

Promoting Substance Use Recovery Through Resilience

Nydia Ntouda: We can officially begin. Our presenters today are Anne Auld and Kelli McDermott, who will officially introduce themselves. Anne and Kelli.

Anne Auld: Hi. My name is Anne Auld and shout out to all the folks from Colorado. I'm coming to you live from Colorado with an agency. We work to strengthen families and communities through building protective factors and doing work, direct service all the way up through advocacy work, called "Illuminate Colorado." We have a lot of specialties and a lot of work around substance use and families and supporting them in strength-based opportunities. Kelli, I'll let you introduce yourself.

Kelli McDermott: Hi, everybody. My name's Kelli McDermott. I'm so happy to see you all here today. I'm joining you from just outside of Boston. All you New England folks, I saw you in the chat. Glad to have you here too, along with everybody else. I am part of the internal NCHBHS team on the behavioral health side of the house, I will be chatting with you a little bit later. I'm going to pass it over to Anne to get us started.

Anne: Well, today we're hoping to talk about making changes. What does it look like to make changes? What are some of the pieces that we need to have in place for that, and the impact that resilience has on that, and when thinking about resilience, how is it that those social connections come into play to support resilience in both families and caregivers, as well as in kids?

Kelli, then, is going to take us through some amazing resources that are available to Head Start, things that you will be able to use, to share, and to have at your disposal moving forward. Again, all of those pieces will be in a PDF that you all will get access to. A little bit of level setting as we jump into this, and understand that making a change is difficult, and making a change when the body and the brain have become chemically or physiologically dependent upon a substance can be even more complicated and more difficult.

Maintaining that change, we think about, it's hard to start a change, it's hard to go through the process of doing the change, and then the maintenance piece, what does that look like, to be able to have the support needed to be able to continue on with whatever it was that that change was, whether that is something that we are just thinking about, general changes in their lives, maybe some things that we're changing in our everyday schedules, or when it comes to substance use and the complexities that are involved there as well?

I want you to think about a time in your life where you had to make a change. That could be anything. Maybe you were deciding that you lose your keys all the time, so you want to make sure that you put them in the same place every time that you come home. Perhaps there was something around a diet or exercise that you wanted to change.

I just want you to take a second. You don't have to tell anybody about it, but think about the time that you had to make this change, or that you wanted to make this change. I want you to think about, was this behavior change easy? Was it something that you could just do because you wanted to?

Had you been talking to yourself for a while about making this change? Was this something that you were you're planning around, and you were like, next Monday, I'm going to start. The next Monday, I'm going to start. All right, let me get all of the things in my house that I need to have to do this.

Perhaps, you start this change, and then something happened, or it just wasn't working, or you didn't have the support, maybe, that you needed, and you had to start again? Did you have all the resources and the support that you needed? if it was something that you were able to kind of get over those first barriers and hurdles, was it something you were successful with long term?

I want to share with you a time when I tried to make a change in relationship to donuts. Donuts were something that I loved. I had a hard time saying no to any donut, let alone a good donut. It was something that was my go-to when I wasn't feeling well, and that was my go-to when I was celebrating.

There was a time when I decided that I was going to lay off of the donuts, and for me to be able to do that, I had to be really thoughtful about lots of different things. I had to be thoughtful about how I drove to and from work, that I wasn't passing by the donut shop to be tempted. I had to be thoughtful about, were there are other things that could bring me some of that joy or satisfaction that I was getting from the donuts?

Were there other things, whether it was a different type of, perhaps, healthier food, or it was exercise or some other thing that was kind of taking the place of that donut, and kind of giving me that adrenaline, or endorphins that I was getting from the donuts? I had to be thoughtful about the people around me who knew that I liked donuts, and to be intentional in my conversations with them around not bringing the donuts around, that I was trying to make a change. I had to tell people about that.

I'd been doing really good for a long period of time. I'd found some other things to do. I'd found some support with my network around how they were showing up. I was doing well. Then, one day, at work, we were in a building that had a shared kitchen, there were other people that I didn't know who shared the kitchen, who I hadn't talked to, and someone from one of those teams had brought in donuts and left them in the breakroom with a "Happy Friday. Have a donut."

Well, what they didn't know was that I'd had a really bad morning. We'd had a lot of stressful things going on, and when I walked into the break room to get some water, I saw those free donuts. And I was like, "ah, you know what would make me feel a lot better right now, and in this moment, is one of those donuts." I've been so good. I've been so good for so long. I've been

working around why it is that the donut is the thing that I need. But right now, what I need is that donut. And I ate a donut.

In that moment, that donut made me feel better. Then, later on, we had some donut security come around and do urinalysis. We all have to give a little cup of urine to be tested for donuts. My donut UA back positive. It came back that I had had a donut.

What that you didn't tell anyone was why I had wanted to eat the donuts, why I'd wanted to eat it that day, where my kids were when I ate my donut, and whether or not they were safe. It didn't tell anyone any reasons for why that was something that was making a difference in my life, better or for worse, and it didn't tell anyone how much work I had done up to that point. It just said, in that moment, I had had a donut. I don't make light of substance use in talking about a donut, but it's something relatable that we can think about when it comes to how hard it is to make a change, and how, oftentimes, it is more than just willpower. It's compounded by life stressors.

When we think about brain chemistry, and we think about how substances actually change the way that a brain works, and what a brain thinks that it needs, that it's complicated by all kinds of different things happening in people's pasts, as well as their presents, that, oftentimes, there are setbacks that it isn't just an, I'm going to choose to do this today, and then it's going to happen, and that our commitment to that change varies, but it is also important to have those networks, as well as, perhaps, medical interventions, through treatment or medical-assisted treatment.

Being thoughtful, again, that change in and of itself is difficult, and when we add on substances, we're adding even more complexities. When we think about addiction in general, there used to be kind of this train of thought that it was all about biology, or it was all about environment, but the truth is that it's really biology and environment coming together.

When we think about genetics, gender also plays a role in some of those biological pieces, and we think about environments, whether that's historical use through generations, or we think about just environments, or neighborhoods, or communities where that is something that is more common for whatever reason, and there's lots of reasons why we might have substance use more common in some areas than others.

A lot of that can be related to systemic racism, can be related to access, which is also another piece there that, when we think about the accessibility of certain substances, if you think about the area you live in, and perhaps there's more discussion about one substance over another, usually, that has to do with access and cost. You are probably in an area where that substance is more accessible and it's cheaper, so that is becoming the substance of choice in your area.

The route of administration, something that is, like, an edible takes longer for it to go through your system, whereas we think of something like huffing, which is, whether it's a spray can, or we think about something that is injected, that's immediate. That administration is happening immediately, or it's taking a little bit longer, and that actually has a wee bit of a role to play

there in how often someone may be using a substance, because the high may be coming down sooner. And kind of, again, like, building on that.

Then we think about brain mechanisms. We could do an entire hour on brain chemistry and how the brain is impacted by substance use, but knowing that there are changes that are happening in the brain, and when we think about this change being more than just, I'm going to just choose to do this, that, oftentimes, there's brain pieces that we need to be thoughtful about, and that's where the treatment comes in, and where support groups come in to really start thinking about rerouting some of those brain pieces that have actually been changed through addiction.

All of those pieces are interconnected to lead to addiction. Something else to be thoughtful about around substances, substance use, and substance use disorder is the language that we use. When building relationships, we want to be thoughtful about our language, whether it's any type of language in general, but there are some types of words that oftentimes are used when it comes to substance use disorders or substance use that really build on additional stigma.

We want to be thoughtful about how it is that we are talking to folks and about folks in a way that is person-focused, person-first, and alleviating some of that stigma, instead of building into that stigma. Things like a "person with a substance use disorder," as opposed to an "addict," or a "junkie," or a "druggie."

Now, I would never correct someone. I have had lots of conversations with folks who have substance use disorders who have called themselves an addict, and I wouldn't correct them in that, but that is not language that I would use to describe someone, that is, as "someone with a substance use disorder."

When we think about abstinence or recovery versus clean, this also comes up when we talk about UAs, or urinalysis, where those are clean or dirty. If you think about just if I were to call you "clean," or to call you "dirty," even taking the substance use piece out of it, there's stigma attached to that.

There's stigma attached to either being clean or being dirty, and when it comes to a UA, it's a positive or a negative. That's the terminology. When we think about somebody who is in recovery, or perhaps is in some stage of abstinence, it's not a judgment of whether they're clean or dirty. They're in recovery.

The word "abuse." There's a lot of movement away from somebody who is abusing a substance or has a substance abuse problem that we're having, there's a spectrum there when it comes to use, that we can have problems or concerns anywhere along a spectrum of substance use, all the way to a diagnosis of a substance use disorder. Medication-assisted treatment, or MAT, is something that oftentimes has a negative connotation to it when you don't quite understand a little bit more information about what it is. It's this, like, are they just addicted to another substance now? Is there something else that they're just taking instead of?

But thinking through that this is a medication that's helping someone through the treatment and recovery process to help them really get back up to a baseline to be able to kind of go forward and do the work that they need to do as a parent, or as a productive member of society, thinking of it a lot like we think of insulin, where it is not just another drug that they're taking. It's a drug that they're taking to be able to help stabilize where they are.

Thinking about that as a positive, as something that's a part of treatment, not just another thing that somebody might be involved with, again, kind of that drug-versus-medication language there. Then relapse connected to having a setback or starting over again, that, oftentimes, there are folks who express that saying that they're having a relapse feels like a negative to them, as opposed to a part of the process.

Again, just being thoughtful about some of the words that we are using when it comes to conversations and relationship-building that we're having with folks. All of that kind of foundational knowledge to really set us up for why are we talking about resilience when it comes to folks who are impacted by substance use?

When we think about resilience, it's really that ability to be able to bend without breaking, that is, being able to adapt to life experiences, whether those are mental, or emotional, or behavioral, and having both the external and the internal skills to be able to work through some of those processes.

The good news is that resilience is not something that just you're either born with it or you're not, that it is a skill. It can be learned, it can be nurtured, and it is something that, in your roles, you are often building resilience with the kids that you are working with, and also with those families, and we'll talk a little bit more about where it is that your connection falls with that. But understanding that those social connections are an incredibly important part when it comes to building resilience, especially with families who are in some stage of recovery.

When we think about social connections and promoting that resilience, it's important to build those protective factors, and social connections being one of those protective factors in all of our families. But there are specific reasons why it's super important to build those social connections with families who are in any stage of recovery.

When I talk about the protective factors, and I talk about these specific ones, with a capital P and a capital F, these are from the Center for the Study of Social Policy, or CSSP, and those include parent resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, and social and emotional competence of children.

All of these really research has shown us that, when we are helping families to identify the strengths that they have and build these within their families, that the likelihood for child maltreatment decreases, and we have families who report being stronger and healthier with these components built in. When we kind of break down social connections, because that's the one that we really want to sit on today as it relates to resilience, there's lots of things that are involved with social connections.

Thinking about emotional support. Who in the network, or in your network, or in the networks are the families that we're talking about is there providing that shoulder, that person to call when things are not going well, or things are going well, and you want to be able to share with those? These social connections aren't just based on when there's something bad happening. It's also when there's just everyday life happening, and good things, and celebrations. Who are those people and those social connections?

People around informational support, the folks who are there to be able to provide some guidance, or some feedback, or some ideas. Instrumental support, offering transportation. I have four kids, and at one time, I had four very young kids, and having social connections and a network that could help me drive people around was instrumental in my ability to be able to be a single working parent, to be able to have folks in my network who could provide that. Then spiritual support and this could look lots of different ways, from faith-based organizations to just folks who are there offering hope and encouragement when it's needed.

One of the greatest challenges when we think about parents or caregivers who have been impacted or experiencing a substance use disorder is that they find themselves, perhaps, they are a part of treatment, or they've gone away for treatment, and they're coming back, or they're trying to kind of be thoughtful about their networks, is that they may have networks that aren't supportive, or that aren't in a place where they could provide healthy and safe support.

Oftentimes, when we think about generational substance use, that there isn't always a built-in network that's readily available to everyone, especially when there is a substance use disorder, and the importance of being able to promote and provide a healthy space for peers to network together is because there is something incredibly special around learning that you are not alone in a situation.

We can think of lots of different situations, just parenting in general, or, perhaps, the work that you do, being able to just be like, "oh, there are other people that feel the same way that I do. There are other people who are in similar struggles. There are other people who have been through what I've been through and made it to the other side."

Knowing you're not alone in something is incredibly important in helping to build that resilience, but it's a part of it. It happens within those social connections. And the ability to be able to share with one another in a way that is hopeful, again, that peer who has been through this, that you can make it through this, whatever it is, but especially when it comes to a substance use disorder.

That there is a light at the end of the tunnel, there is treatment, there is healing is incredibly important in building that resilience, and you can kind of think about it as, yeah, it makes a whole big difference when I know that there's something, and people have been able to do this. That makes me feel more confident that I could do that as well.

Parenting in recovery, we have a couple of things to keep in mind here. Parenting is really hard. If you are a parent, if you know a parent, if you have seen a parent in a grocery store, you know that parenting is hard and recovery is really hard as well. And when you kind of imagine a parent in recovery, we have lots of layers happening there.

Social connections are really important in being able to be resilient in recovery. I'm going to ask you quickly to do another little activity that you won't have to tell anybody about, but just something to be thoughtful about when it comes to social networks, and those social connections, and who it is that we have in our network, and also be able to think about who is it that's in the network of the parents that we are serving?

I want you to think of just a situation. Maybe it's a situation where you are stuck at work, but you've got a kid who is at school that needs to get picked up, but you can't do it, or just some type of thing where you would need assistance from your network. I want you to think about the first person you would call for whatever situation it was that you imagined. You've called that person. You've texted that person. They're not answering you. Like, they have disappeared. You're like, all right, I've got to go to my backup person.

Now you're calling and texting the second person. The first person is still not responding. You're onto your second person. They are not answering. Who is your third person? Do you have a third person in this situation that you've imagined? Is there a person in that group that you could call, or that you could rely on to help you in, again, this imaginary situation that you have?

All right, first three people aren't responding. Is there a fourth person? Do you have a fourth person who could come through for whatever it is that you needed in this situation? I'm seeing in the chat box the, no, there's not a fourth person. I will tell you, the first time that I did this activity, years and years ago, this was actually the situation that I thought of, was I was stuck at work. I didn't have a fourth person. There wasn't a fourth person for me to send, and I realized that two of the people that were on my list weren't even in the state at that time.

It made me really evaluate, like, I thought I had a good support network, but I actually needed to be thoughtful about more situations, and who it was that I would need to have in there, and I'm seeing, like, some of you were like, "yeah, I didn't have a second person or a third person." When we think about someone who is experiencing a substance use disorder, or a family who has been impacted by that, oftentimes, there's a lot of stigma around the needs that they might have, and building those healthy connections may have been impacted by that substance use disorder.

Being really intentional on how it is that we are being able to provide spaces and opportunities for our families to build their social networks, whether that is with other family members in the class, you all providing a role at some level of being a social support and having those connections, that a lot of what you are already doing is supporting families.

Being thoughtful about there's also a space there to be able to support families that may be in recovery, and you can do that through using non-biased language, giving opportunities for families to connect, whether it is that you have a picnic, or a family night, or some sort of activities, where folks could come together to start to build those connections with each other, acknowledging where their strengths are, as well as understanding, kind of, what are some of those choices in your community?

Kelli is going to go through a couple of resources in just a second, but being thoughtful about that there are opportunities, whether they're faith-based or not, for folks to have some of those peer support, as well as opportunities for their kids to be a part of some of those peer networks as well. Understanding that the stigma that's associated with recovery is real, and there is a thought process around, like, yes, we want folks to be in recovery, but when we hear when somebody is in AA, it's like, oh, and understanding that there may be an imbalance there, and that part of the role that you all play is in supporting parents where they need it, and meeting them where they are.

Understanding that that stigma is something that's real, and we all need to take a second to step back, and kind of see where it is that we sit in that, and work through that, so that we are supporting parents in a way that feels responsive, and thoughtful, and caring, regardless of some of the experiences that we may have had growing up that may have led to some of the biases that we have around substance use in general and around recovery.

Understanding that, as mandated reporters, you all have a responsibility, when you suspect that there has been abuse and neglect, but understanding that there is a place for you to be able to provide support, that there is a place for you to be able to access some of the resources that Kelli's going to talk about to share with families, and that, in offering and encouraging those social connections, as well as being a social connection, you are helping families to build resilience.

Not only are you just there building resilience with kids, but when you are providing those social connections, when you are being a social connection, you are intentionally building the resilience within families that helps them to bend without breaking. Kelli, I'm going to pass this off to you to go through some of the resources that are available.

Kelli: Thank you so much, Anne, and thank you, all who are sharing in the chat. I have really appreciated reading what you are putting out there for us, and it sounds like these reflective activities have been meaningful for folks, and we love to see that playing out as we share this time together. As Anne said, most of the work that you are already doing really lends itself to this idea that relationships can help build resilience for all people, but especially those who are impacted by substance use.

There might be a further question of, OK, but we want to dig into this a little bit more intentionally. We want to start thinking more about substance use within our program. What can we do to get started? I wanted to share this resource that's available on the ECLKC. It is a screening resource, and it really just details the importance and the benefits of screening, some

special considerations to keep in mind, and even a sampling of screening tools that you might think are a good fit for your program.

If we move on to the next slide, there's a summary of the screening considerations that are detailed on the resource that is linked to in your slides and on your handout, but what we want to really highlight is that screenings are most effective when they're standard practice for all families. This is not something that should be cherry-picked and used when you are meeting with a family, and think, you know what, I'm wondering if substance use is a concern for them, so I'm going to dust off this screening and do it with them. It's much more effective when you're asking all of the families that we work with all the same questions about substance use.

It destigmatizes the conversation. It normalizes that this is something that you're comfortable talking about at your program, and a way that we want to uplift the priority of the Office of Head Start to support families who are impacted by substance use. Screening in this way is not a diagnostic opportunity, but, instead, it helps us, just like other screenings, detect some concerns on the earlier side, and maybe reduce the overall impact on substance use disorders among families.

We want to use screening results to possibly send parents to resources that might be a good fit for them, and like I said, lessen the impact of substance use disorders, or exploring that spectrum of substance use that Anne talked about earlier, and intervening on the earlier side. We want conversations, of course, to be reassuring and compassionate, so zooming back to the language that we should be using and the overall tone that we are taking while we're talking about substance use with families is incredibly important. I just wanted to offer this resource and hope you will explore it.

As we move into the next slide, I also want to just draw your attention to a couple Head Start Heals animated videos that are also available on ECLKC. These were developed to highlight substance use experiences and the relationships that Head Start staff have forged with folks in their programs. These are real stories, told in the real voices of Head Start families, and when we're doing this work, I think it's really important to hold stories of hope that can help us feel like what we're doing is making a difference in a real way, especially when we're tackling a topic that's as big and broad as substance use. We have two videos here that we're going to share with you. I would love for you to share your reactions in the chat, if you feel comfortable, and I'm also going to invite you to visit the Q and A.

[Video begins]

[Instrumental music playing]

Arielle: I'm Arielle. I go by "Ari," and I am a drug addict in recovery and a mom.

Jen Merwin: My name is Jen Merwin, and I am an Early Head Start Home Visitor. Ari came home from sober living, and things seem to be going in the right direction and seemed to be

OK. I guess I was caught by surprise at the visit that I actually had with her, where I saw the needles coming out of her sweatshirt.

Arielle: I could be on my way to go be picking up my child and find myself taking a left-hand turn to go get drugs instead, and there's nothing that can stop me. All I remember is them being like, we can't leave your child with you like this.

Jen: Ari went away to treatment. I think a lot of people don't realize that, when somebody is in recovery, it is common for them to relapse. I didn't judge her, she knew that I didn't judge her, and that allowed her to be open with me with her addiction, and I was still there to support her every way that I could.

Arielle: The whole time that I was away in treatment, like, Jen was checking to make sure I was OK. She just, like, reassures me that like I'm OK, he's OK, and we're going to be OK. That helps me, because I'm like, whoa, somebody professional is telling me that, like, I have a lot of strength and courage, and I don't hear that often, you know?

For me to take that and be like, OK, well, I'm going to show you I can be a mother, and for them to be like, OK, we see it. You're doing what you need to be doing. Like, we're going to give you back your child. Like, that's huge. I can only imagine the pain that I've put people through, but, God, am I happy that they stuck by me, because, if they didn't, I wouldn't be here.

Jen: You're a piece of the puzzle of their life, and, yeah, it's pretty powerful.

[Instrumental music playing]

[Video ends]

Kelli: That was our first video. Like I said, I'd love to hear reactions to that in the chat. If you have questions that you'd like to be answered at the end of the session, feel free to put them in the Q&A. I just want to highlight that many people associate the Head Start Heals resources with trauma resources, and that is absolutely appropriate, but there is a whole arm of resources under that umbrella that are specific to substance use and substance use disorders. I encourage you to check it out if you haven't already.

I would also be curious to hear if this is the first time you're seeing this video, or if you're familiar with it in ways that you might think you'll use it in the future. We've had programs that have thought about showing these videos to staff, of course, but also sharing them with family to highlight that this is something that we want to promote a safe space around at Head Start. Thank you so much for your reactions. As we move into the next video oh, I see the question, is it in Spanish? Yes, we do have it available in Spanish. All of the animations are in English and Spanish. Ready.

[Video begins]

[Instrumental music playing]

Narrator: I grew up in a household full of addiction from alcohol to drugs my entire life. Things in your past sometimes catch up with you. I began these drugs at the age of 26. During this time, I had gone to jail for two years straight. I even missed my son's second birthday.

Multiple voices: Happy birthday!

Narrator: One day, while I was in jail, my caseworker called me into her office and said that she has a message from my son's daycare that a few members wanted to come visit me and try to make a way to bring my son as well. You know, I was just like, wow!

It was that moment that I realized that there were still people in this world that care not only about me, the messed-up addict, but the welfare of my child and my family. It was all from the heart. Like, I felt it. I came home from jail, and I went straight to the daycare and thanked all the staff members.

Those women believed in me and saw more in me each day. They gave me brochures for job openings and getting me to and from appointments to guide me in a positive and stable path in my life. And so the goal is to be a better mom, to be a better person, and I'm sober, so can you imagine? Yeah.

[Instrumental music playing]

[Video ends]

Kelli: I want to, again, highlight that these videos are the words and voices of real Head Start families, which I think, hits a little bit differently with its authenticity, and I always take something different away when I watch these videos, I hope they felt meaningful for you.

I see a lot of people saying it's their first time seeing these videos. There are actually six of these animated videos under the Head Start Heals animation series, which are linked on the slides and in your handouts. Hopefully, you'll be able to find them and explore the others. They have different themes. These were two of the substances ones like I said, but there's something of a broad array of themes, I hope that you will enjoy those.

As we move to the next slide, we are going to push into the Q&A section of our time together. I see that some questions are coming through the Q&A, and I really appreciate those of you who are typing them in. One of the questions is about a screening process. When would be the best time to screen for substance use disorders, some questions around intake. Should it be orientation? Should it be a little bit later, when families are going to be, maybe, ready to be more forthcoming and have a more trusting relationship with us? Anne, do you have any thoughts on that piece? I'm happy to jump in afterwards.

Anne: My thoughts around screening is it's universal, however it is that it is built into a system, being thoughtful that it is not just, again, kind of, you were mentioning earlier, Kelli, that we're picking and choosing who we think needs to have this, because, oftentimes, that leads to a lot of problematic, really, circumstances around who it is that we think would be using substances, as opposed to who may actually be using them.

I think that, if it's something that you all have screenings built in on a regular basis, I think it's probably also an additional conversation for Head Start to have around that, and Kelli, I'm going to pass that back to you as far as when to use this, but thinking through that it probably is not a tool that we pick and choose.

Kelli: Yes, absolutely. Definitely want that to be standard practice, and that was included in the question, I appreciate that. I want to offer collaboration with an infant and early childhood mental health consultant in your area, if your program has engaged one, to determine the best timing for this. I think that it might vary depending on where you are, and what types of services you're providing with families. Are you home-based, for example, or are you working with pregnant people, or there are a lot of different things that you want to consider with special populations as well.

I would say, though, having the conversation early and often is typically the way that folks recommend tackling these issues. What we know is that the more we talk about substance use, the more likely it is for folks to take away that you're comfortable talking about substance use. There's another question in the chat that says, "you know what, people tend to distance themselves, instead of coming to us and telling us that they are struggling, what do we do with that? Do we wait for them to come to us? How do we have these conversations?"

Sometimes, we can just leave it with a statement, say, you know what, these are some of the things that we talk to every single family about. It's part of the work that we do here. We do have resources. If you would like to talk about that with me, I'd love to talk about it more with you. I'm happy to provide resources, or whatever it is that you have available.

Treating it like a sensitive conversation that you have about many other different things already. We just want this to be part of the arsenal of what we're talking to families about, that they have a safe place to turn because what we know is that you might be the only person who's asking them these questions, the only person who's offering a resource. Does that mean they're going to be ready to take it? Not necessarily. But there's only one way to find that out.

Anne: I was going to add to that, Kelli, that, oftentimes, when we think about substance use and conversations around it, we separate it from the other sensitive conversations that we have with families, and it's really not a different or separate conversation. It's just part of some of those conversations. When we think about isolation specifically, I mean, we all went through a couple of years of pretty damaging isolation for families and for staff, and we know that isolation, regardless of what is prompting that to happen, we know that isolation can be damaging.

Whether it's around a substance use, or around depression, or something else, or a connection of depression and substance use, because those oftentimes can go together, that we want to be thoughtful about how it is that we're just in general reaching out, and letting folks know, as Kelli said, that you all are a safe place to land or have discussions with, and that there are opportunities for support.

Kelli: Great. Another question in the chat is what can we do when we think a family member is experiencing a setback, but you're not sure? Do you have any thoughts about this, Anne?

Anne: Again, if we were thinking about a family, and I'm just reframing it, because, oftentimes, we have answers to other situations, where we feel like there are families who are going through a struggle, and what would we do in those situations? And, oftentimes, it's not much different in a situation where we have a family that may be going through a setback. We want to be thoughtful about safety around the child. Like, are the children being impacted by this? Is it, like, they're staying with grandma, and something is happening when the kids are not with the caregiver? Being thoughtful around, like, what are our actual concerns when it comes to someone in the process of recovery and some setbacks.

Being thoughtful, again, first, about some of those safety pieces around the kids, but, also, again, we're providing support that, perhaps, are there some local resources that you have taken a couple of minutes as a site to think about, OK, who are our peer networks and our peer supports in our community that we can refer folks back out to? Thinking that you are that support, but you also might be the person who lets them know that there are some other places that they could go in their recovery process to get that support, again, with folks who are in like circumstances, because that networking and that social support is so important through the recovery process.

Kelli: I would also highlight that this is a really great time to explore our own approaches to how we respond when we know someone is in recovery, and really digging deep to that internalized stigma or bias. One of the things that often happens when we are aware of a history of substance use disorders is, any time we have a struggle with that parent, we might think, "oh, I wonder if they're using again. I wonder if they had a setback." That's often the first place that we go.

This is not an accusation, but just an opportunity to make sure that we're intentionally checking in and constantly building relationships with those folks so, that we have enough relational capital in the bank to say, "Hey, I noticed that things are a little bit different between us lately. Do you want to check in about that?" Come from a place of support, instead of just entering into a conversation about substance use right off the bat, when that might not actually be what's going on for them. Let's see. We've got a couple more minutes here.

Any anonymous support groups outside of AA and harm reduction that we can refer families to? This person is thinking of a specific family who is using alcohol and has struggled with addiction in the past. They don't want to interact with folks using other substances, so they said no to harm reduction.

Anne: There are lots of other support networks outside of AA, and this goes along with, I'm going to kind of answer this question, I saw in the actual chat box around grandparents and having needing support there as well, but there are lots of places that provide treatment that also provides support to additional family members or to kids that are not faith-based or are not AA.

Being able to understand what is in your community and being able to – you can start with some of your treatment providers, and asking them, what is available? What are your folks going through? Because this really this changes from city to city, to rural area to rural area. There are some things that are happening online at a state level, as well as at a national level. In Colorado, we have a circle of parents. It's a peer-to-peer support group for parents in recovery that happens online. We took it online during COVID, and that is happening in other places as well.

But being able to kind of, for us, in this moment, to pinpoint down, what's happening in your area, that some of this may be on you as an organization to have some conversations with your neighbors about what is being provided in your area. In the same way that you all know where the food banks are and who's giving out food, having some conversations with, again, the people in your neighborhood around what is being provided locally within your areas, because many folks do have support networks for the person who has experienced the substance disorder, but also for the family as well.

Kelli: I just want to highlight that there are so many pathways to recovery. Some are more formalized, like treatment providers. Some are more community-based, and kind of grassroots. Depending on where you are, like Anne said, it could really be a different picture that someone else is experiencing wherever they are. Doing a little bit of a community assessment to see what's going on around you to support folks is really helpful.

I also want to highlight, we didn't show this video today, but there's also one of these Head Start Heals videos that showcases a grandparent who is parenting their grandchild, who is a Head Start child, and they are a Head Start family, while the grandparent's child is not available to parent, because of addiction. Head Start is also thinking a lot about this. We know that we're seeing this pattern play out in a really large way everywhere. It's to the point where there's a term for this. It's called "grand families." We want to also hold in mind that it's a reality that a lot of folks are facing, thank you for raising that.

Maybe we will do one more question. Someone who has a parent with a prior history and was recently arrested for substance use, they are new to the provider but has been in the program for some time. This staff person is newly working with this parent, and not really sure how to get the conversation going.

I would say, in this situation, you have kind of an elephant in the room. You know that this arrest has happened, and hopefully, the parent knows you know, and there is a little bit of an icebreaker. You can say, "you know, you've been through a lot recently. I saw that this happened. How are you doing? "

Start from that relationship building place, not give me all the details of your substance use and what it was like being arrested. An opportunity to really just take a step back, acknowledge what you know, build a little bit of a relationship, and then, hopefully, make some room to offer resources or support, depending on what's needed.

There might already be some things in place, and if that's the case, it's an opportunity for you to learn about what the recovery support plan looks for this person, and to figure out what role you can play in that. As we've been talking about for this hour, building relationships and being a social support is really the best thing that we can do to promote resilience and recovery.

That's something that everyone at Head Start is really skilled at doing already. It does feel a little bit different, or daunting, even, when we're layering on substance use and the complications that come with that, but, ultimately, I would encourage you to lean into your skill set and what you're already doing to talk about hard things with families. With that, I think we can move to the next slide. And that brings us to the evaluation, and I will pass it over to you, Nydia. Thanks, everybody.

Nydia: Well, thank you so much. Any final words? I want to make sure I give you a chance, before I go into my closing, Anne, or Kelli. OK, great. Well, thank you so much, again, to Anne Auld and Kelli McDermott for this very important, very relevant information. Thank you all for your participation and engagement today. If you have more questions, you can go to My Peers, or write to help at Health@ecetta.info

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