

Opioid Use and Family Dynamics

Case Study



George and Greta Wilson are newly married after having both lost their spouses a year ago.

George is still recovering from the fatal car accident that killed his former wife. He is under the care of a pain management specialist, is prescribed daily opioid pain medication, and works part time as a realtor when he is able. George and Greta each brought a young teen (one boy, one girl) to their new family. Greta also has a 27-year-old sister, Samantha, who has her first appointment next week to begin treatment for a 10-year opioid use disorder (OUD). Samantha is also struggling as a single parent to Thomas, her 2-week-old son, as her boyfriend just began serving a 2-year sentence for domestic violence. Samantha and Thomas became involved with the child welfare system when Thomas demonstrated symptoms of neonatal abstinence syndrome (NAS) at birth and tested positive for opioids.

Samantha asked her sister Greta if she and baby Thomas could move in with Greta and George until things settle down (they have a 3-bedroom house in a small town). Under each scenario below, jot down some of the family dynamics Samantha's caseworker might need to prepare for and consider in case planning. Then turn the page to compare your answers to those provided.

Scenario (1): George and Greta welcome Samantha and baby Thomas into their home.

Scenario (2): George and Greta agree to support Samantha and baby Thomas in finding and succeeding in an alternative living arrangement.

When done, turn page for sample answers.

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Sample Answers

Note: The answers below represent many, but not all, of the possible family dynamics that could transpire and need consideration and an appropriate response. As each family's dynamics are unique, there is no right or wrong answer. What might work for one family may not work for another.

Scenario (1): George and Greta welcome Samantha and baby Thomas into their home.

- Both Greta and George have lost a spouse, and each of their children have, in turn, lost a parent. Each of these individuals is likely to be in his/her own grief process, which will need attention, and which may already be affecting dynamics in their new family. Adding a new “family member” and her newborn baby will likely change these dynamics even more.
- The sleeping arrangements are likely to create additional family stress, as each of the biologically unrelated teens are different genders (so cannot share a room), leaving no additional room for Samantha and her baby (unless she shares one with the teen girl, which is not ideal). Alternatively, living in a common area is also not ideal for Samantha or a crying newborn.
- With her decades-long opioid addiction, George's prescription pain meds may pose a temptation to Samantha, especially in early recovery, if she lives in the same house.
- The stigma often associated with having an OUD (or a family member with one), especially living in their small town, may affect all family members in different ways (the teens at school, George as a realtor, etc.) and will need to be addressed.

Scenario (2): George and Greta agree to support Samantha and baby Thomas in finding and succeeding in an alternative living arrangement.

- As a person in very early recovery from a decades-long opioid addiction, Samantha is going to need a lot of support, independent of the stress, strain, and exhaustion of caring alone for a newborn. Without significant support, Samantha is at risk of failing on many levels. Also, given Thomas' prenatal opioid exposure and NAS symptoms, he may experience some residual problems, once home from the hospital, that may be difficult for Samantha to manage alone. As a newborn, he will likely have many doctors' appointments, vaccinations, and other needs. The support offered should align with the challenges and barriers this single parent will face.
- Perhaps her child welfare case manager can help Samantha find a residential program equipped to handle moms and babies into which she and Thomas could be admitted. The service intensity of such a program may be aligned with Samantha's 10-year OUD, and the holistic nature of such a program could help her with multiple components of her case plan by addressing domestic violence trauma, bonding and attachment, parenting skills, self-sufficiency, and more. If such a program is not available, other arrangements may be made in a supportive environment where mentoring from a stable person could help, along with recovery support.
- Samantha's partner is in prison for domestic violence, which means she is likely to suffer from trauma and will need trauma-informed care as she seeks treatment for her OUD.

As child health and well-being are intrinsically linked to caregiver health and well-being, no matter which scenario plays out, both Samantha and baby Thomas will need significant support.