

Euro-TC Berlin Seminar 2012
Treatment of Addicted Families and
Trauma Therapy

“30 Years Kinderhaus Tannenhof”

29.11.2012 – 30.11.2012

Functional Development in Children of Drug Addict Mothers



Associação Nacional
de Apoio a Jovens

(Coimbra, 1991)

Reintegrate

Treat

Prevent



Social Reintegration Apartment
(Coimbra, 1998)



Therapeutic Community
(Coimbra, 1991)



Direct Intervention Team
(Coimbra, 1991)

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Therapeutic Community *Lua Nova*



- Residential treatment program for substance dependent women, pregnant or with children, aged under 10
- Duration of 12 months, with the possibility of extension for 6 more months
- Phase oriented (3 phases)

Therapeutic Community *Lua Nova*



Principles

- Based upon the **Biopsychosocial Model** and **Maxwell Jones** principles;
- **Holistic** approach - person viewed as a whole and not only focus the attention on the drug addiction;
- Therapeutic process requires a relational and pedagogical interaction between staff members, residents and their children

↳ Living - learning situation

Therapeutic Community is both the context in which change occurs and the method for facilitating change

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Principles

- Complexity of substance dependence requires a combination of therapies, services and approaches to meet the unique needs of each resident;
- Recovery involves (re)learning healthy lifestyles, social competences and values and behavior modification;
- Medical support, individual psychotherapy, group therapy, family reunions, legal advice and social integration are all dimensions of the treatment and can occur in different moments of the therapeutic project;

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General Objectives

- Stimulate **Empowerment** - each resident is an active participant in their own therapeutic process;
- Contribute to a **positive change** in patient life and stimulate an internal restructuration that will allow an autonomous and responsible integration in society;
- Encourage the development of their **relational potential**, both as mothers and as individuals, through the ability to cope with internal and external conflicts derived from the group experience;

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General Objectives

- **Strengthen the mother-child relationship**, facilitating the establishment of a secure attachment and the avoidance of parental role inversion and co-dependence;
- **Solidify abstinent behaviors** - the patient is provided with strategies for the identification of toxic thoughts, feelings, attitudes and behavior that can lead to a relapse.

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Specific Objectives

- Respect for the TC fundamental principles, staff members, residents and their children;
- Definition and application of rules that will allow the good functioning of the dynamic of the TC;
- Creation of a multidisciplinary psychosocial intervention team, composed of Social Workers, Psychologists, Medical staff and Monitors;

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Specific Objectives

- Implementation of protocols with other institutions (health, social and cultural), in order to provide an extended support network;
- Implementation of individual and group intervention strategies;
- Aimed to meet the needs of substance dependent mothers and reduce the multiple risks of their children (health, mental and social problems);

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Methodology

- Inter-institutional articulation;
- Individual and group psychotherapies (weekly);
- Social Service appointments (biweekly);
- Family Therapy (monthly);
- Creation of an Individual Process for each patient that integrates social, psychological and medical aspects;
- Execution of 3 major daily tasks (weekly assigned): cleaning, cooking and babysitting;
- Engagement in cultural, recreational and educational activities;
- Implementation of Awareness Actions which address topics such as basic cooking, hygiene, health and food security.

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Approach

- Therapeutic Program based on **three phases:**



First Phase: (Re) Adaptation

- ✓ Duration: aprox. 2 months
- ✓ All contacts with the outside world are prohibited (in case of having children outside the TC is allowed to make phone calls or receive their visits);
- ✓ Therapeutic Contract is defined
- ✓ Main goals:
 - Integration and adaptation to the rules, the group and the staff;
 - awareness of main difficulties and the need to change;
- ✓ Staff initiates contacts with significant others to promote a future healthy communication in a secure and reliable environment.

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Approach

- Therapeutic Program is based on **three phases:**



Second Phase: (Re) Consolidation

- ✓ Duration: aprox. 6 months
- ✓ Complete adaptation and integration in the TC;
- ✓ Some privileges are gained (phone calls, coordination of various sectors)
- ✓ Main goals:
 - greater involvement and responsibility in the TC dynamics
 - deeper insight about herself, her evolution, the relationship with the child (if applicable) and significant others, as well as projecting healthily in the future;
- ✓ Monthly family reunions – analysis and reorganization of the family system

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Approach

- Therapeutic Program is based on **three phases**:



Third Phase: (Re) Integration

- ✓ Duration: aprox. 4 months
- ✓ Some competences are consolidated (group conflicts moderator, activities coordination, monitoring of other residents, balanced management of their goods),
- ✓ Main goals:
 - Autonomization and gradual integration in society
 - Relapse prevention
- ✓ Scheduled daily exits to work or study;
- ✓ Weekends spent with significant others;

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Functional Development in Children of Drug Addict

Functional Development in Children of Drug Addict – Research findings

- ✓ Children living with a substance-abusing parent are at considerable risk for poor health and behavior outcomes.

Jeannette L. Johnson, Michelle Leff (1999)

Children of Substance Abusers: Overview of Research Findings In Pediatrics

- ✓ Maternal drug misuse can seriously affect the health of the fetus and newborn infant. The association of maternal drug misuse with prematurity, intrauterine growth restriction (IUGR) and neonatal abstinence syndrome (NAS) is well recognised, and there is growing concern about infant visual development and longer-term neurodevelopmental outcome

McGlone,L., Mactier, H., Weaver, L.T.(2009)

Drug misuse in pregnancy: losing sight of the baby? In *Arch Dis Child*

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Functional Development in Children of Drug Addict – Research findings

Children of addicted parents are at greater risk for later dysfunctional behaviors.

They deserve significant attention.

From our experience:

Age	Major difficulties
0-6 years	Health problems; hyperactivity; temper outbursts
6-10 years	Hyperactivity; brief attention span; temper outbursts; academic failure; parentalization

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