



AFFECTING OUTCOMES IN JUVENILE DEPENDENCY

Santa Ynez Valley Marriott

Buellton, CA

The Effects of Substance Abuse on Families

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This presentation is provided by Children and Family Futures through a contract
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AGENDA

- * **Welcome**
- * **AOD Use Abuse and Dependency**
- * **AOD Impact on Families**
- * **Intervening with Substance Use Disorders**
- * **Collaborations**
- * **Closing**

Public Health Approach

Problem exists when an Agent interacts with a Host in an Environment.

- * **Agent** Alcohol, methamphetamine, heroin etc.
- * **Host** Individual who is susceptible to an AOD problem. Often surrounded by families.
- * **Environment** Family, social and community environment including media and peers.
- * **Strategies to prevent, reduce and treat alcohol and other drug problems address all three areas.**

Public Health Interventions

Agents

- alcohol policy (formal and informal) * interdiction *

Environments

- * supportive social networks * healthy community messages *
- safe, affordable drug-free housing, school, work, recreation *
- community support services * community education * reduce stigma *

Families

- appropriate roles * parenting skills and resources * communication and decision making * support network *

Individuals

- * building protective factors * reducing risk factors * building self efficacy * intervention * treatment of substance use disorders *
- * treatment of co-occurring problems *

Addiction and Dependency

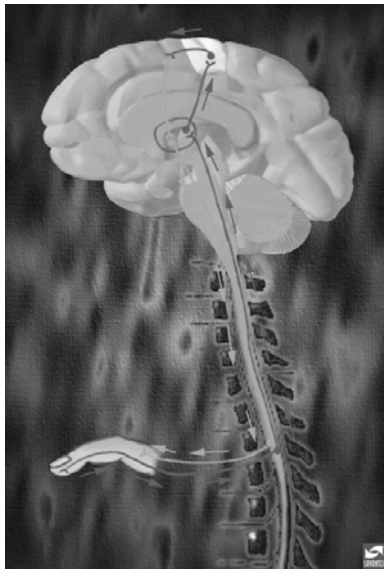
Factors that contribute to addiction

- ✧ **Genetic factors**
- ✧ **Environmental factors – growing up and today**
- ✧ **Early onset of use**
- ✧ **Childhood trauma**
- ✧ **Availability**

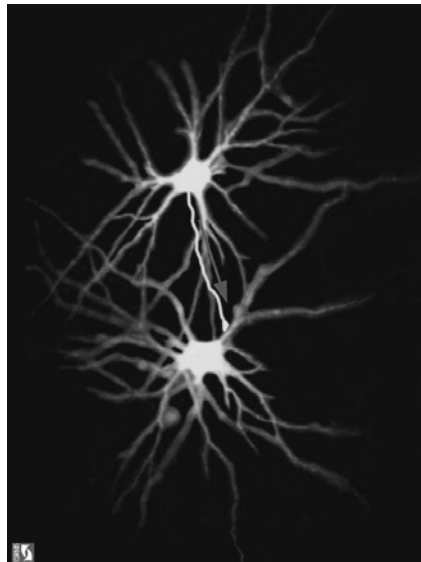
Addiction and Dependency

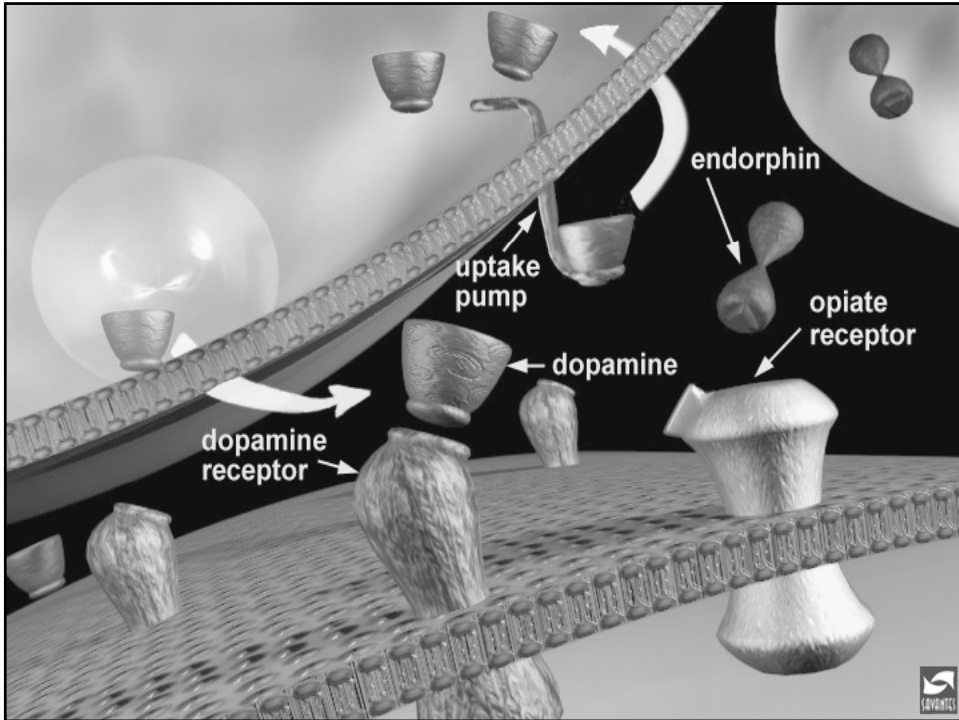
- * **Brain disorder**
- * **Brain impacted**
- * **Cravings**
- * **Tolerance**
- * **Addiction**
- * **Women's pathways to alcohol and drug use, consequences of use, motivations for treatment, treatment needs and relapse factors are different from men.**

Pathway for
Sensation

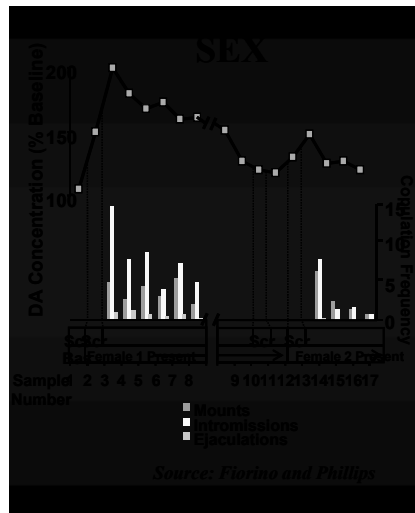
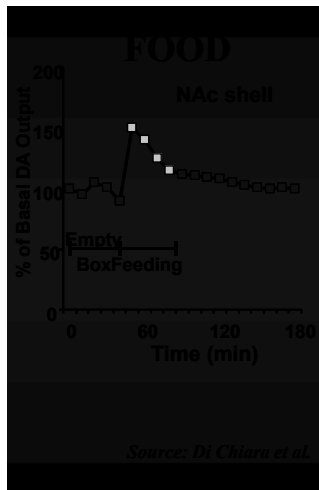


Impulse Flow

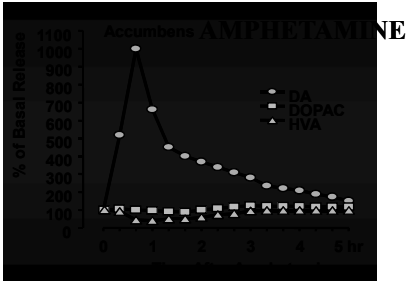
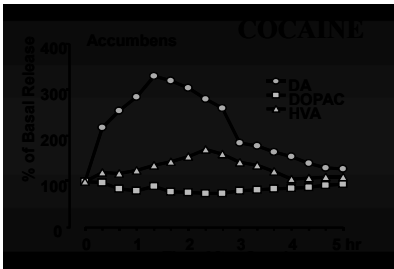
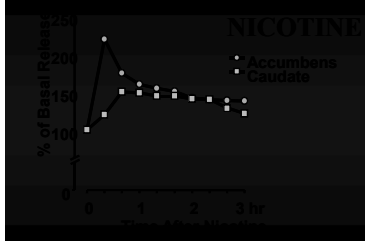
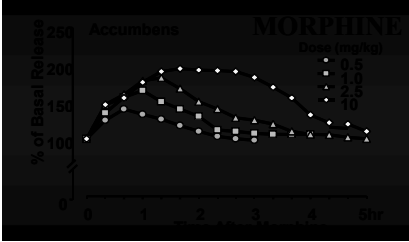




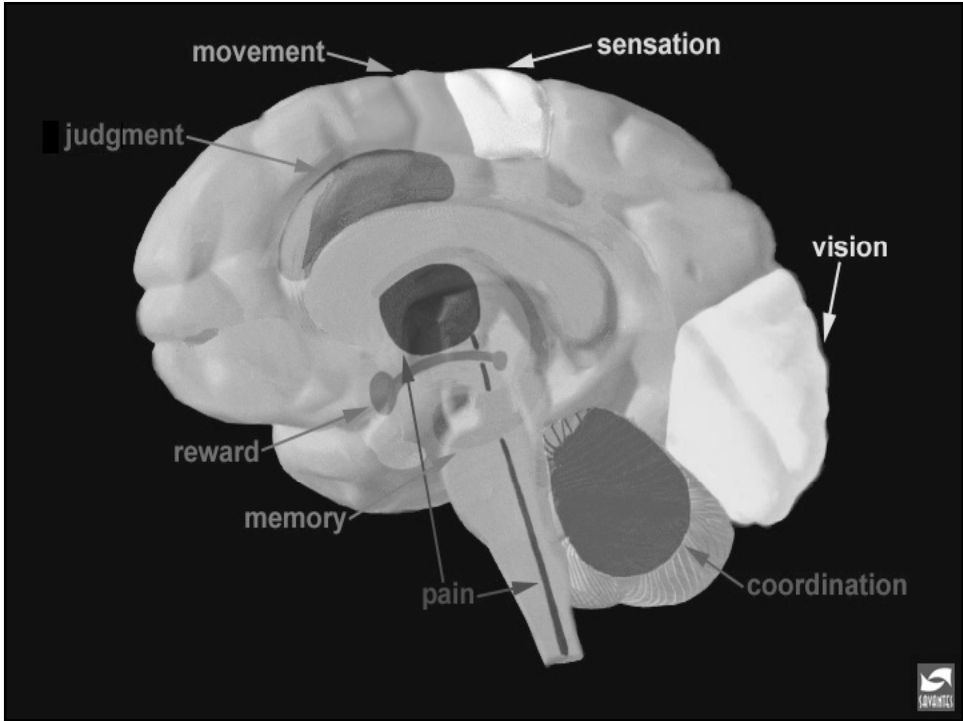
Natural Rewards Elevate Dopamine Levels

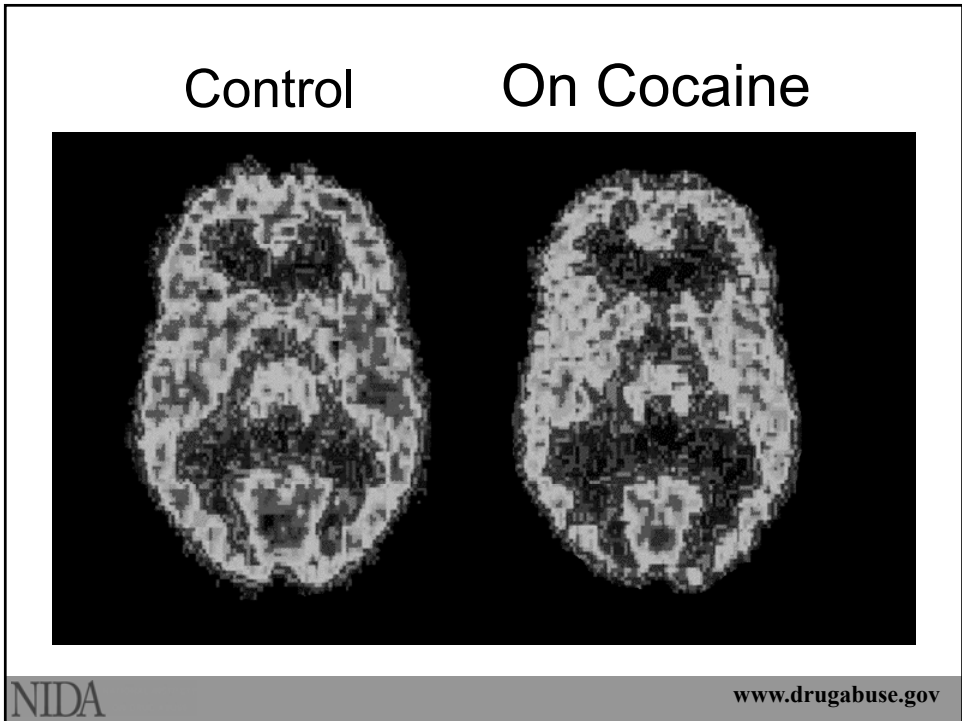
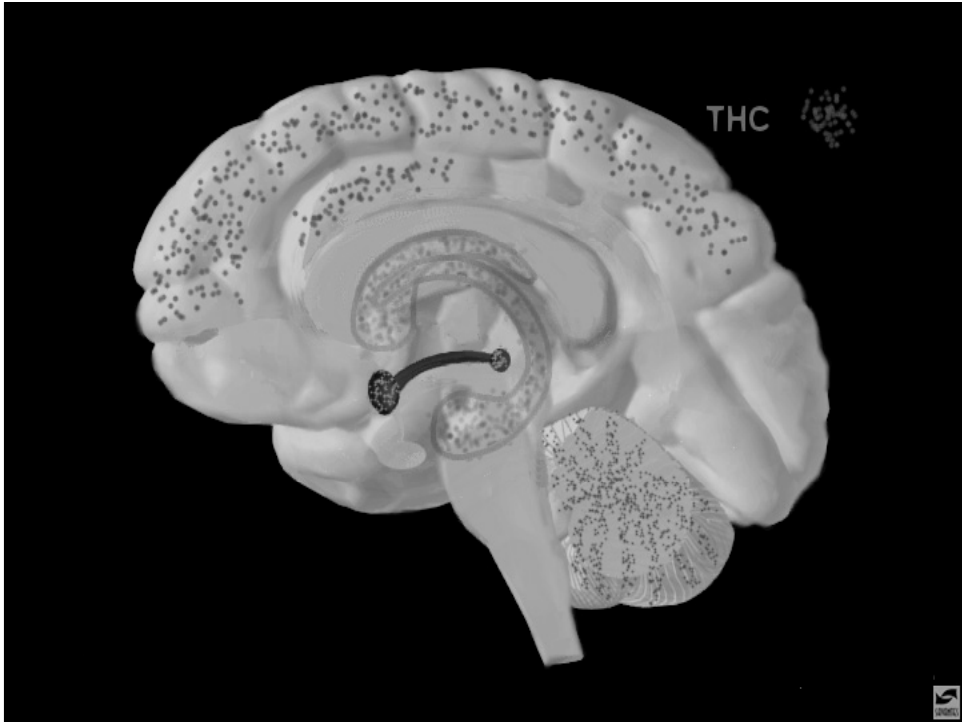


Effects of Drugs on Dopamine Levels

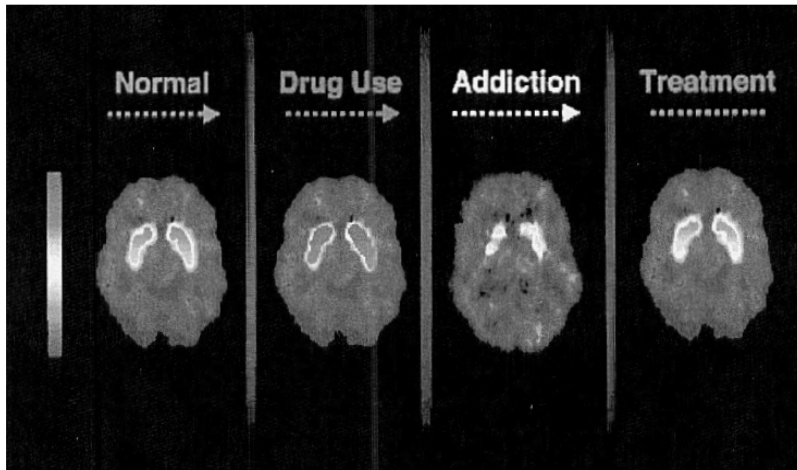


Source: Di Chiara and Imperato





Use, Addiction and Recovery can be Seen in the Brain



Addiction

- * Addiction is a state in which an organism engages in compulsive behavior, even when faced with negative consequences
- * Behavior is reinforcing (rewarding or pleasurable)
- * Loss of control in limiting intake
- * Occurs within the reward pathway of the brain

Dependency

- * **Dependence is a state in which an organism functions normally only in the presence of a drug**
- * **Develops when neurons adapt to repeated drug exposure and only function normally in the presence of the drug**
- * **When the drug is removed, physiologic reactions occur (withdrawal)**
- * **Occurs within the thalamus and brainstem**
- * **Tolerance Increasingly larger amounts of drug are needed to produce the same effect**

Cravings

4 Phases:

- * **Introductory Phase – no cravings**
- * **Maintenance Phase – mild craving when preparing for use**
- * **Disenchantment Phase – cravings become powerful, overpowering physical reaction even in situations that are far away from use, craving triggers similar experience to use**
- * **Disaster Phase – all the person needs to do to activate the addicted brain is think about the substance. People need to be able to practice thought-stopping in order to interrupt this process**

Develop a physiological need for the substance.

Barriers to Recognition as Disease

- * **STIGMA**
- * **Drug seeking leads to loss of judgment**
- * **As a society we value self control.**
- * **Addict often unable to see drug use as causing problems**
- * **Alcohol/drug use is something people see as a choice – and those that over-use as gluttonous**
- * **Stereotypes**
- * **DRUG SEEKING AND INEBRIATION RESULTS IN HURTING OTHERS**

Substance Abuse Impacts on Families

Children Living With One or More Substance Abusing Parent

1,000,000 CA Children Living With Parent
About 83,000 are in Out-of-Home Care for Child Abuse/Neglect



Chart is in Millions

Inter-Generational Cycle of Substance Abuse

- * Substance use disorders affect the entire family unit and all the individual members.
- * Parental substance abuse increases the likelihood that a family will experience
 - financial problems
 - shifting of adult roles onto children
 - child abuse and neglect, inconsistent parenting
 - violence and disrupted environments
- * Children of parents with substance use disorders have a significantly higher likelihood of developing substance use problems themselves.

Children in Treatment

Synthesis Inc. has identified eight common groups of children

- * Children/teens with ADHD or other neurodevelopmental conditions
- * Children/teens who are depressed and/or suicidal
- * Children/teens with serious behavior problems
- * Children/teens who have been sexually, physically or emotionally abused
- * Children/teens witnesses of chronic abuse
- * Children/teens with substance abuse issues
- * Anxious children
- * Infants and toddlers with early developmental and behavioral difficulties

Each group of children has specific intervention and treatment needs and projected outcomes. (Rubin & O'Keeffe, 2004)

Use During Pregnancy

- * 10% of all babies born in Ventura/Santa Barbara were exposed to substances in the 72 hours before birth (Vega W et al, 1993)
- * 2003 MCH survey indicates 19% of California new mothers drank alcohol during pregnancy.
- * NSDUH data show similar rates.

Substance Used (Past Month) (NSDUH, 2003)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug			
Alcohol Use			
Binge Alcohol Use			

Intervening in Substance Use

Continuum of Care

Prevention

Intervention

Assessment

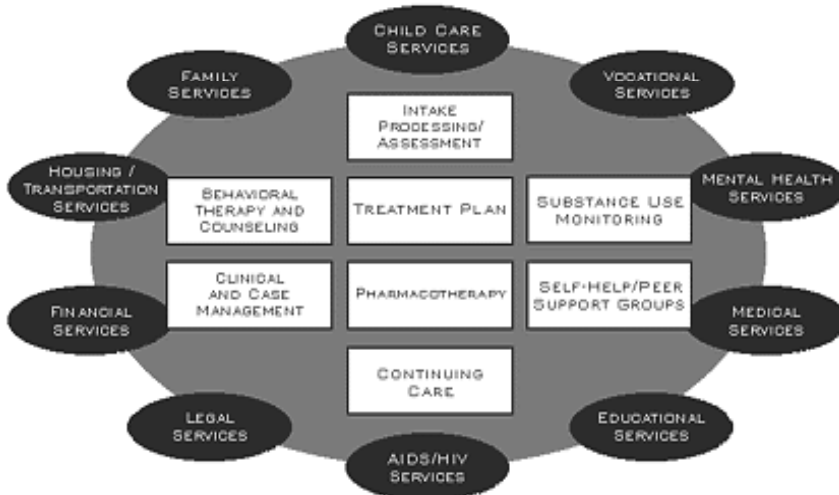
Treatment

Recovery Support

Elements of Treatment

- * **Detoxification and Stabilization**
- * **Motivation and Engagement**
- * **Assessment and Treatment Planning**
- * **Skill Building Programming**
 - * Drug Resistance Skills * Avoid Triggers and Walk through Cravings *
 - * Problem Solving Skills * Assertiveness Skills *
- * **Life Style and Support**
 - * Interpersonal Relationships * Replace Drug Using Activities *
 - * Safe and Health Environments * Family Recovery *
- * **Case Management**
 - * Address barriers to economic and social well being * Parenting support *
 - Housing * Multiple Systems *

Components of Comprehensive Drug Addiction Treatment



Principles of Effective Drug Treatment

- * No single treatment appropriate for all**
- * Is readily accessible**
- * Attends to multiple needs of the individual**
- * Modifies treatment regimen as needed**
- * Ensures adequate time in treatment**
- * Includes both counseling and other behavioral therapies**
- * Includes medications as important elements**
- * Treats coexisting mental disorders in an integrated way**

Principles of Effective Drug Treatment

- * Views medical detoxification as only a first stage of treatment that does little to change long-term drug use**
- * Does not need to be voluntary to be effective**
- * Continuously monitors drug use during treatment**
- * Provides assessment for infectious diseases**
- * Recognizes recovery can be a long-term process that frequently requires multiple episodes of treatment**



Gender Responsive Services



Gender Differences in Use



- * Among youth aged 12-17 rate of illicit drug use for was equal for boys and girls (10.6%) and alcohol use was slightly higher for girls (18.0% compared with 17.2% for boys). (NSDUH, 2004)
- * Young women tend to use substances to:
 - improve mood
 - self-medicate mood disturbances
 - increase confidence
 - lose inhibitions
 - enhance sex
 - lose weight

Women Compared to Men At Treatment Entry

- * Higher levels of psychological distress – depression, suicidal attempts
- * Less likely to have graduated high school
- * More problems in social and family functioning
- * Almost half as likely to be employed
- * More health problems
- * Weekly or daily illegal activity (but less likely to be involved with criminal justice system)
- * More likely to report physical and/or sexual abuse

Wechsberg et al., 1998; Grella et al., 2005

Gender Responsive Treatment

- * **A substantial body of research identifies unique characteristics of substance abusing women.**
- * **Characteristics of Gender Responsive Services are:**
 - **Relational**
 - **Address the different pathways to use, consequences of use, motivation for treatment, treatment issues and relapse prevention needs unique to women**
 - **Strength-based, motivational**
 - **Comprehensive**
 - **Trauma informed**
 - **Provided in an environment in which women feel safe and comfortable.**

Selected Elements of Women's Treatment

- ✧ Engagement
- ✧ Trauma
- ✧ Co-Occurring Disorders
- ✧ Relationships
- ✧ Comprehensive Services

Engagement

- ✧ Welcoming environment
- ✧ Trusting relationship
- ✧ Building self efficacy
- ✧ Strength-based
- ✧ Perceived utility of treatment
- ✧ Ancillary services
- ✧ Empathetic counseling style (for women)
- ✧ Motivational interviewing
- ✧ Knowing consequences and alternatives

Stages of Change

- * **Pre-Contemplation**
- * **Contemplation**
- * **Preparation**
- * **Action**
- * **Maintenance**

Source: Prochaska and DiClemente, 1984

Histories of Violence among Clients Treated for Methamphetamine

- * **Persons in treatment for methamphetamine reported high rates of violence**
 - **85% women vs. 69% men**
- * **The most common source of violence:**
 - **For women, was a partner (80%)**
 - **For men, was strangers (43%)**
- * **History of sexual abuse and violence:**
 - **57% women vs. 16% men**

Source: Cohen, J. (2003)

Prevalence of Co-Occurring Violence and Trauma

- ✧ **Women in treatment 2 times more likely to have history of sexual and physical abuse than general population (CSAT TIP 36)**
- ✧ An estimates range from 55-99% of women in treatment compared with 36-51% of women in general. (Najavits, 1992)
- ✧ Trauma informed services enable women to stay engaged in treatment and cope with triggers.
- ✧ Models for addressing trauma and substance use disorders are available at

Trauma

- ✧ Trauma should be treated as present rather than the exception. The majority of women in treatment have experienced substantial trauma--either childhood abuse/neglect and/or sexual traumatic experiences
- ✧ Create safe environments
- ✧ Support clients to identify triggers, self-soothe, ground and remain in treatment
- ✧ Offer specialized, therapeutic trauma services
- ✧ Provide mental health services as needed

Co-Occurring Disorders

- * 45% of women with illicit drug dependence or abuse had a SMI, compared to 22% of men
- * 31% of women with alcohol dependence or abuse had a SMI, compared to 15% of men
- * Approximately 2% of the adult female population has a co-occurring mental health and substance abuse problems.

Co-Occurring Disorders

- * Screening and Assessment
- * Treatment Planning
- * Individualized Services – Are clients being asked to do things they cannot do?
- * Integrated Mental Health/Substance Abuse Services
- * Informed Pharmacology
- * Motivational Counseling
- * Case Management
- * Integrated Co-Occurring Disorders Treatment Evidence Based Treatment Implementation Kit

<http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/>

Supportive Relationships

- * **Women, compared to men, are:**
 - **More likely to report that their spouse/partners encouraged initial and current drug use and less likely to pressure them to enter treatment**
 - **Less likely to report help/support from family or friends**
 - **More likely to report that family or friends used drugs in the past year** (Grella & Joshi, 1999)
- * **Treatment effects, participation and sustained recovery outcomes all improve when a partner/family participates in treatment BUT**
- * **More than three-fourths of women participating in the RWC/PPW reported that their families were involved in alcohol- or drug-related activities**
- * **Almost half of them (42.9%) reported having fewer than two friends who did not use drugs** (Connors et al., 2004).

Relationships

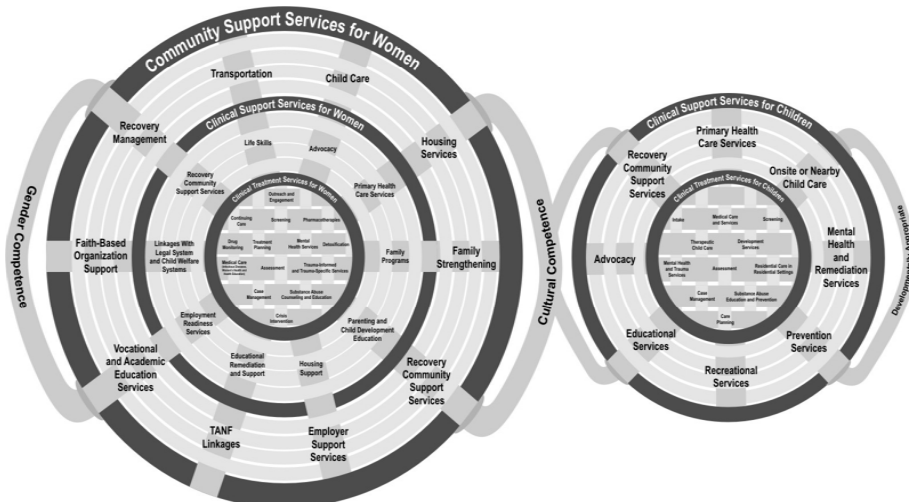
- * **Therapeutic alliance**
- * **Peer support**
- * **Family (as defined by client)**
- * **Self-esteem building interactions**
- * **Communication skills**
- * **Knowing children are safe**
- * **Filling the “empty hole inside”**

Recovery Support

- * After Care and Alumni Programs
- * Relapse Prevention
- * Supportive Relationship Network
- * Housing
- * Family Strengthening
- * Employment and vocational support
- * Transportation
- * Safe Communities
- * Child care
- * Income maintenance and emergency needs assistance
- * Vocational, academic education services
- * Faith based organization support
- * Recovery management
- * Crisis Intervention
- * Advocacy

= Prevention Approaches

CSAT Model of Comprehensive Services for Women & Children



Comprehensive Model includes

Components

- Clinical treatment services for women
- Clinical support services for women
- Community support services for women
- Clinical treatment services for children
- Clinical support services for children
- Community support services for children

✱ **Cultural Competence, Gender Competence and Developmentally Appropriate**

Clinical Treatment Services

FOR WOMEN

- ✱ Outreach and Engagement
- ✱ Screening
- ✱ Pharmacotherapies
- ✱ Drug monitoring
- ✱ Treatment planning
- ✱ Mental health Services
- ✱ Detoxification
- ✱ Medical Care and Services
- ✱ Assessment
- ✱ Substance Abuse Counseling and Education
- ✱ Trauma Informed and Trauma-Specific Services
- ✱ Crisis Intervention
- ✱ Case Management
- ✱ Continuing Care

FOR CHILDREN

- ✱ Intake
- ✱ Screening
- ✱ Medical Care and Services
- ✱ Therapeutic Child Care
- ✱ Development Services
- ✱ Mental Health and Trauma Services
- ✱ Assessment
- ✱ Residential Care in Residential Settings
- ✱ Case Management
- ✱ Substance Abuse Education & Prevention
- ✱ Care Planning

Clinical Support Services

FOR WOMEN

- * Life skills
- * Advocacy
- * Primary health care services
- * Family programs
- * Parenting and child development education
- * Housing support
- * Education remediation and support
- * Employment readiness services
- * Linkages with legal system and child welfare systems
- * Recovery community support services
- * Life skills

FOR CHILDREN

- * Primary health care services
- * Onsite or healthy child care
- * Recovery community support services
- * Advocacy
- * Educational services
- * Recreational services
- * Prevention services
- * Mental health and remediation services

Community Support Services

- * Transportation
- * Child care
- * Housing services
- * Family strengthening
- * Recovery community support services
- * Employer support services
- * TANF linkages
- * Vocational and academic education services
- * Faith based organization support
- * Recovery management

Treatment Works

- * **Multiple Studies in Multiple Sites have Found that Substance Abuse Treatment Produces Significant Reductions in**
 - Alcohol Use
 - Drug Use
 - Medical Problems
 - Criminal Behavior
 - Conflicts in Family and Social Relationships
 - Psychological Problems
 - Employment-Related Problems
- * **Treatment outcomes have more to do with the quantity and quality of treatment than type of drug abused**

Predictors of Women's Retention

- * **INDIVIDUAL CHARACTERISTICS**
 - Higher financial resources and income
 - Fewer mental health, family, health or social problems
 - Personal stability, older age
 - Less severe drug problem
 - Criminal justice referral
 - Less trauma and violence
- * **PROGRAM CHARACTERISTICS**
 - Child care
 - Woman-focused day treatment
 - Residential treatment accommodating children

(Greenfield, 2006)

Predictors of Positive Outcomes

Treatment retention and length of treatment – biggest predictor of positive outcomes

Program Associated Characteristics

- * Child care, prenatal care
- * Comprehensive programming & mental health services
- * Residential programs accommodating children
- * Women only programs & programs offering supplemental women-focused services

(Ashley, Marsden & Brady, 2003)

Medical Treatment Compliance

Insulin Dependent Diabetics

- * Compliant with medication < 50%
- * Compliant with diet & foot care < 30%
- * Retreated in 12 months 30 - 50%

Hypertensives

- * Compliant with medication < 30%
- * Compliant with diet < 30%
- * Retreated in 12 months 50 - 60%

Other Chronic Conditions

Compliance with Medical Treatment

- * > 50% of "re-occurrence" was due to lack of compliance
- * > 50% of medical patients lie about compliance

Reasons for Disease Re-Occurrence

1 -

Lack of Compliance

2 - Socioeconomic Factors

3 - Family Support

4 - Psychiatric Co-morbidity

Reasons for Disease Re-Occurrence

#1 - Lack of Compliance

#2 - Socioeconomic Factors

#3 - Family Support

#4 - Psychiatric Co-morbidity

AOD Treatment - Predictors of Outcome

Employment

Family Support

Psychiatric Status

But How Does That Affect Child Safety, Permanency & Well Being?

- * **Personal responsibility for avoiding triggers**
- * **Childhood trauma linked to substance use problems ... can also result in poor parenting**
- * **Immaturity**
- * **Support systems and safety planning**
- * **The challenge of the conflicting clocks**
- * **When reunification is not the best option ... Grief counseling, alternative relationships**
- * **Inter-generational cycles – does removal end the cycle?**

Key Points - Treatment

- * **Treatment field is changing**
- * **Some programs still use old methodologies**
- * **On-going assessment and planning to meet changing needs**
- * **Array of services to meet the varying needs of individuals with substance use disorders**
- * **Gender responsive and culturally competent**
- * **Comprehensive**
- * **Integrated Co-Occurring disorder treatment**
- * **Continuing Care**
- * **Collaboration is critical**

Collaborations

Where We've Been

Five National Reports over Two Years – 1998-1999

- * **Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy** Young, Gardner & Dennis; CWLA
- * **Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers** General Accounting Office
- * **Healing the Whole Family: A Look at Family Care Programs** Children's Defense Fund
- * **No Safe Haven: Children of Substance-Abusing Parents** Center on Addiction and Substance Abuse Columbia University
- * **Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection** Department of Health and Human Services

Summary of the Five National Reports

* Identified Barriers

1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps

Summary of the Five National Reports

* Suggested Strategies

1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection

10 Element Framework for System Change

- * Underlying values
- * Daily practice – screening and assessment
- * Daily practice – client engagement and retention in care
- * Daily practice – AOD services to children
- * Joint accountability and shared outcomes
- * Information systems
- * Training and staff development
- * Budgeting and program sustainability
- * Working with related agencies
- * Building community supports

Closing

- * Know what services the treatment programs in your community offer.
 - Are they using evidence based practices?
 - Family services?
 - Gender responsive services?
- * Ask programs about their outcomes
 - What are the rates of retention, completion, post-discharge outcomes?
 - Request program follow-up reports on clients post discharge.
- * Chronic disease.
 - Recovery support and on-going family strengthening
 - Respect and compassion