

**CAADAC/NAADAC/NALGAP Annual Conference 2006:
Strengthening the Addiction Workforce**

Intervening in Substance Use Among Parenting Women

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Setting the Context

Prevalence

- 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).
- Among California women in 2004:
 - 2 million women reported recent binge alcohol use.
 - 1 million women reported recent illicit drug use.
 - Of those using illicit drugs, 302,000 met the criteria for abuse or dependence.
 - 62,400 women were admitted to treatment.

Prevalence: Pregnant Women

Among pregnant women in California:

- An estimated 100,000 infants are born prenatally exposed to alcohol each year, and an estimated 20,000 to 60,000 are born prenatally exposed to illicit drugs.¹
- 3,400 pregnant women entered treatment in California in 2004. (Treatment Episodes Data Set (TEDS))

¹ The California Maternal and Infant Health Assessment, 2003 survey of women post-delivery found that 19% of women reported drinking alcohol during their pregnancy. Four studies produce prevalence rates for drug use during pregnancy the NSDUH, IDEAL and the California Prenatal Substance Exposure Study prevalence rates range from 3.5% to 11%. Prevalence rates were applied to the number of births in California in 2003.

Prevalence: Parents

Among California parents:

- **An estimated 840,000 children live with a parent who abuses or is dependent on alcohol or illicit drugs. Among parents living with their children, 8% of fathers and 4% of mothers were dependent on or abused substances in the past year.** (Extrapolated by applying national prevalence rates derived from SAMHSA NSDUH, 2003 to the California population)
- **164,200 parents were admitted to treatment.** (Extrapolated by applying the prevalence rate from CalTOP to current treatment admissions)

Why Girls/Women Initiate Use

- **Young women use substances to:**
 - improve mood
 - self-medicate mood disturbances
 - increase confidence
 - lose inhibitions
 - enhance sex
 - lose weight
- **Access to alcohol and other drugs**
- **Partners, boyfriends & peers encourage use**
- **Higher incidence of dependency associated with child abuse and neglect.**

Factors Common with Substance Use

- **Intergenerational addiction**
- **Relationships that encourage use**
- **Childhood abuse (risk factor for pregnancy & drug use)**
- **Lack of self-efficacy and self-esteem**
- **Lack of social supports**
- **Mental health, domestic violence or other co-occurring problems**
- **Poverty – lack of options**
- **Lack of intervention strategies or treatment options**

Public Health Approach

- **Individual level strategies**
- **Family level strategies**
- **Agent-related strategies**
- **Community level strategies**

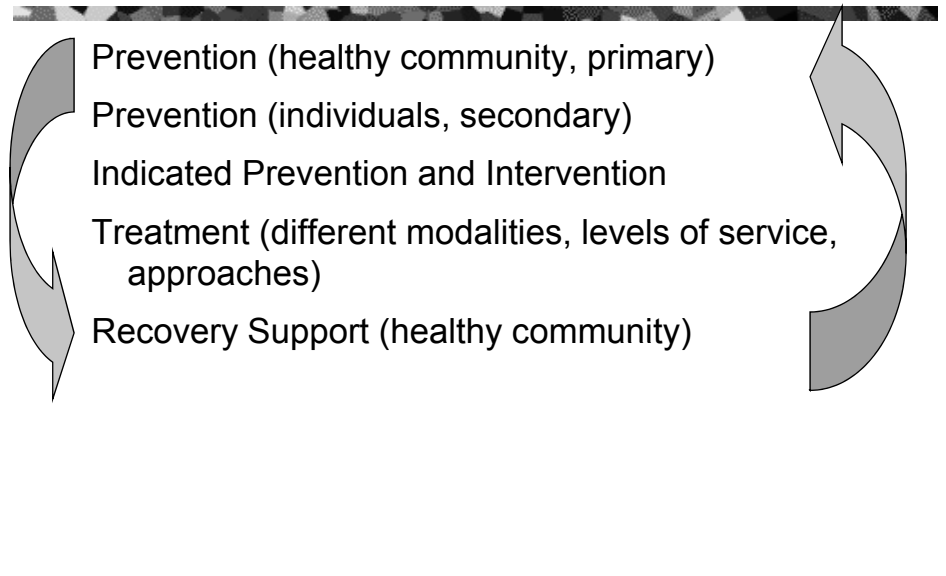
Continuum of Services

- **Prevention** (universal, primary, secondary, includes screening)
- **Intervention** (engagement, motivators for change, negative external motivators + support to find help, positive motivators, life transition)
- **Assessment** (addiction severity, treatment needs, co-related factors)
- **Treatment** (clinical treatment, clinical support, community support)
- **Recovery Support or Maintenance** (12 step meetings, church, on-going relapse prevention, case management)

Women's Life Cycle & Substance Use

- **Birth** (may be substance exposed)
- **Infancy/Childhood (0-11 risk and protective factors – family factors most critical, use may begin)**
- **Youth (11-18 use cycle may begin, risk and protective factors – community factors most critical)**
- **Younger Adult (18-44 Child Bearing Years. May use, abuse or be dependent on alcohol or illicit drugs.)**
- **Older Adult (44-? May use, abuse or be dependent on alcohol, licit or illicit drugs, children with substance use disorders.)**
- **Senior (May use, abuse or be dependent on alcohol, licit or illicit drugs.)**

Continuum of Services



Community-Based Prevention

- Community-wide efforts help women.
- Targeted prevention efforts specifically addressing girls, women or groups of women.
 - Community Education
 - Policy Development
 - Reduce Access
 - Fighting Stigma
 - Provider Education
 - Collaborative Participation

Indicated Prevention/Interventions

- **Use occurs on a continuum**
- **Pregnancy is a special stage in women's lives.**
- **Supportive relationships, education, alternatives, assertiveness counseling.**
- **Brief interventions (motivation, CBT)**
- **Assessment and engagement in additional services if needed**

Responsible or Situational Use

- Responsible Use “non-problematic use” changes during pregnancy.
- Women are relational in alcohol/drug use, may only use under specific circumstances.
- Outreach, education and prevention initiatives can eliminate experimental and “responsible” use during pregnancy.
- Approaches include: media campaigns, educational programs, alternative activities, brief interventions, promotion of healthy living and affective (feeling programs)

During Pregnancy

- **Want to move women to action as quickly as possible and have viable options to support them in achieving abstinence.**
- **Women have a rare opportunity to move towards recovery – pregnancy is a strong motivator.**
- **Most addicted women have low self-efficacy. They do not believe they are capable of completing the tasks and activities required for abstinence.**

The Roots of Our System

- **Treatment services in California today evolved from three sources:**
 - **alcohol services which emerged through Alcoholics Anonymous and followed a social model approach,**
 - **drug abuse services which evolved from early therapeutic communities, and**
 - **clinical approaches which were initiated through privately funded hospital based programs.**
- **All three approaches created a male-centered model of services and then adapted it to serve women.**

Gender Responsive Treatment

- A substantial body of research identifies unique characteristics of women with substance use disorders.

Characteristics of Gender Responsive Services

- Relational
- Strength-based, motivational
- Comprehensive
- Trauma informed
- Address the different pathways to use, consequences of use, motivation for treatment, treatment issues and relapse prevention needs unique to women
- Provided in an environment where women feel comfortable and safe.

Building Relationships

- Women are relational by nature.
- Developing a primary relationship is critical component of engagement.
- I will comply with treatment “for you” or someone else.
- Therapeutic alliance
- Building a peer support network. Women learn by listening and talking with others.
- Support network is critical for long term recovery.

Motivational Approaches

Stages of Change

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

Source: Prochaska and DiClemente, 1984

- Regardless of approach or philosophy there are service and intervention opportunities appropriate for each stage.

Enhancing Motivation

- **Distress levels**
- **Critical life events**
- **Cognitive evaluation or appraisal**
- **Recognizing negative consequences**
- **Positive and negative external incentives**

- **Clinician's task is to elicit and enhance motivation**

(source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment)

Motivational Interviewing

- **Express empathy through reflective listening.**
- **Develop discrepancy between client's goals or values and their current behavior.**
- **Avoid argument and direct confrontation**
- **Adjust to client resistance rather than opposing it directly.**
- **Support self-efficacy and optimism.**

(source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment)

Motivation and Engagement

Suggested additional factors

- **Address low self efficacy and low self-esteem**
- **Multiple avenues for engagement – planting seeds. Do not need to “hit bottom”**
- **Building trusting relationships**
- **Allow client to develop locus of control**

- **Fight stigma, judgment, stereotypes**

“They took my baby and now he has a home, food, people to take care of him. I have nothing. There is no one to help me.”

Motivational Enhancements using the FRAMES approach

- **Feedback:** regarding risk is given to individual.
- **Responsibility:** for change is placed with individual.
- **Advice:** about changing is clearly given in a non-judgmental manner.
- **Menu:** of self-directed change options and treatment alternatives.
- **Empathetic Counseling:** showing warmth, respect, and understanding. (uses reflective listening).
- **Self-Efficacy:** optimistic empowerment is engendered to encourage change.

(source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment)

Motivators

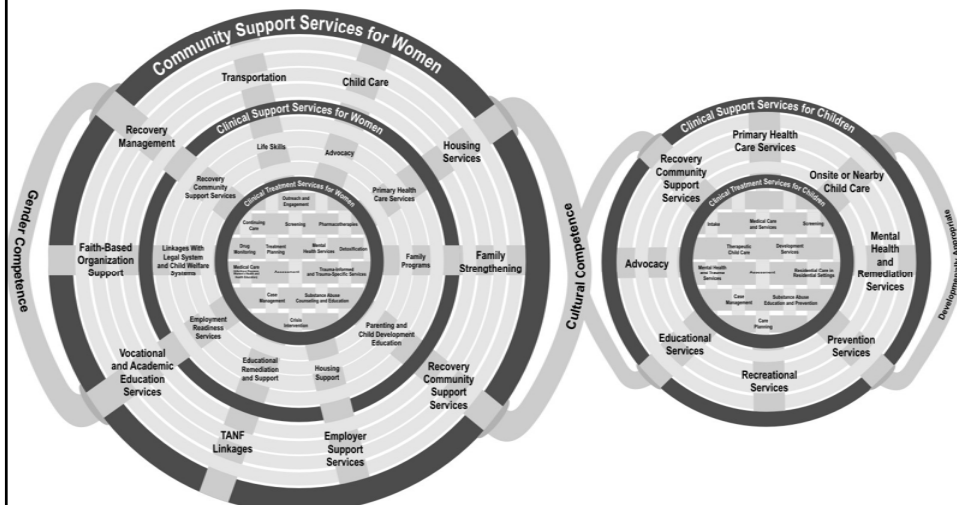
- Contingencies
- Relationships
- Contracts
- Carrots and Sticks
- Build on Strengths
- Building Self-Efficacy
- Do-able Goals and Objectives
- Celebrating Successes
- Children

Children

Involvement of Children

- Children are both an incentive and a barrier to participating in treatment
- Multiple treatment studies have demonstrated that better outcomes are achieved by women who have all of their children with them
- Many children have therapeutic treatment needs.
- Parenting support and coaching on parent:child relationship allows for improved parenting, confidence, esteem and reduced stress.
- A history of past child abuse may interfere with substance abusing women's parenting ability.

CSAT Model of Comprehensive Services for Women and Children



Culturally Relevant Treatment

- Honors traditions and values
- Acknowledges cultural pain and racism
- Builds appropriate efficacy and support
- Staff, management and Board reflective
- Respects
- Differentiates drug culture from culture itself
- Helps people learn cultural traditions
- Relational

Clinical Treatment Services

FOR WOMEN

- Outreach, 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

Children's Services

- Parenting Support
- Safe, structured environments
- Healthy pregnancies result in improved birth outcomes
- Therapeutic interventions to support age appropriate development
- Age appropriate counseling, recreation and educational activities
- Youth Development
- Advocacy and case management

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**

Family Treatment – the Next Evolution

Families

- **Families**
 - **basis for household**
 - **economic units**
 - **provide basis for child-rearing, human interactions, and cultural traditions**
- **Most cultures use a collective vision of family. Extended family members are interdependent and work together to raise children, provide for economic needs, and meet family obligations.**
- **Families are complex in their definitions, roles, responsibilities, and interactions.**

Substance Abuse Inter-Generational Cycle

- **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.**

Women are relational.

Interconnection with others is very important to women.

Women recover in supportive relationships.

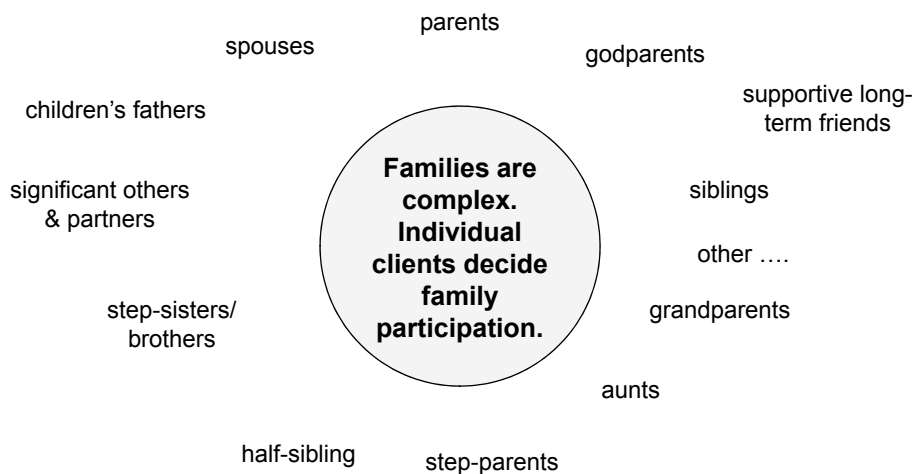
Supportive Relationships?

- **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)
- **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** (Conners et al., 2004).

Family and Support Network

- Treatment effects, participation and sustained recovery outcomes all improve when a partner/family participates in treatment
- “If we build it they will come” does not work – must engage family members
- Engagement of family members improves relationships, provides necessary support for women

Family Networks



Family Treatment

- **Services for all family members**
- **Family therapy and support**
- **Dynamic – different members may come at different times**
- **Requires a new way of looking at clients**
- **Requires collaboration across service systems**

Components of Family Treatment

- Women's services
- Children's services
- Family member services
- Parenting support
- Family and relationship counseling and decision making
- Community support

Involvement of Teen/Adult Family

- **Family members often have their own service needs**
- **Need for engagement – they may not see the need for participation or change**
- **Assessing relationship dynamics, violence, safety and how to counsel members**
- **Multiple individuals, with differing treatment plans – priorities and family decision-making**
- **Balancing women’s need for identity development and family involvement**

Programmatic Challenges

- **Who to involve**
- **How and when to involve family members**
- **When reunification is not the best option**
- **Maintaining safety for all clients**
- **Balancing women’s need for identity development and their need for family involvement**
- **Children affect treatment dynamics**
- **Trauma, domestic violence and family-based services**
- **Poverty**
- **Resource and service gaps**

Administrative Challenges

- **Collaborative challenges – differing priorities and mandates**
- **Resource challenges and gaps in services**
- **Staffing**
- **Appropriate facilities**
- **Individual based service system (assessment, funding, evaluation)**
- **Protecting gender responsive services while meeting need for family based services**
- **FUNDING – multiple funding sources, blended or braided streams**

Relapse Prevention

Chronic Care Model

- Addiction is a chronic disease
- Recovery requires treatment and on-going maintenance
- Regular follow-up after treatment can address worsening of condition
- Individuals with substance use disorders have prevention, intervention, treatment and maintenance needs throughout their lives.

Alumni and After Care Services

- Maintaining Primary Relationships
- Follow Up Counseling Sessions
- Alumni Support Groups and Recreational Activities
- Alumni Support for Programs
- Continued Engagement Services – isolated clients
- Attending Meetings Together
- Peer Support Post Treatment
- What can WE do for YOU?
- Always call before _____.

Comprehensive Development

- Knowledge
- Skills
- Attitude
- Efficacy and Sense of Worth
- New Habits Emerge with Time

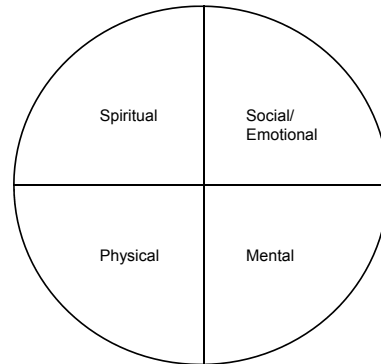
do for ... do with ... cheer on

Women's Relapse Prevention

- Body and sexuality
- Stress
- Relationships
- Trauma and Violence
- (Thrill Seeking)

Recovery Wheel

Is your life in balance? Add spokes to the wheel for each activity you current do to take care of yourself in each area. Examples include, go to meetings, eat nutritious food, meditate daily. Do you have at least two spokes in each area? When a wheel goes flat, it does not just go flat in one area, the whole wheel goes flat.



Case Management & Developing Recovery Support

Primary Functions of Case Management

- ✓ **Assessment**
- ✓ **Planning**
- ✓ **Linking**
- ✓ **Monitoring**
- ✓ **Advocacy**

Supportive Case Management

- **Support and encourage participants in their endeavors.**
- **Keep tasks simple.**
- **Define the case manager's role. Be aware of your limitations.**
- **Listen. Assess. Don't judge.**
- **Be available, conduct home visits, return calls**
- **Keep commitments. Don't make promises.**
- **Provide structure and guidance.**
- **Offer to demonstrate.**
- **Remove barriers.**

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

Importance of Housing & Community

- Determines services, work, schools.
- Availability of alcohol and drugs during vulnerable times
- Availability of supportive friends, family and neighbors
- Affordability
- Comfort level – culturally and personally safe.

Accessing Housing

- Building Affordable Housing
- Supportive Housing
- Housing Advocacy – hiring a housing specialist
- Sober Living (loan fund, CAARR)
- Governor's Initiative, AB 2034 and other state sources
- Home-based Case Management
- Tenant Education and Support.
- Collaborating with Homeless Services, Housing Authorities and Others.

Perseverance!

Mental Health & Health Access

- Healthy Families and Medi-Cal
- Establishing Medical Homes at Community Clinics
- CalWORKs
- Community Mental Health Services
- School Based Health Clinics
- HIV Programs, Domestic Violence Agencies
- Employee Benefits
- Colleges and Universities

Children's Services

- Early Start, Universal Pre-school, School Districts
- Regional Centers, EPSDT, health agencies
- CalWORKs Child Care
- School Based Programs
- Proposition 10 Programs
- Community Parks and Recreation
- Youth Development, Tutoring, Prevention Programs
- Scholarships
- Parenting Programs

Life Skills

- Literacy, GED Programs
- Recovery Mentors
- Faith-based Efforts
- Foster care – Independent Living Programs
- Anger Management
- Goal Setting and Follow Through
- Household Management
- Boundaries and Relationship Support

Employment

- Micro-businesses. Portals, Village.
- Strength-based approaches need to value all work, livable wages.
- Specialized programs for felons.
- PRINCE CHARMING IS NOT COMING
- Long-term solutions
- PICs, one-stop shops and other employment programs.
- Earned Income Tax Credit.

Community-Based Strategies

- Service Enriched Housing
- Family Resource Centers
- Neighbor-to-Neighbor Approaches
- Faith Community Involvement
- Community Recovery Model
- Community Development Initiatives



Discussion