Effective Strategies for Working with Families Affected by Substance Use Disorders

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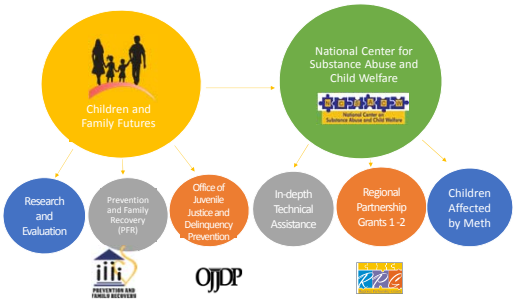


The evolving understanding of Substance Use Disorders (SUDs)

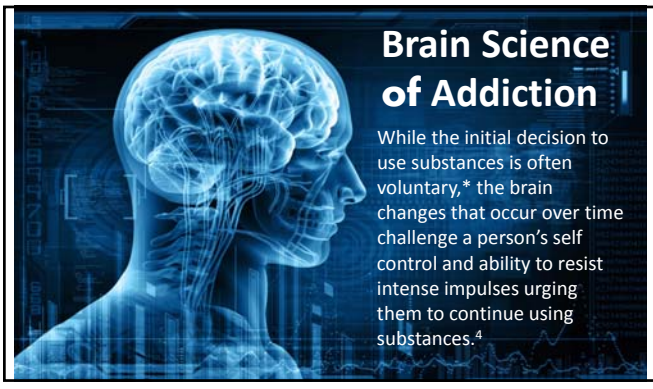
When science began to study addictive behavior in the 1930s, people addicted to substances (alcohol and drugs) were thought to be morally flawed and lacking in willpower.[1]

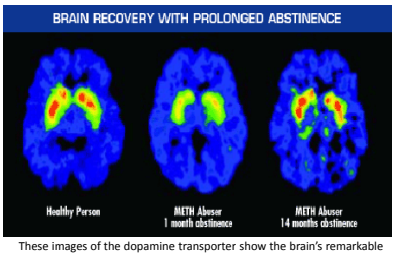
The evolving understanding of Substance Use Disorders (SUDs)

Recent scientific advances have enlightened our view of addiction which is now recognized as a chronic relapsing brain disease expressed in the form of compulsive behaviors. This understanding has improved our ability to both prevent and treat addiction.[2]

The evolving understanding of Substance Use Disorders (SUDs)

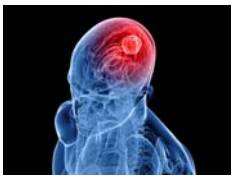
"A core concept that has been evolving with scientific advances over the past decade is that drug addiction is a brain disease that develops over time as a result of the initially voluntary behavior of using drugs. The consequence is virtually uncontrollable compulsive drug craving, seeking and use that interferes with, if not destroys, an individual's functioning in the family and in society. This medical condition demands formal treatment."[3]





These images of the dopamine transporter show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.[5]

Brain Science



However, some people still do not understand why individuals become addicted to substances or how substances change the brain to foster compulsive substance abuse. Powerful myths and misconceptions still abound about the nature of addiction.

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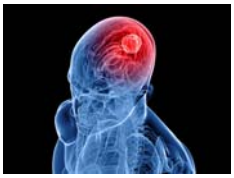
Brain Science



In reality, addiction is a complex disease, and quitting takes more than good intentions or a strong will. In fact, because substances change the brain in ways that foster compulsive substance abuse, quitting is difficult, even for those who are ready to do so.[7]

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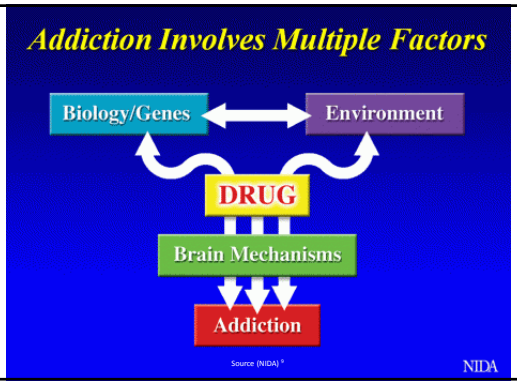
Brain Science

Dr. George Uhl and colleagues at NIDA's Intramural Research Program (IRP) in Baltimore, Maryland, found that, using a powerful new technique for identifying genes that are associated with diseases, they have linked at least 89 genes to drug abuse and dependence.[8]



How BIG is the substance use problem in Pennsylvania?

- PA's Department of Drug and Alcohol Programs *2013 State Plan* to the Governor and the members of the General Assembly, reports that **one out of every four Pennsylvania families suffers from drug and alcohol abuse in the family.**[10]
- In a case review exercise conducted in October by 7 counties, up to 70% of the child welfare cases (court and non-court) had substance use as a factor in the case. The percentage was higher among court-involved child welfare cases.[11]

Examples of values that influence practice:

- Understanding addiction as a chronic (relapsing) disease
- Understanding differences between substance use, abuse and dependence and its varying impact on parenting behavior
- Understanding the role of Medication Assisted Treatment (MAT) including methadone
- How "the client" is defined
- How treatment is defined and the degree of family focus

Examples of values that influence practice:

- Whether child welfare parents with SUD are defined in policy as a "priority" population for treatment admission
- Defining "reasonable efforts" in terms of the scope and duration of substance abuse treatment
- How success is defined (abstinence only or inclusion of closely related domains such as mental health status, employment, social and family relationships/support, parenting abilities, legal issues, and stable housing)

Examples of values that influence practice:

- Purpose and handling of drug testing
- Family visitation policies in response to parental use of alcohol or drugs (use of sanctions versus supervision solutions and promotion of parental bonding)
- How relapse is handled
- How client data is gathered and used (e.g. missing boxes leading to data gaps)

Examples of values that influence practice:

- Lack of agreement on cross-system data to be monitored
- Using confidentiality rules to restrict information access based on mistrust
- Lack of policy body to monitor results over time
- The degree to which the system supports collaboration (in practice and financially)
- Whether the political will exists to redistribute funding to more effective services based on outcome monitoring

Examples of values that influence practice:

- Unless system differences in underlying values are understood, system partners will be less likely to sustain collaborative efforts as disagreements on policy and practice issues emerge.

Most professionals who work with families affected by substance use and child maltreatment have tremendous compassion for the ***children*** of substance users ….

Until … the children grow up to become parents trapped in the same cycle of substance use and child maltreatment that they endured.

Domains	Mother	11 yr old daughter
Parenting	Born to a teen mom	Born to a teen mom
Transitions	Moved frequently	Moved frequently
Education	10th grade drop out	Kept back in 1st grade
Health	Poor health/possible STDs/possible dental	Poor health, dental
Behavioral Health	SUD-Crack, Alcohol, Marijuana; Trauma/PTSD	Emotional, social, cognitive, Trauma/PTSD, behavior problems
Child Welfare Status	Abused/Neglected Mom in and out of shelters/FC	Abused/Neglected In CW system for 1st time at age 6

The Five Clocks

Temporary Assistance for Needy Families (TANF)
- 24 months work participation
- 60 month lifetime

Adoption and Safe Families Act (ASFA)
- 12 months permanency plan
- 15 of 22 months in out-of-home care must petition for Termination of Parental Rights (TPR)

Recovery
- One day at a time for the rest of your life

Child Development
- Clock doesn't stop
- Moves at the fastest rate from prenatal to age 5

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The Most Important Clock

- The 5th Clock: The one that's ticking on us
- How long do we have to act if our families have
  - 24 months to work and
  - 12 months to reunify?
- Do PA's SUD treatment providers understand ASFA timelines? Do PA's CW and court staff understand addiction and treatment?
- Taking this clock seriously means that we take aggressive action to reconcile the clocks on children and families.

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Early identification

- The first step to effective treatment is early identification and timely access.
- How effective is PA's screening process for substance use among PA's parents who are reported for child maltreatment?
- The 2014 DHS case review suggests PA may lack a standardized SUD screening tool for casework staff to administer as a component to the assessment

Screening

- Screening is not the same as assessment (diagnostic testing), which establishes a *definite* diagnosis of a disorder. Instead, screening is used to identify people who are *likely* to have a disorder, as determined by their responses to certain key questions or through collateral information. People with positive screening results may be advised to undergo more detailed diagnostic testing to definitively confirm or rule out the disorder.

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Screening

- Child welfare workers should screen for substance abuse and feel comfortable asking questions on a routine basis about substance use, abuse, treatment, and recovery while the family's case is open. Child welfare workers *are not however responsible for determining that a parent or caretaker has a* ***substance abuse disorder (SUD)****;* just whether substance abuse ***may*** be present and contributing to child maltreatment.

Screening

- Given the prevalence of SUDs among families involved in the child welfare system, and the potential for parents/caretakers to deny such use out of fear and/or stigma, child welfare workers should consider screening during <u>all stages</u> of the case.[12]

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When Screening Links to Assessment

- If substance abuse is determined to be a potential factor, the parent(s)/caretaker(s) needs to be referred to a substance abuse professional who will conduct a comprehensive assessment to determine the nature and severity of the substance use, and to recommend the type and level of care (e.g., withdrawal management/detoxification, outpatient, intensive outpatient, residential or medication assisted treatment) that aligns with the parent's specific needs.

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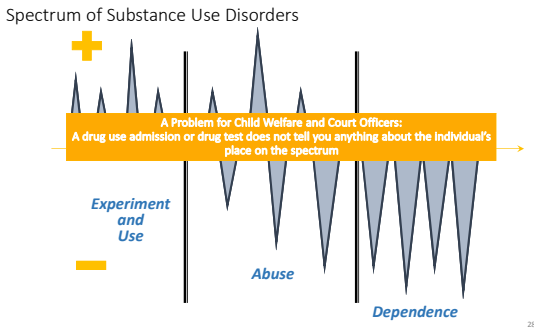

Drug testing alone tells you very little

- Drug tests tell you whether a particular substance or panel of substances were present in a person's body at sufficient levels to register at a point in time.
- Drug tests **do not** provide information about whether a person has a SUD (or in fact where they are on the substance use spectrum - see previous slide).

Drug testing alone tells you very little

Drug tests alone **do not** tell you:

- The degree of recovery support or available support system
- The impact of the parental substance use (even prescription use) on child safety and wellbeing
- The parent-child relationship (or impact of drugs on the relationship)
- Stability of parents' living situation, employment history, criminal law enforcement history

Drug testing alone tells you very little

Drug tests alone **do not** tell you:

- The parent's drug using history (even their current use as the specimen may have been tampered with or may not have detected drugs due to short half life)
- The parent's drug using frequency
- Whether the parent uses around the child(ren)
- The parent's willingness to get treatment
- The parent's past treatment experiences, if any, or any contributing co-occurring mental health problems

Drug testing alone tells you very little

- Drug tests **do not** provide sufficient information for substantiating allegations of child abuse or neglect or for making decisions about the disposition of a case (including decisions regarding child removal, family reunification, or termination of parental rights).
- Even a negative test does not guarantee that an individual is in stable recovery.

Drug testing alone tells you very little

- A drug test is NOT treatment.
- Drug testing alone or with detox or a drug education course will not address the underlying problems that created the drug problem in the first place.
- It is not reasonable to expect someone with a SUD/brain disease to attain recovery through drug testing and monitoring alone and sets them up to FAIL which has tremendous adverse affects on their life and the lives of their child(ren).

Assessment

In this context, the definition of assessment is an evaluation or appraisal of a candidate's suitability for SUD treatment and placement in a specific treatment modality or setting. The assessment typically includes information regarding current and past substance use; mental health/trauma; justice system involvement; medical, familial, social, education, military, employment, and treatment histories; and risk for infectious diseases (e.g., sexually transmitted diseases, tuberculosis, HIV/AIDS, and hepatitis).[13]

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DSM

In the new DSM 5 the criterion of legal consequences has been replaced with the criterion of craving/compulsion to use, so there is still a total of 11 diagnostic criteria. The new designations are a follows with regard to positive findings:

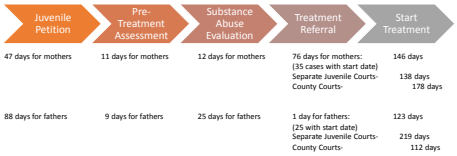
- 0-1 = No diagnosis
- 2-3 = Mild substance use disorder
- 4-5 = Moderate substance use disorder
- 6-11 = Severe substance use disorder

Module 3 - Final 35

Level of care and dosage?

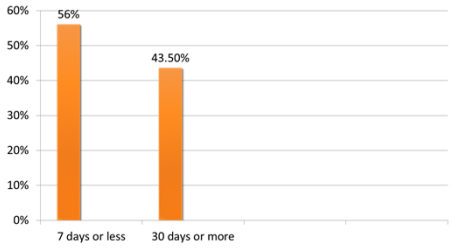
- It will be important to take a closer look at the actual dosage of treatment that is being provided in the non-intensive level of outpatient treatment to ensure that it is sufficient to address the extent of treatment need that is typically associated with someone whose substance use has risen to the level of contributing to the maltreatment of their own children.

NE Case Review: 4-5 Months to Start Tx



47 days for mothers	11 days for mothers	12 days for mothers	76 days for mothers: (35 cases with start date) Separate Juvenile Courts- County Courts-	146 days 138 days 178 days
88 days for fathers	9 days for fathers	25 days for fathers	1 day for fathers: (25 with start date) Separate Juvenile Courts- County Courts-	123 days 219 days 112 days

Treatment Completion by Time to Treatment[14]



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Timeliness of treatment access

- Is engagement maximized by recovery support assistance (e.g. STARS) and immediate assessment and treatment access (e.g. NIATx).
- The "time to treatment" factor has a direct impact on: (a) whether the client ever makes it to treatment in the first place; (b) the length of time that children in out of home care stay in out of home care (timeliness of permanency); and the number of reunifications.
- Do you even know or look at the "time to treatment" factor in assessing reasonable efforts in your area?

Reasonable Treatment Efforts

- What are "reasonable efforts" in terms of the scope and duration of treatment.
- For court purposes, "reasonable efforts" typically include helping families remedy the conditions that brought the child and family into the CW system (family therapy, parenting classes, drug and alcohol abuse treatment, respite care, parent support groups, and home visiting programs, etc.). What would "reasonable efforts" look like in PA if applied to SUD treatment?

Sample Case History

- Single head of household mother
- Mother's age: 28 yrs old and 7 mos pregnant (and no prenatal care)
- 3 kids (ages 2, 4, and 8)
- Mother's drug use history: (12 year drug-history: heroin, cocaine, alcohol and marijuana)
- Co-occurring MH problems
- Criminal history: (drugs, panhandling, DV)
- Education history: 10th grade education no GED

Sample Case History cont.

- Employment history and current status: No stable employment-sanctions for no work
- 2 prior involvements with CW system
- Type of family support available if any: 2 fathers, 1 in jail. Currently no child support. Mother on multiple economic assistance programs
- Living situation: Public housing (may now lose for drug charges)
- Other family challenges: One child has sickle cell anemia
- Family strengths: Unknown at this time

With the case study family in mind…..

- Is it likely that drug testing or a drug education class is sufficient to address the addiction and addiction-related issues in this family?
- Is it likely that popping into an outpatient session once or twice a week will do the job? Does PA consider such an approach as meeting a "reasonable efforts" standard to address the kinds of problems described in the case study family?
- Does PA force such parents (typically moms) who need residential treatment to choose between their recovery and their children (or some of their children)?

With this case study family in mind…..

- Does PA have sufficient residential capacity to serve this family? Can all kids join her in treatment to receive the services and support they need?
- Is there a better way?
- Will current or future behavioral health reforms have an adverse affect on the ability to pay for sufficient treatment (including residential and innovative family-focused treatment)?
- Are there models that constitute "reasonable efforts" that can successfully address these issues while serving the entire family?

Effective Treatment Attends to Multiple Needs

- **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

(Source: NIDA Principles of Effective Treatment)

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Treatment dosage

- The appropriate duration for an individual depends on the type and degree of his or her problems and needs.
- Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.

(Source: NIDA Principles of Effective Treatment)

Treatment should be evidence-based

If not evidence-based than what? A *few* examples include:

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Engaging Moms
- Motivational Incentives/Contingency Management
- Different types of medications (including Methadone, Buprenorphine/Suboxone, Naltrexone, Acamprosate) may be useful at different stages of treatment to help a patient stop abusing drugs, stay in treatment, and avoid relapse

Effective Treatment Attends to Multiple Needs (especially trauma)

- Trauma is so prevalent in the lives of parents with SUD that it can almost be assumed that it should be universally addressed in SUD treatment.
- In one of the first studies on addicted women and trauma, 74% of the addicted women reported sexual abuse, 52% reported physical abuse, and 72% reported emotional abuse.
- Between 44% and 56% of women seeking treatment for a substance use disorder had a lifetime history of Posttraumatic Stress Disorder (PTSD).

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Evidence-based programs (EBPs) for trauma

A *few* include:

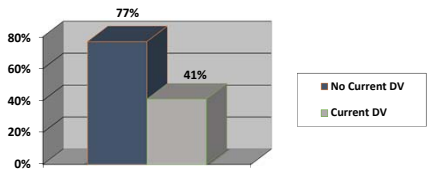
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

Effective services

- Grella, Hser & Yang (2006) found that women who participated in programs that included a "high" level of family and children's services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a "low" level of these services.
- Higher reunification rates for families involved in the child welfare system because of substance use problems are another benefit to providing services to children affected by parental substance abuse, with direct impact on expenditures for out-of-home care.

Current DV Reduces Treatment Completion

Substance Abuse Treatment Completion in a Study of 360 Women



(Source: Violence in the Lives of Substance Abuse Treatment: Service and Policy Implications, 2000, p. 4)

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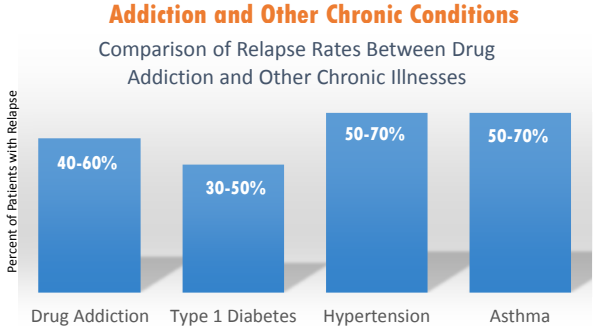
Relapse common

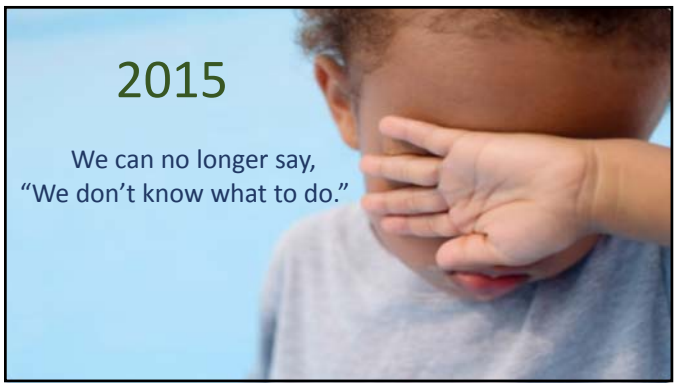
Recovery from SUDs is a long-term process and frequently requires multiple episodes of treatment.
As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.



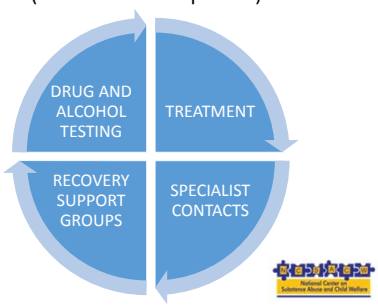
Treatment works

Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain control of their lives.

SAMHSA's message: behavioral health is essential to health, prevention works, **treatment** is **effective**, and **people recover** from mental and substance use disorders.



The Big Four (include in reports)[15]



Joint Accountability, Shared Outcomes and Information Systems

Tools and Resources

- Regional Partnership Grant (RPG) Data codebook
- Webinars on linkages

Models

- Michigan revised Statewide Automated Child Welfare Information System (SACWIS) to prioritize families with substance use disorders
- Children and Family Services Review (CFSR) and National Child Welfare Outcomes Indicator Matrix (NOMS) processes
- California Outcomes Measurement System (CalOMS) now tracks 7500 CW parents in treatment and knows which had positive outcomes (36%)

Shared Outcomes System Reforms

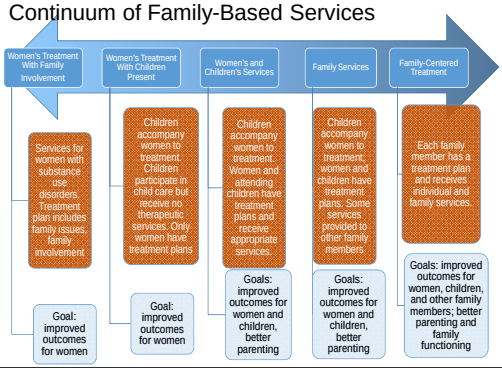
Tools and Resources

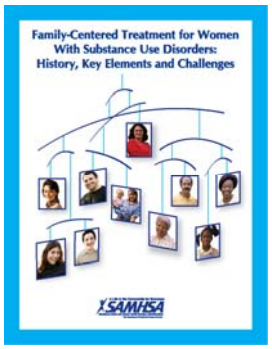
- SAFERR communication protocols
- In-Depth Technical Assistance (IDTA) State communication protocols and examples of data system improvements
- A Review of Alcohol and Drug Issues in the States' Child and Family Service Reviews and Program Improvement Plans

Models

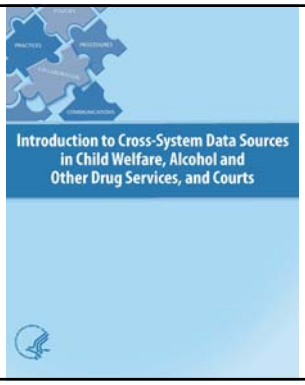
- Guide to Cross-System Data Sources for State and Tribal Child Welfare, Substance Abuse Treatment, and Court Systems
- May 16, 2008: Connecting the Dots: How States and Counties Have Used Existing Data Systems to Create Cross System Data Linkages
  - http://www.cffutures.com/webinars.shtml#May16

Continuum of Family-Based Services



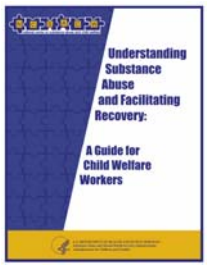


http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf



http://www.ncsacw.samhsa.gov/resources/default.aspx

A Guide for Child Welfare Workers



To obtain a copy, see:
http://www.ncsacw.samhsa.gov

Online Tutorials

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NEW! Child Welfare Training Toolkit

6 modules, each containing:
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•PowerPoint Presentation
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NCSACW website:
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