Addiction, Treatment and Recovery: Implications for Child Welfare Policy and Practice

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This presentation is supported by:

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
and the
Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect

Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of the above stated federal agencies.
Super Session Agenda

Part 1 – Addiction 101
- What does brain science tell us about addiction?
- What is substance use disorder treatment?
- What are effective treatment practices for families involved with child welfare?
- What are effective engagement practices?
- What does recovery look like?

Part 2 – Practice-Oriented Discussion
- How can child welfare professionals be good consumers of substance use disorder treatment?
- Small group discussions on strategies for screening, assessment, engagement and retention in treatment
8.3 million children

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
Drugs of the Decades

1960s

1980s

1990s

2010s
Stigma & Perceptions
Addiction

• Once an addict, always an addict
• They don’t really want to change
• They lie
• They must love their drug more than their child
• They need to get to rock bottom, before....
“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”
Introduction to the Brain
Pathway for sensation of pain and reaction to pain
Impulse flow
Nucleus accumbens

Ventral tegmental Area (VTA)

Dopamine release

Cortex

Mesolimbic System

http://www.vivitrol.com/opioidrecovery/howvivitrolworks
Natural Rewards Elevate Dopamine Levels

Source: Di Chiara et al.

Source: Fiorino and Phillips
Effects of Drugs on Dopamine Levels

- **NICOTINE**
  - Dose: 0, 100, 150, 200, 250 mg/kg
  - Time: 0, 1, 2, 3, 4, 5 hr

- **MORPHINE**
  - Dose: 0.5, 1.0, 2.5, 10 mg/kg
  - Time: 0, 1, 2, 3, 4, 5 hr

- **COCAINE**
  - Dose: 0, 100, 150, 200, 250 mg/kg
  - Time: 0, 1, 2, 3, 4, 5 hr

- **AMPHETAMINE**
  - Dose: 0, 1, 2, 3, 4, 5 hr

Source: Di Chiara and Imperato
Think of a pleasant experience (a romantic evening, a relaxing vacation, playing with a child). Pleasure is caused by dopamine, a major brain chemical, that is secreted into the amygdala region of the brain causing that pleasure part of the brain to fire. Addictive drugs do the same, only more intense.

When drug use is frequent and causes a surge of dopamine on a regular basis, the brain realizes the dopamine is being provided artificially, and it essentially loses its natural ability for pleasure (at least for a period of time).
• Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren.

• If you are tasked with observing this visitation, what conclusions might you draw?

• If cues are misread, how might this affect a parent’s ability to keep or obtain custody of their child/ren?

• How do we balance compassion, understanding and patience with a parent’s temporarily compromised brain condition while maintaining parent accountability and child safety?
“Addiction is a Developmental Disorder of Adolescence”

Dr. Nora Volkow
Director, National Institute on Drug Abuse

It starts early

First Marijuana Use (Percent of Initiates)

- <12: 1.5%
- 12-17: 67%
- 18-25: 26%
- >25: 5.5%
"Addiction is a disease—a treatable disease—and it needs to be understood"

"We now know that addiction is a disease that affects both brain and behavior. We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease."

- Dr. Nora Volkow, NIH
Scientific research has shown that alcohol and other drugs can change brain structure and function, affecting and altering critical areas of

- Judgment
- Decision making
- Learning and memory
- Behavior control

Substance Use Disorders are similar to other diseases, such as heart disease, that cause damage to vital organs.

Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death.
Diagnosing Substance Use Disorders: DSM 5 Criteria

1. Impaired Control
   - Larger amounts or over a longer time than originally intended
   - Persistent desire to cut down
   - A great deal of time spent obtaining the substance
   - Intense craving

2. Social Impairment
   - Failure to fulfill work or school obligations
   - Recurrent social or interpersonal problems
   - Withdraw from social or recreational activities

3. Risky Use
   - Recurrent use in situations physically hazardous
   - Continued use despite persistent physical or psychological problem that is likely to have been caused or exacerbated by use

4. Pharmacological Criteria
   - Tolerance: Need for markedly increased dose to achieve the desired affect
   - Withdrawal: Syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use

Mild
2-3 Criteria

Moderate
4-5 Criteria

Severe
6+ Criteria
A Treatable Disease

Substance use disorders are preventable and treatable

Discoveries in the science of addiction have led to advances in substance use treatment that help people stop abusing drugs and resume productive lives

Treatment enables people to counteract addiction's powerful disruptive effects on the brain circuitry and behavior and regain areas of life function

Successful substance use treatment is highly individualized and entails:

- Medication
- Behavioral Interventions
- Peer Support

"Groundbreaking discoveries about the brain have revolutionized our understanding of addiction, enabling us to respond effectively to the problem"

- Dr. Nora Volkow, National Institute on Drug Abuse

These images of the dopamine transporter show the brain’s remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.
Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percent of Patients with Relapse

- Drug Addiction: 40-60%
- Type 1 Diabetes: 30-50%
- Hypertension: 50-70%
- Asthma: 50-70%
Addiction affects the whole family.

- Generational Impact
- Developmental Impact
- Psycho-social Impact
- Impact on Parenting
Addiction as a Family Disease

- The impact on child development is well-known: addiction weakens relationships — which are critical to healthy development.
- Child-well-being — is more than just development, safety and permanency — it’s about relationships that ensure family well-being.
- Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption.
Substance Use Disorder Treatment
Effective Substance Use Disorder Treatment

• Is readily available
• Attends to multiple needs of the individual (vs. just the drug abuse)
• Uses engagement strategies to keep clients in treatment
• Uses counseling, behavioral therapies (in combination with medications if necessary)
• Addresses co-occurring conditions
• Uses continuous monitoring
Principles of Effective Drug Addiction Treatment: A Research Based Guide

1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual
5. Remaining in treatment for an adequate period of time is critical
6. Behavioral therapies are the most commonly used forms of drug abuse treatment
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
8. An individual’s treatment and services plan must be continually assessed and modified
9. Many drug-addicted individuals also have other mental disorders
10. Medically assisted detoxification is only the first stage of addiction treatment
11. Treatment does not need to be voluntary to be effective
12. Drug use during treatment must be monitored continuously as lapses do occur
13. Treatment programs should test patients for infectious diseases

“Here’s a referral, let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“Call me Tuesday.”
Early engagement in treatment is crucial. Strategies to improve timely access include:

- Screening and identification
- Service linkage and matching to parent need
- Warm hand-off to assessment
Overview of Treatment Processes

Treatment is an individualized and dynamic process designed to meet the specific and unique needs of each client. Processes commonly found in treatment:

- Early identification, screening and brief interventions
- Comprehensive assessment of an individual’s substance use disorder and co-occurring health, mental health and other issues
- Stabilization via medically supervised detoxification, when necessary
- Timely and appropriate substance use disorder treatment — both acute and chronic care
- Continuing care and recovery support
The central organizing construct of the model is the Stages of Change. The Transtheoretical Model views change as a process involving progress through a series of five stages:

- Pre-contemplation
- Contemplation
- Preparation/Planning
- Action
- Maintenance

The goal is to determine which stage of change the client is in and assist the client in progressing through subsequent stages.

(Prochaska & DiClemente, 1982)
The Stages of Change

- No intention of changing behavior
- Has changed behavior for more than 6 months
- Has changed behavior for less than 6 months
- Intends to take action soon, for example next month
- Intends to change in the next 6 months, but may procrastinate

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.
Medication Assisted Treatment

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- Tobacco
- Alcohol
- Opioids – Methadone, Buprenorphine, Naltexone, Naloxone

Medical doctors determine the appropriate type of medication, dosage and duration based on each person’s:

- Biological makeup
- Addiction history and severity
- Life circumstances and needs
Medication Assisted Treatment

As part of a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opiate use
- Decrease criminal activities, re-arrest and re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy related complications
- Reduce maternal craving and fetal exposure to illicit drugs


PSYCHOLOGICAL EFFECTS
Counseling targets the cortex

PHYSICAL EFFECTS
Medication effects the limbic region

http://www.vivitrol.com/opioidrecovery/howvivitrolworks
Understanding How People Change

1. **Precontemplative**
   - Learner sees no problem, but others disapprove

2. **Contemplative**
   - Learner weighs the pros and cons of changing

3. **Determinism**
   - To carry on as before or to change

4. **Active Change**
   - Putting the decision into practice

5. **Maintenance**
   - Actively maintaining change

6. **Relapse**
   - Returns to previous behavior

**ENTER**

**EXIT**
Rethinking Treatment Readiness

Re-thinking “Rock Bottom”

- “Tough love” - in the hopes that they will hit rock bottom and wanting to change their life.
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them.”
- Addiction as a disease of isolation

“Raising the bottom”

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships
Women who participated in programs that included a “high” level of family and children’s services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services. (Grella, Hser & Yang, 2006)

Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010)

Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child.
Understanding the Complex Needs of Families

- Lack of parenting skills
- Trauma history
- Substance abuse history
- Unemployment
- Prior CWS history
- Lack of support
- Lack of stable or safe housing
- Transportation needs
- Mental health history
- Education status
- Development disorders
Family Engagement and Ongoing Support

Ensure family treatment and recovery success by:

• Understanding, changing and measuring the cross-system processes for referrals, engagement and retention in treatment
• Recruiting and training staff who specialize in outreach and motivational (i.e. Motivational Interviewing) approaches and who monitor processes of recovery and aftercare
• Jointly monitoring family progress through a combination of case management, coordinated case planning, information sharing, timely and ongoing communication
• Aftercare, Community and Family Supports, and Alumni Groups
What is recovery?

**SAMHSA’s Working Definition**

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

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.
The Impact of Recovery Support

- Recovery Support Specialists
- Family-Centered Services
- Evidence-Based Parenting
- Successful Visitation
- Evidence-Based Treatment
- Reunification Groups
- Ongoing Support
Functions of Recovery Support Specialists

**Liaison**
- Links participants to ancillary supports; identifies service gaps

**Treatment Broker**
- Facilitates access to treatment by addressing barriers and identifies local resources
- Monitors participant progress and compliance
- Enters case data

**Advisor**
- Educates community; garners local support
- Communicates with FDC team, staff and service providers
Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations

No Parent Support Strategy: 102 days
Intensive Case Management Only: 130 days
Intensive Case Management and Peer/Parent Mentors: 151 days
Intensive Case Management and Recovery Coaches: 200 days

Median in Days
Substance Abuse Treatment Completion Rate by Parent Support Strategies

- No Parent Support Strategy: 46%
- Intensive Case Management Only: 46%
- Intensive Case Management and Peer/Parent Mentors: 56%
- Intensive Case Management and Recovery Coaches: 63%
Family-Centered Approach

Recognizes that addiction is a family disease and that recovery and well-being occurs in the context of families.
Parent’s Treatment
With Family Involvement
Services for parent(s) with substance use disorders. Treatment plan includes family issues, family involvement.
Goal: improved outcomes for parent(s)

Parent’s Treatment
With Children Present
Children accompany parent(s) to treatment. Children participate in child care but receive no therapeutic services. Only parent(s) have treatment plans.
Goal: improved outcomes for parent(s)

Parent’s and Children’s Services
Children accompany parent(s) to treatment. Parent(s) and attending children have treatment plans and receive appropriate services.
Goals: improved outcomes for parent(s) and children, better parenting

Family Services
Children accompany parent(s) to treatment; parent(s) and attending children have treatment plans. Some services provided to other family members.
Goals: improved outcomes for parent(s) and children, better parenting

Family-Centered Treatment
Each family member has a treatment plan and receives individual and family services.
Goals: improved outcomes for parent(s), children, and other family members; better parenting and family functioning

Continuum of Family-Based Services
What is the relationship between children’s issues and parent’s recovery?
Focusing only on parent’s recovery without addressing the needs of children...

Can threaten parent’s ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being
Challenges for the Parents

- The parent lacks understanding of and the ability to cope with the child’s medical, developmental, behavioral, and emotional needs.
- The child’s physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs.
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues.
Connecting Families to an Evidence-Based Parenting Program

- Knowledge of parenting skills as well as a basic understanding of child development has been identified as a key protective factor against abuse and neglect (Geeraert, 2004; Lundahl, 2006; & Macleod and Nelson, 2000).

- The underlying theory of parent training is that (a) parenting skills can improve with training, (b) child outcomes can be improved, and (c) the risk of child abuse and neglect can be reduced (Johnson, Stone, Lou, Ling, Claassen, & Austin, 2008). Characteristics of effective parenting include (a) interaction style with their child, (b) warmth and affection towards their child, and (c) parenting strategies used (Johnson, et al., 2008).
Children Need to Spend Time with Their Parents

- Involve parents in the child’s appointments with doctors and therapists
- Expect foster parents to participate in visits
- Help parents plan visits ahead of time
- Enlist natural community settings as visitation locations (e.g. family resource centers)
- Limit the child’s exposure to adults with whom they have a comfortable relationship
Elements of Successful Visitation Plans

Visits should occur:

• Frequently
• For an appropriate period of time
• In a comfortable and safe setting
• With therapeutic supervision
Treatment Should be Evidence-Based

EBPs for trauma survivors:

• Addiction and Trauma Recovery Integration Model (ATRIUM)
• Essence of Being Real
• Risking Connection
• Sanctuary Model
• Seeking Safety
• Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
• Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
• Trauma Recovery and Empowerment Model (TREM and M-TREM)
Aftercare and Ongoing Support

Ensure aftercare and recovery success beyond FDC and CWS participation:

- Personal Recovery Plan – relapse prevention, relapse
- Peer-to-peer support – alumni groups, recovery groups
- Other relationships – family, friends, caregivers, significant others
- Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
- Self-sufficiency – employment, educational and training opportunities
We now know *what works* for families affected by substance use disorders.
Development of Models - Testing Solutions

National Center on Substance Abuse and Child Welfare

Regional Partnership Grants
- 2007-2012: 53 Grantees
- 2012-2017: 17 Grantees
- 2014-2019: 4 Grantees

Children Affected by Methamphetamine
12 Family Drug Courts

- 2002
- 2007
- 2010
Common Ingredients and Strategies

1. Identification
2. Timely Access
3. Recovery Support Services
4. Comprehensive Family Services
5. Increased Judicial Oversight
6. Cross-Systems Response
7. Collaborative Structures
How Collaborative Policy and Practice Impacts Recovery

Remain at home

Reunification

Re-occurrence

Re-entry

5Rs
Building on our Success

Q&A and Discussion
Implications for Collaborative Practice

- How do the collaborative partners view the disease of addiction?
- How does your jurisdiction respond to relapse?
- Is there a coordinated, collaborative response to relapse for parents in treatment?
- How do treatment and recovery timelines work with or against permanency planning timelines, especially from the perspective of the child?
Implications for Collaborative Practice

- How does your jurisdiction screen for and identify parents with substance use disorders?

- How and when is this documented?

- Are treatment professionals screening for child safety and parenting capacity?

- Are you aware of the criteria used by treatment providers to determine the level of substance abuse treatment for the parent? What, if any part of that decision includes your input?

- How quickly are parents engaged in substance abuse treatment? Challenges, successes?
Implications for Collaborative Practice

- Are there policies or practices in place that are barriers to accessing MAT?

- Is MAT available to an expectant mother? How does your jurisdiction respond to an infant born dependent to a mother who is engaged in recovery?

- Have agreements and protocols been developed for sharing clinical and case information (e.g. treatment success or relapse)? What written agreements exist to address issues of confidentiality?
Families in Child Welfare Affected by Substance Use

http://www.cwla.org/child-welfare-journal/cwj-featured-issues/

What You Need To Know About Substance Abuse and Mental Health Disorders To Help Families in Child Welfare.

Helping Child Welfare Professionals Support Families With Substance Use, Mental, and Co-Occurring Disorders Training Toolkit

This toolkit is designed to help educate pre-service or in-service child welfare professionals about substance abuse and mental health disorders that exist among families in the child welfare system. It is intended to provide learning opportunities and baseline knowledge on substance abuse and mental health problems and interventions, motivate and facilitate cross-systems work, and incorporate cultural awareness and facilitate cultural competency in child welfare practice.

Don't miss out on this valuable product! Get your FREE toolkit today!

Modules can be downloaded individually or as a package at http://www.ncsacw.samhsa.gov/training/toolkit/.

https://ncsacw.samhsa.gov/training/default.aspx
**PUBLICATIONS ON IMPROVING COLLABORATION (CONTINUED)**

**TRAINING AND STAFF DEVELOPMENT RESOURCES**


An overview of the primary data reporting systems across the three agencies. It can be used to help identify the prevalence of substance abuse and child welfare issues and measure outcomes for families receiving substance abuse treatment and child welfare services.

Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare (TAP 77)

An overview of the challenges and opportunities that various State and county level jurisdictions experienced while building collaboration across the child welfare, substance abuse, and dependency court systems.

**ONLINE TRAINING COURSES**

All online courses are free and intended for anyone working with families impacted by the child welfare, substance abuse, and court systems. The training takes about 4 hours to complete, but can be dispensed and started as needed. A certificate is awarded upon completion, and FREE continuing education units (CEUs) or continuing legal education (CLE) can be earned for each course.

Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

An online course that provides information to treatment professionals so that they better understand how child welfare and dependency court requirements affect parents or treatment. It offers strategies for effectively collaborating with child welfare agencies. This course is approved by the National Association of Addiction Professionals to provide CEUs.


A training guide to educate child welfare professionals about substance use and mental health disorders. It contains six modules, each with a training video, activities, handouts, case studies, and training guidelines to facilitate discussions.

**OTHER RESOURCES**

**Funding Comprehensive Services for Families With Substance Use Disorders in Child Welfare and Dependency Courts**

A look at existing resources for providing comprehensive services to families with substance use disorder

**Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges**

An introduction to the concept of family-centered treatment for women and their families. Including application of various treatment modalities and strategies to overcome commonly encountered barriers.

**Funding Family-Centered Treatment for Women With Substance Use Disorders**

A resource paper that highlights treatment providers and State substance abuse agencies identify and access potential sources of funding for comprehensive family-centered treatment. It is a companion to Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges.

A Review of Alcohol and Drug Issues in the States’ Child and Family Service Reviews (CFSRs) and Program Improvement Plans (PIPs)

A summary and analysis of substance abuse issues from CFSRs and PIPs in all 50 States, the District of Columbia, and Puerto Rico

Annotated Bibliography on Cross-System Issues

A bibliography including major literature and research papers on cross-system issues involving child welfare, substance use disorders, and dependency courts.

**Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers**

The latest, up-to-date research on mental use of methamphetamine and its effects on children and families.

**Methamphetamine Resource List**

A comprehensive list of all the methamphetamine resources available through the various agencies and associated organizations.

**Get a FREE copy of these tools and protocols today!**

To download these publications, go to http://www.childwelfare.gov/index.cfm. Some publications are available in hard copy and can be ordered at http://store.samhsa.gov or by calling 1-877-267-4877.

https://www.ncsacw.samhsa.gov/
NCSACW Online Tutorials

Free CEUs!


3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Updated September 2015: New content including updates on opioids and Family Drug Courts!

https://ncsacw.samhsa.gov/training/default.aspx
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