

Frequently Asked Questions

NATIONAL CASA/GAL ASSOCIATION

SUBSTANCE ABUSE DISORDER AND OPIOID EPIDEMIC WEBINAR (FEBRUARY 19, 2020)

## FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Is there a typical timeline for how long a person with SUD will need to be in treatment before successfully "kicking the habit"?	Substance Use Disorders (SUD) and Addiction is a complex but treatable disease that affects brain function and behavior. No single treatment is appropriate for everyone. People who enter treatment for substance use disorders and addiction come from all walks of life. Many experience mental health or social problems that make their substance use disorders much more difficult to treat. Even when there are few associated problems, the severity of the substance use disorder itself can cover a broad spectrum.
	Effective treatment is individualized and attends to multiple needs, not just his or her substance use. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
	Rather than a time frame, effective treatment focuses on recovery and recovery support. Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.
	There are four major dimensions that support recovery:
	<ol> <li>Health – overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.</li> <li>Home – having a stable and safe place to live.</li> <li>Purpose – conducting meaningful daily activities and having the independence, income, and resources to participate in society.</li> <li>Community – having relationships and social networks that provide support, friendship, love, and hope.</li> </ol>
	Recovery is a lifelong process. While an individual's treatment episode might end, maintaining sobriety and sustaining a life of recovery is a fundamental and profound biopsychosocial and

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	spiritual process for an individual. Because recovery is a dynamic process, the possibility of relapse is often present. Recovery should be considered as taking it one day at a time, for the rest of a person's life.
	If you would like to learn more about the use of peers and recovery support specialists in child welfare settings, The National Center on Substance Abuse and Child Welfare offers a free resource available for download: <u>https://ncsacw.samhsa.gov/files/peer19_brief.pdf.</u>
	The National Institute on Drug Abuse publication titled "Principles of Drug Addiction Treatment: A Research Based Guide" maintains that there is no predetermined length of treatment however research does indicate a positive correlation between good outcomes and adequate treatment length. Further identifying "participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. For methadone maintenance, 12 months is considered the minimum, and some opioid-addicted individuals continue to benefit from methadone maintenance for many years."
	The full publication including principles of effective treatment can be accessed with the following link:
	https://www.drugabuse.gov/sites/default/files/podat_1.pdf
Is it detrimental to keep young children in foster care in- definitely?	Research indicates that children in out-of-home care often face many unintended and undesirable consequences that adversely affect them in childhood and follow them into adulthood, even when out-of-home care is necessary to protect their safety. Placing a child in out-of-home care can cause irreparable damage to the child and the broader family unit.
	The U.S. Department of Health and Human Services Administration on Children, Youth and Families, Children's Bureau released an information memorandum emphasizing the importance of family time and visitation in reducing the trauma of removal and placement of children in out-of-home care as it relates to research, best practices, resources and recommendations for providing children and youth in out-of-home care safe, meaningful and high frequency family time that strengthens the family, expedites reunification and improves parent and child well-being outcomes.
	To read the full memorandum, visit the Children's Bureau website at <a href="https://www.acf.hhs.gov/cb/resource/im2002?utm_medium=rss">https://www.acf.hhs.gov/cb/resource/im2002?utm_medium=rss</a>
	or download the memorandum directly using the following link: https://www.acf.hhs.gov/sites/default/files/cb/im2002.pdf

QUESTION	ANSWER
You mentioned language matters, and this is a major issue in many communities that adds to the stigma. Can you send out the resource you talked about earlier? Thanks!	Parents with substance use disorders are highly stigmatized. One of the first steps in building a collaborative relationship with providers who serve these families and address stigma in their everyday practice is through the consideration of language used when talking about or to families and with the use of person-first language.
	Faces and Voices of Recovery provides additional resources for language in the recovery movement and combating stigma.
	For more information, visit their website at:
	https://facesandvoicesofrecovery.org/language-matters-in-the- recovery-movement/
	"Changing the Language of Addiction" from the Office of National Drug Control Policy addresses terminology related to substance use and substance use disorders and can be located here:
	https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Mem o%20-
	%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20Disorders.pdf