



OPIOID USE AND FAMILY DYNAMICS

MICRO-
MODULE



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM



FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION



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THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION (FADAA)
AND THE STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES.

LEARNING OBJECTIVES

- Recognize the unique ways opioid use can impact family dynamics
- Identify specific connections between opioid use and family dynamics by using a case study

WAYS OPIOID USE CAN IMPACT FAMILY DYNAMICS¹

MORE COMPLEX FAMILY STRUCTURES



- Family structures in America have become more complex—growing from the traditional, nuclear family to single-parent families, stepfamilies, foster families, and multigenerational families. The adverse effects of substance use on family roles and relationships is well-documented.²



RIPPLE EFFECTS

An individual's opioid or other substance use disorder (OUD/SUD) sends ripples through families and communities.

Ignoring these ripples can cause long-lasting consequences.³

RIPPLE EFFECTS⁴

- Some ripples affecting these populations overlap. The infant born to a mother with OUD may have siblings.
- The family may have more than one person with SUD or a history of alcohol or other substance use.
- The grandmother who has health problems and few financial resources may now face a level of responsibility for which she is unprepared because of previous traumas and losses.
- Each family's composition and story is different, but there are common elements.

DISTINCT EFFECTS ON DIFFERENT FAMILY STRUCTURES

A growing body of literature suggests that substance abuse has distinct effects on different family structures. This module will focus on the following:

- Single-parent families with OUD;
- Parents with a partner (one or both with OUD/SUD);
- Parents with OUD who have adolescents/teens;
- Extended family members of a parent with an OUD; and
- Foster or adoptive parents of a child affected by parental OUD.

SINGLE- PARENT FAMILIES



SINGLE-PARENT FAMILIES



- In the general population nationally, 25% of children live with a single parent (21% live with just their mother and 4% with just their father).⁵ This percentage is likely to be much higher among child-welfare-involved families.
- According to national data, female-led households appear to be more likely to have multiple children to care for than male-led households, so there is additional strain.⁶

COMMON SINGLE-PARENT HOME DYNAMICS (CONT.)



- Estranged relationships with family and friends
- Parental strain and exhaustion
- Financial challenges impacting quality of life
- Older children acting as surrogate spouses⁷

COMMON SINGLE-PARENT HOME DYNAMICS (CONT.)

OOD impedes parents' abilities to care for their children. In turn, children may languish in unpredictability and persistent chaos.⁸



SINGLE-PARENT FAMILIES

- Imagine walking in the shoes of a child-welfare-involved single parent with an OUD who has recently initiated treatment (in early recovery).
- Without significant support, this parent is at significant risk in their pursuit of recovery. The support offered should align with the challenges and barriers the single parent faces to ensure they are set up to succeed.





PARENT WITH
PARTNER (ONE OR
BOTH WITH
OUD/SUD)

WHEN PARENT'S PARTNER DOES NOT HAVE AN OUD/SUD⁹

- The partner of a parent with an OUD/SUD may have to assume the parenting duties not fulfilled by the other parent.
- The parent who is not abusing substances may act as a “superhero” or may become very bonded with the children and too focused on ensuring their comfort.



WHEN PARENT'S PARTNER DOES NOT HAVE AN OUD/SUD¹⁰

- The partner who is not using substances often assumes the provider role. Psychological consequences may include denial or protection of the person with chronic anger, stress, anxiety, hopelessness, inappropriate sexual behavior, neglected health, shame, stigma, and isolation.
- The non-using partner may become overly concerned with the problems of another to the detriment of attending to their own wants and needs.

WHEN BOTH PARENT AND PARTNER HAVE AN OUD/SUD



- In this situation, both partners need help. The treatment of either partner will affect both.
- The presence of other people with OUD/SUD in the household, if they are not engaged in treatment, may undermine recovery efforts and pose risks to children.
- Typically, if both parents/caregivers abuse alcohol or illicit drugs, the effect on children worsens.

PARENT/
CAREGIVER
WITH OUD IN
FAMILIES WITH
ADOLESCENTS
AND TEENS



ADOLESCENTS AND TEENS (CONT.)

- In 2018, about 49% of the children who entered foster care were 6 years of age or older (about 30% were 9-17 year-olds).¹¹
- It is important to consider the impact of parental OUD on older children, because they likely have been exposed to harmful behavior associated with substance misuse in a longer and potentially more substantial way than younger children.¹²

ADOLESCENTS AND TEENS (CONT.)¹³

Young caregivers take care of household tasks, like shopping and preparing meals, and may take on more demanding responsibilities, like managing medications, changing bandages, assisting with mobility, monitoring unsafe behavior, and much more.



ADOLESCENTS AND TEENS (CONT.)



- When a child assumes adult roles, and the adult abusing substances plays the role of a child, the boundaries essential to family functioning are blurred. The developmentally inappropriate role taken on by the child robs him/her of a childhood, unless there is the intervention by healthy, supportive adults.¹⁴

ADOLESCENTS AND TEENS (CONT.)

- Youth residing in homes with parental OUD are at risk of exhibiting elevated levels of externalizing behaviors (e.g., aggression, delinquency, hyperactivity) and internalizing behaviors (e.g., inward distress, anxiety, depression), risky sexual practices, impaired social functioning, substance misuse).¹⁵
- *“I know what these kids go through, hoping that their parents will change and feeling stuck in a horrific situation. To survive, these kids roam the streets, stay with friends; they'll do anything to not be at home.”* May 17, 2015¹⁶

ADOLESCENTS AND TEENS (CONT.)

“My dad died of a combination of opiates and prescription drugs... The only thing I remember is my brother telling me it’s not going to be okay, it’s never going to be okay, but we’re going to pretend it’s going to be okay.”¹⁷

...[A] fundamental family rule: No one talks about the problem, not to each other, and especially not to outsiders.¹⁸ Living in the context of this perceived imperative, a majority of these children exist in emotional incarceration where they are unable to reach out to others for support. ^{19, 20}

WHEN THE ADOLESCENT OR TEEN IS MISUSING SUBSTANCES

In homes where one or more adults abuse alcohol or drugs, children are approximately twice as likely to develop addictive disorders themselves.²¹



WHEN THE ADOLESCENT OR TEEN IS MISUSING SUBSTANCES (CONT.)

- When the family member using opioids/other drugs is an adolescent or teen, siblings in the family may find their needs and concerns are ignored or minimized while their parents react to continuous crises involving their sibling. In many families that include an adolescent/teen who uses substances, at least one parent is also using. This unfortunate modeling can set in motion a combination of physical and emotional problems that can be very dangerous.²²

EXTENDED FAMILIES



GENES AND ENVIRONMENT

- Children are deeply influenced by the people who raise them.
- These influences include genes inherited from biological parents but also the behaviors, habits, values, and communication styles that are learned from adult caregivers.



INTERGENERATIONAL

Intergenerational effects of substance abuse can have a negative impact on role modeling, trust, and concepts of normative behavior, which can damage the relationships between generations.²³



EXTENDED FAMILY MEMBERS (INCLUDING GRANDPARENTS)

- Extended family members may experience anxiety, fear, anger, concern, embarrassment, guilt, or feelings of abandonment.²⁴
- If the person using substances has stolen from family members to support his/her habit (not uncommon), the family members may have sought legal resources or protection from the person abusing substances.²⁵

EXTENDED FAMILY MEMBERS²⁶

- The grandparents/other family members are often dealing with grief and guilt, as well as the stigma associated with being the parent of a person with SUD. They may need services themselves, such as navigators (who can help access financial resources), assistance in establishing legal rights to make school and medical decisions for the child, and peer support, which reduces their isolation. Because children may act in ways that are stressful or self-destructive, the family members also need help in learning how to manage trauma in children. They may need additional health care resources for themselves.

GRANDPARENTS²⁷



- *“My grandson is 8. He has never had a sober parent. He is spinning out of control. He is mad at every thing and everyone. I have found nothing.”* January 18, 2015

GRANDPARENTS (CONT.)

*“You get this call...
‘Come pick up your
grandkids. If you
don’t, they will go into
foster care.’ And then
everything in your life
changes.”²⁸*



FOSTER AND ADOPTIVE FAMILIES



Testimony from Florida foster parents reflects that they often know very little about the family history of the foster children they receive, especially initially. The foster parents are not always able to determine if the developmental, behavioral, and trauma issues they often see are from drug exposure, environmental stresses, biological reasons, or combinations of these reasons.²⁹

FOSTER AND ADOPTIVE FAMILIES (CONT.)



As revealed in the archived webinar, *What Every Foster Parent and Kinship Family Needs To Know About Opioid Use*, some of the dynamics of concern faced by foster care parents include:

- The parent/caregiver is not getting a sufficient level of treatment and recovery support for the extent of his/her OUD/SUD and related challenges.
- Some of “the boxes parents have to check to regain custody of their children,” (e.g., employment and housing) are not always compatible with residential SUD treatment, especially within the federally mandated custody timelines.

FOSTER AND ADOPTIVE FAMILIES (CONT.)

- For children who experience multiple placement changes, the stress associated with the maltreatment experience and subsequent removal from their family system is compounded by the instability associated with movement from foster home to foster home.³⁰



ADVERSITY OR RESILIENCY?

- Children who experience adversity early in life, including living with a family member with an OUD, carry those experiences into adolescence and beyond. Even if the opioid epidemic were stopped cold today, there would be ripples far into the future.³¹
- In some cases, resiliency occurs. Because of their early exposure to the adversity of a family member who abuses substances, children develop tools to respond to extreme stress, disruption, and change, including mature judgment, capacity to tolerate ambiguity, autonomy, willingness to shoulder responsibility, and moral certitude.³²

THRIVING IN THE FACE OF ADVERSITY



- The key to thriving in the face of adversity is often the presence of at least one stable and committed relationship with a supportive parent, caregiver, or other adult.³³ For this reason, child health and well-being is intrinsically linked to caregiver health and well-being.

CASE STUDY

- Review case study associated with this module

FOR QUESTIONS OR FOR ADDITIONAL INFORMATION



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<http://www.training.fadaa.org/>

Child Welfare & Family Court Opioid Use Disorder Trainings

The Florida Alcohol and Drug Abuse Association in partnership with the Department of Children and Families offers a series of training modules designed for Child Welfare Protective Investigators, Child Welfare Case Managers, Florida Judges, Judiciary Staff and Child Welfare Stakeholders. These comprehensive modules focus on increasing understanding of the opioid crises in Florida, the effects on family systems, and how to engage recovery resources. The trainings were funded by the federal State Targeted Response to the Opioid Crisis (O-STR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

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