

CHAPTER 7: Substance Abuse in Families

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PLEASE READ THE MATERIAL PRIOR TO ATTENDING THE SESSION.

Homework for Session:

Read chapter 7; answer and submit chapter 7 review questions.

Class Objectives:

- Recognize how mental illness impacts families and children.
- Recognize how substance abuse impacts families and children.
- Recognize treatments available.

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UNIT 1: The Impact of Mental Illness on Children & Families

Issues of Mental Illness in Families

There are many contributing factors to abuse and neglect. One factor is a person's mental health. The healthier they are, the easier it is for individuals to handle life's daily stressors. The opposite is also true: Problem solving becomes difficult when mental illness factors into a person's life.

Families that are not able to cope well are often isolated, face a variety of challenges, and are stressed by numerous problems that compound the situation.

Depression, character disorder, and psychiatric illnesses are a few of the mental health issues that factor into abuse and neglect.

The Facts

- ✓ Today, in the United States, over 35 million people suffer from some sort of mental illness.
- ✓ Mental illness affects one in four families and is more prevalent than cancer and heart and lung disease combined.
- ✓ The vast majority of people with a mental illness are not dangerous.
- ✓ Mental illness is treatable with various combinations of therapy and drugs.

Statistics from the National Resource Center on Child Maltreatment, www.gocwi.org/NRCCM

Definition

Definitions of mental illness have changed over time, across cultures, across national -- and even state -- boundaries. Mental illness is diagnosed based on the nature and severity of an individual's symptoms. If a person meets the diagnostic criteria as set forth in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, he or she may be diagnosed with a particular disorder such as depression, anxiety, post-traumatic stress disorder, schizophrenia, alcohol dependence, and so on. The term "dual diagnosis" indicates that an individual has two sets of problems, such as a substance abuse problem as well as a psychiatric disorder.

Ethnic & Cultural Considerations

There is increasing recognition that the standards for research and definitions of health and illness (and treatment) are biased because they are derived from a white, middle-class perspective. Although special efforts were made in the development of the *DSM-V* (the standard medical diagnostic resource) to incorporate cultural information to try to reduce bias, it is important to remember that the assessment and treatment of mental illness may be ethnically and culturally biased.

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Causes

There is no single model or perspective that accounts for all instances of mental illnesses. Some disorders have a predominately biological or neurological basis; others seem to be more related to life experiences and trauma, or difficulties in communication. Many see the genesis of a mental illness as a complex interaction between innate or inherited traits and stressors. The most helpful stance for a CASA volunteer to take is to accept that mental illness affects the whole person -- mentally, physically, psychologically, socially, emotionally, and spiritually.

Impact on Children & Families

The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may be a result of misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in U.S. culture. Untreated mental illness can lead to isolation and despair for individuals and families. A parent may be so incapacitated by anxiety or depression that he is unable to care for his child. Or a parent may have hallucinations or delusions, which may make her a danger to herself or her children. Regardless of the type of disorder, people suffering from mental illness have a diminished ability to cope with the normal demands of life. The degree to which their functioning is impaired varies from mild to severe. It is important to note that with medication and/or therapy, most people with mental illness can function normally.

In addition to understanding mental illness, it is critical to have some idea of the parent's level of functioning in order to make recommendations that address the likelihood that parents can remedy the problems that initiated their involvement with the child protective services system. A person's level of functioning can be affected by many factors; some, not all, are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities (the term formerly used was mentally retarded) or specific learning disabilities. These limitations, just like physical ones, have a range of severity. At the mild end, parents with diminished intellectual capacity may not be able to understand the court system with its complex language or the many written documents presented to them by the child protective services agency. At the severe end of the scale, parents with grave intellectual limitations may not be able to provide basic daily care for themselves, much less for a child. The CASA volunteer must look beyond IQ or any other diagnostic term to assess how a parent functions on a day-to-day basis.

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Treatment

Availability of mental health treatment varies and its effectiveness depends on a variety of factors. People are unique, possessing their own strengths, weaknesses, and cultural differences. A well-designed treatment plan takes these differences into account. Healers and practices from the person's cultural tradition (e.g., the use of prayer or meditation) can be included with other, more "Western," approaches, which might include specialized inpatient treatment (e.g., for substance abuse), medication, individual and/or group counseling, self-help groups (e.g., Alcoholics Anonymous, Overeaters Anonymous, and other Twelve Step programs), and education or training (e.g., parenting classes, anger management training).

What Can a CASA Volunteer Do?

It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators so that you can alert the caseworker about your concerns. How will you know mental illness when you see it? Your own internal cues are your best initial indicators that something is "off" or "not right" about a person.

Following are some indicators that may point to the need for professional assessment:

Social Withdrawal

Characterized by "sitting and doing nothing"; friendlessness (including abnormal self-centeredness or preoccupation with self); dropping out of activities; decline in academic, vocational, or athletic performance.

Depression

Includes loss of interest in once pleasurable activities; expressions of hopelessness or apathy; excessive fatigue and sleepiness, or inability to sleep; changes in appetite and motivation; pessimism (such as perceiving the world as "dead"); thinking or talking about suicide; a growing inability to cope with problems and daily activities.

Thought Disorders

Evidenced by confused thinking; strange or grandiose ideas; an inability to concentrate or cope with minor problems; irrational statements; peculiar use of words; excessive fears or suspicions.

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Inappropriate Expression of Feelings

Such as hostility from a person formerly passive and compliant; indifference even in important situations; inability to cry or excessive crying; inability to express joy; inappropriate laughter; anger and hostility out of proportion to the precipitating event.

Bizarre Behavior

Such as hyperactivity, inactivity, or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; changes in personality; drug or alcohol abuse; forgetfulness and loss of valuable possessions; bizarre behavior (such as skipping, staring, or strange posturing); increased absenteeism from work/school.

In your capacity as a CASA volunteer:

- ✓ You can recommend a mental health assessment of a parent or child; and
- ✓ You may request consultations with a parent's mental health care providers.

Although the parent's mental health providers are ethically and legally required to maintain their client's confidentiality, they may be willing -- with their client's permission -- to talk with you about their perspective on the situation and any concerns you have. Your CASA supervisor will be able to answer your questions about gaining access to this confidential information.



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UNIT 2: The Impact of Substance Abuse on Children & Families

Substance abuse is one of the factors that can contribute to abuse and neglect. Psychoactive substances, including alcohol, whether legal or illegal, impact and alter moods, emotions, thought processes, and behavior. These substances are classified as stimulants, depressants, narcotics, cannabis, or hallucinogens based on the effects they have on the people who take them.

General Definition

Substance abuse occurs when a person displays behavior harmful to self or others as a result of using the substance. This can happen with only one instance of use, but it generally builds over time, eventually leading to addiction. Chemical dependency, also called addiction, involves loss of control over the use of the substance, continued use despite adverse consequences, development of increasing tolerance to drugs, and withdrawal symptoms when the drug use is reduced or stopped. The description of the illness that is most widely accepted is summarized by the American Society of Addiction Medicine (ASAM).

Substance-related disorders encompass the following six dimensions:

- . The potential for acute intoxication and withdrawal;
- . The possibility of biomedical conditions and complications;
- . Emotional/behavioral conditions;
- . The possibility for, but resistance to, treatment;
- . The potential for relapse and/or continued use; and
- . The possibility of recovery.

Causes

There are different theories about how abuse/addiction starts and what causes substance abuse/dependency. According to ASAM, substance-related disorders are biopsychosocial, meaning they are caused by a combination of biological, psychological, and social factors.

(Note: Both the criteria for defining Substance Dependence and Substance Abuse and a chart describing commonly used substances and other information about substance abuse can be found in the Resource Materials section of this chapter.)

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Treatment

The field of addiction treatment recognizes the totality of the individual's life situation. Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan based on a comprehensive biopsychosocial assessment of the affected person, as well as his or her family. Treatment spans a continuum of services depending on the severity of the addiction, starting with a basic referral to Twelve Step programs and then moving to outpatient counseling, intensive outpatient/day-treatment programs, and inpatient/residential programs.

Treatment programs use a number of modalities, which include assessment; individual, group, and family counseling; educational sessions; aftercare/continuing-care services; and referral to Twelve Step or Rational Recovery support groups. Recovery is a process and relapse is part of the disease of addiction.

The process of recovery includes holding the addict/alcoholic accountable for what they do while they are using. While it is important to act in an empathetic manner toward the person with the illness, the addict/alcoholic must be held accountable for his or her actions. For example, a mother who is successfully participating in treatment may have to deal with her children being temporarily taken from her because of how poorly she cared for them when using.

Impact on Children

Some estimates indicate that as many as fifty to eighty percent of substantiated child abuse and neglect cases involve some degree of substance abuse by the child's parents. It is helpful to remember that the child of a parent with abuse/addiction problems still loves his or her parent, even though the parent may have abused or neglected the child.

*Adapted from materials by Stephen Bogan, M.A.,
Department of Social and Health Services, Olympia, WA.*

The Effects of Substance Abuse on Parenting

It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with his or her ability to parent effectively, a child may suffer in a number of ways:

- A parent's overriding involvement with alcohol and other drugs may leave the parent emotionally and physically unavailable to the child.
- A parent's mental functioning; judgment, inhibitions, and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect.

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- . A substance-abusing parent may “disappear” for hours or days, leaving the child alone or with someone unable to meet the child’s basic needs.
- . A parent may also spend the family’s income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing, and health care.
- . The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings, and an inability to maintain important support systems (churches, sports teams, neighbors).
- . A child’s health and safety may be seriously jeopardized by criminal activity associated with the use, manufacture, and distribution of illicit drugs in the home.
- . A child may be placed at increased risk for sexual abuse with the parent’s substance-abusing friends coming in and out of the home.
- . Eventually, a parent’s substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.
- . Consistent exposure to parental abuse of alcohol and other drugs, along with a lack of stability and appropriate role models, may contribute to the child’s own substance abuse.



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What the Child Experiences

From a child's perspective, a parent's substance abuse is usually characterized by the following:

- ✓ **Broken Promises**
To go somewhere with the family, do something with the children, not drink that day, not get high on some occasion. The children grow up thinking they are not loved or important enough for their parents to keep their promises.
- ✓ **Inconsistency & Unpredictability**
With rules and limits that seem to change with the occasion, and parents who can be loving one moment and abusive the next.
- ✓ **Shame & Humiliation**
As alcohol or drugs take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.
- ✓ **Tension & Fear**
Because the children never know what will happen next. Children of substance-abusing parents typically feel unsafe at home, the environment in which they should feel most protected.
- ✓ **Paralyzing Guilt & an Unwarranted Sense of Responsibility For the Problem**
Many children think they cause their parents' behavior. Part of the disease is to blame someone else for it, and the children grow up thinking that if they were better students, more obedient, neater, more reliable, or nicer to their siblings, the problem would disappear.
- ✓ **Anger & Hurt**
About being neglected, mistreated, and deemed less important than the alcohol or drugs. The children grow up with a profound sense of abandonment.
- ✓ **Loneliness & Isolation**
Because the family tries desperately to deny or hide the problem and often will not even discuss it among themselves. The children, with no one to talk to about the most important thing in their lives, think they are the only ones with this problem.
- ✓ **Lying as a Way of Life**
To constantly cover for the failure of the parent, or account for his or her deviant behavior.
- ✓ **Feeling responsible to organize and run the home and care for younger siblings.**
- ✓ **Feeling obliged to hide the problem from authorities in order to protect the parent.**

*Adapted from When A Parent Drinks Too Much: What Kids Want to Know
Center for Addiction & Mental Health (CAMH), 2005*

Children in substance-abusing families need significant treatment to address these issues and begin to heal their wounds. The CASA volunteer can advocate for counseling from a provider who has expertise in working with substance abuse issues.

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Key Points a CASA Volunteer Should Consider

In deciding whether a child can return home to a family where substance abuse occurs, a number of factors should be weighed. These include:

- . The parent's ability to function in a caregiving role;
- . The child's health, development, and age;
- . Parental history of alcohol or other drug abuse and substance abuse treatment;
- . Safety of the home;
- . Family supports;
- . Available treatment resources; and
- . Treatment prognosis and/or length of sobriety.

A dilemma that often arises is the conflict between the legal mandate for permanence, as well as the child's need for permanence, and the long-term treatment (including inpatient treatment) that may be needed by substance-abusing parents. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care. Although it is often the only available option, the child may feel punished when he or she is placed in foster care or away from the parent.

What Can a CASA Volunteer Do?

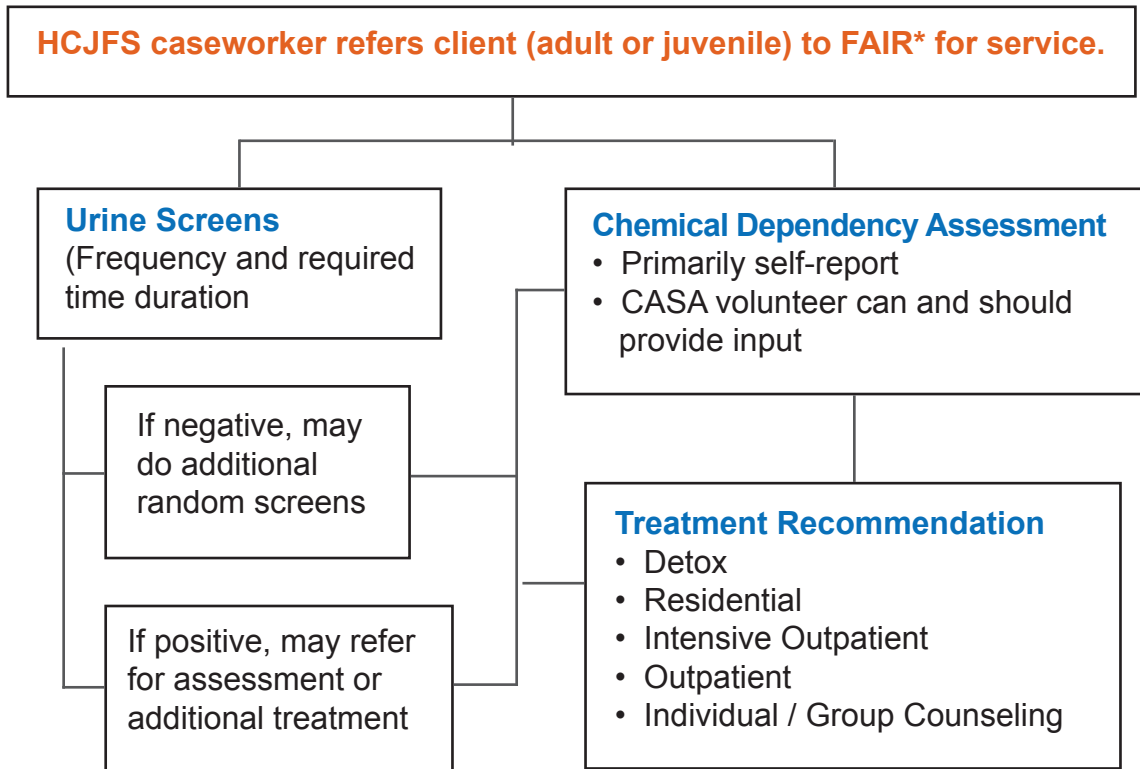
Educate yourself about the power of addiction and recovery and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, and Alateen. Support those family members who are willing to deal with the substance abuse problem, even if the person with the substance dependence is not.

Services that you might advocate for include:

- . Substance abuse treatment services (especially programs where the child can be with the parent, if appropriate);
- . Home-based services to build family skills;
- . Relocation out of an environment where drug or alcohol use is pervasive;
- . Financial assistance and child care while parents are in treatment;
- . Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, and child support;
- . When a child is in foster care, frequent visitation in a homelike atmosphere; and/or,
- . Assistance for the parent seeking to flee a family violence perpetrator, such as obtaining a protective order, alternative housing, and other necessary steps. Substance-abusing family violence victims are more likely to remain sober away from the abuser.

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Hamilton County Referral Process for Substance Abuse Treatment



***FAIR** (Family Access Integrated Recovery - Under Central Clinic umbrella) – provider used by HCJFS to assess and arrange chemical dependency services.

Urine Screens for adults or children suspected of using are almost always a part of any case plan and therefore court ordered. The HCJFS worker is responsible for the referral. Urine Screens should always be random and can vary in frequency from once per week to as requested. HCJFS can provide transportation, bus tokens or can simply notify the parent to have one completed within 24 hours. Failure to attain a urine screen on request should be considered a positive screen.

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Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Major dimensions that support a life recovery, as defined by the Substance Abuse and Mental Health Services Administration, include:

Health - overcoming or managing one's disease(s) or symptoms - for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem - and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.

Home - having a stable and safe place to live.

Purpose - conducting meaningful daily activities, such as job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

Community - having relationships and social networks that provide support, friendship, love and hope.

Some Treatment Options in Hamilton County:

Talbert House – 751-8600
Adolescent Services – 872-8880
First Step Home – 961-4663
CCAT Detox (CAT House) – 381-6672

Please also refer to the updated list provided by FAIR

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RESOURCE MATERIALS

- Criteria for Substance Dependence & Substance Abuse 7-14
- Information on Drugs & Their Effects 7-15
- FAIR - Personal Use of Alcohol/Drugs 7-16

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DSM-5 Criteria for Substance Use Disorder

A new version of the DSM (Diagnostic and Statistical Manual of Mental Disorders) or DSM-5 was released in May 2013, which did away with the separate diagnoses of substance “dependence” and substance “abuse” and replaced them with a single diagnosis, substance “use disorder” based on nearly the same criteria combined.

Substance Use Disorder

DSM-5 defines it as a singular diagnosis which combines Substance Abuse and Substance Dependence.

In order to be diagnosed with Substance Use Disorder, the patient must meet at least 2 of the 11 criteria for the diagnosis. The criteria are very similar to those outlined in DSM-IV for abuse and dependence combined. A patient meeting 2-3 of the criteria indicates mild substance use disorder; meeting 4-5 criteria indicates moderate; and 6-7 indicates severe (APA, 2013).

Diagnostic Criteria

- Continuing to use drugs despite negative personal consequences
- Repeatedly unable to carry out major obligations at work, school, or home due to drug use
- Recurrent use of drugs in physically hazardous situations
- Continued use despite persistent or recurring social or interpersonal problems caused or made worse by drug use
- Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount
- Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal
- Using greater amounts or using over a longer time period than intended
- Persistent desire or unsuccessful efforts to cut down or control drug use
- Spending a lot of time obtaining, using, or recovering from using drugs
- Stopping or reducing important social, occupational, or recreational activities due to drug use
- Consistent use of drugs despite acknowledgment of persistent or recurrent physical or psychological difficulties from using drugs
- Craving or a strong desire to use drugs (*Note: This is a new criterion added since the DSM-IV-TR)

Information on Drugs & Their Effects

	DRUGS	POPULAR NAMES	METHODS OF USE	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE
Depressants	Alcohol	Booze, Liquor, Spirits	Oral	<ul style="list-style-type: none"> • slurred speech • disorientation • loss of memory • loss of inhibitions • impaired judgement 	<ul style="list-style-type: none"> • shallow respiration • cold and clammy • weak & clammy skin • weak & rapid pulse • coma • possible death
	Methaqualone	Quaalude, Sopor, Ludes, 714s	Oral, Injected		
	Benzodiazepines	Seconal, Nembutat, Stumblers, Downers, Goofballs	Oral, Injected		
	Barbiturates	Quaalude, Sopor, Ludes, 714s	Oral, Injected		
Cannabis	Marijuana	Weed Pot, Grass, Acapulco Gold, Sinsemilla, THC	Oral, Smoked	<ul style="list-style-type: none"> • difficulty concentrating • euphoria • short-term memory loss • loss of depth perception • increased appetite • disoriented behavior • lack of motivation • lowered productivity 	<ul style="list-style-type: none"> • fatigue • paranoia • possible psychosis
	Hashish	Hash, Hash Oil	Oral, Smoked		
Stimulants	Cocaine	Coke, Flake, Snow, Crack	Snorted, Injected, Smoked (freebased)	<ul style="list-style-type: none"> • increased alertness • excitation • euphoria • increased pulse rate • increased blood pressure • loss of appetite • insomnia • dilated pupils 	<ul style="list-style-type: none"> • agitation • increased body temperature • hallucinations • convulsions • possible death
	Amphetamines	Dexedrine, Desoxyn, Biphphetamine, Crystal, Meth, Speed, Crank, Uppers	Oral, Smoked		
	Nicotine	Cigarettes, Snuff, Smokes, Chew	Oral, Smoked		
	LSD	Mickey Mouse, Acid, Microdot, Blotter Acid, Paper Acid	Oral		
Hallucinogens	Mescaline & Peyote	Mesc, Buttons, Cactus	Oral, Injected	<ul style="list-style-type: none"> • illusions • hallucinations • poor perception of time and distance 	<ul style="list-style-type: none"> • longer & more intense "trip episodes" • "awake" coma • bizarre behavior • violence • psychosis • possible death
	Amphetamine variants	2, 5-OMA, PMA, STP, MDA, Ecstasy, Adam & Eve	Oral, Injected		
	PCP	Angel Dust, Hog	Oral, Injected, Sniffed, Smoked (usually with Marijuana)		
	Other	Psilacybin, DMT, DET	Oral, Injected, Smoked, Sniffed		
	Opium	Paragoric, Dover's Powder, Parepectolin	Oral, Smoked		
Narcotics	Morphine	Big M, Drugstore Dope	Oral, Injected, Smoked	<ul style="list-style-type: none"> • euphoria • drowsiness • respiratory depression • constricted pupils • nausea 	<ul style="list-style-type: none"> • slow/shallow breathing • clammy skin • convulsions • coma • possible death
	Codeine	Robitussin A-C, Empirin Compound w/Codeine	Oral, Injected		
	Heroin	Smack, Sutff, Horse, Dope, Boy	Injected, Sniffed, Smoked		
	Methadone	Dolophine, Methadose, Dome, Medicine	Oral, Injected		

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FAIR - PERSONAL USE OF ALCOHOL/DRUGS

	YES	NO
1. I have used alcohol or drugs alone.	_____	_____
2. I have used alcohol or drugs to help me sleep.	_____	_____
3. I have hidden alcohol or drug usage.	_____	_____
4. Family members have expressed concern about my usage.	_____	_____
5. I have been physically abusive to others while under the influence.	_____	_____
6. I have continued to use after I intended to stop.	_____	_____
7. I have had thoughts of using when I should have been focused on something else.	_____	_____
8. I have felt shame or guilt as a result of using.	_____	_____
9. I have taken more medication than was prescribed.	_____	_____
10. I have forgotten what I did under the influence.	_____	_____
11. I have used after promising to quit.	_____	_____
12. I have driven while under the influence.	_____	_____
13. I have been arrested while under the influence.	_____	_____
14. I have continued to use in spite of negative consequences.	_____	_____
15. Friends have expressed concern about my usage.	_____	_____
16. I have been verbally abusive to others while under the influence.	_____	_____
17. It is difficult for me to enjoy a social function if there is nothing for me to drink/use.	_____	_____
18. I have wanted to feel more control over my usage.	_____	_____
19. I have switched from liquor to beer or other drugs to feel more in control of my use.	_____	_____