



TOOLS FOR WOMEN'S TREATMENT NEWSLETTER

California Women Children and Families TA Project

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Family-Centered Treatment for Women

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While addiction has long been recognized as a “family disease,” services have focused on helping the *individual* with a substance abuse problem. Services have not been developed or funded in ways that encourage family interventions. This began to change in the 1980s with the emergence of programs for pregnant women and women with children. These early programs integrated child care in order to remove the barrier to treatment posed by parenting responsibilities. As these programs evolved, it became apparent that children often have their own therapeutic needs and that inclusion of other family members is often desirable. Many of these programs now offer integrated services for the children, involvement of additional family members and comprehensive family counseling. They are the pioneers of Family-Centered Treatment.



Family-Centered Treatment offers a gender responsive, comprehensive approach that includes an array of individualized services to address the complex problems that women with substance use disorders, their children, and other family members must tackle to reduce substance use and improve individual and family outcomes.

At the same time as improving services for women with substance use disorders, Family-Centered Treatment benefits children. Parental substance use increases the likelihood that a family will experience financial problems, shifting of adult roles onto children, child abuse and neglect, violence, disrupted environments and inconsistent parenting. Children of parents with substance use disorders have a significantly higher likelihood of developing substance use problems themselves. Family-Centered Treatment improves family functioning and addressing children's health, development and safety. It offers a potential solution to an intergenerational cycle of substance use and related consequences by helping families improve communication, decision-making and resources for supporting recovery.



Momentum for establishing comprehensive Family-Centered Treatment is building because of the following:

- Skill and success in collaboration across service systems;
- Increased awareness of the effects of parental substance use;
- Research showing the importance of family for women's recovery; and
- A broad appreciation for multidisciplinary and integrated services.

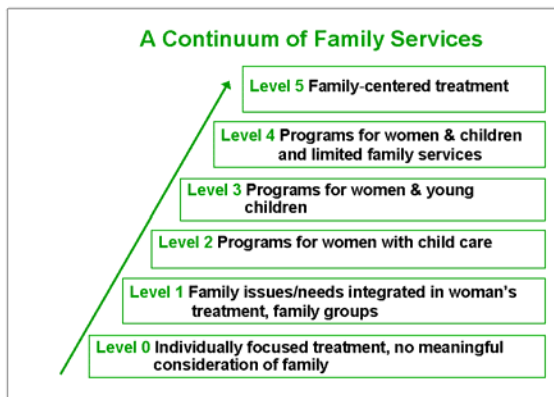
Family-Centered Treatment meets the need for parental treatment for substance use disorders and the need for support services for family recovery.



Continuum of Family-Based Services

A continuum has been developed describing five different levels of family-based services. Level 1: Family Involvement offers a minimum standard of service. At a minimum, family-based services acknowledge the influence and importance of family, provide for family involvement, and address family issues in individual treatment plans. Programs fall at progressively higher levels along this continuum, depending upon who is included and the services they receive. The most comprehensive level of family-based services is Family-Centered Treatment.

In California, programs and services exist along this continuum.



Snapshot of Families Affected by Addiction

In California, an estimated 848,950 children live with a parent who abuses or is dependent on alcohol or illicit drugs. As many as 100,000 California infants are born each year having been exposed to alcohol or other drugs in utero. Substance abuse plays a role in a majority of child welfare cases. Conners et al (2004) found that 3 out of 4 women entering residential treatment reported that their families were involved in alcohol or drug-related activities. Almost half of these women also reported having fewer than two friends who did not use drugs.

Pinciples of Family-Centered Treatment

- Family-Centered Treatment is comprehensive.
- Women define their families.
- Treatment is based on the unique needs and resources of individual families.
- Families are dynamic, and thus treatment must be dynamic.
- Conflict is inevitable, but resolvable.
- Meeting complex family needs requires coordination across systems.
- Substance use disorders are chronic but treatable.
- Services must be gender responsive and specific and culturally competent.
- Family-Centered Treatment requires a multi-disciplinary array of staff as well as an environment of mutual respect and shared training.
- Safety comes first.
- Treatment must support creation of healthy family systems.

Q & A

How is family defined?

Most cultures use a collective vision of family in which extended family members are interdependent and work together to raise children, provide for economic needs, maintain cultural traditions and meet family obligations. Blended families are often common; step-parents, significant others, and half-siblings are often included in family networks. Spouses and fathers of children play a special role; however, family is not limited to nuclear families.

Family-Centered Treatment can include children, partners, grandparents, godparents, and other supportive extended family members.



Why is Family-Centered Treatment good for women?

Family demands prevent many women who use substances from seeking or completing treatment. Barriers include no childcare, conflicting demands of partners or family and the fear that if they admit to having a substance use problem, their children will be removed from their care.

Gender-responsive treatment is based on the distinctive characteristics of the female physiology and women's roles, socialization, experiences, and relative status, in the larger culture. Gender-responsive treatment is trauma-informed, strengths-based, and relational. Women in gender responsive treatment create and foster healthy connections to others. Their relationships (or lack thereof) with their children, family members and other affiliates are a prominent aspect of treatment. This may include counseling, boundary-setting, stress and life skills, grief services, and relationship-building.

Lack of attention to the importance of relationships and the roles women play in families may contribute to reduced treatment access and retention and increased relapse among women. While men often have a partner who supports their recovery, ironically for many women entering treatment, their partners often provide drug access, discourage participation in treatment activities and encourage relapse.

Having a support network increases a woman's treatment retention and results in reductions in her drug use.

What types of services do family members generally receive?

Comprehensive Family-Centered Treatment provides clinical treatment, clinical support, and community support services addressing substance use, mental health, physical health, and developmental, as well as social, economic, and environmental needs for women, children and their families.

For the woman with a substance use disorder, treatment planning and services takes into account her family relationships, affiliations and attachments. Additionally, in Family-Centered Treatment, individualized screening, assessment, and services occur for each member of the family.

Adult services may include cognitive behavioral therapies, medications, drug refusal skills, counseling, life skills, trauma services, parenting and child development education, educational remediation and support, employment services, linkages with legal and child welfare systems, housing support, advocacy, and recovery community support services.

For children treatment may include assessment, survival needs (housing, food), health, mental health and developmental assessment, monitoring, and interventions, youth development, substance abuse interventions, educational support and case management.

Services occur in a family context, and whole family support and services are also provided.

What about serving single fathers and their children?

Although there are a few families in which fathers are the primary caretakers of children, and therefore are the core clients for Family-Centered Treatment services, this is atypical. Most children of men who use substances have another primary caretaker (typically their mothers). Women entering treatment are more likely to have primary responsibility for dependent children. While there is an unmet need for Family-Centered Treatment for single fathers, the unmet need continues to be much greater for women. Children can also be a motivator for treatment for involved fathers. Single fathers also do well with gender-responsive treatment and parenting support.





What are some of the barriers/challenges to providing Family-Centered Treatment?

Families are dynamic and unpredictable. They vary in size, needs, composition, and resources. This can make staffing, space, and service planning challenging. Programs are challenged to balance group safety and support, with family and individual needs. For example, involvement of one participant's partner can trigger trauma experiences in another participant. An out-of-control child or teen cannot be allowed to endanger other children.

For large or high-need families, clinical treatment and support services can become a complex endeavor and can be overwhelming for staff. Sometimes family involvement (including children and families of origin) can trigger trauma reactions.

Not all family members are conducive to recovery. Screening for intimate partner violence is essential. A partner with control and violence issues can be masked as a supportive and participatory family member. All families should be screened for problems of violence, power and control. It can be difficult to determine where to draw the line between dysfunctional relationships which can be addressed in a program and those in which the severity of intimate partnership violence contra-indicates family treatment (even when the victim wants her partner's participation).

Providing the array of necessary services can be expensive and complex. Family-Centered Treatment requires a significant investment in staff training and supervision. Comprehensively serving multiple family members with diverse needs typically requires substantial collaboration and programmatic resources.



Isn't Family-Centered Treatment for Adolescents?

Family-Centered Treatment has also been developed as an effective strategy for addressing adolescent substance use problems. Because of the differing roles of parents and teens in families, and the added health and safety risks when a parent has a substance use disorder, the models are different. A family with both a parent and teen with substance use problems can often be served in comprehensive family-centered programs.



How is Family-Center Treatment funded?

Organizations providing Family-Centered Treatment typically have multiple funding sources to meet the more common needs of clients. These funds are often time limited and restricted to specific populations or services. Developing and maintaining the funding levels necessary for Family-Centered Treatment is not easy – it requires sophisticated accounting systems, aggressive relationship building and grant-writing and perseverance.

Child welfare agencies in California have become increasingly aware of the impacts of substance use problems and are becoming more responsive.

- In some counties, child welfare agencies are funding treatment.
- Dependency Drug Courts are expanding.
- Models for collaborative early intervention have been developed.



- California has several applications to the Children's Bureau for regional partnership to address methamphetamine and other substance use problems.

Criminal justice agencies are increasingly under pressure to address the substance use treatment needs AND the parenting needs of their populations, pre-and post release. The California Department of Corrections and Rehabilitation offers some treatment and family-centered rehabilitation programs for adult and juvenile female offenders. These include: Family Foundations, and Female Offender Treatment and Employment Program.

There are expanded resources for addressing the housing and service needs of very low income families with children.

- In some counties, First 5 Commissions have funded family-based programs and services for very young children.
- Treatment agencies are accessing Medi-Cal EPSDT funds.
- The Mental Health Services Act (MHSA) funds a variety of programs including early intervention, co-occurring disorders and supportive housing.
- CalWORKS funds treatment programs and provides employment services for eligible families.

Advocacy organizations such as Faces and Voices of Recovery are working to reduce the stigma associated with substance use disorders in ways which may improve access to family resources.



National Resources

National Center on Substance Abuse and Child Welfare (NCSACW)

NCSACW's goals are to develop and implement a comprehensive program of information gathering and dissemination, to provide technical assistance, and to develop knowledge that promotes effective practice, organizational, and system changes at the local, state, and national levels.

www.ncsacw.samhsa.gov

National Center for Trauma-Informed Care (NCTIC)

The Center on Mental Health Services' National Center for Trauma-Informed Care (NCTIC) assists publicly-funded agencies, programs, and services integrate trauma-informed approaches and interventions into their programs to improve efficacy and outcomes.

<http://mentalhealth.samhsa.gov/nctic/>

The Rebecca Project for Human Rights

The Rebecca Project for Human Rights is a national legal and policy organization, advocating for public policy reform, justice and dignity for vulnerable families. Drawing on the experiences of low-income parents and families, the organization informs leaders regarding child welfare, criminal justice, and substance abuse policies impacting vulnerable families.

www.rebeccaproject.org

Treatment Improvement Exchange (TIE) Women and Children

The Treatment Improvement Exchange (TIE) is a resource of the Center for Substance Abuse Treatment to provide information exchange with State and local alcohol and substance abuse agencies.

<http://womenandchildren.treatment.org/>



R

ferences and Resources

This newsletter is based upon the work of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and the Women, Children and Families contract.

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Selected Other Resources

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