Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Women Connected:
Families and Relationships in Women’s
Substance Use and Recovery

April 9, 2015
Deborah Werner, M.A., PMP

Deborah Werner,
Project Director

SAMHSA’s TA and Training on Women and Families Impacted by Substance Abuse and Mental Health Problems
Logistics

• Your lines will be muted for the duration of the call.

• Today’s webinar is being recorded and will be posted online.

• If you experience technical difficulties, put a question in the question box.

• Content questions may also be submitted through the question box.

• To open the question box, click the go-to menu (the four small boxes on the right).
CEH Information

- NAADAC and NBCC CEHs are available for this webinar through the Addiction Technology Transfer Center Network (ATTC) Coordinating Office.
- To receive CEH credits, the webinar screen must be primary for the duration of the webinar.
- If you are watching with a group, email the names and email addresses of all those participating to GBH@ahpnet.com. Each person in the group must fill out the post-evaluation survey individually.
Join the Conversation

• During and after this webinar, join the conversation about Women Matter! and women’s addiction on Facebook and Twitter with the hashtag #womenmatter2015
Disclaimers

• This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).

• The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.

• This webinar should not be considered a substitute for individualized client care and treatment decisions.
Purpose of Women Matter!

SAMHSA created this series to:

• Build the workforce’s capacity to address the specific needs of women and provide gender-sensitive care; and

• Increase the national focus on, and understanding of, women’s unique substance use and co-occurring disorders while offering concrete resources about the specific recovery needs of women.
Webinars

- Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Use Disorders
- Women Connected: Families and Relationships in Women’s Substance Use and Recovery
- Women's Health, Wellness, and Recovery: An Introduction to Women’s Substance Use Disorders and Health, May 6, 2015, 3:00–4:30 PM ET
- Gender-Responsive Co-Ed Treatment and Recovery for Women, June 9, 2015, 3:00–4:30 PM ET
- Women Unbarred: Recovery and Supports for Women Involved with Criminal Justice, July 23, 2015, 3:00–4:30 PM ET
Today’s Feature:

Women Connected: Families and Relationships in Women’s Substance Use and Recovery
Hortensia Amaro, Ph.D.

Associate Vice Provost for Community Research Initiatives
Dean’s Professor of Social Work and Preventive Medicine
University of Southern California
Women Connected: Families and Relationships in Women’s Substance Use and Recovery

April 7, 2015

Hortensia Amaro, PhD
PRESENTATION OUTLINE

• Part 1: Definitions
• Part 2: Features of families and social networks
• Part 3: Integration of social network members in women’s treatment
• Part 4: Challenges and approaches
PART 1

DEFINITIONS

• RECOVERY
• FAMILY
• SOCIAL NETWORK
• SOCIAL SUPPORT
SAMHSA’s Working Definition of Recovery

10 Guiding Principles of Recovery

1 http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF
SAMHSA’S DEFINITION OF RECOVERY

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Four major dimensions that support a life in recovery:

1. Health
2. Home
3. Purpose
4. Community
RECOVERY IS SUPPORTED THROUGH RELATIONSHIPS AND SOCIAL NETWORKS

Presence and involvement of people who:
• believe in the person’s ability to recover
• offer hope, support, and encouragement
• suggest strategies and resources for change.

Family members, peers, providers, faith groups, community members, and other allies form vital support networks.
DEFINITION: FAMILIES

• People related by blood, marriage, adoption or others considered part of the family

• Unmarried individuals sharing a household with or without children
**DEFINITION: SOCIAL NETWORKS**

- A network of social interactions and personal relationships
- A social structure made up of a set of individuals or organizations and a set of the **dyadic ties between these individuals**
NETWORKS, CULTURE, AND RELATIONSHIPS

- Relationships, extended family
- Individual vs collective orientation
- Independent vs interdependent
- Religion and spirituality
- Pregnancy, postpartum
- Child development
- Child rearing
- Historical/social context
### 4 Types of Positive Social Support

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Expressions of empathy, love, trust and caring</td>
<td>Mother provides hope and a listening ear</td>
</tr>
<tr>
<td>Instrumental</td>
<td>Tangible aid and service</td>
<td>Sister baby-sits while she attends tx appointment</td>
</tr>
<tr>
<td>Informational</td>
<td>Advice, suggestions, and information</td>
<td>Counselor provides facts &amp; guidance on SUD and treatment</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Information that is useful for self-evaluation</td>
<td>Close friend reminds her of all the qualities that equip her to stay in treatment; reality-check</td>
</tr>
</tbody>
</table>
Social Networks May Also Provide Negative Influence:

- Conflict, criticism, hassling, undermining, abuse, denial
- Demands that increase stress & worry
- Drugs, opposition to tx, increase risk for relapse and treatment drop-out
PART 2. FEATURES OF FAMILIES AND SOCIAL NETWORKS
CLINICAL PRESENTATION

SOCIAL VULNERABILITY
TYPICAL PRESENTATION OF WOMEN IN TREATMENT (Tx)

- Chronic and severe physical and sexual abuse, in abusive relationship
- Major depression, anxiety disorder, and/or PTSD
- Multiple treatment attempts
- Partner and/or family member is active drug user
- Multiple health problems, sexual risk behaviors
- Past/current criminal justice history
- Few educational and job skills
- Has 3-5 children, custody issues
- Living in poverty, may be homeless or in temporary housing
### Social Vulnerability Among Women in Tx

<table>
<thead>
<tr>
<th></th>
<th>Hispanic N= 498</th>
<th>Black N=729</th>
<th>White N=1,317</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>34 years</td>
<td>38 years</td>
<td>35 years</td>
</tr>
<tr>
<td>Less than HS diploma</td>
<td>65%</td>
<td>54%</td>
<td>39%</td>
</tr>
<tr>
<td>Married</td>
<td>12%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td># Children &lt;18</td>
<td>2.4</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>Employed</td>
<td>8%</td>
<td>9%</td>
<td>17%</td>
</tr>
<tr>
<td>Mean Monthly Income</td>
<td>$576</td>
<td>$509</td>
<td>$830</td>
</tr>
<tr>
<td>Ever Homeless</td>
<td>72%</td>
<td>78%</td>
<td>67%</td>
</tr>
</tbody>
</table>

## Social Vulnerability Among Women in Tx

<table>
<thead>
<tr>
<th>Event</th>
<th>Hispanic N= 498</th>
<th>Black N=729</th>
<th>White N=1,317</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court ordered</td>
<td>45%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Jail last 3 months</td>
<td>28%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Family/close friend jailed</td>
<td>77%</td>
<td>73%</td>
<td>61%</td>
</tr>
<tr>
<td>Witnessed robbery, mugging, attack</td>
<td>54%</td>
<td>59%</td>
<td>45%</td>
</tr>
<tr>
<td>Robbed, mugged, physically attacked</td>
<td>48%</td>
<td>55%</td>
<td>43%</td>
</tr>
</tbody>
</table>

WOMEN’S SOCIAL NETWORKS

WHAT WE KNOW

FEATURES OF WOMEN’S SOCIAL NETWORKS IN EARLY RECOVERY
Family and Social Support Networks in Recovery

Research suggests that treatment retention and outcomes are improved when:

• Families are engaged in the treatment process
• Family or couples therapy is provided
• Women have a positive support network

Limitations of family therapy studies

• Most studies focus on: adolescent and adult male drug users, include non-drug user partner or family member
• Diversity of study samples limited
• Few studies on: women’s social networks, family engagement & treatment, small samples

3 Brady & Randall, 1999; 4 Grella, Scott, & Foss, 2005; 5 United Nations Office on Drugs and Crime, 2004
Family Members and Partners

• Partners have primary role in initiation and progression of women’s drug use 6-10

• Partners and family members more often oppose treatment among women compared to men 10-12

• Women experience more problems due to entering treatment from partners and family members than men 11

• Social Networks Change with Women’s Recovery 13
  – Pre-treatment: primarily of partners, family members, children & friends; many enabled drug use.
  – Post-treatment larger network, more people in recovery

Women’s Perspectives on Parenting in Early Treatment

1,957 women with children under age 18 in WCDV Study

• What has been **hurtful** in your healing and recovery?
• What has been **helpful** in your healing and recovery?

1,009 (52%) identified parenting-related issues

  55.7% only hurtful issues
  23.6% both helpful and hurtful
  20.7% only helpful aspects

# Mothers Who Identified a Hurtful Impact

(N=800 out of 1,009: 79%)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Impact Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74%</td>
<td>Separation from children, loss of custody</td>
</tr>
<tr>
<td></td>
<td>“My daughter was taken away and no one ever told me.”</td>
</tr>
<tr>
<td>21%</td>
<td>Parenting guilt/shame</td>
</tr>
<tr>
<td></td>
<td>“I may have destroyed my relationship with my kids by being out there.”</td>
</tr>
<tr>
<td>11%</td>
<td>Mothering stress</td>
</tr>
<tr>
<td></td>
<td>“They don’t understand when I’m late (to treatment) and I have to take care of my son, how no one cares when I’m sick and I can’t get a bus pass.”</td>
</tr>
</tbody>
</table>

* Multiple responses
MOTHERS WHO IDENTIFIED A HELPFUL IMPACT
(N=447 out of 1,009: 44%)

57% Support from and connection with their children

“They’ve become closer to me and supported me. [Their] love and support keeps me going, just [like] knowing that they didn’t abandon me because of my addiction.”

31% Parenting goals

“I’m full of questions about parenting and understanding what they’re going through. I never knew how to be a mother.”

14% Parenting resources

“Parenting classes and counselors being there to help with my daughter, understand my daughter, help me relax with her.”

* Multiple responses
# Latina Women’s Social Networks and Treatment Completion (N=23)

<table>
<thead>
<tr>
<th></th>
<th>Graduated</th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Entry</td>
<td>6 mos.</td>
<td>Entry</td>
<td>6 mos.</td>
<td></td>
</tr>
<tr>
<td>Positive Support</td>
<td>75%</td>
<td>100%</td>
<td>9%</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Negative or No Support</td>
<td>25%</td>
<td>0%</td>
<td>82%</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Active Drug User</td>
<td>8%</td>
<td>0%</td>
<td>63%</td>
<td>54%</td>
<td></td>
</tr>
</tbody>
</table>

MARI’S SOCIAL NETWORK: BEST SCENARIO

Program Entry: 7 Network Members

- Mother: in Dominican Republic, (Positive emotional support)
- 3 Daughters: 1 in foster care, 1 with cousin, (Positive emotional support)
- 2 Cousins: (Positive emotional and instrumental support)
- Aunt (Positive emotional and instrumental support)
Program Entry: 4 Network Members

- **Boyfriend**: incarcerated; positive and negative emotional support, instrumental support
- **Parents**: distant relationship; periodic positive instrumental support, negative emotional support
- **Drug Dealer**: negative instrumental support
Individuals in Social Networks of Women in Early Recovery

- Child(ren)
- Current partner, Father(s) of children
- Mother, Father
- Siblings
- Extended Family
- Friends
- Drug dealer
- Social services staff
COMMON FEATURES OF FAMILIES AND SOCIAL NETWORKS OF WOMEN WITH SUDs

• Often, few people who can/do help
• Socially/economically stressed
• Loss: Distanced or severed relationships
• Members who are incarcerated, active drug users, have mental health problems, past/current abuser(s)
• Vary in amount, type and quality of negative and positive support
Social Support Networks

• Vary widely among clients
• Strong positive relationships can facilitate treatment progress and continuation
• Weak and/or negative relationships can have a negative impact on treatment
• Many women enter treatment with weak and/or negative relationships
• Strategies for engaging social network members need to be tailored
PART 3. INTEGRATION OF FAMILY SOCIAL NETWORK MEMBERS IN WOMEN’S TREATMENT
BUILDING AGENCY CAPACITY THROUGH PARTNERSHIPS WITH MULTIPLE SYSTEMS
<table>
<thead>
<tr>
<th>SAMHSA’s Continuum of Family-Based Services</th>
<th>Entre Familia Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 1:</strong> Women’s treatment with family involvement</td>
<td>Services for women with SUDs. Treatment plan includes family issues, family involvement. <strong>Goal:</strong> Improved outcome for women</td>
</tr>
<tr>
<td><strong>LEVEL 2:</strong> Women’s treatment with children present</td>
<td>Children accompany women to treatment. Children receive child care but no therapeutic services. Only women have treatment plans. <strong>Goal:</strong> Improved outcomes for women.</td>
</tr>
<tr>
<td><strong>LEVEL 3:</strong> Women’s &amp; Children’s Services</td>
<td>Children accompany women to treatment. Women and attending children have treatment plans and receive appropriate services. <strong>Goals:</strong> Improved outcomes for women and children, better parenting.</td>
</tr>
</tbody>
</table>

1996: Level 2 + Program opens

1997: Level 2.5 with Partnerships + child services & some family therapy - Child treatment plan not systematic or comprehensive
During Level 3 Stage: A Major Development

Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women

- **Trauma-Informed System & Trauma-Specific Tx**
  1. Assessment, Diagnosis, Tx Plan
  2. Trauma Treatment: therapy, Trauma Recovery and Empowerment Group

- **Improved abstinence, mental health & trauma symptoms, & HIV risk behaviors compared to SA only**
<table>
<thead>
<tr>
<th><strong>CONTINUUM OF FAMILY BASED SERVICES</strong></th>
<th><strong>Entre Familia Stages</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 4: Family Services</strong>&lt;br&gt;Children accompany women to treatment, both have treatment plans. <strong>Some services provided to other family members. Goals:</strong> Improved outcomes for women and children, better parenting.</td>
<td><strong>2008: Level 4-with Partnerships</strong>&lt;br&gt;+ child treatment plans&lt;br&gt;+ Some services for fathers, partners and family members, s&lt;br&gt;<strong>2011: Level 4.5-with Partnerships</strong>&lt;br&gt;+Systematic outreach &amp; engagement of out-of-treatment children, fathers &amp; family&lt;br&gt;+Tx &amp; post- tx home visits (mom)</td>
</tr>
<tr>
<td><strong>LEVEL 5: Family Centered Treatment</strong>&lt;br&gt;Each family member has a treatment plan and receives individual and family services. <strong>Goals:</strong> improved outcomes for women, children, and other family members; better parenting and family functioning.</td>
<td><strong>Possible Strategies with Partnerships</strong>&lt;br&gt;+ Tele-mental health services&lt;br&gt;+ Computer assisted SA Tx&lt;br&gt;+ Create partnerships with mental health and SUD tx agencies in other parts of state&lt;br&gt;+ Home-based services for family</td>
</tr>
</tbody>
</table>
ENTRE FAMILIA PPW: COMPREHENSIVE FAMILY SERVICES MODEL (WITH PARTNERSHIPS)

- Parenting
- Medical Services
- Housing
- Community-based Services
- Vocational/Educational
- Individual Services Coordination
- Women’s Care coordination and collaboration
- Mental Health Services
- Substance Abuse Services

Transitional Support:
- ✓ Housing assistance
- ✓ Ongoing primary care
- ✓ Outpatient SA treatment
- ✓ Further residential SA as needed
- ✓ Home visitation team support
Services to Off-Site Children

Access to all on-site services
- On-site engagement activities to support reunification:
  - Family therapy
  - Recreational activities

Services for off-site children
- Transportation
  - Off-site visits
  - On-site visits
  - Overnight visits at EF
  - Medical appointments

Support for Mothers
- During child/family visits
- In-house psychoeducational groups (e.g. Family Reunification, Family Nurturing)

Case management
- Housing, child protective services, courts, etc

Reunification Support
SERVICES TO PARTNER, FATHER(S) & FAMILY

Support through PPW client

- advice regarding accessing services
- making phone calls on behalf of client/partner to connect to resources
- case management
- referrals to care and services

Remote contact with Partner/Father(s)/Family

- outreach phone calls
- referrals to care
- case management
- counseling/recovery coaching
- relationship building

Direct Contact with Partner/Father/Family

- referrals to care
- case management
- connecting to resources
- support during family visits
- one to one supporting counseling
PART 4: CHALLENGES AND APPROACHES TO COMPLEX ISSUES IN FAMILY ENGAGEMENT
## Challenges and Approaches to Family Engagement

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Possible Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distance, out of state/country</td>
<td>1. Phone outreach, engagement, tele-mental health services</td>
</tr>
<tr>
<td>2. SN members = risk (e.g., drug use)</td>
<td>2. Help client limit contact, connect to Tx, services</td>
</tr>
<tr>
<td>3. SN members not willing or able, severed relationships (e.g., due to W’s drug use history)</td>
<td>3. Work with client to assess, develop plan, make amends, restore relationships, engage in family therapy, grow recovery community</td>
</tr>
<tr>
<td>4. SN member past abuser of woman</td>
<td>4. Trauma work w/women, assessment, W makes decision on future contact</td>
</tr>
<tr>
<td>5. Child Protective Services, foster care, child lives with other</td>
<td>5. Family reunification work &amp; plan, custody coordination, child visits, counselor engages supportive family members, family therapy</td>
</tr>
</tbody>
</table>
MOVING TOWARD THE GOAL
STEPS TO BUILDING AGENCY CAPACITY TO PROVIDE FAMILY SERVICES

1. **Assess** where your agency/program is at in spectrum (e.g., for assessment, education, services, engagement, treatment, family therapy (issue of who is best fit for this and when counter indicated)

2. **Identify** what you could and could not provide in house or in collaboration with key partners

3. **Make decisions** about what service elements you can introduce and sustain

4. **Solidify partnerships** needed, develop working group to oversee process of assessment, new service elements and implementation
RESOURCES

Motivational Interviewing
1. www.motivationalinterviewing.org

Engaging Fathers
RESOURCES: FAMILIES

• Substance Abuse Treatment and Family Therapy. Treatment Improvement Protocol (TIP) Series, No. 3


• Dennis, K., Young, N. K., & Gardner, S. G. Funding Family-Centered Treatment for Women With Substance Use Disorders. Irvine, CA: Children and Family Futures, Inc., 2008.

RESOURCES: SYSTEMS CHANGE

• NIATx Process Improvement
http://www.niatx.net/content/contentpage.aspx?PNID=1&NID=8

• Institute for Healthcare Improvement:
http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
BOSTON CONSORTIUM MODEL OF INTEGRATED TREATMENT FOR WOMEN

PRESENTATION CITATIONS


Presentation Citations 3

16 Werner, D., Young, N.K., Dennis, K., & Amatetti, S. Family Centered Treatment for Women with Substance Use Disorders. History, Key Elements and Challenges. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2007.


Thank you!

Hortensia Amaro, Ph.D.

hamaro@usc.edu
Kathryn Icenhower, Ph.D.

Co-Founder and Chief Executive Officer
SHIELDs for Families, Inc.
Moving to Family-Centered Treatment

Kathryn Icenhower, PhD, LCSW
Chief Executive Officer
SHIELDS for Families
Los Angeles, CA
The Shields Family-Centered Treatment (FCT) Model has demonstrated the most success in engaging and retaining substance abusing women in treatment - resulting in positive outcomes for the whole family - with completion and success rates well above the national average... sometimes higher than 80%.

This success is built upon the recognition that the family is the true “client” and relationships are the key factor that needs to be addressed in treatment.
Shields’ FCT principles can be applied to all treatment settings… regardless of whether or not your program or intervention is an outpatient, day treatment or residential model of services.

However, applying Shields’ FCT to work with women and their families requires specific adaptations to traditional models in order to increase the likelihood of achieving positive results. This may mean going through a series of changes in order to move to truly providing Family Centered Treatment.
Moving to Family-Centered Treatment

The first steps in making those changes are:

- Recognizing that there are issues and needs specific to the family.
- Having administrative willingness and capacity to alter policy, programming, staffing and/or funding to address these changes.
Issues Specific to Working With Families

Four Primary Categories of Issues:

1. Culture
2. Disconnections
3. Multi-System Demands
4. Moving On

While these issues impact all individuals with substance abuse disorders, there are unique factors in each of these areas that need to be addressed when working with families.
Issues Specific to Working With Families: Culture

Everyone who enters treatment brings their own individual cultures into the setting… as well as the “culture of addiction.” When you are working with families, you also have to take into account the unique culture of the family… who is considered a part of the family… what roles they each have played…and what things can not be changed.

Two key factors are:

- Trust
- Control
Issues Specific to Working With Families

Culture takes Trust

**Trust**: Trust is a major factor that needs to be addressed. Family members have been in situations where they could not trust each other or those around them….and “distrust” becomes normative. Developing trust will be a major adjustment that takes time and considerable effort.

The Shields FCT model’s success is built upon the establishment of relationships between program participants, family members, staff and partners. Establishing a trusting relationship will be key to success and therefore a critical factor in service delivery.
Control: Control is another critical factor to address in treatment. Families have been impacted in two ways. First, they often have been impacted by "External Control" of their decision making. Whether or not that may be Child Protective Services...the Criminal Justice System...or the SUD treatment program, they have been or are in situations where they have external entities making life decisions for them. They have had to respond to rules and regulations that can result in significant consequences if they are not followed, leading to limitations in their ability to have "Internal Control" of their decisions.
Issues Specific to Working With Families
Culture and Control continued

Control: Secondly, family members often feel they have no control over the Substance Use Disorder (SUD). The mother... with no control of her usage and the family... with no control over her.

The Shields FCT model is based upon individuals and families making their own decisions. It is a collaborative model not a behavioral model. Program participants are not told what to do but encouraged to make life decisions for themselves and as a family unit. This transition requires programming that takes this need into account and can assist with this transition.
Modifications Needed to Address Cultural Issues – Outreach & Engagement

1. Outreach and Engagement

- **Early and Often**: to build the relationship, develop trust and encourage internal control of decision making.

- **Dedicated Staff**: that can focus on building relationships and connections.

- **Staff with Similar Histories**: to role model the ability to make positive changes.

- **Family Environment**: a treatment environment conducive to families with home like capabilities.
Modifications Needed to Address Cultural Issues - Programming

2. Programming

• **Groups and Curriculums**: that address building trust and decision making, that assist with regaining trust within and outside of the family and help them gain control of their lives.

• **Social Activities and Events**: encouraging relationship building between the family members, staff and families, family to family.

• **Client Councils and Leadership Activities**: to enhance independent decision making and ability to “own” the program.

• **Lower Staff to Client/Family Ratios; Staff Specific to Each Family Member**: to enhance the development of relationships.
3. Partnering

- **“Authentic Partnership”:** between external entities involved in the lives of families and the SUD provider: to model the development of trust and relationship building.

- **Activities and Events:** that incorporate both partners and families to enhance the transition into working as a team.

- **Easy System Access:** to allow partners and family members to be introduced to and incorporated into treatment as early as possible.
Issues Specific to Working With Families

Disconnections

(2) Disconnections

Substance abusing women often have experienced separation from their families and friends as a consequence of their lifestyle. This can include being separated physically from your family because of involvement with the child welfare system and placement of children in out-of-home care or through involvement with the criminal justice system and incarceration.
(2) Disconnections

The Shields FCT model is based upon relationships, with the family as the central focus of the model. Because of the impact of the SUD, this can mean re-establishing “connections” which may have been severed for long periods of time the consequences of the drug use. The effort to assist with building or re-building these relationships needs to be incorporated into your service delivery to enhance the opportunity for the family to recover.
Modifications Needed to Address Disconnection Issues

1. Outreach and Engagement

   • **Early and Often**: Begin working with the family as soon as possible, prior to the mother entering treatment if possible. If children are in foster care or relative placement, arrange visitation through child welfare.

   • **Dedicated Staff**: that have expertise in working with the family; including expertise in child development, youth services and fatherhood services.
Modifications Needed to Address Disconnection Issues – Programming

2. Programming

- **Flexibility:** Offer services when families are available including evenings and weekends, eliminate restrictions on age/number of family members enrolled, enhance visitation regulations, offer family services/visitation daily.

- **Groups and Curriculums:** that address issues related to family. Specific groups for children so they can express their feelings around their separation from parents and/or their parent’s substance usage.
2. Programming (Cont’d)

- **Mental Health Services**: for children and family members individually, as well as family therapy and Multi-Family Group.

- **Family Activities and Events**: offered regularly as part of the treatment schedule, encouraging relationship building and providing opportunities to learn how to have fun together as well as with the other families in treatment.

- **Social Support Building**: groups and activities that help build social support networks for all family members, including fatherhood groups and youth clubs.
Modifications Needed to Address Disconnection Issues – Programming 3

2. Programming (Cont’d)

- **Normalizing Activities**: Services that normalize family life again such as enrolling children in school and participating in parent-teacher conferences.

- **Alternative Treatment Settings**: If the family is going to recover together, they should have the opportunity to live together. Mother’s should not have to make a Sophie’s Choice about which children they bring to treatment. Nor should they have to separate from their partners. This means looking at alternative settings for programs including: houses, apartments or a combination of traditional treatment settings with detached housing.
Modifications Needed to Address Disconnection Issues - Partnering

3. Partnering

- **“Authentic Partnerships”:** between child welfare, mental health, criminal justice and treatment, mutual agreement on goals and underlying philosophy to enhance recovery, reunification efforts, allow for visitation.

- **Integration of services:** Developing joint plans that focus on assisting with re-connecting the support system for participant; co-location of staff from other systems (mental health); assistance with increasing visitation efforts; supporting activities and events that incorporate family.

- **Easy System Access:** to allow participants to have visitation from children and family, to initiate reunification efforts as soon as possible including co-location of child welfare staff.
(3) Multi-System Demands

Individuals with substance abuse disorders are generally involved with multiple systems that place demands on them to accomplish specific activities. It is common to have involvement with child welfare and public social services with requirements to complete parenting or participate in welfare to work activities. If a family member is also involved with the Criminal Justice System, these multi-system demands often have more “lethal” consequences if they are not met….including returning to confinement or losing basic privileges of visitation.
Modifications Needed to Address Multi-System Demand Issues

1. Outreach and Engagement

- **Ask Early**: Identification of all systems that the family and each family member is involved with at initial contact. Specific listing of all requirements from each. This can include Child Protective Services, Probation, Parole and Social Services.

- **Negotiate and Barter**: Begin working with each system to negotiate “demands”, assist the family with addressing as many requirements as possible even prior to entering treatment.
Modifications Needed to Address Multi-System Demand Issues: Programming

2. Programming

- **Flexibility**: to enable participants to address the demands made by other systems, altering treatment schedules, evening and weekend services, arranging for transportation or child care to get to outside required appointments.

- **Modification**: of services offered on-site to address the needs of other systems....i.e. ensuring groups meet the specifications for the court for anger management or parenting.
Modifications Needed to Address Multi-System Demand Issues: Partnering

3. Partnering

- **“Authentic Partnerships”**: between all systems involved with family, mutual agreement on goals and underlying philosophy to assist with negotiation of requirements from each system.
- **Integration of services**: Developing joint plans, multidisciplinary and interagency case conferences, specific liaison with other systems, co-location of staff.
- **Engage Legal Services**: Offer referral to or provide legal services to assist with multi-system issues.
(4) Moving On

Completing treatment and returning to the community is generally a difficult task. For families this task can be onerous.

Finding a place to live for the family, along with employment and supports necessary to survive; ensuring that the family can continue to build on the accomplishments of treatment once they have left a supportive environment; dealing with the everyday stresses of raising a family along with maintaining sobriety and working on recovery.....all of these are challenges to “moving on.”
(4) Moving On

The Exodus FCT model focuses on empowering the individual and family members to accomplish the goals they have established and believe in their ability to support each other and the family unit as a whole. For families recovering from SUDs, the barriers they face can make this task difficult. Participants will need continued encouragement as they tackle these challenges and the program will need to incorporate potential solutions to the known barriers they face.
Modifications Needed to Address Moving On Issues

1. Outreach and Engagement

- **Ask Early**: Identify the barriers that the family will have to address at initial contact. Find out about full criminal history, previous evictions or other potential challenges they will be facing.

- **Identify**: Detail the educational history, work experience, skills, and interests so that a plan can be made to begin working on building upon these strengths in treatment.

- **Dedicated Staff**: If possible, provide dedicated staff to assist participants with overcoming these barriers, particularly around employment and housing.
Modifications Needed to Address Moving On Issues: Programming

2. Programming
   - **Educational and Vocational Component:** Ensure that a strong educational and vocational component is provided by you or your partners in the program. Add requirements to obtain a high school diploma and computer training and incorporate into the program schedule. Offer or link to certificate training or educational programs. Ensure that all these activities are available for the older youth and adults in the family.
Modifications Needed to Address Moving On Issues: Programming cont.

2. Programming (Cont’d)

• **Work Readiness and Job Placement:** Maintain a work readiness program that includes volunteer and intern positions to acquire skills. Offer job coaching, job clubs, study groups to support the decision to work or go to school.

• **Support:** Offer support groups, aftercare, counseling and other activities that will allow individuals to voice their struggles, after the completion of treatment. Provide activities for all family members to participate in, including the children and youth.

• **Legal Services:** Make sure participants can access legal services to remove whatever barriers they can (past evictions, prior felonies, outstanding warrants or tickets).
Modifications Needed to Address Moving On Issues: Partnering

3. Partnering

- **Partnerships with “non-traditional” partners:** Develop strong relationships with colleges and training programs that provide opportunities for careers that have salaries that will support families. Identify employers who will hire individuals with a limited work history or a felony history and provide them with incentives (volunteers, job support, free advertising). Identify housing providers that offer accessible and affordable housing (offer case management) and are willing to work with families who may have prior evictions.
3. Partnering (Cont’d)
   - **Integration of services:** As much as possible, integrate all services on-site and incorporate into the program schedule.
   - **Advocate:** work with your families and your partners to advocate for change, such as removing bans on individuals with felonies and encouraging child protective services to support families with SUDs remaining together.
Moving to Family-Centered Treatment: Funding

A challenge for SUD Providers is finding the funding to support family centered treatment, particularly since treatment funding has historically only funded the individual with the SUD.

It requires management to “think outside the box” about the types of funding which may be available to finance the integrated services necessary, such as child welfare, agricultural and mental health funds. It also requires the ability to blend your funding as you do your services to ensure a seamless continuum for your families without their knowledge that multiple entities are providing the resources. Finally, it may require the need to enter into other arenas, such as private funding or the use of housing loans to provide a facility that can house your families.
Moving to Family-Centered Treatment

AAA An Example: The Exodus Program
The Exodus Program

Originally funded through the SAMHSA Center for Substance Abuse Treatment’s (CSAT) perinatal initiatives in 1994, the Exodus program provides comprehensive care for women and their families including: counseling, child development, vocational services, mental health, medical care, family support and family reunification.

Upon admission, all Exodus families are homeless with substance abuse histories of 10 or more years.
Static capacity for the program is 45 families. Average enrollment includes 45 moms with approximately 170 children and significant others attending services on-site.

Annually, approximately 60 women and 250 children and family members are served with an average length of stay of 12-18 months (456 days average LOS in past 3 years).
Completion rates have remained at 70% or higher since the program was implemented. For the last 5 years, those rates have remained at 81% or above. In the past Fiscal Year, positive completion rates were 95.6%.

Family reunification rates have averaged 85% since implementation. In the past 5 years, those rates have increased to 95%.
Data on our children (0-5) over the past five years:

- Total rate of substance exposed births has been less than 4%
- Less than 5% born at low birth weight; 0% at very low birth weight
- 85% of our children have remained current on all immunizations
- Over 96% have permanent medical homes
- 100% received developmental assessments; over 90% scored in the normal range
The Exodus Program -5

Data on our children and youth (6-18) over the past five years demonstrated:

- Increase in self-esteem and self-identity for 73% of the youth served
- Increase of 76.3% in our children’s attitudes toward school
- A total of 76.2% improved their school attendance and grades
- Social skills improved for 76.2%
- 74.3% increased their leadership skills
Moving to Family-Centered Treatment

Contact Information
Content questions about this webinar should be directed to
Kathryn Icenhower
SHIELDS for Families
11601 S. Western Avenue / Los Angeles / CA 90047
TEL 323.242.5000
FAX 323.242.5011
EML admindept@shieldsforfamilies.org
www.shieldsforfamilies.org
Alison Quals, M.P.A.

Business Development Administrator
Shields for Families

on

Importance of Family in Recovery
Questions and Discussion

Women Matter!
An Introduction to Women, Addiction, and Recovery
Related SAMHSA Resource Centers

Women Children and Families Training and Technical Assistance Site
http://www.samhsa.gov/women-children-families

National Center on Substance Abuse and Child Welfare
https://www.ncsacw.samhsa.gov/

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) http://www.samhsa.gov/nctic

FASD Center for Excellence http://www.fasdcenter.samhsa.gov/
Selected SAMHSA Resources

Family-Centered Treatment for Women With Substance Use Disorders: History, Key Elements, and Challenges
http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Funding Family-Centered Treatment for Women With Substance Use Disorders

Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals
http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf

Introduction to Women and Substance Use Disorders online course
http://www.healthyknowledge.org

Addiction and the Family: Healing and Recovery
TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women

Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)

Substance Abuse Treatment and Family Therapy: Quick Guide for Clinicians Based on TIP 39
http://store.samhsa.gov/product/Substance-Abuse-Treatment-and-Family-Therapy/SMA05-4032

SAMHSA: Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma
http://store.samhsa.gov/product/sma12-4726?WT.ac=EB 20121106_sma12-4726
Alcohol and Drug Addictions Happens in the Best of Families

Recovery is a Family Affair: The Complex Dynamics in Families Struggling with Mental and Substance Use Disorders webcast

RWC/PPW Cross Site Evaluation

National Survey on Drug Use and Health: Children Living with Substance Dependent or Substance-Abusing Parents: 2002 to 2007
Other Related National Resource Centers

National Center on Domestic Violence, Trauma and Mental Health [http://www.nationalcenterdvtraumamh.org/](http://www.nationalcenterdvtraumamh.org/)

- Resources include:

The National Abandoned Infants Assistance Resource Center [http://aia.berkeley.edu/](http://aia.berkeley.edu/)

- Resources include:
  - Supporting Children of Parents with Co-occurring Mental Illness and Substance Use [http://aia.berkeley.edu/training/online/tutorials/](http://aia.berkeley.edu/training/online/tutorials/)
Other Resources

National Institute on Drug Abuse [http://www.drugabuse.gov/]


Zero to Three: National Center for Infants, Toddlers and Families [http://www.zerotothree.org/]

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• You will receive an email from Go to Webinar in the next hour that contains this link. It is also available in the chat box.

• The survey will be available for completion until April 16th. If you are seeking CEU credits, you must complete it by close of business on that day.

• All qualified attendees for today’s training will receive an email with instructions for obtaining your certificate of attendance by April 30.
Join us for the Next Women Matter! Webinar:

Women’s Health, Wellness, and Recovery: An Introduction to Women’s Substance Use Disorders and Health

May 6, 2015