

## Working with Parents Affected by Substance Use



May 2019

Substance use disorder is a leading cause of chronic health problems, family violence, and criminal behavior:

- 2014: 27 million people age 12 or older in the U.S. used an illicit drug in the past 30 days, about 1 in 10.
- Illicit drug use primarily involved marijuana and nonmedical prescription pain relievers.
- 2012: there were 51,580 people who checked into rehab in NC; 0.54% of the population received treatment for substance use issues.

SAMHSA, 2015

## Substance Use *continued...*

- North Carolina has higher treatment rates than many other states (Alcohol and Drug Services of Guilford, n.d.).
- Parents who struggled with substance use disorder (includes alcohol) were 3x likelier to abuse their children and 4x likelier to neglect their children (NCASA, 2005).

## Child Fatality Data

- Counties reported **152** child fatalities between July 1, 2015 and June 30, 2016.
- **47 (31%)** of these involved unsafe sleeping environments.
- **Circumstances of these 47 child deaths:**
  - 31 involved the infant co-sleeping with the parent or parents in an adult bed;
  - 7 - involved co-sleeping with parent or parents on sofa; and
  - 5 - involved sleeping in swings, bouncy seats, etc.

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## Substances and their Effects on Parenting

- Alcohol
- Cocaine
- Crack/Cocaine
- Heroin
- Methamphetamines
- Opioids
- Stimulants
- Central Nervous System Depressants
- Marijuana



## Activity: Safety vs. Risk

Please read the case scenario on the page, “Effects of Specific Substances on Parenting.”

Then, answer these questions:

1. Does the parental behavior with substance use pose a safety or risk to the children?
2. What safety or risk factors did you identify?
3. What interventions do you feel are needed for the family?

## Treatment for addiction can work...

but not for everyone, and not every time someone engages in treatment.

*It may take more than one attempt.*

Like attempts to stop smoking . . . 

*the best predictor of success is how many times the person has tried to quit in the past.*

Huddleston, 2005

## Treatment Outcomes

Treatment reduces:

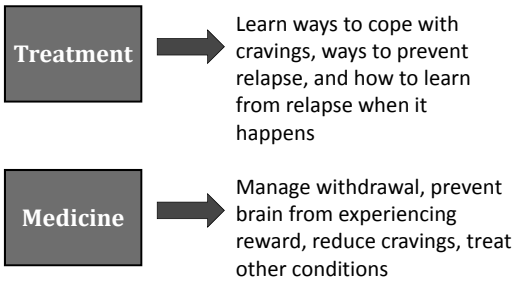
- drug use
- crime associated with use
- homelessness
- behaviors that put people at risk of HIV

It increases:

- employment and income
- physical and mental health

USDHHS, 2004

## Treatment often includes therapy and medicine



## Duration of Treatment

Outcomes improve in direct relationship to the length of time in treatment.



Treatment programs must be 90 days or longer to be effective.

*The brain needs time to heal before the person can learn new skills.*

Huddleston, 2005

## Treatment doesn't work...

...if the person isn't there!

The biggest problem in treatment is *attrition*.

What if we just refer them for treatment?

50% to 67% don't show up for intake

Huddleston, 2005

## Treatment

What is popular in treatment is not effective in treatment of substance use disorder.

Treatment must be evidence-based; meaning there is scientific evidence that it *works*.



Huddleston, 2005

## Inpatient Treatment / Detox

- For some substances, withdrawal is life-threatening, so medical treatment is required.
- For many substances, withdrawal is unpleasant, or makes people ill, but is not life-threatening, so medical treatment is not required.



ASAM, 2015

## Effective Treatment Involves

1. Intensive Out-Patient (IOP)
2. Reinforcement Approach
3. Cognitive Behavioral Therapy (CBT)
4. Motivational Approach
5. Family involvement
6. Treatment of co-occurring disorders
7. Self-help support groups

CSAT, 1999; NIDA, 2005; Rawson, 2004

## #1: Medical Detoxification

This is the first and key component of any effective treatment program.

Stopping the use of some drugs can be deadly without properly managed detoxification.

- Safely manages acute physical symptoms of withdrawal

NIDA, 2019

## Inpatient Detoxification

- Can range from 5-7 days on average
- Some programs last 10 or more depending on the management of withdrawals
- Much more comprehensive than outpatient
- Monitors vital signs and physical and emotional well being
- No risk of returning to drug behavior while in detox due to close monitoring

American Addiction Centers, 2019

## Outpatient Detoxification

Medication can serve several purposes including:

- Reduction of cravings and symptoms of PAWS
- Blocking the reward system in the brain the drug creates, Causing negative physical feelings (e.g., nausea)

Detox is a first step in recovery but should not be considered a standalone intervention.

NIDA, 2019

## #2: Medication Assisted Treatment (MAT)

Medication can serve several purposes including:

- Reduction of cravings and symptoms of PAWS
- Blocking the reward system in the brain the drug creates,
- Causing negative physical feelings (e.g., nausea)

## Medications for Substance Use Disorder

Medication for substance use disorder:

- **Acamprosate:** for withdrawal symptoms for alcohol
- **Disulfiram:** to create nausea, diarrhea, and other unpleasant symptoms when alcohol is used
- **Naltrexone:** to reduce cravings in alcohol and opioid recovery

## Medications for Opioid Use Disorder

Medications specifically for opioid treatment:

- Methadone
- Buprenorphine (Suboxone)
- Naltrexone extended release
- Naloxone / NARCAN

These medications all assist with withdraw and craving symptoms.

**Naloxone (NARCAN)** is a medication used to prevent opioid overdose.

SAMSHA, 2018

## Stages of Change

- Pre-contemplation Stage
- Contemplation Stage
- Preparation Stage
- Action Stage
- Maintenance Stage
- Lapse / Relapse Stage

## Sustainable Life Long Change

- Internal belief they can change for the better
- Development of skills to improve relationships (personally and professionally)
- Identification of a personal value and belief system
- The realization that even slow improvement is still something to celebrate
- Personal motivation to maintain long-term sobriety
- Development of a complete and healthy lifestyle



## Family-Centered Approach

Strives to:

- Keep families together
- Make kinship care placements
- Provide substance abuse treatment:
  - As a couple
  - As a family
- Reunify families whenever possible



## Family-Centered Approach (2)

Substance use disorder does have terrible negative consequences for families, but...



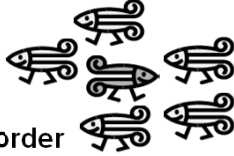
demonizing people is a barrier to working together.

McMahon, 2005

### Family-Centered Approach (3)

Assess each family individually.

- Many parents with substance use disorder never abuse or neglect their children
- Don't prejudge because of use



McMahon, 2005

### Considerations for substance use and "family time"

- We must always use a family-centered approach throughout all stages of the case
- We must consider when to limit/restrict or suspend family time/visits
- If a parent is under the influence, we must evaluate risk the behavior poses to the child in a visit
- Reduction/suspension of visits must never be a punishment to the parent

### Working Together within Our Agencies

Families should:

- Feel we are one united team inside DSS regarding their case
- Never be passed from unit to unit or worker to worker without a meeting to introduce the new worker and make a transition
- This is referred to as a "Warm Handoff"
- New workers should know something about the case before meeting with the family

### Treatment Case Management

Parents

Children

## Case Scenarios