

The Integration of Services Training Series

MODULE 4. SUBSTANCE ABUSE

Session 1: Dynamics and Impacts

SLIDE 1-1: SESSION TITLE SLIDE



Participant Guide,
Module 4, p.2

Summarize:

- Welcome to training.
- Trainer introduction.

Refer to the Participant Guide, Module 4, Session 1, page 2. Ask them to complete the Before and After Training Survey.

The directions are written on the survey.

Emphasize that this is not a test with right and wrong answers and it is anonymous.

Ask the participants to please keep the survey in their participant guide because, as the name implies, we will be using it at the end of the day as well.

Say:

On a national level, research indicates that substance abuse contributes to 1/3 to 2/3 of substantiated child maltreatment cases.

Ask:

In general, do those percentages reflect what is happening on your case loads? How significant is substance abuse – of whatever form – in your caseloads?

Discuss briefly. Summarize by stating that given the prevalence of substance abuse in the caseloads – and the recent research into the whys of substance abuse and the hows of treatment, it is appropriate that we have this focused training today.

ACTIVITY 1-1: Change Is Tough!

PURPOSE: To remind participants on emotional and cognitive levels of the difficulties in achieving lasting personal change.

TIME: 5 MINUTES

DIRECTIONS:

1. Conduct this activity as a guided imagery. Use the suggested script, starting with #2 below, but feel free to adapt it to your style. Allow time for points to be experienced/processed. The pauses included in the text give you some idea of where that is particularly important.
2. **Say:** *Before we get into the training, join me for a few minutes on an activity to get us into the training context for today.*
Sit back, relax. This will be an activity you can do by yourself. Forget about the drive to get here, forget about other work you may feel you need to be doing. Just take a moment to relax. I'll give you a minute or so to settle down.
3. *OK. Close your eyes if you want to. I want you to think about a change you made in your life that was difficult for you, but ultimately successful. (Pause.) Take a moment to think back to that meaningful change in your life. (Pause.)*
4. *Let's start at the beginning. How did you get started on the behavior you wanted to change? What emotions did the behavior bring forth? What sensations or feelings did you have in your body? How did you think about the behavior? Take a moment to re-experience the behavior. (Pause.)*
5. *Now, take a moment to get analytical. Can you identify the need the behavior was helping you to meet? (Pause.) Was it love or belonging? Power? Freedom or choice? Fun or simply, survival? (Pause.)*
6. **Ask:** *When the behavior was working for you, did anyone get on you about changing that behavior? How did you feel when they were threatening you, or trying to scare you, or just bothering you? (Pause.)*
7. **Ask:** *OK, let's move forward. How did you decide it was time to change? (Pause.) Were you able to stop the behavior all at once or did you need a number of tries to make the change successfully? (Pause.)*

8. **Ask:** *How did you make the change successfully? Were you able to substitute a different behavior, one that met your need but that was more acceptable to you, as well? (Pause.)*
9. **Ask:** *Did other people help you? What did they do that was most helpful? (Pause.)*
10. *Let's come back to our training now. (Pause.)*

Process:

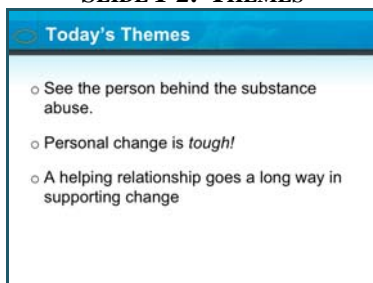
Debrief the activity.

TRAINER NOTE

Depending on how the participants reacted, you may want them to share their experiences with the activity. It's helpful if you give a personal story about a change in your life first.

Some points to reinforce in the stories are the themes that will be presented shortly: change is possible, but difficult; it helps to substitute a new healthy behavior to meet the need the old behavior met; help is good, particularly when it is supportive rather than directive or adversarial.

SLIDE 1-2: THEMES



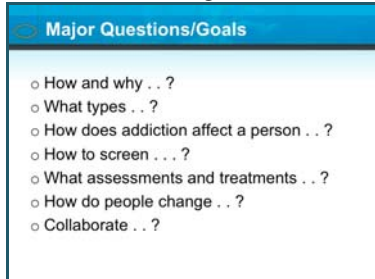
Summarize from the following points:

- This brief exercise was to remind you – on a feeling and intellectual level – of something you already know: personal change is hard.
- That is one of the themes we'll be reinforcing today. For you to see the person behind the substance abuse, it is helpful to keep in mind how difficult it is for a person to change.
- I know that's not new information for you, but it is something we need to keep in the forefront of our minds as we are working with people with substance abuse problems. Changing substance use behaviors is especially difficult . . . as we'll discuss today.
- Another theme is that a helping relationship can indeed be effective in bringing about change in another person. We'll emphasize that to be most effective, that helping relationship needs to focus on supporting the other person, not using a directive or adversarial approach.

- Present the facts clearly and honestly to the family, of course, what I'm talking about is more of a style than a content issue.

WORKING AGREEMENT

SLIDE 1-3: MAJOR QUESTIONS/GOALS



Say:

- *As we have in other modules in this training, today we want to strengthen our working agreement and make sure we understand your goals for the day as well as give you a sense of what we are planning to cover and are prepared to offer. This includes setting or revising our plan for how we will work together, or ground rules.*
- *Today's topic is to understand and improve our collaboration with families, informal supports, and providers to address substance abuse issues in families involved with the child welfare system.*

Say:

- *Throughout these modules, we've tried to boil the vast content down to those things that most improve child safety, permanency, and well-being.*
- *With regard to substance abuse, our intent is to help you better achieve child safety, permanency, and well-being by preparing you to answer these questions, which may be considered the goals for today:*
 - *How and why do people develop substance abuse disorders –and what are the impacts of those disorders for families?*
 - *What are the types of substance abuse disorders?*
 - *How does addiction affect a person's ability to function, particularly as a parent?*
 - *How does one screen for substance use disorders within a family-centered practice model?*
 - *What types of assessments and treatments are available to families?*

- *What is the change process for managing substance abuse, including the role of relapse and recovery?*
- *How can we develop collaborative treatments to improve family stability, employment and other outcomes?*

Ask:

Based on that overview, what are your goals and wants from today's work?



- List responses on the flipchart and as participants respond, acknowledge what we are planning to cover and areas that we can try to address, as a group, although they may not be scripted or documented in our materials.
- Further acknowledge that some goals or wants may be covered in the fifth module of the series on Service Integration and Collaboration, where we will go more in-depth about how to approach teaming and collaboration within the context of substance abuse, building more specific skill-sets in this area.

SLIDE 1-4: AGENDA

Agenda	
1. Dynamics and Impacts	1.5 hrs.
2. Screening and Assessment	2.5 hrs.
3. Treatment and Recovery	2.0 hrs.

Go over the agenda.

Breaks and lunch will add to the total time. Lunch will be at a break in Session 2 between Screening and Assessment.

SLIDE 1-5: FC PRACTICE MODEL

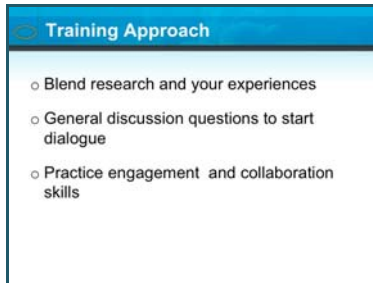


Relate today's training to the Family Centered Practice Model.

Say:

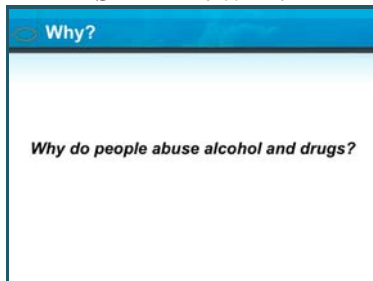
- *Our training will address a number of the core functions of the Family Centered Practice Model introduced in the Family Centered Practice Training Series.*
- *Our main emphasis will be in the functions of: engagement, partnering, screening/assessing, planning, monitoring, and safe case closure.*

SLIDE 1-6: TRAINING APPROACH



TRANSITION

SLIDE 1-7: WHY?



Summarize from the following points:

- Research on substance abuse and treatments has given us good information for interventions/treatments, but there is a lot we still don't know.
- This training will blend research with your experiences – what you've learned that works and doesn't work in cases with substance abuse involvement.
- To promote the dialogue, I'll frequently ask a general question to get a discussion going. This discussion will bring out your field-gained knowledge to share and the research-based findings.
- We'll also practice some important engagement skills in small group practice.

Now that we have our general organization for the day set, let's get on with the training. We'll begin with a discussion on the substance use and its impacts.

Say:

You may remember from the start of the training that we discussed that 1/3 to 2/3 of maltreatment cases may have substance abuse involvement.

Ask:

Why is that? Why do people abuse alcohol and other drugs?

As participants respond, write their answers on the flip chart and discuss them briefly. Incorporate those points into the following and *summarize*:

- People use alcohol and other drugs for many reasons.
- The most common reasons are:
 - to experience euphoric emotions,
 - to attempt to cope with anxious situations, or
 - to alleviate emotional or physical pain.

- Some people can take alcohol or drugs on a rate and schedule that doesn't interfere with their lives. They can keep their use to a recreational level. **This recreational level can still present risks to children, as we'll discuss shortly.**

Say:

Some people can use substances at a recreational level apparently indefinitely. But, some can't seem to stop themselves from falling into substance abuse, if not addiction.

Ask:

Why is that? Why can one person stop using when he wants to, but another person, even that first person's brother, can't stop at a recreational use level – or stop completely if he wants?

Discuss responses, then summarize based on the following points.

Summarize from the following points:

- Right now, we don't know why one person can stop using substances recreationally and another can't.
- We do know there is a rich interplay of factors in each person that seem to determine why some people develop a substance abuse problem and others don't.

SLIDE 1-8: RISK AND PROTECTIVE FACTORS

Risk and Protective Factors

- We don't know why any one person can stop using substances.
- There is a rich interplay of risk and protective factors that determine one's susceptibility to substance abuse.

**Participant Guide
Module 4, p.3**

Refer participants to the Participant Guide, Module 4, page 3—Factors Influencing Potential for Substance Use.

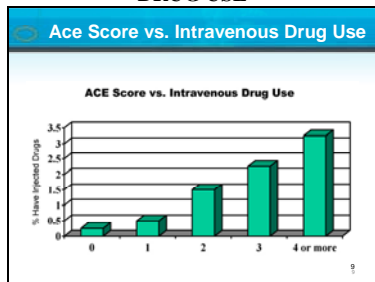
Highlight the various domains and risk and protective factors, as examples of commonly known risk and protective factors.

TRAINER NOTE

You might want to point out that we will be using risk and protective factors in a rather general way. In child welfare work, the term “protective factors,” sometimes has a different meaning, especially when associated with a particular intervention approach. For example, the Strengthening Families approach identifies these protective factors regarding child maltreatment:

- *Parental resilience*
- *Social connections*
- *Knowledge of parenting and child development*
- *Concrete support in times of need*
- *Social and emotional competence of children*

**SLIDE 1-9: ACE-SCORE VS. INTRAVENOUS
DRUG USE**



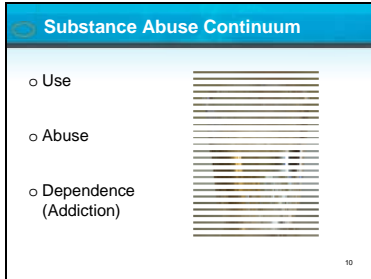
Summarize:

- There are other important factors that come into play that are not listed specifically in the Participant Guide.
- You know from the Health and Mental Health training in this series, that complex childhood trauma underlies many of the risk factors identified on the page of the guide, for instance.
- Similarly, biological/genetic factors such as differences in brain, sensory, and cognitive functioning can play a significant role. For instance, some people's heightened physiological reaction to a substance, based on their unique genes, may increase their vulnerability to substance use problems compared to people with different genes.
- Some people may have an undiagnosed or low-level mental illness and the substance use is to cope with those symptoms.
- As mentioned in the earlier training – the contextual model of child and parental factors, the family interactions patterns, the web of formal and informal supports, and the societal factors create a complex ecology of protective and risk factors.
- The important point here is that each person has a unique mix of risk and protective factors that affect the probability of the individual's use and abuse of substances.
- Knowing the risk and protective factors from the ecological perspective can help in screening and in planning interventions.
- Understanding why the person is actually using the drugs may be even more helpful. What is the need that underlies the behavior? A part of intervention or treatment, then, can focus on meeting that need in safer ways.

TRANSITION

We've been using some terms without defining them: substance use, abuse, and addiction. We'll clear up those terms next.

SLIDE 1-10: SUBSTANCE USE CONTINUUM



**Participant Guide
Module 4, p.4**

Say:

People's use of substances falls somewhere on a continuum.

Refer to the Participant Guide, Module 4, page 4—Substance Use Continuum: Use, Abuse, Dependence. Point out and/or briefly review and discuss the drug use levels (use, abuse, and dependence), highlighting how the sub-categories (frequency of use, reasons for use, effects, and signs person is using change as the level of use change concurrent with the corresponding child welfare risks).

Summarize:

- In general, the more severe the misuse of the substances by a parent, the more likely there will be harmful impacts on the children. But, as mentioned before, even recreational use can present risks.
- To better diagnose and treat substance disorders, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition with Text Revisions, the DSM-IV-TR, has identified two specific substance use disorders.

**Participant Guide
Module 4, p.7**

Refer participants to the Participant Guide, Module 4, page 7—Substance Use Continuum and CPI/DCM Implications. Point out that the items in the left column are what treatment professionals use to diagnose substance use disorders. There are also some child welfare implications; note even substance use can have child safety ramifications.

Note that the DSM-IV-TR's use of dependence is what is commonly referred to as addiction. We'll be using the term "addiction" throughout this training.

TRANSITION

We've talked about why people use substances – and abuse substances – and how a continuum was developed to classify people's substance use behaviors.

Next, let's turn to a question whose answer can have a strong impact on how we work with people with substance use disorders.

Say:

- *Just as there are differences of opinion as to why people take substances there are differing views on what the use of substances implies about the person.*
- *For instance, until relatively recently, a common perception was that a person that became addicted to substances, or even a substance abuser, lacked the moral fiber or willpower to control himself.*

Ask:

How do you think this perspective influenced interventions and treatment?

Discuss briefly. The main idea is that a more directive, adversarial, and moral approaches were used to “strengthen” the person's willpower.

Say:

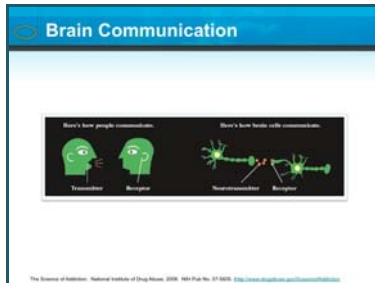
With more research, particularly on the effects of substance use on the brain, the most common treatment perspective today views substance abuse as a disease.

Ask:

When and why does substance abuse become a disease? Or, if you don't agree with the disease perspective, tell me why not.

Get a few responses. Conduct a short discussion.

SLIDE 1-12: BRAIN COMMUNICATION



Summarize:

- Why is substance abuse viewed as a disease? Because substances of abuse cause significant changes in brain chemistry and damage to brain structures and functions. As a result, researchers consider substance abuse disorders to be brain-based diseases.

Say:

Let's take a few minutes to review how substances affect brain chemistry. This information can help you to keep a clear understanding in your mind that the person abusing substances is actually suffering from a disease . . . and that disease has definite impacts on his or her behavior.

Summarize from the following points:

- The brain has a compact, but complex communication system and it all works with chemicals.
- To send a message, a brain cell releases a chemical (a neurotransmitter) into the space separating two cells called the synapse. The neurotransmitter crosses the synapse and attaches to receptors on the receiving brain cell. This causes changes in the receiving brain cell and the message is delivered.
- Here's how drugs work in the brain. Drugs are chemicals. They work by interfering with the way nerve cells send, receive and process messages.
- Some drugs – like marijuana and heroin – activate brain cells (neurons) because their chemical structure mimics certain neurotransmitters.
- Other drugs – like amphetamine or cocaine – cause brain cells to release abnormally large amounts of neurotransmitters or to prevent the normal recycling of these brain chemicals. This disruption produces a greatly amplified message which has strong effects on one's physical sensations, thinking and emotions.

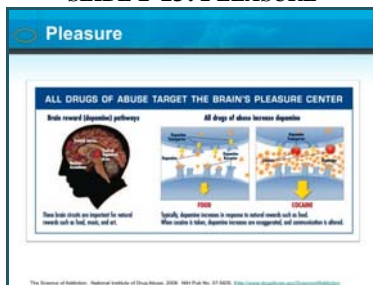
TRANSITION

Now, let's turn to when the substance abuse becomes a disease.

Say:

- *As we discussed earlier, when just starting to use substances, use is usually occasional and may be quite pleasurable. The brain has time to recover its normal chemistry between substance uses.*
- *Substance use, therefore, typically does not create a brain disease.*
- *In some people though, for a variety of reasons, substance use is creating the conditions for the disease to appear and flourish.*
- *To better understand that progression, we need to understand the relationship between substance use and sensations of pleasure.*

SLIDE 1-13: PLEASURE



Summarize from the following points:

- Our brains are wired to ensure that we repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever, the reward circuit is activated, the brain notes that something important is happening that needs to be remembered.
- Because drugs of abuse stimulate the same circuit, we learn to abuse drugs in the same way.
- When some drugs of abuse are taken, they can release 2 to 10 times the amount of dopamine (a neurotransmitter) that natural rewards do. In some cases this occurs almost immediately (as when drugs are smoked or injected), and the effects can last much longer than those produced by natural rewards.
- The resulting effects on the brain's pleasure circuit dwarfs those produced by naturally rewarding behaviors such as eating and sex.
- The effect of such a powerful reward strongly motivates people, especially those with risk factors that outweigh protective factors, to take drugs again and again. Drug abuse is something people learn very easily and to do very, very well. Doing so, however, feeds the disease.

SLIDE 1-14: TURN DOWN THE SOUND!

Turn down the sound!

- Pleasure relationship develops quickly
- Brain reacts by producing fewer neurotransmitters
- As neurotransmitters drop, the ability to experience pleasure is reduced

Summarize from the following points:

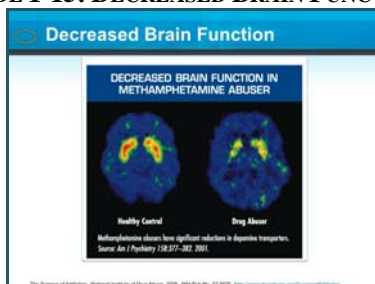
- The point is that while people may have many different reasons for using substances, we can develop a strong relationship between substance use and pleasure quite quickly.
- However, if we continue to use substances on a more frequent basis, the circuit starts to change – and that creates even more potential for the disease.
- Just as we would turn down sound that is too loud, the brain adjusts to the strong surges in dopamine and other neurotransmitters by producing less of them or by reducing the number of receptors.
- As a result, dopamine's impact on the reward circuit can become abnormally low, and the ability to experience pleasure is reduced.

Ask:

What do you think are the resulting impacts of the brain's dopamine being low and the ability to experience pleasure is reduced?

Get a few responses.

SLIDE 1-15: DECREASED BRAIN FUNCTION



Summarize:

- The person abusing drugs feels flat, lifeless, and depressed – and is unable to enjoy things that previously brought them pleasure.
- They feel a need to take drugs just to bring their dopamine function back up to normal.
- They must take larger amounts of the drug to create the dopamine high . . . something we call **drug tolerance**.
- Tolerance is a good indicator that the brain chemistry is sufficiently altered and that, along with other indicators, one can assume the brain damage is present. The disease has indeed begun to exert its effects.

SLIDE 1-16: RECOVERING FUNCTION



Summarize from the following points:

- Over time, the development of tolerance leads to profound changes in brain cells and circuits, with the potential to damage various brain structures and functions. Hence, we see the decreases in cognitive capacity, decision-making, judgment, etc. that are the common behaviors of substance abuse disorders.
- Even when a person stops using drugs after using them for an extended time, the damages to the brain may persist. While some of the changes in cognitive capacity, decision-making, etc. generally return over time, it is possible that there will be some permanent functional loss as well.
- Also, long-term drug abuse can lead to habit formation or non-conscious memories. Conditioning is one example of this type of learning. Environmental cues can become associated with the drug experience and can trigger **uncontrollable cravings** if the individual is later exposed to these cues, even without the drug itself being available. This learned “reflex” is extremely robust and can emerge even after many years of abstinence.

TRAINER NOTE

You might want to point out that this reflex makes it extremely difficult to avoid relapses.

Say:

In sum, substance abuse disorders are indicators of a brain disease. Chronic substance use may damage brain cells and structures and disrupt the way critical brain structures interact to control behavior.

Ask:

What are some ramifications of viewing substance disorders as a disease for how you approach working with families with substance abusing parents?

Discuss briefly.

Summarize:

- The key ideas are that, with a disease perspective, we can more readily understand that it is the **disease, not the person**, that is driving many of the personally destructive and child maltreatment behaviors. This helps us to keep “seeing the person behind the disease”.
- Also, it is well-recognized that **people often need help to beat a disease**; they can’t do it on their own.
- Like many complex diseases, there will be times of moving forward and times of falling back. That’s just the reality of dealing with a severe and dangerous disease.
- At the same time, the disease is indeed **treatable**. The treatment may be long and hard, it may need to be modified from time to time, but it is indeed possible to get to a point where the disease is manageable and the person can lead a productive life and care for her or his children in a safe and healthy manner.

Say:

Some people may feel that, while substance abuse disorders may be a disease, they are diseases the person brought on themselves by their bad choices . . . and take a “you make the bed, you lie in it” approach . . . or have that feeling in the back of their minds.

Ask:

How do you feel about that perspective?

Summarize:

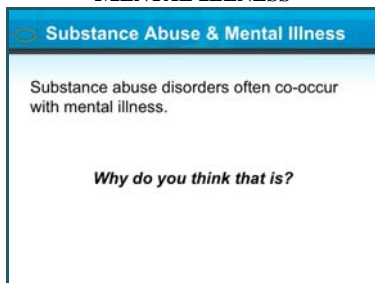
- There is some truth to that opinion. Many substance abusers made bad choices with regard to initial substance use and then couldn’t stop using or at least carefully limit their use, though they thought they would be able to. As we discussed, there are a variety of biological/genetic, social, and environmental factors that come into play with regard to using, abusing, and stopping the use of substances.

- Still, think about a variety of issues in our society – diet/weight control, smoking, gambling, sexual practices, etc. – that, while they may not be diseases, many of these involve bad choices and yet we are ready to help the person when the bad choices lead to bad outcomes.
- When a person has heart disease due to a meat and fat-based diet and no exercise, we don't say, "Hey, those were your bad choices – live (or die) with them." If the person needs help, we, as a society, try to help with good medical care and a new diet and exercise regimen – and helping the person stay with that regimen, difficult though it may be for him.
- When it comes to helping children of substance abusing parents to live safer and healthier lives, particularly under the care of their parents, our job is to not to judge, but to help and support.

TRANSITION

We've discussed substance abuse as a disease; now, let's talk about how it relates to another disease, mental illness.

SLIDE 1-17: SUBSTANCE ABUSE AND MENTAL ILLNESS



Ask:

Substance use disorders often co-occur with mental illnesses. Why do you think that is?

Get a few responses. Summarize and add the following comments if they were not made in the discussion.

- To help explain this comorbidity, we need to first recognize that drug addiction, like mental illness, is a complex brain disease.
- The disease, characterized by compulsive, at times uncontrollable drug craving, seeking, and use despite devastating consequences, stems from drug-induced changes in brain structure and function.
- These changes occur in some of the same brain areas that are disrupted in various mental disorders, such as depression, anxiety, or schizophrenia.
- It is therefore not surprising that surveys show a high rate of co-occurrence, or comorbidity, between drug addiction and mental illnesses.

- Even though we cannot say that one disorder causes the other causality, we do know that mental disorders are established risk factors for subsequent drug abuse—and vice versa.
- **Key Point:** If you suspect possible substance abuse issues with a family member, screen for mental health issues as well.

CONCLUSION

Say:

- *In this introductory session – substance abuse 101, you might say, we've discussed why people use and abuse substances and how substance use disorders are on a continuum of use, abuse, and addiction.*
- *We discussed how substance abuse is a brain disease. In fact, substance disorders share many characteristics with mental illnesses in terms of brain impacts and behaviors.*
- *Ideally, understanding and believing that substance abuse disorders are diseases will help you to work with people who are substance abusers with more empathy and hope for intervention success. They need your help to beat the disease.*
- *And, as we will show in subsequent sessions, many substance abusers that receive the right treatment and support can indeed recover from their disease and lead productive lives while providing a safe home for their children.*