

PREVENTION STRATEGIES FOR YOUTH AFFECTED BY PARENTS WITH OPIOID USE DISORDER (OUD)

MICRO-MODULE



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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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

- Identify at least two reasons that universal prevention programs alone are not sufficiently effective for children of parents with OUD.
- Describe the rationale for using a cumulative strategies approach aligned with selected or indicated preventive interventions for children of parents with substance use disorders (SUD).

Why universal prevention programs alone are not sufficiently effective for children of parents with OUD


- Didactic format
- Assume comparable levels of risk for all children
- Do not address problems and risk factors characteristic of children of parents with SUD

UNIVERSAL, SELECTIVE, AND INDICATED POPULATIONS¹

Universal: Aimed at all members of a given population (e.g., all children of a certain age)



Selective: Aimed at a subgroup determined to be at high risk for substance use (for instance, justice-involved youth)



Indicated: Targeted to individuals who are already using substances but have not developed a SUD

EFFECTIVENESS OF UNIVERSAL PREVENTION FOR CHILDREN AFFECTED BY PARENTAL OUD²

- Many opioid and other substance abuse prevention programs for children are often delivered to groups of children in general settings, such as school classrooms.
- Alone, these universal programs may be minimally effective for children affected by parental OUD.



EFFECTIVENESS OF UNIVERSAL PREVENTION FOR CHILDREN AFFECTED BY PARENTAL OUD (CONT.)³



Some reasons universal programming may be less effective for this population of focus include:

- The programs use a didactic (educational) format;
- They assume comparable levels of risk for all children; and
- They do not address psychological, behavioral, cognitive, and interpersonal risk factors characteristic of children of drug dependent parents.

EFFECTIVENESS OF UNIVERSAL PREVENTION FOR CHILDREN AFFECTED BY PARENTAL OUD (CONT.)⁴



- Information-focused sessions presume that children make decisions about health or risky behavior in a values-expectancy framework (e.g., if a child values health then s/he will engage in healthy behavior).
- This approach ignores the complexity of the social, physiological, developmental, and external realities of their lives.

EFFECTIVENESS OF UNIVERSAL PREVENTION FOR CHILDREN AFFECTED BY PARENTAL OUD (CONT.)⁵

Additionally, universal programs typically give little consideration to other factors, such as cultural and social perspectives, socioeconomic levels, or specific sub-populations.



EFFECTIVENESS OF UNIVERSAL PREVENTION FOR CHILDREN AFFECTED BY PARENTAL OUD (CONT.)⁶

This assumption does not suggest that prevention should preclude the use of broad prevention interventions.

Rather, the evidence supports selective or indicated interventions for children affected by OUD, which consists of appropriate:

- Content
- Intensity
- Dosage



SELECTIVE INTERVENTIONS: CHILDREN AND ADOLESCENTS AFFECTED BY PARENTAL DRUG USE

- OUD can impede parents' abilities to care for their children. Societal responses are often guided by a belief that unless the parent receives substance use treatment, there is little help for the child. A significant body of research, however, demonstrates the importance of not only addressing the immediate wellbeing of the children of caregivers with SUD but also preventing the continuing cycle of drug use.



SELECTIVE INTERVENTIONS: CHILDREN AND ADOLESCENTS AFFECTED BY PARENTAL DRUG USE

- Target audiences for selective interventions may include families living in poverty, the children of depressed or substance-using parents, or children who have difficulties with social skills.^{7,8}
- Children and adolescents affected by parental drug use show higher rates of externalizing and internalizing problems, such as antisocial behavior, emotional problems, attention deficits, or social isolation.⁹



INDICATED INTERVENTIONS: CHILDREN AND ADOLESCENTS AFFECTED BY PARENTAL DRUG USE¹⁰



- Indicated prevention interventions are directed to those who are already involved in a risky behavior, such as substance misuse, or are beginning to have problems, but who have not yet developed a SUD. Such programs are often intensive and expensive but may still be cost-effective, given the high likelihood of an ensuing expensive disorder or other costly negative consequences in the future.

A CUMULATIVE STRATEGIES APPROACH¹¹

The five
basic
prevention
strategies
include:

Affective information

Social and life skills training

Alternative activities

Academic support networks

Healthy lifestyle mentoring

A CUMULATIVE STRATEGIES APPROACH¹²

A cumulative strategies approach is aligned with selected or indicated interventions for children of opioid- or other drug-dependent parents.

Interventions should consider the co-occurring delivery of at least two of five basic prevention strategies.



AFFECTIVE INFORMATION¹³



- Children of parents with OUD are likely to develop affective, behavioral, cognitive, and interpersonal adverse childhood experiences (ACEs) that manifest at home, school, and in peer groups.
- Children of opioid-dependent parents or caregivers experience diminished levels of self-esteem and use isolation or withdrawal to cope.

AFFECTIVE INFORMATION (CONT.)¹⁴

- Such youth tend to normalize the dysfunction in their homes and display poor interpersonal and social skills, low social attachment, and favorable attitudes toward drug dependence.
- Evidence from previous opioid crises tells us that these children are at risk for a variety of psychiatric disorders (e.g., depression, anxiety), including eventual drug dependence.



AFFECTIVE INFORMATION (CONT.)¹⁵



- Interventions that reduce exposure to risk and adversity will: (1) improve competencies, personal resources, and coping skills; (2) prevent or reduce early onset of maladaptive behavior; and (3) target specific groups that show a higher probability of developing high-risk behaviors than the general population.
- Applicable today, early intervention with children of parents with OUD can moderate their responses to known risk factors, eliminating or buffering later risk factors.

AFFECTIVE INFORMATION (CONT.)¹⁶



- Ideally, affective information should be presented through curricula that help children recognize, accept, and share their feelings. Increased interpersonal communication is a key component of affective information.



SOCIAL AND LIFE SKILLS TRAINING

SOCIAL AND LIFE SKILLS TRAINING¹⁷

- This strategy can be used to help recipients increase social competence, interpersonal communication, assertiveness, problem-solving, and decision-making skills.
- Structured social skills training provides recipients with opportunities to practice the expression of feelings, role play stressful situations, and rehearse refusal skills. Mastery of social and life skills may promote feelings of success and positive self-esteem.
- Structured social skills groups provide recipients with excellent settings to develop skills, modify problematic behavior, establish support systems, maintain friendships, and improve communication.

ALTERNATIVE ACTIVITIES¹⁸

Alternative activities provide children with a means for healthy self-expression, inclusive of learning how to cope with a variety of life stressors through physical exertion.



ALTERNATIVE ACTIVITIES (CONT.)¹⁹



- Specific activities may include organized parent-child activities, summer camps/wilderness outings, day hikes, cooking classes, writing, drawing, music, and more.
- Alternative activities facilitate interpersonal skills in diverse environments and promote healthy lifestyles. Recipients may build self-esteem and confidence and strengthen ties with family, peers, school personnel, and community members.



ACADEMIC SUPPORT NETWORKS²⁰

Academic support, through homework assistance and tutoring, may be provided to children currently experiencing or at risk for experiencing academic difficulty.

ACADEMIC SUPPORT NETWORKS (CONT.)²¹

- The effectiveness of this strategy may require the use of teaching or instructional techniques that include peer-led tutoring and mentoring, experiential learning, and group activities.
- A well-informed academic network, sensitive to the needs and struggles of high-risk children and youth, can be an excellent avenue for positive attention, esteem building, modeling, academic achievement, and motivation.

MENTORING²²

Mentoring programs match high-risk youth with peers, school personnel, high school or college students, or other individuals who model healthy lifestyles.



MENTORING (CONT.)²³

- Mentors may facilitate healthy and productive relationships within school and community settings.
- Mentoring can help children recognize safe adults or peers with whom they can share feelings and model their behavior.
- Mentoring can enhance self-esteem, review problem-solving and decision-making skills, and connect children and youth with school or community resources.

OPIOID PREVENTION: A WORK IN PROGRESS²⁴



- Identifying evidence-based preventive measures for opioids remains a work in progress that will require more documentation of how prevention strategies can best ameliorate the current crisis.

QUICK REFERENCE RESOURCE

- Please see the quick reference resource associated with this module. It provides examples of multi-level risk factors and pairs them with examples of multiple, risk-focused strategies for a cumulative strategies approach.

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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