

Supporting Children with Substance Using Parents

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Our Time Together

- I. The science and features of substance dependence
- II. Stigma and bias and cultural considerations
- III. Prevalence rates of children in SU/SD homes
- IV. Special Considerations for children with SU/SD parent(S)
- V. Safety factors vs. Risk factors
- VI. Protective Capacity and Protective Factors
- VII. Safety planning for children and parents

What is substance dependence?

- ▶ SUD was once thought of as being a flaw of character or a moral “failing”. Today, addiction is known to be a chronic and progressive illness.
- ▶ SUD is medically and psychologically viewed as a disease in that it is chronic with high relapse potential, and influenced by genetic, developmental, behavioral, social, and environmental factors. (SAMHSA, 2016)
- ▶ As with many other disorders, people may have difficulty complying with the prescribed treatment.
- ▶ SUD is a brain disease that affects decision making, perception, and biological drives among many other regulating systems in the brain.

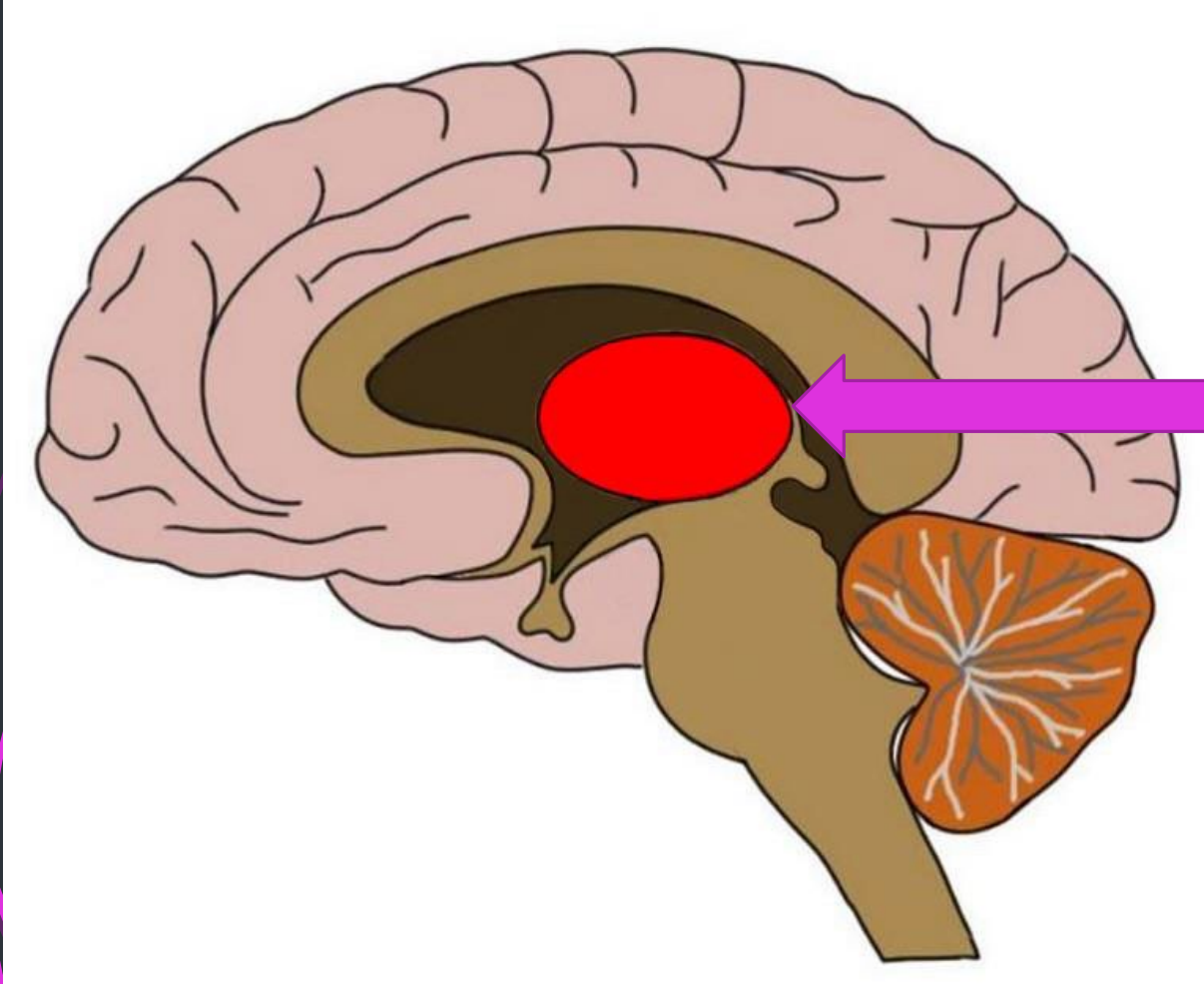
What is substance dependence?

The battle is in the brain.

The Midbrain vs. Frontal Lobe



The Midbrain

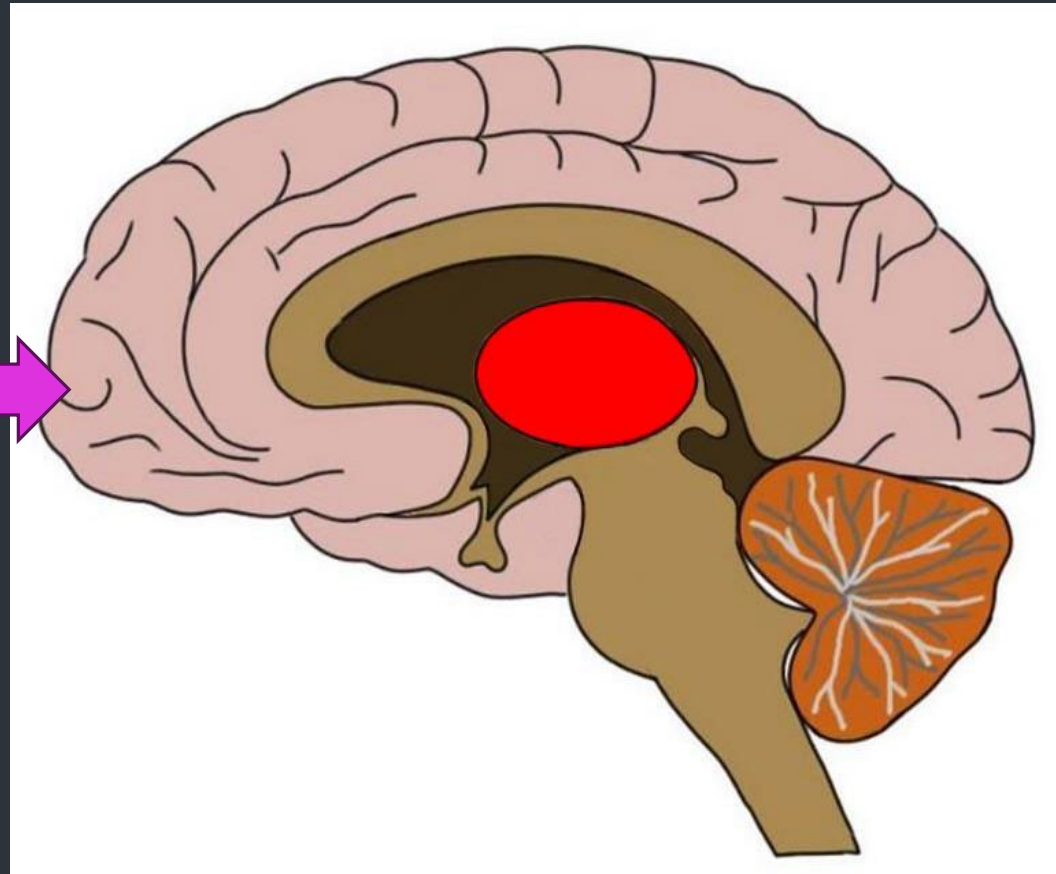


Basic Functions of the midbrain

- Drive for basic needs
- Fight, Flight, Freeze
- Pleasure/Reward Center

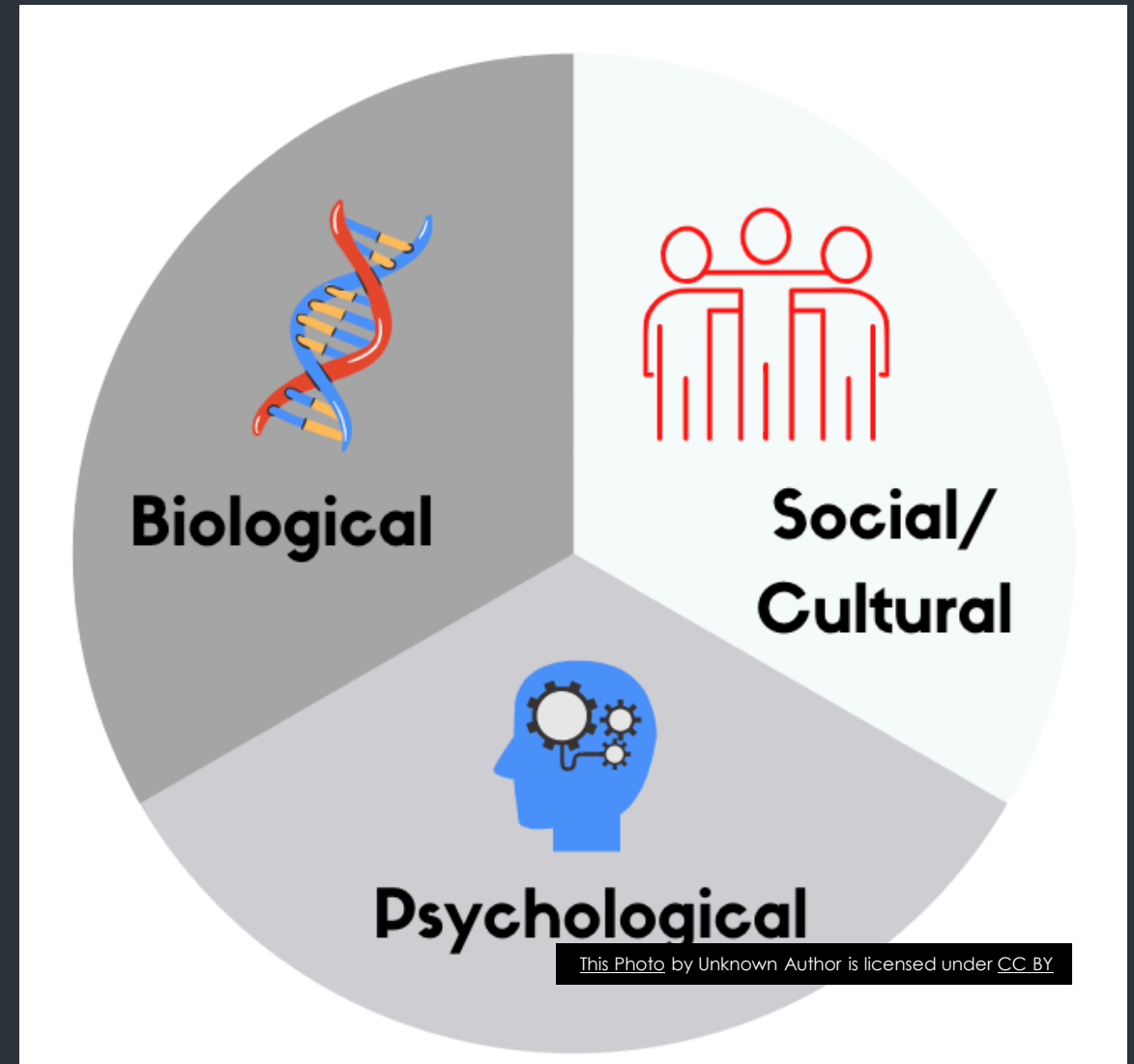
The Frontal Lobe

- higher cognitive functions
- Memory
- emotions,
- impulse control,
- problem solving,
- social interaction
- motor function



Biopsychosocial Factors

- ▶ What is happening in the brain explains the biology
- ▶ The psychology comes in when you consider why someone starts using, what motivates continued use, and other psychological factors
- ▶ The social aspect considers many factors:
 - ▶ Environment
 - ▶ Stigma
 - ▶ Politics
 - ▶ Socioeconomic status
 - ▶ Race
 - ▶ Social/Peer groups
 - ▶ Lack of resources



Why can't they just stop?

The reasons people can't "just" stop using drugs are complex and varied

Once the "switch is flipped" in the midbrain, the pursuit of the drug becomes the primary focus.

Taking drugs out of the equation is but one step in overcoming addiction. The psychological and social factors can make stopping much more difficult.



Stigma and Substance Use

The impact of stigma

Stigma is defined as

“A mark of shame or discredit” (Websters online dictionary)

“A set of negative attitudes or stereotypes that can create barriers or make (*substance use or mental health) conditions worse.

(National Institute on Drug Abuse: Stigma and Discrimination)

*Not in the original text



Types of stigma

Types of stigma

- Social Stigma
- Institutional Stigma
- Health Practitioner or Medical Stigma
- Associative stigma
- Self stigma



Combatting Stigma

Language: how do you/your workplace talk about people with SUD/Mental illness?

Attitude: Do you approach these illnesses from a perspective of care or punishment?

Culture: Is there a top-down acceptance of how people with SUD/MH should be treated and is it positive or negative?

Speaking out: When you hear others use derogatory language, or treat someone differently, do you challenge that?

Stigma reducing language



DO NOT SAY

- X Addict/Drug User
- X Clean or dirty drug screens
- X Former addict
- X Drug addicted baby
- X Hard to place kids



INSTEAD...

- ✓ Person or parent with a substance use disorder
- ✓ Screen tested negative or positive for drugs
- ✓ Person in recovery
- ✓ Infant prenatally exposed to substances
- ✓ Children affected by trauma

Cultural Bias/Considerations

- ▶ cultural bias: the assumptions we form about the culture of a group based on our own cultural background. <https://www.thesooth.co/connect/culture/avoiding-cultural-biases>
- ▶ Parenting
- ▶ Marriages/relationships
- ▶ Divorce
- ▶ Treatment of women and girls
- ▶ Male centered/dominant family/societal structure
- ▶ Use of substances for religious or ceremonial purposes

Cultural considerations

<https://ncsacw.acf.hhs.gov/training/videos-and-webinars/mitigating-safety-and-risk/>

People with substance use disorders who are members of racial, ethnic, and other minority groups are less likely than white, heteronormative counterparts to:

- Get an appropriate diagnosis
- Enter, remain in, and successfully complete treatment
- Receive adequate care
- Report satisfaction with the treatment they received

*A lack of culturally and linguistically sensitive treatment is part of the reason.



Cultural Considerations, cont.

An example in the practice of law

“A criminal defense lawyer might assume she is operating in her client's best interests when negotiating a plea deal in exchange for a reduced sentence, for example, and may not understand that her client's community will not allow her to admit guilt as it would bring shame on the community. A competent lawyer must therefore understand the constraints on her client's autonomy”

<https://repository.law.umich.edu/cgi/viewcontent.cgi?article=2874&context=articles>



Prevalence Rates

Children in homes where substance use is present

Prevalence rates

<https://ncsacw.acf.hhs.gov/training/videos-and-webinars/mitigating-safety-and-risk/>

Child removal where parental substance use was the condition for removal has risen over the last 20 years.

- Since the year 2000, rates of removal of children with SU parents went from 18.5% to 39% in 2020.
- In 2020, there were 632,000 children in out-of-home care. Those with substance using parents= 245,000
- In Ohio, 41-50% are under the age of 1 and 21-30% are aged 1 and over.
- Families affected by parental SUD have a lower success rate of reunification and children stay in the foster care system longer
- Collaboration among systems involved with these families is key.



Special Considerations for children with substance using parents

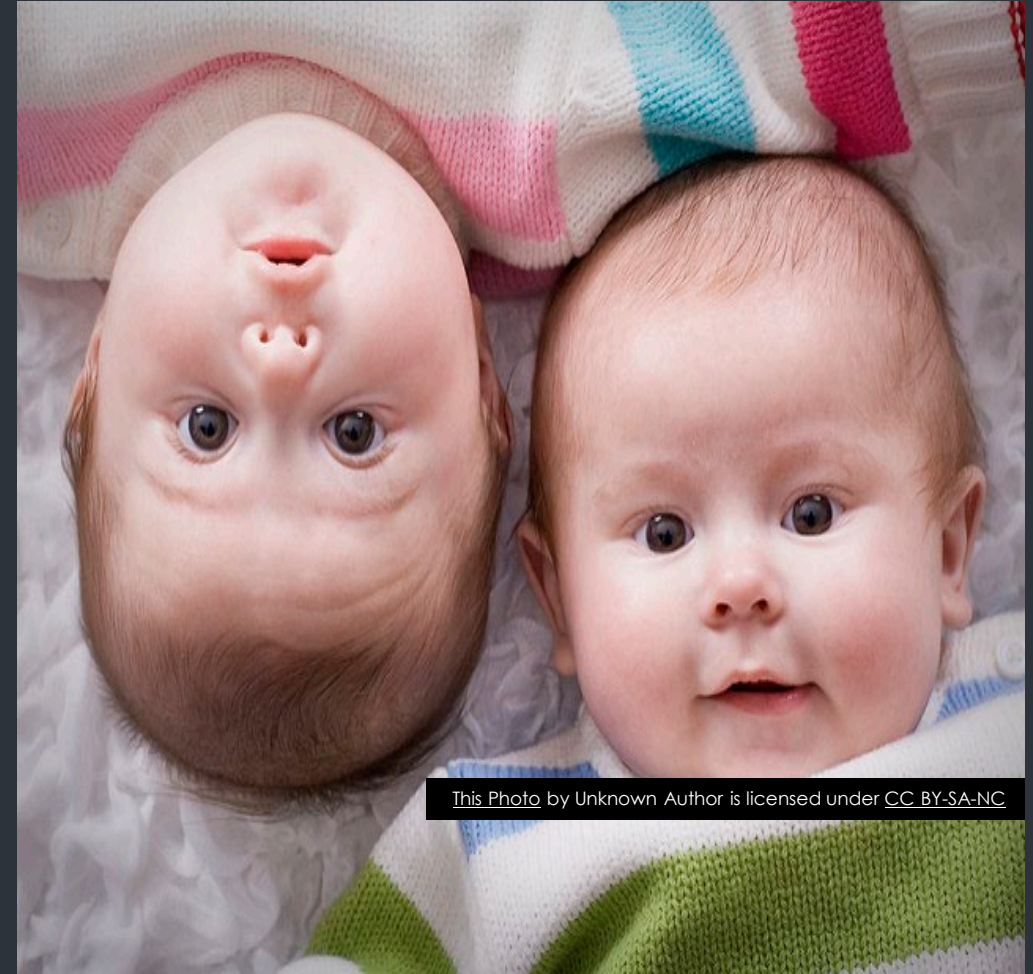
Factors to consider for the child

Child's age

Younger children (infants/babies) are more dependent on their parents for getting needs met.

Safety and Risk Factors to consider:

- Is there formula if not breastfeeding?
- If breastfeeding, is the mother aware of or have access to a pump to discard milk that may be affected by substance use?
- Does the baby have a safe sleeping space?
- Access to age-appropriate toys?
- Does the baby respond with an adequate range of expression and emotion?
- Are there plenty of diapers that are size appropriate?
- Does the parent(s) interact with the baby and respond to emotional cues?



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Factors to consider for the child

Child's age, cont.

Older children: Have more capacity to meet their basic needs and get help if needed.

Safety and risk factors to consider:

- Is the child attending school? Getting suspended or otherwise showing behavior problems?
- Are there any behavioral or emotional issues in the home?
- Is the child engaging in risky behaviors?
- Does the child appear to have access to food, clothing, etc.
- Does the child have access to a support system or peer group?



Factors to consider for the child

Child's visibility in the community

- Higher visibility in the community provides more opportunity for other adults to identify any concerns

Things to consider:

- Involvement in school, daycare or community-based programs/extra curricular activities
- Identify community members, neighbors, other people of support in the community with whom the parent(s) or child have regular contact.

Factors to consider for the child

Children with special needs

Things to consider

- May be at higher risk
- Look at the child's development
- Do they have an understanding of what is happening around them?
- Does the parent(s) have knowledge and understanding about what their child's needs are?
- Does the parent(s) provide the needs specific to their child's differing abilities?



Factors to consider for children

Parent-child interaction

Things to consider:

- ▶ Do the parent and child appear to be bonded? I.e. is there appropriate attention and response to the different moods/emotional needs of the child?
- ▶ Does the parent engage in play or other types of activity with the child?
- ▶ Does the parent respond appropriately to the needs of the child? Does the parent appear to respond in a caring/sensitive way or have control of their emotions?



Safety and risk factors



Things to keep in mind

- Parental substance use does not necessarily mean harmful parenting
- Parents under the influence do not necessarily present a safety risk to children
- Having drugs in the home does not necessarily present a safety risk for children
- Just because a parent is using alcohol/drugs does not mean they don't love their child(ren) or want the best for their child(ren)

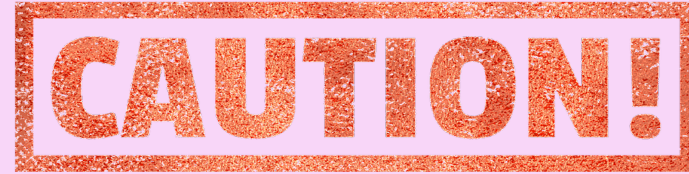
Safety Factor

DANGER

- Present or impending danger to a child
- Insufficient protective capacities on the part of the care giver
- A point in time where ***immediate action*** is required

<https://ncsacw.acf.hhs.gov/training/videos-and-webinars/mitigating-safety-and-risk/>

Risk Factor



- ▶ The likelihood that a child will be mistreated ***in the future***
- ▶ Often not observable at first point of contact but may be seen over time
- ▶ Not necessarily things that need child services involvement, at least right away.
- ▶ May become safety factors

<https://ncsacw.acf.hhs.gov/training/videos-and-webinars/mitigating-safety-and-risk/>

Case Scenario

Jane is a 24-year-old mother of 2-year-old Ariana. A neighbor reported seeing Ariana wandering around her neighborhood by herself with only a diaper and t-shirt on. The police responded and reported the incident to child welfare. In her first meeting with the child welfare worker, Jane admitted she had taken opioid medication and she and Ariana laid down and went to sleep. She reported that Ariana must have woken up and left the house without her knowing. Jane shared that she suffers from chronic pain due to several herniated discs in her back and neck. She reported that she also struggles with depression which became worse while she was pregnant with Ariana. Jane also stated that Ariana's father was abusive to her but that she is no longer with him, and he only sees Ariana occasionally. Jane reports little to no support outside of her mother and her best friend.

- What presents a SAFETY FACTOR?
- What presents a RISK FACTOR?



Protective capacity and protective factors

Protective Capacity and Protective Factors

Protective Capacity

Personal and parenting behavioral, cognitive, and emotional characteristics that can directly be associated with a person being protective of their child.

Examples:

- **Parent(s) have demonstrated ways that they have taken action to protect their child from dangerous situations (History of protecting)**
- **He or she takes action, is assertive and responsive, and is physically able to respond to caregiving needs such as running after young children, lifting children, and is able to physically protect their child(ren) from harm consistently. Accommodates for their own physical limitations to meet these needs**
- **Can put aside their own needs to satisfy the needs of their children, self restraint.**



Protective Factors

<https://ncsacw.acf.hhs.gov/training/videos-and-webinars/engagement-and-safety-decision-making-substance-use-disorder/>

Protective factors to strengthen families

- **Nurturing and attachment:** Encouraging bonding and parent child interaction
- **Parental Resilience:** Parents that can adapt to change and managing everyday stressors (may need additional support or planning early in recovery)
- **Social Connections:** Can decrease stress, mental health symptoms, “the opposite of addiction is connection” (can help with recovery)
- **Knowledge of parenting and child development**
- **Concrete support for parents:** help with money management, meal planning, cleaning, time management
- **Social/emotional competence of children:** Parents communicating with children in a way that supports their social and emotional development.



Safety Planning with children and parents

Safety plan components

1. **Family Supports:** Work collaboratively with the parents to create the safety plan.
2. **Access to treatment:** Quick access to treatment is crucial when the SU parent has indicated that they are ready to get help.
3. **Alternative living arrangements:**
 - Is there a family member or friend who is safe to stay with?
 - If residential treatment is recommended, is there a program that takes parents and children?
4. **Formal and informal supports:** Connecting parents to peer support services, supporting the repair of damaged relationships
5. **Role of children in safety planning:**
 - Determine whether the age of the child supports their participation in safety planning
 - Help the child determine who they can talk to if they feel unsafe at home and how to call 911 and when that is appropriate to do.
 - Have the parents and child(ren) develop a phone tree that is easy to access. Make sure older children have a phone or there is a phone that can be accessed easily with emergency contacts in the contact list.

Safety Planning

Collaboration promotes safety

- ▶ SU families are often involved in multiple systems
- ▶ Connect with treatment providers to determine treatment progress and setbacks
- ▶ Are all systems and the parent(s) on the same page as far as determining how “success” is evaluated?
- ▶ Sit in on family team meeting when/if able. Take a positive approach when talking about the parent(s)
- ▶ Can one service provider do the drug screening for all that require it?
- ▶ Can appointments be made close together to avoid barriers with transportation and work?

