

# Parental Substance Use

Dependency & Neglect Cases

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## Topics of Discussion

- Timeframes for Getting Sober
- Types of Drugs & Impact on parenting
- Signs of Strength
- Safety Planning
- Race Matters
- Resources

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## Timeframes with Substance Use

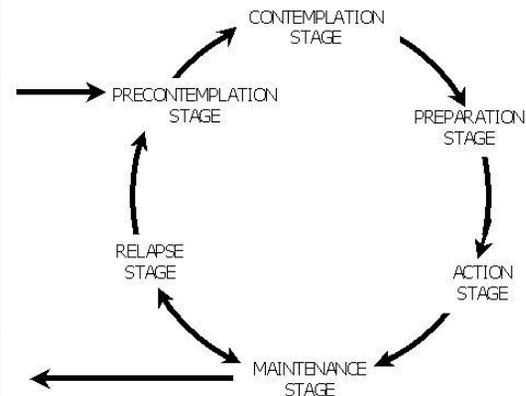
- Getting Sober (realistically) with court involvement
- Forced sobriety (Abstinence)
  - Denial & Avoidance
  - Blaming, Comparing, & Rationalizing
- DHS involvement & criminal court involvement
- Change Cycle: Precontemplation Phase (Denial that there is a problem & no clue that there is a problem)
  - i.e. newborn tests positive for substances (positive cord results)
  - Arrest with drug paraphernalia and young children in the car

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## Types of Drugs

- Prescription Opiates AKA Narcs (oxycodone, fentanyl, buprenorphine, methadone, oxymorphone, hydrocodone, codeine, and morphine)
  - Misuse, legal, and “doctor approved”
- Heroin (naloxone (Narcan), Opiate Blockers-suboxone, Subutex, Methadone)
- Signs of withdrawal: sweating, fatigue, depression, insomnia, etc.
- Alcohol- socially acceptable (Antabuse)
- Methamphetamines (hyper and energetic)
- THC (smoke, edibles).. “legal and less dangerous”

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## Signs of Strengths

- Acknowledge that there is a PROBLEM
  - Parent's acknowledgement of substance use issues (Use is out of control as it is affecting all areas of life)
  - Willingness & Desire to change
  - Protective factors (Ex. Mother that drops her children off with her mother for a couple days.)
  - Previous HX of accessing treatment and support (savvier and know how to talk the talk)
  - Extended family and friend support
- Areas of Concerns
  - Lack of healthy nonformal supports, May have "burned bridges"
  - Signs of drug use (they are showing up under the influence)
  - Relapse (imminent)

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## Safety Planning

- A safety plan can reasonably be expected to control all danger to the child/youth and will be completed. If selected, outline the safety plan created with the family and its support network below, which should include how:
  1. Caregiver(s) and support person(s) are able, willing and available to assist in the development and implementation of a safety plan & adult(s) other than the alleged person responsible for the danger to the child/youth are responsible for the implementation of the plan.
  2. Resources are accessible at the level necessary to control all identified danger to the child/youth.
  3. Caregiver/supports must be people (who understand the safety concerns around parental substance use; who are NOT using substances. Someone who is protective; and who is willing to not only follow the safety plan but also court orders).

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## Safety Planning

Identify potential sober caregivers

Caregivers aware of substance use?  
(24/7 & line of sight)

Usually includes parent leaving the home when they've used for 24-48 hours

Build relapse into the plan

Isolated relapse (one time use and get back to treatment)

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## Safety Plan Example cont'd

- Caregivers will ensure that the children are always supervised with parents (24-hour line of sight) in the home/community
- Parents agree not to use in the home where the children reside. (Parents were using in the finished basement where they were staying in the grandparents' home.)
- Where are the children sleeping?
- Parents agree to cooperate with random UAs (or requested UAs by DHS or GAL).
- Caregivers if they suspect use with parents, may ask the parent to leave the home for 24 hours after the use.
- Caregivers will notify DHS and GAL when there is substance use and that they have requested that parents leave the home.

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## Safety VS Risk

- 6-year-old
- Rely on parent to get to/from school
- To Feed/bathe/dress
- For supervision
- Can they access supports or others if in need help??
- 12-year-old (Consider Functioning)
- More independent
- Able to get themselves to/from school
- Fix simple meals
- Shower/dress themselves
- Reach out to others (family/friends) if need help or support

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## Race Matters

- Black single mother abusing THC vs White mother abusing methamphetamine....who would you be most concerned about as far as safety?
- Blacks and Latinx more likely than White parents to be targeted, surveilled, and policed because of THC use
  - 7.8 times more likely to have a substantiated report of abuse or neglect
  - 12.8 times more likely to be removed and placed in foster care
- Racial & Ethnic disparities with accessing and receiving quality treatment

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## Path of Sobriety



ACKNOWLEDGEMENT  
OF ADDICTION- THERE  
IS A PROBLEM.



AWARENESS OF THE  
SUBSTANCE USE AND  
HOW IT MAY BE  
IMPACTING AND  
HURTING THEIR FAMILY  
AND LOVED ONES



EXPLORE RECOVERY  
POSSIBILITIES



START RECOVERY  
(TREATMENT)



ONGOING AFTERCARE  
AND RECOVERY

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## Case Example: Path to Sobriety

- Pam: 38-year-old mother of 3 (newborn, 5-, and 11-year-olds)
- Polysubstance: Meth, heroin, & THC & Significant HX of trauma  
Pam referred for substance use eval/asst & intensive (dual) outpatient TX
- Struggles to get started w/TX & continues to use & miss appts
- Connect w/peer recovery support person, detox, & consistent w/TX & UAs
- 100 days of documented sobriety, Pam relapses (addressing trauma)
- Continues TX & addresses the relapse therapeutically (guilt & shame)
- Addiction & Recovery are life long

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## Substance TX & Resources

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- Detox (3-5 days depends on the drug)- Peak View, Cedar Springs, Denver Springs, & Sandstone
- Treatment Outpatient, Residential & Inpatient (Resada, Crossroads, etc.)
- 30 days-90 days
- Sober Living Homes (monthly rent payment & administrative fee)
- Probation & Parole (Resources to pay for sober living or treatment services)
- Peer Support- The Phoenix & Springs Recovery Connection
- <https://thephoenix.org/> Rock climbing at City Rock, family activities, boxing, weightlifting, yoga, etc. (Not used 48 hours prior)
- <https://srchope.org/>

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## Conclusion

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- Questions????
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