder to keep them safe.

### Special items may include:

- Photographs
- Drawings
- Notes
- Class assignments







## My Thoughts and Feelings



Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.



# STEPS TOWARDS EACH OTHER

This section focuses on maintaining your connection with your child during times of separation. For both parents and children, times apart can be challenging and emotional. Completing this section with the help of your provider can help ease your stress, keep you organized, and best use the time you have together. Being thoughtful about how you take care of yourself, plan for Family Time, and keep records, can help you and your providers better advocate for your family.

## **This section includes:**

Maintaining Connection

Ideas and Plans for Family Time

Family Time Notes

My Family Action and Assessment Plan

My Thoughts and Feelings





## Maintaining Connection

This space is to help you maintain connection with your child and hold them in mind during times of separation, even if it is painful to do so. Sometimes when separated from our child(ren) it is hard to figure out what to do with ourselves and how to fill the void we may feel. Using the form below can help you actively take steps to maintain connection while working towards healing.

Some ways we can stay connected include giving your child a picture of the two of you, a stuffed animal or shirt that has your smell, or some other reminder of you that makes them feel comforted and loved. In that same way, you may want to keep a picture of your child, a favorite toy of theirs, or a picture or card they created for you. If possible, you could record yourself reading a bedtime story or saying a special message that can be shared with your child for when they are missing you. Writing letters to your child, even if they can't be sent, can help process your feelings. There are many ways to hold your child in mind and also to comfort yourself. Find what works best for you and don't forget to ask for support when you need it.

When I miss my child, I will:

When I have a thought or feeling about my child I want to share, I can:  
(for example, write a letter, make a recording, draw a picture)

During time apart, I can take care of myself by:

When I have concerns about my child, I will reach out to:

When I am feeling sad or frustrated about being separated from my child, I will:



## **Maintaining Connection** *continued*

People I can turn to for support:

Things I am doing today to work toward my Child Welfare Services Family Action and Assessment Plan goals:

Things I am doing this week to work toward my Child Welfare Services Family Action and Assessment Plan goals are:

Things I am doing this month to work toward my Child Welfare Services Family Action and Assessment Plan goals are:





## Ideas and Plans for Family Time



Having a plan for your Family Time will ease stress and help you get the most out of your time together. Some things to keep in mind are:

- Try to plan an activity that is age appropriate. For babies and toddlers, it could be exploring board books, building blocks or a soft blanket you can place on the floor. For preschoolers, it could be coloring, reading a book, or using play dough or a puzzle. For older children it could be reading aloud a chapter book or playing a board game.
- When planning for your time together, keep in mind your child's interests. You don't have to buy new things, there are free resources available to you, such as borrowing games, books or toys from your public library or from your provider. You can always use your imagination to play "make believe", charades, Simon Says, or another game or song.
- Try not to get discouraged if your visit doesn't go as planned; the most important thing is showing up for your child and spending time together.
- Remember to bring a snack or food item. For babies it could be baby food or a bottle of formula, and for older kids it could be a snack food like pretzels or sliced up fruit, juice boxes or a bottle of water.
- If the time allows, sharing a meal can be a great way to connect with your child by preparing and/or bringing foods that may be a comfort, reminder of home, or part of your family's culture.

**Use this form to help keep track of Family Time**, plan your activities and prepare yourself for the visit. Taking care of your wellbeing should be a priority. Think about the materials you may need to bring and any follow-up that will take place during your visit. Depending on when and where you are meeting your child, you may want to bring a snack, diaper bag, toys, books or other activities, extra layers of clothing or sunscreen. You may also have paperwork to give to your case worker or information to share with your child's alternate caregiver.

My visit is scheduled for this date, time and location: \_\_\_\_\_

These people will be present at the visit: \_\_\_\_\_

This is the activity I have planned:

These are the items we will need:

For snack, I will bring:



## **Ideas and Plans for Family Time** *continued*

These are the items I need to bring for my child:

These are the things I need to bring for Child Welfare Services:

Before the visit, I will center myself by:

After the visit, I will calm myself by:

This is what I want to remember for my next visit:

Notes:





## Family Time Notes

This form is to keep track of your Family Time to ensure you are having regular visits with your child, that your child is well supported, and that Child Welfare Services is working with you and the alternate caregiver to address any concerns you may have. We encourage you to get in the habit of filling this out after each visit because it is an important tool to make sure that your child's needs are being met and that your Family Time is taking place as planned.

In the case of a miscommunication between families and/or Child Welfare Services, about scheduling, concern for the child, or an action taken by you as the parent, it is useful for you to have your own records which detail exactly what happened and when.

Please include here:

- Any missed or rescheduled Family Time visits, communications that explain the cancellation, and whether the visit was rescheduled.
- Any concerns for your child—such as a sickness, allergy, or something your child said or did.
- Any appointments you attended, school or other activities for your child, and any other ways you are involved in your child's care.

It is important to document your involvement as much as possible, making note of it in a personal calendar or journal.

DATE OF PLANNED VISIT				
Notes of progress or concern for child				
Questions/Concerns for Case Worker				
Planned Follow-up				
If canceled/rescheduled, list the date you were notified of or requested the change, the reason for the schedule change, and the date the visit occurred.				







## My Family Action and Assessment Plan

Here is a space to keep your Child Welfare Services Family Action and Assessment Plan. This will help you keep track of your progress for yourself and to share with your providers. Please make sure you protect your privacy and confidentiality by keeping these records in a safe place, so that this information is only shared with your knowledge and permission. We recommend including a pocket folder or envelope to hold these documents.

### Documents may include:

- Family Action and Assessment Plan



Don't forget to store this section of the portfolio in a **secure location**, if possible!





## My Thoughts and Feelings



Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.



# SUPPORTING STEPS

We all benefit from having support and this is particularly true for parents working towards recovery. Here is a space to store all the resources shared with your family.

**This section includes:**

Community Resources and Applications

Employment and Education Resources

Recovery Resources

Parenting Resources

My Thoughts and Feelings





## Community Resources and Applications

It can be hard to focus on your parenting and recovery when you are worried about having the resources to support your family. This is a section to keep lists of your local community resources and any applications for benefits. This may include information about benefits such as TANF, SNAP, WIC, affordable housing, food, diaper banks and access to children's clothes and goods, home furnishings, transportation or other local supports. Please ask for what you think would be useful and your provider will work with your family to offer individualized support as needed.

### Resources may include:

- TANF, SNAP, and WIC information and applications
- Affordable housing information and applications
- Access to food and diaper banks
- Access to children's clothes, goods, and home furnishings
- Transportation supports
- Other local supports





## Employment and Education Resources

This section can be used to keep resources for your employment or education needs. Even if you may not need much help in this area, parents sometimes benefit from being connected to local continuing education or employment support resources. Please ask for what you think would be useful and your provider will work with your family to offer individualized support as needed.

### Resources may include:

- Continuing education information
- Employment support information





## Recovery Resources



There are many recovery supports available to you on your journey. There are multiple paths of recovery to explore. Each person has their own needs, beliefs, and recovery style. What works for one person may not be a good fit for someone else. Often people find that they do best when using multiple forms of support.

This is the place where you can keep worksheets, guides, articles, daily practices, flyers and lists for local recovery groups, meetings, and community events. We have included some ideas below. We encourage you to find the supports that work best for you.

### Resources may include:

- Harm Reduction Practices
- Medication Support (MOUD/MAT/ others)
- SMART Recovery
- Twelve Steps Resources (Examples: Narcotics Anonymous (NA), Alcoholics Anonymous (AA, Al-Anon)
- SAMHSA Resources
- Spiritual Supports/ Practices (Examples: Celebrate Recovery, Prayer, Meditation)
- Physical Exercises/ Practices





## Parenting Resources

There are many parenting resources available to you. Each child has unique needs and each parent has their own parenting preferences, beliefs, and style. For most parents, new developmental phases for your child will bring new joys and new challenges to your parenting. Commonly searched topics are safe sleep practices, feeding and soothing techniques, behavioral challenges, and developmental milestones.

You can find online printable versions of worksheets, guides, articles and suggested parenting practices online or from your provider. Resources may also include parenting meetings or support groups or play groups that you can attend with your child.

We recognize that this information can come from many places including your local WIC office, your child's pediatrician's office, a therapist or counselor, or Early Intervention provider. Below we list some parenting resources and hotlines that we often recommend. We encourage you to ask for support, hold on to useful resources, and to explore tools that you find interesting or helpful.

*Please note that while many of the resources listed below were originally created to serve "mothers," these tools can benefit all parents and caregivers affected by substance use.*

- **Journey Recovery Project Child New Baby Resources**

- [journeyrecoveryproject.com/resources/new-baby-resources](https://journeyrecoveryproject.com/resources/new-baby-resources)

- **Journey Recovery Project Child Development Tip Sheets**

- [journeyrecoveryproject.com/resources/child-development-tip-sheets](https://journeyrecoveryproject.com/resources/child-development-tip-sheets)

- **Massachusetts Department of Public Health Policy Recommendation: Safe Infant Sleep Practices**

- <https://www.mass.gov/info-details/safe-sleep-information-for-parents-and-caregivers>

- **WIC Infant Feeding Guide**

- [mass.gov/lists/wic-nutrition-and-breastfeeding-materials#infants-\(up-to-12-months\)](https://mass.gov/lists/wic-nutrition-and-breastfeeding-materials#infants-(up-to-12-months))

- **How to Get Help for Your Child (Developmental Concern CDC PDF)**

- [cdc.gov/ncbddd/actearly/pdf/help\\_pdfs/How-to-Get-Help-for-Your-Child-Tip-Sheet\\_FINAL\\_2-2020-English\\_508.pdf](https://cdc.gov/ncbddd/actearly/pdf/help_pdfs/How-to-Get-Help-for-Your-Child-Tip-Sheet_FINAL_2-2020-English_508.pdf)

- **Center for Disease Control and Prevention Milestones**

- [cdc.gov/ncbddd/actearly/milestones](https://cdc.gov/ncbddd/actearly/milestones)

- **Center for Disease Control and Prevention Growth Charts (Includes Vaccine Information)**

- [cdc.gov/growthcharts/clinical\\_charts.htm](https://cdc.gov/growthcharts/clinical_charts.htm)

- **Brazelton Touchpoints Center: Development is a Journey**

- [brazeltontouchpoints.org/provider-resources/provider-library/development-is-a-journey](https://brazeltontouchpoints.org/provider-resources/provider-library/development-is-a-journey)

### Parenting Hotlines

[National Parent Helpline: 1-855-427-2736](https://www.1855-427-2736.org/)

[Parents Helping Parents 24/7 Stress Line: 1-800-632-8188](https://www.parents-helping-parents.org/)





## Parenting Resources *continued*

*This is also a space where you can keep track of flyers and lists for local parenting groups, meetings, and community events.*





## My Thoughts and Feelings

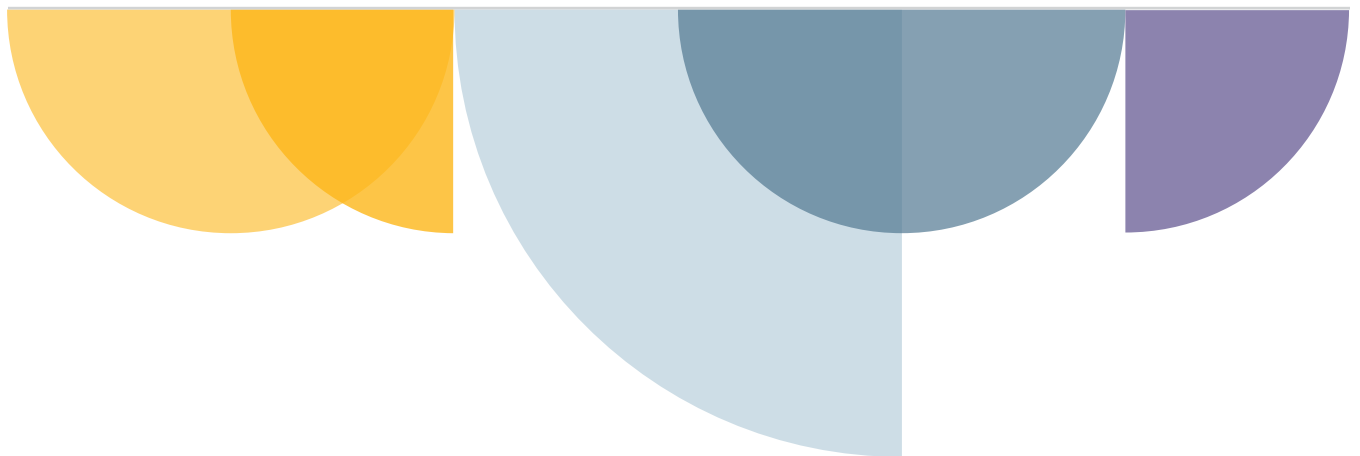


Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.





# Appendix



# Glossary

**Adverse childhood experiences** or ACEs, are potentially traumatic events that occur in childhood such as: experiencing violence, abuse, or neglect, or witnessing violence in the home or community.

**Ally** is a person or group of people who support a cause. Unlike a bystander who may remain neutral, an ally is someone who actively offers and voices support for a given initiative.

**Attachment** is the bond between child and caregiver.

**Attuned interactions** refer to interactions between two people in which they feel "in sync" or "on the same page". This may feel like being seen, understood or having our needs met.

**Burnout** is a cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress.

**Care coordination** is the collaboration and sharing of information between providers to increase the effectiveness of services and improve the outcomes of care.

**Co-regulation** is defined as warm and responsive interactions that provide the support, coaching, and modeling children need to 'understand express, and modulate their thoughts, feelings, and behaviors.

**Coercive control** is a strategic form of ongoing oppression and terrorism used to instill fear. The abuser will use tactics, such as limiting access to money or monitoring communications, to exert control.

**Compassion fatigue** refers to the physical and mental exhaustion and emotional withdrawal experienced over an extended period of time by those in the helping professions.

**Cultural appreciation** is valuing and respecting a range of cultures and their importance.

**Cultural responsiveness** enables individuals and organizations to respond to people of all cultures and other diversity factors in a way that recognizes, affirms, and values their worth.

**Disparate impact** occurs when policies, practices, rules or other systems that appear to be neutral result in a disproportionate impact on a protected group.

**Diversity** refers to a variety of characteristics, such as race, ethnicity, gender expression, sexual orientation, ability, immigration status, age, class, religion and veteran status.

**Dyad**, often referred to as the parent-child dyad, describes the pair and relationship between the two.

**Early Intervention (EI)** is a free federal program that serves children ages 0-3 to support the child in meeting milestones in physical, cognitive, behavioral, and social emotional development.

**Equity** recognizes that each person has different circumstances and needs, and therefore different groups of people need different resources and opportunities allocated to them in order to thrive.

**Formative trauma** describes experiences that are foundational to a person's world view, for example traumatic experiences that occur in childhood.

**Harm reduction** is an approach that focuses on reducing harm, risk or consequences, rather than solely maintaining abstinence. We support harm reduction approaches to decrease harm and increase safety.

**Healing centered engagement** is a term coined by Dr. Shawn Ginwright to describe an asset-based, culturally rooted approach to collective healing and well-being.

**Historical trauma** describes trauma experienced by a group of people in previous generations, which still impacts generations to come.

**Inclusion** celebrates and amplifies the identities, voices, values, priorities, and leadership of all community members, especially those who have been marginalized.

**Intimate Partner Violence (IPV)** is coercive control, abuse, or violence in any form, such as psychological, emotional, physical, or sexual, that occurs between two people in a close relationship.

**Lived experience**, also referred to as lived expertise, brings personal understanding of an issue as the result of a person's experience, such as being a parent, struggling with substance use, or living as a person in recovery.

**Mandated reporting** refers to the obligation of all service providers who work with children and other vulnerable populations to report suspected neglect or abuse.

**Medication for Opioid Use Disorder (MOUD)** is used to reduce cravings and withdrawal symptoms from opioid use and to block the euphoric effect of these substances.

**Natural supports** are supports that people have available to them within their own communities. They include family, friends, local initiatives or organizations, activities, and other support systems.

**Neonatal Abstinence Syndrome (NAS)** occurs when a newborn has symptoms of withdrawal after substance exposure in utero. This includes exposure to medication prescribed to treat substance use disorders.

**Parent-child dyadic therapy** supports both the parent and child in joint sessions, with a particular focus on their relationship with one another.

**Person-first language** centers around the person, rather than the issue or challenge. For example, a "person with substance use challenges" rather than "an addict" or "addicted person."

**Perinatal mental health** refers to a birthing person's mental health throughout their pregnancy and the postpartum period.

**Perinatal period** describes the time immediately before and after giving birth.

**Protective factor** references the supports or strengths in a person's life that mitigate the risk of negative outcomes.

**Psychoeducation** is an approach that provides education and information in a structured way, such as through the use of an evidence-based curriculum.

**Rational evaluator** refers to the part of the brain that weighs pros and cons of any given situation, to evaluate the next right choice.

**Recovery capital** is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery.

**Recovery journey** indicates that recovery happens along a continuum and we respect and meet people wherever they are at in their recovery. This includes the process of recovering from the impact of substance use challenges and rebuilding physical, psychological and spiritual health.

**Recurrence of use** is the phrase we use to normalize the fact that there may be recurrence of use along the path to sustained recovery. (Relapse prevention and recovery maintenance are terms to describe practices that can prevent recurrence of use.)

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**Reflective function** describes our ability to imagine mental states in ourself and others. With practice we can strengthen our ability to make sense of our own responses and the responses of others.

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**Rupture and repair** is when two people experience a miscommunication or disagreement in their relationship, followed by coming back together to better understand and meet each other's needs.

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**Stakeholder** is a person or organization that shares a commitment or has a vested interest in a particular cause or initiative. Some professionals may prefer the use of the phrase "interested parties."

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**Trauma-informed care** is an approach that presumes a history of trauma among the general population. Providers adjust their tone, language, and care environments accordingly to avoid potential triggers.

**Unconscious bias** also known as implicit bias, is our tendency or predisposition towards unfounded or unsupported judgement against or for something.

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**Vicarious trauma** results from the impact on the care provider from indirect exposure to a traumatic event through a first-hand account or narrative of that event.

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**Wraparound** is a team-based approach to services, that include professional and natural supports that provide individualized and coordinated, family-centered care to meet the complex needs of families.

**FIRST STEPS  
TOGETHER**  
FAMILIES IN RECOVERY SUPPORT

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