Therapeutic Pathways for Children Affected by Caregiver Substance Misuse

INTRODUCTION

- One in 8 children in the United States live with a parent diagnosed with a substance use disorder
- One in 5 children live with a parent who misuses substances
- These children experience higher rates of abuse and neglect, parental separation, and housing instability
- Behavioral health services available for many of these children is lacking
- The Family Oriented Resilience Growth and Empowerment (FORGE) Program was developed to address these needs

FORGE Program Development

- Launched in August 2019
- Identify and treat children ages zero to 17 affected by familial substance use.
- Provided individual, family, and group interventions
- "No-wrong-door" approach

FORGE Eligibility Criteria

Parental Substance Abuse Homelessness/Housing Instability Intimate Partner Violence **Parental Incarceration**

Data Collection

- Demographics: child age, gender, racial identity, ethnic identity, insurance status, and child's primary language
- Referral source, substance(s) used by parents, child diagnosis, social services involvement, and removal from parent's care
- Treatment engagement:
 - if the family scheduled a first appointment
 - o if the family attended a first appointment, consult, or intake,
 - o if the family attended any treatment sessions and the number of sessions attended over a two-year period

RESULTS

Demographics

- White-Hispanic (41.9%), White Non-Hispanic (24.6%), and Black/African-American (12.7%)
- Children ages 4 months to 17 years (M(SD)=9.11(5.16)); 52% female
- 91.6% publicly insured

Referral Data

- 127 children referred between August 2019 and March 2020
- Denver Health referrals from substance use treatment clinics (43%) and pediatric primary care clinic (27.56%)
- Trauma and stressor related disorders most common diagnoses (42.97%)
- 32.81% of children referred during an active DHS case
- 40% of children had been removed from their biological parents' custody in their lifetime



Treatment Engagement Results

- 90 (71%) children completed initial consult and/or intake
- 57 (63%) attended one therapy session
- 1 to 59 therapy sessions attended (Mdn = 7 sessions)

CONCLUSION

Key Findings

- FORGE program is the first integrated outpatient program for children of all ages affected by parental substance misuse in the nation
- Eligibility criteria successful in identifying families with parental substance misuse
- Account for both parental substance abuse and adverse experiences in design of service and intervention approaches
- Successful program implementation in a safety-net hospital

FORGE Growth

- Routine outcome monitoring
- Empirically standard treatments
- Behavioral health services in other areas of our hospital

Limitations

- Retrospective chart review
- Missing data on child and family characteristics
- No outcome measurement of treatment success

AUTHORS & DISCLOSURES

Sean Hatch, PhD^{1,A}, Sydney Cople, PhD^{1,A}, Chris Sheldon, Phd^{1,A}, Lucia Walsh Pedersen, PhD^{1,}

- 1. Denver Health Medical Center
- A. Nothing to disclose

REFERENCES

Hunt, T. K., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. Child abuse & neglect, 67, 391-402

Kulig, J. W., & Committee on Substance Abuse. (2005). Tobacco, alcohol, and other drugs: the role of the pediatrician in prevention, identification, and management of substance abuse. Pediatrics, 115(3), 816-821.

National Center on Substance Abuse and Child Welfare. Infants with prenatal substance exposure. Available at: https://ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx. Accessed April 21, 2019.

Peisch, V., D Sullivan, A., Breslend, N. L., Benoit, R., Sigmon, S. C., Forehand, G. L., & Forehand, R. (2018). Parental opioid abuse: a review of child outcomes, parenting, and parenting interventions. Journal of Child and Family Studies, 27(7), 2082-2099.

ACKNOWLEDGEMENT

This poster was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under grant number MC1HP42079, as part of an award totaling \$1,570,412, with 50% financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. This poster was supported by a Foundation for Opioid Response Effort grant. All authors are full time employees working on the FORGE team within Denver Health's Child and Adolescent Oupatient Behavioral Health Services.