

I Am Women Help Me Soar

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Substance Abuse and Child
Welfare

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Introductions

- **To Presenter - Each Other – Agenda**
- ***“Evaluating, Treating and Monitoring the Female DUI Offender”***
- ***“Developmental Model of Recovery” (Stages of Change)***



Overview

- **Gender Research**
- **Research on Addicted Women**
- **Successful Evidence Based Approaches that balance Justice, Accountability and Recovery**



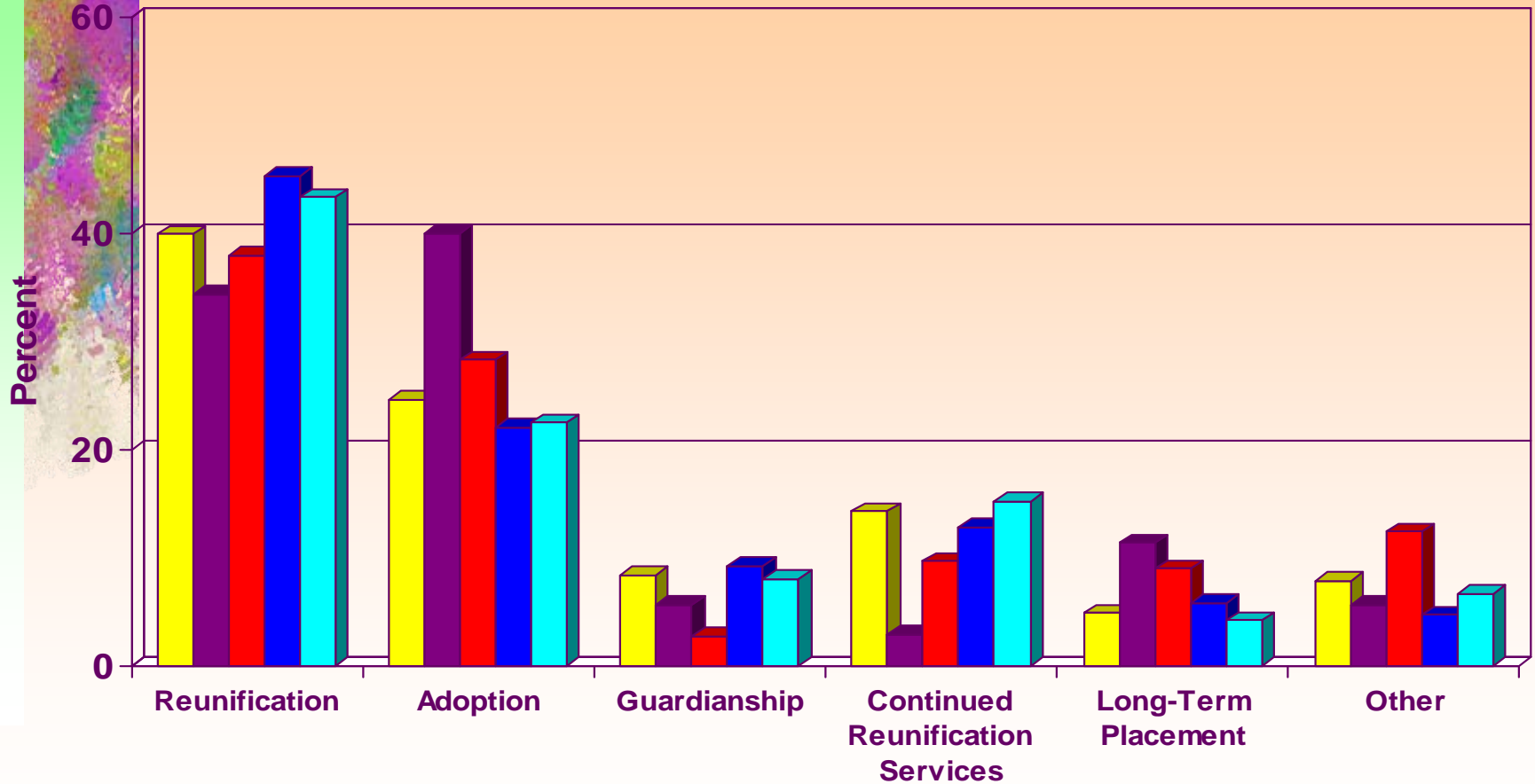
Accountability is the Cornerstone of Recovery

- **But must be “Stage Appropriate” to be Effective!!**
- **Characteristics of AOD Females in CJ/CW**
- **Stage Appropriate Trauma Interventions**
- **Recovery Capital & Self Directed Recovery**

Ways to Look at the Data

- **New users**
 - Those that initiate substance use in a given year; monitor to estimate future problems
- **Persons who meet criteria for substance abuse or dependence**
 - Began to experience consequences and problems and need treatment
- **Persons who were admitted to treatment**
 - Those that met abuse/dependence criteria and were admitted to publicly funded treatment programs

24-Month Child Placement Outcomes by Parent Primary Drug Problem



■ Alcohol
 ■ Heroin
 ■ Cocaine/crack
 ■ Marijuana
 ■ Methamphetamine
n.s.



“Why Gender Matters” By: Leonard Sax

- A compilation of research on gender differences
- **Men - Brain functions more compartmentally**
- **Women - Use both sides of brain for language & related tasks**
- **Ears - Constructed different**
- **Girls hear better and respond to soft voices**
 - Trauma victims dissociate when frightened
- **Soften Your Voice**



Why Gender Matters - Eyes

- **Eyes - Constructed Different**
- **Boys – Part of eye associated with speed & space**
- **Girls - Colors, Faces, Textures**
- **Females more accurate reading faces**
- **Newborns – Mobile toy versus face**

Why Gender Matters - Feelings

- **7 years of age neither sex can explain their feelings**
- **At 13 girls can, boys can't**
 - **The teacher asks the girl what she's feeling and why, she'll recite a novel.**
 - **Teacher asks the boy. "I don't know. It's no body's business. I hate school!"**

Why Gender Matters - Risk Taking

- **Monkeys at birth 1:1 males & females**
 - As adults - 5 females to each male.
 - Males were killed doing risky behaviors
- **Bicycle simulation**
 - Boys hit break later, more risks, and overestimated their ability
 - Girls hit break more, took fewer risks and underestimated their ability
 - When asked about their feelings
 - Boys – “Exhilarated”
 - Girls - “Fearful”
 - Almost all drowning victims are male

Why Gender Matters - Relationships

- **Teachers - Girls want and value teachers attention and approval**
- **Boys considered geeky if they have alliance with teacher.**
- **Apart – both sexes do better.**
- **When together boys take over**
 - **Also true in treatment**



Why Gender Matters – Relationships

- **Friendships**
 - girls – focus on each other
 - boys – focus on shared interest/activity
- **Games & Sports**
 - Girls – excuse to get together
 - Boys – central to the relationship



Why Gender Matters - Relationships

- **Conversation**
 - Girls - central to the relationship
 - Boys - often unnecessary
- **Hierarchies**
 - Destroy girl friendships
 - Build & organize friendships in boys
- **Self Revelation**
 - Girls - Precious badge of friendship
 - Boys - To be avoided if possible

Why Gender Matters – Stress

- **Boys do better under stress**
- **Girls to worse**
- **Girls do better in safety, with supportive friendships w/ and when pressure is off**
- **Relapse studies**
 - **men more likely to relapse when things going well.**
 - **Women more likely to relapse when overwhelmed w/ problems & no way out.**



Why Specialized Women's Treatment

- **It's Gender Competent (GC) (or has a better chance of becoming GC)**
- **Reduces Recidivism**
- **Interrupt Intergenerational Impact**
- **Her Tx = Prevention for her children**
- **Reduces cost of Incarceration in dollars and human tragedy**



Incidence & Prevalence of Trauma

- **PTSD / related symptoms are higher among addicted women.**
 - **65-95% of addicted women w/ histories of physical abuse, sexual abuse, emotional abuse, neglect**
 - **Childhood sexual abuse is 45-95% of women in treatment**




Women in Child Welfare & Criminal Justice Systems

- Women in CW system and/or CJ have physical, sexual abuse, emotional abuse, neglect and emotional deprivation that is more severe, began in childhood, spanned their entire lives, and include multiple perpetrators.
- Resulting in a belief that the world is a predatory jungle in which physical and psychological safety is never assured.



Trauma -

- Hypervigilance in thoughts, behaviors, beliefs
- Exaggerated startle response, sleep difficulties, irritability, low energy, Poor concentration, difficulty making decisions, self-criticism, Low self-esteem, deep seating feelings of unworthiness, sadness and despair (no hope)
- 15% suicidal (continuous or very often)
- They don't know its depression, and don't report it unless asked
- Imagine trying to live, work, problem solve with all this



Trauma - Anxiety

- **Anxiety - As anxiety goes up, memory goes down.**
- **Debilitating anxiety:**
 - **Blocks new learning & problem solving**
 - **Impedes integration of therapeutic interventions, and ability to implement solutions**



● Trauma - Impact on Pregnancies & parenting

- **Decreased prenatal care, inadequate nutrition,, no appetite or junk food, lack of self care, inability to care for their children.**
- **Self medicate with ATOD**
- **Low birth weight, inconsolable babies,**
- **Postpartum depression severe, disturbed bonding**
- **Risk of killing their children (83%)**
- **Children more likely to be neglected, abused**



The Brain Research on Trauma

- **Cognitive Impairment**
 - **Disconnects in the brain=inability to problem solve, to see solutions or to even believe that solutions exist**
 - **Inability to calm self when memories of trauma ignited**




Reactions to Stimuli

- **Fight**
- **Flight**
- **Freeze**
- **Dissociation**
- **Relief Sought**
 - **Addictive behaviors**
 - **Alcohol or other drugs**
 - **Food**
 - **Toxic and abusive relationships**



The Role of Courts

- **Recognize & Understand Trauma and Addiction**
- **Understand and Recognize Stages of Change**
- **Use Stage Appropriate Interventions that**
- **Build Recovery Capital**
- **Use soft voice and clear stage appropriate reasonable expectations**
- **No name calling, threatening, shaming or blaming.**
- **“Firm Referrals” to Gender competent treatment**
- **Be Role models of men and women who are kind not cruel**



Stages of Change (SC) & Developmental Model of Recovery (DMR)

- **Stages of Change** (*Prochaska, Norcross, DiClemente*)
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
- **Developmental Model of Recovery** (*Hennessey, White, Oberg*)
 - Different stages for different problems
 - Relapse / Therapeutic Relapse
 - Stages
 - Toxic Dependencies on alcohol, drugs, people & institutions
 - Institutional Dependencies
 - Sisterhood
 - Selfhood & Self-Help
 - Community Building
 - Interdependence – Self-Directed Recovery



DMR - Toxic Dependencies / SC – Pre-contemplation

- **Courts - The glue that holds her in place while treatment interrupts addictive patterns**
 - on alcohol & other drugs, people, institutions
 - “The world is a predatory jungle where physical and psychological safety doesn’t exist
- **The spark that ignites recovery must come from without, from YOU!**
- **High pain, zero hope, inability to believe or act positively on her own behalf**
- **Outreach Workers/Recovery Coaches**



Pre-Contemplation - Looks & Sounds...

- Denies AOD, Trauma, Criminal behavior
- Combative, argumentative w/ impaired
- Communication difficulties - speaking and listening
- Lack of controls, even w/ consequences
- Often different stages for different issues
- **INTERVENTIONS – Rapport, Safety & Services w/ consistency**



DMR - Institutional Dependencies/SC – Contemplation

- **Angry Dependence on institutions that had to intervene (CW, CJ)**
- **Alternating resistance and acceptance**
- **Initially she sees their barriers to the coveted addictions and slow to recognize the benefits of their help**
- **Patient and persistent Outreach and Case management are most helpful during this stage.**
- **She begins learning how to work with systems to resolve obstacles to recovery**
- **Struggling with cravings, often relapses**
- **Explores the limits & boundary testing**
- **Starts to verbalize rather than act out fight or flight compulsions**



Contemplation

- Looks like, Sounds
- Fleeting glimmers of the issue(s) previously denied
- Testing, engagement, trust, manipulation
- Alternates between painful awareness, denial & repression
- Despair of resolving
- Underlying Values & Beliefs



Contemplation

- **Effective Stage Appropriate Interventions**
 - Rapport / Services / Praise
 - When possible neither reinforce nor punish manipulation
 - Praise insights as path to healing
 - Reinforce that suppression (conscious) and repression (unconscious) are welcomed temporary relief



DMR – Sisterhood / Preparation

- **This stage begins with gradual dependence upon staff in programs (CJ, CW, AOD, DV)**
- **Extends to sponsors and other women in the program**
- **Increasing self-disclosure**
- **Early relationships with recovering role models**
- **Begins to recognize and explore victimization issues**
- **Begins developing recovery capital social skills**
- **Shift in relationships from drug-oriented to recovery-oriented**



Reality of All This

- **CJ women are enmeshed in Toxic relationships w/ AOD, people & Systems.**
- **The power to shape her own destiny has been obliterated**
- **The initial spark that ignites recovery comes from WITHOUT, NOT WITHIN.**
 - **Stage interventions are QUICKER &**
 - **ESSENTIAL TO IMPROVE OUTCOMES**



Project SAFE Success

- **Project SAFE is a Gender Competent Program for Addicted Moms in Child Welfare System**
 - **81% Completion Rate**
 - **54.5% Reunification Rate**
 - **6.25% Subsequent Child Abuse and Neglect Reports**

History - 1980's -Male Model

- **DASA**
 - Receives DHHS/CSAT grants CSAT for 2 Res women w/ children & other women's treatment
- **DCFS**
 - DCFS receives grant /collaborate w/ DASA

The Birth of Project SAFE – 4 Pilot Sites

- **Addicted Mothers in Child welfare**
- **Collaboration between DCFS & DASA**
- **Courts - reports, judges, graduation**



Project SAFE / NCSACW - Key Components

- **Referral**
- **Outreach**
- **Intensive Outpatient**
- **Child Care**
- **Transportation**
- **Parenting**



Project SAFE - Continued

- **Case Management**
- **Case Coordination**
- **Funding**
- **Evaluation**

Referral

- **Liaison forwards all referrals**
- **Initial consent form**
- **Name & address to provider**
- **Discussed in Weekly Joint Staffings**



Outreach

- **Daily contact/attempts/transportation**
- **Accompanied to remove barriers**
- **Found, engaged, encourage, gained her trust**
- **motivator, nurturer, advocate, role model, chauffeur, surrogate family member & friend**

Client Profile

- **Intergenerational**
 - **Addictions 74% parental**
 - **domestic violence & Sexual assault 95%**
 - early onset of sexual abuse
 - long duration
 - multiple perpetrators
 - accompanied by violence or threat of
 - not believed & further victimized for telling



Client Profile

- **Dependency Cluster**
 - On Toxic relationships
 - Institutions
 - Substances
- **PTSD**
- **Single but intimate**
 - with users
 - abusers
 - who sabotage her recovery efforts



Gender Sensitive Treatment

- **15 hours was a difficult**
- **No prior treatment**
- **Jellinek versus James - Progression**
- **High risk for relapse**
- **Early recovery fragile**



Transportation

- **The “Van”**
 - Mothers sharing with mothers
 - children sharing with children
 - **Assessment info**
 - on her
 - on the children
 - **Can you top this?**



Child Care

- **Transporting children**
 - to on-site child care
 - to friends
 - relatives
 - community child care
- **Opportunity**
 - to assess safety
 - to improve child/parent bonding

Parenting

- **Intended at start of treatment**
- **Statewide feedback consistent**
 - **She's not responding**
- **Moved to later**
- **From didactic to experiential**



Case Management

- **Complex coord with DCFS, Courts, & ...**
 - **Housing**
 - **Medical**
 - **Public Aid**
 - **Legal**
 - **Several children in multiple living situations**
 - **& multiple problems**
 - **supervised visits**
 - **drug affected infants**



Case Coordination

- **Weekly Staffings**
- **Sharing information**
- **DCFS - Care Plan**
- **OASA Provider - Treatment Plan**
- **Data collection**
- **Data Analysis**



Collaboration

- **Meetings**
 - **Advisory Committee**
 - **Quarterly Meetings**
 - **Joint Site Visits**
- **Ongoing Cross Training**

Evaluation

- **81% Completion Rate**
- **54.5% Reunification**
- **6.25% Subsequent CA&N Reports**
- **Pre & Post Patterns Of Use**
 - **Reduced Use**
 - Amount, duration, intensity
 - **Therapeutic relapses**
 - Participation in AA, & other supports
 - Avoidance of high risk people and situations



Evaluation continued

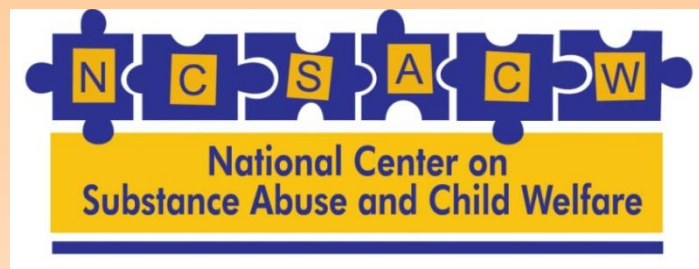
- **Emotional Health**
 - Self Esteem
 - Anxiety
 - Depression
- **Parental Functioning Improved**
 - Acceptance/Rejection
 - Overprotection-Over indulgence
 - Reunification
 - Preservation



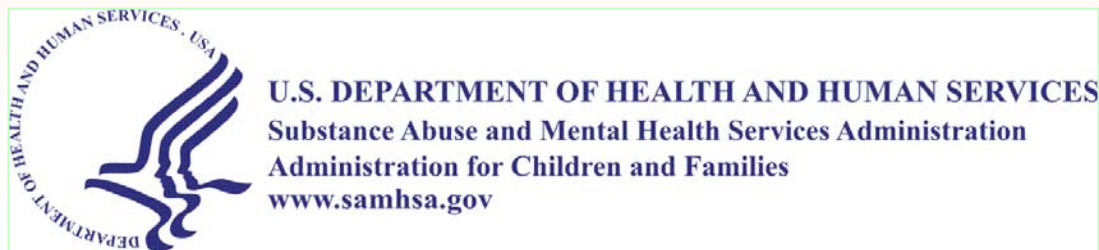
Ingredients For Success

- **Commitments**
 - Time, Resources, Duration
 - to client centered approach
 - sustained contact
 - Active & ongoing leadership
- **Shared Ownership**
 - At all levels
- **Paradigm shifts**

This presentation was sponsored by



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Wrap Up

- **Regrets**
- **Appreciations**
- **Maya Hennessey**