The Road to Recovery 2013

Recovery Is a Family Affair: The Complex Dynamics in Families Struggling With Mental and Substance Use Disorders

Discussion Guide

The show will be filmed in a panel format with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show as well as references from scientific studies from the field.

Show Description: The process of recovery applies not only for the person with a mental and/or substance use disorder but for all family members as well. A mental and/or substance use disorder in one or both parents can traumatize children, which often has a lasting impact and can lead to multigenerational behavioral health problems. Similarly, a mental and/or substance use disorder in a child has a strong impact on siblings and parents. More and more, the field of behavioral health is recognizing the importance of engaging the entire family in treatment and recovery. This show will demonstrate the positive results gained from taking a whole family approach in treatment and recovery, one in which all family members are engaged and supported in the healing process. Also, family issues in certain settings such as military families and nontraditional families will be explored.

Panel 1: The Complexity of Family Dynamics for Families Struggling With Mental and Substance Use Disorders

Key Questions:

1. **What is the definition of "family" in our society today?**
2. **For families struggling with mental or substance use disorders, are we referring primarily to adolescent children having the disorder or are there other common scenarios of concern?**

3. **How does a history of trauma play a role in family struggles with mental and substance use disorders? What other aggravating factors are associated with mental and substance use disorders in families?**
4. **What are the negative consequences for families when family members are struggling with mental or substance use disorders?**
5. **Just how common is substance use dependence among families in this country? How common are mental health problems?**
6. **How do family members typically respond to learning that a family member has a mental or substance use disorder?**

Definition of "Family"
Source: The Addiction Technology Transfer Center Network. (2005). *Family treatment—Part 1: Family counseling in addiction treatment.* Addiction Messenger, 8 (1) (January). From http://attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%208%20Issue%201.pdf

- No single definition of the word "family" includes all cultural and belief systems that are reflected in modern family structures. There are traditional families, extended families (grandparents, aunts, uncles, cousins, and other relatives), and elected families (emancipated youth who live with peers, godparents, and gay and lesbian couples).

- For practical purposes, family can be defined by the individual's closest emotional connections. Anyone who is instrumental in providing support, maintaining the household, and providing financial resources and with whom a strong and enduring emotional bond exists may be considered family for the purposes of therapy. No one should be automatically included or excluded.

Variety of Family Scenarios Involving Mental and Substance Use Disorders
Source: Substance Abuse and Mental Health Services Administration (SAMHSA) website and publications
http://samhsa.gov

Mental and substance use disorders may be present with one or more family members at a variety of ages, creating impacts on other family members, including intergenerational impacts. Common scenarios include the following:

- **Young families—**he presence of mental and substance disorders in families with very young children (infants, toddlers, preschool children) creates stress and difficulties for the family. One or both parents may have a mental or substance use disorder, or young children may have a mental disorder.

- **Families with preadolescent or adolescent children—**A preadolescent or adolescent child may have a mental or substance use disorder, creating impacts on parents and siblings. Also, one or more parents may have a mental or substance use disorder, creating hardships for the family and putting children at greater risk of having a mental or substance use disorder.

- **Elderly family members—**An elderly member of the family (parent or grandparent) with a mental or substance use disorder can create hardships for adult children and other family members.

Mental or substance use disorders may be present in a family member of any age or relationship status, creating impacts on spouses, partners, parents, grandparents, children, extended family, or other family members.

Role of Trauma in Families Struggling With Mental and Substance Use Disorders
Source: Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014.* HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.
http://store.samhsa.gov/product/Leading-Change-A-Plan-for-SAMHSA-s-Roles-and-Actions-2011-2014/SMA11-4629

- Trauma is a widespread, harmful, and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. It is an almost universal experience of people receiving treatment for mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.

- The effects of trauma place a heavy burden on individuals, families, and communities and create challenges for public institutions and service systems.

- Another growing community exposed to trauma comprises military service members, veterans, and their families. Dealing with the losses, fears, and injuries associated with two ongoing wars, military families with trauma-associated symptoms and disorders are increasingly coming to the attention of behavioral health providers. Repeated deployments, relocations, military sexual trauma, and serious injuries exert an emotional toll on military personnel, their families, and their communities.

Other Aggravating Factors and Circumstances for Families Struggling With Mental and Substance Use Disorders

Other aggravating factors and circumstances include:

- Stress of a single parent environment;
- Stress of a temporary single parent environment due to military deployment;
- Stress of a temporary single parent environment due to incarceration of a parent;
- Challenges associated with being lesbian, gay, bisexual, or transgender (LGBT);
- Challenges associated with a foster care environment; and
- Challenges associated with poverty.

Common Consequences of Mental or Substance Use Disorders in Families
Source: Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014.* HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.
http://store.samhsa.gov/product/Leading-Change-A-Plan-for-SAMHSA-s-Roles-and-Actions-2011-2014/SMA11-4629

- Substance abuse, addictions, poor emotional health, and mental illnesses take a toll on individuals, families, and communities. These illnesses cost money, and they cost lives, as do physical illnesses that are not prevented, are left untreated, or are poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burdens in the world, compared with other causes of disability.

- Impacts on families include:

    - Increased health risks (e.g., excessive alcohol use and illicit drug use are linked directly to increased burden from chronic disease, diabetes, and cardiovascular problems);
    - Compromised parenting skills;
    - Work performance degradation, risk of job loss;
    - School performance degradation, increased risk of dropping out of school;
    - Increased risk of unwanted pregnancy;
    - Drain on family financial resources;
    - Increased risk of a motor vehicle collision;
    - Increased risk of unintentional injury or death due to accidents; and
    - Increased risk of suicide.

Prevalence of Mental and Substance Use Disorders
Source: Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.
http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm

- One in 5 American adults ages 18 or older, or 45.6 million people, had mental illness in the past year.

- 11.5 million adults (5 percent of the adult population) had serious mental illness in the past year. (Serious mental illness is defined as mental illness that results in serious functional impairment, which substantially interferes with or limits one or more major life activities.)

- The rate of mental illness was more than twice as high among those ages 18 to 25 (29.8 percent) than among those ages 50 and older (14.3 percent). Adult women also were

more likely than men to have had mental illness in the past year (23.0 percent versus 15.9 percent).

- 2.0 million youth ages 12 to 17 (8.2 percent of this population) had experienced a major depressive episode in the past year. (A major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four of seven additional symptoms reflecting the criteria as described in the *Diagnostic and Statistical Manual of Mental Disorders*.)

Source: Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.
http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm

- In 2011, an estimated 22.5 million Americans ages 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.7 percent of the population ages 12 or older. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (pain relievers, tranquilizers, stimulants, and sedatives) used nonmedically.

- Slightly more than half (51.8 percent) of Americans ages 12 or older reported being current drinkers of alcohol in the 2011 survey, similar to the rate in 2010 (51.8 percent). This translates to an estimated 133.4 million current drinkers in 2011.

- The rate of current alcohol use among youth ages 12 to 17 was 13.3 percent in 2011.

- In 2011, an estimated 20.6 million persons (8 percent of the population ages 12 or older) were classified with substance dependence or abuse in the past year based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Of these, 2.6 million were classified with dependence or abuse of both alcohol and illicit drugs, 3.9 million had dependence or abuse of illicit drugs but not alcohol, and 14.1 million had dependence or abuse of alcohol but not illicit drugs.

Magnitude of Mental, Emotional, and Behavioral Disorders Among Young People in Our Society
Source: National Research Council; Institute of Medicine; Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. M. E. O'Connell, T. Boat, K. E. Warner, Eds. Washington, DC: The National Academies Press. From

http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx

- Mental, emotional, and behavioral (MEB) disorders—which include depression, conduct disorder, and substance abuse—affect large numbers of young people. Studies indicate

that MEB disorders are a major health threat, and are as commonplace today among young people as a fractured limb—not inevitable but not at all unusual. Almost one in five young people have one or more MEB disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three fourths by age 24.

Typical Family Responses to a Family Member with a Substance Use Disorder
Source: SAMHSA *Families in recovery*. (PowerPoint).
http://162.99.3.213/products/manuals/matrix/ppt/families_in_recovery.ppt

- When a family member has a substance use disorder, other family members initially may be unaware of the problem, confused about occasional odd behaviors, or concerned about occasional neglect of responsibilities by the person with the disorder.

- As family members become aware of the problem, they may attempt to "fix it" by taking on all responsibilities of the person with the disorder or otherwise enabling the person with the problem. This response can lead to disenchantment characterized by avoiding the problem, blaming the person who is using, blaming themselves, and feeling guilt and shame.

- If not addressed, disenchantment can lead to disaster in which there is separation, internalization of bad feelings, resignation, hopelessness, and establishment of unhealthy family rules.

Panel 2: Challenges of Young Families Struggling With Mental and Substance Use Disorders

Key Questions:

1. **What are the developmental risks for very young children when their caregivers have a mental or substance use disorder?**
2. **What mental health challenges can very young children experience in families that are struggling with mental and substance use disorders? How can we recognize that these conditions are present?**
3. **What do very young children need most from primary caregivers and their immediate environment?**
4. **How can caring adults other than primary caregivers support young families?**
5. **What are the best ways for community-based programs to serve families in which the primary caregiver has a substance use disorder?**
6. **What approaches are most effective in treating very young children with a mental disorder?**
7. **Are there national initiatives underway to address the issue of very young children with mental health challenges?**

Risks for Very Young Children When Caregivers Have a Mental or Substance Use Disorder
Source: Substance Abuse and Mental Health Services Administration, *Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and*

Trauma, A Community Action Guide. DHHS Publication No. SMA-12-4726. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726

- Struggling families appear every day in clinics, childcare agencies, churches, schools, and domestic violence shelters. Many more families never even reach these points of entry for help. They find themselves isolated and trying to cope on their own. Besides the difficult task of raising children—often while working full time—many caregivers deal with added stressors such as mental health problems, substance abuse, and a history of trauma.

- These problems can challenge a parent's ability to be attentive to his or her children. Some very young children in these situations may have experienced or witnessed traumatic events. Sometimes their parents are unable to protect them from physical or psychological harm. For a small group of these children, parents or other caregivers cause the harm (Center on the Developing Child at Harvard University, 2007). These experiences can affect infants and toddlers in profound ways.

- Life stressors—such as physical or sexual abuse, exposure to domestic violence within the family, witnessing community violence, and depending on parents with mental health and substance abuse problems—often place the children in these families on a difficult path. These problems also tend to cluster in families. Often, if one is present, others are present as well (Knitzer and Lefkowitz, 2006).

- We also know that the more of these harmful experiences a child is exposed to, the more likely the child will have difficulty with social and emotional functioning in childhood, exhibit cognitive problems, fail in school, and have high levels of mental health problems and substance abuse as an adult (National Scientific Council on the Developing Child, 2004b; Gewirtz & Edelson, 2004; Heather, Finkelhor, & Ormond, 2006). Chronic health conditions (including heart disease, diabetes, cancer, and lung disease) have also been linked to adverse experiences in childhood (Felitti et al., 1998).

<u>What Very Young Children Need from Primary Caregivers and Their Immediate Environment</u>
Source: Substance Abuse and Mental Health Services Administration, *Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma, A Community Action Guide.* DHHS Publication No. SMA-12-4726. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726

What All Children Need: The Five Rs:

1. **Relationships** that are safe, secure, and loving—these help the child feel cared for and worthy of love.

2. **Responsive** interactions that allow the child to initiate a sound, a task, a game—and get a positive response from an adult. These help children learn that what they do has an impact on the world around them.

3. **Respect** for the child, and for the child's family and culture. Treating the child as an individual with rights and feelings goes a long way toward establishing feelings of self-esteem.

4. **Routines** provide comfort for the child, allowing him or her to predict what will come next during the day. They also encourage memory and the development of early organizational skills.

5. **Repetition** of activities actually strengthens the connections between brain cells. While adults usually tire of repetition, children are drawn to repeat activities and tasks over and over again in an attempt to master them.

Source: Adapted from Seibel, Britt, Gillespie, and Parlakian (2006).

Mental Health Challenges in Very Young Children
Source: SAMHSA publication, Center for Mental Health Services: *Addressing the Mental Health Needs of Young Children and Their Families—Systems of Care*
HHS Publication No. (SMA)-10-4547
http://www.samhsa.gov/children

- Young children experience mental health challenges that impact early learning, social interactions, and the overall well-being of their families. It is estimated that between 9 percent and 14 percent of children from birth to 5 years of age experience social and emotional problems that negatively affect their functioning and development. (Brauner, C. B., & Stephen, B. C. (2006). *Estimating the prevalence of early childhood serious emotional/behavioral disorder.* Public Health Reports, 121, 303–310.)

- Among babies, signs of depression can include inconsolable crying, slow growth, and sleep problems. (Luby, J. L. ,2000. Depression. In C. Zeanah ,Ed., *Handbook of infant mental health.* 2nd. ed., pp. 382–396. New York: Guilford Press.)

- Mental health challenges among young children occur within the context of early childhood growth and development, during which children develop self-control and learn to tolerate frustration. (Magee, T., & Roy, C.,(2008. *Predicting school-age behavior problems: The role of early childhood risk factors.* Pediatric Nursing, 34(1), 37–44.)

- Although temper tantrums may be developmentally normal for toddlers, tantrums characterized by self-destructive behaviors or aggressive behavior toward people or property can indicate that emotional and behavioral problems are present. A young child who withdraws regularly from social situations and experiences fear when interacting with others may have mental health problems. (Belden, A. C., Thomson, N. R., & Luby, J. L. (2008). *Temper tantrums in healthy versus depressed and disruptive*

preschoolers: Defining tantrum behavior associated with clinical problems. Journal of Pediatrics, 151(6), 117–122.)

Support of Caring Adults

Source: Substance Abuse and Mental Health Services Administration, *Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma, A Community Action Guide.* DHHS Publication No. SMA-12-4726. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726

- Though psychologists in the United States have focused on the importance of the primary caregiver, usually the mother, there is theory and clinical evidence to suggest that having a few close attachment relationships helps a baby or toddler be more resilient (Bowlby, 2007). The key is that the child feels safe and secure with each of these people, and that they are a consistent presence in his or her life.

Delivery of Community Programs to Young Families in Which the Primary Caregiver Has a Substance Use Disorder

Source: Substance Abuse and Mental Health Services Administration, *Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma, A Community Action Guide.* DHHS Publication No. SMA-12-4726. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726

- Comprehensive substance abuse treatment programs that take into account the particular needs of mothers who are chemically addicted have been shown to have better results than traditional programs. As a group, women who abuse substances have different characteristics than men who abuse, and these need to be taken into account when designing a program. Unlike men, most women with a chemical addiction are primary caregivers, often with several dependent children. Their children are affected by their substance abuse. For most of these mothers, the strongest motivation for ending their addiction revolves around their children—keeping their children, getting them back from out-of-home care, and becoming a better parent.

- Unfortunately, the way our services for families have developed often adds stress to a family already overstressed. Having parents set up appointments at different agencies in different parts of town for each child in the family almost guarantees that many children will "fall through the cracks." One way a responsive community can tackle this issue is to make services and supports as comprehensive as possible.

- Another model is to add services that support the "whole child" or "whole family" to an institution that already has connections with parents. In many cities, the concept of a community school has taken hold—with elementary and middle schools becoming vibrant community hubs. These school/community collaborations use existing school space for a range of classes, activities, and events that are open to everyone in the community. Some examples offer early childcare programs for infants and toddlers,

health clinics for children and adults, parenting skills classes, art programs for all ages, and onsite mental health care. Parents become leaders at these hubs, and many communities are revitalized in the process. There are now 3,000 to 4,000 of these community hubs in the United States, most falling under one of two models: the Coalition for Community Schools http://www.communityschools.org and School of the 21st Century http://www.yale.edu/21C.

Source: SAMHSA publication, Center for Mental Health Services: *Addressing the Mental Health Needs of Young Children and Their Families—Systems of Care*
HHS Publication No. (SMA)-10-4547
http://store.samhsa.gov/product/Addressing-the-Mental-Health-Needs-of-Young-Children-and-Their-Families/SMA10-4547

- The *Comprehensive Community Mental Health Services for Children and Their Families Program*, administered through SAMHSA, funds systems of care, a community-based service delivery model that promotes positive mental health outcomes for children and youth from birth through 21 years of age and their families. The focus on providing family driven, culturally and linguistically competent, and evidence-based services and supports in systems of care is ideally suited to addressing the mental health needs of young children and their families.

Treatment of Very Young Children With Mental Health Issues
Source: SAMHSA publication, Center for Mental Health Services: *Addressing the Mental Health Needs of Young Children and Their Families—Systems of Care*
HHS Publication No. (SMA)-10-4547
http://store.samhsa.gov/product/Addressing-the-Mental-Health-Needs-of-Young-Children-and-Their-Families/SMA10-4547

- Can very young children have mental health issues? "Absolutely," says Rob Abrams, M.S.W., project director of Wraparound Oregon: Early Childhood at the Multnomah Education Service District in Portland, OR. But many people still don't believe that's true. "When people hear that we have 2-year-olds with severe depression in our program, they ask, 'How can that be?'" said Mr. Abrams. "We hear that not only from the public but also from professionals."

- How do you treat very young children? "We're not going to take a 3-year-old to a therapist's office for 50 minutes of talk therapy," Mr. Abrams stated. Instead, the process begins with a family being assigned a facilitator and a "parent partner," parents and grandparents who can make a strong connection to new participants because they have gone through the process themselves. Next, the family works with an interdisciplinary team to uncover its strengths and needs. "Families come back and say, 'We never knew we had these strengths,'" said Mr. Abrams. "That in and of itself is healing."

Children's Mental Health Research and Policy Conference
Source: Conference website
http://cmhtampaconference.com/index.php

- Since 1988, the Department of Child and Family Studies at the University of South Florida has been a leader in promoting the expansion of the research base essential to improved service systems for children and youth with mental health challenges and their families. The first national conference, also initiated in 1988, was on system of care research primarily to enhance the capacity of the children's mental health field to systematically study important issues. This conference has continued each year, bringing together more than 500 researchers, evaluators, policy-makers, administrators, parents, and advocates to share dialogue about important issues such as health, education and welfare, share new knowledge, and identify challenges that remain for the field.

Panel 3: Challenges of Mental and Substance Use Disorders in Families With Preadolescent or Adolescent Children

Key Questions:

1. **What are the signs of mental illness in family members at different age levels—preadolescents, adolescents, and adults?**
2. **What are the signs of a substance use disorder in a family member?**
3. **What are the impacts on preadolescent or adolescent children when a parent or other primary caregiver has a substance use disorder?**
4. **What are the impacts on the family when a preadolescent or adolescent child has a substance use disorder?**
5. **If parents or other primary caregivers have a substance use disorder, does this increase the likelihood that children in the family will develop a substance use disorder?**
6. **Why is it important to involve the whole family in the treatment of mental and substance use disorders? What is "family therapy"? Is family therapy effective?**

Sources: Mental Health America. (n.d.). *Mental Illness and the family: Recognizing warning signs and how to cope.* From http://www.nmha.org/go/information/get-info/mi-and-the-family/recognizing-warning-signs-and-how-to-cope

MedlinePlus, National Institutes of Health. (2011). *Teen mental health.* From http://www.nlm.nih.gov/medlineplus/teenmentalhealth.html

- **Preadolescents**—Signs to watch for include substance use; inability to cope with problems and daily activities; changes in sleeping and/or eating habits; excessive complaints of physical ailments; defiance of authority; truancy, theft, and/or vandalism; intense fear of weight gain; prolonged negative mood, often accompanied by poor appetite or thoughts of death; and frequent outbursts of anger.

- **Adolescents**—Signs to watch for include feelings of sadness, hopelessness, or worthlessness; prolonged grief after a loss or death; excessive feelings of anger or worry; alcohol or drug use; exercising, dieting, or binge-eating obsessively; hurting others or destroying property; and doing reckless things that may result in self-harm or harm to others.

- **Adults**—Signs to watch for include confused thinking; prolonged depression (sadness or irritability); feelings of extreme highs and lows; excessive fears, worries, and anxieties; social withdrawal; dramatic changes in eating or sleeping habits; strong feelings of anger; delusions or hallucinations; growing inability to cope with daily problems and activities; suicidal thoughts; denial of obvious problems; numerous unexplained physical ailments; and substance use.

Recognizing Signs of Mental Disorders in Youth—Action Signs Tool Kit
Source: The Reach Institute. (2011). *The "Action Signs" project*. From
http://www.thereachinstitute.org/files/documents/action-signs-toolkit-final.pdf
http://www.thereachinstitute.org/action-signs.html
See also:
http://www.samhsa.gov/children/508compliant_Identifying_MH_and_SU_Problems_1-30-2012.pdf

- Mayo Clinic researchers—in partnership with numerous national mental health advocacy organizations—are issuing new simple-to-understand tools to help identify youth who may have mental health disorders. Issuance of these tools is consistent with the Office of the U.S. Surgeon General call to action in 2001 to develop a set of easily identifiable mental health disorder warning signs among youth for use by parents, professionals, and community members.

- Studies have repeatedly shown that up to 75 percent of youth with mental health disorders—such as attention-deficit/hyperactivity disorder, bipolar disorder, anxiety, and eating disorders—are usually not identified and that youth do not receive the care they need, in spite of well-documented levels of emotional and behavioral concerns in the nation's youth.

- After a survey of more than 6,000 parents and children about mental health services in the United States during the past decade, researchers created a mental health disorder Action Signs toolkit to help easily identify symptoms for youth who may be experiencing mental disorders. The findings and epidemiology that led to the toolkit are published in the journal *Pediatrics* in October 2011.

Recognizing Signs of a Substance Use Disorder
Source: Helpguide.org. (n.d.). *Drug abuse and addiction: Signs, symptoms, and help for drug problems and substance abuse*. From
http://helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm

- **Physical signs**—Bloodshot eyes or pupils larger or smaller than usual; changes in appetite or sleep patterns; sudden weight loss or weight gain; deterioration of physical appearance or personal grooming habits; unusual smells on the breath, body, or clothing; and tremors, slurred speech, or impaired coordination.

- **Behavioral signs**—Drop in attendance and performance at work or school; unexplained need for money or financial problems; secretive or suspicious behaviors; sudden change

in friends, favorite hangouts, and hobbies; and frequent misconduct (e.g., fights, accidents, illegal activities).

- **Psychological signs**—Unexplained change in personality or attitude; sudden mood swings, irritability or angry outbursts; periods of unusual hyperactivity, agitation, or giddiness; lack of motivation; lethargy; and the appearance of being fearful, anxious, or paranoid, with no reason.

- In adolescents, specific signs of substance use include:
    - Bloodshot eyes or dilated pupils, and use of eye drops to try to mask these signs;
    - Absenteeism from class and poor classroom performance;
    - Trouble/misconduct at school;
    - Money, valuables, or prescriptions missing from the home;
    - Uncharacteristic behaviors, including isolation, withdrawal, anger, or depression;
    - Secrecy about a new peer group;
    - Lost interest in old hobbies;
    - Dishonesty about new interests and activities; and
    - Demands for more privacy and sneaking around.

Source: Center for Substance Abuse Treatment. (2004). *What is substance abuse treatment? A booklet for families*. (DHHS Publication No. [SMA] 08-4126). Rockville, MD. (Reprinted 2005, 2006, 2007, and 2008).

- **Continued use despite negative consequences**—One of the most important signs of substance addiction or dependence is continued use of drugs or alcohol despite experiencing the serious negative consequences of heavy drug or alcohol use. Often, a person will blame other people or circumstances for his or her problems instead of realizing that the difficulties result from use of drugs or alcohol.
- **Tolerance**—A person will need increasingly larger amounts of alcohol or drugs to get high.
- **Craving**—A person will feel a strong need, desire, or urge to use alcohol or drugs, will use alcohol or a drug despite negative consequences, and will feel anxious and irritable if he or she can't use them. Craving is a primary symptom of addiction.
- **Loss of control**—A person often will drink more alcohol or take more drugs than he or she meant to, or may use alcohol or drugs at a time or place he or she had not planned. A person also may try to reduce or stop drinking or using drugs many times, but may fail.
- **Physical dependence or withdrawal symptoms**—In some cases, when alcohol or drug use is stopped, a person may experience withdrawal symptoms from a physical need for the substance. Withdrawal symptoms differ depending on the drug, but they may include nausea, sweating, shakiness, and extreme anxiety. The person may try to relieve these symptoms by taking either more of the same or a similar substance.

Source: The Addiction Technology Transfer Center Network. (2008). *Family participation in addiction treatment—Part 1: The importance of engagement.* Addiction Messenger, *10* (1).

http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%2011%20Issue%201.pdf

- People who abuse substances are likely to find themselves increasingly isolated from their families. A growing body of literature suggests that substance abuse has distinct effects on different family structures. The effects of substance abuse frequently extend beyond the nuclear family. Extended family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt, or they may wish to ignore or cut ties with the person abusing substances.

Impact on Children When a Parent Has a Mental or Substance Use Disorder
Source: Wenger, S. (2011, November 15). *The most at risk: The most ignored.* The Partnership at DrugFree.org. From http://www.drugfree.org/join-together/addiction/the-most-at-risk-the-most-ignored?utm_source=Joi n+Togeth er+Daily&utm_campaign=c18b9206c6-JT_Daily_News_The_Most_at_Risk&utm_medium=email

- The addiction prevention and mental health problem literature is replete with examples and data that describe the childhood and adult problems and disorders of individuals who have addicted parents.

- The National Institute on Alcohol Abuse and Alcoholism reports that as many as one in four children younger than age 18 is exposed to family alcohol abuse or dependence. Countless other children are growing up in homes where there is parental drug abuse. These are the children who are more likely to develop depression or anxiety disorders in adolescence and use alcohol or other drugs early. They are also more likely—for both genetic and environmental reasons—to become tomorrow's addicted youth, the children in foster care, troubled youth in the juvenile justice system; and the adults most likely to seek mental health therapy for depression, anxiety disorders, and marital problems, and who struggle with parenting their own children.

- From the plethora of reports flowing out of the 10-year Adverse Childhood Experiences Study, we know that growing up in the chronic emotional stress of families affected by parental addiction negatively affects children's brain development from the earliest days of life. Having an unaddressed mental illness, enduring physical or emotional violence, or having a parent in prison are also negative factors.

Impact on Families When a Child Has a Substance Use Disorder
Source: Healthy People 2020 Website
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2

- Although adolescence and young adulthood are generally healthy times of life, several important public health and social problems either peak or start during these years. These problems, many of which are linked to substance use, can have a disruptive or even devastating impact on the family, including suicide, motor vehicle crashes, sexually transmitted diseases, teen and unplanned pregnancy, and homelessness.

Increased Likelihood of Binge Drinking by Children If Parents Are Binge Drinkers
http://store.samhsa.gov/product/Report-to-Congress-on-the-Prevention-and-Reduction-of-Underage-Drinking-2012/All-New-Products/PEP12-RTCUAD?WT.ac=EB_20121213_PEP12-RTCUAD

- Children of parents who binge are twice as likely to binge themselves and to meet alcohol-dependence criteria. Whether through genetics, social learning, or cultural values and community norms, researchers have repeatedly found a correlation between youth drinking and the drinking practices of parents (Pemberton, Colliver, Robbins, & Gfroerer, 2008). Nelson, Naimi, Brewer, and Nelson (2009) demonstrated this relationship at the population (state) level. State estimates of youth and adult current and binge drinking from 1993 through 2005 were significantly correlated when pooled across years. The results suggest that some policies primarily affecting adult drinkers (e.g., pricing and taxation, hours of sale, on-premises drink promotions) may also affect underage drinking.

Increased Likelihood of Alcohol Use by Teens if Parents Use Alcohol
Source: Data Spotlight, National Survey on Drug Use and Health, September 13, 2012, SAMHSA Center for Behavioral Statistics and Quality, *Teens Whose Parents Have Alcohol Problems Are at Increased Risk of Alcohol Use*
http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTIwOTI3LjEwODE0NDcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDEyMDkyNy4xMDgxNDQ3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTc4MzM3JmVtYWlsaWQ9Y2hhcmxlc0BlbXQub3JnJnVzZXJpZD1jaGFybGVzQGVtdC5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&113&&&http://www.samhsa.gov/data/spotlight/Spot076AlcoholUseTeensParentsAUD2012.pdf

- Teens are more likely to use alcohol if they live with a mother or father who has an alcohol use disorder. According to the 2002 to 2010 national surveys, youth who lived with a mother with a past year alcohol use disorder (AUD) were more likely than those living with a mother who did not have an AUD to have used alcohol in the past month (23.8 vs. 14.4 percent) and to report past month binge alcohol use (15.3 vs. 8.7 percent). Youth living with a father with an AUD were more likely than those living with a father who did not have an AUD to have used alcohol in the past month (18.4 vs. 14.3 percent); however, differences for binge alcohol use did not reach statistical significance.*

*Data drawn from:
The NSDUH Report: Trends in Adolescent Substance Use and Perception of Risk from Substance Use: http://www.samhsa.gov/data/2k13/NSDUH099a/sr099a-risk-perception-trends.htm.

The NSDUH Report: Trends in Exposure to Substance Use Prevention Messages among Adolescents:
http://www.samhsa.gov/data/2k13/NSDUH099b/sr099b-trends-prevention-messages.htm.

Family Therapy
Source: The Addiction Technology Transfer Center Network. (2005). *Family treatment—Part 1: Family counseling in addiction treatment.* Addiction Messenger, 8 (1) (January). From

http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%2011%20Issue%201.pdf

- Family therapy has a long and solid history within the broad mental health field. For more than 20 years or so, sharing has increased between the substance abuse treatment and family therapy fields.

- Family therapy is a collection of therapeutic approaches that share a belief in the effectiveness of family-level assessment and intervention. Consequently, a change in any part of the system may bring about changes in other parts of the system.

- Family therapy in substance abuse treatment has two main purposes: (1) to use the family's strengths and resources to help find or develop ways to live without substances of abuse and (2) to ameliorate the impact of chemical dependency on both the identified patient and the family.

- In family therapy, the unit of treatment is the family and/or the individual within the context of the family system. The person abusing substances is regarded as a subsystem within the family, the person whose symptoms have serious implications for the family system. The familial relationships within this subsystem are the points of therapeutic interest and intervention. The therapist facilitates discussions and problem-solving sessions, often with the entire family group or subsets thereof, but sometimes with a single participant, who may or may not be the person with a substance use disorder.

- A number of historical models of family therapy have been developed over the past several decades. These include models such as marriage and family therapy, strategic family therapy, structural family therapy, cognitive/behavioral family therapy, couples therapy, and solution-focused family therapy. Today, four predominant family therapy models are used as the bases for treatment and specific interventions for substance abuse: the family disease model, the family systems model, the cognitive/behavioral approach, and multidimensional family therapy.

Source: The Addiction Technology Transfer Center Network. (2008). *Family participation in addiction—Part 1: The importance of engagement.* Addiction Messenger, 10 (1) (January).

- In any form of family therapy for substance abuse treatment, consideration should be given to the range of social problems connected to substance abuse. Problems, such as criminal activity, joblessness, domestic violence, and child abuse or neglect, also may be present in families experiencing substance abuse. To address these issues, treatment providers need to collaborate with professionals in other fields (i.e., concurrent treatment). Whenever concurrent treatment takes place, communication among clinicians is vital.

Integration of Family Therapy and Treatment of Substance Use Disorders
Source: SAMHSA's *TIP 39: Substance abuse and family therapy* ,(HHS Publication No. SMA 05-4032) Rockville, MD (June).
http://store.samhsa.gov/product/TIP-39-Substance-Abuse-Treatment-and-Family-Therapy/SMA12-4219

- The array of client needs, multiple family influences, and differences in counselors' training and priorities, along with the difficult nature of most substance abuse problems, suggest that the family therapy and substance abuse treatment fields should work closely together. The resources and insights each discipline can bring to treatment are the best arguments for integrating substance abuse treatment and family therapy. Integrated models of treatment would also avoid duplication of services, discourage an artificial split between therapy for family problems and substance abuse treatment, and effectively and efficiently provide services to clients and their families.

- Integration of family therapy and substance abuse treatment has a number of advantages:

    - **Treatment outcomes**—Family involvement in substance abuse treatment is positively associated with increased engagement rates for entry into treatment, decreased dropout rates during treatment, and better long-term outcomes. (Edwards and Steinglass, 1995 and 1997)

    - **Client recovery**—When family members understand how they have participated in the client's substance abuse and are willing to actively support the client's recovery, the likelihood of successful, long-term recovery improves.

    - **Family recovery**—When families are involved in treatment, the focus can be on the larger family issues, not just the substance abuse. Both the individual with the substance use disorder and the family members get the help they need to achieve and maintain abstinence. (Collins, 1990))

    - **Intergenerational impact**—Integrated models can help reduce the impact and recurrence of substance use disorders in different generations.

<u>Effectiveness of Family Therapy in Substance Abuse Treatment</u>
Source: Hogue, A., Liddle, H. A. (2009). *Family-based treatment for adolescent substance abuse: controlled trials and new horizons in services research.* Journal of Family Therapy, 31, 125–154.

- This article provides an overview of controlled trials research on treatment processes and outcomes in family-based approaches for adolescent substance abuse. Positive effects were found for engagement and retention in therapy and for multiple domains of adolescent and family functioning.

<u>Family-Focused Therapy (FFT) for Treatment of Mental Disorders</u>
Source: National Institute of Mental Health. (2010). Psychotherapies. From http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml

- FFT was developed by David Miklowitz, Ph.D., and Michael Goldstein, Ph.D., for treating bipolar disorder. This therapy was designed with the assumption that a patient's relationship with his or her family is vital to the success of managing the illness. FFT

- Therapists trained in FFT work to identify difficulties and conflicts among family members that may be worsening the patient's illness. Therapy is meant to help members find more effective ways to resolve those difficulties. The therapist educates family members about their loved one's disorder, its symptoms and course, and how to help their relative manage it more effectively.

- FFT also focuses on the stress that family members feel when they care for a relative with bipolar disorder. The therapy aims to prevent family members from "burning out" or disengaging from the effort.

- It is important to acknowledge and address the needs of family members. Research has shown that primary caregivers of people with bipolar disorder are at increased risk for illness themselves.

Adolescent Community Reinforcement Approach/Assertive Continuing Care (A-CRA/ACC)
Source: SAMHSA's National Registry of Evidence-based Programs and Practices Website
http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=41

- The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery. This outpatient program targets youth 12 to 22 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. A-CRA includes guidelines for three types of sessions: adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together.

- According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in prosocial activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioral rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in prosocial leisure activities.

- A-CRA has been adapted for use with Assertive Continuing Care (ACC), which provides home visits to youth following residential treatment for alcohol and/or other substance dependence. It also has been adapted for use in a drop-in center for street-living, homeless youth to reduce substance use, increase social stability, and improve physical and mental health.

Panel 4: Mental and Substance Use Disorders in Families With Specific Circumstances and Populations

Key Questions:

1. **What are the issues associated with blended families in which a family member has a mental or substance use disorder?**
2. **What are the issues associated with foster care families struggling with mental and substance use disorders?**
3. **Why is it important to divert youth with a mental or substance use disorder from the juvenile justice system? What are "family drug courts"?**
4. **How common are mental and substance use disorders in older Americans?**
5. **How many military families are struggling with mental and substance use disorders? Why is this issue a priority?**
6. **What are the issues associated with mental and substance use disorders in LGBT families?**

Issues Associated With Blended Families

Source: SAMHSA, Center for Substance Abuse Treatment. (2004). *Quick guide for clinicians—Based on TIP 39: Substance abuse and family therapy* (HHS Publication No. SMA 05-4032). Rockville, MD (June).
http://store.samhsa.gov/product/Substance-Abuse-Treatment-and-Family-Therapy/QGAT39

- Many people who abuse substances belong to stepfamilies. Substance abuse can intensify problems and become an impediment to a stepfamily's integration and stability.

- When substance abuse is part of the family, unique issues can arise, such as parental authority disputes, sexual or physical abuse, and self-esteem problems for children. Substance abuse by stepparents may undermine their authority, lead to difficulty in forming bonds, and impair a family's ability to address problems and sensitive issues.

- The children of blended families often live in two households in which different boundaries and ambiguous roles can be confusing. Without good communication and careful attention to areas of conflict, children may be at increased risk of social, emotional, and behavioral problems.

Issues Associated With Children in Foster Care

Source: SAMHSA, Office of Applied Studies. (2005, February 18). *The NSDUH Report, Substance use and need for treatment among youths who have been in foster care*. From
http://store.samhsa.gov/product/Substance-Use-and-Need-for-Treatment-among-Youths-Who-Have-Been-in-Foster-Care/SR054

- About 680,000 youth (2.7 percent) ages 12 to 17 in the United States have ever been in foster care.

- Based on SAMHSA's national survey, youth who have *ever* been in foster care had higher rates of any illicit drug use than youth who have *never* been in foster care (33.6 percent vs. 21.7 percent).

- Youth ages 12 to 17 who were in need of substance abuse treatment in the past year were more likely to have received treatment if they had ever been in foster care.

Source: SparkAction. (2011). *The impact of substance abuse on foster care.* From http://sparkaction.org/content/impact-substance-abuse-foster-care

- The abuse of alcohol and drugs has had a dramatic effect on foster care, particularly in the past 20 years. With increasing frequency, children are coming into care because their parents are addicted to alcohol or drugs. Many children also are born to mothers who abused alcohol or drugs while pregnant. These children often are placed in foster care with fetal alcohol syndrome or other drug-related conditions. Perhaps the most disturbing trend, however, is the number of children in foster care whose families were torn apart by substance abuse and who subsequently abuse alcohol or drugs themselves.

Diversion of Youth from the Juvenile Justice System
Source: SAMHSA News, Winter 2013, Volume 1, Number 1
View from the Administrator: Diverting Youth from the Juvenile Justice System By Pamela S. Hyde, J.D., SAMHSA Administrator
http://www.samhsa.gov/samhsaNewsletter/Volume_21_Number_1/administrator.aspx

- Young people who enter the juvenile justice system often have multiple problems. According to a study by the National Center for Mental Health and Juvenile Justice, most youth in the juvenile justice system also have a substance use disorder, mental disorder, or both. Almost 30 percent of those youth have problems so severe their ability to function is impaired.

- Yet very few get the treatment they need. In fact, in some locales, detention centers and jails have become the de facto treatment centers. That's just not right. We need to get these young people into treatment, not into incarceration. Better yet, we need to make sure they never get into the juvenile justice system to begin with.

- That's what SAMHSA's juvenile justice-related programs do—divert young people who have committed offenses away from the juvenile and criminal justice systems and into substance use treatment.

- The Juvenile Treatment Drug Court program, for example, helps expand and enhance substance use treatment services in problem-solving courts that identify substance-using offenders and place them under strict court monitoring and community supervision. (SAMHSA's Adult Treatment Drug Courts program does the same for adults, offering non-violent offenders a chance to get alcohol or drug treatment instead of jail time.)

Family Drug Courts
Source: NPC Research. (2007). *Family treatment drug court evaluation: Final report* (submitted to SAMHSA, Center for Substance Abuse Treatment).
http://www.npcresearch.com/projects_0003.php

- Family treatment drug courts (FTDCs) are specialized courts designed to work with substance-abusing parents involved with the child welfare system.

- One of the primary goals of the FTDC is to support families to access, remain in, and successfully complete substance abuse treatment services

- In an evaluation of the effectiveness of FTDCs, it was found that children of FTDC mothers spent fewer days in out-of-home placements and were more than twice as likely to be reunified with their parents, compared to non-FTDC children.

- At two sites studied in a FDTC evaluation study, positive outcomes were found: 55–60 percent increases in the length of stay in treatment services for participants, 40–54 percent increases in the rates of treatment completion for participants, 14–36 percent reductions in the number of days spent in out-of-home placements, and 42–50 percent increases in the percentage of children reunified with their parents.

Mental Disorders in Older Americans
Source: National Institute on Mental Health (NIMH) Website
http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml

- Depression is not a normal part of aging. Yet depression is a widely under-recognized and undertreated medical illness.

- Depression often co-occurs with other serious illnesses, such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, healthcare professionals may mistakenly conclude that depression is a normal consequence of these problems—an attitude often shared by patients themselves.

- These factors together contribute to the under-diagnosis and under-treatment of depressive disorders in older people. Depression can and should be treated when it co-occurs with other illnesses because untreated depression can delay recovery from or worsen the outcome of these other illnesses.

Source: Centers for Disease Control and Prevention (CDC) Website
Access: *The State of Mental Health and Aging in America* at
http://www.google.com/search?sourceid=navclient&ie=UTF-8&rlz=1T4AURU_enUS498US498&q=mental+illness+in+older+adults

- It is estimated that 20 percent of people age 55 years or older experience some type of mental health concern (6). The most common conditions include anxiety, severe

cognitive impairment, and mood disorders (such as depression or bipolar disorder. Mental health issues are often implicated as a factor in cases of suicide.

Substance Use Disorders in Older Americans
Source: Hazelden Website
http://www.hazelden.org/web/public/ade60220.page

- Recent census data estimates that nearly 35 million people in the United States are 65 years or older. Substance abuse among those 60 years and older (including misuse of prescription drugs) currently affects about 17 percent of this population. By 2020, the number of older adults with substance abuse problems is expected to double.

- As a whole, more older men have substance abuse problems than do older women, but women are more likely than men to start drinking heavily later in life. Substance abuse is more prevalent among persons who suffer a number of losses, including death of loved ones, retirement, and loss of health. The fact that women are more likely to be widowed or divorced, to have experienced depression, and to have been prescribed psychoactive medications that increase the negative effects of alcohol help explain these gender differences.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Substance Use by Older Adults: Estimates of Future Impact on the Treatment System.* OAS Analytic Series #A-21, DHHS Publication No. (SMA) 03-3763, Rockville, MD, 2002.
http://www.samhsa.gov/data/aging/chap1.htm#link_group_1

- Estimates and forecasts drawn from recent sources (Epstein, 2002; Gfroerer, Penne, Pemberton, & Folsom, in press; Office of National Drug Control Policy, 2001; The Robert Wood Johnson Foundation, 2001) suggest an escalation of the approximately 1.7 million current substance dependent and abusing adults over age 50 to 4.4 million by 2020.

National Institute on Drug Abuse Website
Prescription Drugs: Abuse and Addition, Older Adults
http://www.drugabuse.gov/publications/research-reports/prescription-drugs/trends-in-prescription-drug-abuse/older-adults

- Persons ages 65 years and older make up only 13 percent of the population, yet account for more than one-third of total outpatient spending on prescription medications in the United States. Older patients are more likely to be prescribed long-term and multiple prescriptions, and some experience cognitive decline, which could lead to improper use of medications. Alternatively, those older adults on a fixed income may abuse another person's remaining medication to save money.

- The high rates of comorbid illnesses in older populations, age-related changes in drug metabolism, and the potential for drug interactions may make any of these practices more dangerous than in younger populations. Further, a large percentage of older adults also use over-the-counter medicines and dietary supplements, which (in addition

to alcohol) could compound any adverse health consequences resulting from prescription drug abuse.

- Most seniors benefit the most from a treatment program that is geared toward older adults. They have different needs, different issues, and different ways of recovering than younger individuals. Like all of us, older adults relate better to others similar to them, and support groups and therapy sessions are often more beneficial when they are with other seniors.

- Seniors also have more pressing health issues than most younger people, and staff should be specialized to deal with the medical issues of older adults. There are several high-quality treatment programs for seniors that allow them to recover in a peaceful, quiet setting, while their specific needs are addressed.

Strengthening Military Families as a National Priority
Source: *Strengthening Our Military Families—Meeting America's Commitment*, White House Report, January 2011
http://www.defense.gov/home/features/2011/0111_initiative/Strengthening_our_Military_January_2011.pdf

- The President has made the care and support of military families a top national security policy priority. We recognize that military families come from the active-duty Armed Forces, the National Guard, and the Reserves. Military families support and sustain troops fighting to defend the nation, they care for our wounded warriors, and they survive our fallen heroes.

- The well-being of military families is an important indicator of the well-being of our Armed Forces. At a time when America is at war and placing considerable, sustained demands on its troops and their families, it is especially important to address the family, home, and community challenges facing our all-volunteer force.

- For years to come, service members, veterans, and their families will continue to face unique challenges, and at the same time will have great potential to continue contributing to our communities and country.

Number of Service Members Deployed to Iraq and Afghanistan and Number of Spouses and Children Impacted
Sources: *Strengthening Our Military Families—Meeting America's Commitment*, White House Report, January 2011, and Flake EM, Davis BE, Johnson PL, Middleton LS. *The psychosocial effects of deployment on military children*. J Dev Behav Pediatr. 2009;30:271-278

- Since September 11, 2001, more than 2 million service members have deployed to Iraq or Afghanistan. The duration and the frequency of deployments are unprecedented since the establishment of America's all-volunteer force in 1973.

- Fifty five percent of Armed Forces' members are is married and 70 percent have children (40 percent have two children).

- There are approximately 700,000 spouses of active-duty service members and an additional 400,000 spouses of Reserve members. More than 700,000 children have experienced one or more parental deployments.

Rates of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) Among Service Members Returning From War
Source**:** *Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans*, RAND Center for Military Health Policy Research, 2008
http://www.rand.org/multi/military/veterans.html

- In a survey of service members returning from Iraq or Afghanistan, 18.5 percent of all returning service members meet criteria for either PTSD or depression, 14 percent of returning service members meet criteria for PTSD, and 14 percent meet criteria for depression.

- During deployment, 19.5 percent of returning service members reported experiencing a probable TBI.

- The Rand study of service members returning from Iraq or Afghanistan indicated that about one-third report symptoms of at least one of the following conditions: PTSD, major depression, or TBI.

- About 7 percent meet criteria for a mental health problem and also report a possible TBI.

- If these numbers are representative, then of the 1.64 million deployed (as of 2008), the study estimates that approximately 300,000 veterans who have returned from Iraq and Afghanistan were suffering from PTSD or major depression, and about 320,000 may have experienced TBI during deployment.

Prevalence of Substance Use Among the Military and Veterans
Source: *Substance Abuse among the Military, Veterans, and their Families—A Research Update from the National Institute on Drug Abuse*, National Institute on Drug Abuse, *Topics in Brief*, July 2009
http://www.nida.nih.gov/tib/vet.html

- Substance use among Iraq and Afghanistan war veterans is a large concern, with aggregated data from SAMHSA's annual household survey revealing that from 2004 to 2006, 7.1 percent of veterans (an estimated 1.8 million persons 18 or older) met criteria for a past-year substance use disorder.

- Problems with alcohol and nicotine abuse are the most prevalent and pose a significant risk to the health of veterans as well as to the Reserve component and National Guard soldiers. At greatest risk are deployed personnel with combat exposures, as they are more apt to engage in new-onset heavy weekly drinking and binge drinking and to suffer alcohol-related problems, as well as smoking initiation and relapse. Within this group, Reserve and National Guard personnel and younger service members are particularly

vulnerable to subsequent drinking problems. And although alcohol problems are frequently reported among veterans, few are referred to alcohol treatment.

Source: Office of the Command Surgeon and Office of the Surgeon General United States Army Medical Command. Mental Health Advisory Team (MHAT-V). *Operation Enduring Freedom 8, Afghanistan*. 14 February 2008.
http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted2-MHATV-OEF-4-FEB-2008Report.pdf

- In 2007, 8 percent of soldiers in Afghanistan reported using alcohol during deployment and 1.4 percent reported using illegal drugs/substances.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Issues Related to Substance Use Disorders

Source: *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (2001)*
http://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104

- Studies indicate that, when compared with the general population, LGBT people are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from use, and are more likely to continue heavy drinking into later life. Some studies have found that approximately 30 percent of all lesbians have an alcohol abuse problem (Saghir et al., 1970; Fifield, DeCrescenzo & Latham, 1975; Lewis, Saghir & Robins, 1982; Morales & Graves,1983).

- Studies that compared gay men and lesbians with heterosexuals have found that 20 to 25 percent of the gay men and lesbians are heavy alcohol users (compared with 3 to 10 percent of the heterosexuals studied) (Stall & Wiley, 1988; McKirnan & Peterson, 1989; Bloomfield, 1993; Skinner, 1994; Skinner & Otis, 1994; Hughes & Wilsnack, 1997).

- Marijuana and cocaine use has been found higher among lesbians than among heterosexual women (McKirnan & Peterson, 1989). Although LGBT persons use and abuse alcohol and all types of drugs, certain drugs seem to be more popular in the LGBT community than in the majority community.

- Studies have found that gay men and men who have sex with men are significantly more likely to have used marijuana, psychedelics, hallucinogens, stimulants, sedatives, cocaine, barbiturates, and MDMA (methylenedioxymethamphetamine) and are much more likely to have used "poppers" (Woody et al., 1999; Stall & Wiley, 1988).

- Party drugs, such as MDMA (also known as ecstasy or X-T-C), "Special K" or ketamine, and GHB (gamma hydroxybutyrate), are increasing in popularity among some segments of the LGBT population. Party drugs are often used during circuit parties and raves, and they can impair judgment and result in risky sexual behavior (Ostrow et al., 1993).

- Abuse of methamphetamine has increased dramatically in recent years (Drug Abuse Warning Network, 1998; Derlet & Heischober, 1990; Morgan et al., 1993; National Institute on Drug Abuse, 1994; Gorman, Morgan & Lambert, 1995; CSAT [Center for Substance Abuse Treatment], 1997b) among some segments of the LGBT community. HIV and hepatitis C infections are linked with methamphetamine use (CDC, 1995) and can lead to significant dependence and addiction. Some LGBT methamphetamine users inject the drug, putting them at risk for HIV, hepatitis B, and hepatitis C.

Resources Oriented Toward Families in Behavioral Health

National Association for Children of Alcoholics (NACoA)
http://www.nacoa.org/

- NACoA believes that none of these vulnerable children should grow up in isolation and without support. NACoA is the national nonprofit 501(c)3 membership and affiliate organization working on behalf of children of alcohol- and drug-dependent parents.

- NACoA's mission is to eliminate the adverse impact of alcohol and drug use on children and families and to:
    - Raise public awareness;
    - Provide leadership in public policy at the national, state, and local levels;
    - Advocate for appropriate, effective, and accessible education and prevention services; and
    - Facilitate and advance professional knowledge and understanding.

- To help in these efforts, NACoA:
    - Has affiliate organizations throughout the country and in Canada, Germany, and Great Britain;
    - Publishes periodic online and print newsletters;
    - Creates videos, booklets, posters, and other educational materials to assist natural helpers to intervene and support children;
    - Hosts this site on the Internet with information about and ways to help children of alcoholics and other drug-dependent parents;
    - Sends information packets to all who ask; and
    - Maintains a toll-free phone available to all.

Alliance for Children and Families
Source: http://www.alliance1.org

- This alliance provides services to the nonprofit child and family sectors and economic empowerment organizations.

Al-Anon and Alateen
Source: http://www.al-anon.org

- Al-Anon is a group of relatives and friends of alcoholics who share their experience, strength, and hope to solve their common problems. The purpose of Al-Anon is to help

families of alcoholics by practicing the 12 steps, welcoming and giving comfort, and providing understanding and encouragement.

- Alateen, which can be contacted through Al-Anon, is a group made up of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking.

Families Anonymous
Source: http://familiesanonymous.org

- Families Anonymous is a nonprofit organization that provides emotional support for relatives and friends of individuals with substance or behavioral problems, using the 12 steps.

Nar-Anon Family Group
Source: http://www.naranon.com

- Nar-Anon Family Group is a 12-step recovery program for the families and friends of individuals with substance use disorders.

National Center for Substance Abuse and Child Welfare (NCSACW)
Source: http://www.ncsacw.samhsa.gov/default.aspx

- NCSACW is an initiative of the U.S. Department of Health and Human Services (HHS) and jointly funded by SAMHSA's Center for Substance Abuse Treatment; the Administration on Children, Youth and Families; and Children's Bureau's Office on Child Abuse and Neglect.

- The mission of NCSACW is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, state, and tribal agencies.

- The goals of NCSACW are to develop and implement a comprehensive program of information gathering and dissemination, to provide technical assistance, and to use knowledge and its application to promote effective practice, organizational, and system changes at the local, state, and national levels.

National Council on Alcoholism and Drug Dependence, Inc.
http://www.ncadd.org/

- Offers assistance to individuals, parents, youth, friends, and family who are fighting alcoholism and drug addiction.

Women, Children, & Families (SAMHSA Website)
http://womenandchildren.treatment.org/

- This site offers resources for addressing the needs of women with substance use disorders and their families and contains current SAMHSA and other government

agency reports, links, presentations and tools of interest to providers, policymakers, and other stakeholders. The Women, Children and Families Special Topic is part of the Treatment Improvement Exchange developed by SAMHSA's Center for Substance Abuse Treatment.

Adult Children of Alcoholics World Service Organization, Inc.
Source: http://www.adultchildren.org

- Adult Children of Alcoholics is a 12-step, 12-tradition program of men and women who grew up in alcoholic or otherwise dysfunctional homes.

Adult Children Anonymous, Adult Children of Alcoholics General Service Network
Source: Miracles in Progress
http:\\www.12stepforums.net

- Adult Children Anonymous is a 12-step program modeled after Alcoholics Anonymous. It is a spiritual program designed to help adults raised in families where substance addiction, mental illness, or generalized dysfunction were present.

National Association on Mental Illness (NAMI)
Source: http://nami.org

- NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports, and research, and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

Healthy Children.org (sponsored by the American Academy of Pediatrics)
Source: http://www.healthychildren.org/English/ages-stages/teen/substance-abuse/pages/Alcohol-The-Most-Popular-Choice.aspx

- Information on alcohol use by adolescents, including "What Every Parent and Teen Should Know About Alcohol."

Teen Challenge USA
Source: http://www.teenchallengeusa.com

- This network of 191 centers throughout the United States provides youth, adults, and families with effective and comprehensive faith-based solutions to life-controlling alcohol and drug problems. The Teen Challenge Training Center is an 8-month comprehensive residential treatment program that deals with the most acute cases of addiction, offered at minimal cost to the participant.

Child Welfare Information Gateway
Source: http://www.childwelfare.gov/

- The Child Welfare Information Gateway is a service of HHS, Administration for Children and Families. The Gateway connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families. It features the latest on topics from prevention to permanency, including child abuse and neglect, foster care, and adoption.

Family Psychoeducation
Source: *SAMHSA News* Website
http://www.samhsa.gov/samhsa_news/VolumeXI_2/article4.htm

- Through family psychoeducation, practitioners work in partnership with families and consumers to support recovery. Specifically, practitioners educate families about the illness and help them develop coping skills for related problems. The term "family" in this case refers to anyone committed to the care and support of someone with mental illness.

- Family psychoeducation is designed for a single family or multifamily group format. As the toolkit explains, most licensed mental health practitioners—including social workers, psychiatric nurses, psychiatrists, psychologists, occupational therapists, and case managers—can learn to work within this model effectively.

NAMI's Family to Family Education Program
Source: NAMI Website
http://www.nami.org/Content/ContentGroups/Programs/Family_to_Family/Family_to_Family_Education_Program.htm

- The NAMI Family to Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members. All instruction and course materials are free to class participants. More than 300,000 family members have graduated from this national program. Family-to-family classes are offered in hundreds of communities across the country, in two Canadian Provinces, Mexico, and Puerto Rico.

National Federation of Families for Children's Mental Health
Source: National Federation of Families Website
http://ffcmh.org/

- The National Federation, a national family-run organization, serves to provide advocacy at the national level for the rights of children and youth with emotional, behavioral, and mental health challenges and their families; provide leadership and technical assistance to a nationwide network of family-run organizations; and collaborate with family-run and other child-serving organizations to transform mental health care in America.

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 6/10/13. However, we acknowledge that website URLs change frequently and may require ongoing link checks for accuracy. Last Updated: 6/10/13.