

[Music playing]

**The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment, and that people can and do recover. Today's program is **Families Are the Frontline: Preventing, Treating, and Recovering From Substance Use and Mental Disorders**.**

Ms. Torres: Hello, I am Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about preventing, treating, and recovering from mental and substance use disorders within the context of the family. Joining us in our panel today are Frances Harding, director, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland. Dr. Nancy Young, executive director, Children and Family Futures, Irvine, California. Erica Asselin, family support specialist and medication-assisted treatment advocate, Fresh Start, Square One, Holyoke, Massachusetts. Dr. Kim Sumner-Mayer, senior advisor, Phoenix House Center on Addiction and the Family, New York, New York. Fran, what is the definition of family within our society currently?

Ms. Harding: That's a very good question. Family has changed, the definition. We used to think of family as two parents living in a house with two children and probably a pet or two. Now, we have a wide variety of families. We have families that are one parent, single parent, being raised by friends, being raised by grandparents, relatives of all sorts. The good thing about that is it brings the ability of a lot of diversity, a lot of ethnic cultures are different, and I think that across America we have a lot better chance to have families describe themselves in the way that is most comfortable for them.

Ms. Torres: And, Nancy, it goes even beyond that. It goes into same-sex parenting. It goes into a whole host of other issues, correct?

Dr. Young: Yeah, and I think what's important is, as Fran just said, you know, it's how the individual defines for themselves who is their family. You know, I am the adopted mother of two children and I have also biological children and I have a stepdaughter and grandsons. So it's the way that I define my family and who's important to me for that support.

Ms. Torres: Fran, how common are substance use and mental disorders among families?

Ms. Harding: It pretty much touches all families across the country in all different ways. You either have a substance abuse or a mental health disorder patient or consumer in your family, leading the family. You could have children. You could have an extended family operation. You could also be living in a community that the person that you consider to be part of your family, even though there is no blood connection, could also be impacting the family. So it's a variety; it's unlike many other diseases and chronic conditions that we have.

Ms. Torres: Erica, how can family members begin to recognize that there's either a substance use or mental health issues of concern within the family?

Ms. Asselin: I think that, most importantly that you notice behavior changes. Maybe their routine has changed or the people that they are spending time with is different. Start noticing that, you know, things aren't the same as they were. Maybe as a parent, they are not getting up with their children in the morning and making breakfast and getting them ready for school and putting them on the bus like they used to. And, you know, when things start to look different, that's when that could be a red flag.

Ms. Torres: And Fran, how important is it to prevention strategies to recognize the early signs?

Ms. Harding: Very important. The earlier we can identify there's a problem in a family and then be able to start, begin to address it—and we'll talk later about the skills of being able to do that—we can prevent so many problems from happening.

Ms. Torres: Absolutely. Nancy, within the context of family again, what is the impact on the children of families where the adult may have an addiction problem or they may have a mental health problem?

Dr. Young: I think it varies based on which of those kinds of families you're talking about. I think it's important for us to think about the larger population of children. And we know that actually about 8.3 million kids in our country live with a parent who is an alcoholic or needs treatment for illicit drug abuse. That translates to 11 percent. Think about an elementary school classroom; that's three kids in every elementary school classroom. So when we think about the ways that kids adapt to that, and they cope with that, we can begin to see kids that do pretty well and may internalize, and then other kids may be those that start to act out. So I think it depends on which kind of situation you're dealing with, and how that particular child is handling and learning to cope with that situation.

Ms. Torres: Kim?

Dr. Sumner-Mayer: Nancy started by describing sort of what it looks like for a child who is in school and how they may present. And so to say what is happening at home in those situations, if you have a parent with a substance abuse problem, very often you're seeing children whose developmental needs are not the primary concern. So the family is very oriented around meeting the parent's needs and keeping the family functioning around the parent's addiction. So, rather than the child getting what they need developmentally, the family is really kind of putting the child's needs last in order to keep the family just functioning. So that sometimes means that children are actually flipping roles with their parents and becoming parentified, where they are in a role that is not appropriate for them. The lines of authority are not clear, or they change, depending on whether the parent is high or not high. So there is a lot of inconsistency for children.

Ms. Torres: And when we come back we're going to be talking a little bit more about the dynamics of a family that faces substance and mental disorders. We'll be right back.

[Music playing]

Male VO: For more information on **National Recovery Month**, to find out how to get involved, or to locate an event near you, visit the *Recovery Month* website at [recoverymonth.gov](http://recoverymonth.gov).

Male Narr: Charlene K. Smith, Director of Child & Youth Services at SHIELDS for Families, Inc. in Los Angeles, California, talks about their Exodus program and the benefits of family-centered treatment.

Ms. Smith: The Exodus program is an all-around supportive environment providing a safe and nurturing atmosphere for the families. We feel that the families progress through the program living life on life's terms because they experience everyday living. They take care of their children. They cook for their children. They get their children up to go to school. So the benefit of being in a one-shot model where everything is onsite is such a benefit to the families.

Male Narr: Sonia Heard, alumna of the SHIELDS for Families Exodus program, comments on how families help each other in their recovery journeys.

Ms. Heard: Well, having a place to live and being around other families that are like ours is very helpful because I feel like we get to help each other. And it's not just me getting help. I see that I am not alone.

Male Narr: Patricia Alba, Clinical Coordinator for the Substance Abuse division at SHIELDS for Families, Inc., discusses the benefits of community support in maintaining recovery.

Ms. Alba: Having a community of people who are also in recovery helps our clients learn to let go of that guilt and shame that they have regarding their addiction and that they are now in recovery and that that is what they should really be proud of.

[Music playing]

Ms. Torres: Erica, does all of this seem familiar to you? The whole area of family dysfunction and substance and mental health issues?

Ms. Asselin: Very much so. I, myself, am in recovery, and I am the parent to six children, and I became—using alcohol, and that roller-coastered into other substances, and it was very hard to keep the family dynamic together.

Ms. Torres: How early in your age?

Ms. Asselin: I started using alcohol originally when I was 14 years old, but kind of took a break from that during my pregnancies, and I picked up again at age 25 and started drinking on a daily basis. And that turned into cocaine use and other substances from there. But what really ended up happening was my children paid the price for that. I wasn't able to be present for them and do the things that I needed to do. And I think what was most difficult about it was because of the stigma around being a mother and having an addiction and a family that I wasn't able to seek treatment when I needed to. When it came time that Child Protective Services became involved in my life, I didn't have the courage to admit that I had a problem, so I hid it. So instead of getting the treatment I needed, my children paid the price and they were removed.

Ms. Torres: What was that ah-ha moment for you where you said, "This is it. I really need to get into help?"

Ms. Asselin: Well, what ended up happening for me is I ended up signing over my parental rights to my oldest children and giving guardianship of my youngest two to their paternal grandmother. And I really hit rock bottom after that. And it was very hard for me to even have a reason to live at that point. I had gone from being a mother of four to an absolute nothing. I had no reason to wake up in the morning and no coping skills whatsoever. But I ended up becoming pregnant again and it was at that moment that I said, "I am not willing to sacrifice another life due to my addiction." And I immediately sought treatment and I have been in treatment—and have been clean and sober—ever

since. And I have taken the skills that I learned from being an addict and I use them in my work with helping other mothers in recovery.

Ms. Torres: That's excellent. Fran, what other costs to society are there in terms of families that are experiencing mental or substance use disorders?

Ms. Harding: There are several, almost too many to mention. We have young—if you start with the young kids, if you start with the children, we need extra costs to help them learn. They haven't had the type of parenting and discipline in the home to be able to keep up with their schoolwork, so they are behind, so that causes extra cost. Oftentimes, children in troubled homes that have addiction and mental health issues, they drop out early. And that's a huge cost to our society because they often then are not able to be employed. Parents sometimes, because of the discrimination that is out there with people with substance use disorders and mental health disorders, they won't get jobs, and so it's very hard for them to raise families. So you end up with a greater illness. You end up with costs around education. You end up with costs around relapse, when everything else begins again. It's a revolving door of extra medical and societal costs.

Ms. Torres: Let's talk a little bit about how we get families help. Kim, talk to us about family therapy and what is it. And describe it for us.

Dr. Sumner-Mayer: Sure. Family therapy is no one particular approach. It's really a collection of approaches to helping people make changes. And what these approaches all have in common is a belief in family-level assessment and treatment, and by that we look at families as a system. So a system is something that has many different parts that interact with each other, and all the parts have to be working well in order for the system to do its job. So family therapists look at the way individual family members function and how the parts of the family, the individuals, the relationships—all work together. So we're interested in how individual behavior affects the whole and how the whole affects individual behavior. And we use relationships, really, as the site of intervention and the lever. And really, when it comes to addiction treatment, we're looking at two things. We're looking at what strengths and resources does the family have to bring to bare, to help improve the recovery outcomes? And secondly, how can we bring family members together in order to heal from some of the effects of the addiction?

Ms. Torres: Very good. Fran, in terms of family therapy, how is it being integrated into the overall health care, given the reforms that we're undergoing?

Ms. Harding: Many of our services are now being looked at for coverage in general health, health insurance. We have a long ways to go. SAMHSA is actually being quite the leader in helping our general health field and our insurance companies to be able to

see that family therapy, educational classes, other medical and psychological services are indeed very appropriate for the consumers and the patients and the family members and people that are in long-term recovery to get all of those services covered.

Ms. Torres: Nancy, talk to me about the Children and Family Futures and what they're doing to really help to integrate new approaches to reduce the number of individuals that lose their children.

Dr. Young: Well, we work with community members and the child welfare system, the addiction treatment and the mental health service system to ensure that they are communicating. I think we sometimes think of this as only being about addicted families. And yet those children in which parents have a mental health issue are also those that exhibit some of those same kinds of things. So when we're looking at what is happening in the life of that child, when is the issue of neglect such that a formal system has to step in? And yet, there are many things that community members, church members, the faith community, school staff can play just as an important role as the formal system.

Ms. Torres: We are going to take a look at exactly that. How does society insulate that young person that may be experiencing a dysfunctional family scenario? We'll be right back.

[Music playing]

Ms. Torres: So Kim, we were talking about the adolescent and other institutions that can actually come in and act as a beginning of a buffer for that adolescent. Talk to us a little bit about that.

Dr. Sumner-Mayer: Sure. Well, I think in just about every setting a child exists in there are caring adults available, or there can be caring adults available who can be a protective factor to a child and help that child access their own inner resilience. So including things like helping children realize that they can use humor, that they can develop close relationships with safe adults. Teaching children ways that they can be safe. If you can't bring friends home because crazy things are happening there and you can't study there, how can we put something in place so that you have a safe place to go after school? If you're concerned about your siblings, then how can we make sure that their needs get met? So really, I think we just need to encourage adults to not ignore signs that a child is struggling and reach out to children and to kids to say if you have one caring adult in your life who is in your corner that can make all the difference for you.

Ms. Torres: Absolutely. I absolutely think so and you know the issue is that today the school systems are really so overburdened by so many budget considerations and cuts,

you know, to social workers and cuts to this and that. And yet, you know, as you mentioned, just that one person because oftentimes—and correct me if I’m wrong, you’re the experts—the child may think that it’s their fault what’s happening in the home.

Dr. Sumner-Mayer: Absolutely. I think the messages that we give children about what’s happening, I think children can handle straight talk about their problems at home if we deliver it to them in ways that are age appropriate. Making sure the children understand that the three Cs are you did not **cause** this, you cannot **control** it, and you cannot **cure** it. So that they understand that they neither have the power nor the responsibility to fix this problem, but they can communicate about what’s happening. They can take care of themselves. They can be healthy and successful despite the difficulties that are happening at home.

Ms. Torres: Erica, I want to go to the point that you made, at the point where your children are taken from you. How did that reintegration occur and what did you do as a parent to really begin to heal your family?

Ms. Asselin: I think what was most important for me was to realize that I needed to forgive myself before I could really begin to heal in order to help heal my children. I had to acknowledge that I had to take care of myself before I could take care of them and that was what I feel was most important. And then when I really got the opportunity to talk about it with them, to explain to my children that it wasn’t their fault and that I was sick and that, you know, there was things that I had to learn how to cope with, and that no matter what, I loved them and that they are my world. And they are what’s important, but in no way was it their fault. And it wasn’t until I had that conversation with them that we really began to heal and become a family again. They have learned how to trust and move on and are doing fantastic in school and have just really become amazing children, despite the trauma that they experienced at a young age.

Ms. Torres: And this is a key word, Fran, trauma. The notion that the kids are traumatized and the trauma really does take a long time for folks to heal. Correct?

Ms. Harding: Correct. And there’s an extended definition of trauma. We used to think of trauma very narrowly and now we’re seeing that both in several different cultures and in this situation of families with young people living with addictions and mental illness, the trauma can be very subtle and doesn’t show up until they are adults. The trauma can be very severe and needs to be intervened with right away. So there are all different levels of trauma, but the good news is we also know so much more. All of these services that are being described today, the key factor for all of them for me in prevention is collaboration.

Ms. Torres: Very good. Nancy, let me shift a little bit and let's start talking about the family drug courts and what that does to really facilitate a positive process within dysfunctional families.

Dr. Young: Yeah, you asked earlier about some of the things that the National Center is doing, and we're happy that there is this kind of approach that is relatively new, just starting in 1996, but it really takes the child protective service system and the family court and the substance abuse treatment providers and addresses the whole family. So it uses some key concepts about making sure that we can identify families with substance abuse and mental health problems as they're entering the child protective service system quicker, getting them access to services quicker. Making sure that each of the family members has a support system, has a treatment plan when needed. Uses the court, the family court to more carefully monitor what is going on in the treatment plan, particularly around the parent and their substance use disorder and the child and how the child's permanency and the relationships that they must develop are being provided for them. So that the child and the parent is seen as the unit of intervention, which is so important.

Ms. Torres: Very good. When we come back, I want to continue on and identify other sources that families can go to in order to get help. We'll be right back.

Male VO: I wasn't really living my life; I was absent. I wasn't there for anyone, even my kids. Jack's homework, I don't even know if he did it.

Male Narr: If you or someone you know has a drug or alcohol problem, recovery is the solution. Call 1-800-662-HELP.

Male VO: Through treatment, I'm living my life every day.

Boy VO: Can you check my homework, Dad?

Male VO: Already did.

Male Narr: Brought to you by the U.S. Department of Health and Human Services.

Ms. Torres: Erica, talk a little bit about what you do and how families can access your services.

Ms. Asselin: I am a family support specialist, and what my program does is we provide peer engagement workers. We're all in recovery ourselves, and we go out to the family, and we talk with the mother, and we get on her level, and we assess her needs and what the family needs and what we can do to help them continue in their recovery, and

we really work on making sure that they have access to all of the resources in the community. And on top of that, we do our best to coordinate care with all their other services, like you were talking about with collaborating. You know, I think it's really important for our families, most of them have involvement with the Department of Children and Families, and you know, so we stay in close contact with the Department, with their worker, and with their therapist, and with their treatment providers, and we make sure that everybody stays on the same page. And in doing that, our families have been very successful. We have 91 percent of our families stay in our program and stay engaged and they have done a wonderful job. And on top of that, we provide parenting classes, which is the biggest piece because being a mother in recovery myself, it's so hard to balance your recovery and staying sober and then you want to be the best parent you can possibly be because you're trying to make up for lost time and all of these other things. So to—the fact that our program offers parenting classes, I think is amazing and it really teaches the person in recovery how to parent their child and when to ask for help and what to do with your children while you're in recovery.

Ms. Torres: And Kim, talking about when to ask for help, a lot of families do not ask for help because they feel they would be stigmatized.

Dr. Sumner-Mayer: Right.

Ms. Torres: And it would either affect their job status or their community status or their neighborhood status. Talk to us a little bit about that.

Dr. Sumner-Mayer: Well, I think that stigma is a huge problem that keeps people from seeking services, and so one of the things that I love so much about—what Erica and I were talking about in the green room is how she as a person in recovery can reach out to other mothers to really bust through the stigma and say, "Treatment works, and I'm living proof of it, and I am your peer." So reducing the sense of hierarchy. And I just think that we constantly need to be aware that people are bigger than their problems. We need to see the humanity in the families that come before us and say, "I know that you have difficulties, but you also have resources and strengths, so come and get the help that you need."

Ms. Torres: And Fran, exactly that, from a prevention standpoint when people start seeing some of the warning signs, where can they seek help?

Ms. Harding: They can seek help by going to our website. [www.samhsa.gov](http://www.samhsa.gov). I think it's the fastest way for them to find out throughout the country. Because we're a federal website, we're nationally known, we have the ability to go into every state, every territory, every jurisdiction, and point you to directions like the programs that we're talking about today instead of listing them out. I think it's important for us in prevention to help our families and our individual, our young people to know that those resources

are out there for them and it's easy access. All of the resources and the services are coming alive and supported around recovery support. And I think recovery support is going to help us quicker than everything we've done so far in helping to reduce this discrimination against people with substance abuse and mental health disorders.

Ms. Torres: Absolutely, Nancy, getting back to the court system. I think that the more the courts get engaged, really, they have helped tremendously in the whole issue of stigma. They've almost got it to a point where people begin to see that it's not a moral issue. It's not really a criminal issue, but it's an issue of diseases both mental and substance use that have to be managed.

Dr. Young: I think we have a lot of hope that before families get to the court system—either the family court or the criminal court—that they're reaching out to others. The power of mutual help and peers helping peers, both within adolescence and younger children but parents helping other parents. You know, the formal system is extremely important to be there with treatment and recovery supports, but the power of what Erica is doing with reaching out and really offering that "I've been there, I understand. You can do it. I did it." And someone said to me that what they really got when they engaged with the parent partner was hope. That their life could change. That their family could change. That they could parent their children and that there was a way out.

Ms. Torres: Kim?

Dr. Sumner-Mayer: We've been talking a lot about prevention and some about treatment, but I always like to say one of my mantras is after care should not be an afterthought. We're talking about the continuum of family recovery, and so for those families that have engaged in treatment, the time period after treatment is absolutely critical to them, and services to help families navigate the changes in family relationships need to start before they end their services. So that when inevitably the honeymoon ends and the parent begins to think, "Oh no, this was supposed to be easier, now it's harder," so that the parent doesn't withdraw and become isolated again, and again their risk of relapse goes way up at that point. And if it's an adolescent that's been in treatment, same thing—it takes a long time for families to make changes at the relationship level. Recovery is a process, it is not an event. It unfolds over time and it changes over time, and so the services and the supports that are needed will change over time. And, furthermore, it is a family process, so it needs to be addressed as a family process. We cannot treat only the individual—we have to look at the relationships.

Ms. Torres: Well, I want to remind everyone that **National Recovery Month** happens every September. I hope that you visit our website by going to [www.recoverymonth.gov](http://www.recoverymonth.gov) and are able to access all of the materials so that in September you are able to create a small, medium, or large event in your community. Thank you for being with us. It was a great show.

*Road to Recovery*

Mental and Substance Use Disorders Within the Context of the Family

[Music playing]

Male VO:

The *Road to Recovery* television and radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country. To view or listen to the *Road to Recovery* television and radio series from this season or previous seasons, visit [recoverymonth.gov](http://recoverymonth.gov) and click on the Multimedia tab.