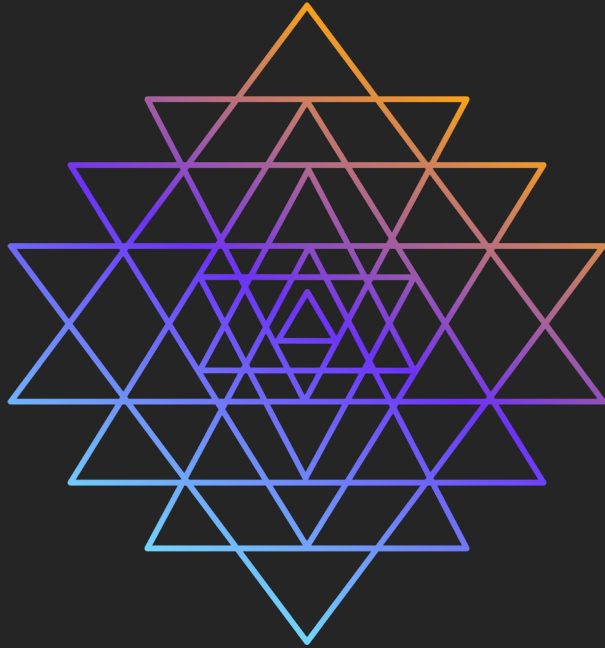


EXPANSE



Parenting Under the Influence:

Working with parents who use substances



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PRESENTERS TODAY

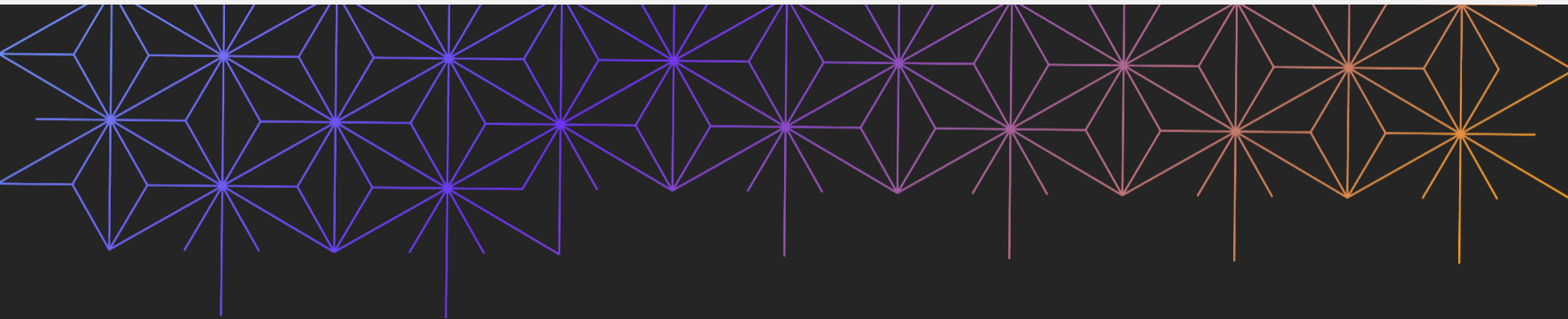
Exppanse MN – Co-Founded in January 2022 by:
Ian McLoone, LPCC, LADC
Paula Brandt, MS, LSW, CCDP-D
Jeffrey Sawyer, MD (deceased 01.17.22)

Exppanse MN is a state-of-the-art, mental health clinic aimed at treating the root causes of most mental health conditions. We offer person-centered adult psychotherapy, psychiatry, harm reduction and family support services.

How much is too much?

This important webinar will:

- Discuss challenges providers face when substance use crosses -the often fuzzy line - into problematic use when children are in the home
- Discuss pitfalls with "zero tolerance" based systems
- Identify strategies to keep parents engaged in a process of change, to help keep families together



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Minnesota
applies the term,
“neglect” to the
following:

- Prenatal exposure to a controlled substance, as defined in § 253B.02, subd. 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or on the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder

Or:

- Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety

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"There is increasing concern about the negative effects on children when parents or other members of the household use alcohol or drugs (either legal or illegal) or engage in illegal drug-related activity, such as the manufacture of methamphetamines in home-based laboratories. Many States have responded to this problem by expanding civil definitions of child abuse or neglect to include this concern:"

Child Welfare Information Gateway. (2020). *Parental substance use as child abuse*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- Manufacturing a controlled substance in the presence of a child or on premises occupied by a child
- Exposing a child to, or allowing a child to be present where, chemicals or equipment for the manufacture of controlled substances are used or stored
- Selling, distributing, or giving drugs or alcohol to a child
- **Using a controlled substance that impairs the caregiver's ability to adequately care for the child**
- Exposing a child to the criminal sale or distribution of drugs

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"Minnesota's public child welfare system is designed to serve the state's children and families as well as the communities in which they live and work. Performance measures help monitor the outcomes of children touched by the child welfare system. The department, and its county and tribal partners, are responsible to ensure children:"

- Are safe
- **Remain with their families when safe to do so**
- Receive services so children can return safely home and receive support to remain at home safely
- Live in safe, stable **homes with relatives** whenever possible – in 2020 62.9% of foster care days children were with a relative
- Achieve permanency through adoption, if needed

DSM-5 Substance use Disorder

1. Substance is often taken in larger amounts and/or over a longer period than the patient intended.
2. Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from effects.
4. Craving or strong desire or urge to use the substance.
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically hazardous.
9. Substance 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 the substance.
10. Tolerance, as defined by either of the following:
 - a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance
 - b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

As a provider, what are my options?

Common Goals:



Keep families intact



Help the person with a substance
use disorder get better



Keep children safe

Consider:

- What is the impact on the child of being removed from their home?
 - What does it mean to get better?
-

SAMHSA Definition of Recovery:

2009: Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

2011: Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Strategies to increase safety/reduce risk

While abstinence is likely the safest option – is it realistic, and what is the cost to the family system if it is not achieved?

- No one can mandate the person to get treatment – but can mandate an SUD Comprehensive Assessment
- Highly recommend getting an assessment by a mental health professional to identify underlying causes that contribute to substance use and create a plan to address these issues.
- Highly recommend the person see a therapist and a medical provider skilled in addiction medicine.
- If entering SUD treatment, ensure a referral to a place that works with family systems and offers trauma informed, person-centered care.

Medications *for* Alcohol use Disorder //



Naltrexone



Gabapentin



Baclofen



Disulfiram/
Antabuse



Acamprosate/
Campral

Medications for Opioid use Disorder //



Methadone



**Naltrexone/
Vivitrol**



**Buprenorphine/
Suboxone**

Strategies *to* Promote Recovery: Engage, Teach and Support with Accountability/Partnership



QUESTION

Strategies to Promote Recovery:

Engagement is top priority



Develop tools that promote self-regulation



Teach science-based SUD education



Discover their vision of wellness and impact of substance use



QUESTION

Strategies to Promote Recovery:

Find creative ways to formalize goals



Follow-up (like a kind teacher)



Engage relevant others



Offer UAs (remember to foster self-determination, not compliance)



Caution //

Avoid telling a family member they need to “let go” of a loved one.

Consider //

- It is a decision that may lead to the death of their loved one.
- Only the person directly affected can make this choice - recognizing the “tragedy” of the moment.



Develop Resilience in Children:

Research suggests that the single most common factor in how children overcome adversity is the presence of at least one loving, consistent, and supportive adult. It is often a parent, but it can also be a grandmother, godparent, coach, teacher, or neighbor.

Other strategies to promote resilience in children:

- Positive self-perceptions, teaching optimism
- Self-regulation skills
- Connection to faith and culture

CLOSING

Questions + Discussion

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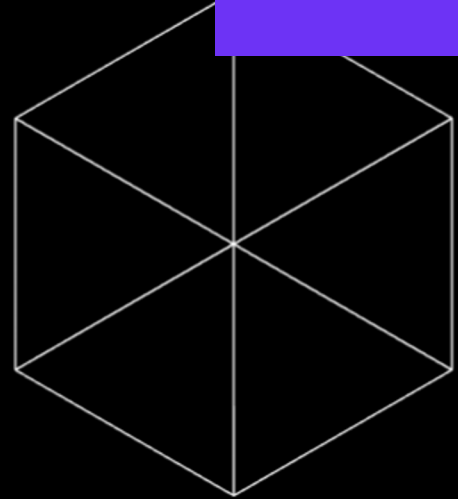
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NEW PATHS *to* HEALING

Thank you!



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**Follow up
Questions?**

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Learn More

www.expansesMN.com

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