Incorporating the Family into Treatment and Recovery

Part 1: Drug-Endangered Children in Rural Populations - Implications for Practice

Presented by:
Dhru Mukherjee, PhD, LCSW-S and
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Open the Q&A window and you can ask questions to the host and panelists. They will either reply to you via text in the Q&A window or answer your question live.

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Webinar Presenter:
Megan Ragan, MSW, LSW

Drug-Endangered Children in Rural Populations: Implications for Practice

Dhru Mukherjee, PhD, LCSW-S
Data Coordinator and Consultant

Megan Ragan, MSW, LSW
Associate Data Coordinator and Sustainability Planner

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Training Objectives

1. Participants will be able to identify at least three child maltreatment risk factors associated with parental substance misuse.
2. Participants will be able to summarize two social determinants of health and how they impact families across generations.
3. Participants will identify three common barriers present in rural service settings.

Brief Overview: Rural Communities Opioid Response Program
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RCORP Overview

The Rural Communities Opioid Response Program (RCORP) is a HRSA-funded collaborative initiative focusing on supporting, improving and expanding local systems serving individuals with Substance Use Disorders and Opioid Use Disorders in Southern Illinois. At the core of this initiative is the RCORP Consortium which consists of a group of leaders from Southern Illinois organizations seeking to improve access to treatment services, gather data about systems impacting individuals experiencing SUD/OUD, and provide training to increase organizational capacity in harm reduction and integrated care principles.

RCORP in Southern Illinois

HRSA Planning Grant 2020:
• Parental substance use and referral to child protective services
• Lack of access to substance use services by parents
• Multigenerational substance use and traumatic experiences

Strategic Plan:
• Create a direct pathway for referrals and communication between CPS and substance use treatment services
• Introduce screening for parental adverse childhood experiences (ACES) in families referred to CPS
• Provide case management and care coordination services to parents

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Challenges in Implementation

System Fragmentation
- “System of Care” only in name
- Proprietary attitudes
- No standardized data collection protocols

Misguided Focus
- Limiting drug supply
- Increasing access to services
- Overdose prevention
- Child removals

Unaddressed Perspectives
- Ripple effect on families and children
- Lack of understanding related to challenges specific to parents with substance use disorders

“Drug-Endangered Children”: Defining the Challenge
Defining DEC

What images does the phrase “drug-endangered child” conjure?

The Scope of the Challenge

Nearly 12% of all children in the United States live with at least one parent with a substance use disorder

(Parental Substance Use: A Primer for Child Welfare Professionals, 2021)
The Scope of the Challenge

Parental substance use, including alcohol, is a contributing factor in child removal from the family home in more than 1/3 of cases, second only to neglect.

(Parental Substance Use: A Primer for Child Welfare Professionals, 2021)

As of April 2015, 47 out of 50 states have laws and child welfare statutes that address the issue of parental substance use.

(Ghertner et al., 2018)
Approximately **9 out of 10 people** struggling with a substance use disorder do not receive treatment

(*America’s Opioid Crisis: The Unseen Impact on Children, 2022*)

“Crucially, children growing up with parents with SUDs suffer **serious consequences** from such circumstances... Besides other negative effects, parental SUDs are consistently identified as a serious **risk factor for child physical abuse**... Children of parents with SUDs, therefore, are at risk for abuse, which could manifest in serious **physical, emotional and psychological trauma**.”

(*Goldberg & Blaauw, 2019*)
Factors Influencing Risk of Maltreatment

Individual, familial and environment factors influence the risk for child maltreatment and polyvictimization:

- Child and parent ages
- Social connectedness or isolation
- Intimate partner violence or domestic violence
- Exposure to community violence
- Parental stress levels
- Socioeconomic status
- Poverty

Factors Contributing to Removal and Reunification

Geographic location—i.e. rural versus metropolitan—impacts child removal and family reunification rates (Barth, Wildfire, & Green, 2006)

The US Department of Health and Human Services found a correlation between communities with high rates of overdose deaths, drug-related hospitalizations, and higher rates of entry into foster care (Ghertner et al., 2018)

Research has indicated higher incidence rates of NAS and maternal hospitalization due to opioid misuse in rural areas than in urban communities (Villapiano et al., 2017)

In 2015, only 29% of rural residents had access to a MAT provider versus 73% of metropolitan residents (Ghertner et al., 2018)

Metropolitan areas generally have lower reports of child maltreatment and foster care initiation per 100,000 as compared to micropolitan and rural communities (Barth, Wildfire, & Green, 2006)

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Ghertner (2018) posits that one possible explanation for strong associations between parental substance use and foster care placement lies in the collective experiences of the community and the impact of substance use. For example, officials of jurisdictions most impacted by problematic substance use may be significantly more likely to react strongly to reported maltreatment when substances are involved, regardless of any objective increase in risk.
Factors Contributing to Removal and Reunification

Parental Alcohol or Other Drug Abuse as an Identified Condition or Removal by State, 2019

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year
Source: AFCAARS Data, 2019

Factors Contributing to Removal and Reunification

Number of Children who Entered Out-of-Home Care with Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal, by Age at Removal in the United States, 2019

Note: Estimates based on children who entered out of home care during Fiscal Year
Source: AFCAARS Data, 2019
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**The Role of Parents in Child Maltreatment**

Parents are responsible, either directly or indirectly, for:

- 93% of child emotional abuse
- 92% of child physical abuse
- 60% of child sexual abuse
- Corporal Punishment Practices
- Prenatal Drug Exposure

**Shifting the Narrative: Viewing the Parent Using Drugs Through a Trauma-Informed Lens**

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Changing Perspectives: Parental Adversity

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional
- Mother treated violently
- Divorce

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Substance Abuse

Additional Adversities:
- Multigenerational substance use in families
- Drug-induced physical abuse, sexual abuse and neglect
- Domestic violence and substance use correlation
- Parental drug use and increased risk of neglect
- Co-occurring mental health and substance use challenges
- Drug use and incarceration correlation
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The Secure Base

- First Base:
  - A parent’s ability to **care for themselves** and their own needs
- Second Base:
  - A parent’s support network
- Third Base:
  - A parent’s ability to responsively and appropriately **care for their dependents**

Allostatic Load of Traumatized Parents

<table>
<thead>
<tr>
<th>STATE-DEPENDENT FUNCTIONING</th>
<th>Dominant Brain Areas</th>
<th>Adaptive/ Arousal</th>
<th>Adaptive/ Dissociation</th>
<th>Cognition</th>
<th>Functional IQ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALM</strong></td>
<td>Default Mode Network (Cortex)</td>
<td>Reflection (Creation)</td>
<td>Reflection (Daydream)</td>
<td>Abstract (Creative)</td>
<td>120-100</td>
</tr>
<tr>
<td><strong>ALERT</strong></td>
<td>Limbic (Cortex)</td>
<td>Flock (Hypervigilance)</td>
<td>Avoidance</td>
<td>Concrete (Routine)</td>
<td>110-90</td>
</tr>
<tr>
<td><strong>ALARM</strong></td>
<td>Limbic (Diencephalon)</td>
<td>Freeze (Resistance)</td>
<td>Compliance</td>
<td>Emotional</td>
<td>100-80</td>
</tr>
<tr>
<td><strong>FEAR</strong></td>
<td>Diencephalon (Brainstem)</td>
<td>Flight (Defence)</td>
<td>Dissociate (Paralysis and/or Catatonia)</td>
<td>Reactive</td>
<td>90-70</td>
</tr>
<tr>
<td><strong>TERROR</strong></td>
<td>Brainstem</td>
<td>Fight</td>
<td>Faint (Collapse)</td>
<td>Reflexive</td>
<td>80-60</td>
</tr>
</tbody>
</table>

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Window of Tolerance

Of all the populations of people who use drugs, possibly the most stigmatized is that of parents.

- Implicit Stigma
- Explicit Stigma
- Parental Drug Use Stigma
- Parental Child Abuse Stigma
- Mental Health Stigma
- Institutional Stigma
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Family-Centered Approaches for Addressing Parental Substance Misuse

Current Efforts to Address the Intersection of Family Care and Substance Use

- Child Abuse Prevention and Treatment Act - 1974
- Comprehensive Addiction Recovery Act – 2016
- Family First and Prevention Services Act - 2018
- American Rescue Plan - 2022

- Expanding access
- Advancing racial equity
- Enhancing evidence-based harm reduction efforts
- Reducing supply of illicit substances
- Advancing recovery-friendly workplaces and expanding the SUD workforce
- Expanding access to recovery support services
**Trauma-Informed Approaches to Family Recovery**

**Screening-based approaches to introducing interventions focusing on:**

- Understanding of the SUD ripple effect on families across all sectors and increase sector involvement
- Family centered treatment approaches to lessen ACEs in MOUD settings
- Countering parental stigma
- Parent centered services family preservation and family support
- High quality and affordable childcare and Preschool engagement programs for parents
- Socio-emotional learning approaches
- Mentoring and afterschool programs
- Parent friendly drug policy (medication and parental custody rights)
- Support parents with positive parenting classes and other tools
- Training of Child Welfare and SUD providers

**Child Welfare Primary Prevention Guidelines to Preserve the Family Unit**

Common components across promising and successful primary prevention programs include:

- Services and resources are offered on a voluntary basis;
- Services and resources are commonly place-based and centrally located within the communities where families live, ensuring easy accessibility;
- Services and resources align with community values, norms, and culture;
- Services and resources are commonly offered by a public, nonprofit, faith-based or private provider, that may receive funding from the state or county child protection agency, but operates independently of government;
- Services and resources are available to anyone that lives in the community, not just to families deemed to be at risk and are offered in normalized, non-stigmatizing ways; Services and resources focus on enhancing parental protective factors;
- Services and resources include concrete supports (limited financial assistance, food assistance, housing assistance, legal services, respite or child care), clinical services, and peer mentoring or support services and activities;
- Services and resources may be provided through braided funding including flexible funding, such as CB’s title IV-E waiver demonstration authority, along with state, county, city and private funding.

“**The transition to a proactive prevention services approach requires shared vision, leadership, and ownership of the outcomes that will be achieved across the broader child welfare system.”**

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Reach out--- We love to talk!
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Accessing the CE Quiz

Courses > Haley and Jessie Test the C... > Live, Interactive Webinar:... > NAADAC - CE Instructional P...

Overview

THANK YOU
Thank you for attending this webinar! In order to get your CE certificate, you will need to pass the content knowledge quiz with a score of 80% or higher and complete the survey evaluation. Click here to access the CE quiz.

CONTRIBUTORS

November 28, 2022
Mon 9:30 AM EST
DURATION 0H 30M
This live web event has ended.

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