Overcoming substance use and violence through relational practice

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Established in Victoria 1979

Provides opportunities for change and growth by reducing alcohol and other drug use, improving mental health, and reconnecting people to family and community

Services include:

- Short and long-term residential rehabilitation including family program at the therapeutic community
- Odyssey Institute - accredited training
- Child and family programs
  - “Nobody’s Clients” 2002-2004
  - Counting the Kids 2004-2010
  - Kids in Focus 2010-present
A child-focused, family-centred program for marginalised, vulnerable and disadvantaged families where there has been/is problematic parental substance use:

- Focus on early intervention – partnership with Royal Women’s Hospital, Women’s Alcohol and Drug Service (WADS)
- Strength-based trauma informed intervention addressing risk and protective factors
- Assertive outreach using Parents Under Pressure Model (PUP)
- Social, recreational and counselling services for children, including therapeutic group-work
- Mirror Families
- Mothers’ group
- Parents’ group: “My Kids and Me” run at Family Drug Treatment Court
Today two elements will be discussed:

- Mirror Families
- Mothers’ Group

Both aspects of the program are:

- trauma-informed
- relational
- body-oriented
- brain-based
13% of children under 12 years live with at least one problem alcohol user

2.3% live with at least one adult using cannabis

0.8% live with adult using methamphetamine in the home at least monthly

Approximately 700,000 children living in households in which substantial quantities of alcohol is consumed

Neglect the most common form of maltreatment (Dawe et al., 2007)

Infants are likely to be notified at an earlier age (exposure to domestic violence), to be removed from parental care and not be reunified (Zhou & Chilvers, 2010)

Children and families more likely to be renotified

Comprise approximately 50% of children in child protection and 80% of children in out of home care
Children & parental substance-dependence

Child outcomes worse the longer they live with actively using parent/s:

- Complex issues around attachment and trauma
- Low self-esteem, lack of confidence, insecurity, mistrust, confusion, self-blame, depression and anxiety
- Poor academic attainment
- Social isolation (shame & secrecy)
- Behavioural problems including antisocial behaviour
- ‘Parentification’
- Increased risk of AOD use
Childhood trauma common among substance-dependent women

Regulation of emotions and reactions becomes distorted in social situations - unable to forge or maintain friendships/relationships

Socially isolated women more likely to continue problematic substance use and to experience family violence

Early life trauma can compromise ability to respond empathically to children and increases risk of maltreatment

Child maltreatment is higher among socially isolated families
Social capital correlates with ‘spontaneous remission’ from alcohol and other drug abuse.

Recovery from substance-dependence, attunement to children and social connectedness all require that mothers:
- understand their own physiological state
- understand the physiological state of others
- are able to regulate their own behaviour
- are able to help children manage difficult emotions
“Relationships are the agents of change and the most powerful therapy is human love”

- Bruce Perry, 2006
Mirror Families aims to develop the capacity of families to establish their own sustainable supports and build their social capital.
“..families with rich social networks have greater resilience and more resources to assist them in their daily lives, which promotes the healthy development and wellbeing of children”

Knowledge of mirror neurons helped develop awareness of non-verbal communication and how to express empathy.

Development of a trusting relationship with the therapist who modelled social behaviours.

Gradual exposure to social interactions.

Establishment or strengthening of enduring relationships beyond drug networks and, ultimately, integration with the wider community.
“I’d tell him it really helped me and Taylor keeping safe outside of Odyssey and like has helped us reconnect with the community and to be able to step back in the community and feel more normal, not, you know, I don’t know, like an addict. It opened my eyes to being a whole person, a whole parent and helped Taylor reconnect with her friends from school, maintain her friendships at school and outgoing into the community and having a network of friends and adults that we can rely on and they can rely on us. I think the program is wonderful. I hate to think where we would be without it because like I said, my mindset was coming home and being isolated again but my mindset is completely different and yeah.”
Kids In Focus mothers’ group

- Informed by:
  - Neuroscience
  - Attachment and trauma theory
  - Mindfulness
  - Child development
  - Domestic and family violence frameworks
Mothers came to understand their own trauma reactions

Were better able to respond to their children’s behaviour

Were able to help children regulate difficult emotions

Improved the capacity to connect with others, including their own children

Increased the level of support available to themselves and their children
I was considered that I couldn’t be rehabilitated I was in and out all my life until kids in focus I fell pregnant on massive dose of heroin benzo methadone

I meet Anne I had Faith 32 weeks Without the parenting programs the constant support from my worker Anne the whole team have stuck by me for 3 years, now! I have 2 babies in my care a stable home off all drugs except methadone 180ml down to 125 in 14 mths showing me what I’m doing wrong & giving me confidence which was never given before,

I’ve been out of prison 5 years on 28th June. Longest in my life, so I got my daughter hope my youngest daughter Jane, I’m a better person now, drug free, & can take care of my kids and remain offence free,
Themes from the Focus Group

- Understanding the brain/emotional regulation for self and children and how maternal behaviour is mirrored by children
- Learning to regulate emotions for good decision-making and to focus on positive instead of negative events and thoughts
- Learning new skills and strategies
- Understanding their capacity to change
- Helping children recover from trauma and building infant/child attachment through responsive parenting
- The valuable use of multimedia and handouts
- Understanding of child development
- Personal change and growth and sharing learning with children, partners and others
- The process and benefits of group-work and relationships
“When we first started we learned about the brain model and flipping your lid. One of my sons has ADHD and loses his temper and it’s really hard to get him to stop. He’ll get under a bed and things like that and I got down and talked to him about the brain model and that he was flipping his lid and he used the hand model to calm himself down; it does work and also, I’m more patient because I know they’re not doing things to deliberately upset me. I try to make a point every day to get the kids to tell me one positive thing they’ve done that day”.
Thank you! Any questions?