Family-Centered Care for Substance Use Disorders

Jessie C Everts, PhD LMFT
Wayside Recovery Center
Objectives

1) Learn about a family-centered approach to substance use disorder treatment.
2) Understand some common experiences in maternal substance use and approaches used at Wayside Recovery Center, a gender-responsive and trauma-informed treatment agency for women and families.
3) Talk about treatment outcomes, barriers, and opportunities.
4) Ask questions! Build empathy.
Objectives

"I am a worthwhile woman."
WAYSIDE RECOVERY CENTER’S MISSION:

Breaking the cycle of addiction and trauma for women, children, and families.
Co-occurring Care at Wayside

- Relational-Cultural Theory
- Trauma-informed Care
- Family-Centered Care

Wayside Recovery Center
Comprehensive Care for Women and Families
Relational Cultural Theory

- We heal and grow in relationship to others
- Growth-fostering relationships create change
  - Mutual
  - Authentic
  - Involve the Five Good Things
    - Zest, energy for living
    - Clarity about oneself, the other, and the relationship
    - A sense of personal worth
    - The capacity to be creative and productive
    - Desire for more connections

- Strategies of Disconnection block growth
TRAUMA-INFORMED CARE: GUIDING VALUES

“HEALING HAPPENS IN RELATIONSHIP”

- Communicate with compassion.
- Promote safety.
- Share power.
- Earn trust.
- Pursue the person’s strengths, choice and autonomy.
- Embrace Diversity.
- Respect human rights.
- Provide holistic care.
• **Family-centered care** is an approach to the delivery of health care that is grounded in a mutually beneficial partnership among patients, families, and providers that recognizes the importance of the family* in the patient's life.

(American Academy of Pediatrics)
Core Concepts of Wayside’s Family Model

- Connection
- Empathy
- Respect
- Safety/Trust
- Growth
- Collaboration
What happens in treatment?

**Important components:**
- Continuum of care – residential to outpatient/in-home levels of care
- Assessments and pre-engagement
- Services for client (mother) and family
- Evidence-based group counseling
- Individual counseling focused on personal, health, and parenting/family goals
- Mental Health services
- Peer Recovery Specialists
- Collaboration with other professionals
- Referrals for specialized care
- Focus on: child development and mental health, parenting education and skills
who we serve

- 661 Women (Age: 17-66)
  - 70% have dependent children

- 87 Days average length of stay

- 301 Children (Age: 0-15)
  - 92% reunified or have permanency plan

- 93% on medical assistance

- 55 pregnant at admit

- 100% of babies born toxin free
What gets in the way of treatment effectiveness

Client factors and Provider factors!

• Shame
• Stigma
• Separation or threat of separation from children
• Lack of knowledge about family treatment options
• Legal consequences
• Financial barriers
• Fragmented/siloed systems
• Abstinence-only/zero-tolerance philosophies
• Lack of social support
• Symptoms
Why focus on Shame?

Shame gets in our way when we want to make a change.

NICABM (2018)
Why focus on Stigma?

Stigma also gets in our way when we want to make a change.

- **Stigma** is real or perceived judgment from others, and is a major deterrent to seeking treatment.

- 3 out of 4 people with mental illness report feeling stigmatized.

- Misconception about mental illness is that it is under the person’s control.

- Message: “You did this to yourself, fix it yourself” from doctors, media, words we use, attitudes.
Ways to Corrode Stigma

**We** have to make it okay to talk about, to seek treatment, and restore dignity (sense of worth) for those suffering from SUD/mental illness and their families.

- **Person-first language**
- **Advocate: Talk, Listen, Learn**
- **Telling the stories**
- **Building Empathy**
Think about how your words reflect your attitudes and may trigger shame for clients:

<table>
<thead>
<tr>
<th>Stigmatizing Language</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict/User</td>
<td>Person with SUD</td>
</tr>
<tr>
<td>Clean</td>
<td>Abstinent</td>
</tr>
<tr>
<td>Dirty</td>
<td>Actively using</td>
</tr>
<tr>
<td>Relapse/Slip</td>
<td>Resumed/Experienced a recurrence of use</td>
</tr>
<tr>
<td>Former addict/alcoholic</td>
<td>Person in Recovery</td>
</tr>
<tr>
<td>Clean/Dirty UA or screen</td>
<td>Negative/Positive UA or screen</td>
</tr>
<tr>
<td>NAS baby</td>
<td>Infant with NAS</td>
</tr>
<tr>
<td>Failed treatment/episode</td>
<td>Prior treatment episode</td>
</tr>
</tbody>
</table>
Ways to Corrode Shame and Stigma

- Recognize things providers say that inadvertently trigger shame (which can be debilitating in making changes)
- Provide a safe space that embraces vulnerability
- Encourage people to talk about their stories by being non-judgmental and asking questions to help them identify their own motivators
Helping someone connect to SUD Treatment

• Talk with parents about their substance use in ways that are supportive rather than threatening
• Be able to answer some questions about the treatment experience
• Do some connecting – know where to send someone for a Rule 25/Comprehensive Assessment
• Follow up – motivation changes day by day
Helping someone connect to SUD Treatment

Motivation for self-initiation

Use Motivational Interviewing techniques:

• Express empathy through reflective listening.
• Explore discrepancies between clients' goals or values and their current behavior.
• Avoid argument, direct confrontation, and power plays.
• Adjust to client resistance rather than opposing it directly.
• Support self-efficacy and optimism.
Takeaways

Families can stay together and get better!
Treatment and Recovery are hard work!

There are a lot of barriers to getting into and being successful in SUD treatment – some barriers can be minimized by:
- Working together as providers
- Recognizing the impact of shame and stigma
- Adapting our view of families with SUD
- Being aware of resources and supports
Jessie Everts, PhD LMFT
Wayside Recovery Center

Jessie.Everts@waysiderc.org