Language Matters – Working with Families Affected by Substance Use Disorders

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Learning Objectives

Participants will explore how the use of language can be powerful in facilitating engagement with parents and families. Stigma remains a primary barrier for family recovery. Language that perpetuates stigma is not only a barrier for engagement of families but for cross-system collaboration. Participants will:

• Gain an understanding of how language matters in engaging families

• Recognize how language can perpetuate stigma and bias about substance use

• Learn alternative language and other strategies to reduce the stigma associated with substance use that can improve cross-systems collaboration

Ice Breaker Activity

What's something you believed earlier in your career about substance use disorder but think about differently now?
DF0  Slide added
Dawnia Flonnoy, 2022-08-17T17:58:49.462
Statement of the Problem

How many children are affected by substance use disorders?

• Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)

• 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)

• Approximately 47% of children receiving in-home services and 60% of children placed in out-of-home care are estimated to be affected by parental substance use (Seay, 2015)

• One in 8 children in the United States aged 17 or younger reside in homes with at least one parent who have a substance use disorder (Lipari et al., 2017)
Substance use disorders (SUDs) can negatively affect a parent's ability to provide a stable, nurturing home and environment. Most children involved in the child welfare system and placed in out-of-home care have a parent with a SUD (Young, Boles & Otero, 2007).

Families affected by parental SUDs have a lower likelihood of successful reunification with their children, and their children tend to stay in the foster care system longer than children of parents without SUDs (Gregorie & Shultz, 2001).

The lack of coordination and collaboration across child welfare, substance use disorder treatment and family or dependency drug court systems has hindered their ability to fully support these families (US Department of Health and Human Services, 1999).

We can’t fight this epidemic without eliminating stigma.
- President Barack Obama, 2015

Language Matters

Research shows that the language we use to describe this disease can either perpetuate or overcome the stereotypes, prejudice, and lack of empathy that keep people from getting the treatment they need.

- Michael Botticelli, Former Director of ONDCP, 2015
What is Stigma?

Listen
Learn
Respect
STOP STIGMA
Inclusive
Inform
Support
Educate

Stigma

Two main factors affect the burden of stigma placed on a particular disease or disorder:

– Perceived control that a person has over the condition
– Perceived fault in acquiring the condition

(Substance Abuse and Mental Health Services Administration, 2017)
**Stigma**

Affects the attitudes of…

- Medical and healthcare professionals
- Social service agencies and workers
- Families and friends

- Creates barriers to treatment, and access to programs
- Influences policies

(Stigma: Center for Substance Abuse Treatment, 2008)

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**Your Choice of Language Reflects Your Understanding of SUD as a Disease**

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Try…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict, Drug Abuser</td>
<td>Person/Parent with a Substance Use Disorder</td>
</tr>
<tr>
<td>Clean/Dirty Drug Screen</td>
<td>Screen tested negative/positive for substances</td>
</tr>
<tr>
<td>Former Addict</td>
<td>Person in recovery</td>
</tr>
<tr>
<td>Opioid Replacement</td>
<td>Medication-assisted treatment or Medication for opioid use disorder</td>
</tr>
<tr>
<td>Drug Addicted Baby</td>
<td>Infant prenatally exposed to substances</td>
</tr>
<tr>
<td>Drug of Choice</td>
<td>Drug of Use</td>
</tr>
</tbody>
</table>
Slide added
Dawnia Flonnoy, 2022-08-17T19:22:51.748

DF0 0 [Elizabeth Bullock] we moved this slide from my section to yours because it flowed better when we presented in Kansas
Dawnia Flonnoy, 2022-08-17T19:33:18.305
Drug Epidemics Through Time

Language Across Decades

Nixon’s war on drug addicts

Crack Babies: The Worst Threat Is Mom Herself

Why We Should Say Someone Is A 'Person With An Addiction,' Not An Addict

The Guardian, 1970
Washington Post, 1989
National Public Radio, 2017
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Why won’t they just stop?

They need to really want to get sober.

They must love their drug more than their kids.

They need to hit rock bottom.

Our Beliefs

Here’s a referral--let me know when you get into treatment.

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

We will see you back here in 90 days.

Don’t work harder than the client.

Our Response

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What are your expectations?

- “Tough love”- in the hopes that they will hit rock bottom and want 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

Rethinking Treatment Readiness

Re-thinking “Rock Bottom”

- “Tough love”- in the hopes that they will hit rock bottom and want 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 use disorders and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships
Engagement is Everyone’s Job

Engagement begins during the first interaction and continues throughout the entire case

Let's call the treatment agency together now.

Let’s talk about how you are going to get to your intake appointment and what that appointment will be like.

Let me introduce you to your counselor.

Let’s schedule to come back to court next week and see what that assessment recommends.
Moving the Needle from Stigma to Inclusivity

When SUD is treated as a disease...

- Parents are placed into SUD treatment only after receiving a clinical diagnosis and appropriate level-of-care recommendation
- Only qualified SUD professionals make treatment recommendations, and judges, caseworkers, and attorneys support the clinical treatment recommendation
- Only medical professionals help parents make decisions about medication-assisted treatment (MAT)
- MAT is allowed and supported throughout the case, and parents are not required to stop use of MAT in order to close their case
- Parents are referred to quality treatment agencies that use evidence-based practices
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When SUD is treated as a disease...

- Professionals understand:
  - the components of quality treatment
  - the importance of timely access to quality treatment
  - their role of supporting, engaging, and requiring parents to attend SUD treatment
  - reality-based statistics on recovery and relapse

- Professionals believe that treatment works, and recovery is possible
- Professionals use person-first, non-pejorative terms when discussing SUD and recovery
- Parents are allowed and expected to stay in treatment after a relapse
- Peer support is integrated into the system

Talking About Children of Parents with a Substance Use Disorder

<table>
<thead>
<tr>
<th>Stigmatizing Language</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addicted Infant</td>
<td>Infant with Neonatal Abstinence Syndrome (NAS)</td>
</tr>
<tr>
<td>Crack Baby</td>
<td>Substance Exposed Infant</td>
</tr>
<tr>
<td>Drug Addicted Baby</td>
<td>Infants with Prenatal Substance Exposure</td>
</tr>
<tr>
<td>Foster Child</td>
<td>Child In-Care or Out-of-Home Placement</td>
</tr>
<tr>
<td>Hard to Place Kids</td>
<td>Children Affected by Trauma</td>
</tr>
<tr>
<td>Victims / “Tiny Victims”</td>
<td>Prenatally Exposed to [drug name]</td>
</tr>
</tbody>
</table>
Engagement Strategy: Person First vs. Identity First Language

Person first language (for example, “a person with a substance use disorder”) suggests that the person has a problem that can be addressed. By contrast, calling someone an “addict” or “drug abuser” implies that the person is the problem.

– SAMHSA Center for the Application of Prevention Technologies

Language Considerations

Change the Conversation:

✔ Does it promote empathy?
✔ Does it promote understanding?
✔ Does it promote healing?
✔ Does it promote recovery?
Engagement Strategy: Recognize & Capitalize on Strengths

- Attract People to Recovery
  ✓ Is the environment welcoming?
- Motivational Interviewing
  ✓ Non-judgmental
  ✓ Deep Listening
  ✓ Reflective
  ✓ Open-ended Questions
Education & Training

- Examine existing training plans and requirements across stakeholder groups for opportunities to integrate and/or update SUD training curricula and materials
- Provide multi-disciplinary training to include judges, attorneys, court staff, CASA, resource parents, and other partners who historically receive little training about SUD
- Raise awareness of prevalence of SUD; discuss characteristics of quality SUD treatment; share effective engagement strategies; and connect to your local recovery community

Language Effects on the Team Environment

What steps has your team taken to reduce stigma and make the office recovery friendly?
Culture Change Over Time

Wrap-up and Reflections
What can you commit to doing differently tomorrow?

A Program of the
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

https://ncsacw.acf.hhs.gov/
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Resources

BUILDING COLLABORATIVE CAPACITY SERIES

Offers effective strategies to create cross-systems collaborative teams, communication protocols, and practice innovations. These strategies aim to improve screening, assessment, and engagement for families affected by substance use disorders and child welfare involvement.

AVAILABLE @ https://ncsacw.acf.hhs.gov/collaborative/building-capacity.aspx
Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

NEW RESOURCE!
Five-Part Video and Webinar Series

- Medication-Assisted Treatment and Common Misconceptions
- Civil Rights Protections for Individuals with a Disability: The Basics
- Civil Rights Protections for Individuals with an Opioid Use Disorder
- Child Welfare Case Staffing: Social Worker and Supervisor
- Child Welfare Case Staffing: Child Welfare Court Case

Available @ https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx

Free Online Tutorials for Cross-Systems Learning

- 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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Visit our website to download the training toolkit: https://ncsacw.acf.hhs.gov/training/toolkit/

Family Centered Approach Modules

https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx
This resource provides on-the-ground examples from 12 states and 5 Tribes (Minnesota) across the country that have implemented comprehensive approaches to Plans of Safe Care (POSC) for infants with prenatal substance exposure (IPSE) and their families and caregivers.

These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.
Plan of Safe Care Learning Modules

Five Learning Modules

- **Brief 1:** Preparing for Plan of Safe Care Implementation
- **Brief 2:** Collaborative Partnerships for Plans of Safe Care
- **Brief 3:** Determining Who Needs a Plan of Safe Care
- **Brief 4:** Implementing and Monitoring Plans of Safe Care
- **Brief 5:** Overseeing State Plans of Safe Care Systems and Reporting Data

For more information on NCSACW, please visit: https://ncsacw.acf.hhs.gov/

Purpose: Support the efforts of States, Tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

Audience:
- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

National Workgroup:
- 40 professionals across disciplines
- Provided promising and best practices; input and feedback over 24 months

Available for download here: https://ncsacw.acf.hhs.gov/files/Collaborative_Approach_508.pdf
Purpose: The brief offers implementation considerations that professionals can draw from when implementing peer or recovery specialist models in their communities.

Audience: Administrative and executive-level professionals from:
- Child Welfare
- Substance Use Disorder Treatment
- Courts

Key Informant Interviews: Representatives from four programs—2 peer support programs and 2 recovery specialist programs—that have demonstrated positive child welfare and recovery outcomes for families.


- This 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.

Plan of Safe Care Planning Guide TA Tool

Designed as a planning guide that NCSACW can use with you to further your communities’ efforts in developing a comprehensive approach to implementing Plans of Safe Care

ncsacw@cffutures.org

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
Additional Resources on Collaboration

Web-Based Resource Directory

- Includes research, training materials, webinars and videos, site examples and other resources
- Topics include substance use disorders and treatment, medication-assisted treatment, infants with prenatal substance exposure, and supporting families with opioid use disorders

Technical Assistance

- Identifying values and principles of collaborative practice to address differences and develop agency values, missions and mandates
- Examples of effective collaborative practice between substance use providers, child welfare and the courts

ncsacw@cffutures.org | 1-866-493-2758 | https://ncsacw.acf.hhs.gov/

Contact the NCSACW TTA Program

National Center on Substance Abuse and Child Welfare

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

Email @ ncsacw@cffutures.org

Toll-Free 1-866-493-2758

• Connect you with programs that are developing tools and implementing practices and protocols to support their collaborative
• Training and technical assistance to support collaboration and systems change
New Resource

Working with Adolescents: Practice Tips and Resource Guide

- 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


References
References


And since we know people of color are disproportionately involved with the child welfare system, these families experience compounded stigma that reinforce negative stereotypes (Wogen & Restrepo, 2020).

Consider completing a walk-through to assess your court and agencies – the staff and physical plant – for cultural and trauma competence (Barnett Brown, et al., 2013; Center for Children and Family Futures and National Association of Drug Court Professionals; 2019 - Family Treatment Court Best Practice Standards, Standard 3; National Center on Substance Abuse and Child Welfare, 2015).


Mee-Lee, David, M.D., Words Matter: Terminology that Inhibits Successful Outcomes: Guidance for Team Members, NADCP Concurrent Workshop, 15 July 2019


Substance use, mental health disorders, and child neglect or abuse are three of the most highly stigmatized conditions in our society (Kennedy et al., 2020).

References


