

*Welcome to* **THE TRAINING WILL BEGIN SHORTLY**  
*While you're waiting...*

FAMILIES & SUBSTANCE USE DISORDERS: A PROTECTIVE FACTORS APPROACH

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*Hi, We're CalTrin!*

*Who we are*

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including FRCs, CAPCs, CBOs, and other child and family serving systems.

*What we offer*

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

**CALTRIN**  
 California Training Institute

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC, CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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**UPCOMING TRAININGS**  
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**9/20** | Working with Asian American Families

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**10/10** | Protective Factor: Concrete Support in Times of Need

**10/18** | Creating Accountability

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## Before We Begin...

DURING	DURING	AFTER
 Access the presentation slides now! The link can be found in the chat.	 Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.	 Complete the survey at the end of this webinar to receive your Certificate of Attendance.
 This presentation is being recorded.		 A follow-up email will be sent to all participants within two days.

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### Families Affected by Substance Use Disorders Across the Developmental Spectrum: A Protective Factors Approach

**Presenters:**  
 April Frey  
 Katie Ryan  
 Williard Wynn



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## Acknowledgment



**National Center on Substance Abuse and Child Welfare**

*This presentation is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA, or the U.S. Department of Health and Human Services (HHS).*

<https://ncsacw.acf.hhs.gov> | [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

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## Learning Objectives

Participants will understand the unique needs of children and families affected by substance use disorders (SUDs)

Participants will recognize SUDs as a chronic brain disease and be able to identify ways that protective factors can be enhanced for families affected by parental SUDs

Participants will be able to demonstrate how the implementation of a collaborative, family-centered approach can improve outcomes for children and their families

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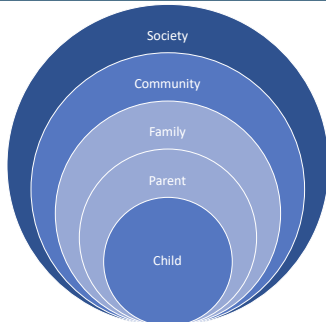
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## Person In Environment



(Katz, J & O'Keefe M, 2008)

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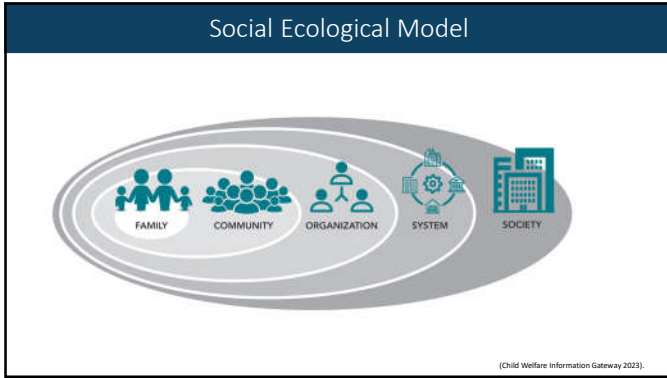
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### Examples of Racism Across Social Ecological Model

<p><b>Interpersonal/Individual Level</b></p> <ul style="list-style-type: none"> <li>Biased beliefs &amp; feelings about other races and ethnicities</li> <li>Acceptance of racist biases &amp; stereotypes about ones' own group</li> </ul>	<p><b>Interpersonal/Relationship Level</b></p> <ul style="list-style-type: none"> <li>Interactions that express prejudice, bias, bigotry &amp; hatred such as:</li> <li>Racial Profiling, microaggressions, racial slurs, discrimination, etc.</li> </ul>
<p><b>Organizational/Community Level</b></p> <ul style="list-style-type: none"> <li>Discriminatory practices, policies and treatment that result in inequitable outcomes in contexts found in:</li> <li>Schools, housing, policing, courts, services, resources, etc.</li> </ul>	<p><b>Systemic/Societal Level</b></p> <ul style="list-style-type: none"> <li>Macro-level systems, social forces, beliefs &amp; processes that maintain inequities such as:</li> <li>Laws, policies, images, history, lack of opportunities</li> </ul>

(Charlym Harper Brown, CSSP, 2020)

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The graphic features a dark blue background with the text "Child Development" in white. It includes four circular images: a group of diverse children smiling, a group of diverse children laughing, a group of diverse young adults smiling, and a baby crawling on a white surface.

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### Erikson's Stages of Development

Age	Conflict	Resolution or "Virtue"	Culmination in old age
Infancy (0-1 year)	Basic trust vs. mistrust	Hope	Appreciation of interdependence and relatedness
Early childhood (1-3 years)	Autonomy vs. shame	Will	Acceptance of the cycle of life, from integration to disintegration
Play age (3-6 years)	Initiative vs. guilt	Purpose	Humor; empathy; resilience
School age (6-12 years)	Industry vs. inferiority	Competence	Humility; acceptance of the course of one's life and unfulfilled hopes
Adolescence (12-19 years)	Identity vs. Confusion	Fidelity	Sense of complexity of life; merging of sensory, logical and aesthetic perception
Early adulthood (20-25 years)	Intimacy vs. Isolation	Love	Sense of the complexity of relationships; value of tenderness and loving freely

(Erikson, E. H. 1993)

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### Galinsky's Stages of Parenthood

	Age of Child	Main Tasks and Goals
<b>Stage 1:</b> The Image-Making Stage	Planning for a child; Pregnancy	Consider what it means to be a parent and plan for changes to accommodate a child.
<b>Stage 2:</b> The Nurturing Stage	Infancy	Develop an attachment relationship with child and adapt to the new baby
<b>Stage 3:</b> The Authority Stage	Toddler and preschool	Parents create rules and figure out how to effectively guide their children's behavior.
<b>Stage 4:</b> The Interpretive Stage	Middle childhood	Parents help their children interpret their experiences with the social world beyond the family.
<b>Stage 5:</b> The Interdependent Stage	Adolescence	Parents renegotiate their relationship with their adolescent children to allow for shared power in decision-making.
<b>Stage 6:</b> The Departure Stage	Early adulthood	Parents evaluate their successes and failures as parents.

(Galinsky, 1987)

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### Protective Factors

Protective factors are conditions or attributes of individuals, families, communities, and the larger society that mitigate risk and promote the healthy development and well-being of children, youth, and families.

Protective Factors are the strengths that help to buffer and support families.

(Children's Bureau, March 2020)

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### Protective Factors

Major protective factors include:

- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports
- Nurturing and attachment
- Social and emotional competence

FRIENDS National Center for CFCAP  
 FRIENDS National Center for CFCAP Protective Factors Graphic - Retrieved 5/2/2022 from <https://friendsnc.org/resources/protective-factors-graphic/>

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**Protective Capacities of Parents**

Protective capacities are expressed, understood, or felt by individuals and result in parents and caregivers with increased abilities to care for their children and keep them safe in circumstances that are potentially dangerous.

**Behavioral:** Actions that result in protection against danger

**Cognitive:** Knowledge, understanding, and perceptions that result in protection against danger

**Emotional:** Feelings, attitudes, and identification with a child that result in protection against danger

(Capacity Building Center for States, Protective Capacities and Protective Factors)

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**Risk and Stress Factors**

Major stress factors that challenge protective factors and parent's protective capacities include:

- Trauma
- Insecure housing
- Poverty
- Intimate partner violence
- Racism
- Chronic diseases
- Discrimination

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An individual's exposure to racism and discrimination **increases** the risk of developing toxic stress and ACE-associated health conditions, such as SUDs.

A study of SUD disparities in rural Native American communities found that stress from racism and historical trauma increase the risk of SUDs and is a barrier to recovery.

(Shewes, M. C., & Blume, A. W. 2019) (ACTI Aware, 2021)

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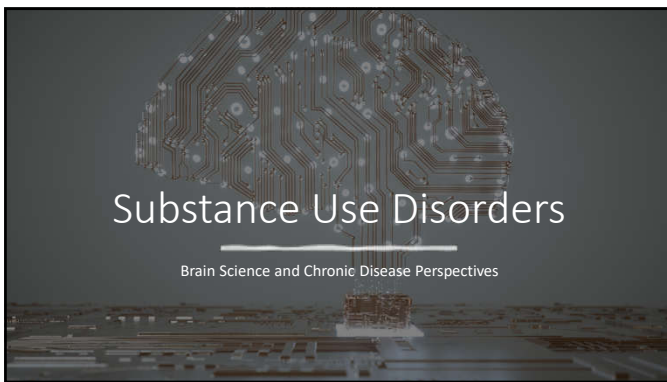
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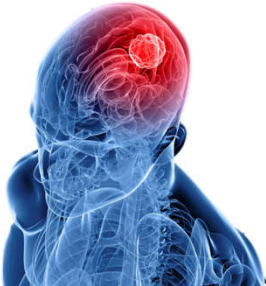
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**American Society of Addiction Medicine (ASAM) Definition**



Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases."

Adopted by the ASAM Board of Directors 9/15/2019

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### Drug Use and Addiction

Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

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

These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences

(National Institute on Drug Abuse, 2018b)

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### Dopamine and Substance Use

Dopamine:

- A neurotransmitter that is released during a pleasurable experience
- Connected to the reward circuit of the brain
- Acts by reinforcing behaviors that are pleasurable
- Leads to neural changes that help form habits
- Released during substance use and reinforces the connection between the substance and the pleasurable experience
- Trains the brain to repeat the pleasurable experience

(National Institute on Drug Abuse, 2018b)

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### Dopamine Receptors in Substance Use Disorder

Dopamine D2 Receptors Are Lower in Addiction

(Davis, 2007)

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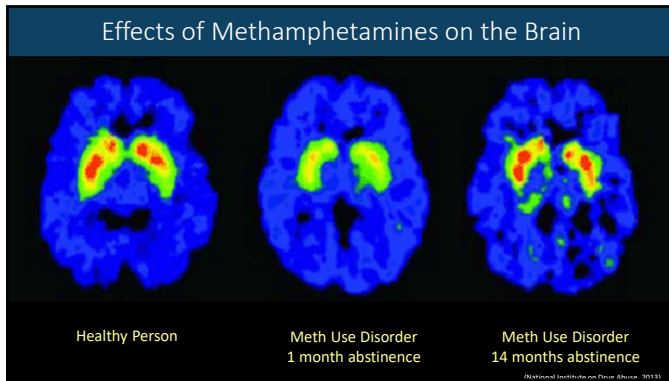
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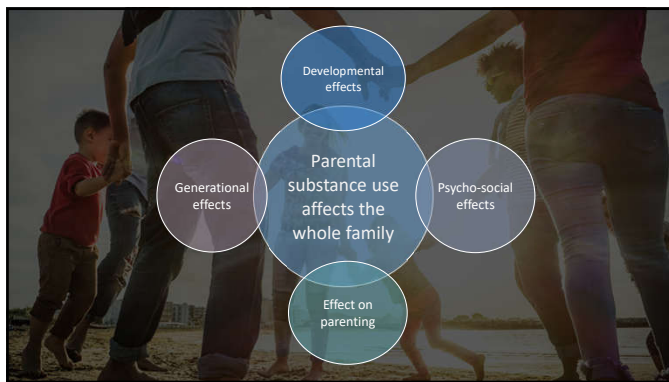
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### Effects of Substance Use Disorders on Family Functioning

- Child development
- Household safety
- Psychosocial impact
- Parenting skills
- Intergenerational trauma and mental health problems

(Smith and Wilson, 2016)

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### Effects of SUD on Parenting

A parent's substance use disorder, along with other stress factors, can affect a parent's ability to access, develop or use protective factors and capacities effectively.



(Children's Bureau, March 2020)

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### Challenges

Without strong protective factors and capacities, parents with a SUD may struggle to:

- Recognize or create secure attachments
- Attune to their child's needs
- Create secure environments
- Model appropriate behaviors
- Co-regulate emotions



(Children's Bureau, March 2020)

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How can you balance compassion, understanding, and patience with a parent's temporarily compromised brain condition, while encouraging the development of protective factors and capacities?



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"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

- Substance use disorders are **preventable** and **treatable**
- Discoveries in the science of addiction have led to advances in SUD treatment that **help people stop** misusing drugs and **resume productive lives**
- Treatment enables people to counteract SUDs' powerful disruptive effects on the brain circuitry and behavior and **regain areas of life function**
- Successful SUD treatment is highly **individualized** and can entail:
  - Medication
  - Behavioral Interventions
  - Peer Support

(National Institute on Drug Abuse, 2018c; Longo, 2016)

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### Family-Centered Approaches and Collaboration

Working across disciplines and with all family members in SUD Treatment and Recovery



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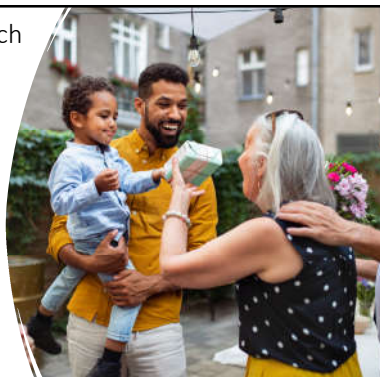
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### Family-Centered Approach to SUD Treatment and Recovery

It is important that work to establish, access and successfully use protective factors and capacities is integrated into a parent's SUD treatment and recovery by providers and service partners



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### Family-Centered Approach

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Recognizes that addiction is a **brain disease** that affects the entire **family**, and that recovery and well-being occurs **in the context of the family**

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Provides a comprehensive array of clinical treatment and related support services that meet the needs of **each member in the family**, not only the individual requesting care

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Extends well beyond the substance use disorder (SUD) treatment system, the child welfare system, the courts, and mental health services, and includes **all other agencies and individuals** that interact with and serve families

(Adams, 2016; Bruns et al., 2012; Children and Family Futures et al., 2020)

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### Defining Family

A family-centered approach recognizes that **family** is defined by the individual receiving services



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### Treatment that Supports Families

- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being



(Werner et al., 2007)

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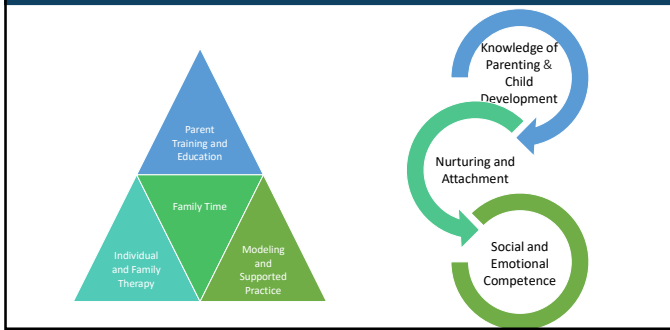
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### Enhancing Protective Factors for Families Affected by SUDs



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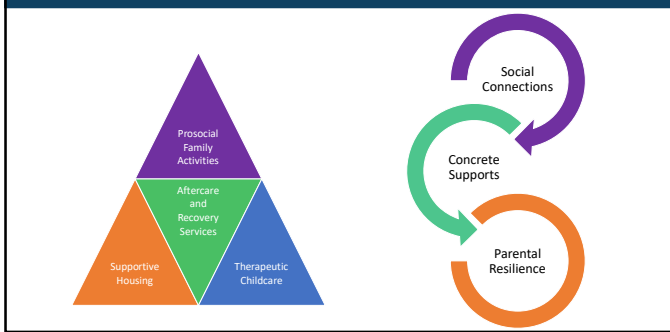
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### Enhancing Protective Factors for Families Affected by SUDs



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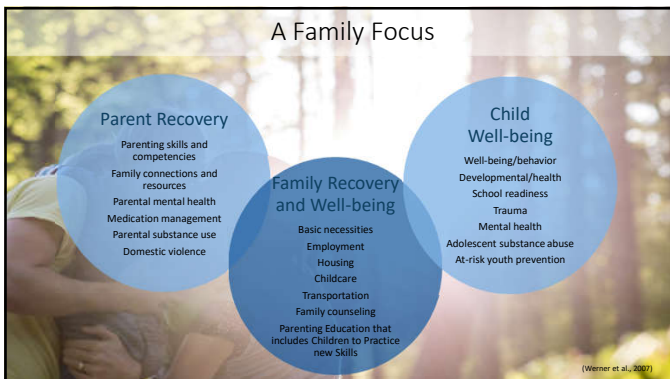
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**Strategies to Advance Equity**



- Assess families' protective capacities along with child risk and safety
- Engage families in culturally competent and responsive SUD treatment
- Discuss how structural barriers and biases affect engagement into treatment
- Partner with providers and organizations that families consider important to well-being and recovery

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**Supporting  
FAMILY RECOVERY**

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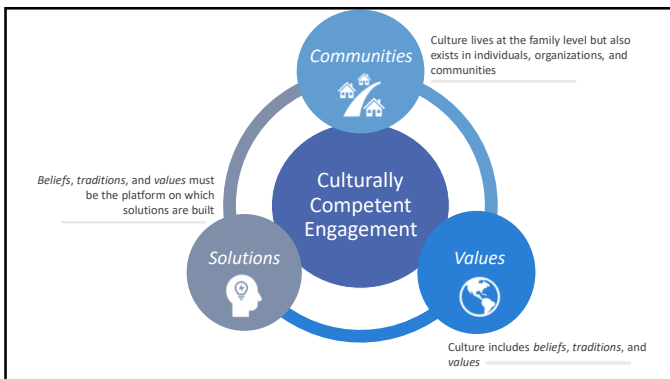
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### Benefits of Family-Centered Substance Use Disorder Treatment

Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a **“high” level of family and children’s 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 comprehensive substance use treatment** has been found to be the **strongest predictor of reunification** with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).

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### People Who Have Sustained Recovery...



- 1 Demonstrated specific personal or internal attributes**
  - Personal Recovery Capital
    - Physical health
    - Financial assets
    - Safe, affordable housing
    - Educational and vocational skills
    - Personal values
    - Sense of purpose, future, and hopefulness
- 2 Drew upon particular familiar and social resources**
  - Family/Social Recovery Capital
    - Family members, including a healthy parent-child dyad
    - Close personal relationships
    - Social relationships
    - Supported in relationships to build and maintain a recovery-oriented lifestyle
- 3 Resided within communities that promoted and supported recovery**
  - Community Recovery Capital
    - Attitudes, resources, laws, and policies
    - Public examples of recovery journeys
    - Community-based recovery support
    - Communities that destigmatize SUDs
    - Environments that encourage health and wellness

(White, & Cloud, 2008)

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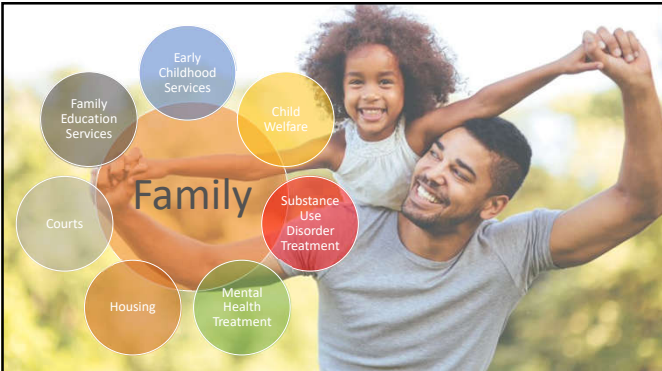
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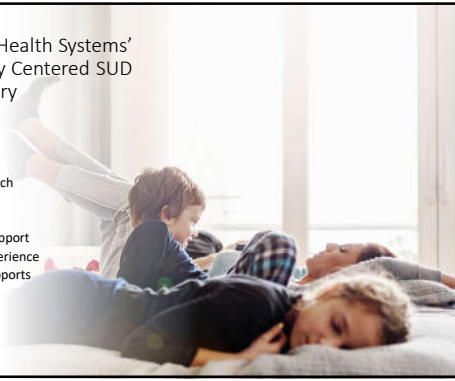
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### Riverside Community Health Systems' Experience with Family Centered SUD Treatment and Recovery

- Critical elements
  - Family Advocates
  - Whole Family Approach
  - Family time
  - Trauma Responsive
  - Ongoing Recovery Support
  - Family Voice and Experience
  - Community Level Supports



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### Collaboration in Care of Families Affected by SUDs

Collaboration to support family-centered treatment can help ensure that families have protective factors, parents have protective capacities, and that the needs of children are addressed for the best possible family outcomes.



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### The Necessity of Collaboration



Substance use and child maltreatment are often **multi-generational problems** that can only be addressed through a coordinated approach across multiple systems to address the needs of both parents and children.

(Boles, et al., 2012; Dennis, et al., 2015; Drebbie, 2010)

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### Levels of Collaboration

Systemic Collaboration	Individual Case Collaboration
	
<p>At the systems level, collaboration can occur between organizations to exchange information, develop joint policies, and develop joint outcomes.</p>	<p>At the practice level, collaboration can occur between child welfare workers, treatment counselors, and other providers to coordinate client resources and case planning.</p>

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### Elements of Collaboration

**Communication:** People receiving treatment need information, and multiple helpers need to share information

**Coordination:** Multiple efforts from helping professionals must be coordinated to benefit everyone

**Consultation:** Helpers with one kind of expertise need input and advice from helpers with other expertise

*\*\*Service is more effective when professionals talk\*\**

(Center for Substance Abuse Treatment, 2020)

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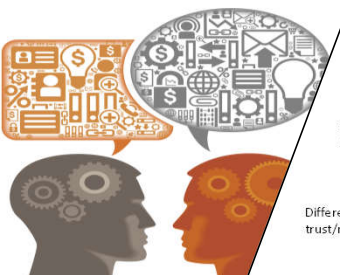
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### Barriers to Collaboration

Between Agencies and Partners



**Data Sharing and Communication**  
Regulations related to confidentiality Trust between systems

**Clashes with Mission and Vision**  
Differences of opinion with overall mission and agency priorities and regulations

**Client Engagement**  
Differences in efforts to engage clients in treatment, client trust/mistrust of service systems, and pervasive stigma

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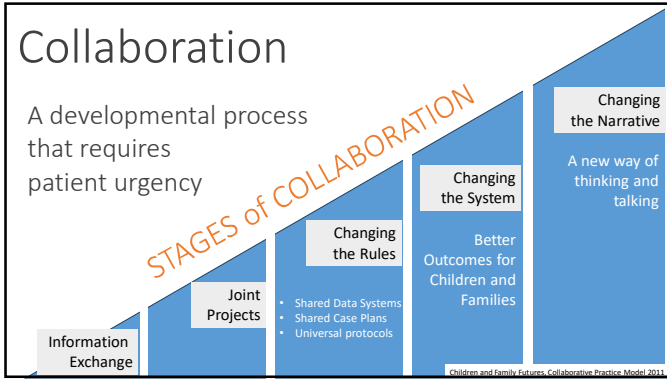
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*Thanks for joining us!*

**WHAT'S NEXT?**

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*



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**BUILDING COLLABORATIVE CAPACITY SERIES**

This seven-part series is organized into two clusters. The first cluster provides a **framework for establishing a collaborative team**. The second cluster highlights strategies to achieve **timely access** to treatment and support services for families.

AVAILABLE  <https://ncsacw.acf.hhs.gov/collaborative/building-capacity.aspx>

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**Key Considerations for Applying an Equity Lens to Collaborative Practice**



This brief helps collaborative teams form ally **assess existing policies** to determine if and how they **contribute to disproportionate and disparate outcomes for families** being served.

By working through the "Questions to Consider", teams begin applying an **equity lens** to collaborative policies and practices.

Available @ <https://ncsacw.acf.hhs.gov/files/equity-lens-brief.pdf>

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**FAMILY CENTERED APPROACH MODULES**



<https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx>

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**POLICY AND PRACTICE STRATEGIES**

**Infants with Prenatal Substance Exposure and Their Families: Five Points of Family Intervention**



**National Center on Substance Abuse and Child Welfare**

**Available Now!**

Download your copy @ <https://ncsacw.acf.hhs.gov/files/five-points-family-intervention-infants-with-prenatal-substance-exposure-and-their-families.pdf>

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**COMPREHENSIVE FRAMEWORK TO IMPROVE OUTCOMES FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT**

- Offers a set of proven strategies for communities to implement to improve outcomes for families affected by SUDs
- Informed by research and several decades of experience working with hundreds of collaborative partnerships

<https://www.cffutures.org/files/CFFComprehensiveFramework.pdf>

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**FREE ONLINE TUTORIALS FOR CROSS-SYSTEMS LEARNING**



Understanding Substance Use Disorders and Facilitating Recovery: A Guide for Child Welfare Workers

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

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

@ <https://ncsacw.acf.hhs.gov/training/default.aspx>

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**WORKING WITH ADOLESCENTS: PRACTICE TIPS AND RESOURCE**



- Technical assistance tool provides information for child welfare, substance use treatment, healthcare, and other community agencies serving adolescents at risk of misusing or abusing substances
- Highlights adolescence as a unique stage of development – one that requires professionals to take a tailored and collaborative approach
- Guide includes:
  - Examples of services and interventions
  - Terminology
  - Policy considerations
  - Family-centered practice strategies

Available @ <https://ncsacw.acf.hhs.gov/files/working-with-adolescents.pdf>

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- This Technical Assistance (TA) tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment
- The tool includes a list of questions child welfare or court staff can ask treatment providers to ensure that effective linkages are made
- With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family's needs

Available for download here: <https://ncsacw.acf.hhs.gov/files/understanding-treatment-508.pdf>

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Disrupting Stigma

How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders

Available @ <https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf>

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Contact the NCSACW TTA Program



**National Center on Substance Abuse and Child Welfare**

Website: <https://ncsacw.acf.hhs.gov/>

Email @ [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

Toll-Free 1-866-493-2758

- Connections to peers in the field implementing strategies to enhance family-centered, collaborative approaches
- Training and technical assistance to develop, implement and sustain collaboration and systems change
- Resource identification and curation to support partners and collaboratives focused on supporting families affected by substance use and mental health disorders

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