Using Family-centered Interventions with Families Impacted by Substance Use

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Agenda

- Have Fun
- Causes of Substance Use Disorders
- Effects of Substance Use Disorders
- How Substance Problems Affect the Family Unit
- Importance of Attachment
- Importance of Culture
- Treatment and Recovery for the Family

Objectives

Upon successful completion of this presentation, participants will be able to:

1. Discuss the challenges of families affected by substance abuse;
2. Demonstrate 3 child-centered techniques for working with children and adolescents affected by substance abuse within the family system;
3. Apply 5 family-centered interventions when working with families affected by substance abuse;
4. Identify 2 strategies in everyday work to advocate for accessible mental health programs to reach and treat children.

“The family is one of nature's masterpieces.”

- George Santayana

Defining Terms & Approaches

- Can use the term ‘Child-centered play’ when working with children and adolescents.
  “I use child-centered, play-based techniques…”

“Let them play! The more they play,
the more resilient and socially adept they will become.”

— Jessica Joelle Alexander, Author

Section 1

- Potential impacts of SUD on children.
- Stigma and person-first language.
- Advocating
- Cultural considerations
- Family roles
- Assessment intervention activities and family role activities

DSM-IV-TR Criteria for Substance Abuse

The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

DSM-5-TR Diagnostic Criteria: Substance (e.g., Alcohol) Use Disorder*:

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by 2 of the following, occurring within a 12-month period:

Alcohol is often taken in larger amounts or over a longer period than was intended.
There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
Craving, or a strong desire or urge to use alcohol.
Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
Recurrent alcohol use in situations in which it is physically hazardous.
Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
Tolerance, as defined by either of the following:
a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
b. A markedly diminished effect with continued use of the same amount of alcohol.
Withdrawal, as manifested by either of the following:
a. The characteristic withdrawal syndrome for alcohol.
b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

What is SUD versus Addiction

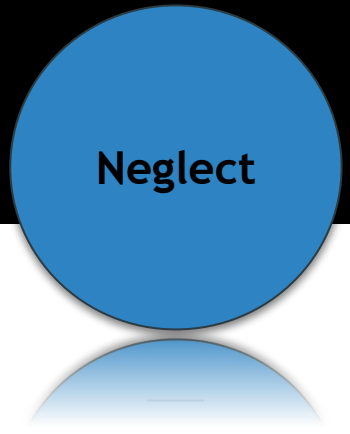
- Addiction is a more severe form of a SUD
- It is considered to be a chronic relapsing ‘brain disease’ that interferes with parts of the brain, such as the parts that experience:
  - Normal pleasure
  - Controls thinking
  - Solving problems
  - Managing emotions
  - Relating to others

1 in 8 children are living in a household with at least one caregiver who has a substance use disorder.

“Never let your storm get your kids wet.”
- Anonymous

Potential Impacts

Families with a caregiver who has issues with substances are more likely to experience poverty and parents are less likely to access resources available.



Caregivers are less likely to be able to meet physical and emotional needs of their children.

Families have higher rates of domestic violence and abuse.

Families are more likely to engage with child welfare system (OCS).

“Having a SUD is not about weakness, lack of willpower, or being ‘bad’.

SUDs result from a complex interaction of biological, genetic, psychological, social, and cultural factors.”

Mental Health Issues Co-occurring with SUD

- What are some mental health concerns you see alongside substance use and alcohol use in your clients?
- What are some issues you see in your community?
    - Normalizing: “My family drinks – It’s what we do”.
    - Loss of Culture and Tradition
    - Grief
    - Loss of ability (job, physical (pain), financial security)
    - Isolation

How Substance Use Affects the Family Unit

- In what ways do you see substance use affecting the family?
  - Fighting- Family mood and atmosphere
  - Interactions among fx members: family rituals (eating together, sharing activities, celebrating holidays), parents not working as a team, Communication
  - Pregnancy – FASDs
  - Accidents
  - Neglect or Abuse
  - Kids miss school – bullied, don't stay at home,
  - Lost relationships – friends/ family avoid
  - Parentification
  - Loss of income/ security/ safety and Welfare dependence
  - Foster care
  - Shame
  - Betrayal/ lied to
  - Codependency – take on the responsibilities of the sick person and over-function as the sick person under functions
  - If there is medical illness…
  - Divorce
  - Criminal behaviors

Effects on the Family are Determined By:

- Severity of the SUDs.
- Presence of other medical, psychiatric, or social problems.
- Behavior of the family member with the SUD.
- Availability of support within and outside of the family.
- Exposure to positive relationships or experiences.
- Personal characteristics such as resiliency and determination.
- Culture.

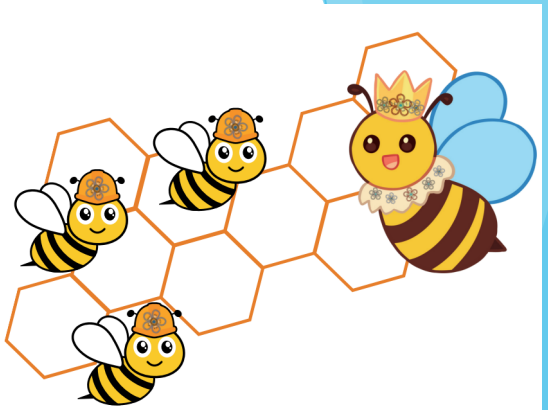
The Community: The Rat Park Experiments

- What An Experiment With Rats Teaches Us About Addiction | Johann Hari - YouTube

"That which is not good for the bee -hive cannot be good for the bees."

- Marcus Aurelius

Beehive Activity



- Yellow/Orange: Your Values (consider culture, supports, teachings)
- Purple: What are you doing now? What do you need to learn?
- Blue: Which activities will you begin using in your daily job?
- Green: What you want to do or see happen (job, community, state level, etc.)? And what do you need for that?
- Worker Bees: Who do you need for help with what you are doing?
- Queen Bee: Who would give the go-ahead or approve?

Core Values Use Yellow/Orange

truth
curiosity
efficiency
initiative
environment
communication
power
control
courage
competition
excitement
creativity
happiness
honor
innovation
obedience
financial growth
community support
effectiveness
integrity
peace
loyalty
clarity
financial security
love
intelligence
provide a legacy
persistence
sincerity
fun
relationships
wisdom

flexibility
perspective
commitment
recognition
learning
family harmony
honesty
originality
prestige
prosperity
discipline
respect
fairness
order
spirituality
adventure
cooperation
humor
collaboration
empathy
family
open-mindedness
having adequate resources
autonomy
dependability
trust
beauty
excellence
teamwork
service
challenge
profitability

freedom
friendship
influence
decisiveness
justice
quality
hard work
responsiveness
fulfillment
purposefulness
diversity
strength
self-control
cleverness
success
stewardship
support
equality
harmony
patience
growth
variety
productivity
competence
health
risk-taking
simplicity
independence
comfortable home
_____
_____
_____

Impacts on the Child

- Attachment struggles
- Unable to read/trust internal cues
- Lower academic achievement
- Higher ACEs score
- Lower social competence
- More likely to struggle with substances in future

Video Toddlers regulate their behavior to avoid making adults angry

Toxic Stress in Children of Parents who Misuse Alcohol or Illicit Substances

3 - 4x more likely to by physically or emotionally neglected or abused or sexually abused.

fMRI - substance using mothers versus non-using mothers - less activation to infant faces and auditory stimuli. Impact on SES.

25% of infants and toddlers under 2 do not receive recommended healthcare visits;

With a buffering adult, these are lessened.

The "Still Face" Experiment by Dr Ed Tronick

“As I sometimes state in my teaching and discussions with groups of patients with addiction who are in treatment, I am humbled and impressed by how some individuals with severe addictions who have knocked on the door of death and visited the gates of hell have bounced back and engaged in meaningful recovery. And even more impressive is how many of these individuals now help others, either in their professional work in the field of addiction treatment, as volunteer recovery coaches, or as peers in mutual support programs like Alcoholics Anonymous or Narcotics Anonymous.”

-Author

10% of 23 million

of Americans who meet criteria for a substance use disorder seek treatment every year.

Stigma is a significant barrier.

Stigma

Despite widespread knowledge of substance use epidemics, stigma continues to persist

Professionals may unknowingly and subtly display societal and personal biases in how we talk with the families we work with.

Language matters:

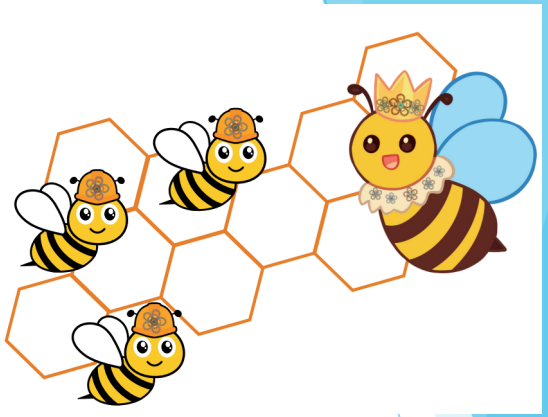
Instead of this….

- Substance abuser
- Clean/dirty UA
- Abusing substances
- Addict

Use this…

- Person-first language; Person who struggles with misusing substances, person who has addiction.
- Positive or negative drug test.
- Hazardous, risky, harmful, unhealthy use
- Addict part of the brain

Beehive Activity



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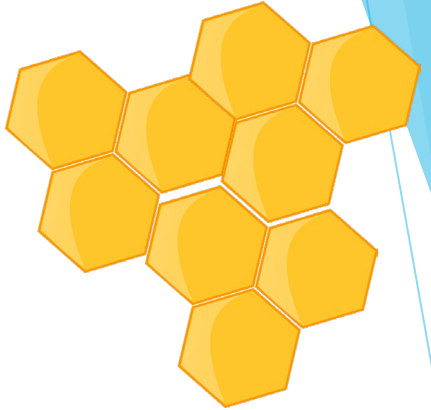
A Little More about the Purple

An advocate is a person who publicly supports, recommends, or pleads the cause of another person, policy, or idea. To actively promote or support a cause, such as advocating for policy changes or defending someone's rights. Advocates often champion causes, acting as supporters, protectors, or legal representatives.

Ask yourself: in your community, what do you see as 'beginnings' of change? Of cultural change? What are you doing (advocating for) or want to see done? What do you need to learn to make it happen?

What ways do you use your values to advocate?

Advocating – Beehive Activity

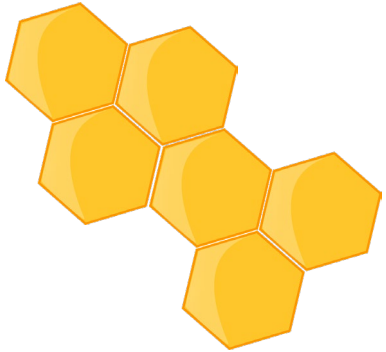


What are some ways we already advocate? (Use Purple)

What are you doing now? What do you need to learn in order to make happen what you want in your community? What ways can you use tradition & culture in your work?

What are 'built in' prevention programs?		
Dances for youth	Game night	In-kind donations

As We Continue…



- Blue: Which activities might you begin using in your daily job?
- Green: What you want to do or see happen (job, community, state level, etc.)

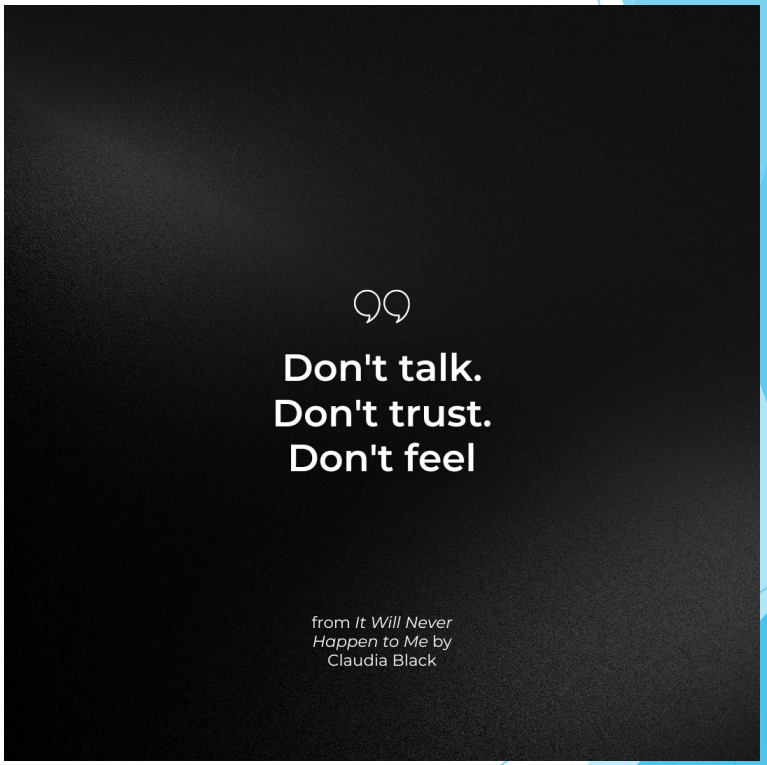
- Worker Bees: Who do you need for help with what you are doing?

Queen Bee: Who would give the go-ahead or approve?

Treatment and Recovery for the Family

How SUD Affects the Family Unit:

Rules in Families with Addiction



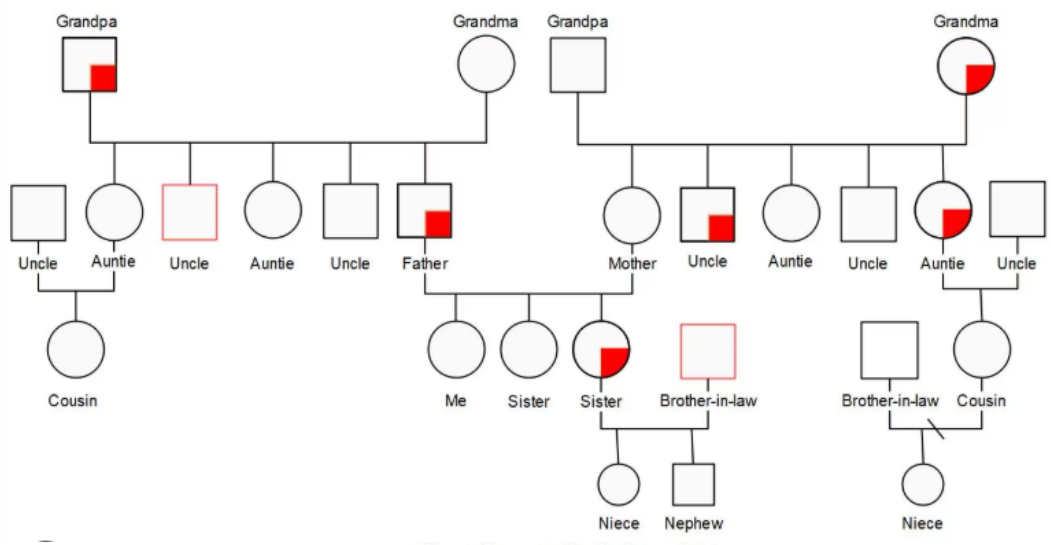
Explaining Boundaries

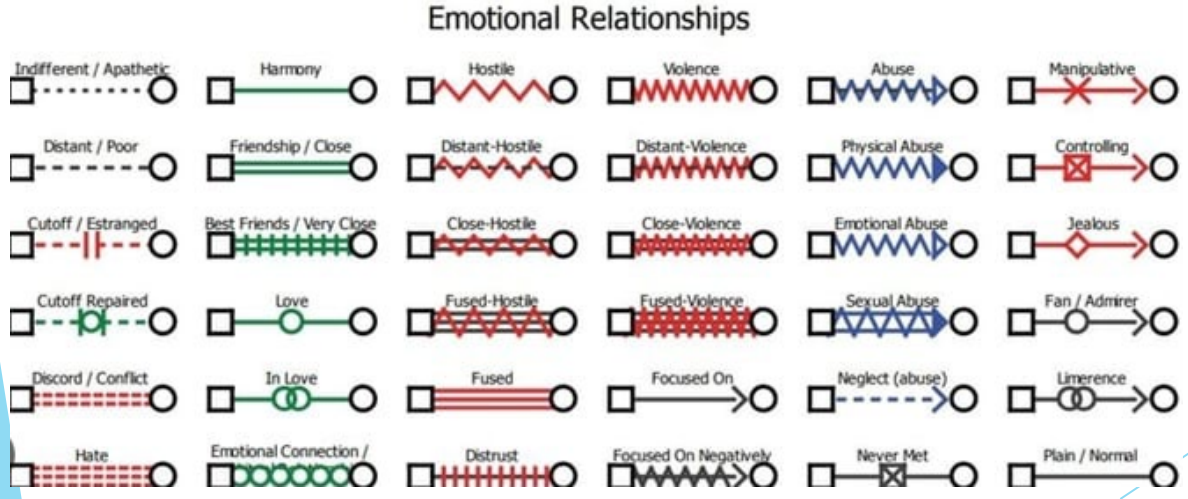
DSM-5-TR and Cultural Considerations

- Assessment activity -
  - Prompt - “How do you spend time together during time off such as a nice weekend or a holiday”? Ask family members to draw a picture of how they spend time together. They can do this independently or together, based on your assessment.
  - Ask them to include people who might be present and what everyone is doing/ favorite things/ favorite people to hang out with, etc.
  - Take note if alcohol/ substance(s) use is present or not. Reflect on this. This oftentimes opens up insightful conversation on family dynamics, biased thinking, subconsciously expressed desire for change, etc.

Ways to explore roles in families

- Genogram
- Family portrait
- Lighthouse, Storm, and Boat family drawing


Grandpa
Grandma
Grandpa
Grandma
Uncle
Auntie
Uncle
Auntie
Uncle
Father
Mother
Uncle
Auntie
Uncle
Auntie
Uncle
Cousin
Me
Sister
Sister
Brother-in-law
Brother-in-law
Cousin
Niece
Nephew
Niece


Emotional Relationships
Indifferent / Apathetic
Harmony
Hostile
Violence
Abuse
Manipulative
Distant / Poor
Friendship / Close
Distant-Hostile
Distant-Violence
Physical Abuse
Controlling
Cutoff / Estranged
Best Friends / Very Close
Close-Hostile
Close-Violence
Emotional Abuse
Jealous
Cutoff Repaired
Love
Fused-Hostile
Fused-Violence
Sexual Abuse
Fan / Admirer
Discord / Conflict
In Love
Fused
Focused On
Neglect (abuse)
Limerence
Hate
Emotional Connection /
Distrust
Focused On Negatively
Never Met
Plain / Normal

Roles in families with substance use:

- The person using substances
- The Hero
- The Scapegoat
- The Enabler
- The Lost Child
- The Mascot

Family Roles Activity

When: Later in family counseling when assessment and PE have been concluded.

Why? Helps all members understand perceptions and internal experience of other family members, challenging cognitive dissonance.

Directions: Each family member (FM):

1) Receives a strip of paper with each role (6 strips);
2) Places the strip of paper with role into the family member's cup who matches this role;
3) Discuss.

Adaption for earlier in tx: Can use other tasks that are part of daily life in the family. Who makes FMs feel safe, takes care of the 'small' stuff, fixes mistakes, has the most influence, takes the most time (has the most power), who is the cheerleader, truth-teller, hides the most, etc.

Activity

- Select one item/ picture that you are drawn to (5 min) that you feel is like you.
- Share with your family (5 min):
  - Why did you choose this?
  - How is it like you?
  - Would others who know you say it's like you?
- FMs will use listening skills and reflection when needed.

Section 2

- Safety
- Attachment and Repair
- Colonization trauma/ transgenerational trauma;
- Toxic stress
- Family-centered and parent/ child dyad interventions
- 7 C’s

With permission from SalmonberryDreams

Trigger Warning

The upcoming slides discuss generational and cultural trauma and may be emotionally challenging. It is essential to understand the experiences and challenges in behavioral health services so that we may respond with compassion and find appropriate care for our clients.

If you find yourself triggered, please take care of yourself.

If you feel triggered, please take care of yourself and use your available resources as well as any of the following: SAMHSA's National 24/7 Helpline (free and confidential) 1-800-662-HELP (4357). 988 LIFELINE Suicide & Crisis Lifeline. Please reach out to me if you need any assistance with finding resources - Donna Henry (907) 252-2575 or djhenry@anthc.org In the immediate you can talk with Teri, Vicki, or Xio.

No Shame No Blame

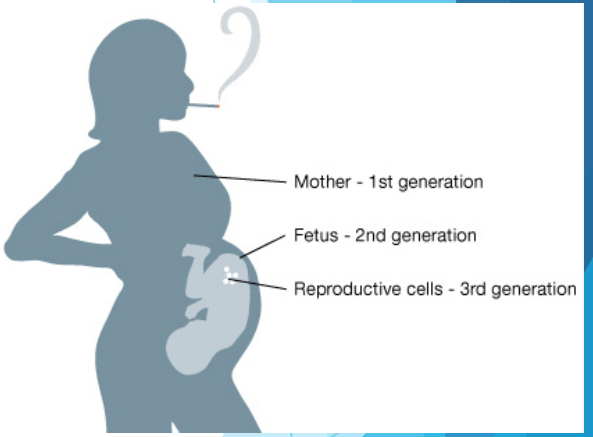
Epigenetics - *"The gene is the hardware of the computer; epigenetics is the software. Genes load the gun; epigenetics pulls the trigger."* - Barry Lester, 2016

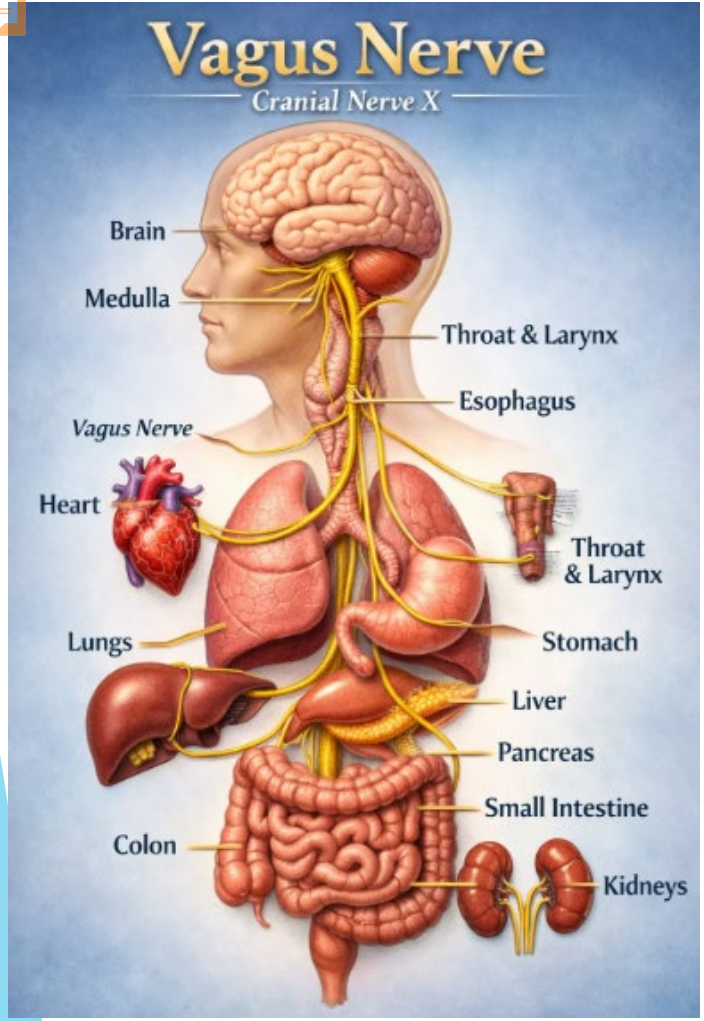
Fetal receptors, cortisol, and stress = Increased risk of affective disorders.

Transgenerational trauma - spread of stressors such as poverty, institutionalized racism/ prejudice/ oppression.

This impacts social engagement system (SES) (polyvagal) and how parent interacts and responds to child's needs.

https://learn.genetics.utah.edu/content/epigenetics/





Safety

The nervous system learns through **experience**, not explanation.To heal trauma and chronic pain, the body must repeatedly sense:

- Safety without collapse
- Activation without overwhelm
- Connection without threat

This is nervous-system re-education.

Teach parents to coregulate with their children.

https://www.neuropathresetmethod.com/articles/the-vagus-nerve-unravelling-the-mysteries-of-the-bodymind

Vagus Nerve Exercises

- Safety is your starting point;
- Being safe versus feeling safe;
- Work on regulation skills FIRST w/ child and parent.
- Strategies
  - Drink through a straw
  - Eat something crunchy or chew gum
  - Ear massage
  - Gargle
  - Sing/ hum
  - Positive social connections
  - Others

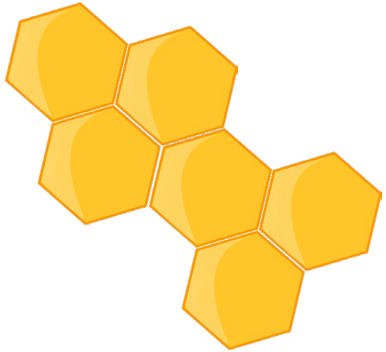
Art Activity: Inside/Outside self

- Way to explore inner versus outer experience.
- Client decorates the outside of the mask with what they show the world.
- They decorate the inside with what they hide from the world.
- Can be done by painting/drawing, collage, etc.

Art Activity: Decorating box

- A healthy way to teach containment:
  - The child creates a place to put worries, nightmares, etc.
  - They learn to acknowledge their thoughts and feelings, but don't have to be in them all the time.
  - Can stay in the clinician's office or as something to take home.

As We Continue…



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Worker Bees: Who do you need for help with what you are doing?

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The other night, I ate a really nice family restaurant.
Every table had an argument going.

-George Carlin

Culture

1. The way you see the world.
2. The story into which you were born.
3. The game of life as you understand it and play it.
4. What you have been told.

https://mohai.org/collections-and-research/search/item/SHS/-%2314102/?searchQuery=Alaska&modules%5B0%5D=item&modules%5B1%5D=collections&modules%5B2%5D=library&pageNum=25

Impacts on Culture

Collective consciousness is the shared beliefs, ideas, and moral attitudes that act as a unifying force within a society, first introduced by sociologist Émile Durkheim.

With permission from RSJFineArt

It isn't the sum of individual thoughts, but rather a collective force that creates social solidarity, shapes behavior, and provides a shared framework for understanding and interacting with the world. Think of it as the common social glue that binds people together through shared values, customs, and norms, like national identity or religious rituals.

Cultural trauma is when a cultural group experiences such a terrible event or events that it has a lasting impact on their *collective consciousness,* altering their group identity and future.

Collective consciousness is the shared beliefs, ideas, and moral attitudes that act as a unifying force within a society.

Historical trauma is a specific form of cultural trauma that is passed down through the generations within a group, typically resulting in group experiences of oppression, violence, and marginalization.

A Word on Native Culture

“During the initial contact between native and colonial cultures, there occurred an environmental shock. The lifeworld as had been known for centuries became threatened, and in most cases that lifeworld was systematically destroyed. The makeup of the lifeworld consisted of all cultural experience, with spirituality at its core. The psychological trauma perpetrated by such an intrusion had a collective impact at the beginning of what was to become a process of ongoing loss and separation. This loss and separation was not only from loved ones, but was also the loss of the relationship the people had with their daily world. These losses were not allowed the time for proper bereavement and grief process, thus adding to the wound in the Native American psyche.” (p.32) (Duran & Duran, 1995)

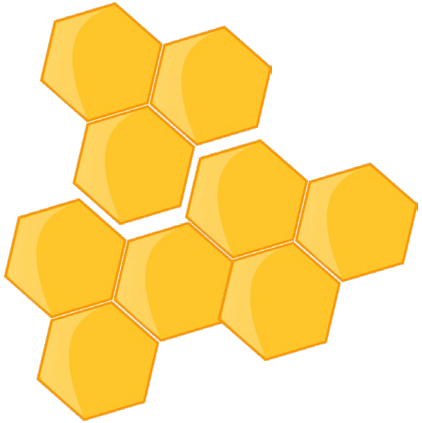
Trauma & Attachment

"Trauma stems from being left psychologically alone in unbearable emotional pain." (Allen, 2013)

Examples of attachment trauma are interpersonal violence, loss (ACEs), lack of parenting education, etc.

Attachment-focused interventions predate attachment theory.

You haven’t done anything wrong by trying to survive. It worked.



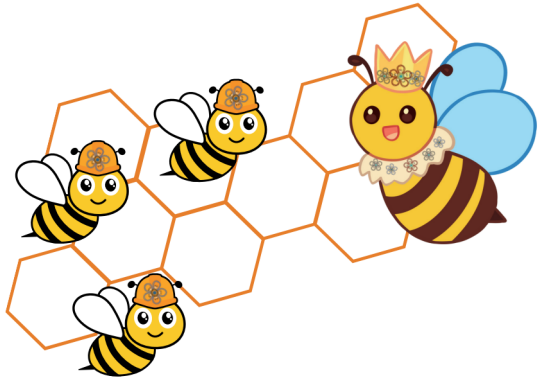
For a time.

Is it working now?

“Decolonization is evolution. Decolonization seeks to create new men. Create new humans, new ways of being in relationship with one another, the earth, our bodies, our plant and animal kingdoms, our trauma symptoms, virtual spaces, philosophies, our core beliefs about ourselves, ancestral wisdom, mental and emotional wellness, and our minds. Our language has to evolve, as does the manner in which we use it”.

- Frantz Fanon

Beehive Activity



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Attachment and Repair

What is attachment?

Ways attachment is ruptured;

Strategies for repair in attachment.

What is Attachment?

"Children who form strong bonds - secure attachments - with their parents at a very young age lead much happier and more fulfilling lives.

These attachment bonds are formed when parents respond to the needs of their children and dependably provide comfort. For ex: they pick them up when they cry or hold and reassure when they are upset.

When children experience this kind of reliable behavior and connection, they are freed to learn and develop without having to use attention or energy to survive, or to remain vigilant, watching for slight changes in their environment or in their caregivers." Siegel & Bryson

Enduring Relational Impact

- First 18 months;
- Ruptures and lack of repair impacts right hemisphere;
- Critical influence over emotion regulation;
- Common emotions expressed: rage, lack of belonging, over or under sensitivity, grief, withdrawal;
- Common behaviors: ‘hyperactivity’ dysregulation, attention difficulties/ dissociation; displacement, control;

50 years of longitudinal research shows that children with secure attachment:

Enjoy more happiness with their parents (and less anger!)

Get along better with friends and have stronger friendships

Have better relationships with siblings

Have high self-esteem/ self-efficacy

Know that most problems will have an answer = Resiliency

Trust that good things will happen for them

Trust the people they love - Healthy Relationships

Know how to be kind to those around them

Siegel & Payne Bryson, 2020

How Family-centered Interventions Address Attachment Trauma

Children have innate ability to self-repair and heal;

If late in developmental stages, positive changes take much more time;

Family Models to use:

1. Trust-Based Relational Intervention
2. Filial Family techniques
3. The Circle of Security

Importance of proper training and supervision/ consultation.

(Sanders et al., *Polyvagal theory and the developing child: Systems of care for strengthening kids, families, and Communities* 2022)

https://alaskamagazine.com/authentic-alaska/culture/alaska-native-clothing/

Factors to consider when engaging caregiver:

- What are barriers to engagement?
- What are safety factors?
  - Are they actively using substances?
  - Who has custody of the child?
  - Potential trauma related to caregiver;
  - Is the caregiver able to engage effectively?
  - Child's attachment figures and style;
  - Ability to engage consistently?
- Other considerations?

Family Sessions

When parent is stable:

- Provide education to parent on attachment and what sessions will involve;
- Provide child with *age appropriate* education on trauma attachment/ mixed-up feelings (books, videos, etc.);
- Include parent in sessions as active participant or silent witness;
- Include other members if positive;

Clinician is “paralleling the infant- caregiver dynamics”, the parent-client develops a model in which the self is viewed as valuable and worthy of care - the clinician is viewed as compassionate and available - “this instills a profound sense of security.”

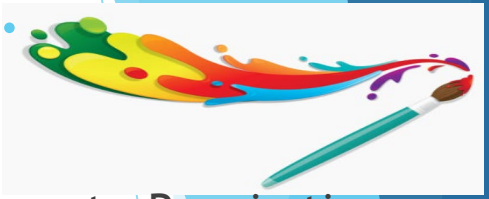
(Thompson & Sanders, 2019)

Resources to check out : Allen, Jon; Perry, Bruce; Schore, Allan; Seigel, Daniel

“Children are a great comfort to us in our old age, and they help us reach it faster too.”

—Anonymous

Techniques for Parent/ Child Dyad Cont.



4) Co-create a nest

a. Why? Provides information about secure and insecure attachment. Repairative. Facilitates emotional expression.
b. Prior to session: Discuss with parent how to be encouraging and not take over; to be reflective of his or her own experiences with safety growing up; and focus on needs of the birds in the nest during activity with child, reflecting and tracking child. Just explore.
c. First, have each draw a birds nest. Each shows the other and therapist what they created. 'What does the bird need to feel safe? Loved?'
d. Next co-create a bird's nest as a 'secure fort' with additional materials: clay, feathers, construction paper, stickers, tissue paper, nature elements, etc.
e. BHA can reflect on picture elements of security/ safety, caregiving, connection. Don't interpret.
f. Barriers: 'Who or what else could help make the birds feel safe?' If child needs more space, that's okay. This can always be done again for measurable changes.

Techniques for Parent/ Child Dyad

- Mandala - using textured and soothing objects to co-create a mandela or art piece.
- Counselor teaches verbal and non-verbal responses by example;
- Techniques utilizes multiple senses in connecting/ attuning child and parent;
- Establish safety through connection - not about “good or bad”

- Supplies: Paper, glue, markers, string, puff balls, macaroni, pipe cleaners, nature items such as twigs, leaves, pinecones, flowers, etc. (Grant, 2016)

Techniques for Parent/ Child Dyad

- Soothing the lower brain: Use activities that have positive sensory sensations and that are repetitive.
- 2) Cloud Dough
  - Why: Helps repair missed early experiences of of exploration, mastery, and soothing. Creates new neural pathways.
  - Materials: One part scented conditioner, 2 parts cornstarch. Mix in a bowl with your hands until it forms a soft and good-smelling squish ball.
  - Barriers: Sensory issues: use vinyl gloves, have the parent try it first and child watches parent's reactions (attunement).(Malchiodi & Crenshaw, 2014).

Techniques for Parent/ Child Dyad Cont.

- 3) Scribble chase
  - Why: Reflective convergence (Daniel Siegel) promotes attunement, flexibility, and interpersonal attachment because you are Attuning to another's cues and behaviors. Mirroring.
  - Chairs close together. Prep parent to make frequent eye contact, that child may be hesitant, and to keep it light/ fun. Switch roles.
  - Materials: Paper, scented markers.
  - Barriers: If child is 'resistant' (fearful), therapist and parent try it first.
-

(Malchiodi & Crenshaw, 2014)

Helping Children: The 7 C's

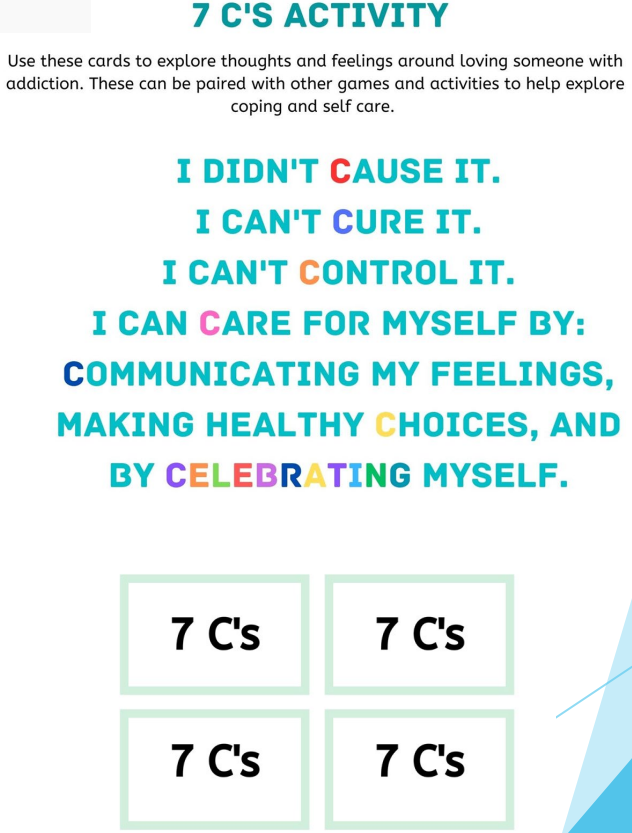
The 7 C's were created by the National Association for Children of Addiction, NACoA

I didn't **Cause** it.
I can't **Cure** it.
I can't **Control** it.
I can **Care** for myself
By **Communicating** my feelings, Making healthy **Choices**, and By **Celebrating** myself

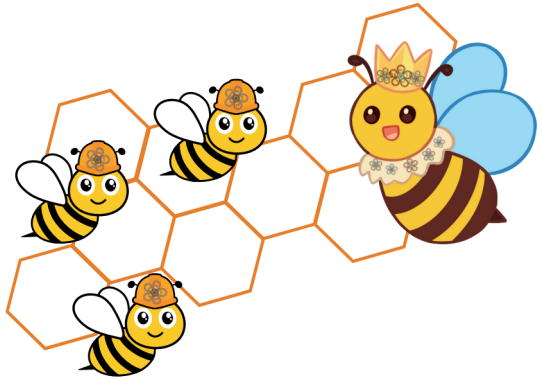
The 7 C's Cards

The cards can be used to facilitate conversation independently.

They can also be paired with a game or other activity, such as playing checkers or chess, and when a piece is taken, a card is drawn and answered/ reflected upon.



Beehive Activity



- Orange: Your Values (consider culture, supports, teachings)
- Purple: What are you doing now? What you need to learn.
- Blue: Which activities will you begin using in your daily job?
- Green: What you want to do or see happen (job, community, state level, etc.)
- Worker Bees: Who do you need for help with what you are doing?
- Queen Bee: Who would give the go-ahead or approve?

"Remember, as far as anyone knows,

we're a nice, normal family."

- Homer Simpson

Summary

- Impact of Trauma and Substance Abuse on Attachment.
- Person-first Language.
- 2 Cultural Assessment Strategies.
- 13 interventions to use with children and families.
- 3 modalities to use with children and families.
- Advocating – Applying what you've learned.

https://alaskatours.com/alaska-stories/tasty-treats-enjoy-traditional-alaska-native-foods/

Cultural Reflection Questions

- Where is home to you?
- What is your relationship to that home?
- Where have you been exiled/ excluded/ left out in your life?
- Where have your parents been exiled/ excluded/ left out?
- Where does learning or unlearning most need to happen in your life?
- What lies have you been told about your ancestors?
- How has this impacted your relationships?
- How has this impacted your choice of work?
- What is your family's relationship to colonization?
- How may that show up for you every day?

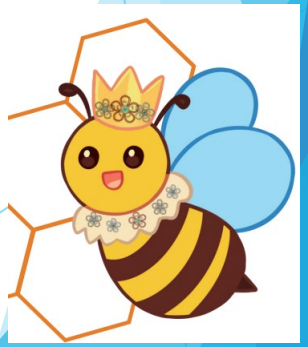
Success is the sum of small efforts.
Repeated Day-in and Day-out.

-Robert Collier

Thank you for all you do in your community!

Bee good and kind to yourselves.

You deserve it!



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Questions?