



connections



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Substance Abuse: Challenge to change

By Lavonne Roloff

Substance abuse is one of the risk factors that can affect any family. Approximately 9% of the families involved in home visitation programs within Alberta identify alcohol or drug use as a factor in their life. Home visitation staff support parents who are dealing with these issues and refer them to professionals who have expertise in this area. A home visitor will continue to work with the family regarding goals they have identified.

We all know how difficult it is to overcome a habit that we have identified as not being beneficial to our health and well-being. For example, many of us discuss decreasing our intake of caffeine, be it coffee or chocolate; for some, it may be smoking. Once we make a decision to change that habit, it can seem monumental and we may feel

overwhelmed. That is where support comes in.

In change theory (Prochaska), there is a time of contemplation or getting ready for change. This is the time that we go back and forth acting on a habit. It is also the time when a home visitor is invaluable as a listener and encourager. Once clients have made a decision to move forward, a home visitor can help them find the appropriate resources or just be there for support.

In this issue of *Connections*, you will find information on substance abuse—tools and resources that will assist you when working with families who have identified this as an issue. ■

Lavonne Roloff is the Provincial Director of the Alberta Home Visitation Network Association.



Home Visitors can Help Families Struggling With Substance Abuse

By Connie LeMay

Home visitors who are informed about the issues and risk factors of parental substance abuse and addiction are more likely to screen for substance abuse concerns, and to facilitate referrals to mental health services, addiction agencies or Alberta Children and Youth Services. Early intervention can dramatically change the outcomes for children.

The role of home visitors: understanding the stigma and the rules

The role of home visitors is to identify possible substance abuse problems and to facilitate referrals for further assessment or treatment. The nature of home visitation requires the home visitor to build trusting relationships so parents are comfortable discussing their problems, challenges and struggles. These relationships are essential for engaging parents in meaningful conversations about alcohol or drugs.

Two challenges that parents and home visitors must understand and address are

1. stigma surrounding substance abuse
2. unspoken rules that keep substance abuse and dependency hidden

Stigma

In Canadian society, there is still a stigma regarding mothers who use or abuse drugs, or who choose to live with a partner who has a problem with alcohol or drugs. They are often considered bad mothers who do not care about their children, or who are too selfish to do the right thing.¹ The guilt and shame associated with this stigma is a major factor preventing families from seeking help.

Rules

In addition, there are three rules common to families struggling with abuse and dependency issues:

- don't talk
- don't trust
- don't feel

Don't talk

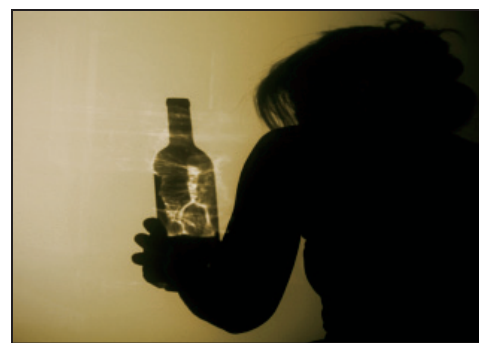
Families typically do not talk about substance abuse or addiction issues. Embarrassment, shame and guilt often keep people from talking about the problem. Those involved worry they will be judged, excluded or receive some type of punitive action if others know about the problem. Therefore, families may be reluctant to talk about their problems.

Don't trust

A significant number of parents that home visitors meet will have grown up in homes where substance abuse and dependency was a problem during their childhood. As children, these parents may have learned to not trust. Learning to not trust occurs when promises were forgotten, important events were missed and parents' moods were unpredictable. In an effort to hide the truth, some parents may have lied to their children saying, "Mommy is sick today" or "Daddy is in a bad mood because of work." All of these create uncertainty and distrust in children.

Don't feel

Due to the distress, pain and despair of living with an addiction, family members may turn off their feelings in an attempt to survive, keep the peace and stop the hurting. Sometimes expression of emotions may result in further escalation of emotions, further substance abuse and family violence.



How can home visitors ask about substance abuse and dependency?

Screening tools are a natural place to gather initial information about a parent's use and abuse of, or dependence on a substance. Knowing the difference between social drinking and alcohol abuse and dependence is central to helping parents identify potential problems. Because substance abuse and dependence issues in adulthood are linked to early onset of drinking, smoking and using illegal substances, asking about the onset of substance use is helpful.

Asking about challenges and stressors

in the parent's life is an effective avenue to determine if substance abuse or dependence is linked to financial, relationship, physical, employment or mental health problems.

Gathering information about family history

is another way to ask questions about substance abuse. It is useful to understand a parent's exposure to substance use, abuse or dependence in their childhood. Those who grew up in homes with substance abuse and dependency issues are at greater risk for similar issues in their adulthood.

Recording information about social support

may also reveal clues about substance misuse, abuse and dependence. A possible warning sign of a problem is when parents socialize only when drinking or using substances. Disruption of primary relationships such as those with parents and siblings may also be an indicator of substance abuse or dependence.

Getting information about medical and mental health is the fifth area for asking questions about substance abuse and dependency. Asking about prescribed medications, past and current injuries and medical conditions may reveal that substance abuse began in response to a medical condition or injury (e.g. accident victims dependent on codeine-based prescriptions).

Home visitors help parents by offering programs for building parent-child interactions and positive discipline skills. When home visitors are aware of substance abuse or dependence issues, they can identify those who require further intervention.

One of the most important referrals by a home visitor is for programmes or services that will assist families to accept that substance abuse or dependence is a problem. Home visitors may have to facilitate these referrals and assessments by attending the initial sessions with clients. Parents who are helped to break free of the stigma and rules associated with substance abuse and dependence can improve life-long outcomes for their children. ■

Reference

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Connie LeMay is a consultant for the Alberta Home Visitation Network Association.



The Difference Between Substance Abuse and Substance Dependence

Substance abuse and substance dependence are often thought to be the same. They are not. Both do, however, result in negative consequences such as relationship difficulties, health problems, and financial, emotional and psychological distress. Substances can include alcohol, tobacco, illicit drugs or over-the-counter drugs used in a manner or in quantities other than directed.

Substance Abuse

Substance abuse is a pattern of harmful use of any substance for mood-altering purposes: alcohol, tobacco, mood-altering medications and illegal drugs.

Substance Dependence

Substance dependence is the "behavioural, cognitive and physiological phenomena that develop after repeated substance use."¹ Behaviour of those who have substance dependence typically includes the following:

- strong cravings for the substance
- difficulties in controlling use of the substance
- persistence in using the substance despite harmful consequences
- physical withdrawal symptoms when the substance is not taken
- increased tolerance for the drug (need for greater amounts to achieve the desired effect)
- giving higher priority to drug use than other activities and obligations ■

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American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*. Washington D.C.: American Psychiatric Association. pp. 181-183.

1. [World Health Organization](http://www.who.int/topics/substance_abuse/en/). Retrieved on January 29, 2011 from http://www.who.int/topics/substance_abuse/en/.

Also see *DSM-IV Criteria for Substance Abuse and Substance Dependence* on the AHVNA website.



Warning Signs of Substance Abuse or Dependence

By Connie Lemay

Individuals with substance abuse problems may go to great lengths to hide the problem. They may be in denial or blame others for their difficulties.

Families often present with multiple concerns making it difficult to identify that a parent is abusing or dependent on a substance. Parents may be struggling with issues such as depression, post traumatic stress syndrome, family violence, financial or employment difficulties, isolation, relationship concerns and parenting problems. With all this, problems with substance abuse may go unidentified.

By understanding the signs and symptoms of substance abuse and dependence, home visitors are able to screen for potential problems. Although only one of the warning signs may not be enough to determine there is a substance abuse problem, it may warrant further exploration of the issue. If you are worried that parents may be abusing alcohol or drugs, look for the following warning signs:

Physical warning signs

- Injuries and health-related problems¹
- Sudden weight loss or weight gain¹
- Bloodshot eyes or pupils that are larger or smaller than usual¹
- Changes in appetite or sleep patterns¹
- Nose and throat problems (snorting of cocaine)
- Deterioration of physical appearance and personal grooming habits¹
- Unusual smells on breath, body or clothing¹
- Tremors, slurred speech or impaired coordination¹

Behavioural warning signs

- Poor concentration, coordination or drowsiness (use of depressants such as alcohol or benzodiazepines)
- Canceling or changing of appointments at the last minute
- Failure to meet child-care duties or work duties.
- Drop in interest in household duties, children and performance at work or school¹
- Deteriorating of, or a break in, family relationships
- Unexplained need for money or financial problems; may borrow or steal to get it¹
- Preoccupation with going out to party or to the bar
- Frequently getting into trouble (fights, accidents, illegal activities)¹
- Social and leisure activities only involve alcohol and drugs

Psychological warning signs

- Unexplained change in personality or attitude¹
- Feeling overwhelmed with day-to-day responsibilities
- Sudden mood swings, irritability or angry outbursts¹
- Periods of unusual hyperactivity, agitation or giddiness¹
- Lack of motivation; appears lethargic or “spaced out”¹
- Appears fearful, anxious or paranoid with no reason¹ ■

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1. Signs, Symptoms, and Help for Drug Problems and Substance Abuse. (2010). Retrieved on Jan. 20, 2011 from http://helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm.

Adult Children of Alcoholics

Home visitors will encounter parents that grew up in alcoholic families. Understanding parents' experiences as children will provide home visitors with an understanding of the types of issues their clients now struggle with in their parenting role.

When parents identify they are struggling with issues from their childhood, home visitors will make referrals to professionals who provide counseling. By receiving support, adult children of alcoholics are able to change the intergenerational nature of issues: problems with substance abuse, mental health, relationships and work.

Common challenges

Common challenges that adult children of alcoholics bring into their relationships with their children, partner and professionals include the following:

- Trusting others
- Expressing emotions or out-of-control emotions
- Having relationship difficulties
- Being overly responsible or lacking responsibility
- Being perfectionist to control their environment.
- Having low self-esteem
- Judging themselves harshly
- Having poor conflict resolution skills
- Having control issues
- Suffering from depression, anxiety and addictions
- Needing the approval of others ■

Connie LeMay is a consultant for the Alberta Home Visitation Network Association.

Helping Parents Explore Their Relationship With Substances

Home visitors can ask the following questions to help clients explore whether the family is facing issues with substance abuse or dependence (addictions).

Questions to help parents explore whether they have substance abuse or dependence (addictions) problems

- Do you do things that you would not normally do when you are under the influence of alcohol or drugs?
- When you are under the influence of alcohol or drugs, do you feel less stress or worry about your situation? Does alcohol help you to forget?
- Do you spend money on alcohol or drugs that you cannot afford?
- Do you plan or worry about the next time you will be able to drink or use drugs?
- Have you ever intended to not use a substance but could not help yourself?



- How do you feel after you have been intoxicated? Is it difficult to come back to your day-to-day activities?
- Do you need to use drugs or alcohol to relax, get to sleep, stop worrying or feel better?
- Has anyone ever expressed concern about your alcohol or drug use?

- Have you ended relationships due to issues connected to your alcohol or drug use?
- Do you hide, steal or lie to keep your alcohol or drug use going?

Questions to help parents explore if their partner has a substance abuse or dependence (addictions) problem

- Do you worry about your partner's use of alcohol or drugs?
- Has anyone expressed concern about your partner's use of alcohol or drugs?
- Does your partner do things while under the influence of alcohol that he or she would not normally do?
- Does your partner spend money on alcohol that you cannot afford?
- Are you afraid of your partner when he or she is drinking or using? ■

Quick Facts About Substance Abuse

- Substance abuse may develop in response to stressors such as sexual abuse, mental health concerns, family violence, death of a family member and certain life cycle stages such as the birth of a child.
- Women of all ages become addicted to both prescription and illegal drugs more quickly than men, and suffer greater physical, psychological and social consequences.
- Children whose parent abuses alcohol and other drugs are three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families.¹
- Studies show 50% to 78% of parents involved in the child welfare system were substance abusers.²
- "Of those parents who significantly maltreat their children, alcohol abuse was associated with physical abuse, and cocaine was associated with sexual abuse."³
- "With regard to psychiatric diagnoses, there was a tendency for conduct disorders to correlate with paternal alcoholism and for emotional disorders to correlate with maternal alcoholism; both types of disorders occurred with the same frequency among children with two alcoholic parents."⁴
- In two different American studies, 16% and 21% of school-aged children reported that they "wished that one or both of their parents drank less."⁵ ■

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Substance Abuse: A Case for Early Intervention

By Connie Lemay

Children exposed to parental substance abuse problems are at greater risk than the general population for a range of difficulties during childhood, adolescence and well into adulthood: sleep disturbances, injury, emotional and behavioural problems and isolation.

School age children are at greater risk for learning difficulties, inappropriate socializing, aggression and conduct problems, and poor attendance and school performance.

Teenagers are at increased risk for truancy, delinquency, substance abuse, depression, anxiety, eating disorders, suicide attempts and risk-taking behaviours, and gang affiliation. As adults, they are at high risk for marrying substance abusers or becoming substance abusers themselves.

Understanding the relationship between parental substance abuse and the risk to infants and children is an important part of any early intervention service.

Why are these children at greater risk?

Altered brain functioning

Substance abuse creates an environment where a child's physical, emotional and psychological safety is at increased risk. The impact on the brain of individuals who are under the influence of alcohol, cocaine or cannabis, or are abusing or misusing prescription medication such as codeine, is a decrease in inhibitions and a distorted sense of reality. Parents may become agitated, aggressive, sexually inappropriate, depressed, obsessive, overly controlling, demanding, paranoid, permissive, withdrawn and even non-responsive to the cries of an infant. In addition, when a parent is hung over, withdrawing from or craving a substance, brain function and perception of reality is also dramatically affected. Parenting becomes inconsistent, unpredictable, irrational, neglectful or abusive.

Co-dependent coping mechanisms

A **co-dependent** is a non-abusing parent living with a partner who has a substance abuse or dependence problem. Co-dependents live with chronic stress and may cope through denial and rationalization. Conversely, they may develop a state of hyper-alertness: always watching and anticipating the needs or demands of the abusing partner in an attempt to minimize fights and crises. Thus, co-dependents may either experience severe anxiety, depression and hopelessness, or attempt to control every aspect of their relationships and environment. A 1994 study asked close relatives of family members who had substance abuse or dependency problems to identify the impact on the family. The most frequently reported issues were

- "neglect and disruption of the family
- moodiness and aggression within the family
- suspicions, worries and other uncertainties

- altered feelings towards the abuser or dependent person
- social restriction, isolation and a lack of support
- negative effect on family health and well-being"¹

The chaos, unpredictability, distress and disorganization associated with substance abuse and dependence often results in the erosion of a family's protective factors that are central to positive developmental outcomes for children. The family protective factors include

- "competent family management styles
- positive and open communication
- involvement with children
- monitoring or supervision of children
- use of positive reinforcement
- consistent discipline."²

Creating hope for children

The disruption and risk to children caused by family substance abuse and addiction is well documented. Some families that home

visitors work with will talk about the reality of the substance problems and be willing to seek help to create safe environments for their children. Others may still be living under the rules of do not talk, do not trust and do not feel, be paralyzed by fear of retribution from the substance abuser or be fearful their children will be taken from them. When families are not ready to address these problems, home visitors are encouraged to seek the assistance of professionals working in the addictions field, and, if necessary, child protection services. ■

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2. Thompson, J. (1995). *Early Life Factors and Addictions: A Review of the Literature*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission.



Myths That Prevent Families From Getting Help

By Connie Lemay

MYTH 1: Family members who are not abusing substances do not experience negative consequences. Infants, children, teenagers and spouses experience a range of negative consequences when someone in their home is abusing substances or is addicted. Negative consequences include physical and mental health concerns; emotional and psychological difficulties; food, housing and financial problems; neglect, physical, emotional and sexual abuse; and, difficulties at school and work.

MYTH 2: If a parent asks for help to deal with a substance abuse issue, Alberta Children and Youth Services will take the kids away. “The goal of Alberta Children and Youth Services and the regional Child and Family Services Authority is to work with families and communities to enhance their ability to develop safe and nurturing environments for children, youth and families.”² When parents are motivated to change their family situation, family enhancement interventions are used to help families develop safe and nurturing environments. Family enhancement helps parents access resources and services to improve their family situation. When parents are unwilling to address substance abuse or dependency issues to create safe and nurturing environments for their children, protection services may become necessary.

Child Intervention Services describes those situations in which Child and Family Services Authorities (CFSA) or Delegated First Nations Agencies (DFNA) provide services to ensure a child’s safety and well-being is maintained.

Family enhancement includes services and supports to enable a family to continue to care for their child in the home. These services are used when the child and family are motivated to address the issues facing them.²

Protection services are used when there is a higher risk to the child and it is determined that a placement or court intervention is



required to ensure the safety and well-being of the child. This process involves the completion of an assessment of the family’s situation through an investigation. Protection services include foster care, kinship care and adoption services.²

MYTH 3: “Overcoming addiction is simply a matter of willpower. You can stop using drugs if you really want to. Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.”¹

MYTH 4: “Addiction is a disease; there’s nothing you can do about it. Most experts agree that addiction is a brain disease, but that doesn’t mean you’re a helpless victim. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise and other treatments.”¹

MYTH 5: “Addicts have to hit rock bottom before they can get better. Recovery can begin at any point in the addiction process—and the earlier, the better. The longer drug abuse continues, the stronger the addiction becomes and the harder it is to treat. Don’t wait to intervene until the addict has lost it all.”¹

MYTH 6: “You can’t force someone into treatment; they have to want help.

Treatment doesn’t have to be voluntary to be successful. People who are pressured into treatment by their family, employer or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.”¹

MYTH 7: “Treatment didn’t work before, so there’s no point trying again; some cases are hopeless. Recovery from drug addiction is a long process that often involves setbacks. Relapse doesn’t mean that treatment has failed or that you’re a lost cause. Rather, it’s a signal to get back on track, either by going back to treatment or adjusting the treatment approach.”¹ ■

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1. Signs, Symptoms, and Help for Drug Problems and Substance Abuse. (2010). Retrieved on January 20, 2011 from http://helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm.
2. Government of Alberta, Child Intervention Services. Retrieved on January 20, 2011 from www.southeastalbertacfsa.gov.ab.ca/home/514.cfm.

Connie LeMay is a consultant with the Alberta Home Visitation Network Association

Coming up

The next issue of *Connections* will focus on **Working with Aboriginal Families**. If you would like to submit an article or resource for this topic, please contact the AHVNA office by **May 15, 2011**.

Hearing from you

Connections is published three times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA Provincial Director, by phone at (780) 429-4784 or by email to info@ahvna.org.

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Provincial Director Convocates from Executive Leadership Program



Lavonne Roloff, Provincial Director for the Alberta Home Visitation Network Association, convocated from the Executive Leadership in the Non-profit Sector program (LENP) with Grant MacEwan University in the fall of 2010. The LERP program is comprised of six courses plus a capstone project.

The courses are relevant to anyone working in the non-profit sector. The following topics were covered in the courses:

- board governance
- organizational and community development
- human resources
- financial and fund development
- public affairs
- governmental issues.

A number of the course assignments can be adapted and applied to, or used to inspire visioning possibilities within an agency. Students are encouraged to identify personal strengths and reflect on their own leadership skills to determine areas for growth and development. The capstone project provides students an opportunity to choose a topic that will be used by an agency with which they either volunteer or work.

The Provincial Director chose to follow up on the internal controls assignment from one of the courses, and implemented a review of the board policies and procedures of the AHVNA. For this, a board committee was formed. After numerous meetings, the policies were revised and given to the AHVNA board for review. The revised policies and procedures were accepted bringing clarity to the board's responsibilities and roles. This collaborative process has benefited the association and demonstrates the commitment of the board members.

The Alberta Home Visitation Network Association appreciates the support of the Muttart Foundation for partial funding of the twenty-month program. If you would like more information regarding the program, contact Grant MacEwan University at www.macewan.ca/leadership or Lavonne Roloff, the Provincial Director. ■



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