



WAYSIDE  
RECOVERY CENTER

Comprehensive Care for Women and Families

# Family-Centered Care for Substance Use Disorders

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# Objectives

- 1) Learn about a family-centered approach to substance use disorder treatment.
- 2) Understand some common experiences in maternal substance use and approaches used at Wayside Recovery Center, a gender-responsive and trauma-informed treatment agency for women and families.
- 3) Talk about treatment outcomes, barriers, and opportunities.
- 4) Ask questions! Build empathy.







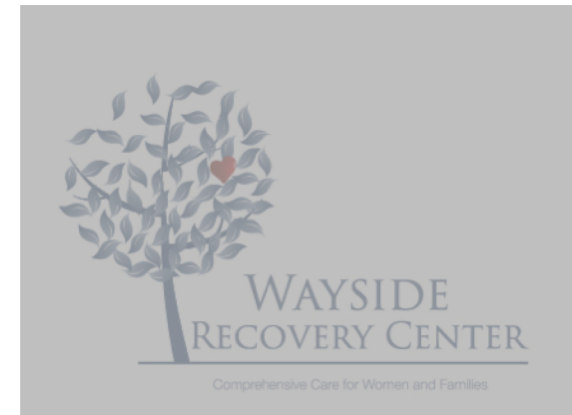
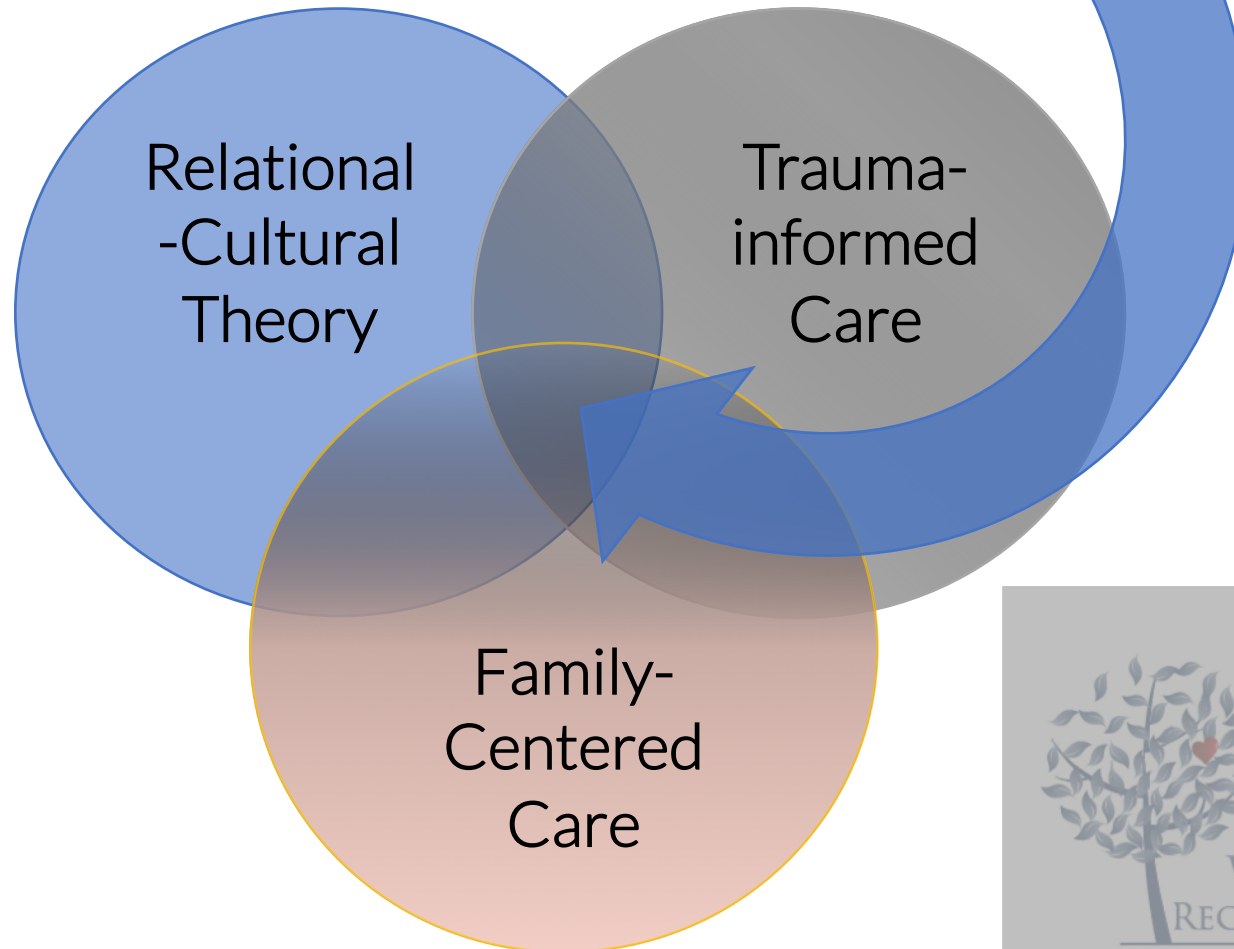


## WAYSIDE RECOVERY CENTER'S MISSION:

*Breaking the cycle of  
addiction and trauma  
for women, children, and families*

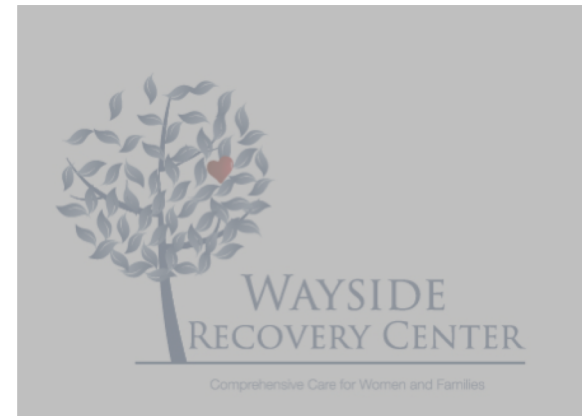


# Co-occurring Care at Wayside



# Relational Cultural Theory

- We heal and grow in relationship to others
- Growth-fostering relationships create change
  - Mutual
  - Authentic
  - Involve the Five Good Things
    - Zest, energy for living
    - Clarity about oneself, the other, and the relationship
    - A sense of personal worth
    - The capacity to be creative and productive
    - Desire for more connections
- Strategies of Disconnection block growth





# TRAUMA-INFORMED CARE: GUIDING VALUES

## “HEALING HAPPENS IN RELATIONSHIP”



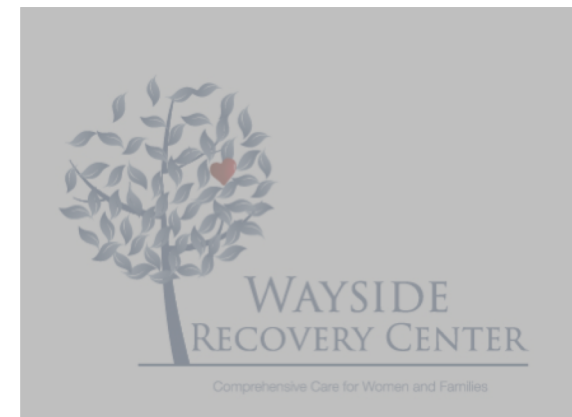
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# Family-Centered Care

- **Family-centered care** is an approach to the delivery of health **care** that is grounded in a mutually beneficial partnership among patients, **families**, and providers that recognizes the importance of the **family\*** in the patient's life.
- Dignity and Respect
- Information Sharing
- Participation
- Collaboration and Partnership

(American Academy of Pediatrics)





# Core Concepts of Wayside's Family Model

- Connection
- Empathy
- Respect
- Safety/Trust
- Growth
- Collaboration



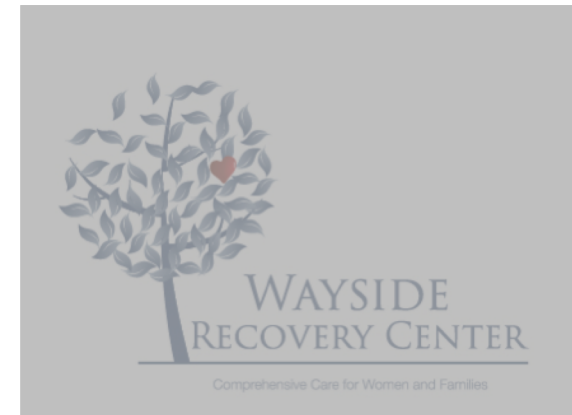
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# What happens in treatment?

## Important components:

- Continuum of care – residential to outpatient/in-home levels of care
- Assessments and pre-engagement
- Services for client (mother) and family
- Evidence-based group counseling
- Individual counseling focused on personal, health, and parenting/family goals
- Mental Health services
- Peer Recovery Specialists
- Collaboration with other professionals
- Referrals for specialized care
- Focus on: child development and mental health, parenting education and skills





# who we serve



**661**  
WOMEN  
Age: 17-66



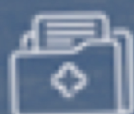
**87**  
DAYS  
average length  
of stay



**301**  
CHILDREN  
Age: 0-15



**70%**  
have  
dependent  
children



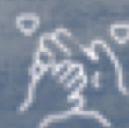
**93%**  
on medical  
assistance



**55**  
pregnant at  
admit



**100%**  
of babies  
born toxin  
free



**92%**  
reunited  
or have  
permanency  
plan



# What gets in the way of treatment effectiveness

## Client factors and Provider factors!

- Shame
- Stigma
- Separation or threat of separation from children
- Lack of knowledge about family treatment options
- Legal consequences
- Financial barriers
- Fragmented/siloed systems
- Abstinence-only/zero-tolerance philosophies
- Lack of social support
- Symptoms

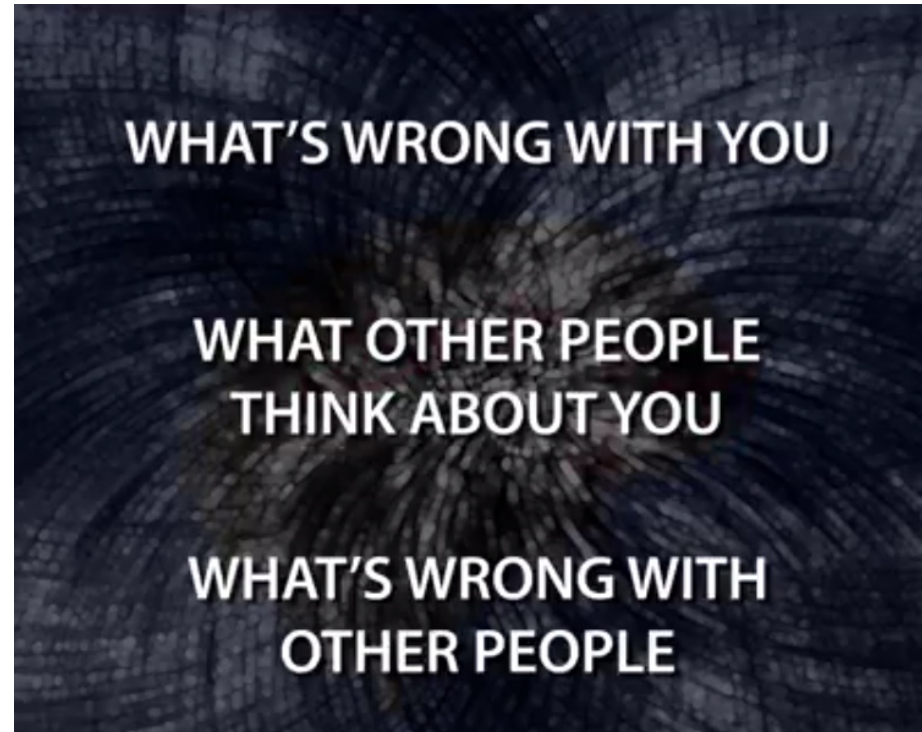
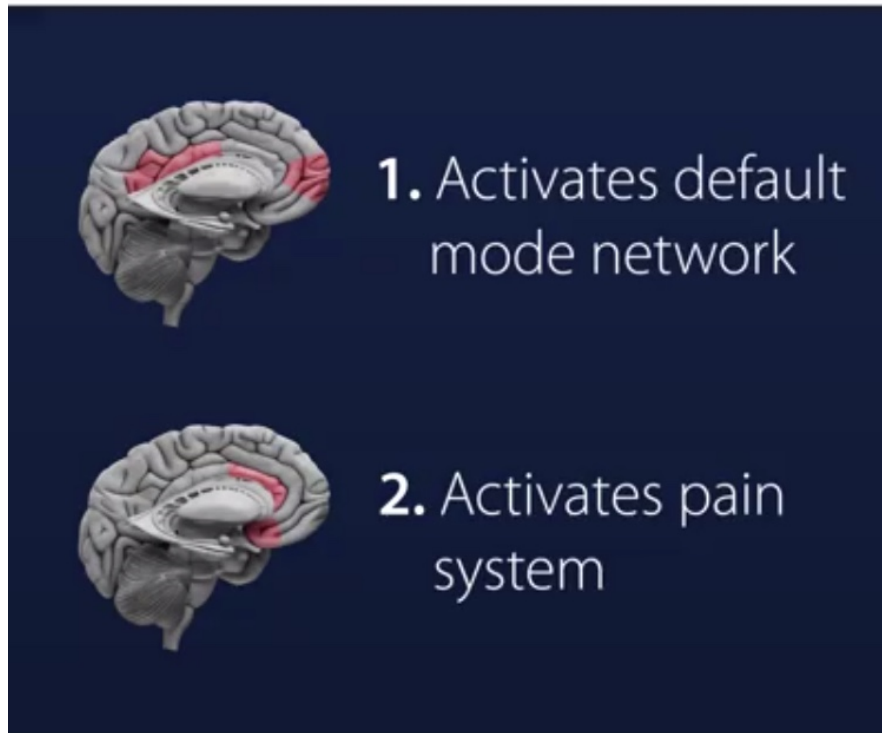


# Why focus on Shame?

Shame gets in our way when we want to make a change.

How **Shame** Changes  
Your **Client's Brain**

NICABM (2018)



## Why focus on Stigma?

Stigma also gets in our way when we want to make a change.

- **Stigma** is real or perceived judgment from others, and is a major deterrent to seeking treatment.
- 3 out of 4 people with mental illness report feeling stigmatized.
- Misconception about mental illness is that it is under the person's control.
- Message: "You did this to yourself, fix it yourself" from doctors, media, words we use, attitudes.



# Ways to Corrode Stigma

We have to make it okay to talk about, to seek treatment, and restore dignity (sense of worth) for those suffering from SUD/mental illness and their families.

- Person-first language
- Advocate: Talk, Listen, Learn
- Telling the stories
- Building Empathy





## Language Matters – *Person First*

Think about how your words reflect your attitudes and may trigger shame for clients:

<b>Stigmatizing Language</b>	<b>Preferred Language</b>
Addict/User	Person with SUD
Clean	Abstinent
Dirty	Actively using
Relapse/Slip	Resumed/Experienced a recurrence of use
Former addict/alcoholic	Person in Recovery
Clean/Dirty UA or screen	Negative/Positive UA or screen
NAS baby	Infant with NAS
Failed treatment/episode	Prior treatment episode



## Ways to Corrode Shame and Stigma

- Recognize things providers say that inadvertently trigger shame (which can be debilitating in making changes)
- Provide a safe space that embraces vulnerability
- Encourage people to talk about their stories by being non-judgmental and asking questions to help them identify their own motivators

# Helping someone connect to SUD Treatment

- Talk with parents about their substance use in ways that are supportive rather than threatening
- Be able to answer some questions about the treatment experience
- Do some connecting – know where to send someone for a Rule 25/Comprehensive Assessment
- Follow up – motivation changes day by day



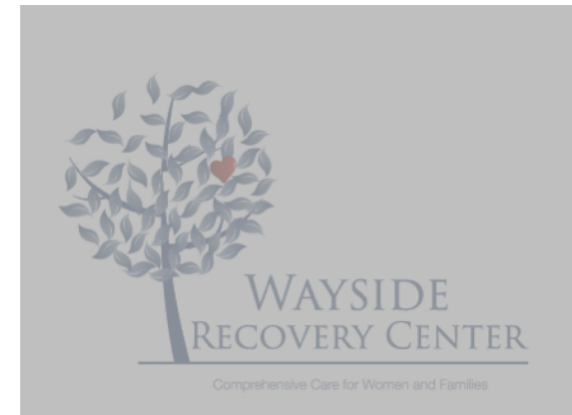


# Helping someone connect to SUD Treatment

## Motivation for self-initiation

Use Motivational Interviewing techniques:

- Express empathy through reflective listening.
- Explore discrepancies between clients' goals or values and their current behavior.
- Avoid argument, direct confrontation, and power plays.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism.





# Takeaways

Families can stay together and get better!  
Treatment and Recovery are hard work!

There are a lot of barriers to getting into and being successful in SUD treatment – some barriers can be minimized by:

- Working together as providers
- Recognizing the impact of shame and stigma
- Adapting our view of families with SUD
- Being aware of resources and supports



## Contact info

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