



Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda



January 20, 2021
12PM/11CT

Discussion

1. Welcome and Announcements – Everyone is invited!
2. Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at lbradley2@fsu.edu.
3. Questions from Directors
4. Please take a quick survey: https://fsu.qualtrics.com/jfe/form/SV_eURxJ8zI8YxDv6J
5. Opioid Abuse and Intimate Partner Violence
6. Substance Use Disorder and Parenting
7. More about Substance Use Disorder
8. COVID-19 Updates
9. Caribu for Supervised Visitation

Opioid Abuse & Intimate Partner Violence



Introduction

Intimate partner violence (IPV) is frequent among those who use opioids and it has been found that opioid users are more commonly perpetrators of those who commit IPV. Opioids are often used by medical professionals to treat patients for pain and help to relax the body. Recreational users seek these effects as a “high” which can be damaging to one’s physical and mental health as well as leading to addiction and possibly overdosing. Partners of opioid users are at risk of their own physical and mental health because of the volatile nature of their partner. Being aware of the signs of IPV and how to assist victims properly is important in ensuring their well-being.

Objectives

In this e-press, supervised visitation monitors will learn:

- ▶ The effects opioid use has on the user
- ▶ The effects opioid use has on the partner of a user
- ▶ Recognizing the signs of IPV
- ▶ Treatment for IPV

***What effects do
opioids have?***

Those who use opioids without a medical prescription do so to feel a “high” intended for those medically in pain. The most common medically prescribed and recreationally used opioids include:

- **Hydrocodone and oxycodone**
- **Oxymorphone**
- **Morphine**
- **Codeine**
- **Fentanyl**

The way opioids work is by blocking pain receptors in the user’s body which causes the body to release large amounts of dopamine. Dopamine is a stimulant that can make a person feel happy and is a factor in addiction by making the user want to repeat their experience to feel the same effects. While each drug creates varying effects, opioid users most commonly experience negative effects such as:

- **Drowsiness**
- **Confusion**
- **Nausea**
- **Constipation**
- **Slowed breathing**

The happy feeling created by dopamine, in part, with the relaxing effects of opioids create a state of mind a user is more likely to seek after their first use. Over time, a person will start increasing their dosages of the opioid to feel the same effects as their tolerance to the drug has increased. The higher a dosage is the more likely the user will see negative effects.

Opioids can create an environment for abuse because the user is not in their right state of mind and can have disproportionate reactions. The lack of opioids to an addict can also create violence through agitation and through desperation to use opioids. Drug usage itself may cause problems for a relationship but the effects of IPV caused by opioid use, on partners may include:

- **Death or injury**
- **Chronic pain**
- **Gastrointestinal and gynecological problems**
- **Depression**
- **Post-traumatic stress disorder**

*How do opioids
effect intimate
relationships?*

*What are the
signs of IPV?*

In trying to assist victims of IPV it is important to know signs that commonly suggest IPV because many victims are either forced to remain silent or are afraid of backlash by reporting their situation. Common signs of a victim of IPV include:

- **Physical injuries and excuses for them**
- **Low self-esteem**
- **Always in contact with their partner**
- **Not attending social gatherings or making plans**

It may also be worth noting shared characteristics and behaviors of among abusers. Common signs of a perpetrator of IVP can look like the following:

- **The use of physical aggression**
- **Trying to control their partner**
- **Volatile mood swings**
- **Threatening**
- **Blames their partner**

What methods can help someone who has experienced IPV?

What are some of the barriers?

Victims of IPV should be linked to resources in the community to help with their situation. Using non judgemental language and non victim blaming statements could help the victim feel more comfortable with receiving this kind of support.

There are barriers marginalized groups face to receiving kind of support. Often these groups face the most violence because it can be directed towards their difference. Understanding the faults in treatment can help ensure consistency to everyone facing IPV, including groups such as:

- **LGBTQ+ Survivors** lack an identity-affirming advocacy and may have dealt with sexuality and relationship issues from a young age. It is often less likely an LGBTQ+ survivor will report IPV because their sexuality is discriminated against meaning they are also less likely to seek help.
- **Survivors of Color** are affected by many factors within IPV that can be extremely limiting to their well-being and the ability they have to seek help. These factors include: economic insecurity, racism and discrimination, education opportunity, immigration status, and language barriers.
- **Survivors with Children** may have a harder time leaving their abusive partner, especially is the partner is also a parent of the children. Victims with children are more likely to stay with their abuser for their children or place themselves in harm's way for their children.

Recommendations

IPV can come in different abusive forms that include: physical violence, sexual violence, stalking and psychological aggression. IPV is also very common and is not age specific, IPV is even present in youth. IPV is connected to other forms of violence, substance abuse, health conditions, and economic hardship. Promoting healthy and respectful relationships is the best way to reduce IPV. Other helpful ways to help reduce IPV include:

- ▶ **Reduce violence through supervised visitation for survivors with children**
- ▶ **Teach and set an example of healthy relationships**
- ▶ **Educate family members and peers**
- ▶ **Create safe environments for family and peers**

Resources

If you know someone who might be experiencing IPV it may be beneficial to reach out to them and talk or suggest they contact and review the resources below:

If you or someone you know is in danger, call 911 immediately.

- **National Domestic Violence Hotline** - Call 1-800-799-7233 or TTY 1-800-787-3224. This hotline offers support from well-trained, caring advocates to help victims and survivors of domestic violence to find support and assistance.
- **ACF's Family Violence Prevention and Services Program** - The Family Violence Prevention and Services Program administers the Family Violence Prevention and Services Act (FVPSA), the primary federal funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children.
- **National Coalition Against Domestic Violence: State Coalition List** - A directory of state offices that can help you find local support, shelter, and free or low-cost legal services. Includes all U.S. states, as well as the District of Columbia, Puerto Rico, and the Virgin Islands.
- **CDC** - A technical package, Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices [5 MB, 64 Pages, 508]

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Parenting & Substance Use Disorder



Introduction

Parenting can be stressful and even challenging enough, but it can be even more difficult if a parent has a Substance Use Disorder. The parental behavior influenced by a substance use disorder can negatively influence children within the home. The National Center on Substance Abuse reports that about one in every eight children (17 years of age and younger) have at least one parent living in the household that has a substance use disorder (National Center on Substance Abuse and Child Welfare, n.d.)

Objectives

In this e-press, readers will:

- **Understand how substance misuse by parents effects children**
- **Understand the impact of substance use disorders on family relationships**
- **Understand emerging concerns related to parents misusing substances**
- **Understand the warning signs of a substance misuse problem and how professionals can help mitigate by using available resources**
- **Understand how to take a trauma-informed approach with a child who has a parent with a substance misuse disorder.**

Defining Substance Use Disorder

A substance use disorder is classified as a recurrent use of either alcohol or drugs that cause clinically and functionally significant impairment which include any of the following:

- Health Problems
- Disability
- Failure to meet work responsibilities
- Failure to meet school responsibilities
- Failure to meet responsibilities within the home

(Mental Health and Substance Use Disorders, n.d.)

The Effects of Children Witnessing Drug Misuse

If a parent has a Substance Use Disorder and they have children living with them, the children are more likely (than those who do not have a parent with a substance use disorder) to have lower socioeconomic status and increased difficulties in academic settings, social settings, and in family functioning (Peleg-Oren, N., & Teichman, M., 2006). The following explains the possible ways in which a parent's SUD may affect their child either psychologically or physiologically:



Impact on the Child:

- **Increased risk of developing SUD**
- **Emotional distress over parent's SUD and resulting behavior**
- **Unmet developmental needs**
- **Increase risk of developing impaired attachment skills**
- **Increased interests in maintaining secrecy about their family**
- **Increased levels of fear**
- **Internal emotional chaos**
- **External emotional outbursts**
- **Decreased outlook of life**
- **Depression**
- **Anxiety**
- **Increased susceptibility to stress**
- **Hindered ability to form healthy relationships**
- **Less resilience**
- **Increased aggression**
- **More likely to steal, lie, or commit truancy (conduct problems)**
- **Signs of opposition**
- **Increased impulsivity**
- **Increased feelings of shame**
- **Increased feelings of guilt**
- **Increased feelings of loneliness**
- **Increased feelings of confusion**
- **Birth defects**
- **Fetal Alcohol Syndrome Disabilities**
- **Stunted growth**

Recent findings have also demonstrated that a parent who has a SUD is three times more likely to engage in sexual or physical violence towards their child. This can be due to impaired thinking because of stimulants or depressants that inhibit the frontal lobe which is responsible for logical thinking and rational decision-making.

Child Victims of Substance Use Disorder: Case Scenario

Sara's father and mother produced methamphetamines in their small house, and Sara saw her parents and their clients using meth. Eventually, Sara's father went to jail for the transportation of drugs and for selling meth. Her mother continued to use drugs, including heroin, at home, whenever she had enough money. Sara often did not have enough food, did not have supervision, and watched her mother bring strange men into the house for sex. She also knew that her mother could not function at certain times of the day, and stayed in bed most days. Sara did not go to school regularly, until her grandparents took her into their home. She loved and missed her mother, who went in and out of rehab programs.

Questions to Consider

- 1. What might have been Sara's living conditions while with her mother?**
- 2. What could be the short, medium, and long term impact of living with a parent like Sara's mother?**

What Professional Intervention Looks Like

Generally intervention for a SUD requires professional intervention.

- **Parents often attend support groups, AA, or other organizations that are specialized in substance misuse and recovery procedures.**
- **In-patient treatment may be required at first, depending on the extent of the addiction and need for medical intervention**
- **Parents learn about how drugs effect the brain and body because it can lead to positive behaviors and raise self-awareness.**
- **Parents develop support system to help them avoid drugs/alcohol**
- **Parents learn to replace unhealthy behaviors and habits for positive behaviors and habits. For example, instead of watching a movie about drugs and war, perhaps watch a movie about a romance or family comedy. Addiction is likely to reoccur where the person is triggered into wanting to use drugs.**
- **Parents learn to find methods to cope as opposed to turning to the drug when stressed, anxious, or depressed.**
- **Parents understand that if/when they relapse, they can seek help again**
- **Parent(s) and children should attend family therapy since a family must be considered as a unit for all individuals to be healthy and safe within the same household.**
- **Parents may also attend individual therapy to learn to understand the roots of their addiction, which can be intergenerational and/or responses to adversity**
- **Parents receive assistance with other needs such as food, housing, and transportation**

(National Center on Substance Abuse and Child Welfare, n.d.)

Other ways to help: With regard to parenting, professionals can help in the following ways:

1. **Teach parenting skills to parents (for example, by sharing parenting course material by the National Children’s Advocacy Center. Link: <https://www.nationalcac.org/parenting-classing/>**
2. **Teach parents about Adverse Childhood Experiences and possible preventative methods. Link: <https://www.cdc.gov/violenceprevention/aces/index.html>**
3. **Enhance parenting skills through helping parents develop short-term and long-term goals.**
4. **Teach parents about neuroplasticity and how the brain can heal if given a chance. Remind parents how the brain can learn something new every day. Link: <https://www.psychologytoday.com/us/basics/neuroplasticity>**
5. **Make referrals to local service providers, such as mental health clinics.**

Conclusion

Addiction not only affects the individual but the family as well. Children can be negatively impacted by a parents SUD either psychologically or physically and the effects can be long lasting.

Additional Resources

1. <https://www.drugabuse.gov/>
2. <https://www.nimh.nih.gov/index.shtml>
3. <https://www.samhsa.gov/data/>

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Three New Mini-Lessons on Substance Use Disorder



1. Objective: Understand what brain regions are disrupted in Substance Use Disorder(s). Brain Region Disruption Due to a Substance Use Disorder

Research findings demonstrate that disruptions in three specific areas of the brain are crucial for the origination of a Substance Use Disorder. This occurs through the development of negative effects of a substance's presence within the brain such as continual changes that occur cellularly, molecularly, and through neurocircuitry changes. Lastly, substantial changes within one's organ leads to the development of Substance Use Disorder(s) (Substance Abuse and Mental Health Services Administration of USA et al., 2016). The three areas of the brain that are affected due to a Substance Use Disorder are outlined below:

1. The Basal Ganglia- responsible for motor control, motor learning, executive functions, behaviors, and emotions.
2. The Extended Amygdala- responsible for response for one's stress response to feelings of anxiety, uneasiness, and irritability.
3. The Prefrontal Cortex- responsible for one's cognitive abilities such as analytical thinking, problem solving, emotional control, intelligence, verbal communication, and the brain's ability to form memories.

(Substance Abuse and Mental Health Services Administration of USA et al., 2016).

2. Objective: Achieve a deeper understanding of the negative effects that occur when the Basal Ganglia, the Extended Amygdala, and the Prefrontal Cortex are affected by substances.

Disruptions to these parts of the brain have myriad negative effects on the human mind and on human behavior which are outlined below:

1. **Substance-related cues are created.** Addiction is formed in a particular location with certain people, and because of stressful situations that lead an individual to engage in substance seeking behavior. These reactive behaviors seem to be driven by an increased incentive prominence like reducing the anxiety, irritability, or the uneasiness that one may be feeling.

2. **There is a reduced activation of natural reward systems due to diminished sensitivity to endorphin-building activities that were once effective.** The presence of the substance and the changes made within the body leads a person to become adapted to receiving the endorphins in the form of a drug. This in turn replaces the need for creating one's own endorphins through rewarding activities such as running, reading a book, eating one's favorite meal, etc. Without the drug, the brain systems that are responsible for the overall experience of pleasure or reward no longer counter brain stress. The brain stress system mostly consists of cortisol which is the stress hormone. This explains why individuals constantly seek drugs because their own body can no longer naturally match the level of pleasure or reward to that of the substance(s).
3. There is reduced functioning of brain executive control systems which is responsible for decision making and the regulation of one's actions, emotions and even one's impulses.
4. Even after an individual stops using a substance(s) brain changes persist.
5. There is an increased "at-risk period" for substance use and addiction during adolescent years. All addictive drugs have significant harmful effects on the adolescent brain, considering it is still undergoing significant development.

(Substance Abuse and Mental Health Services Administration of USA et al., 2016)

3, Objective: Explore the use of hope and community for recovery from a Substance Use Disorder.

Understanding Hope and Community

In a 2018 study researchers sought to determine what the essential requirements are for an individual to begin and sustain recovery from a SUD (Stevens et al., 2018). This study found two predictors that help determine a successful path to recovery. These predictors were hope and community. Two additional specific circumstances were determined to be factors that determine if someone is in the recovery phase. These factors included whether the person records and assesses their quality of life on a regular basis (Stevens et al., 2018). This concept can be practiced on a daily basis with the following:

- Self-affirmations
- Positive self-talk
- Searching for solutions to problems, etc., and
- Being able to practice learned skills in a community that can serve as a support system where the concept of hope and community can flourish from within the individual suffering from a Substance Use Disorder.

COVID-19 Facts from CDC, Johns Hopkins, & NIH

1. How many people have been vaccinated?

12,279,180

2. How many have died?

394,495

3. How long will it take to get everyone vaccinated?

December 2021

4. What is herd immunity, and how long will it take to reach it?

Herd immunity means enough people have either acquired the virus and developed antibodies against the virus or enough people have been vaccinated making the virus not as easily transmittable. Since COVID-19 is a novel virus (new virus) that we have recently been exposed to, we cannot rely on antibody production, so the vaccine is necessary. For a virus to live, it needs a host. If the virus struggles to find a host by a certain time, then the virus will die. "If 75 percent to 80 percent of Americans are vaccinated, then possibly by Fall 2021 we can achieve a sense of normalcy" – Dr. Antony Fauci

5. Are there any new warnings from the CDC regarding safe practices?

No new practices are encouraged, however, it is highly recommended to wear a mask that is double layered, to wash the mask after every use, to constantly wash hands, and to avoid indoor gatherings. COVID-19 is airborne so make sure to have your nose covered as well. The exposure rate for the new strain of the COVID-19 virus is must higher so it is recommended to not interact with individuals for more than 15 minutes at a time to reduce exposure.

6. Any new science about the impact of COVID on the body -- long term effects?

The most common long-term effects of COVID-19 on the body are as follows:

- 1) chronic fatigue
- 2) shortness of breath
- 3) chronic cough
- 4) joint pain
- 5) chest pain
- 6) difficulty thinking
- 7) difficulty concentrating
- 8) depression

- 9) muscle pain
- 10) headache
- 11) intermittent fever
- 12) fast beating or pounding heart (this is known as heart palpitations)
- 13) inflammation of the heart muscle
- 14) lung function abnormalities
- 15) acute kidney injury
- 16) smell and taste problems
- 17) rash
- 18) hair loss
- 19) sleep issues
- 20) memory problems (micro-strokes in the brain)
- 21) anxiety
- 22) changes in mood



for Supervised Visitation?

We've heard of a new way to communicate: Caribu. Can we use it for Virtual Visits?

Caribu is a new app platform that makes video chats more interactive. When you place a call, on either a PC, Laptop, tablet or phone, you will see a small picture of yourself and a larger picture of the person you are calling. In the background you will see the options of the Caribu app. Both people have control of the app at the same time. Both can choose options, and both can play at the same time.

The options include READING various books arranged by age appropriateness, ACTIVITIES of various sorts such as coloring and word searches, and PLAY which includes various 2-person games. Each week new content is added and you can request specific content be considered for addition through the app. If you like one experience you may add it to your FAVORITES to return to again and again. When you're finished simply hang up. Both parties need to sign up with the app. The free version offers a fair supply of content and 15 books/activities per month. But to access all options, you'll need a subscription: \$9.99 /mo or \$99.99 /yr. Trying to find out if corporate or non-profit accounts can be obtained for a different price.

Pros

- Plenty of books to choose from.
- Very easy to read the books, seeing the pages together as well as seeing each other face to face on the screen, rather than looking aside or away to read and then show pics.
- Many games and activities you can do together – both can color on the screen at the same time with options to choose color and size of your marks.
- Two-person games allow both to play including tic-tac-toe, hidden objects, mazes, etc.
- Very easy to navigate and use.
- Can be used while monitor observes the call, especially if on a PC
- Very engaging. It was easy to spend hours playing on the app, funding so much to laugh and talk about.
- It is a great option for kids to also connect with each other to play and interact.

Cons

- No three-way calling so monitors would have to be with the children as opposed to on another line

- If something went awry on the call, it would require the monitor to intervene using the child's device. This might not be a quick response.
- There is no way to prevent calls if the child and parent are both connected as "friends" via the app.
- There is no way to record or save the call at this time. You can save your games, drawings etc.
- Since it only allows 2 person calls, it won't allow families with multiple kids in multiple places to connect all at once.
- Most of the options appeal to younger kids. Children 10 and up might find many of the games and activities too easy. However there are several options the older kids can enjoy at least for a while, such as tic-tac-toe, Box game, and blank pages to draw or create other games together such as hangman.

Overall, in families requiring supervised visits, it could be challenging to control.

Contact the Clearinghouse
850-644-1715

