



Using substance use research tools to promote learning and teaching

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Background for lecturer/trainer

The following research tools were used in research to evaluate how child and family social workers talk to parents about alcohol issues and child welfare concerns. As such they have a number of potential advantages as teaching resources:

- They were carefully developed and generally rated by social workers as highly realistic.
- Practitioners can relate students' experiences directly to research findings (e.g. demonstrating what social workers said they would do in similar situations). This helps build links between research, teaching and practice.
- The resources could be used as a way of introducing critical approaches to research or discussions of evidence informed practice.

Two tools are presented here. Resource 1 is quite a long and complex case study for a role play which could be edited or adapted for the classroom. Resource 2 is an adapted version of the Helpful Responses Questionnaire (HRQ) – a brief pencil and paper questionnaire to explore responses to alcohol or drug use and misuse issues.

Research citations:

Case study role play

- Forrester, D. and Harwin, J. (forthcoming, 2009) *Parents who misuse drugs or alcohol. Effective interventions in social work and child protection*, Chichester: Wileys (Chapter 7: Engaging Parents)
- Forrester, D., Kershaw, S., Moss, H. and Hughes, L. (2008) 'Communication skills in child protection: how do social workers talk to parents?', *Child and Family Social Work*, 13 (1), 41 – 51

Helpful Responses Questionnaire

- Forrester, D, McCambridge, J., Waissbein, C. and Rollnick, S. (2008) 'How do child and family social workers talk to parents about child welfare concerns?', *Child Abuse Review*, Volume 17, Issue 1 , 23 – 35.
- Forrester, D, McCambridge, J., Waissbein, C., Emlyn-Jones, R. and Rollnick, S. (2008) 'Child risk and parental resistance: the impact of training social workers motivational interviewing', *British Journal of Social Work*, October 2008, 38, pp 1302 - 1319.

Resource 1: Role play exercise

The role play exercise offers a scenario with two levels of information (option a or option b) and briefings for both the social worker and the client. The context and scenario information is general, and there are then specific briefings as identified.

Context

You have been allocated as the social worker to work with this family and this is going to be only your second meeting. Your first meeting was last week in a handover with the previous worker. The meeting is taking place at the office and you can assume that you have exchanged pleasantries, sat down and are now ready to start the interview. Please note that Jeanette Johnson (the mother you will be meeting) has arrived 30 minutes late for the appointment. You have an important meeting in 30 minutes that you can not move. You therefore need to complete the interview in 30 minutes.

Scenario information

Jeanette Johnson is the mother of Charlie, aged 5 years. They live alone together and Charlie's father is not around. Charlie's name was placed on the Child Protection Register one month ago. The background is that there have been concerns around Jeanette's care for Charlie, and in particular her drinking, for some time. Fourteen months ago the police received the first police notification of Jeanette being drunk in charge of Charlie while shopping. Charlie was placed with a supportive neighbour. Over the next year there were a total of seven further notifications from police, neighbours and the school of concerns about Jeanette's drinking and her ability to care for Charlie when under the influence. Several of these referrals were investigated, however the case was closed following investigation. The main reasons for this were (a) Jeanette denied the concerns – or suggested that they had been exaggerated; (b) Charlie appears generally happy and to be doing relatively well at school.

Two months ago the police were once again involved when a neighbour called stating Charlie was home alone. In fact, Jeanette was home but appeared unconscious due to alcohol consumption. Charlie was placed with a neighbour and a social worker was allocated to undertake a core assessment.

The core assessment found a number of concerns. The school stated that while Charlie was very able, his attendance was very poor, including unexplained absences and lateness. They also had concerns about his presentation as he often appears unkempt with dirty clothes. An anonymous call from a "concerned friend" said that Jeanette was drinking very heavily, that she was regularly seen staggering around the estate, that Charlie would go to neighbour's asking for dinner and that the neighbour thought Jeanette was drinking to unconsciousness regularly – perhaps every day. They also said she smoked "puff". A case conference was called a month ago and Charlie's name was placed on the Child Protection Register. The conference chair and social worker both stated that they were very concerned about the situation and that if there was not an improvement care proceedings would be considered.

The child protection plan involved:

- Jeanette to attend alcohol services.
- Jeanette to remain alcohol free given her history of binge drinking over past 2 years. (including episodes of hospitalisation).
- Weekly social work visits.
- Charlie to get to school on time every day.
- Social work visit if Charlie does not attend school on any day.

You have just taken over the case and have been contacting agencies, talked to the previous social worker and had one handover visit last week. There is a review case conference in a fortnight and in today's meeting with Jeanette you need to begin to discuss with her your possible recommendations for the conference – or at least give her an idea of your thinking and any areas of concern.

Briefing for Social Worker

Situation since case conference (option a)

Your agency checks discovered:

- Charlie has been attending school regularly, and has only been half an hour late once (last Monday). The school report that he seems a bit happier and more settled. There have been no concerns about Jeanette being drunk when she picks him up.
- The previous worker made weekly visits. They all went reasonably well and there were no concerns about drinking. The house was a little bit untidy but not to a level that would be of concern.
- Jeanette went to her first appointment at the alcohol service but she did not show for the second.

The purpose of the current interview is to review with Jeanette how things are going. You will need to discuss with her the non-attendance at the second counselling at the Alcohol Service.

Situation since case conference (option b)

Your agency checks discovered:

- Charlie has been missing a lot of school (attendance is around 50%), and is often late. The school report that he seems unhappy and unsettled when he is in school.
- There have been concerns about Jeanette being drunk when she picks him up, with teachers and other parents mentioning that she sometimes seems unsteady and often smells of alcohol.
- The previous worker tried to make weekly announced visits, but was only successful on the handover visit. Jeanette seemed unkempt and unfocussed during that discussion, as if she had just woken up (it was a 2 pm visit). Charlie was at home. She claimed he had a cold, but he did not seem ill.
- Jeanette has not attended any appointments at the Alcohol Service.
- This morning an anonymous neighbour phoned to say she is very concerned about Charlie and that Jeanette is drinking heavily every day.

The purpose of the current interview is to review with Jeanette how things are going. You will need to discuss your very serious concerns with Jeanette. You have discussed the case with your manager and agreed that you are now getting very close to starting care proceedings unless there is some serious improvement.

Briefing for 'Jeanette'

- Your overall brief is to respond to what the social worker does and says.
- You are isolated and lonely, and perhaps even depressed. You have no family support, and most of your friends are people you drink with. You have one neighbour who you get on with reasonably well, but you are anxious that she may be the one sometimes phoning social services.
- Your pattern of drinking is that you have always enjoyed a "social drink", but that over the last five years your drinking has increased a lot.
- Charlie's father's violence during the pregnancy and after Charlie was born were very difficult. He left on the day of Charlie's second birthday, and subsequently you have been pretty depressed, and often feel you are worthless. Drinking makes these feelings go away. So you have been drinking, usually vodka. The pattern varies. At home you tend to drink around a bottle a day, and often pass out by the end of the day. In recent months you have been drinking more with friends, either in the pub or if the weather is good in the park.
- You do not think you have a drink problem. There are people you drink with who drink much more than you, and some days you only have a few ciders. You do know – though you would be careful about admitting this – that the drinking has been having a negative impact on Charlie. And it is virtually the only thing, apart from Charlie, that makes life worth living right now. Charlie is a lovely child. You love him to bits. He has been doing well at school (at least until recently), has lots of friends and you feel you have a very good relationship.

For scenario (option a):

- The involvement of social workers – and particularly the decision to put Charlie's name on the CPR – has really acted as a wake-up call.
- You have reduced your drinking, and have made a big effort to drink less at times when you might get found out e.g. when picking Charlie up from school or when the social worker is coming around.
- You are drinking a lot in the evenings, and particularly heavy sessions at the weekend. However, you are proud of the general reduction and the fact that you have been able to get Charlie to school regularly.
- If the truth is told, deep down you know you are drinking too much (though of course you are not an "alcoholic": you know some "real alcoholics" and they could not cut down the way you have). But you don't want to talk to some counsellor; and could they be trusted anyway? If you did tell them – or the social worker – what was going on, they might just take Charlie away. Better to just cope. After all, things have got a bit better recently.

For scenario (b):

- The involvement of social workers – and particularly the decision to put Charlie's name on the CPR – has really made things worse. You just feel terrible, so lonely and unhappy and angry you often don't know what to do with yourself. So you have been drinking much, much more.
- You are rarely sober at the moment, and most days start with a vodka and end in unconsciousness. In fact, today is the first time in a long time you have not actually been drunk – because you don't want the social worker to take Charlie away. But as a result you feel ill.

Resource 2: An adapted version of the Helpful Responses Questionnaire for Social Work

Here we present (a) an adapted version of the Helpful Responses Questionnaire (HRQ) that you can print out and use with your students, (b) definitions of the levels of empathy used to rate it, and (c) an example – taken from published research – of fairly typical responses made by actual social workers.

How you might want to use it

- Ask students to complete the questionnaire and then discuss their responses in pairs or small groups. Groups could then be asked to make suggestions for good responses.
- Students could complete the questionnaire anonymously and then after discussion and teaching around the ratings scales and the nature of empathy either rate their own responses or rate those of other students. (This could be done with interactive technology in order to find the average rating for each response – and this could be compared to findings from research).
- You could use the questionnaire to evaluate your own teaching – for instance by comparing how students complete it before and after teaching around substance use and misuse.
- The responses of students could be compared to those of social workers as described in published research. This would facilitate a critical discussion of research methods and their limitations.

Ratings Scale for the HRQ

A rating scale based on Carkhuff's levels of empathy (1969, 315-317) and developed by Nerdrum and Lundquist (1995) for research, can be used to rate the communication skills of social work students.

- Level 1: “the helper does everything but express that he is listening, understanding or being sensitive to even the most obvious feelings of the helpee in such a way as to detract significantly from the communications of the helpee” [referred to in tables as “obstructing”]
- Level 2: “the helper tends to respond to other than what the helpee is expressing or indicating” [referred to in tables as “not listening”]
- Level 3: “the helper... does not respond accurately to how that person really feels beneath the surface feelings; but he indicates a willingness and openness to do so. Level 3 constitutes the minimal level of facilitative interpersonal functioning” [referred to in tables as “minimal listening”]
- Level 4: in addition to Level 3 “the helper’s response adds deeper feeling and meaning to the expressions of the helpee” [referred to in tables as “empathic listening”]

(The original Carkhuff scale has a further level 5 (“the helper is responding with a full awareness of who the other person is and with a comprehensive and accurate empathic understanding of that individual’s deepest feelings”). It was considered that in practice the prompts did not make this an achievable level for the HRQ; this level would be more appropriate for rating a whole interview).

The sample worker’s responses shown in Table 2 demonstrate how this rating scale might be applied.

The Helpful Responses Questionnaire: adapted for Child and Family Social Work

Table 1

	The client's situation and comment:	What would you say?	Rating
Q1	A 23 year old father telephones you to say: "I'm not going to be able to keep my appointment at the child protection conference tomorrow; we just learned that my Dad has cancer"		
Q2	A 16 year old (female) looked after young person tells you: 'It really sucks that you're not supposed to drink until you're 18. It's stupid. I can get married, but to have a drink I have to get a fake ID'.		
Q3	A 41-year old woman says to you: "I have to get off the street and get some other kind of life. It's not safe on the streets any more; it's too weird."		
Q4	A 25 year old with his third drunk in charge says: "There's no way I was drunk this time. I felt absolutely fine. The cops are just watching for my car now and pulling me over for anything."		
Q5	A 32 year old woman says: "Last night Joe came home drunk again, and kicked in the TV set while the kids were still watching it, and then he knocked me down. He scared us all half to death."		
Q6	A 22 year old drug user says: "Who are you to tell me about drugs? What do you know about heroin? Have you ever fixed?"		

How Social Workers Responded to the Helpful Responses Questionnaire

(from Forrester, D, McCambridge, J., Waissbein, C. and Rollnick, S. (2008))

Table 2

	The client's situation and comment:	Sample worker's response:	Rating	Average
Q1	A 23 year old father telephones you to say: "I'm not going to be able to keep my appointment at the child protection conference tomorrow ; we just learned that my Dad has cancer"	The conference is important for you to attend. Unfortunately we can't postpone it. If you can make it to the conference it would be greatly appreciated. I hope things work out for your father	1	1.97
Q2	A 16 year old (female) looked after young person tells you: 'It really sucks that you're not supposed to drink until you're 18. It's stupid. I can get married, but to have a drink I have to get a fake ID'.	Unfortunately, it's the law. It's to try and protect young people. [I would then try to establish where the fake ID came from].	1	1.42
Q3	A 41-year old woman says to you: I have to get off the street and get some other kind of life. It's not safe on the streets any more; it's too weird.	What do you mean by weird?	3	2.51
Q4	A 25 year old with his third drunk in charge says: There's no way I was drunk this time. I felt absolutely fine. The cops are just watching for my car now and pulling me over for anything.	Don't they do a breathalysing test when they suspect you've had too much to drink?	1	1.40
Q5	A 32 year old woman says: Last night Joe came home drunk again, and kicked in the TV set while the kids were still watching it, and then he knocked me down. He scared us all half to death.	What did you do with the children? Did you call the police?	2	1.62
Q6	A 22 year old drug user says: Who are you to tell me about drugs? What do you know about heroin? Have you ever fixed?	I am not trying to tell you that I know exactly what it is like, but lets look at known effects	2	1.3

Other SWAP resources

SWAP (2009) *Social Work and substance use. Teaching the basics*. Retrieved, November 2009 from www.swap.ac.uk/docs/guide_su_learning&teaching.pdf

SWAP (2009). *Learning and teaching digest: integrating substance use teaching into the social work curriculum*. Retrieved, August 2009, from www.swap.ac.uk/resources

SWAP (2009). *Helpsheet: involving alcohol and other drug specialists in social work education*. Retrieved November 2009, from www.swap.ac.uk/docs/hs_substancemis1.pdf

SWAP (2009). *Helpsheet: using substance use research tools to promote teaching and learning*. Retrieved November 2009, from www.swap.ac.uk/docs/hs_su_researchtools.pdf

SWAP(2009). *Information sheet: domestic violence and substance use in the social work curriculum*. Retrieved November, 2009, from www.swap.ac.uk/docs/is_domestic_violence.pdf

SWAP (2009). *Information sheet: Key resources for teaching substance use*. Retrieved November. 2009, from www.swap.ac.uk/docs/is_keyresources.pdf

SWAP (2009). *Case studies: teaching substance use in social work education*. Retrieved November 2009, from www.swap.ac.uk/docs/cs_substancemis2.pdf

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