THE OPIATE CRISIS IMPACT ON FAMILIES AND CHILDREN

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The Opiate Crisis in Ohio

The opiate crisis in Ohio is affecting our children and families at alarming rates.

We need to understand this crisis and prepare beyond the immediate and look into long term lasting affects on the children in families who struggle with opiate addiction.
The FACTS

Ohio is the Second worst state in the nation for drug overdoses, with Dayton ranked 1rst with the highest per capita overdoses in the county.

We rank in the top 6 for most deaths.

Children in relative placement has increased 62%

Foster Care placements have increased 11%.

While Opiate use has increased the State allotment of Child Welfare funding has decreased by 21%.
TRAUMA

CHRONIC OR COMPLEX TRAUMA

ACUTE TRAUMA

CHILD TRAUMATIC STRESS

SECONDARY TRAUMA

IMPACT AND CONSEQUENCE
Understanding Trauma is Important

BECAUSE

TRAUMA IS PERVERSIVE

THE IMPACT IS BROAD, TOUCHING MANY LIFE DOMAINS

THE IMPACT IS DEEP AND LIFE SHAPING

VIOLENT TRAUMA IS OFTEN SELF PERPETUATING

TRAUMA IS INSIDIOUS AND AFFECTS THE MOST VULNERABLE AMONG US

TRAUMA AFFECTS THE WAY PEOPLE APPROACH POTENTIALLY HELPFUL RELATIONSHIPS

TRAUMA OFTEN OCCURS IN THE SERVICE CONTEXT ITSELF

TRAUMA AFFECTS STAFF MEMBERS AS WELL AS CONSUMERS IN HUMAN SERVICES PROGRAMS
## Child Traumatic Stress and Learning Impairments

<table>
<thead>
<tr>
<th>Type of Impairment</th>
<th>Maltreated (%)</th>
<th>Control (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language/Speech</td>
<td>12.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Developmentally Disabled</td>
<td>9.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Hearing</td>
<td>9.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>7.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>3.9%</td>
<td>0.8%</td>
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</tbody>
</table>
Adverse Childhood Experience

ACE

• Uses 10 childhood traumatic experiences as factors to determine lifetime health affects of trauma
  • Physical Abuse, Emotional Abuse, Sexual Abuse, Physical Neglect, Emotional Neglect
  • a parent who’s an alcoholic, a mother who’s a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.

• The higher the exposure to trauma, the higher the risk of negative health outcomes as an adult

• Children with Opiate addicted parents are more likely to be exposed to multiple ACE factors
VIEW POINT: TRAUMA

MATT 15
Case History

- Born to Teen parents with multiple ACE indicators for Childhood Trauma
- Family of Generational poverty
- Parents had very little family support
- Father very abusive
- By the time he was 10 they had moved 8 times
- Father very abusive
- Parents began using opiates
- Children taken to live drug houses
- Left alone for hours and sometime days
- Father took children to a new state and isolated them from their mother and family for 3 years
- Stepmother and her parents also opiate addicted
- Witnessed in graphic detail a prison drug smuggling operation
- Court and Child Services involvement, but no placement or interventions

Impact

- Held back in school
- Speech issues
- Anger
- ADHD
- Had to steal, fight or cheat for basic needs
- Doesn’t trust adults
- Amazingly socially adjusted with peers
- Maintains passing grade, but intellectually behind
- Fiercely defensive of Parents, particularly Father
- Placed on medication to control behavior
- Briefly given counseling
- Violent toward siblings
- Places most blame on step mother
DEVELOPMENTAL AND BEHAVIORAL HEALTH IMPACT

RISK AND CONSEQUENCES FOR CHILDREN
Four Stages

• Drug Sick
• Finance Seeking
• Drug Seeking
• Impaired - High

Leads to consistent lack of attention and attunement
The Unique Impact of Opiate Addiction on the Developing Child

**Parent Behavior**
- Extended drug seeking absences
- Rapid and severe financial consequences
- Extended finance seeking absences and high risk behavior
- Use related trauma (ie., OD related consequences)
- High risk culture
- Consistently low **attunement** (ie., “drug sick” or high/impaired)
- Rapid escalation of use

**Impact on the Child**
- Abandonment, neglect, fear for the safety of the parent
- Lack of food, loss of utilities, eviction, unsafe living conditions
- Trauma from exposure to parental overdose
- Exposure to other non-safe adults, violence, sex, abuse
- Neglecting the emotion and physical needs of children
- Increased anxiety
Impact of Opiate Use on Parenting and Child Development

- There is actually a relatively small body of literature investigating this.
- Most of public concerns are immediate, i.e., child protection, provision of practical or instrumental care.
- Few studies are done examining the impact on parent-child relationships and family processes.
Parenting Quality Impact

- Elevated risk of neglect (Famularo et al. 1992; Wasserman and Levanthal 1993)
- Increased threats to health and safety (Kroll and Taylor 2003)
- Family stability threats due to channeling of family resources away from the family and disruption of family routines (McKeganey et al 2002)
- Drug use associated with low supervision, punitive discipline and diminished positive involvement. Kandel (1990)
- Conversely, some evidence that drug use alone may not be best predictor of parenting quality. Psychological well-being and psychosocial resources of parent may be better predictors. Bernstein et al (1984) And parental involvement the only factor attributable to addiction. Suchman and Luther (2000)
Attachment

- **Ambivalent Attachment**: inconsistent attunement. Relationships are still viewed as important and valued. Develop attention strategies that are not always positive.

- **Avoidant Attachment**: Caregivers consistently un-attuned to child needs. Child does not value relationships. Develop poor social skills and struggle to make friends, read social cues and respond appropriately.

- **Disorganized Attachment**: caregivers are both un-attuned and dangerous or unsafe. Child unable to develop safe, effective strategy to get their needs met. See relationships as frightening and painful.
Developmental Impact NAS

• Neonatal Abstinence Syndrome (NAS) can require extended hospitalization
• Mothers of children with NAS can experience significant stigma and blame
• Correlation with behavioral problems throughout childhood and adolescence
• Impact varies with developmental age of the child
• Limited responsiveness and empathy affect attachment in infants and very young children
• Little differentiation between the impact of opiate use and parent history of maltreatment
Infancy

- Guilt and worry about substance use negatively impact maternal-fetal attachment
- Stigma often prevents good prenatal care
- NAS presents a challenge to early attachment
- NAS makes reciprocal interactions difficult
- NAS can generate guilt response in caregiver
- All of the above present challenges to attunement and responsiveness.
- Post partum is high risk time for relapse (particularly with NAS infant)
Early Childhood Exposure Symptoms

• Mental and motor deficits
• Cognitive delays
• Hyperactivity
• Impulsivity
• ADD
• Behavior disorders
• Aggressiveness
• Low social responsiveness/engagement
• Failure to thrive
• Short stature
Latency Age Children

- Attachment relationship changes
- Disruptions of attunement can change attachment relationship
- Proximity to caregiver needs changes but availability still crucial
- Increased mobility can change the safety equation for children of SUD parents.
- Exposure to danger in accompanying parent in obtaining drugs
- Exposure to unknown drug abusing adults
School Age Exposure Symptoms

- Impaired verbal, math, performance skills
- Poor mental and motor development
- Memory and perception problems
- ADHD
- Developmental Delays
- Speech problems
- Impaired self regulation
- School absence, failure and other problems
- Poor self confidence, efficacy
- Depressive disorder
- Substance Use disorder
Adolescents

• Attunement particularly important in times of naturally occurring emotional dysregulation and stress

• Adolescents have expanded abilities to explore the world in less safe ways, and do so without a secure base

• Can more readily act upon and act out behaviors of parents observed in the household

• Have increased access to substances and the substance using culture
VIEW POINT: GENERATIONAL CYCLE OF ADDICTION

EMILY 25
Case History

• Has ACE indicators for Childhood Trauma
• Appalachian family of Generational poverty
• Mother and Grandmother primary care givers, both self medicate with opiates
• Lived in public housing
• Was bullied in school due to poverty
• Had major depression and social anxiety as a young child
• Grandmother and mother would bribe her to go to school by giving her opiates starting at age 11

Impact

• Held back in school, quite school
• Multiple abusive relationships
• Never received intervention
• Life long addiction to opiates and heroine
• Had three children, all taken into custody
• Never stably housed
• Placed on medication to control behavior
• Understands that her mother and grandmother were wrong but has no way to deal with it
• Living with the consequences of adults
• Doesn’t have the education, support or tools to understand and change her situation
• Mother and grandmother has passed away, no other family
CHILD WELFARE
Facts:
Children in the System

- 50% of children taken into custody in 2015 had a parent actively using drugs with 28% actively using opiates or heroine

- 70% of children under the age of 1 in custody had a parent actively using opiates or heroine

- Children in relative placement has increased 62%

- Foster Care placements have increased 11%.

- Cost of Residential and out of home care has increased 17% in three years with 42% of the increase related directly to drug related cases

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*Source: Public Children Services Association of Ohio*
What we see

Families and children doubled up with grandparents and other relatives due to parents' opiate addiction but not officially involved with child welfare.

What we don’t see

Families and children doubled up with grandparents and other relatives due to parents' opiate addiction but not officially involved with child welfare.

Source: ODJFS SACWIS special data run, October 2016. Additional calculations by PCSAO.
Facts: Stress on the System

- Cost of Residential and out of home care has increased 17% in three years with 42% of the increase related directly to drug related cases.

- Shortage of front line staff
  - In 2016, 1 in 4 cases workers left their positions
  - 1 in 7 case workers left their position all together

- Increase in cost, Decrease in funding

- Ohio Ranks 50\textsuperscript{th} in Child Welfare funding
LAUREN, 20

VIEW POINT

FOSTER CARE PLACEMENT
Case History

• Has ACE indicators for Childhood Trauma
• Has extensive supportive extended family network, but very working poor
• Mother and Father struggles with addiction her whole life
• Moved frequently, doubled up with relatives out of care
• Father incarcerated
• Mother incarcerated
• Became primary caretaker of younger siblings
• Became primary support for parents
• Never taken into custody, but siblings have recently been in care for over a year.

Impact

• Held back in school, quite school, returned to graduate as an adult
• Lives mostly as a couch surfer her whole life with friends and relatives
• Became primary care taker of siblings and parents
• Mother currently actively using opiates and heroine
• Trying to attend college
• Motivated to be a role model for younger siblings
• Attends weekly visits with siblings in care, mother rarely attends
• Siblings has help, but she is not eligible due to age.
• Suffers depression and bi-polar and PTSD
INTERVENTION
Attachment Assessment
Infancy, Early Childhood

• Observation of parent/child dyad
• Caregiver sought out when distressed?
• Reaction to caregiver leaving?
• Infant level of dyadic interaction
• Eye contact, social interactions
• Caregiver observed empathy and responsiveness
Attachment Assessment
Formal Tools

- Strange Situation Procedure (11-15 months)
- The preschool Assessment of Attachment (2-5 years)
- School Age Assessment of Attachment (6-12 years)
- Adult Attachment Interview
- Transition to Adulthood Attachment Interview (16-25 years)
Parent Intervention

- Traditional parenting classes based on cognitive behavioral framework of limited utility
- Focus on behavior management and discipline misses the target
- Prioritize development of empathy, reflective functioning and responsiveness which are all related to secure attachment
  - Psychodynamic Mother-Infant Group
  - Attachment and Biobehavioral Catch-up Intervention
  - Mothering from the Inside Out
Stages of Treatment

- **Stage One** - Stabilization, Trust and Safety
  - Alliance building, safety affect regulation, support, self care and stabilization issues

- **Stage Two** - Trauma Work
  - Resolution and integration of trauma

- **Stage Three** - Learning to Live in the Moment
  - Self and relational development and daily life enhancement
Interventions

Drug Court
Family Focused Treatment
Family Residential Programs
Family Dependency Treatment Court
High Fidelity Wrap Around
ACTION STEPS

Building RESILIENCY in Families, Children, and Youth
VIEW POINT: RELATIVE PLACEMENT

MARY 8
Case History

- Born to Teen parents with multiple ACE indicators for Childhood Trauma
- Family of Generational poverty
- Parents had some family
- Parents both addicted, father before her birth, Mother after
- Father very abusive
- Children taken to live drug houses, doubled up, transitional
- Left alone and unfed for hours as an infant
- Court and Child Services involvement, but no placement or interventions
- Spent most time with extended family and adult college educated cousins
- Lived in unofficial relative placement
- Mothers family gave them housing and support for treatment
- Stably housed for the past 8 years, except one year relative placement
- Involved in afterschool program for 3 years
- Mother initiated counseling after separating from father
- Youngest of 6 siblings

Impact

- Well adjusted
- No apparent issues with mental health
- Great physical health
- Good grades
- Happy well adjusted
- Counseling discontinued due to lack of any identified need
- Supportive of both parents
- Very very limited interaction with father
ACTION OVERVIEW

1. PROVIDE TRAUMA INFORMATION AND EDUCATION WITHIN EACH SYSTEM AND FOR EACH SERVICE PROVIDER
2. ADOPT A SINGLE TRAUMA SCREENING TOOL
3. USE STRENGTH BASED APPROACHES TO ENHANCE SKILLS, MANAGE REACTIONS, REDUCE HIGH RISK BEHAVIORS AND PROMOTE CONSTRUCTIVE ACTIVITY
4. PROVIDE SUPPORT AND GUIDANCE TO KIDS AND FAMILIES
5. SUPPORT AND PROMOTE POSITIVE, STABLE RELATIONSHIPS IN EACH CHILD’S LIFE
6. COORDINATE SERVICES BETWEEN ALL AGENCIES
7. EXPLAIN TRAUMA-SPECIFIC CARE TO CHILDREN AND THEIR FAMILIES AND MOTIVATE THEM TO PARTICIPATE IN CARE
8. MANAGE PERSONAL AND PROFESSIONAL STRESS
Youth Voice

• Don’t forget us
• Hear our Voice
• Value our knowledge and experience
• Walk in our shoes
• Don’t blame us for adult actions
• We face the most punishment and consequences of adult actions
• We need intervention and services
• We need to be included in all treatment plans
• We need to be updated on our parents
• We will ALWAYS love our Parents and will often defend them
Recovery is possible with support.

Will You Join Us?

- LAW ENFORCEMENT
- CHILD WELFARE
- EDUCATION
- PHYSICAL AND BEHAVIORAL HEALTH CARE
- JUVENILE JUSTICE
- JUDICIAL
- EARLY CHILDHOOD PROVIDERS
- ALL CHILD SERVING SYSTEMS
FOR MORE INFORMATION

- THE NATIONAL CHILD TRAUMATIC STRESS NETWORK [www.NCTSN.org](http://www.NCTSN.org)
- THE CHILD TRAUMA ACADEMY [childtrauma.org](http://childtrauma.org)
- ACE STUDY [www.acestudy.org](http://www.acestudy.org)
- SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION [www.samhsa.gov](http://www.samhsa.gov)
- AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY [www.aacap.org](http://www.aacap.org)
- THE SANCTUARY MODEL [www.sanctuaryweb.com](http://www.sanctuaryweb.com)
- Public Children Services Association of Ohio [www.pcsao.org](http://www.pcsao.org)
- Angela Lariviere: [Angela.yepdirector@gmail.com](mailto:Angela.yepdirector@gmail.com)
- TIM SCHAFFNER email; [timothy.schaffner@jfs.ohio.gov](mailto:timothy.schaffner@jfs.ohio.gov)