



Behavioral Health is Essential To Health



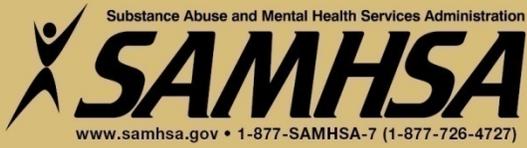
Prevention Works



Treatment is Effective



People Recover



health



Women Matter!

An Introduction to Women, Addiction, and Recovery



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



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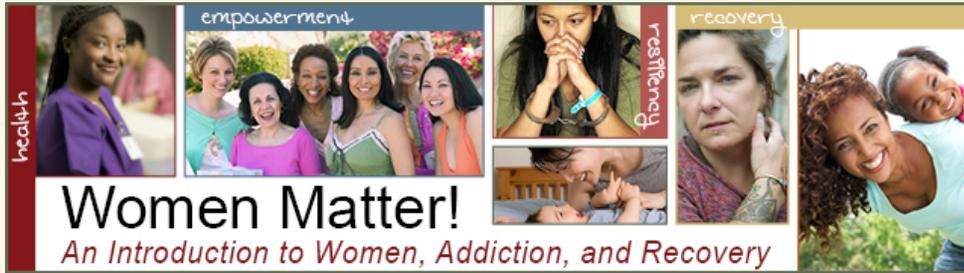
- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).
- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- This webinar should not be considered 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***

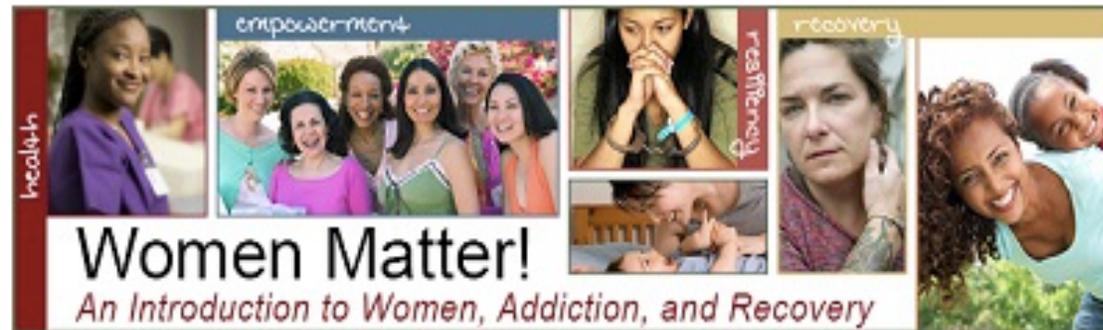
Hortensia Amaro, Ph.D



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Women Connected: Families and Relationships in Women's Substance Use and Recovery

April 7, 2015

Hortensia Amaro, PhD

PRESENTATION OUTLINE



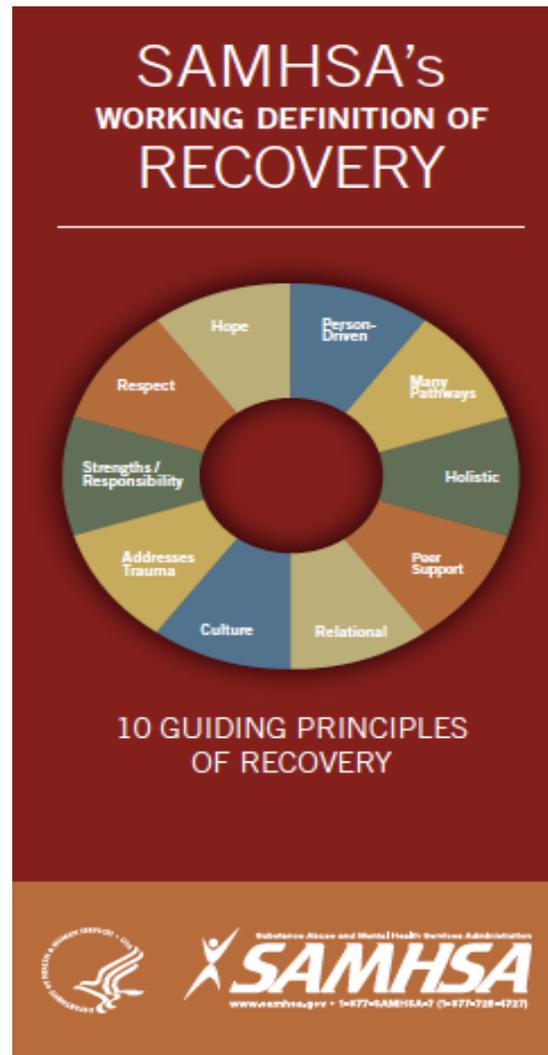
- Part 1: Definitions
- Part 2: Features of families and social networks
- Part 3: Integration of social network members in women's treatment
- Part 4: Challenges and approaches



PART 1

DEFINITIONS

- **RECOVERY**
- **FAMILY**
- **SOCIAL NETWORK**
- **SOCIAL SUPPORT**



[1 http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF](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



Emotional: Expressions of empathy, love, trust and caring

Mother provides hope and a listening ear

Instrumental: Tangible aid and service

Sister baby-sits while she attends tx appointment

Informaonal: Advice, suggestions, and information

Counselor provides facts & guidance on SUD and treatment

Appraisal: Information that is useful for self-evaluation

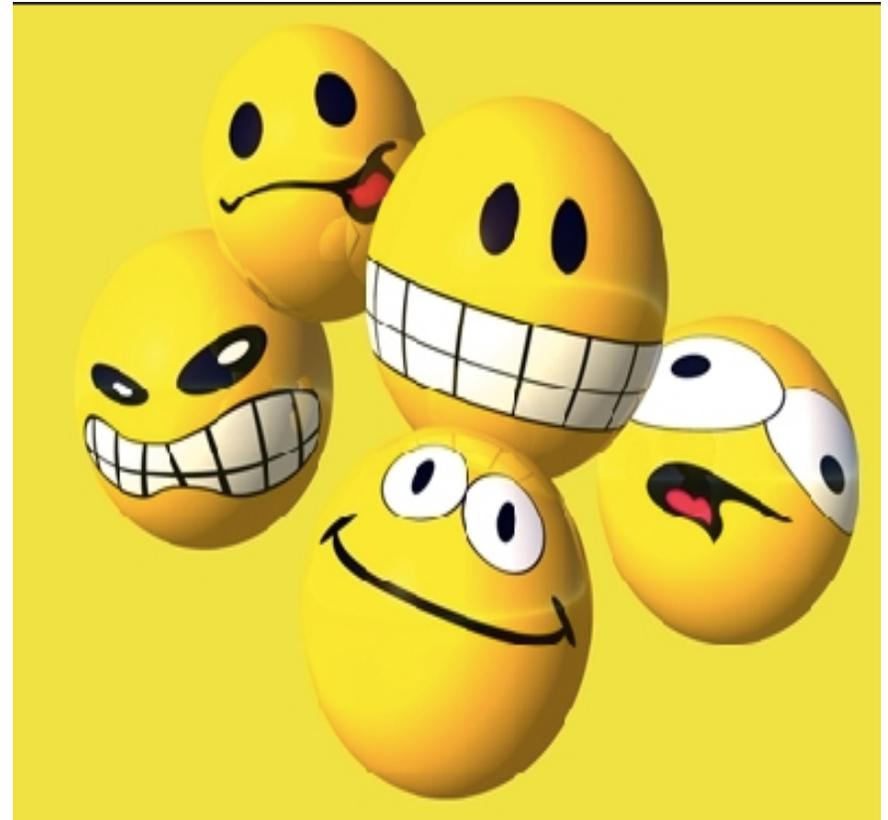
Close friend reminds her of all the qualities that equip her to stay in treatment; reality-check

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



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



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

². Amaro, H., Larson, M.J., Gampel, J., Richardson, E., Savage, A., & Wagler, D. (2005). Racial/ethnic differences in social vulnerability among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Journal of Community Psychology*, 33(4), 495-511. doi:10.1002/jcop.20065

Social Vulnerability Among Women in Tx



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

². Amaro et al (2005)



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 network³⁻⁵

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 use⁶⁻¹⁰
- Partners and family members more often oppose treatment among women compared to men¹⁰⁻¹²
- Women experience more problems due to entering treatment from partners and family members than men¹¹
- Social Networks Change with Women's Recovery¹³
 - Pre-treatment: primarily of partners, family members, children & friends; many enabled drug use.
 - Post-treatment larger network, more people in recovery

⁶Nyamathi, 2000; ⁷Anglin et al. 1988; ⁸Rosenbaum 1981; ⁹Eldred & Washington 1975; ¹⁰Amaro & Hardy-Fanta, 1995

¹¹O'Donnell, Besteman & Jones 1967; ¹²Beckman & Amaro, 1986; ¹³O'Dell et al, 1998



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

¹⁴ Lee-King, P. & Amaro, H. (2015). Helpful and hurtful? A mixed-methods study of maternal perceptions of how parenting affects recovery during treatment for co-occurring disorders. In preparation.

MOTHERS WHO IDENTIFIED A HURTFUL IMPACT (N=800 out of 1,009: 79%)



74% Separation from children, loss of custody

"My daughter was taken away and no one ever told me."

21% Parenting guilt/shame

"I may have destroyed my relationship with my kids by being out there."

11% Mothering stress

"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."

* 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)



	Graduated		Dropped Out	
	Entry	6 mos.	Entry	6 mos.
Positive Support	75%	100%	9%	36%
Negative or No Support	25%	0%	82%	91%
Active Drug User	8%	0%	63%	54%

¹⁵ Amaro & Santelices (2015). Social networks of Latina women in residential treatment, in preparation.

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)

ESTELA'S SOCIAL NETWORK: WEAK OR NEGATIVE



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



Primary-Care Job-Placement Adult-Education
Transitional-housing Legal-Services
Home-Visiting-Program Emergency-Psychiatry
Inpatient-Mental-Health Pediatric-Health-Care
Permanent-housing Domestic-Violence-Services
Early-Childhood-Intervention English-as-a-Second-Language
Housing-vouchers Child-Developmental-Assessments
Medication-Assisted-Treatment Treatment
Family-therapy Infectious-Disease-Treatment
Job-Training Education Specialty-Health-Care
Prenatal-Care Child-Care Individual-Trauma
Obstetrical-Care

SAMHSA's CONTINUUM OF FAMILY-BASED SERVICES ¹⁶

Entre Familia Stages

<p>LEVEL 1: Women's treatment with family involvement</p>	<p>Services for women with SUDs. Treatment plan includes family issues, family involvement. Goal: Improved outcome for women</p>	
<p>LEVEL 2: Women's treatment with children present</p>	<p>Children accompany women to treatment. <u>Children receive child care but no therapeutic services.</u> <u>Only women have treatment plans.</u> Goal: Improved outcomes for women.</p>	<p>1996: Level 2 + Program opens</p>
<p>LEVEL 3: Women's & Children's Services</p>	<p>Children accompany women to treatment. <u>Women and attending children have treatment plans and receive appropriate services.</u> Goals: Improved outcomes for women and children, better parenting.</p>	<p>1997: Level 2.5 with Partnerships + child services & some family therapy -Child treatment plan not systematic or comprehensive</p>

DURING LEVEL 3 STAGE: A MAJOR DEVELOPMENT



Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women¹⁷⁻²⁰

- Trauma- Informed System & Trauma- Specific Tx
 1. Assessment, Diagnosis, Tx Plan
 2. Trauma Treatment: therapy, Trauma Recovery and Empowerment Group
 3. Psych-ed. Groups: Economic Success, Family Reunification, Leadership
- Improved abstinence, mental health & trauma symptoms, & HIV risk behaviors compared to SA only

CONTINUUM OF FAMILY BASED SERVICES

Entre Familia Stages

LEVEL 4: Family Services

Children accompany women to treatment, both have treatment plans. Some services provided to other family members. **Goals:** Improved outcomes for women and children, better parenting.

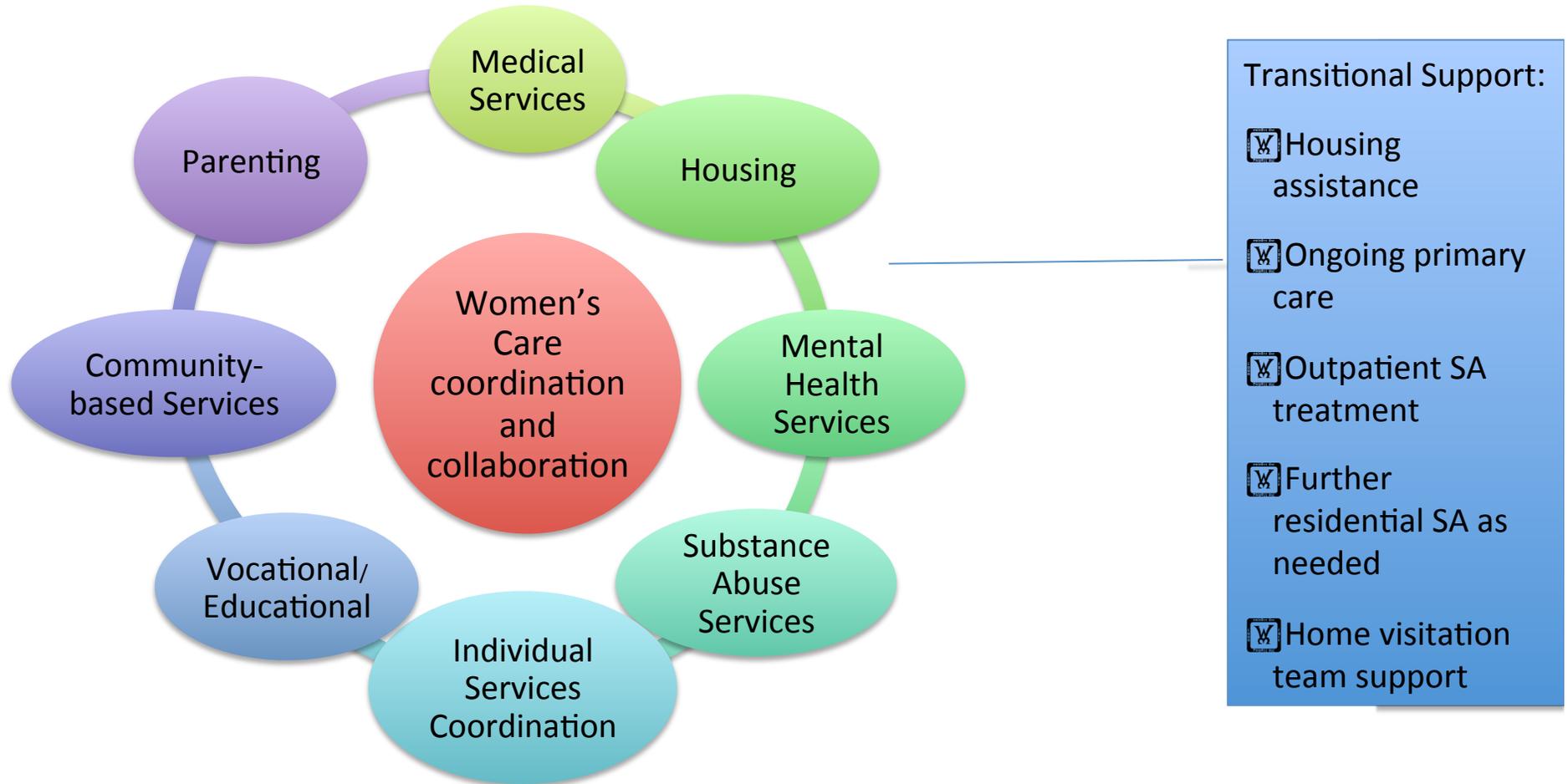
2008: Level 4-with Partnerships
+ child treatment plans
+ Some services for fathers, partners and family members, s
2011: Level 4.5-with Partnerships
+Systematic outreach & engagement of out-of-treatment children, fathers & family
+Tx & post- tx home visits (mom)

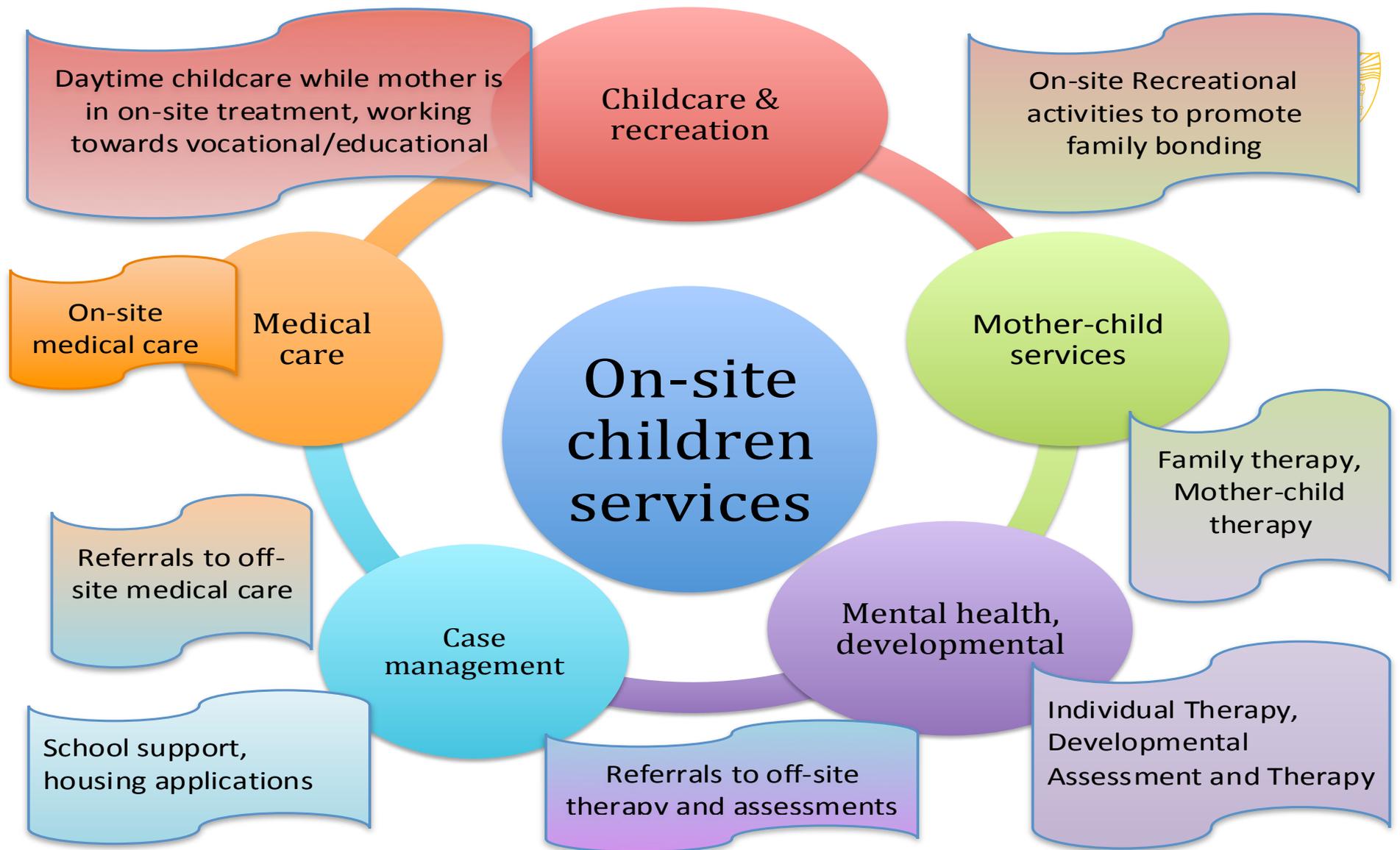
LEVEL 5: Family Centered Treatment

Each family member has a treatment plan and receives individual and family services. **Goals:** improved outcomes for women, children, and other family members; better parenting and family functioning.

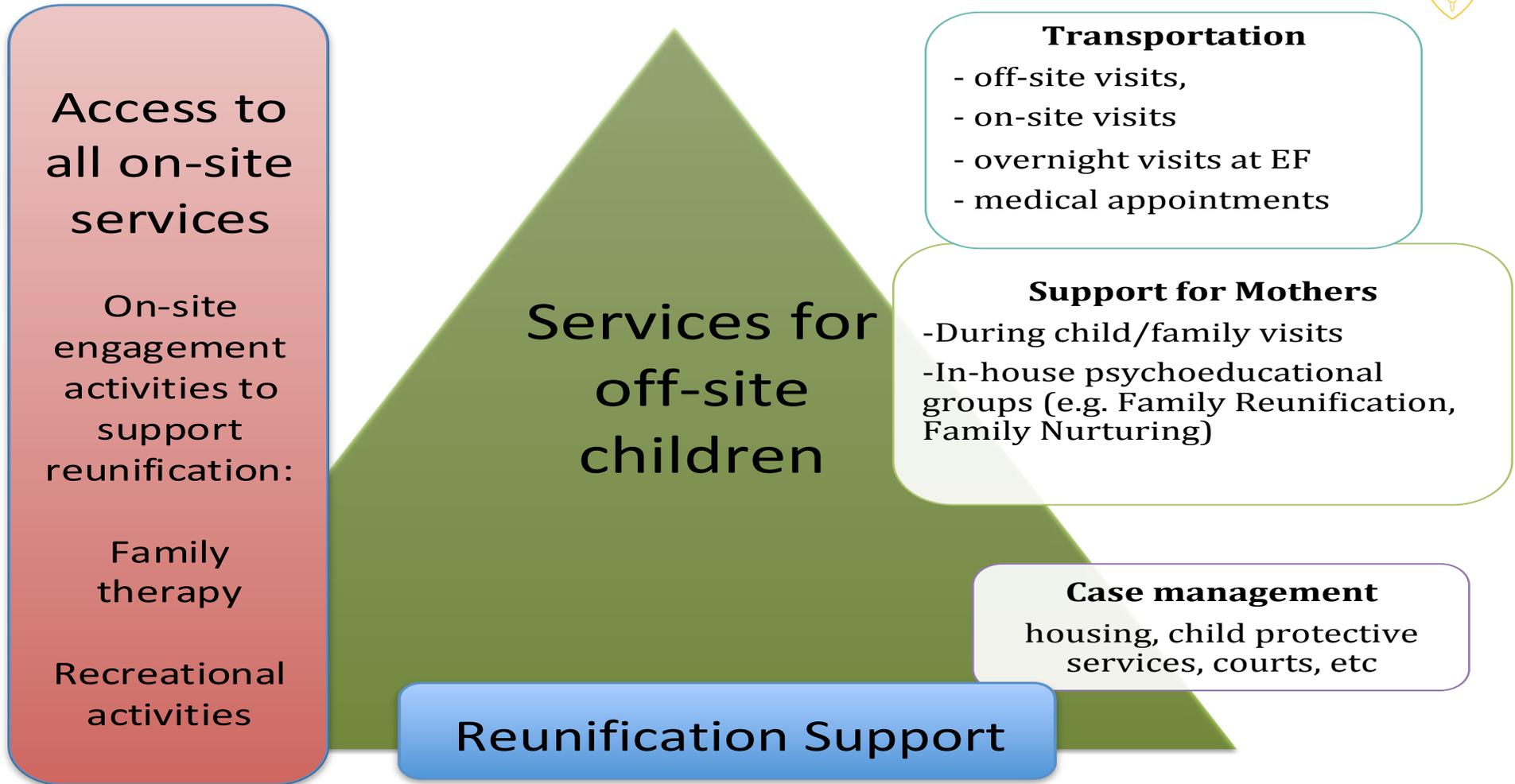
Possible Strategies with Partnerships
+ Tele-mental health services
+ Computer assisted SA Tx
+ Create partnerships with mental health and SUD tx agencies in other parts of state
+ Home-based services for family

ENTRE FAMILIA PPW: COMPREHENSIVE FAMILY SERVICES MODEL (WITH PARTNERSHIPS)





SERVICES TO OFF-SITE CHILDREN



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

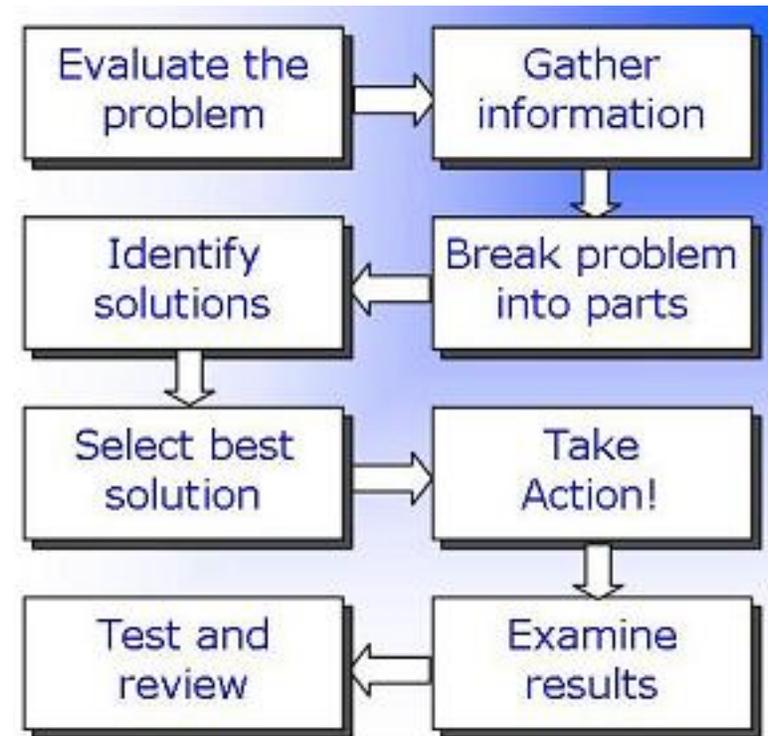
Remote contact with Partner/Father(s)/Family

- 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



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

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
2. Cox, W. M., & Klinger, E. (2011). *Handbook of motivational counseling: Goal-based approaches to assessment and intervention with addiction and other problems* (2nd ed.). Hoboken, NJ: Wiley-Blackwell.

Engaging Fathers

1. A guide for father involvement in systems of care.
<http://www.tapartnership.org/COP/CLC/publications.php?id=topic1#content1>
2. **Practice Considerations for Locating and Engaging Fathers in Domestic Violence Situations:** <http://www.ocfs.state.ny.us/main/dv/Locating%20and%20Engaginng%20Fathers.pdf>

RESOURCES: FAMILIES



- Substance Abuse Treatment and Family Therapy. Treatment Improvement Protocol (TIP) Series, No. 3
<http://store.samhsa.gov/product/TIP-39-Substance-Abuse-Treatment-and-Family-Therapy/SMA12-4219>
- Werner, D., Young, N.K., Dennis, K, & Amatetti, S. (2007). *Family Centered Treatment for Women with Substance Use Disorders. History, Key Elements and Challenges.* SAMHSA.
- 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.
- Amaro, H., & Nieves, R.L. (2004). *Pathways to family reunification: An educational group curriculum for women in recovery.* Boston Consortium of Services for Families in Recovery, Public Health Commission, Boston, MA. (Available in English and Spanish). Other treatment manuals also available. Contact Hortensia Amaro: hamaro@usc.edu

RESOURCES: SYSTEMS CHANGE

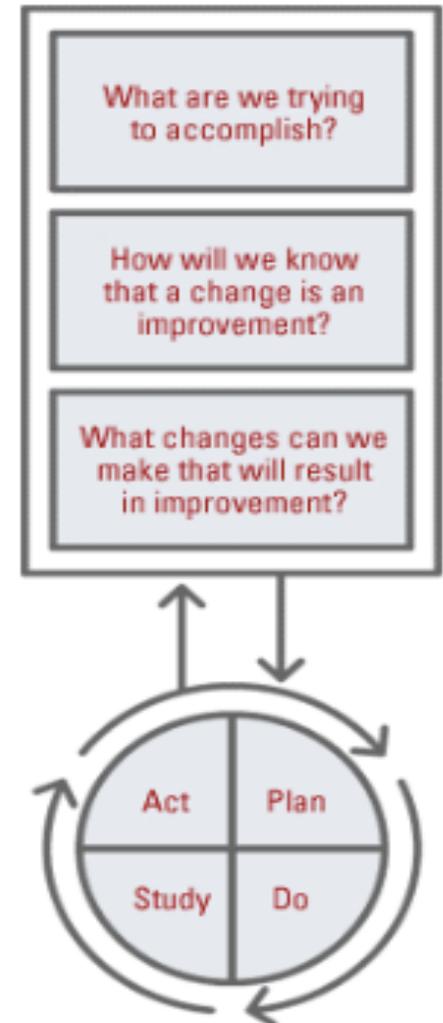


- NIATx Process Improvement

<http://www.niatx.net/content/contentpage.aspx?PNID=1&NID=8>

- Institute for Healthcare Improvement:

<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>



BOSTON CONSORTIUM MODEL OF INTEGRATED TREATMENT FOR WOMEN



- Boston Consortium Model of Integrated Treatment for Women. See NREP listing: <http://www.nrepp.samhsa.gov/viewintervention.aspx?id=86>
- Amaro, H., Dai, J., Arevalo, S., Acevedo, A., Matsumoto, A., & Nieves, R. (2007). Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. *Journal of Urban Health, 84*(4), 508-522. doi:10.1007/s11524-007-9160-z.
- Amaro, H., Larson, M. J., Zhang, A., Acevedo, D., Dai, J., & Matsumoto, A. (2007). Effects of trauma intervention on HIV sexual risk behaviors among women with co-occurring disorders in substance abuse treatment. *Journal of Community Psychology, 35*(7), 895-908. doi:10.1002/jcop.20188
- Amaro, H., Chernoff, M., Brown, V., Arévalo, S., & Gatz, M. (2007). Does integrated trauma-informed substance abuse treatment increase treatment retention? *Journal of Community Psychology, 35*(7), 845-862. doi:10.1002/jcop.20185
- Amaro, H., McGraw, S., Larson, M.J., Lopez, L., Nieves, R., & Marshall, B. (2005). Boston Consortium of Services for Families in Recovery: A trauma-informed intervention model for women's alcohol and drug addiction treatment. *Alcoholism Treatment Quarterly, 22*(3/4), 95-119. doi:10.1300/J020v22n03_06



PRESENTATION CITATIONS

¹ <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>

² Amaro, H., Larson, M.J., Gampel, J., Richardson, E., Savage, A., & Wagler, D. (2005). Racial/ethnic differences in social vulnerability among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Journal of Community Psychology*, 33(4), 495-511. doi:10.1002/jcop.20065

³ Brady & Randall (1999). Gender differences in substance use disorders. *Psychiatr Clin North Am*, 22(2): 241-52.

⁴ Grella, C.E., Scott, C.K., & Foss, M.A. (2005). Gender differences in long-term drug treatment outcomes in Chicago PETS. *Journal of Substance Abuse Treatment* 28(2):S3–S12.

⁵ United Nations Office on Drugs and Crime (2004). *Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned*. ISBN 92-1-148194-5. Sales No. 43 E.04.XI.24. New York: United Nations Publications. www.unodc.org/pdf/report_2004-08-30_1.pdf .

⁶ Nyamathi, Leake, Keenan & Gelberg (2000). Type of social support among homeless women: its impact on psychosocial resources. *Nursing Research*, 49(6), 318-326.

⁷ Anglin, M.D.; Booth, M.W.; Ryan, T.M.; and Hser, Y.I. Ethnic differences in narcotics addiction. II. Chicano and Anglo addiction career patterns. *Int J Addict* 23:1011-1027, 1988.

Presentation Citations 2



⁸Rosenbaum, M. (1981). *Women on Heroin*. New Brunswick, NJ: Rutgers University Press.

⁹Eldred, CA, Washington, MN (1975) Female addicts in a city treatment program: The forgotten minority. *Psychiatry* 38: pp. 75-85.

¹⁰Amaro, H. & Hardy-Fanta, C. (1995) Gender relations in addiction and recovery. *Journal of Psychoactive Drugs*, 27, 325-337. doi:10.1080/02791072.1995.10471698

¹¹O'Donnell, Besteman & Jones (1967). Marital history of narcotics addicts. *International Journal of the Addictions*, 2:21-38.

¹²Beckman, L.J., & **Amaro, H.** (1986). Personal and social difficulties faced by women and men entering alcoholism treatment. *Journal of Studies on Alcohol*, 47(2), 135-145.

¹³O'Dell, Haston Turner & Weaver (1998). Women in recovery from drug misuse: An exploratory study of their social networks and social support. *Substance Use & Misuse*, 33(8), 1721-1734.

¹⁴Lee-King, P. & Amaro, H. (2015). Helpful and hurtful? A mixed-methods study of maternal perceptions of how parenting affects recovery during treatment for co-occurring disorders. In preparation.

¹⁵Amaro & Santelices (2015). Social networks of Latina women in residential treatment, in preparation.



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.

¹⁷ Amaro, H., Dai, J., Arevalo, S., Acevedo, A., Matsumoto, A., & Nieves, R. (2007). Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. *Journal of Urban Health*, 84(4), 508-522. doi:10.1007/s11524-007-9160-z. See also NREP listing: <http://www.nrepp.samhsa.gov/viewintervention.aspx?id=86>

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Thank you!

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Moving to Family-Centered Treatment

Kathryn Icenhower, PhD, LCSW

Chief Executive Officer

SHIELDS for Families

Los Angeles, CA



SHIELDS
for families



believing, building, becoming

Moving to Family-Centered Treatment

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.



Moving to Family-Centered 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.

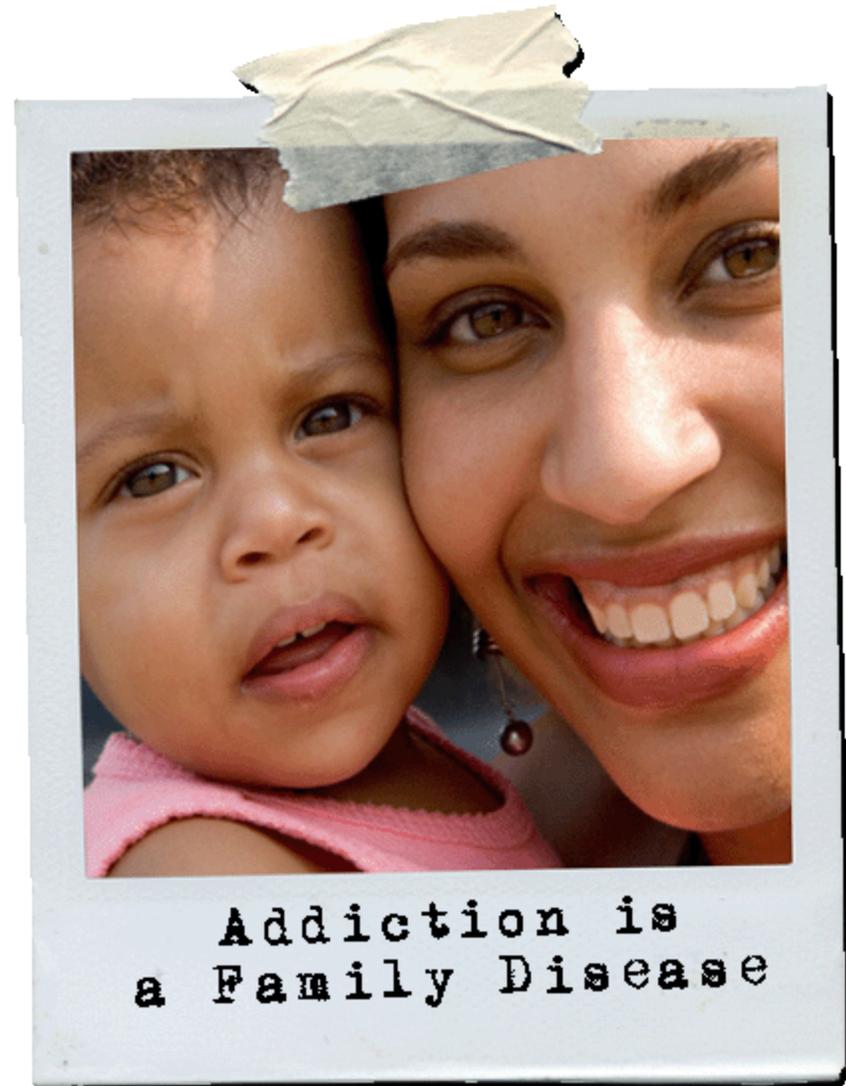


Issues Specific to Working With Families

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.

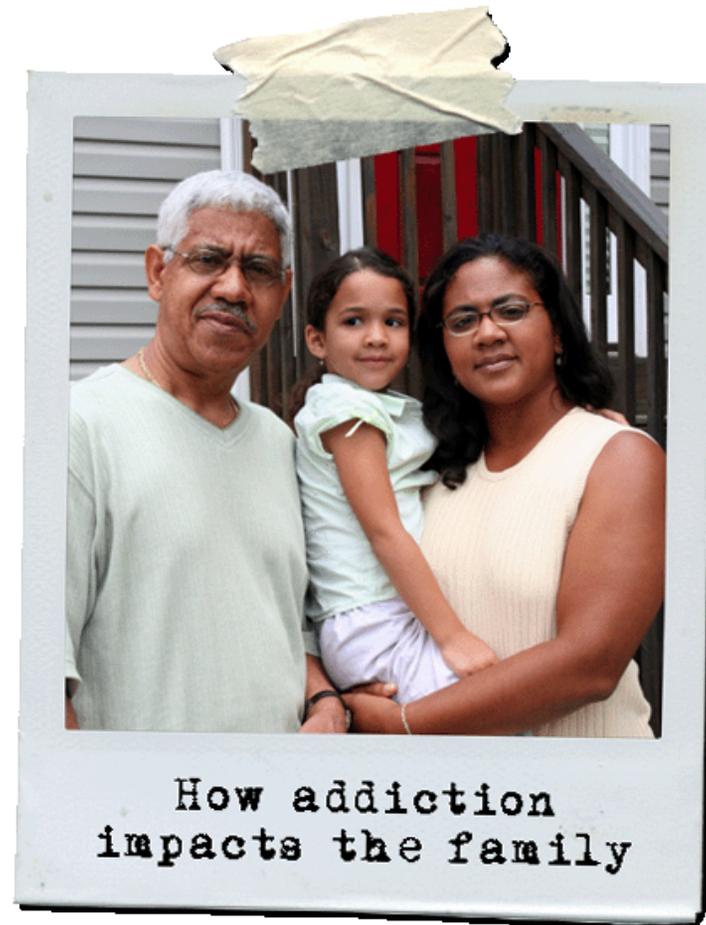


Issues Specific to Working With Families: Culture

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.



Issues Specific to Working With Families

Culture and Control

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.



Culture

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 Curriculum:** 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.



Modifications Needed to Address Cultural Issues - Partnering

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.



Disconnections

Issues Specific to Working With Families

Disconnections continued

(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 rebuilding 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.



Modifications Needed to Address Disconnection Issues – Programming cont.

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.

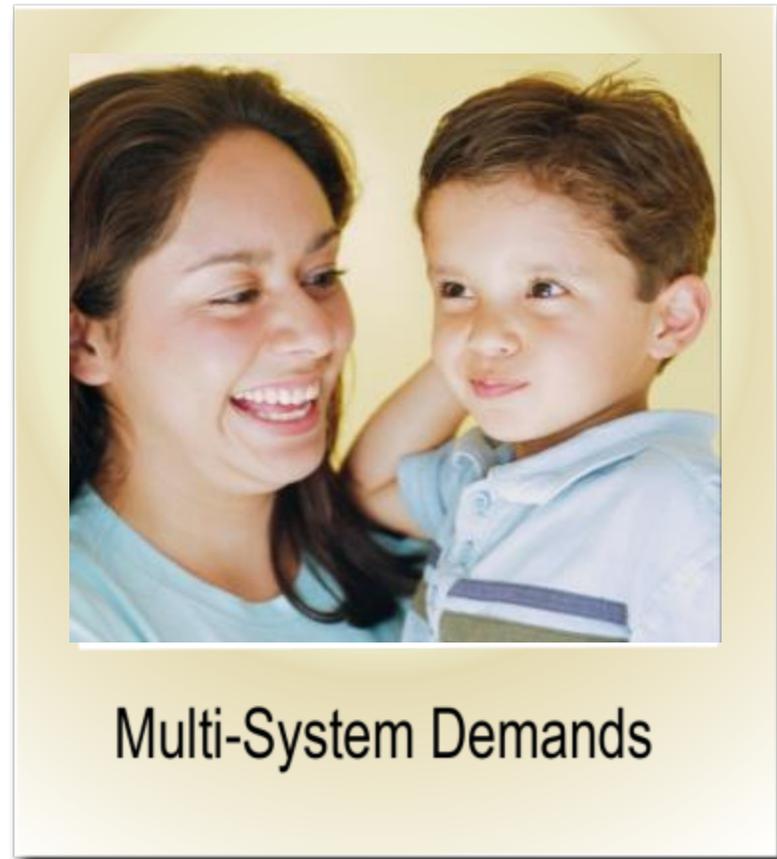


Issues Specific to Working With Families

Multi-System Demands

(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.



Multi-System Demands

Modifications Needed to Address Multi-System Demand Issues

1. Outreach and Engagement

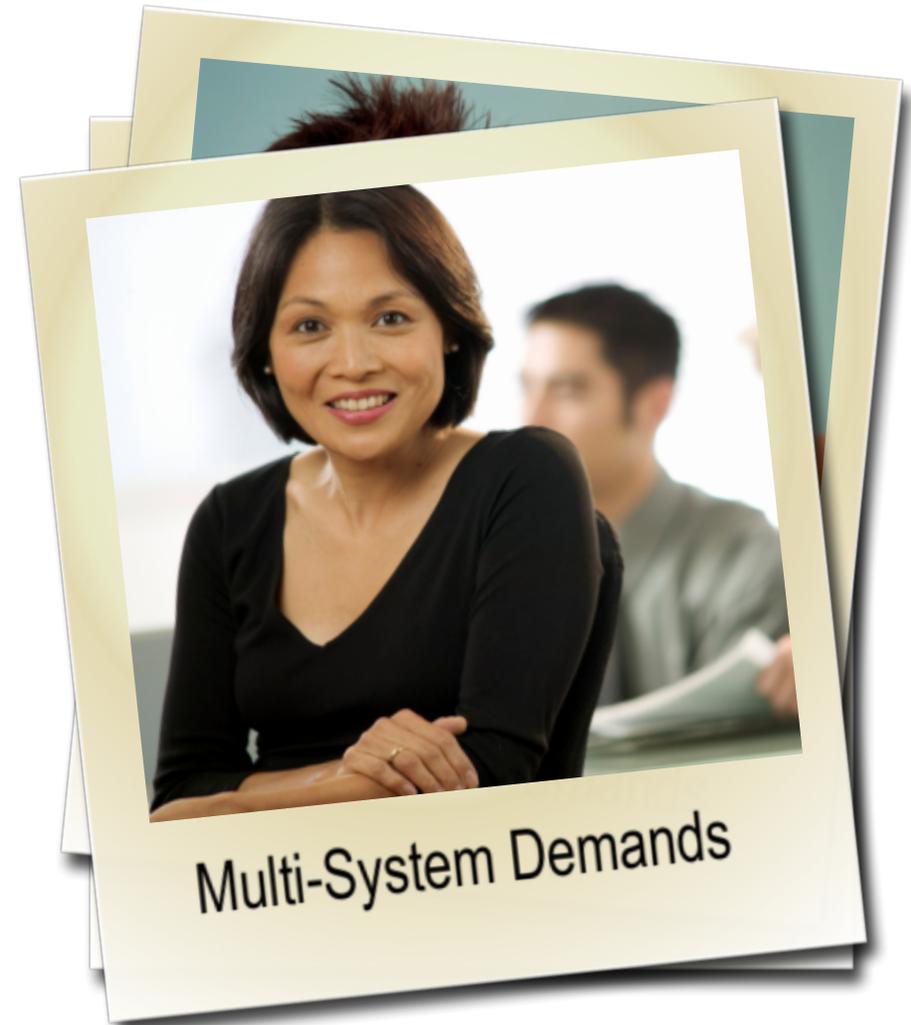
- **Ask Early:** Identification of all systems that the family and each family member is involved with at initial contact. Specific listing of all requirements from each. This can include Child Protective Services, Probation, Parole and Social Services.
- **Negotiate and Barter:** Begin working with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



Issues Specific to Working With Families

Moving On

(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.”



Issues Specific to Working With Families

Moving On continued

(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.



Modifications Needed to Address Moving On Issues: Partnering cont.

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

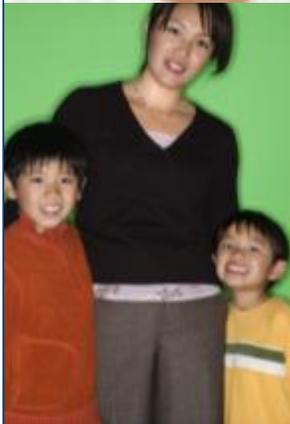
AAA An Example: The Exodus Program



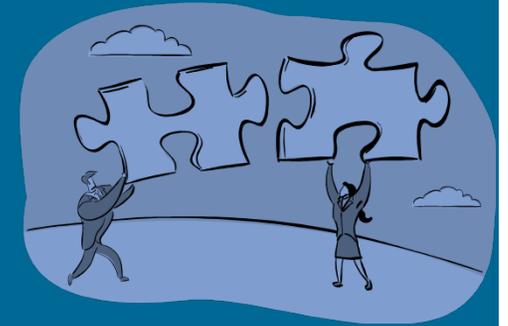
SHIELDS
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believing, building, becoming



The Exodus Program



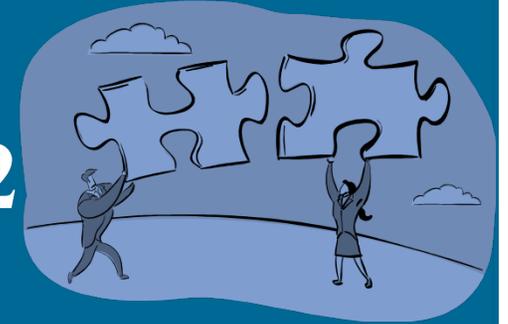
Originally funded through the SAMHSA Center for Substance Abuse Treatment's (CSAT) perinatal initiatives in 1994, the Exodus program provides comprehensive care for women and their families including: counseling, child development, vocational services, mental health, medical care, family support and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

Upon admission, all Exodus families are homeless with substance abuse histories of 10 or more years.



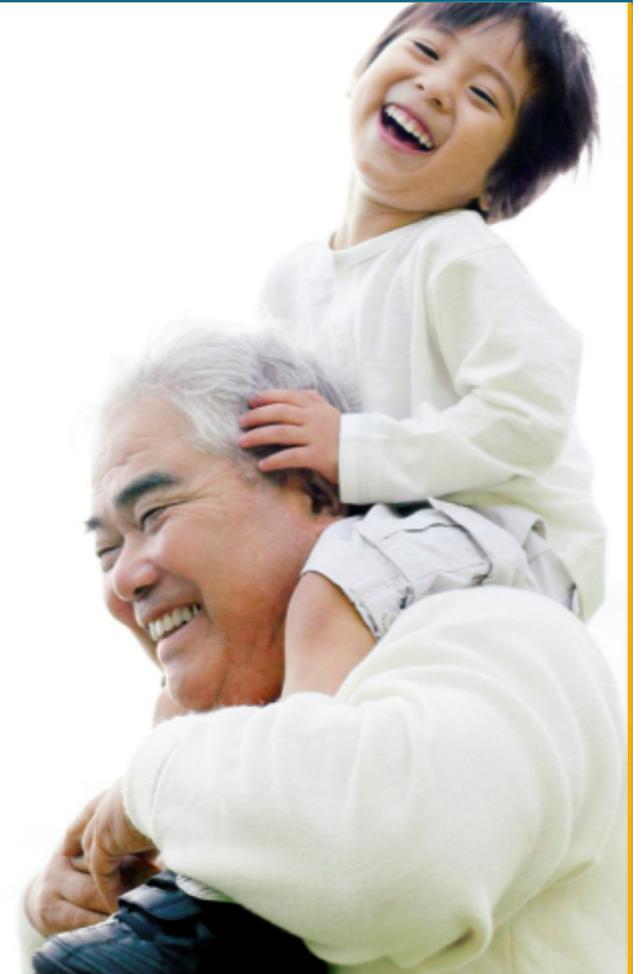


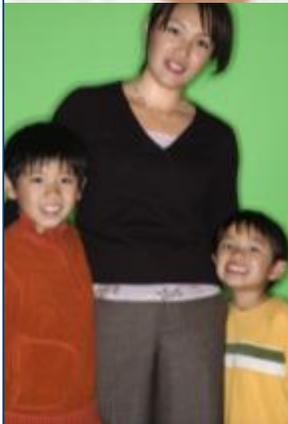
The Exodus Program - 2



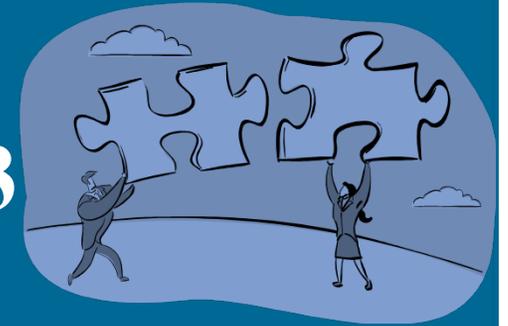
Static capacity for the program is 45 families. Average enrollment includes 45 moms with approximately 170 children and significant others attending services on-site.

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).





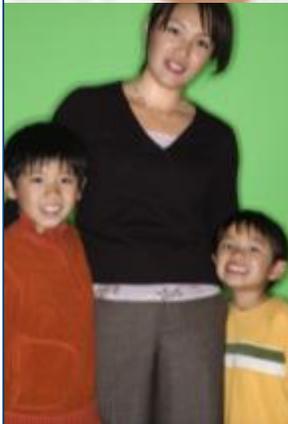
The Exodus Program - 3



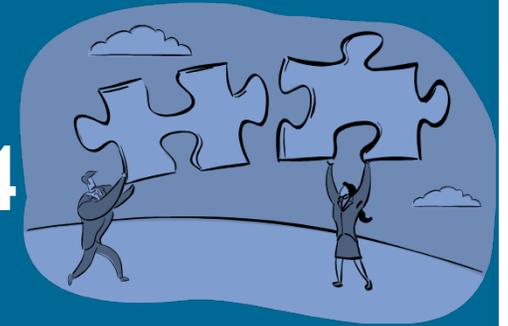
Completion rates have remained at 70% or higher since the program was implemented. For the last 5 years, those rates have remained at 81% or above. In the past Fiscal Year, positive completion rates were 95.6%.

Family reunification rates have averaged 85% since implementation. In the past 5 years, those rates have increased to 95%.





The Exodus Program - 4



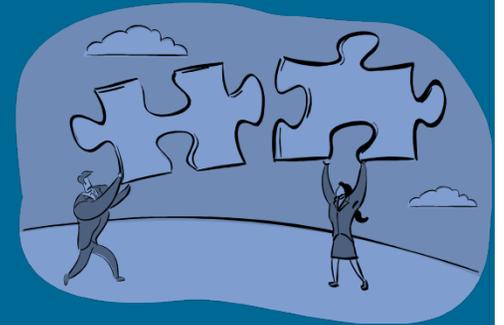
Data on our children (0-5) over the past five years:

- 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



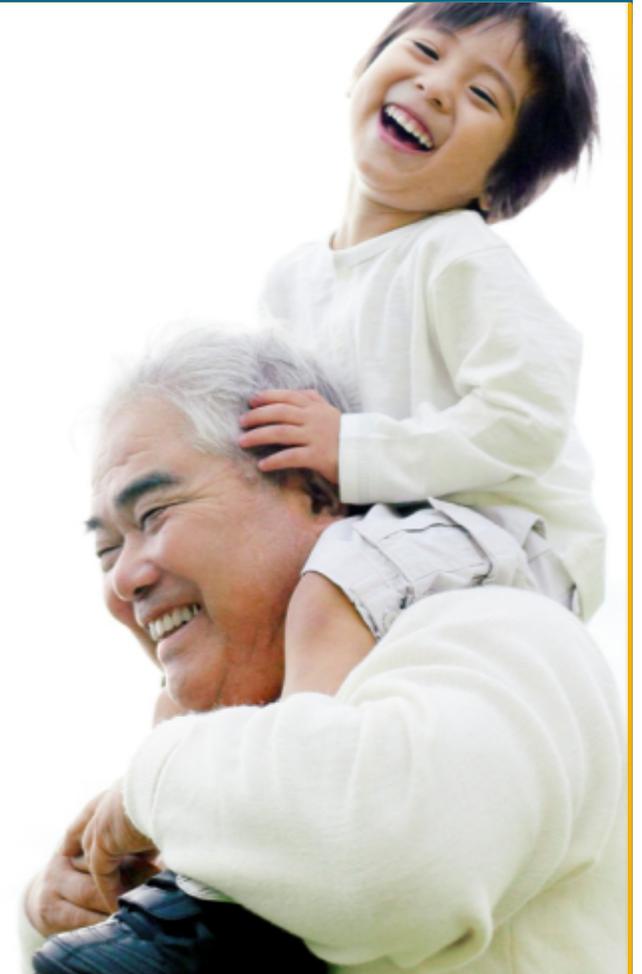


The Exodus Program -5



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

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***Business Development
Administrator
Shields for Families***

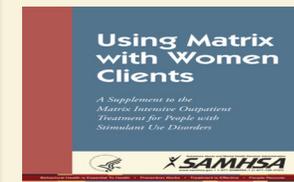
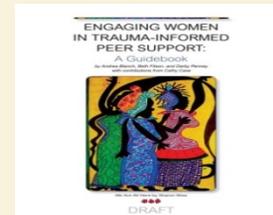
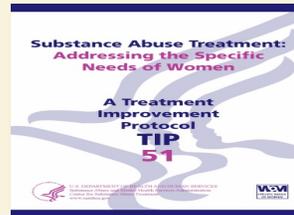
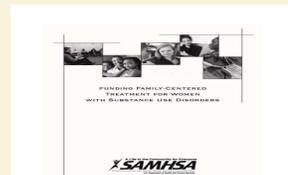
on

***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

http://www.samhsa.gov/sites/default/files/final_funding_paper_508v.pdf

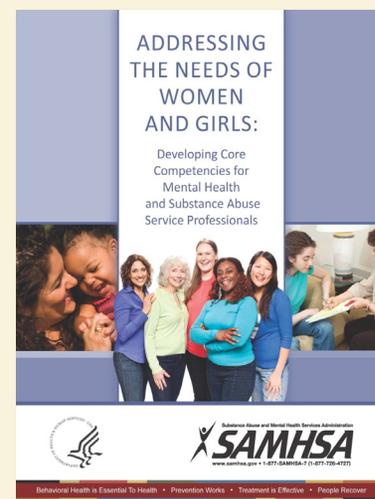
Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals

<http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>

Introduction to Women and Substance Use Disorders online course <http://www.healthknowledge.org>

Addiction and the Family: Healing and Recovery

<http://store.samhsa.gov/product/Addiction-and-the-Family-Healing-and-Recovery/DVD252>



Selected SAMHSA Resources 2

TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women

<http://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA14-4426>

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

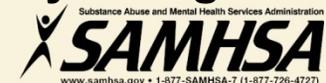
<http://store.samhsa.gov/product/Screening-and-Assessment-for-Family-Engagement-Retention-and-Recovery-SAFERR-/SMA08-4261>

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?](http://store.samhsa.gov/product/sma12-4726?WT.mc=EP_20121106_sma12_4726)



Selected SAMHSA Resources 4

Alcohol and Drug Addictions Happens in the Best of Families

<http://store.samhsa.gov/product/Alcohol-and-Drug-Addiction-Happens-in-the-Best-of-Families/SMA12-4159>

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

<http://www.store.samhsa.gov/product/Recovery-is-a-Family-Affair-The-Complex-Dynamics-in-Families-Struggling-with-Mental-and-Substance-Use-Disorders/SMA13-4749DVD>

RWC/PPW Cross Site Evaluation

<http://www.samhsa.gov/sites/default/files/women-children-families-rwc-ppw-cross-site-fact-sheets.pdf>

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

<http://www.oas.samhsa.gov/2k9/SAParents/SAParents.pdf>

Other Related National Resource Centers

National Center on Domestic Violence, Trauma and Mental Health
<http://www.nationalcenterdvtraumamh.org/>

- **Resources include:**
 - **2013: Eight-Part Series: Substance Abuse, Trauma, and Domestic Violence**
<http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2013-8-part-series-substance-abuse-trauma-and-domestic-violence/>
 - **2014: Domestic Violence, Trauma, and Substance Abuse**
<http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2014-2015-domestic-violence-trauma-and-substance-abuse/>

The National Abandoned Infants Assistance Resource Center <http://aia.berkeley.edu/>

- **Resources include:**
 - **2014 Webinar Series: Supporting Children Affected by Parental Co-Occurring Disorders**
<http://aia.berkeley.edu/training/online/webinars/2014-aia-webinar-series/>
 - **Supporting Children of Parents with Co-occurring Mental Illness and Substance Use**
<http://aia.berkeley.edu/training/online/tutorials/>

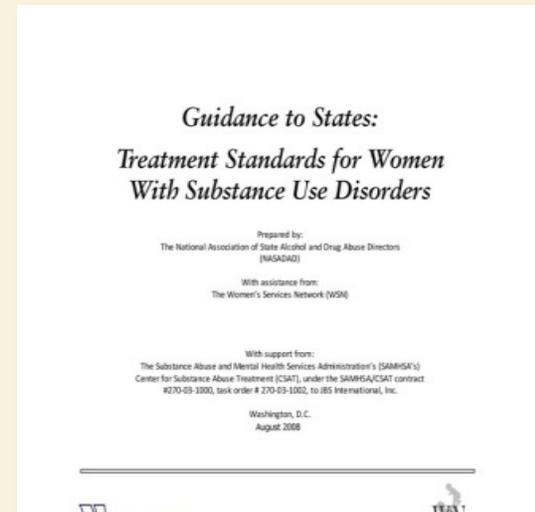
Other Resources

National Institute on Drug Abuse <http://www.drugabuse.gov/>

U.S. Department of Health and Human Services, Administration for Children and Families Child Welfare Information Gateway <https://www.childwelfare.gov/>

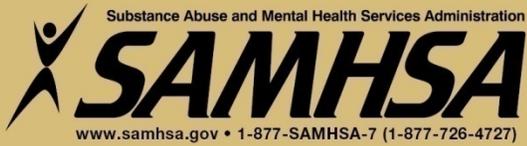
Zero to Three: National Center for Infants, Toddlers and Families
<http://www.zerotothree.org/>

Guidance for States: Treatment Standards for Women with Substance Use Disorders
<http://nasadad.org/guidance-to-states-treatment-standards-for-women-with-substance-use-disorders/>



Announcements

- Please complete a brief satisfaction survey at <https://www.surveymonkey.com/r/Womenconnected>
- 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 . . .



health



Women Matter!

An Introduction to Women, Addiction, and Recovery

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

