



DC Family Policy Seminar

**SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS:
A FAMILY APPROACH**

HIGHLIGHTS

February 10, 1995
Charles Sumner School
Washington, D.C.

*A collaborative project of the Georgetown University Graduate Public Policy Program (GPPP) and its affiliate,
the National Center for Education in Maternal and Child Health (NCEMCH).*

SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS:
A FAMILY APPROACH

Joseph Wright, Executive Director
Washington Area Council on Alcohol and Drug Abuse

Substance abuse treatment and prevention is too often seen as a folklore in our society - something which is caused by some evil companion or outside the supportive familial structure. In fact, substance abuse treatment and prevention is very much a family disease; those groups most likely prone to substance abuse are often less likely to be involved in prevention efforts.

THE FOLKLORE OF SUBSTANCE ABUSE is widespread. The folklore is sometimes true / sometimes partly true. It permeates song, movies, TV commercials, and includes:

- The notion that if an individual gets help, he/she will get better with the help of a supportive family
- The perception that substance abuse is brought on by an evil companion or outside force
- The idea that if you keep children from cigarettes and alcohol, they will stay away from other drugs

THE TRUTHS OF SUBSTANCE ABUSE

- Substance abuse can happen to good, supportive families.
- Substance abuse happens more often in families with prior substance abuse problems, perhaps due to genetic dispositions, choice of mates and friends, or influences of friends and siblings.
- Those most prone to substance abuse are also less likely to engage in prevention efforts.
- The fear associated with substance abuse is often not the dependency on the substance but rather the fear of losing the addicted companion.
- Half of all marriages that make it through the stages of substance abuse do not last after treatment.

RECOMMENDATIONS FOR A FAMILY APPROACH

- One component of treatment programs and recovery must be to teach family members how to relate to a relative who changes from dependency to independence.
- It is wrong to assume that families are the cure, or the source of, the substance abuse problem.

**Dr. Johanna Ferman, CEO and Medical Director
The Center for Mental Health, Inc.**

Substance abuse is by no means an inner-city problem; it is a problem seen across socioeconomic levels and culturally diverse communities; however, in our inner cities, lack of resources, difficulty with access to services, and inadequate insurance coverage for low income people significantly compromise the likelihood that those living at or near poverty will have the opportunity to recover. Too often, a costly revolving door of detox and residential care become the options of only choice. It is imperative at a time of escalating health care costs, that service providers offer cost effective and financially viable, family-centered alternatives which have now been shown to be more effective in building the "mental musculature" necessary for recovery.

THE CENTER FOR MENTAL HEALTH

- Largest non-profit provider of mental health service in and around the DC area
- Serves the at-risk population on an outpatient basis -- ranging from comprehensive evaluation to in-home services, group, individual and family work to intensive, structured day programming

THE FAMILY HEALTH PROGRAM - ANACOSTIA CENTER

- Initiated at the height of the crack epidemic of the 1980's
- Recognized that the paranoia, violence and devastating consequences of the epidemic required a holistic family-centered approach to building on strength of the family unit and from this to strengthen participation in parenting and in the community
- Funded through private-public partnership between the federal government (HHS), DC Medicaid and the private sector
- Moved beyond traditional programs, which tended to rely primarily on case management and straight counseling -- proving costly and not particularly effective
- Incorporates a family-centered model for cocaine-using mothers, their children, and their extended family -- focusing on the mother as the entry-point for a program which treats not just the mother, but the entire family.

- Provides home-based assessment, integrated health and mental health services, case management and other supports, such as transportation -- essentially using an outpatient therapeutic community as a surrogate family structure (for modeling and support)

SUBSTANCE ABUSE

- Driven by a set of problems:
 - 50 to 70 percent of the client population experiences substance abuse combined with depression or other psychological problems
 - Spiritual void; developmental issues
 - Community fragmentation
 - Prolonged dependency
 - Disillusionment of families with many bridges having been "burned" by years of chemical abuse and its attendant dysfunction
- A long-standing problem which must be treated over the long term; the solution requires long-term financial and organizational commitments. The 6-12 week models used for some populations do not adequately address the problems and essentially waste resources.

THE FAMILY-CENTERED APPROACH / MODEL

- Partnership between government, the community, and the private sector
- Values-orientation which focuses on spiritual and moral values
- Needs support of the community
- Goal is not to keep individuals dependent on the program, but to move through several developmental stages toward a more balanced life in which other people and natural supports become better integrated and more easily accessible.
- Incorporates important factors that are often overlooked:

- Services for parents and children provided at the same time, in the same place
- Integration of substance/alcohol abuse with mental health, health and supportive services
- A dedicated and flexible staff:
 - To support parents in treatment
 - To create a more supportive and healthy family environment
- Commitment to long-term services - cannot be treated with a revolving door approach
- Pleasant physical facilities to promote light, dignity, and a positive message to staff and patients

OUTCOME

We are with this model demonstrating more than an 80% success rate for those families remaining in treatment beyond the first three months of care; these "graduates" are moving off welfare, off Medicaid, into gainful employment and onto private health insurance.

**Aminifu Harvey, Executive Director
Maat Center for Human and Organizational Enhancement**

Programs in substance abuse treatment and prevention should not substitute for the family, but act as a means to heighten the pre-existing strengths and structure of the family. Community-based, family-oriented, long-term programs can have marked results for the child, parents and overall family relations.

THE MAAT CENTER

- Founded in 1986 to provide culturally competent services and intervention techniques to African-American families, specifically young males and their families
- Funded by the Center for Substance Abuse Prevention

PROGRAM DESCRIPTION AND ORIENTATION

- Afro-centric perspective to build appreciation and comfort with one's race and ethnicity
- Many clients come to social services through their children, to do better by their families or out of concern for their children
- Message: Treat every child as if it were your own
- Services for 11.5-14.5 years of age, many referred by probation offices or juvenile intervention projects and identified as children in risk
- Many participants are from low-income (though not necessarily substance abusing) households
- Most participants are from single-parent homes
- Duration: 1 year

FAMILY COMPONENT IN PROGRAM DESIGN

- Helplessness + Hopelessness = Perceived Powerlessness

- Address hopelessness through faith: church, hymns, folktales, instill a sense of individual purpose
- Address helplessness through math and science components which bring out pre-existing skills and place them in the context of academic course-work
- Services for Parents:
 - Retreats to provide parenting skills, recognition and nurturing
 - Symposiums targeted at incorporating the fathers in African-American families

**Loretta Tate, Director
Fighting Back Initiative
Marshall Heights Community Development Organization**

Programs in substance abuse treatment and prevention should aim to eliminate folklores and educate the community about substance abuse, providing an essential spiritual component with a health and wellness perspective. Collaborative and partnership initiatives are integral in expanding economic opportunities to attract both human and financial resources.

BACKGROUND OF THE "FIGHTING BACK INITIATIVE"

- 1990 - initiation of the "Fighting Back" program through the Robert Wood Johnson Foundation which is:
 - A national community development strategy designed to promote public awareness, prevention, early intervention, drug and alcohol treatment and relapse prevention
- "Fighting Back Initiative" of the Marshall Heights Community Development Organization - the only program of its type whose host organization is a community-based development organization
- Program Mission: To identify, create and implement new and existing programs and services for Ward 7, so that citizens can reclaim their community from drugs, alcohol, crime and family disintegration
- Multi-dimensional approach which:
 - Serves multiple ages and sectors, yet is sensitized to targeted populations
 - Collaborates with the community in sponsoring and organizing events
 - Works with other substance abuse programs to generate positive messages for youth
 - Highlights the positive elements of the community to the media
- Philosophy: To reduce the number of risk factors present in a prescribed environment, including residential housing areas, transitional housing areas, and low and moderate income.

Discussion and Community Announcements

The D.C. Family Policy Seminar graciously acknowledges the generous space and facilities offered by the Sumner School. The Sumner School is a public school building, free of charge for group meetings. This facility also features concerts and art exhibits throughout the building to highlight local talent.

ANNOUNCEMENTS:

- (1) **Mothers Against Drunk Driving - DC Chapter**
Call for all interested persons, volunteers, support and community announcements
Contact: Ms. Tobi Printz
(202) 298-6294

- (2) **Reception for the Center for Mental Health**
Discussion of public policy ramifications for the Center for Mental Health programs
Wednesday February 15, 1995 from 12:30-2:00PM
Contact: Ms. Vicky Ferrell, Director of Development, Center for Mental Health
(202) 462-2992

- (3) **D.C. Family Policy Seminar**
April 18, 1995, Charles Sumner School, 9:30-11:30 a.m.
HIV/AIDS: What Happens to the Children?
Contact: The D.C. Family Policy Seminar - Georgetown University
and the National Center for Education in Maternal and Child Health
voice mail: (202) 687-8477, #3
NCEMCH: (703) 524-7802

QUESTIONS:

(1) *ACCESS OF SERVICES:*

Jens Ludwig, professor in the Graduate Public Policy Program Georgetown University, noted that in the statistical packet provided by the DC Family Policy Seminar as part of the background materials, there was a higher proportion of illicit drug use for individuals under the age of thirty, yet drug admissions processed in DC are concentrated for individuals over the age of thirty. Are there differences in access to services? Are there differences in interest levels in accessing services?

Responses:

Barry Glick (Marshall Heights Community Development Organization)
Demographics on clients at Marshall Heights Community Development Organization for 1994 show 34 percent of clients are between 21 and 30 years of age while 48 percent are between 30 and 40 years of age.

The number of self-referrals has been rising.

Loretta Tate

It is often difficult to treat young teenagers because it is hard to contain them.

Joseph Wright

There are many problems in obtaining complete community statistics. Most statistics are incomplete as they are solely derived from referrals (from hospitals, probation sites, etc.).

Seminar participant

There is a general lack of services for younger age groups, particularly for younger substance users (for example, school-aged use).

Aminifu Harvey

Accessibility is key. For example, transportation barriers can be insurmountable. Programs can become more successful by picking up kids in a van and accompanying them to service site.

(2) **NUTRITIONAL AND PHYSICAL EXERCISE COMPONENT**

Do the programs described by Dr. Harvey and Dr. Ferman include a component on nutrition and physical exercise? Are these programs offered at the program site?

Responses:

Johanna Ferman

Health, hygiene and sexual orientation component is a part of the Center for Mental Health program. Access to primary health care is crucial, so this program has a co-location with a primary health group. The program is a non-residential program but assistance may be given in relocation services (ex: connection with a 30 day detox for *some* women. In other cases, a family may need to be moved due to living in a very high crime area and our staff handles this).

Aminifu Harvey

Health and nutrition modules are offered as part of the youth program at the Maat Center. In addition, youth prepare food, and nutrition workshops are offered on the retreats for children and parents.

(3) **MAINTAINING FUNDING**

Theodora Ooms, Director of the Family Impact Seminar, asked for suggestions on how programs can maintain funding.

Responses:

Loretta Tate

Sustainability of programs is a concern; in the case of the "Fighting Back Initiative" funding ends in two years. Suggestions for funding:

- 1 - Market your services as a community place for prevention and treatment
- 2 - Obtain business corporation support
- 3 - Incorporate a holistic approach

Johanna Ferman

From a public policy standpoint, there are enormous sums of money allocated to treatment methods which do not work well in social services and foster care, and which do not focus on strengthening the family structure as integral to the treatment process. Commitment to adequacy of intensity and duration of services is crucial, with a requirement of 12-24 months for many of the

families we see. That untreated mental illness with or without substance and alcohol abuse often works to keep people (families and children) in poverty and marginalized should make the case for assuring coverage for the treatment of these conditions -- particularly, now that effective treatment is available. That we must continue to exert vigilance over public policy makers to assure that this occurs speaks loudly to the continuing ignorance and stigma attached to what are no longer "untreatable" conditions.

Joseph Wright

We have neared the end of the 28-day program and demonstration programs. The community must push financial institutions and insurance companies to help sustain community programs. Unfortunately, many times funding comes down to differences in political access.

(4) **EDUCATIONAL ROLE IN PREVENTION**

Kristin Langlykke of the National Center for Education in Maternal and Child Health questioned why we don't look at existing institutions that many times are not working well, are not getting the desired outcomes, and see how we can use the guaranteed, legislated funds and resources to institutionalize or incorporate into existing institutions programs that we see are working and that accomplish the goals that the traditional programs are supposed to but aren't. (For example, why don't we take over a public school and run it using the philosophy and methods that Aminifu Harvey has developing in his program? Or, why don't we look at some of the traditional substance abuse treatment approaches and see if we can't incorporate the methods used in the family-centered treatment program that Johanna Ferman has described?) We need more integration of these new and apparently successful approaches into settings where the majority of kids and families seek services, be it education or substance abuse treatment.

Response:

Loretta Tate

Many times area organizations are unaware of other programs, so duplication exists. Networks and collaborative initiatives are needed, and can be a great funding strategy.

(5) **COMMUNITY WORK WITH CHURCHES, SORORITIES, FRATERNITIES**

Councilmember Hilda Mason asked whether community programs worked directly with churches, sororities and fraternities in the District.

Response:

Much work in substance abuse treatment and prevention is coordinated with area churches, sororities and fraternities (ex: Delta sorority).