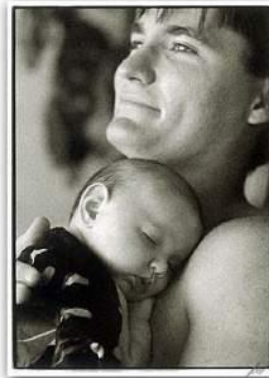


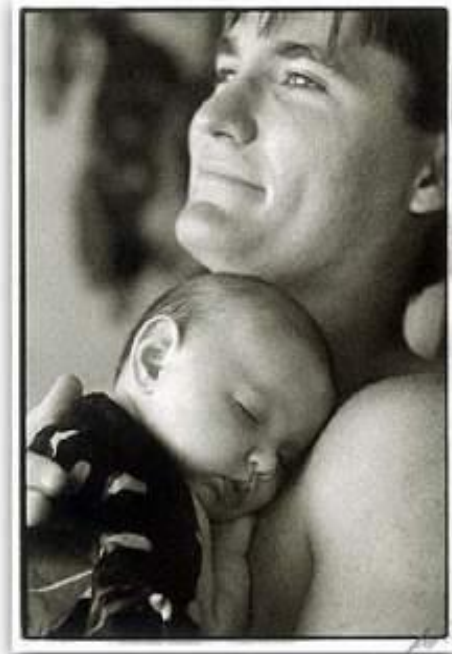
Mental Health and Substance Abuse Disorders: The Impact on Children and Families



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TEXAS CASA ADVOCACY WEBINAR
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The child-parent relationship is core to a child's development



ATTACHMENT

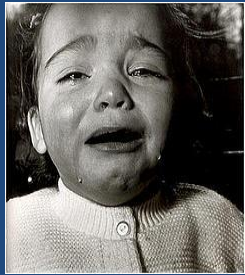


- The central theme of attachment theory is that mothers / fathers who are **available** and **responsive** to their infant's needs establish a sense of security. The infant knows that the caregiver is **dependable**, which creates a secure base from which the child can explore the world.

Attachment is an emotional bond to another person (Bowlby, 1969).

Caregiver Responsiveness Influences Attachment

Infant is distressed,
signals caregiver

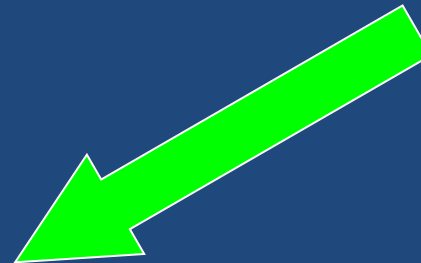


Caregiver responds
consistently to
signals



Infant learns that when
he signals for his
caregiver, his needs
will be met

SECURE pattern of
attachment results



The state of OUR children



- In the United States, **1 in 10** children and adolescents suffer from mental illness severe enough to cause some level of impairment.
- The U.S. Department of Health and Human Services estimates that 75%-80% of children who need mental health services don't receive it.
- Approximately **588,000** children reside in some form of foster care. Placements have dramatically increased over the past 10 years.
- Severe mental illness is highly correlated with alcohol and other drug dependence or abuse. In 2002, among adults with severe mental illness, **23.2%** were dependent on or abused alcohol or other drugs. The rate among adults without severe mental illness was only **8.2%**.
- In 2001, approximately **6.1** million children lived with parents who abused alcohol or other drugs. Of these, **1.1** million were younger than 3.

The state of OUR children



- In 2000, approximately one in four U.S. children--19 million, or **28.6%** of children birth to age 17--was exposed to family alcoholism or alcohol abuse.

- Seven out of 10 cases of **child abuse or neglect are exacerbated by a parent's abuse of alcohol or other drugs**. In most cases, the parent's substance abuse is a long-standing problem of at least five years' duration.

Approximately **67% of parents with children in the child welfare system require substance abuse treatment, but child welfare agencies are able to provide treatment for only 31%.**

- **Seventy-five percent** of mothers receiving comprehensive substance abuse treatment had physical custody of one or more children six months after discharge from treatment, compared with 54% who had custody of any children shortly before entering treatment.

<http://www.cwla.org/programs/bhd/mhfacts.htm>

The Effect on OUR children



Effect on Children

- The frequency and severity of emotional problems among children in foster care seem to be strongly related to their **history of deprivation, neglect and abuse, and the lack of security and permanence in their lives.**
- More than **80%** of children in foster care have developmental, emotional, or behavioral problems.

Studies have linked foster care to conduct disorder. One study found that **44% of young adults who had been in foster care reported being involved in delinquent activities that led to court charges.**

- Children whose parents abuse drugs and alcohol are almost three times more likely to be abused and four times more likely to be neglected than are children whose parents are not substance abusers.

Children whose families do not receive appropriate treatment for alcohol and other drug abuse are more likely to end up in foster care, remain in foster care longer, and more likely to reenter foster care once they have returned home, than are children whose families do receive treatment.

The Effect on OUR children



- Mental health disorders in children and adolescents are caused by biological factors such as genetics, chemical imbalances, or damage to the central nervous system; environmental factors such as exposure to violence, extreme stress, or loss of an important person; or a combination of both factors.
- Mental, emotional, and behavior problems include anxiety disorders, such as phobia, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder; major depression; bipolar disorder or manic-depressive illness; attention deficit/hyperactivity disorder; learning disorders; conduct disorders; eating disorders, such as anorexia nervosa and bulimia; autism; and schizophrenia.
- <http://www.cwla.org/programs/bhd/mhfacts.htm>

The Effect on OUR children



- **FASD**
- Fetal Alcohol Spectrum Disorder (FASD) describes the range of neurological, behavioral, and physical effects caused by the use of alcohol during pregnancy.
 - FASD is a brain based physical disability.
 - FASD is permanent, life-long, and cannot be cured.
- The key characteristics of FASD brain damage are:
- **Misunderstanding of cause and effect** (they are unable to predict the consequences of their actions);
- **Inability to generalize or think abstractly** (They may understand that they are not to run into the street in front of their house, but can't apply that lesson instinctively to other streets);
- **Trouble focusing and hyperactivity, poor memory, emotional immaturity and social skills, deficit, and learning disabilities** (they have difficulty maintaining relationships, trouble holding a job, and perform poorly in school).

FASD



- Although FASD is preventable, each year in the US about 39,000 infants are born with FASD. One of the most effective ways to prevent FASD is to educate expectant parents prior to pregnancy. Early recognition of alcoholism and alcohol use during pregnancy is difficult to identify unless the pregnant mother:
 - Self refers for treatment
 - An identified member of a high-risk population for alcohol abuse and use
 - Has already given birth to a child with FASD

FASD



- Why screening for FASD?

Screening for early identification of FASD can have several important benefits in Early Head Start (EHS) and Head Start (HS) programs, including early intervention and improved educational and functional outcomes for infants, toddlers and young children. Early screening increases the number of young children identified and allows them early access to intervention programs. Early intervention increases the amount of time these children can receive services during a very critical time of their development.

FASD problems and Interventions



- The following are three examples that could be problems with infants and toddlers who do not have FASD but are often more pronounced in young children diagnosed with the disorder:
- **Sleep Problems:** Infants and toddlers with FASD often have difficulty maintaining a regular sleep schedule.
 - Parents and caregivers are encouraged to create a regular bedtime routine
- **Regulation of Emotions:** Caregivers expect to see a wide range of emotions in healthy functioning infants and toddlers. Infants and toddlers with FASD frequently have episodes of extreme emotional outbursts in which typical calming strategies are not effective. Temper tantrums are common in older toddlers and preschoolers with FASD. Temper tantrums are also strongly associated with speech and language delays as young children with FASD often become easily frustrated by their own inability to communicate clearly.
 - Parents and caregivers are encouraged to sit quietly nearby without responding while the temper tantrum is occurring, as many young children will not continue if they do not have an audience.
 - Parents and caregivers must have control over their own emotions during these emotional outburst and tantrums.
 - Holding, rocking or playing soft music may help soothe these children after a period of time.

FASD problems and Interventions



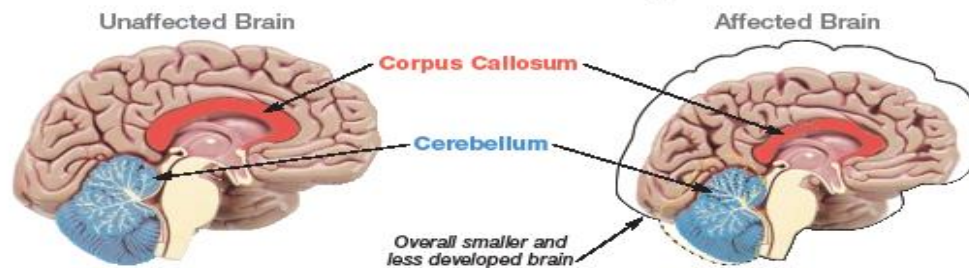
- **Social Skills Deficiencies:** In young children with FASD, social skills are often impaired. In older toddlers and preschoolers, these deficiencies are often seen as challenging behaviors and include aggression, poor turn taking, difficulty cooperating with others during play, and problems in age-appropriate social interaction. Many young children with FASD have difficulty understanding how to respond to peers and adult caregivers in social situations that, for them are confusing.
 - Parents and caregivers should teach the young child appropriate responses to each social situation by anticipating problems before they occur.
 - Parents, caregivers, and teachers can use these “teachable moments” to elicit the desired response and encourage the young child to use the new skills at home and in the classroom. This approach—often called anticipatory guidance—uses positive rewards, skill rehearsal, and catching the child “being good”.
 - Focusing on desired behaviors in young children with FASD encourages them to continue working on their learned skills.
-

FASD Resources



- Burd, L. 2006. Getting and Early Start on Fetal Alcohol Spectrum Disorders
- Burd, L. 2001. Children with Fetal Alcohol Syndrome
- Texas Office for Prevention of Developmental Disabilities, *What is Fetal Alcohol Spectrum Disorder (FASD)*
<http://www.topdd.state.tx.us/fasd/>

Brain Structures Most Sensitive to Prenatal Alcohol Exposure



Brain Structure	Function	Prenatal alcohol exposure may result in problems with:
Corpus Callosum	Communicates motor, sensory and cognitive information between the two hemispheres of the brain	Storing and retrieving information, problem solving, attention and verbal memory
Cerebellum	Processes input from other areas of the brain to coordinate motor and cognitive skills	Controlling movements, maintaining balance and fine motor skills

National Organization on Fetal Alcohol Syndrome (NOFAS)
1.800.66NOFAS or visit www.nofas.org



The state of our parents



- Parents of maltreated infants often have increased risks including **poverty, substance abuse, mental illness, disabilities, violence and limited social support** (Larrieau, 2000)



Need to Understand Risk Factors



- Domestic Violence
- Trauma
- Insecure/ disruptive relationships
- Learning disabilities
- Abuse/ neglect
- Mental illness
- Intellectual developmental disabilities
- Social isolation
- Financial stressors

Does your client have?



- Trouble focusing or concentrating
- Restlessness
- Impulsivity
- Difficulty completing tasks
- Disorganization
- Frequent mood swings
- Hot temper
- Trouble coping with stress
- Unstable relationships

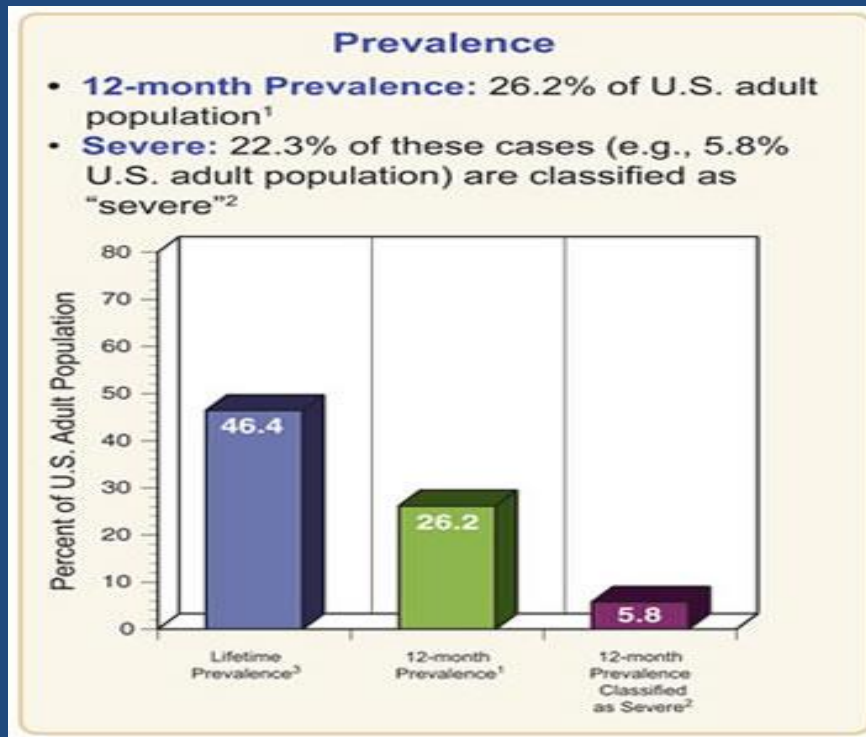
What is this?



- ☐ ADHD - Attention Deficit Disorder
- ☐ Fetal Alcohol Spectrum Disorder
- ☐ Alcohol Related Neurodevelopment Disorder (ARND)
- ☐ Intellectual Developmental Disability (IDD / MR)
- ☐ Mental Health Disorder
 - ☐ Bi Polar
 - ☐ Depression
- ☐ All of the above

Prevalence of Mental Illness

Approximately one quarter of adults are diagnosable for one or more disorders
About 6% suffer from a seriously debilitating mental illness.



http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml

Mental Health Disorders



- Anxiety Disorders
 - Generalized Anxiety Disorder
 - Obsessive-Compulsive Disorder (OCD)
 - Panic Disorder
 - Social Phobia (Social Anxiety Disorder)
- Post-Traumatic Stress Disorder (PTSD)
- Attention Deficit Hyperactivity Disorder (ADHD, ADD)

Mental Health Disorders



- Bipolar Disorder (Manic-Depressive Illness)
- Depression
 - Major Depressive Disorder
- Schizophrenia
- Borderline Personality Disorder
- Adjustment Disorders – situational

Mental Disorders



- Mental Disorders are Brain Disorders
 - Mental Disorders are Developmental Disorders
 - Mental Disorders results from complex genetic risk plus experiential factors
-
- Thomas R. Insel, MD , Director of NIMH (Agenda for Psychiatry and Neuroscience presented by Menninger., April 12, 2012)

Where do we start?



- **At the beginning**
 - Understanding the history including prenatal exposure to toxins, trauma, parenting experiences, risk factors
- What happened in the early years – early experiences matters
- Comprehensive assessment – mental health, substance abuse, physical health, trauma, risk factors
 - identify needs and strengths
- Identify treatment history (successes and failures)
- Engage the client/family ... ENGAGE... ENGAGE...

What are Co-Occurring Disorders?



The co-occurrence of a substance use (abuse or dependence) and mental disorders in one person

COD clients have

- one or more disorders related to the use of alcohol and/or drugs of abuse *and*
- one or more mental disorders

At least *one* disorder of *each type* must be established *independently of the other* and is not simply a cluster of symptoms resulting from one disorder

Mental Illness



- Co-existing diseases are the rule not the exception
 - Co-occurring psychological diseases
 - Multiple neuropsychiatric conditions
 - Co-occurring substance abuse/ alcohol problems

Evidence Based Practices for COD



Appropriate intervention needs to take into consideration “stage of treatment”; safety, needs and strengths, previous treatment history, cognitive and environmental factors

**Appropriate Motivational Strategies for
Each Stage of Change**

Parents with Substance Abuse Disorders



DSM-IV Diagnosis:

Axis I: Bi-Polar Disorder

Partner Relational Problem

Marijuana Abuse

Cocaine Abuse

Axis II: Borderline Intellectual Functioning

Dependent Personality Features

Axis III: None Reported

Axis IV: Psychosocial Stressors: CPS Involvement, Separation from Children, Recent Relocation, Limited Support System, Relationship Issues, Family History of Abuse and Discord, Limited Resources, Substance Abuse Problems, Legal Problems of Partner

Axis V: Global Assessment of Functioning: 55 (Current)

Mental Illness & Substance Abuse Disorders



- Co-occurring diseases are the rule not the exception

- bi-polar
- depression
- anxiety Disorders
- PTSD
- Schizophrenia



alcohol
crack/cocaine
marijuana
heroin
meth / bath salts

Why Integrated Treatment



- MH problems do not go away with abstinence
- Improved MH does not bring about abstinence
- Separate treatment is uncoordinated and can be counterproductive
- Neurochemical rebalancing
- “Underlying” or overlaying issues need to be addressed
- Impact on interpersonal relationships central to treatment

Summary



- 1 in 5 children (20%) in the US have suffered from a mental health disorder during their lifetime
- 1 in 10 suffer from a serious mental illness
- 13% of adolescents experienced mental illness during the past year
- Many of the children do not receive the treatment they need



We have a serious problem



What do we know?



- Over 8.3 million children (11.9%) nationwide live with a parent with a substance abuse problem
- 14% of the children under the age of 5
- The main reason for CPS removal of children from their home is drugs & alcohol

What are the risk factors for mental illness?



- **Biological compromises** - drugs, alcohol, lack of prenatal care, genetics, chemical imbalances, or damage to the central nervous system.
- **Environmental factors** - includes exposure to violence, extreme stress, or the loss of an important person
- **Relationships**

The opposite of risk factors are often protective and resiliency factors

Adverse Childhood Experiences (ACE)



- ACE include:
 - Emotional abuse
 - Physical abuse
 - Sexual abuse
 - Emotional neglect
 - Physical neglect
 - Household dysfunction
 - Mother treated violently
 - Household substance abuse
 - Parental separation or divorce
 - Incarcerated household member

5 or more risk factors
associated with higher
likelihood of drug / alcohol use

ACE – associated with
Psychological/ social
Problems

Risk Factors



- **poverty**
 - **substance abuse**
 - **mental illness**
 - **limited social support**
 - **violence**
-
- **All increase the likelihood of child abuse, educational problems, behavioral & emotional problems**

What can we do?



Intervene early and appropriately

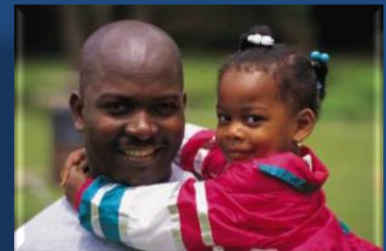


- Protect the child
- Provide trauma informed care
 - Heal the relationship
- Address the complexity of needs experienced by the parents
 - Provide a continuum of services
- Plan, communicate, evaluate and follow-up

Infant Toddler Court



- Early interventions can heal the trauma experienced by young children and support healthy parent-child bonding when possible
- Stability in placement supports a child's well-being
- Early assessment and interventions matter
- Families experience multiple and complex needs that require integrated specialized services



FIT – ITC



Enhanced Family Drug Court with emphasis on the children and the parent-child relationship

- Children and Families Served (5/1/11 –to 12/31/12)
 - Adults 50 (35 females & 15 males)
 - 75 children
 - 42 ages 0-3 (56%)

FIT – ITC



- Children Services Module:
 - Increase coordination with child services and service providers
 - Clinical staffing
 - Trauma focused services and planning
 - placement stability
 - Domestic violence
 - Appropriate interventions and Visitation Practices

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- Engage the client/family .. ENGAGE.. RE-ENGAGE

FIC - ITC



- **Breaking the Cycle**

- <http://www.clegaltech.com/itc/>

More Info..... KITS Conference



- **SAVE THE DATE**

- **June 19th & 20th 2014**

- **Keeping Infants and Toddlers Safe (KITS)**
 - **5th Annual Training Conference**
- **“Changing Lives – Breaking the Cycle”**

Sponsored by:

The Infant Toddler Court Initiative

Of Fort Bend and Harris County and the Texas Bar Association

Location: The Council on Alcohol and Drugs

303 Jackson Hill

Houston, Texas , 77007