

Foundations of Strong Parent Advocacy

Hearing their Voice - A Discussion About Parent Representation

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What we hope to accomplish

From this presentation:

- Further our understanding of the unique needs of substance abusing women involved in the child welfare system .
- Dealing with highly “resistant” clients
 - Acquired Brain Injury from the use of substances ,
 - developing therapeutic relationships , accountability, successful outcomes and collaboration .
- Women previously involved with child protective services regarding the welfare of their children will participate in this discussion sharing their insights as to "what works".

CONFERENCE GOALS:

- Improve the representation for parents & children.
- Increase the knowledge base of those representing children & parents in juvenile dependency matters.
- Improve the overall consistency of child welfare practice throughout Arizona.
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Background

- Center for Hope programming
- 60% of the women entering our services have CPS involvement, prior or current.
- Drug Courts/ Collaboration
- Family Drug Court



The Challenge

- Child welfare agencies and Courts face a number of difficulties in serving children and families affected by parental substance use disorders.
- Conflicts in the time required for sufficient progress in substance abuse recovery to develop adequate parenting potential, legislative requirements regarding child permanency, and the developmental needs of children (Young & Gardner, 2003)
- Agencies are faced with timeframes imposed by the Adoption and Safe Families Act of 1997 (ASFA) that may not coincide with substance abuse treatment.

Understanding the challenges



Reason's people use?

Has little to do with the drug itself.

Different drugs have different effects which is why someone chooses one over the other ,
but the reason a person uses or continues to use is much more complicated.

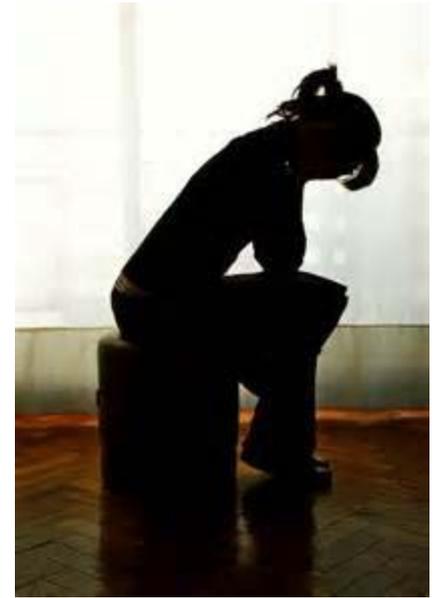


Recognizing the purpose it served in their lives

- Consistent with research we have found that women primarily report use of drugs for reasons of “performance enhancement” believing that amphetamines allow them to do all, balance work, relationships, housework etc.
- On secondary level women also report use of substances to medicate symptoms of depression, anxiety, trauma and weight loss and to ESCAPE

Antecedents

- Trauma
- Untreated mental health problems
- Lack of coping skills
- Generational
- Void of any sense of self (verses self esteem)
- Health conditions



You take the Drug Away and these issues are still there.

Contributing Factors

(which now become the relapse “triggers”)

- Abusive/ unhealthy relationships
- Socioeconomic factors (poverty, homelessness)
- Lack of education / job skills
- No ROLE MODELS (for parenting, coping, doing something different)
- Lack of connection
- Hopelessness / Helplessness

THE TRAIN WRECK HAPPENS.... AND NOW WHAT?

- Stop using immediately
- The lifetime of use and lifestyle needs to stop NOW. The clock is ticking.
- Get over it (anger/ grief , despair) , accept the help, be gracious, understand we are trying to help you .
- Prove you are a good parent. (when you know you were doing a better job than your parents)
- Get a job
- Provide a stable home
- Cope without your only coping skill (substances) when you have more problems than you ever realized.



ACT AS THOUGH YOUR BRAIN IS WORKING

HUGE Disconnect between the Scientific Facts and the Public's Perception About Drug Abuse and Addiction

Advances in Science Have Revolutionized Fundamental Views of Drug Abuse and Addiction

We now have more answers and understand Acquired Brain Injury and it's impact of recovery .



Look at the chart and say the color not the word.

YELLOW

BLUE

ORANGE

BLACK	RED	GREEN
PURPLE	YELLOW	RED
ORANGE	GREEN	BLUE

What is already known about cognitive dysfunction secondary to substance abuse?

- Patients with substance use disorders have cognitive impairments in frontal-executive control skill centers related to planning, working memory, inhibition, and decision making, as well as in episodic memory, selective attention, and emotional processing

Brain & Behavior Relationships

Frontal Lobe

Awareness of abilities/limits

Attention/concentration

Mental flexibility

Temporal Lobe

Memory

Hearing

Expressive and receptive language

Comprehension of language

Musical awareness

Organization & sequencing skills

Initiation

Speaking

Problem solving

Judgment

Inhibition of behavior

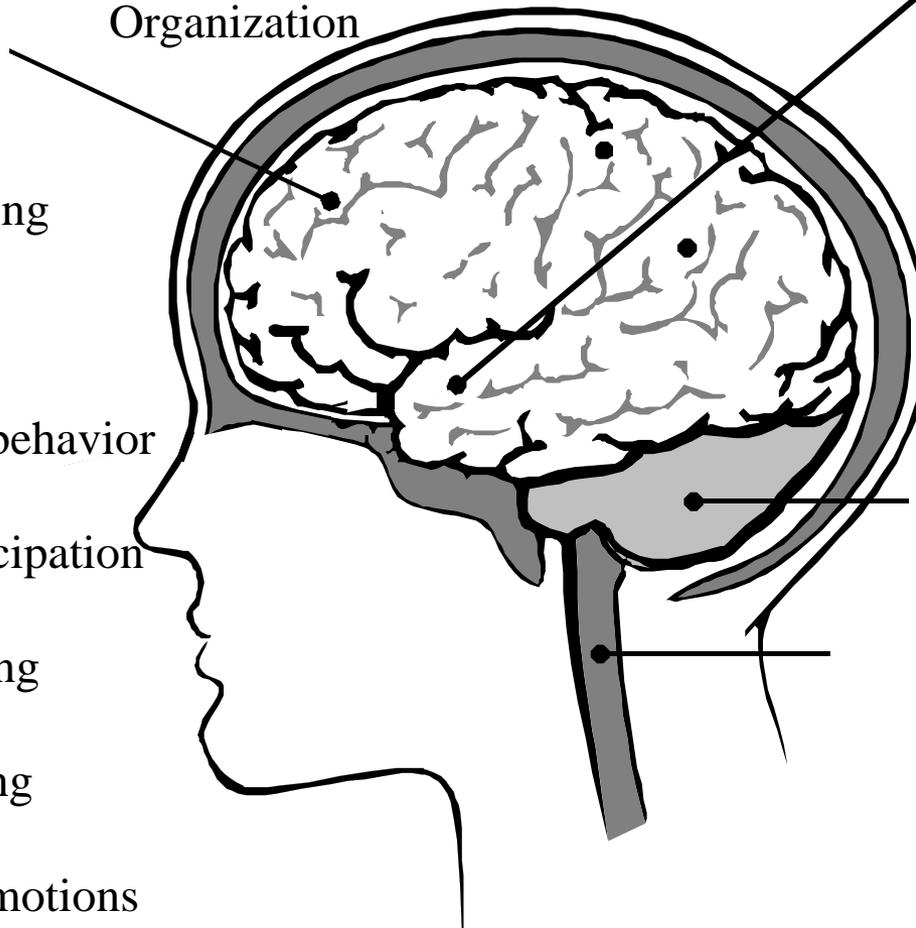
Planning/anticipation

Self-monitoring

Motor planning

Personality/emotions

Organization



Frontal Lobe Injury

- Frontal Lobe is a component of the cerebral system, which supports goal directed behavior.

Injury damages an individual's ability to . . .

- Pick up on cues / signals from the environment
- Assign priorities
- Make decisions
- Initiate actions
- Attend to tasks
- Control emotions
- Behave and interact socially
- Make plans

Executive Dysfunction



Difficulty planning, organizing, managing time, using working memory, delaying responses and sustaining or shifting attention so that an individual can set priorities in responding to various environmental stimuli

Working Memory



- **Deficits can lead to problems with the concept of time.**
 - Difficulty estimating how long a task will take; and difficulty planning for contingencies.
As a result they procrastinate and are typically behind schedule.
- **Deficits can also create difficulties with the ability to self-monitor readily.**
 - Leading to difficulties reading others' responses and changing their behavior accordingly or empathizing with others

Working Memory

As straightforward as performing mental math computations or as complex as listening to a lecture, organizing the information and relating it to previously acquired knowledge.



Individuals rely on these abilities to follow a sequence of instructions

Signs and Symptoms in individuals with Brain Injury

- Behavioral changes:
 - difficulty controlling urges
 - impulsiveness
 - inappropriate laughter
 - irritability
 - Mood swings
- Depression
- Difficulty concentrating or thinking
- Difficulty finding words or understanding the speech of others (aphasia)
- Incoordination of movements
- Lightheadedness

SYMPTOMS / SIGNS

- Loss of balance; difficulty walking or sitting still
- Loss of memory
- Slurred and/or slowed speech Mood changes or mood swings
- Feeling depressed or anxious
- Fatigue or drowsiness
- Difficulty sleeping
- Sleeping more than usual

Impairments with Brain Injury

- the ability to manipulate information
- the ability to make inferences
- the ability to ignore irrelevant information
- the ability to learn
- the ability to recall material

The Challenge:

- It is easy to see behavior as intentionally disruptive, particularly when there are no visible signs of disability:
- Cognitive impairments may affect a person's communication or learning style, making participation in educational groups, or group therapy more difficult.
- Misinterpretation of cognitive problems as resistance to treatment undermines treatment relationships.

THE RECOVERY TIME LINE

Some deficits are resolved after a period of 16-weeks of abstinence:

The ability to ignore irrelevant information
The ability to manipulate information

Some abilities get worse in the early periods of abstinence:

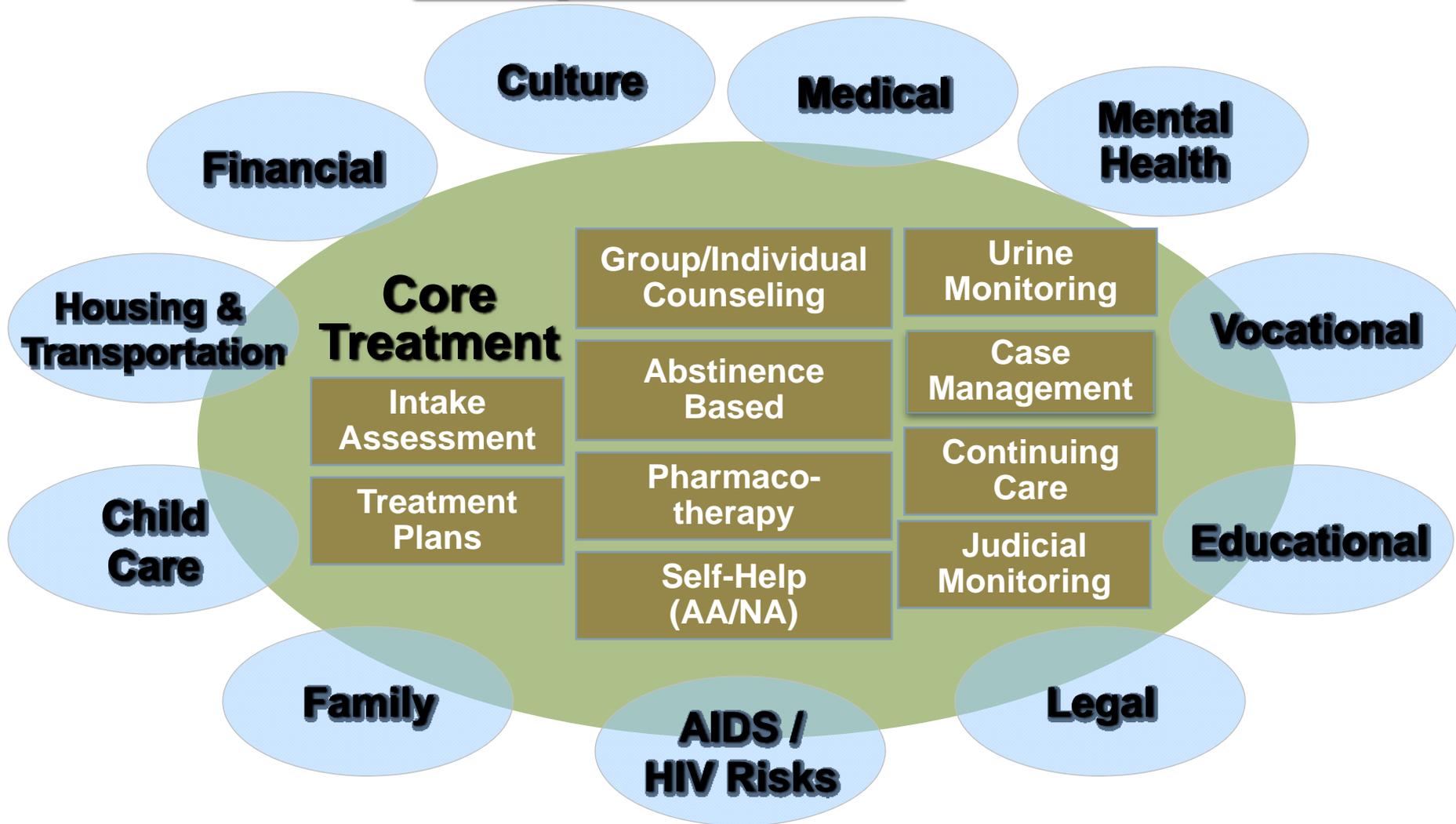
Recall and recognition and executive functioning show more impairment at 18 weeks of non-use than is evident in current users

Treatment Needs

- Data suggests that anything less than 15 months of formalized treatment decreases the success rate by approximately 63%.



Drug Abuse Treatment Core Components and Comprehensive Services



Characteristics of an Effective Treatment Plan

Simplicity

Coordinated / Consistent

Opportunities for Accountability



Do-ability

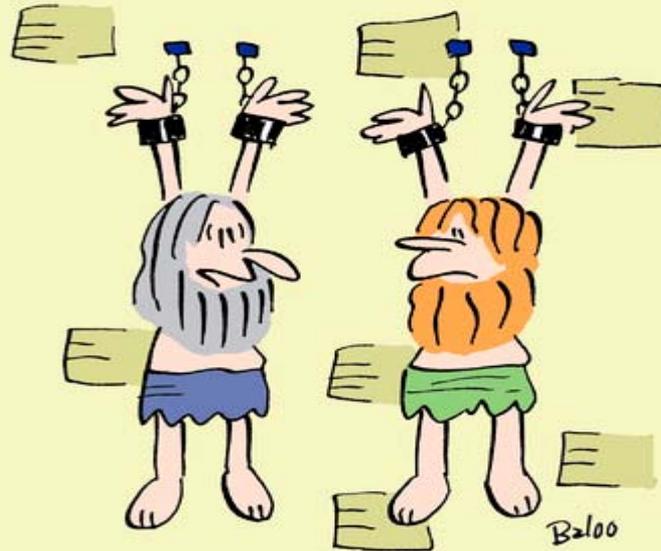
Issues to consider in the Delivery of any Interventions for Families...

- Resentment of parents, win /lose, fight , flight , freeze response
- early recovery Issues may overtake ability to focus on children's needs at the onset
- Parents under a deadline more motivated- clear restatement of the tasks at hand. CAUSE and EFFECT REMINDERS
- Cultural and inter-generational parenting issues influence behavior patterns of parents

Interactive programs work best/ peer support
Must establish a CONNECTION



"I'VE BEEN HERE SO LONG I
DON'T REMEMBER WHAT I DID,
BUT IT HAD SOMETHING TO
DO WITH NON-COMPLIANCE."



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**Inability to Comply
Is Different than
“Non-Compliance”**

THE CLIENT THAT DOESN'T GET IT / DOESN'T STOP USING

REPEAT , REPEAT, REPEAT

Review Service plans, have we addressed Mental Health issues? Is there a cognitive factor that impacts behavior?

Simple Steps of what you need them to do.

STEP 1: Need you to get the assessment done.

Reminders of consequences

Help them examine COPING SKILLS how could they possibly stop using and deal with enormous pain?

Interventions with person under influence will only exhaust you, set the boundaries make them clear.

Engage in the personal relationship.

Relapse a part of recovery ? Or is it a part of an addictive cycle?

- Abstinence must be the goal , understanding the difference between Slip, Relapse, Continued Use.
- Slip is temporary return to old behavior, Isolated incident with clear identifiable events which prompted use.
- Relapse suggests that person changed behavior in first place, and is not using skills has quickly as we would hope, events become blurred.
- Continued Use, no behavior change is was apparent, no efforts to engage or change are apparent.

What helps/ works

Challenges we find in assisting women to get past resentments

- *Helping families understand neglect*
- *Often Generational Issues associated with the substance abuse and child welfare system*
- *Being accountable , doing what we say we are doing to do, acknowledging when we make mistakes/ acknowledging disappointment*
- *Trust is two way street*
- *Trauma's interference with bond/ attachment with children*
- *Lack of understanding of Child's Developmental stages / Unrealistic expectations of child behavior.*
- *Creating Connection / Women heal through connection / relationships*

Successful Team work

- Treatment has been proven effective when mandated. (so regardless of why a person enters treatment)
- Children / Pregnancy are HUGE motivators
- Supporting Treatment / mandating a person stay engaged in treatment is a huge help/ assisting with clear communication about the risks .
- Open communication and collaboration : what services can the treatment provider assist with or are they providing.
- Avoiding Fragmented treatment/ duplication of services.

Hearing their Voice



Sophía's Story

Felicia's Story





building strong families



- Learn more about Women's' and Children's Programs and the Center for Hope
 - Visit our website: Centerforhopeaz.org
 - Call 480-461-1711
 - THANK YOU