# SUBSTANCE USE AMONG ADOLESCENTS & PARENTS OF YOUNG CHILDREN

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3RD ANNUAL PEDIATRIC MENTAL HEALTH SYMPOSIUM
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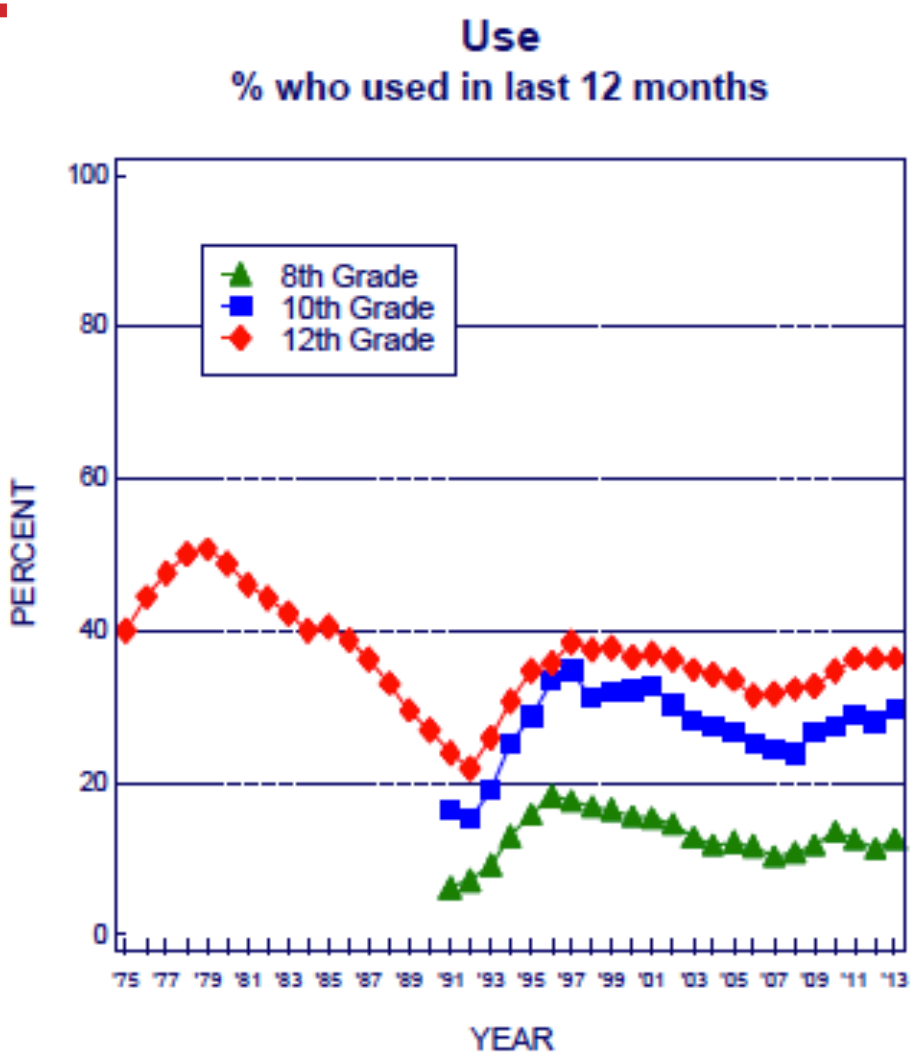
# AIMS

1. Describe substance use trends among adolescents nationally and in Kentucky
2. Describe impact of parental substance use on child welfare and Child Protective Services involvement
3. Describe Kentucky's Sobriety Treatment and Recovery Teams (START)

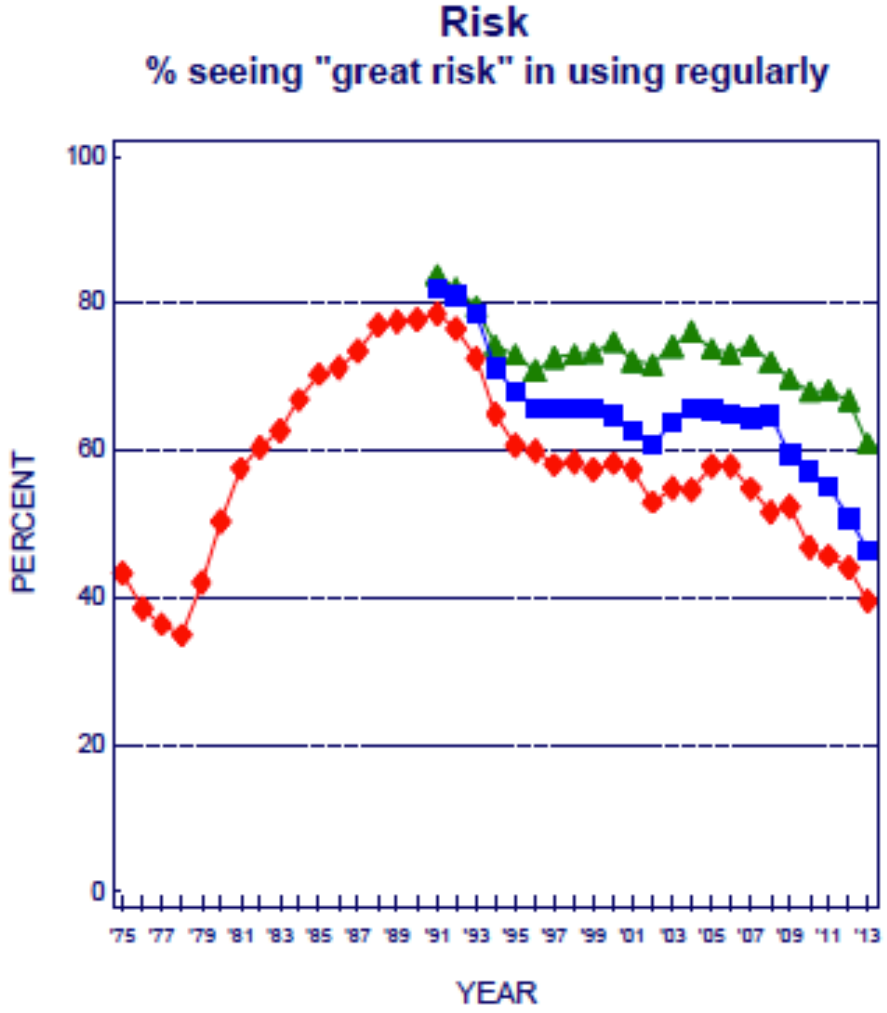
# TRENDS IN ADOLESCENT SUBSTANCE USE

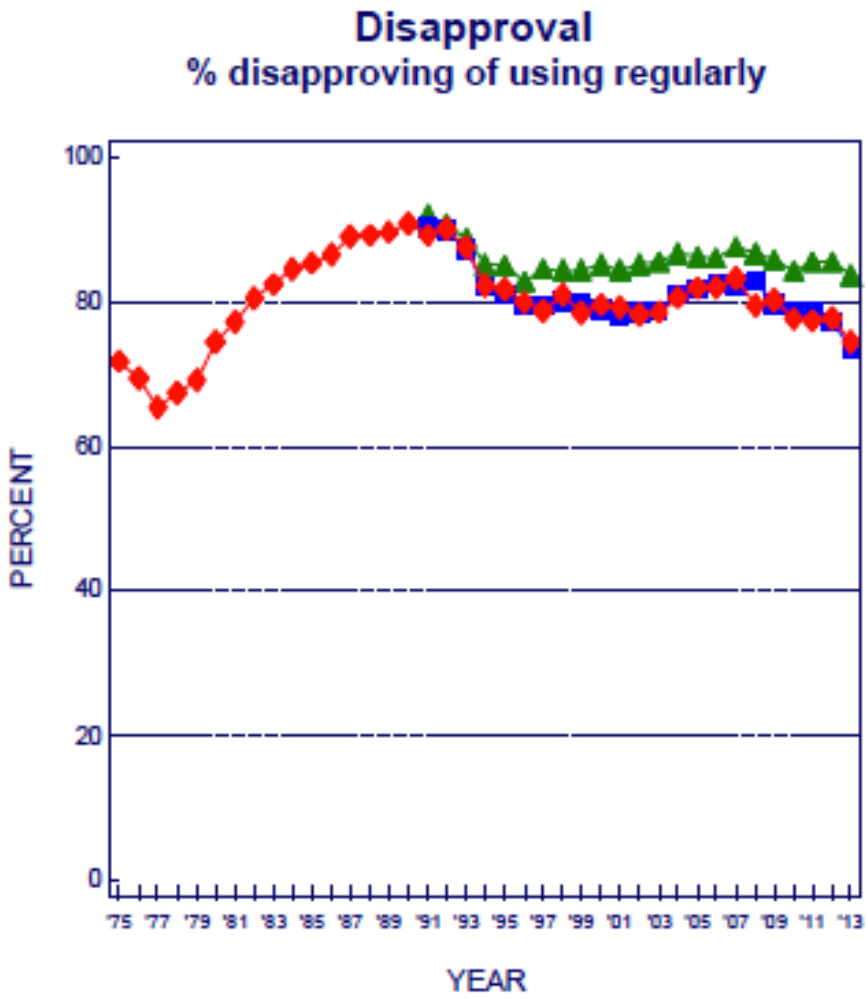
1. Overall, adolescent substance use increased by 1.3% in 2013
2. The increase was largely due to changes in marijuana use
3. Rates of most other forms of substance use were stable




*Monitoring the Future,* (Johnston et al., 2014)

# MARIJUANA USE: RISK & DISAPPROVAL

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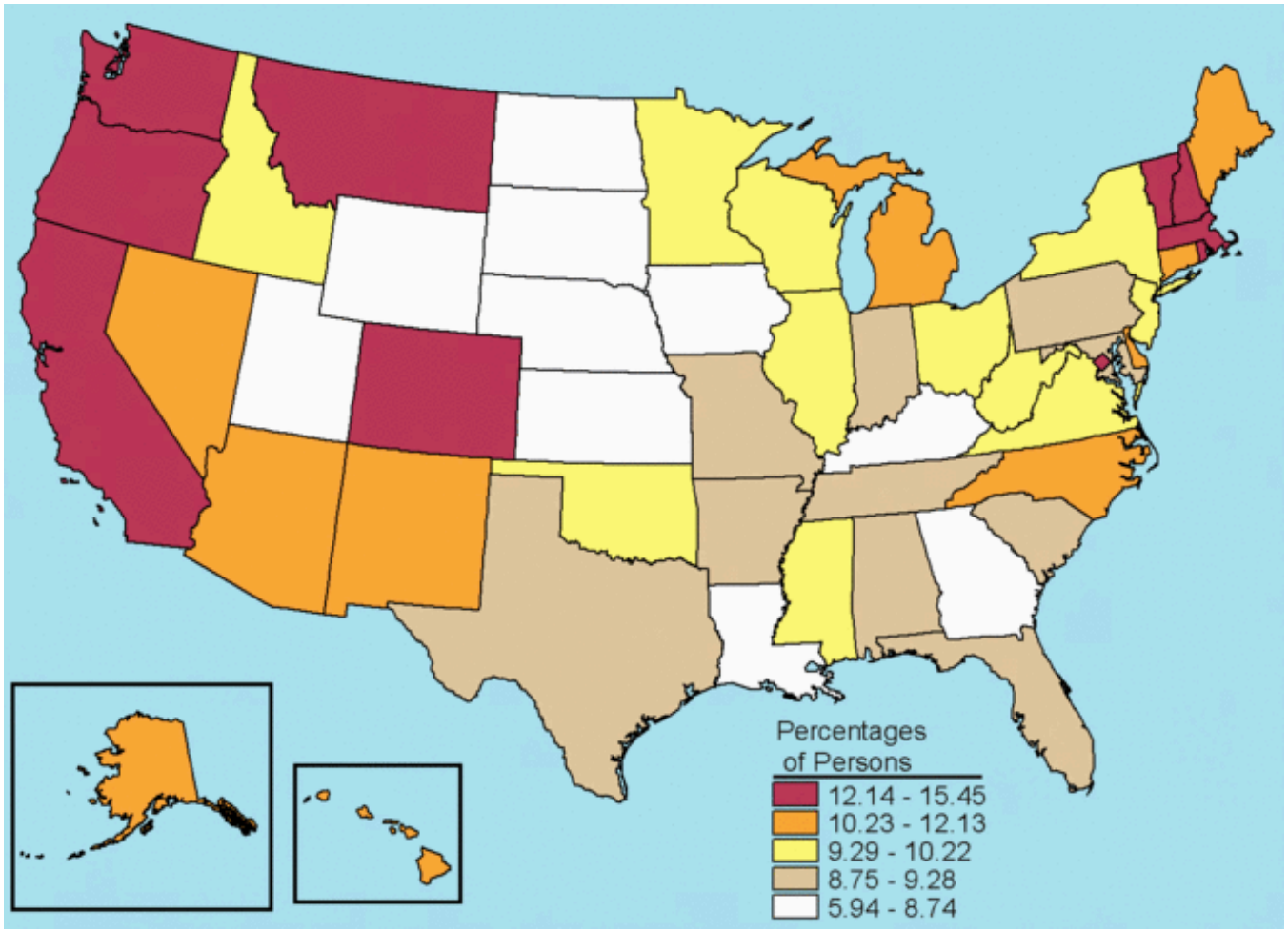
# TRENDS IN ADOLESCENT SUBSTANCE USE




**Past Month Illicit Drug Use among Youths Aged 12 to 17**

SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010

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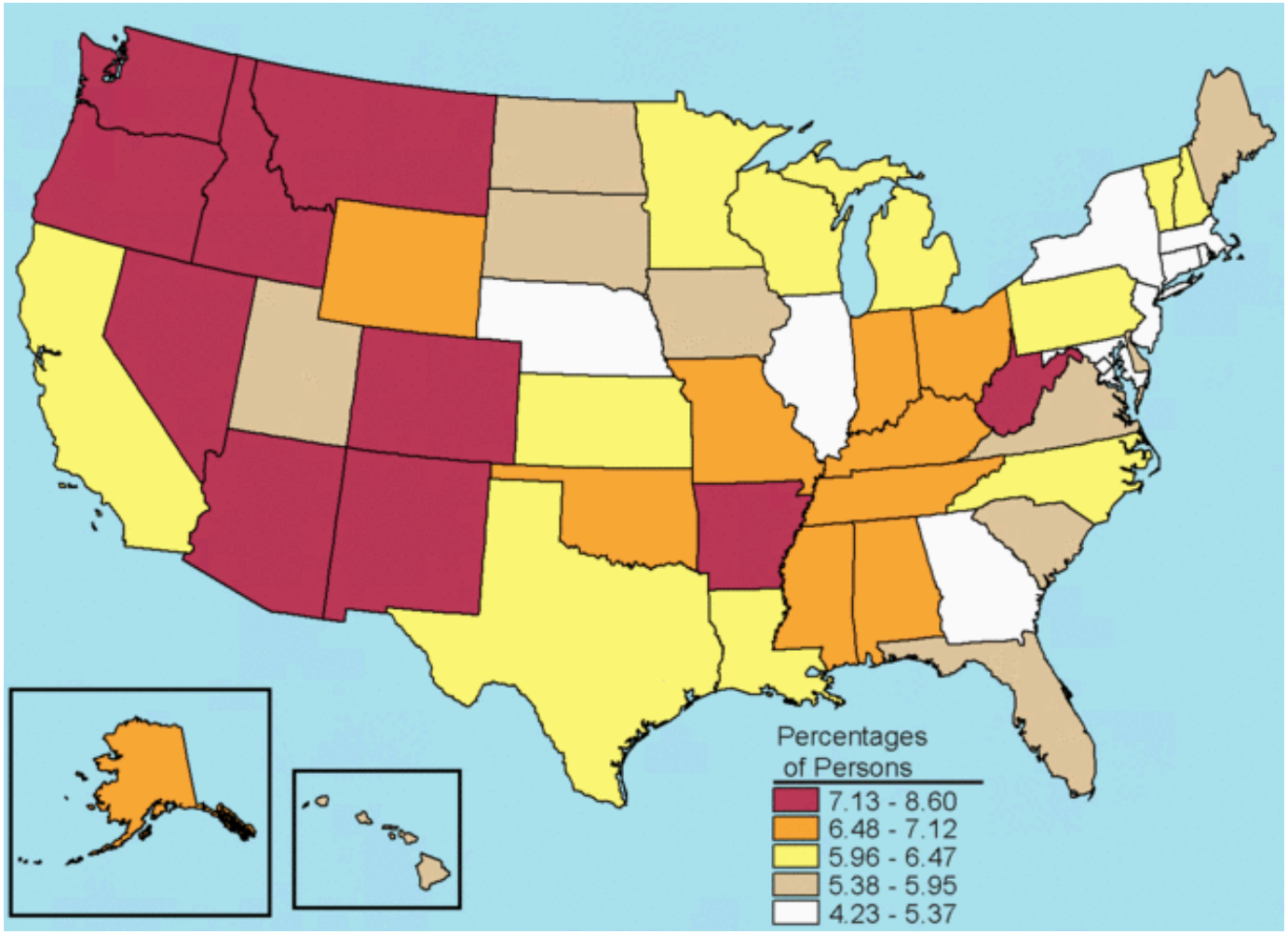
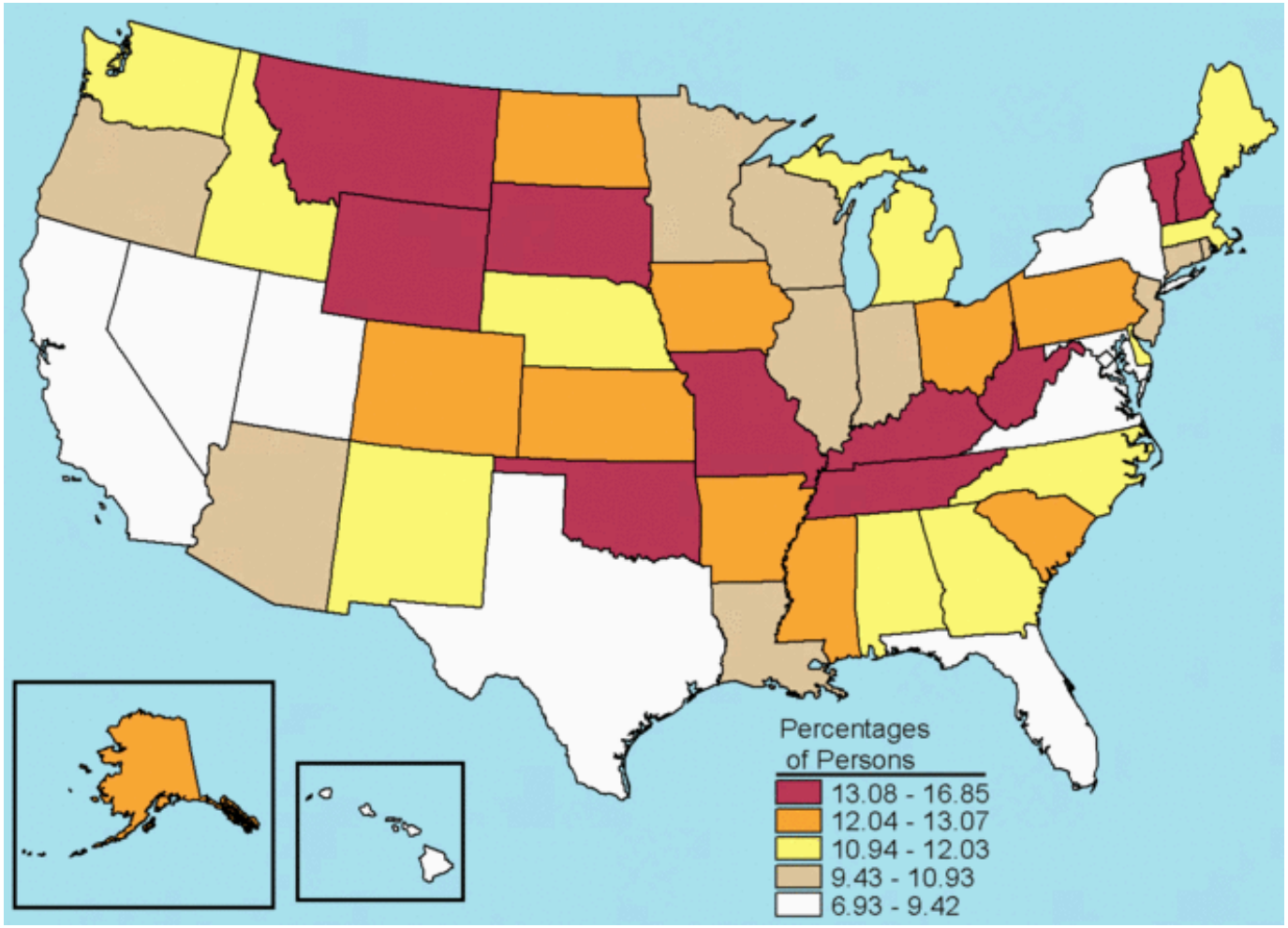



SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010

**Past Year Nonmedical Use of Pain Relievers among Youths Aged 12 to 17**

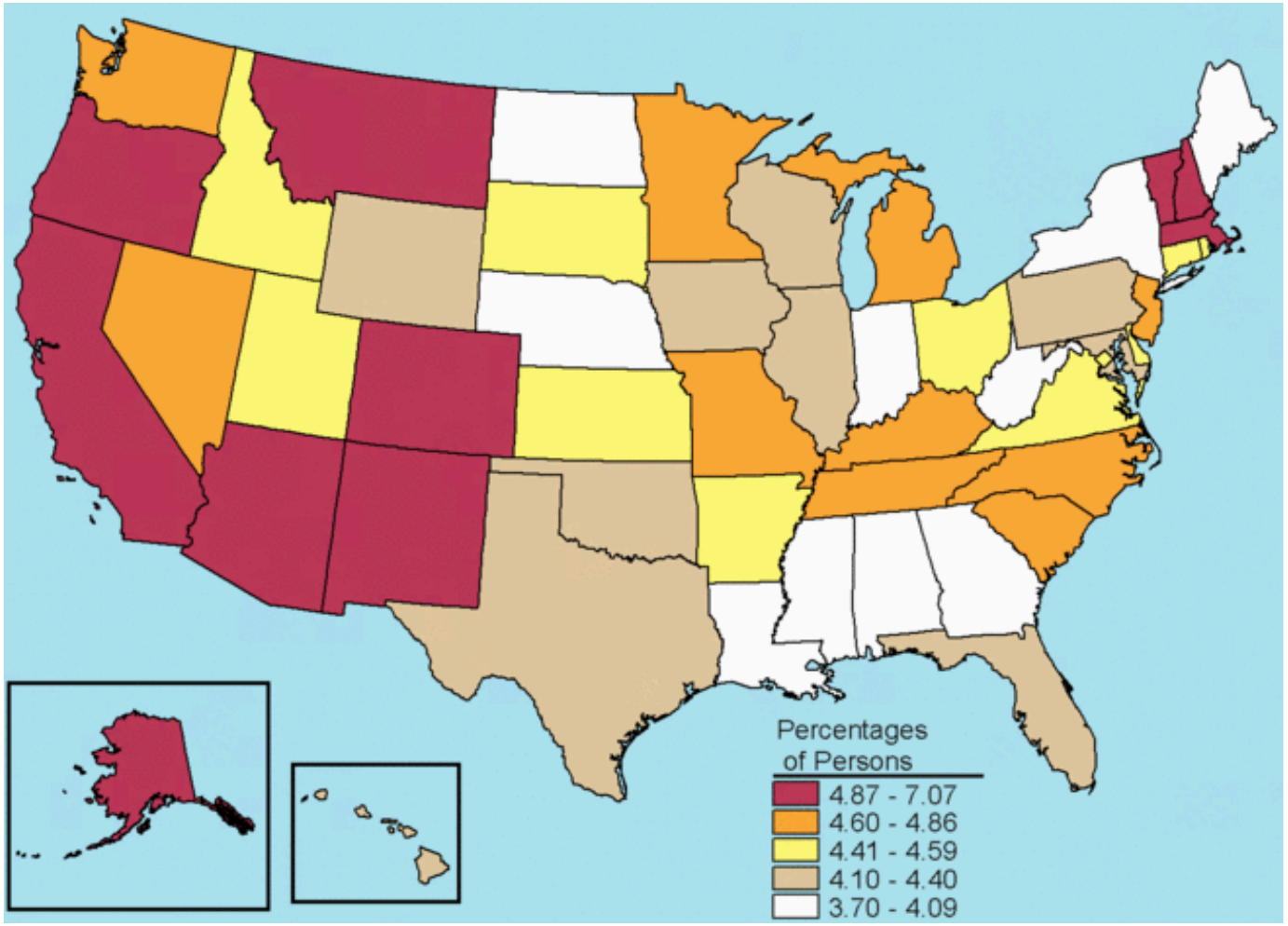
# TRENDS IN ADOLESCENT SUBSTANCE USE




SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010

**Past Month Tobacco Product Use among Youths Aged 12 to 17**

# TRENDS IN ADOLESCENT SUBSTANCE USE




SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010

**Past Year Illicit Drug Dependence or Abuse among Youths Aged 12 to 17**

# WHICH TREATMENTS WORK BEST FOR ADOLESCENT SUBSTANCE USE?

There have been 5 comprehensive reviews of treatments for adolescent substance use:

| | Family Therapies | Cognitive Behavioral Therapy | Brief Motivational Interviewing |
|---|---|---|---|
| Williams & Chang (2000) | ✔ | | |
| Vaughn & Howard (2004) | ✔ | ✔ | |
| Becker & Curry (2008) | ✔ | ✔ | ✔ |
| Waldron & Turner (2008) | ✔ | ✔ | |
| Tanner-Smith, Wilson, & Lipsey (2013) | ✔ | | |

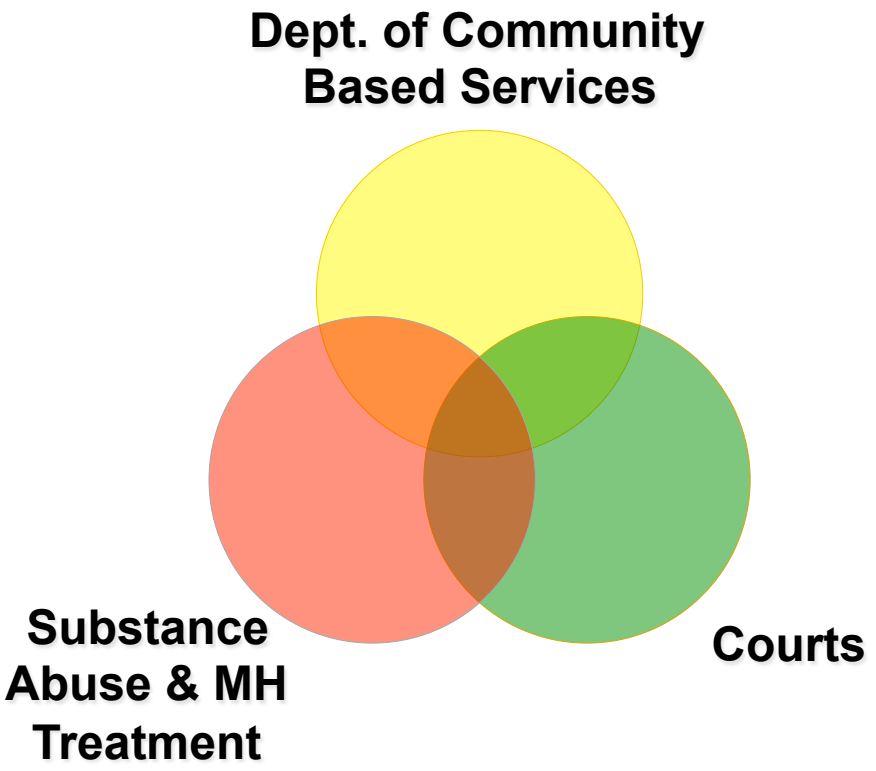
# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN

- Children of parents who engage in substance abuse are 3x more likely to be abused and 4x more likely to be neglected than children of non-substance using caregivers (Reid & Foster, 1999)
- Up to 80% of all referrals to Child Protective Services (CPS) involve caregiver alcohol / substance use (Young, Gardner, & Dennis, 1998)
- 10-year longitudinal study of 224 children found that maternal substance increased odds of CPS report by 70% (Dubowitz et al., 2011)
- 79% of out-of-home placements involve parental substance use placements (Besinger, Garland, Litrownik, & Landsverk, 1999)
- Parental substance use predicts maltreatment recurrence (Barth, Gibbons, & Guo, 2006; Fuller, Wells, & Cotton, 2001; Wolock, Sherman, Feldman, & Metzger, 2001)

# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

- Co-occurring substance abuse and child maltreatment demands collaboration and quality care from systems charged with promoting child safety and family well being

- No one system, agency or entity has the resources needed to effectively address this problem



# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

**Sobriety Treatment and Recovery Teams (START)**

- Adapted from model developed in Cleveland in 1990's with support from the Annie E. Casey Foundation
- Planning began in 2006 and has evolved the model to fit the needs of KY families
- Has been implemented in five unique counties in KY: Kenton, Jefferson, Boyd, Martin and Daviess
- Daviess County is funded by a federal grant from Administration for Children and Families
- Jefferson, Boyd, and Kenton funded through TANF funds and state general funds.
- START has also been piloted in Bronx, NY and NW Georgia and currently in Bloomington, IN

# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

**The START Model**

- **Intensive intervention model for substance abusing families in the child welfare system.**
- **Integrates best practices among child welfare, family preservation, substance abuse treatment, and community partners.**
- **START recognizes the tension between parent sobriety and child safety.**
- **START fosters integration among child welfare, substance abuse services, courts, community partners and sobriety supports by bridging differences in professional perspective.**

# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

**The START Model, cont.**

- **START aims to address systems issues resulting in barriers to families being able to access services in a timely manner.**
- **Use of family recovery mentors to engage parents early.**
- **Service delivery approach involves cross-system collaboration and flexibility to meet unique needs of child welfare population.**
- **Shared decision making philosophy.**
- **START philosophy outlined in 12 Tenets agreed upon by all partners.**

# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

**START: Distinctive Elements**

- **CPS worker and family mentor paired**
- **12-15 families for each CPS worker and family mentor team**
- **Collaboration with all service providers and community partners**
- **A more intense and coordinated service delivery model that intervenes quickly upon receipt of CPS referral**

# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

**START: Distinctive Elements, cont.**

- **Shared decision-making:**
  - Families, treatment providers, and child welfare staff use Family Team Meeting (FTM) model
    - Whole team at once, on the same page
    - Child safety is discussed
    - Family dynamics, strengths and needs
    - Assessment begins at initial FTM
    - Service needs for parents and children
    - Basic needs wrap-around (transportation, food, shelter, etc.)
    - Initial treatment appointments are scheduled

# SUBSTANCE USE AMONG PARENTS OF YOUNG CHILDREN, CONT.

**START Outcomes:**

- **START mothers have higher rates of sobriety than their non-START child welfare-involved counterparts (70% vs. 39%)**
- **START children are 50% less likely to enter out-of-home placements than other children served by Child Protective Services**
- **For every $1 spent on START, $2.52 is saved on out-of-home placement costs**

# CONTACT INFORMATION

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