



# Engaging Parents in Their Child's Substance Abuse Treatment

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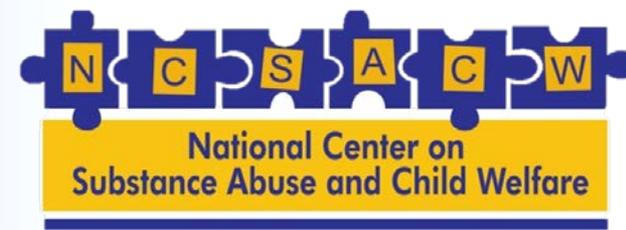
Oklahoma Specialty Court  
Conference

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Bringing Systems Together for  
Family Recovery, Safety, and Stability





**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**



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# Workshop Objectives

## This workshop session will:

Discuss the importance of parent involvement in adolescent substance abuse treatment

Share strategies for engaging parents in their child's treatment

Discuss the role of the specialty juvenile court in supporting parents



*Children grow and thrive in the context of **close and dependable relationships** that provide **love and nurturance, security, responsive interaction, and encouragement for explorations**. Without at least one such relationship, development is disrupted, and the consequences can be severe and long lasting.*





# Adolescent Substance Use

50% of all lifetime cases of mental and substance use disorders begin by age 14, and 75% by age 24 (Kessler et al., 2005).

Every day an average of 8,120 people age 12 and over try drugs for the first time and 12,800 try alcohol - more than 20,000 people (Sheff, 2013).

Life time marijuana use among teenagers is at its highest level in 30 years. Nearly a quarter of those over twelve years old, sixty million people, binge drink (Sheff, 2013).

In 2009, an estimated 23.5 million Americans aged 12 and older needed treatment for substance use (SAMHSA, 2010).

Between 2000-2009, poisoning deaths among teens increased 91%, with most caused by overdoses of prescription pills than from cocaine and heroin combined (Sheff, 2013).



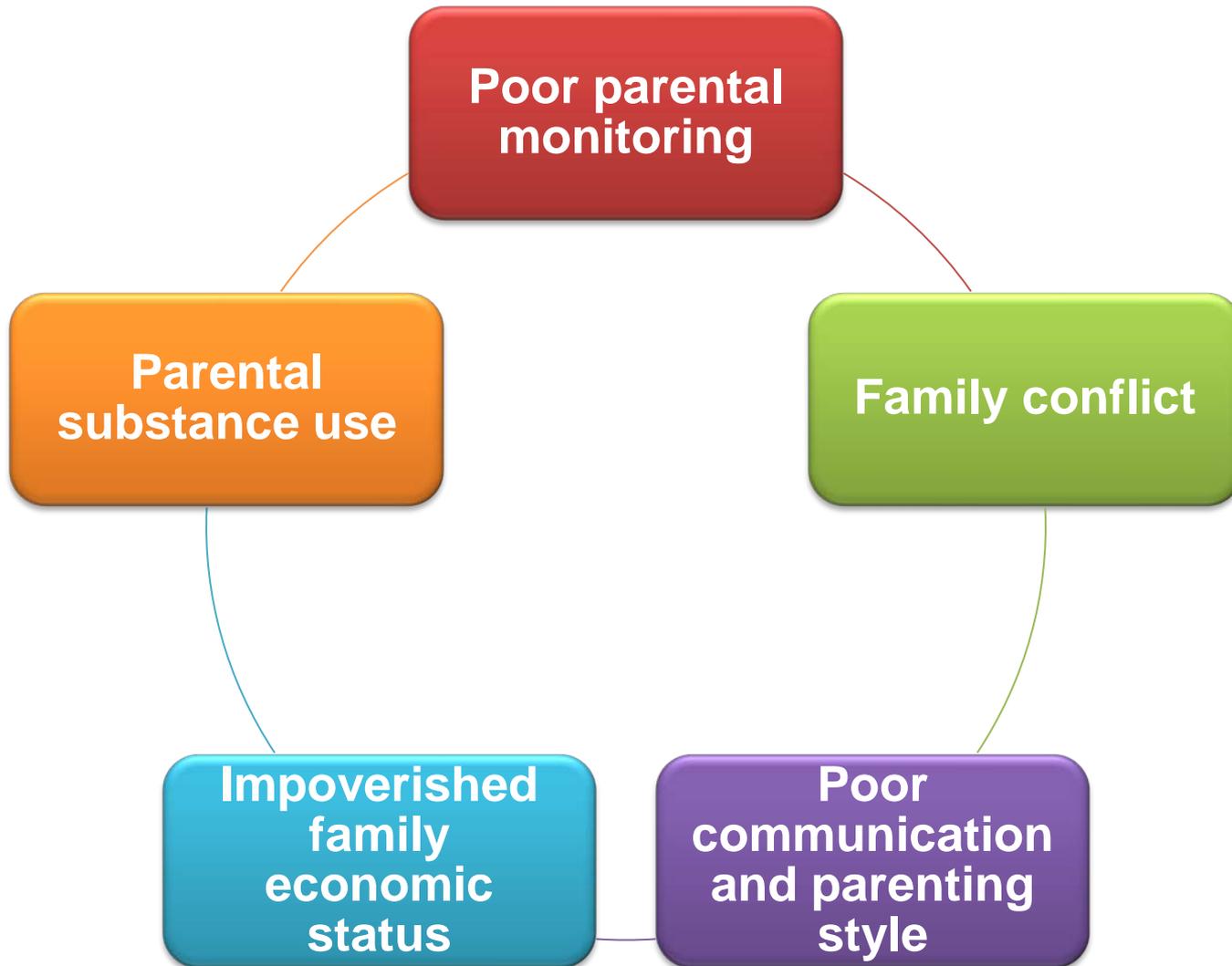


# Child Welfare Involvement and Adolescent Substance Use

- Involvement in the child welfare system by **age nine significantly increases** a child's likelihood of having a **substance use disorder by age 26** (Arteaga, Chen, & Reynolds, 2010).
- **45%** of youth (age 17) in foster care reported using alcohol or illicit drugs within the past six months, and **35%** met the criteria for substance use disorders (Vaugh et al., 2007).
- Early traumatic events, such as exposure to family violence and physical abuse can lead to a greater risk of developing PTSD and substance abuse (Staiger et al., 2009).
- **8.3%** of youth in foster care reported **co-occurring depression and alcohol and drug abuse** in the past year.
  - Positive relationships with caregivers and involvement in extracurricular activities both served as **mediators and as protective factors** against mental health difficulties and substance abuse (Guibord, Bell, Romano, & Rouillard, 2011).



# Family Constructs Linked to Adolescent Substance Use





# Intergenerational Substance Abuse and Trauma

- The relationship between parental substance abuse and subsequent alcohol and other drug problems in their children has been extensively documented.
- Johnson and Leff (1999) state that parental substance abuse is the **single most potent risk factor** placing children of substance abusers at risk, biologically, psychologically and environmentally, and predisposing them to their own to substance use and mental disorders.





# Understanding the Role of Trauma

- The ground-breaking findings of the Adverse Childhood Experiences Study demonstrate the clear linkage between childhood trauma and future substance abuse, as well as the traumatic impacts of parental substance abuse in the home.
  - Growing up in a home with exposure to adverse, traumatic childhood experiences is associated with life-long **physical, emotional, psychological and social challenges** (Felitti et al, 1998; Dube et al., 2002).
- Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
- Trauma-specific interventions (also known as trauma-responsive services) are designed specifically to address the consequences of trauma in the individual and to facilitate healing.



# ACE Study: Link between Trauma and Substance Abuse

- Growing up in a home with exposure to adverse, traumatic childhood experiences is associated with life long physical, emotional, psychological and social challenges.
- Adverse Childhood Experiences include:
  - Emotional Abuse
  - Physical Abuse
  - Sexual Abuse
  - Emotional Neglect
  - Physical Neglect
  - Household Dysfunction
    - Mother treated violently
    - **Household substance abuse**
    - Household mental illness
    - Parental separation or divorce
    - Incarcerated household member

Compared to persons with ACE score of 0, individuals with an ACE score of 5 or more were **7-10 times more likely** to have **illicit drug use problems, addiction to illicit drugs, and IV drug use**; and **2 times** more likely to be an **alcoholic**.



# Trauma and Treatment Outcomes

- Failure to understand and address trauma (both of the adolescent and parent) may lead to:
  - Failure to engage in substance abuse treatment services
  - An increase in symptoms
  - An increase in management problems
  - Retraumatization
  - An increase in relapse
  - Withdrawal from the service relationship
  - Poor treatment outcomes





# Understanding Risk Factors for Adolescent Substance Use

## Individual Risk Factors:

- Risk Taking and Sensation Seeking
- Problems with Executive Functioning, such as Poor Impulse Control, Inability to Understand Behavior and Consequences
- Peer supports and associations
- Learning Difficulties
- Behavioral Disorders
- Trauma
- Stress





# Other Risk Factors for Adolescent Substance Use

## Family Risk Factors:

- Poverty
- Single Parent Families/Divorce
- Lack of Strong Family Bond/Connection
- Poor Family Management Practices
- Family's History Addiction—Genetic Cycle
- Family Trauma





# Other Risk Factors for Adolescent Substance Use

## **School:**

- Academic Failure
- Unidentified Learning Difficulties
- Inconsistent Norms/Tolerance
- Lack of Commitment to or Disengagement from School

## **Community:**

- Poverty
- Violence
- Community Norms
- Community/Historical Trauma





# Understanding Adolescent Substance Use

*There is a discrepancy between the development of adolescents' reward systems and impulse control, so the reward system is overactive. Kids have a double whammy. The go system rages, the foot's on the gas pedal and the stop system has a hard time keeping up.*





# Importance of a Family-Centered Approach

- Comprehensive treatment and support that incorporates a family-centered approach, with the youth and family engaged together, has the best chance of achieving successful outcomes for adolescents with substance use disorders.
- Family members are a critical component of the adolescent's recovery process and some level of family involvement is essential for successful outcomes (Alexander, Sexton & Robbins, 2002).
- In contrast to treatment that focuses on the adolescent individually, or only in the context of his or her peers, **family-centered treatment** capitalizes on the **youth's and family's strengths, resources, values and culture** and maintains the integrity of the family-unit while developing resiliency and demanding responsibility and accountability.





# Importance of a Family-Centered Approach

*The progress an individual makes in treatment can be hindered or undermined or even reversed if family dynamics don't change too. (David Scheff, Clean)*





# Benefits of Engaging Parents in Adolescent Treatment

Family interventions can help modify the maladaptive family relationship patterns that can contribute to, or result from, adolescent drug abuse

Family members are key to helping with co-occurring disorders

Family members are needed as change agents in the youth's environment

Family interventions can result in beneficial effects long after the "treatment" phase is over

Family interventions can be used to bring an adolescent to treatment for the first time or can help to retain the adolescent in treatment



# Addressing the Needs of the Parents in Treatment

- Parents of children who are abusing or dependent on substances often report feeling **overlooked or blamed** for their child's behavior at a time when they may already feel fearful, ashamed and guilty.
- **Family Therapy:**
  - Helps all family members understand what is occurring
  - Reduces the likelihood that siblings will abuse substances or commit related offenses
  - Helps the family to effectively address a parent's or family member's substance use
  - Helps parents and caretakers provide the structure and support that is needed for the adolescent to sustain recovery at home and in the community





# Challenges to Engaging Parents in Treatment

Common challenges encountered with parents that may impede treatment progress:

- Rescuing the child from anxious situations
- Under- or over-involvement in the treatment process
- Denial
- Difficulty setting limits
- Presence of parental substance use and mental disorders





# Challenges to Engaging Parents in Treatment

A number of systemic issues may pose barriers to parental involvement. These issues included:

- Employers can terminate a parent for taking time off to attend program services; forcing parents to choose employment or participation in treatment services.
- Program funding needs to include budgets for incentives to engage parents into treatment. Funding for mileage reimbursement or transportation services, food, and lost wages are necessary to engage parents to attend services.
- Providers also identified that many managed care health insurance companies do not cover family services.





# Challenges to Engaging Parents in Treatment

Recognize and respect where parents may be:

- Many prior experiences with their son or daughter's consequences of drug and alcohol use including arrests, truancy, poor school performance, family conflict, draining financial resources, etc.
- Seeking respite from their children—which can be perceived as lacking motivation or concern.





# Principles of Family-Centered Treatment

Comprehensive and safe

Women all define their families differently

Treatment is based on the unique needs and resources of individual families

Families are dynamic, and thus treatment must be dynamic

Conflict is inevitable, but resolvable

Meeting complex family needs requires coordination across systems

Gender responsive, specific and culturally competent services

Family-centered treatment requires an environment of mutual respect and shared training

Treatment must support creation of healthy family systems



# Effective Family-Centered Treatment Models for Adolescents

**Multisystemic Family Therapy**

**Strengthening Families Program**

**Brief Strategic Family Therapy**

**Multidimensional Family Therapy**

**Integrated Behavioral Family Therapy**



# Key Elements of Effective Treatment for Adolescents

1. Screening and comprehensive assessment to ensure understanding of the full range of issues the youth and family are experiencing.
2. Comprehensive services to address the adolescent's substance abuse problem as well as any medical, mental health, familial, or education problems.
3. Family involvement on multiple levels.
4. Developmentally appropriate services and therapies to address the different needs and capabilities of adolescents and their families.





# Key Elements of Effective Treatment for Adolescents

5. Strategies to engage and keep adolescents and their families in treatment.
6. Qualified staff with the knowledge of and experience with adolescents/young adults with substance abuse problems and their families.
7. Cultural and gender differences.
8. Aftercare support for the adolescent and the family.
9. Data gathering to measure outcomes and success of the program.





# Specialty Juvenile Courts – Engaging Adolescents

## Motivational and Engagement Techniques with Adolescents:

- Greater focus on the family, the school and other community agencies.
- Use of sanctions and rewards
  - Immediate use of judicial sanctions applied for noncompliance and incentives to recognize progress by the juvenile and their families are crucial to the success of our program as well as the individual. (Will County Illinois, State Attorney General's website)
  - Motivation through rewards and sanctions should be achieved through personalized responses, in conjunction with treatment, and teams should use both behavior and activity contracts to help bring about lasting change.



# Specialty Juvenile Courts – Engaging Parents

- What does the program see as the “role of the parent”—consultants, collaborators, co-clients?
- How are parents engaged? What is the implied or stated perception of their responsibility for their child’s behavior, their attitude towards treatment
- It is critical for parents and court partners to understand adolescent development—normal development as well as atypical development.
- Adolescents with prenatal/environmental exposure may have Executive Functioning and other neurobiological deficits that interfere with functioning.





# Specialty Juvenile Courts – Engaging Parents

- Although some jurisdictions have the ability to involve parents via court order, others do not have this option and must rely on different engagement techniques. For example, a “parent support group” can be incorporated directly following the weekly JDC session.
  - “This session can be staffed by an outside treatment provider or designated juvenile court worker, and operates as a way to not only educate family members on the complexities of addiction and adolescent development, but also gives these family members an opportunity to begin to address some of their own issues and realize they are not alone in the journey.”





# Specialty Juvenile Courts – Engaging Parents

- Training and education of Judges and Department of Juvenile Justice Probation Officers on the importance of parental involvement in effective treatment. Providers perceive the juvenile justice system to be solely focused on the youth without recognizing the need for parents to be involved.
- Providers report that they have no leverage in getting parents who are abusing drugs or alcohol into adult treatment programs. This reduces the effectiveness of treatment the youth is receiving. Mandating the entire family into treatment would assist in identification of parental drug use and facilitate treatment.





# Cross-Systems, Coordinated Responses

- Effective family interventions require **collaboration** among and between providers, systems and agencies to facilitate meaningful and sustainable family involvement and successful individual and family outcomes.
- Interventions are most effective when implemented within the context of a **coordinated, cross-system approach**, and with consideration for the adolescent's and family's ecology—extended family, peers, school, and neighborhood.





# Systemic Challenges

- Providers delivering services in school settings report cases where Principals have denied them access to youth identified as needing treatment or early intervention because the Principal didn't believe drug use was happening in his/her school.
- School leaders need to receive education and training on the incidence of drug use in schools and the impact that treatment services delivered to youth in school can have on reduced drug abuse and related consequences of drug use in schools.





# Engagement and Retention in Treatment

- 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, counseling, testing, and family support programs.





# Effective Engagement and Retention Strategies

- Adolescents whose caregivers are involved and engaged in treatment likely will have a better outcome than those whose caregivers do not believe that treatment will help and are unwilling to work with treatment providers.
- For example, Trauma Systems Therapy (TST) addresses the importance of involving both the youth and families in care. Strategies for family involvement in TST include:
  - Determine what changes the families would most like to see and incorporate those changes into the treatment so the families have a clear motivation for engaging in treatment
  - Provide psychoeducation to the family regarding the presenting problem and how they can help
  - Validate parents' past and ongoing efforts to help the adolescent
  - Acknowledge parents' stress and burden (as both a parent and an individual)
  - Generate hope and act as an ally for the parent





# Effective Engagement and Retention Strategies

## **Building Alliances:**

As with any treatment, it is important that the youth and caregivers feel that the clinician is an ally. This includes having a set of common goals. The family must believe that their work with the therapist and participation in treatment will lead to improvement in things that are important to them.





# Community Reinforcement and Family Training (CRAFT)

- The CRAFT intervention for parents or parent surrogates of substance-abusing adolescents was patterned after the adult-focused CRAFT intervention developed by Meyers and Miller and their colleagues (Meyers et al., 1999; Miller et al., 1999).
- The intervention involved enhancing the psychosocial functioning of the parent, assisting the parent in building skills necessary to help engage their resistant adolescent into treatment, and improving family relationships by teaching the parent adaptive social skills.





# Community Reinforcement and Family Training (CRAFT)

- Raising awareness of negative drug use consequences and of potential benefits of treatment;
- Contingency management training to reinforce abstinence/reduced substance use and avoid interfering with natural consequences;
- Communication training;
- Planning and practicing activities to interfere and compete with drug use;
- Increasing the parent's own reinforcing activities;





# Community Reinforcement and Family Training (CRAFT)

- Specific strategies for preventing dangerous situations; and
- Preparing to initiate treatment when the parent is successful in engaging the adolescent.

*Unique elements of the model included a reliance on functional analyses of behavior, a focus on identifying and utilizing positive reinforcers for both adolescents and parents, and an emphasis on personal lifestyle changes for the parent.*





# Community Reinforcement and Family Training (CRAFT)

- Parents are offered 12 CRAFT sessions to develop skills needed to engage their resistant adolescent into treatment, with additional crisis sessions available. Parents continue to receive the CRAFT intervention even after their adolescents were engaged into treatment in order to continue their own skill building.
- A 6-month window of opportunity after parents initiated CRAFT was permitted for the adolescent to engage.





# What Parents Say They Need

- Frequent communication with parents, from the very beginning of the treatment experience through discharge, is essential to facilitating parent involvement. A minimum of weekly contact with parents to provide updates on the child's progress and to receive parent feedback on the child's behavior and progress is necessary to maintain parental engagement.
- Be careful with the use of jargon (i.e., Level I, Level II, no privs, etc.) that parents may not understand. The terminology and culture of the program needs to be explained to parents—don't assume they understand.





# What Parents Say They Need

- Offer parent meetings or groups on a weekly or bi-weekly basis. These groups would serve to orient parents to program rules and procedures, as well as to educate parents on issues related to addiction and the treatment process.
- Being flexible with the scheduling of activities and services with parents, providing services in the evenings, and on Saturdays and Sundays to accommodate the needs of parents work schedules.





# What Parents Say They Need

- Provide Al-Anon groups within the treatment programs that are specifically for parents of children with addiction disorders. Al-Anon groups are often for the spouses or friends of adults with substance use disorders and parents do not always feel comfortable in these groups. Providing support groups specifically for parents would assist with facilitating social support networking among parents.
- Ask parents what would help and what they want. The adolescent is often asked about their needs and treatment goals but the parent is not always asked what they need—what their family needs.





# What Parents Say They Need

- Provide opportunities for parents to participate and be involved in ways in which they are comfortable—especially in the beginning:
  - Parents in recovery could volunteer at programs as role models and mentors for other parents and for youth entering recovery.
  - Participating in and helping to organize celebrations





# Techniques that Work to Engage Parents

Provide incentives to families including:

- Providing a meal at the treatment program during family groups,
- Taking meals to families in their homes during in-home counseling sessions,
- Providing childcare to parents during group and family sessions,
- Allowing parents to bring their children with them to family sessions





# NCSACW Technical Assistance Resources



Bringing Systems Together for  
Family Recovery, Safety, and Stability





# SAFFERR

## SCREENING AND ASSESSMENT FOR FAMILY ENGAGEMENT, RETENTION, AND RECOVERY (SAFERR)

This guidebook and model provides strategies to help improve the connections, communications, and collaborative capacities across child welfare, substance abuse treatment and court systems in serving families affected by substance abuse and child maltreatment.

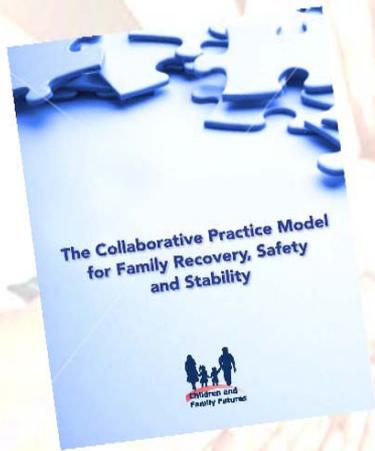
<http://www.ncsacw.samhsa.gov/resources/SAFERR.aspx>





# Collaborative Practice Model

## The Collaborative Practice Model for Family Recovery, Safety and Stability



**Collaboration is not just a useful tool, but a necessity for success**

The Collaborative Practice Model provides ten system linkage elements that child welfare agencies, substance abuse treatment providers, family courts and other agencies can use to collaborate with each other.

This publication defines and provides examples of collaborative practice in each of the ten system linkage elements.

Collaborative groups can use this information to guide their own efforts to implement collaborative practice in their own communities.

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Defines and provides examples of the ten system linkages for collaboration:

1. Mission, Underlying Values, and Principles of Collaboration Screening and Assessment
2. Engagement and Retention in Care
3. Services to Children of Parents with Substance Use Disorders
4. Working with the Community and Supporting Families
5. Efficient Communication and Sharing Information Systems
6. Budgeting and Program Sustainability
7. Training and Staff Development
8. Working with Related Agencies
9. Joint Accountability and Shared Outcomes
10. Resources and Tools for the Elements of System Linkages



# Family-Centered Treatment

Discusses the role of family in the context of treatment for women with substance use disorders.

[http://womenandchildren.treatment.org/documents/Family\\_Treatment\\_Paper508V.pdf](http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf)

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





# Child Welfare Training Toolkit

6 modules, each containing:

- Trainer Script
- PowerPoint Presentation
- Handouts
- Case Vignettes

<http://www.ncsacw.samhsa.gov/training/default.aspx>

## 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.

#### The toolkit contains the following six modules:

- Understanding the Multiple Needs of Families Involved With the Child Welfare System
- Understanding Substance Use Disorders, Treatment, and Recovery
- Understanding Mental Disorders, Treatment, and Recovery
- Engagement and Intervention With Parents Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Developing a Comprehensive Response for Families Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Understanding the Needs of Children of Parents With Substance Use or Mental Disorders

Each module is approximately 2-3 hours and can be delivered over a series of weeks or through a 1-2 day training program. The modules each contain an agenda, training plan, training script, PowerPoint presentation, case vignettes, handouts, and reading materials. References include a trainer glossary, training guide, and a bibliography.

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# Online Tutorials

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## Training and Tutorials



### Child Welfare Training Toolkit

Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders Training Package was developed to educate child welfare professionals about substance abuse and mental health disorders among families involved in the child welfare system.

[Use the Child Welfare Training Toolkit](#)



### Online Tutorials

The free tutorials focus on the subjects of substance abuse and child welfare; they support and facilitate collaboration between the child welfare system, the substance abuse treatment system and the courts. Continuing Education Units are available upon successful completion of a tutorial.

#### Three tutorials available:

- [Tutorial 1: Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals](#)
- [Tutorial 2: Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals](#)
- [Tutorial 3: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Legal Professionals](#)

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<http://www.ncsacw.samhsa.gov/training/default.aspx>



# NCSACW Technical Assistance

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- Email us at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)
- Call us: 1-866-493-2758





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# Questions and Discussion



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Bringing Systems Together for  
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