DAPHNE International Conference
Responding to Child-to-Parent Violence

Challenges for Practitioners
“Working with Adolescent’s who Engage in Substance Misuse”

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Presentation Overview

- Agency Context
- CPV - Challenges for Practitioners
- Approaches to Intervention
- Case Examples
Adolescent Addiction Service

- Established in 1997 by Health Service Executive in the South Western area of Dublin City (covering five communities). Operated initially as a structured outpatient detoxification programme involving methadone prescription for under 18yr olds who were experiencing problems in relation to heroin use.

- In 2003 as the use of heroin decreased the service broadened its criteria to include young people who are abusing any substance including alcohol.

- In 2004 the medical and therapeutic components of service separated. Family therapy is now provided outside of clinic setting.

- In 2013 92% (N=49) seen by family therapist only. 8% (N=4) Psychiatric Assessment with 4% (N=2) receiving medication for treatment of ADHD.

- Average age of attendees 2013 (15 years old, Range 12-18years)
### Average Age
- 1998 = 16.5yrs
- 2010 = 15.5yrs
- 2013 = 15 years

### Percentage Female
- 1998 = 36.5%
- 2010 = 27%
- 2013 = 37%

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**Primary Drug Use**
- 1998
- 2010
- 2013

**All Types of Drugs Used**
- Heroin
- Methadone
- Cannabis/Weed
- Cocaine
- Benzodiazepine
- Amphetamine
- Alcohol
- Solvents
- LH/RD

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Trends

![Graph showing trends over time]

- Medical
- Therapeutic

Active Drug Use

Medical Non-Medical

Stable

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Challenges For Practitioners

- Absconding
- Indebtedness
- Childhood Abuse/Neglect
- Early School Leaving
- Parental Separation
- Parental Substance Use
- Parental ill Health
- Family Conflict
- Poverty
- Criminality
- Offending Behaviour
- Self-harm/Suicide ideation
- Indebtedness
- Absconding
- Adolescents Mental Health

Statistics Adolescent Addiction Service 2013
- 68% Parental SU (Including Alcohol)
- 26% Parents linked to Adult Addiction Service
- 29% Linked to Social Work
- 12% Child Protection
- 73% CAMHS ODB, OCD, ADD, Depression, Self-Harm

Prevalence Rates CPV
USA, Canada & Europe 5% - 13%
Calvete et al 2012.
Family Types

- Nuclear Family
  - Indulgent
  - Violent
  - Placating
  - Substance Using
- Single Parent
  - Loving
  - Neglecting
  - Financially Stable
- Re-Constituted
  - Impoverished
  - Overcrowding
  - Weak/Powerless
  - No Limits
- Extended Blended
  - Caring

Challenges For Practitioners
- CPV is a challenging concept as it does not fit within family violence discourse.
- Belief that violent/abusive behaviour by children is a result of poor parenting or that it takes place only in poor and uneducated families?
- Perception that substance abuse is the cause of CPV and family violence in general?
- Within a Child Protection framework there is absence of guidelines and inconsistency of response
Challenges For Practitioners

Proactive Aggression

- Egalitarian
  - Sense Of Entitlement
  - Demanding
  - Survivor
  - Avoid Limits

Indulged Parenting

- Reactive Aggression
  - Marginalised
  - Avoid Harm
  - Parental Child
  - Get Needs Met

Absent Parenting

- Distant Or Harsh Parenting
  - Parental Depression
  - Substance Use

Parental Child

- Marital Disharmony
  - Get Needs Met

Parental Depression

- Substance Use

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Challenges For Practitioners

Young Person

Absence of Parental Authority
Empowered
Control
Meeting Needs
Solves Problems
Entitlement
Self Preservation

Parent

Lack of Belief/Skills
Fearful
Anger
Shame
Guilt
Powerless
Depressed
Frustrated

Understanding Violent & Abusive Behaviour within Families
Deaths of Young people Known to Social Services 2000-2010 (N=197) (Shannon & Gibbons 2012)

2010 - 2012. There were 60 deaths of YPP in State Care (16 Suicides), (6 Drugs) (14 Accidents) (3 Murdered) (20 Natural Causes)

(National Review Panel, 2013)

Incidents of Suicide 2010 (495) 82% Male (Highest among 20-25 year olds and 15-20 year olds.

Incidents of self-harm increasing (2012 shows a 20% increase on 2007 for males) (NSOP, 2012)

The challenge for professionals is to empower parents and to protect siblings in ways that does not result in youth perpetrators internalising anger and rage that may lead to it finding expression in suicide, self-harm or other risk behaviour.
Approaches to Intervention

Young Person

- Address Ambivalence
- Address Substance use
- Encourage Expression Feelings/Emotions
- Introduce Choice
- Avoid internalisation of Anger and Rage
- Exceptions to Behaviour
- Reward -Responsibility
- Encourage Achievement
- Pro-social Activity
- Maintaining Engagement

Family

- Avoid Blame
- Identify Child/Parent Patterns of Interaction
- Encourage Self Discipline
- Anti-escalation strategies
- Communication Between Parents /Family
- Behaviour not Person
- Reduce Entitlement
- Rewards/Consequences
- Managing Expectations
- Empowerment

Relationship
Approaches to Intervention

- First Order Change
  - Identify and Remove Risk
  - Improve Communication
  - Increase Awareness among Significant Others
  - Introduce Protective Supports
  - Direct Intervention

- Second Order Change
  - Hope
  - Understanding
  - Beliefs
  - Perceptions
  - Relationships
  - Behaviour

- New Experiences
- Promote Stability
- Build Capacity
- Awareness of Choice
- Modelling Relationships
- Access to Resources
- Trust
- Skills Knowledge

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ISSUES
YPP assaulted youngest sibling
YPP 3 year history daily Cannabis/Weed usage
Parents had ignored cannabis use even in home
YPP Challenging – Verbally abusive & Damaging Property
Absence of parental Authority/Supervision
YPP Poor Attendance at School and Challenging Behaviour
YPP Assaulted other within Community
History of YPP not safe in Community (age 14yrs)
Parents distracted by Bereavements/Illnesses
Parents distancing/Not Communicating (Lifecycle Issues)
Eldest Have sense of Entitlement (Were Indulged)

Sessions
1. Parents & YPP
2. Family without YPP
3. YPP alone
4. Family without YPP
5. YPP Alone
6. Mother + youngest
7. Father alone
8. YPP alone
9. Parents together x 2
10. YPP alone
11. YPP alone
12. Family without YPP
13. Entire family
(Timeline 7months)

Interventions
Protect Youngest Child (Safe Sleeping Space)
Consider consequences for YPP if assault repeated
Elevate Concern for Behaviour (Anti-escalation steps)
Reconciliation (Acknowledge Absence of Care – Black Sheep Role)
Distinguish between Parenting Role/Parent Relationship
Establish Parental Authority - Communication – Agreed Approach
Boundaries RE Drug Use /Possession in home
Reward Positive Behaviour
School Contract
Family approach to bring YPP in from Margins
Expectation that all siblings do chores appropriate to their age
Increase Fathers Participation in Home/Time out for Mother
ISSUES
• YPP History of Self-harm (CAMHS 4yrs)
• Sibling overdose Referred CAMHS leading to referral AAS
• Sibling withdrawn & missing school
• YPP Cannabis use in family home (2yrs)
• Absence of parental authority/supervision YPP out over night
• YPP Expectation that parent pays drug debts and funds habit
• YPP Challenging – Verbally/Physically destructive of Property
• Absence of parental supports (No Extended Family)
• Mother Conflicted - funding YPP SU out of fear of self-harm
• YPP Non Attendance at School (10months)
• Family finances strained

Interventions
• Naming what is happening
• Acknowledging past events (Grief, Loss, Moves etc.)
• Expectation that abusive behaviour will stop
• Respite for sibling (Safety – Space – Personal Needs)
• Mother Parent Support Group (In absence of informal support)
• Mother non-confrontational/de-escalatory approach
• Report YPP when missing (to Garda – Social Work)
• Reality Check Family Finances (Budgeting)
• YPP Access alternative Education (Dropped Out)
• YPP reacting to structure/expectation
• YAP worker (Re-engage interests, Break Cycle SU)
• YPP dropped out Adolescent Addiction Service
• Letter to YPP CC; Parent & others (Reflect Patterns)
• YPP Accessed 2nd Alternative Education Programme (Receives payment- Expected Pay own debts)
• YPP returned further sessions AAS (Reflective)
• Expectation that YPP reduce SU (Allowance pay for own debts)
• YPP Responsibilities appropriate to their age
ISSUES
YPP Cannabis-Cocaine-Ecstasy-Alcohol
YPP Challenging-Verbally /Physically Abusive (Mother)
Absence of parental authority/Supervision
Absent parenting (drinking - meeting friends)
YPP not returning or returning to empty house
YPP Non School Attendance
Parent Guilt/Indulgence
Family Secrets (Mothers SU/Maintenance)

Died as a result of drug use (when YPP age 3yrs old)

History of Substance abuse

Interventions
• Address Behaviour
• Elevate Concern for YPP
• Engage Extended Family
• Engage Social Work
• Security of Accommodation
• Expect YPP return home
• Adult presence in home
• Reporting when Missing
• Attendance Education
• Regular Screens SU
• Parent stability/support
• Explore Past Events
• Envision Future
• Awareness of Choices

Alcohol Abuse (Methadone Maintenance) Not Revealed for 5 months

Community Addiction Support

Adolescent Addiction Service

Social Work

Community Ed-Project Youth Service
ISSUES
- Smoking Cannabis/Weed daily
- Physically Destructive – Verbally Abusive
- Indebted/Sense of Entitlement (Demanding Money)
- People calling to home (intimidating)
- Poor School Attendance
- Staying out over-night and for days
- Rejecting mothers partner
- Alienated from Father
- Parents Estranged (No Joint Consultations)

INTERVENTIONS
- Decisions re-debts (Not giving into demands)
- Shared Care (Father) - (Grandparents) - (Mother)
- Adults not participating in Retaliatory Behaviour (No Put Downs or Name Calling, e.g. Scum, Junkie)
- Communication – Community of Interest
- Expectation Return Home (Report Missing)
- Making Presence (Grandparent at party)
- Expectation School
- Expectation re self care
- Reward Positive Behaviours
- Individual meetings - Parents/Concerned Adults
- Reflect on impact of Parental Separation

Case Example
Engaging and Supportive
Non-Engaging


Thank you for your attention.