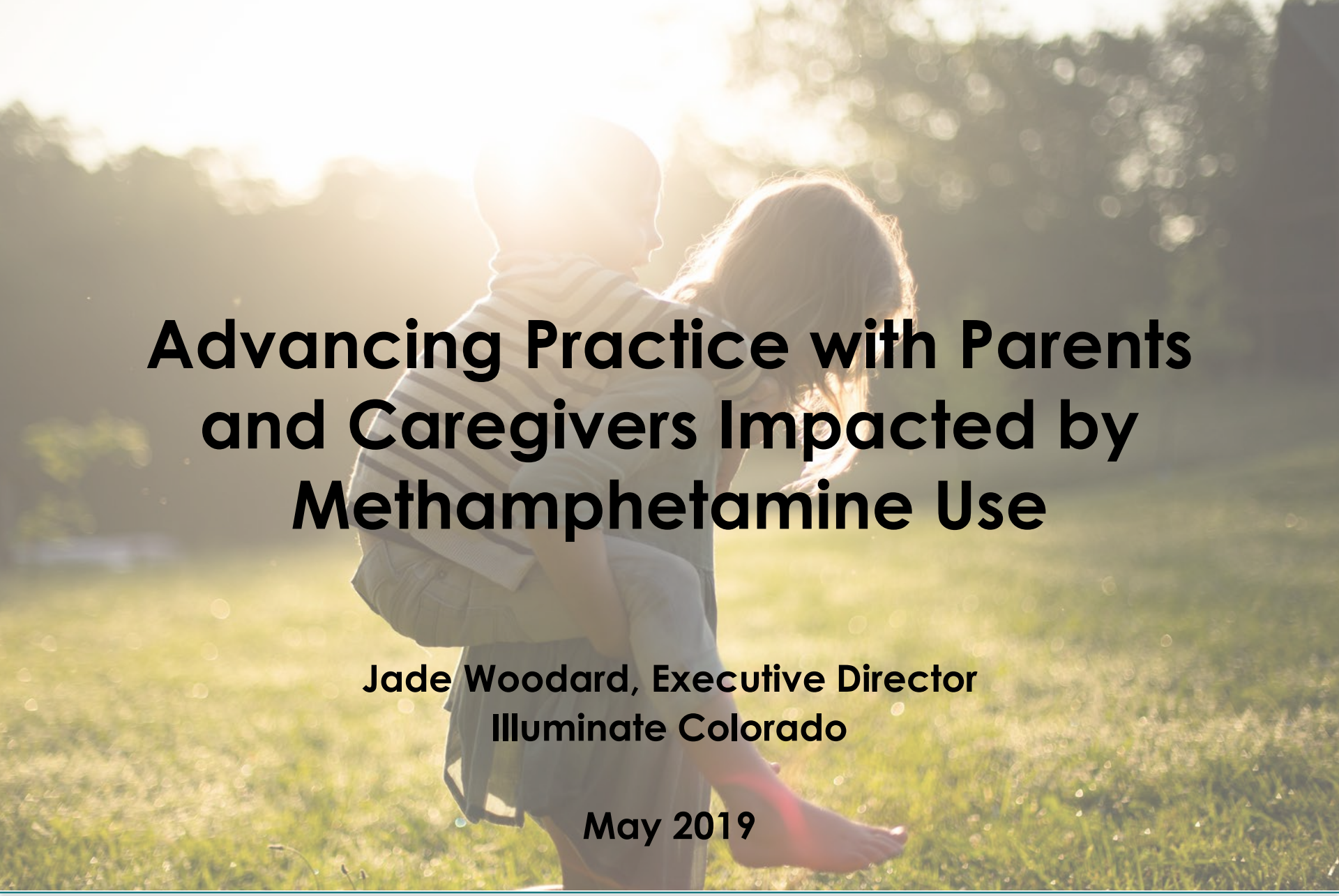

Advancing Practice with Parents and Caregivers Impacted by Methamphetamine Use

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Building Brighter Childhoods

A STRATEGIC PARTNERSHIP

Colorado Alliance for Drug Endangered Children
Prevent Child Abuse Colorado
NO FAS Colorado
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Think about a time in your life that you had to make a change…

How did it go?

- Did your behavior change easily just because you wanted it to?
- Had you been talking to yourself about that change for a while before you decided to do something?
- Did you have false starts? Relapses?
- What resources and supports did you need to make that change successful?
- Were you successful long term?

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Behavior Change is…

- Difficult
- Compounded by everyday life stresses
- Complicated and includes:
  - Many attempts before someone is successful
  - Relapse, back slides and "false starts"
  - Commitment that varies from moment to moment

According to research, children of parents that abuse substances are...

3x more likely to experience abuse… physical, verbal, or sexual

4x more likely to experience neglect

5x more likely to use alcohol themselves if their parents used alcohol

2x more likely to use other substances themselves if their parents used other substances

Source: CASA Columbia, "Family Matters", 2005
Knight, Menard, & Simmons, 2014

According to research, parental substance use is a factor in up to…

79%

of all cases of child maltreatment

Source: Child Welfare. 2015 ; 94(4): 19–51.

Women, SUDs, & Trauma

- According to research, the majority of substance-abusing women have experienced sexual and/or physical abuse
- Women were found to have been abused sexually, physically, and emotionally by **more perpetrators**, **more frequently**, and **for longer periods of time** than their non-addicted counterparts

Source: (Covington & Kohen, 1984, p. 42), (Kendall-Tackett, 2005; Ouimette et al., 2000)

Adverse Childhood Experiences

Abuse

Physical

Emotional

Sexual

Neglect

Physical

Emotional

Household Dysfunction

Mental Illness

Mother Treated Violently

Divorce

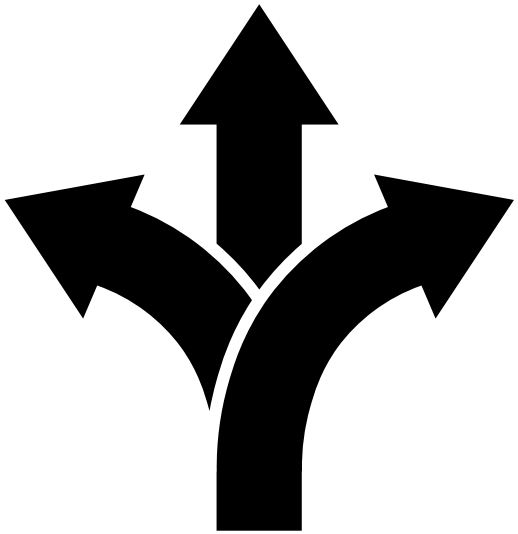
Incarcerated Relative

Substance Abuse

As the Number of Aces Increases, So Does the Risk for Negative Health Outcomes

How do we advance practice?

Difficult Decision Points



- **Assignment/Assessment:** Is there a safety concern? Does the protective capacity mitigate the concern?
- **Placement:** Can a child remain safely at home?
- **Reunification:** Can a child return home safely?

Is there are safety concern?

- **What is the danger?**
  - Clearly articulate the danger – different than risk
    - Specific and observable threat
    - Out-of-control
    - Child/youth is vulnerable to the threat of harm
    - Harm is likely to occur if not controlled
    - Potential for moderate to severe harm
  - Substance Use ≠ Unsafe
  - Non-Detected Use ≠ Safe

Parents use substances AND…

Does the protective capacity mitigate the danger?

- **What is the Protective Capacity?**
  - Caregiver actions over time that increase safety.
  - Behaviors that mitigate the danger.

Caseworkers must clearly articulate what protective capacity looks like and the expectations of the family to mitigate the danger.

Protective Factors

Parental Resilience

Social Connections

Concrete Support in Times of Need

Knowledge of Parenting & Child Development

Social & Emotional Competence of Children

Source: Center for the Study of Social Policy

Can a child remain safely at home?

When there is a clear and definable danger to a child and there is not sufficient protective capacity identified within the family network to mitigate the danger…

then placement is the safety decision.

Can a child return home safely?

1. When the danger is gone…

- OR -

2. When there is sufficient protective capacity within the family network to mitigate the dangers…

You must always be able to define and articulate the danger.

How do you get there?

- **Treatment Plans are:**
  - Individualized
  - Address the needs of the **whole family**
  - Mitigate the danger
  - Build Protective Capacity

- **Time in Treatment vs. Change in Treatment**

How do you know?

- Treatment and service providers are your allies – communicate, collaborate, and rely on them to inform case related decisions.

- Behavior change and improved functioning

Parents engage in treatment AND…

Case Scenario

Monique (age 20) and Charles (age 24) have a 3 year old daughter – Selena. Selena was recently seen in the Emergency Room for extreme respiratory depression. Her urine drug screen was positive for amphetamines. Selena is very small and doesn't speak much. She hasn't seen a doctor since she was 6 months.

Hospital staff reported that when Monique brought Selena in, Monique had dilated pupils, was talking very quickly and pacing the room and while waiting – eventually she became agitated, kept going to the bathroom, and then left for 2 hours.

The family is currently staying in a friend's spare room and neither parent is employed. When you visit the home, they tell you that Selena's drug screen was positive from cough medicine, as she's sick frequently. You notice that the place is a mess, there are empty alcohol bottles and ashtrays everywhere. Selena does not have her own room, just a crib mattress on the floor of the one room they share. She is not in preschool and spends a lot of time on a tablet that her aunt from GA sent her for her birthday. They don't have any family here.

4 Months Later

Due to the danger and insufficient protective capacity, Selena was placed in foster care. Monique and Charles were both using heroin several times a day, methamphetamines once in a while, and marijuana daily – and had been for the last 2 years.

Treatment assessments recommended intensive outpatient treatment and medication assisted treatment. Charles is engaged in a methadone treatment program, and according to his treatment provider has stopped using heroin and meth. He still uses marijuana. Charles's sister, Natalie (age 22), moved from GA and they got a place together. Charles started working at a gym and hasn't missed a visit with Selena in 6 weeks. Natalie has a job as an assistant at the community college and is in the nursing program.

Monique was resistant to treatment – she attended a few sessions, but was asked to leave as she was being disruptive to other patients. She is still living with her friend, has missed most of her UAs, and shows up for visits about once a month. Charles is still in a relationship with her and is encouraging her to go back to treatment.

Discussion

- In small groups, practice how you would articulate that there **IS NOT** sufficient protective capacity to for Selena to return home.

- Now practice how you would articulate that there **IS** sufficient protective capacity to for Selena to return home.

6 Months Later

10 months into the case, Charles and Monique are living in a 3 bedroom apartment with Natalie. Selena is home. Charles is still on methadone, but is tapering. He smokes marijuana once in a while. He is still working at the gym and is excited to do his first competition next month.

Selena has started at an preschool program, is attending speech therapy appointments, and just had her 4 year old well child check.

Monique is 2 months into her third round of treatment and says that it feels different this time. She has started working cleaning at the gym where Charles works. She's been attending Selena's appointments lately and taking her to the library story time.

A court date is set to close this case in 3 weeks, and you've just gotten drug test results that indicate both Charles and Monique had a positive UA for methamphetamines on Monday (3 days ago).

How do we advance practice?

- Empathy & Hope
- Clear articulation of danger that informs case decisions from the beginning
- Focus on building protective factors and capacities
- Individualized and coordinated treatment plans focused on behavior change

Thank You!

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