



U.S. Department of Health and Human Services  
Administration for Children and Families  
Office of Family Assistance

National  
Responsible  
Fatherhood Clearinghouse



# NRFC Webinar Series: Response to Questions Working with Fathers to Identify and Resolve Substance Abuse Problems

January 30, 2014

## Moderator:

- Patrick Patterson, National Responsible Fatherhood Clearinghouse (NRFC)

## Opening Remarks:

- Lisa Washington-Thomas, NRFC COTR, Office of Family Assistance

## Presenters:

- Ted Strader, Executive Director, Council on Prevention and Education: Substances (COPES), Louisville, KY
- Andrew Gaddy, Program Coordinator, McDermott Center/Haymarket Center, Chicago, IL
- Nigel Vann, National Responsible Fatherhood Clearinghouse

This document addresses questions presented, but not addressed, during this NRFC Webinar. For questions addressed during the webinar, please refer to the Webinar Transcript. For more information contact the NRFC via email at [info@fatherhood.gov](mailto:info@fatherhood.gov).

## Question

For organizations working with substance use disorder (SUD) fathers who are currently incarcerated, where we have limited access to the fathers face-to face, what programs/resources are available to us to help the fathers reintegrate with their families? At the same time, how can we begin to counsel and prepare the family for reintroduction of the newly released father?

## Response Provided by Ted Strader

Working with families to prepare for the reintroduction of the newly released father with substance use disorder into the family is a great challenge. The first question is to determine if the father has or has not received any meaningful treatment in prison. Many prisons have treatment services and others do not. If the father had received treatment, it is extremely important for family members to understand their own involvement with the father's use before prison and how they had reacted to his substance use behavior in the past. It is important for family members to become educated in their possible roles as unintended enablers, angry combatants, absent partners or possibly even drug using partners as the father became involved with substance abuse in the first place. Then it is helpful to learn new ways of interacting for the "new beginning" that can come with release and reentry. This is a time to create recovery supports for the entire family. If the father was untreated, it may be time to develop an intervention plan for the family to follow after his release.

## Response Provided by Andrew Gaddy

You may want to see if there are mentoring programs in your State funded by the Second Chance Act. Mentors have clearance to enter the jail and help fathers with the reentry process before they are released. You may want to provide outreach to Second Chance Act mentors to explain the services that you offer and have them refer fathers to your program after they are released. Family nights are a great idea to help families with the reintegration process. Family nights can educate families about substance abuse and other issues related to the reentry process. You can also invite

Take Time to Be a Dad Today

Toll-free: 877-4DAD411 (877-432-3411) | Fax: 703-934-3740 | [info@fatherhood.gov](mailto:info@fatherhood.gov) | [www.fatherhood.gov](http://www.fatherhood.gov)

 [facebook.com/fatherhoodgov](https://facebook.com/fatherhoodgov)

 [@fatherhoodgov](https://twitter.com/fatherhoodgov)



guest speakers who have experience in reentry of family members to explain what worked for them. Family nights can even provide the opportunity for family members to get screened for substance use disorders and receive referrals to a more comprehensive assessment. What really helps fathers is to see a family member with a history of drug abuse enter recovery and become a living example that recovery is possible. Referral to Al-Anon is a great way to help families who are living with fathers who have substance use disorders that have been incarcerated. In Chicago, fathers in recovery who have gone through Haymarket's Promoting Responsible Fatherhood (PRF) program can get involved in Chicago's Alcoholics Anonymous (AA) Central Office and participate on the AA Corrections Committee to bring AA meetings to the jails. During the meetings, fathers talk about their experiences and the role that Haymarket's PRF program has had in helping them rebuild relationships with their children and mothers of their children as well as improving parenting skills and gain work experience. Haymarket operates alternative to incarceration programs where clients are sent to Haymarket on electronic monitoring in lieu of jail while they await adjudication of their case. This is an ideal opportunity to enroll fathers in the program. You may want to find other treatment providers that have similar programs and involve them in your fatherhood program.

#### **Question**

In many cities across the country, treatment spots are few. What strategies have programs used to identify, secure, and advocate for additional opportunities for their clients?

#### **Response Provided by Ted Strader**

In some small cities and rural areas treatment access is a challenge. Finding any treatment can be difficult, much less finding culturally-sensitive treatment providers. However, great strides in recent years have been made. With the Affordable Care Act there is a great hope and promise for more access to treatment. Please use the SAMHSA Behavioral Health Treatment Services locator as a starter: <http://findtreatment.samhsa.gov/>

#### **Response Provided by Andrew Gaddy**

Do a community survey to see what treatment providers are available in your area. You can get this information from SAMSHA by plugging in your zip code on <http://findtreatment.samhsa.gov/>. Contact the intake director at treatment facilities in your area to let them know you have clients that may need assessments and treatment and begin to build a relationship with these agencies. Inquire about referral procedures.

#### **Question**

How do the programs see the overlap of mental health needs affecting their ability to address this issue? What are strategies they have used to address both?

#### **Response Provided by Ted Strader**

Just like substance use disorders (SUDs), many men also experience other diagnosable mental illnesses in addition to or in combination with the substance use disorder. This requires the consultation of substance use and dual diagnosis experts. We recommended that fatherhood programs have a substance abuse expert consultant or referral partner to help assist and address these issues. It is not always appropriate for us to serve all populations in our own programs. A substance using, dually diagnosed person can make everyone else in your program feel very uncomfortable. We recommend that these individuals be referred for SUD and mental health treatment, get stabilized, and then return to our program for services at a later date.

#### **Response Provided by Andrew Gaddy**

Behavioral health is the term being used by SAMSHA that encompasses both mental illness and substance use disorders. Historically, treatment for substance use disorders and mental illnesses evolved separately in different agencies with different licensing requirements. A person with a substance use disorder (SUD) would receive treatment at a substance use treatment agency and a person with a mental health (MH) illness would receive treatment from a mental health provider. However, because these two illnesses often co-occur, integrated treatment is recommended (SAMSHA). At Haymarket, many of our fathers have co-occurring substance use and mental health disorders. We ensure that clients

receive treatment for both illnesses simultaneously. Neglecting treatment of one disorder places clients at risk for relapse for one or both disorders. Many of these services are covered by Medicaid. You should ensure that fathers are enrolled in Medicaid or a Qualified Health Plan, have a medical home and have made a visit to their primary care physician. They can request referral for an SUD and MH assessment and treatment paid by Medicaid. Fathers may need mentoring to accomplish this. You may want to check to see if your state has in-person counselors or community health workers that can visit your programs to help clients with the enrollment process. For most of the low income fathers that Haymarket serves, substance use disorders are the most important cause for damaged relationships, economic instability and inability to parent their children. As a result, Haymarket places recovery from SUDs and mental illness as a top priority for our fathers and integrates the PRF program to rebuild relationships with their children and mothers of their children, build economic stability, and improve parent skills to further enhance the father's long term behavioral health recovery while helping to breaking intergenerational SUDs in the children and other family members.

**Question**

I work with fathers for my job, but I am not a father myself. It doesn't help that I'm half the age of the people I work with. I often get looked at funny because I'm younger and don't have any kids. How can I relate to them? In a case like this, what do you suggest that I do?

**Response Provided by Ted Strader**

I have been working with parents since I was 21 years old. I just turned sixty. At some level, all of us are trapped by our age, and how others see us. So I understand this question deeply. I have been discounted because I was too young, too old, too tall, too white, too liberal, too conservative, too poor, too rich, too educated, not educated enough, too experienced, not experienced enough, because I have tried drugs, because I am not addicted and on and on and on. Here's what I have to say to my brother or sister asking this question:

My suggestion is to remain proud inside and show your humility outside. Tell people you know you are young, but that you care and that you want to both learn with them and help them any way you can. Tell them you may be young, but you are eager to help. Talk about your training, and quietly listen to both their wisdom and their delusions. Good listeners finally get a chance to talk. Nothing is more worthy than a good heart. Tell them you would like to assist with their kids so you can learn to be a better father or mother too. Have willingness, a good heart, two good ears, and a patient mouth and you will be heard when you speak. I promise. I believe in you. They will believe in you when they are ready. Be sure you continue to believe in yourself, because if you don't, why would they?

**Response Provided by Andrew Gaddy**

When all is said and done, people only want to know that you care. You might want to talk about your background and your passion for helping fathers in need and their families. You might want to talk about your experiences with your own father and how you dealt with them. One of the most common themes that we have learned at Haymarket is that participants' perception of what it means to be a dad was shaped by their fathers. If their fathers used drugs, and were an absentee dad then fathers often think it is OK. We try to help our clients realize that there are alternative and better ways to be a father.

**Question**

Andrew stated the severity of the substance use disorder (SUD) relates to the number of the 11 possible symptoms...is he referring to the change that is now in the DSM V versus the DSM IV criteria for abuse or addiction? And if so, can he speak to that change in the DSM V?

**Response Provided by Andrew Gaddy**

This refers to the DSM V. Substance abuse (less severe) and substance dependence (more severe) are no longer used in the DSM V. The term "substance use disorders" has taken their place. Substance use disorders are diagnosed as mild, moderate or severe depending on the number of 11 symptoms present. As discussed on Slide 1 of the presentation, three of the symptoms overlap with the Pathways to Responsible Fatherhood Program.

**Question**

Specifically, what are the nine relationship skills the COPES program focuses on?

**Response Provided by Ted Strader**

In our *Creating Lasting Family Connections* Fatherhood Program: Family Reintegration, we focus on improving the following nine relationship skills:

- Communication skills
- Conflict resolution skills
- Intra-personal skills
- Emotional awareness
- Emotional expression
- Interpersonal skills
- Relationship management skills
- Relationship satisfaction
- Relationship commitment

**Question**

Does the COPES program have a recidivism risk assessment tool as part of your process?

**Response Provided by Ted Strader**

We do have a recidivism risk assessment tool as part of our process. In our current project with reentry men, we utilize data from the LSCMI (Level of Service Case Management Inventory) which is administered by the Kentucky Department of Corrections.

**Question**

[Question directed to Ted Strader] You said that you are not worried about what they have done in the past, isn't that a starting point in understanding where the father has been?

**Response Provided by Ted Strader**

During the presentation I made a comment that I was not really "worried" about a person's experimental drug use in the distant past. Yes, any past drug use can be helpful in understanding a person's life journey. However, if a person tried marijuana 15 times during his or her college years, did not have a bad experience, did not continue any use thereafter, and did not subsequently ever develop any harmful relationship with any other substance, I would not be "worried" or concerned about their health, nor would I see a need for any deeper analysis. However, if this person had become harmfully involved (or in recovery) this information would be very important for a deeper understanding of their drug use history.

**Question**

Do you have any tools with regards to screening that practitioners can use?  
What screening tools do you use for substance abuse screening at intake process?

**Response Provided by Ted Strader**

During the webinar, I shared a five question tool as a representative example. There are many tools available free from SAMHSA. Please see the following link: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs>

**Response Provided by Andrew Gaddy**

SAMHSA recommends using evidence based screening tools. A short screening tool will not diagnose a substance use disorder based on DSM V criteria. Screening will give you an idea that a substance use disorder may be present and if a

comprehensive assessment is warranted. Training is required to administer and interpret a substance use disorder screen. Check out the website below for a list of screening tools recommended by SAMHSA.

SAMHSA/HRSA Center for Integrated Health Solutions (Assessments) <http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs>

**Question**

[Question directed to Ted Strader] You discussed how even selling and distributing can be an issue for fathers. Is there substance abuse assistance for these fathers? (*NOTE: Questioner also indicated that for individuals incarcerated for distribution in New York, Parole does not require any substance abuse programs*)

**Response Provided by Ted Strader**

I cannot speak about what might be available for someone incarcerated in New York. Nor do I know what is specifically available for them after release. I do know, however, that what appears to be relatively easy money to be made in illegal drug sales is very attractive (possible addiction in a sense) and difficult to “replace.” I serve many individuals in this situation and we try to focus on the positive energy of “legal money” and the negative influence of illegal “drug money”. We do a very concrete analysis of the cost/benefits of drug trade. What are the risks to life, freedom, and family? If you make \$200,000 a year in drug trade for two years, you would have made \$400,000. That probably feels great for a while if you are a drug dealer. But now let’s suppose you get caught and sentenced to 15 years in prison. So with two years selling and 15 years in prison you have \$400,000. So let’s divide \$400,000 by 17 years total. What did you really make, and how does that work for you? OK, that’s \$23,000 per year average and 15 years of freedom and family lost. How’s that working for you?

This is a slow decision making process and it is emotionally hard to give up easy money. The short-term gratification is just like drug addiction.

**Question**

What are some techniques to keep fathers engaged?

**Response Provided by Ted Strader**

My best advice on Father Engagement is to focus on demonstrating acceptance, inclusion and warmth toward all - dads, moms, kids, addicts, even haters. Emulate the model of Martin Luther King Jr., Jesus, Mohammed, and the Buddha who each used unconditional love coupled with a willingness to address the truth and complexity of life. We find that offering people warmth, coupled with great program content, great trainers with personality and passion who have great facilitator training and support are the keys to successful engagement. Having good food available is an important element, too! Nothing is more important than staff with integrity. Our staff are warm, friendly, open-minded, hardworking, knowledgeable, well trained, supportive, sober, committed, and healthy. No one is as perfect as that sounds, but that is what we strive for daily in our shop.

**Response Provided by Andrew Gaddy**

Providing incentives is a great idea. Poll fathers to see what kind of incentives they would like and try to provide them for attendance, completion of a class, and other program benchmarks. Bus cards are good incentives for fathers who don’t have transportation. On-site subsidized employment is another great incentive. Many fathers Haymarket serves have little work experience as a result of their substance use disorders. We have organized our program so that fathers have to demonstrate they are ready for work through participation in the program classes, attendance, volunteering, staying clean, and other factors. Culturally competent facilitators who really care about the fathers continue to motivate their participation serving as mentors, especially those with similar life experiences whom the fathers can relate to.