

## Skills in Child Aware Practice with Parents who use Substances

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Nicole Rollbusch (00:00:01):

Welcome everyone to tonight's webinar. It's great to have you with us. And hello to those of you who might be watching this as a recording later on as well. Before we begin, I'd just like to acknowledge the different lands we're all meeting on this evening across the country. I'm on the lands of the Kurna people, the Adelaide Plains, and I'd just like to pay my respect to elders past, present, and emerging, and acknowledge the deep connection that the Kurna people have to this land and the importance of this connection to the wellbeing of all Aboriginal and Torres Strait Islander children and families. My name's Nicole Rollbusch and I'm a practise development officer with Emerging Minds, and I'll be moderating tonight's session. I'm joined by our fantastic panel, Fiona, our child and family partner, Alicia Phillips, AOD Specialist and Family Violence Advisor and AOD family counsellor, and Dr. Suzie Hudson, clinical advisor with the Centre for Alcohol and Other Drugs. So thank you so much to the three of you for joining us to introduce you all to the audience tonight. I'd love to ask you all just a quick question. Why is it important for practitioners to have child-focused conversations with parents who are using substances? So Fiona, I'll start with you. Why do you think it's important for practitioners to have these conversations with parents?

Fiona (00:01:31):

Well, because we want to be good people and good parents. We don't want to use drugs. We just get stuck in a cycle. We want to get off drugs to be better people and if practitioners can support us to navigate all the challenges that we're facing and can help us just keep trying to be the parent that we really want to be.

Nicole Rollbusch (00:01:53):

Yeah, fantastic. Thanks Fiona, and really appreciate you being here and your generosity and sharing your experience with us tonight as well. What about for you, Alicia?

Alicia Phillips (00:02:08):

Yeah, I think, yeah, Fiona's made summed it up because people who are parents, they're children and being a parent is so important to them. I don't think you can do a good holistic work with them without also speaking to them about their identity as parent and their children.

Nicole Rollbusch (00:02:32):

Yeah, fantastic. Thanks Alicia. It's great to have you with us as well. And yeah, such an important role being a parent. Thank you. And what about for you, Suzie, from your perspective?

Dr Suzie Hudson (00:02:45):

I think it's really about seeing the whole person and we can sort of, whether our role is to support someone in relation to reducing or reducing the harms may be associated to the alcohol or the drug

use. Actually we are there to really build on their strengths. And so talking about their children, talking about their role as a parent is really starting to take a step back from that real deficit space approach and really diving into the strengths that a person may present with. And so bringing their children to the forefront, whether they're in their care currently or not really acknowledges that they're a whole person and that there's many different facets to them. And I think that's really an important part for us as workers along walking that journey with them to see them right from the outset as that whole person, that parent, that caring person for their children.

Nicole Rollbusch (00:03:44):

Fantastic. Thanks Suzie. Really appreciate you being with us tonight as well. So through tonight's panel discussion and q and a, we are really aiming to support practitioners who are working with parents who use substances across a variety of settings to overcome common practise challenges that can be associated with child aware conversations and to deepen these conversations with parents as well. So you would've seen the learning outcomes for this webinar already, so I won't go into them in great detail, but here they are, just in case you missed them, you might've caught our previous webinar on this topic, which was beginning child aware conversations with Parents who use Substances. And there's some important points to keep in mind from that discussion as we dive a little bit deeper tonight. So we want to really normalise and humanise parenting conversations so we can treat parenting challenges as universal, not just you unique to parents who use substances.

(00:04:54):

Start with the parent in front of you as the person first and then extend the conversation to their children's wellbeing. Use strength-based non-judgmental language throughout these conversations to reduce stigma and shame and substance use and recovery affect relationships and children can be a really strong motivator for change as well. We want to build trust through transparency and collaboration. So this is something that came up last time when we were talking about mandatory reporting obligations in particular, and we want to really be consistent and clear when we are talking about those obligations that we have. Offer voice and choice as much as is possible in child protection processes when you do have to report highlighting protective factors or trying to report together and let parents know that your role is to support the family and not just monitor risk. We can focus on strengths whilst also exploring vulnerabilities.

(00:05:55):

So highlighting what parents are already doing well, their efforts to make change and protect children, acknowledge and consider the whole person, not just their substance use as we've sort of just heard already from our panel. What an important part of this that is. And understanding substance use in context, what need it meets and why. And we want to offer compassion and a nonjudgmental stance which can reduce shame and guilt, meaning every parent where they're at, responding with empathy and kindness to create space for honesty. And that collaboration as well that we spoke about normalise feelings of guilt as part of parenting for all parents, but recognise that it can be more intense for parents who use substances as well. Really important to acknowledge the impact of systemic stigma and potential negative experiences that parents might've had with services in the past as well. And we want to view resistance or defensiveness as a protective behaviour rather than a hostile one.

(00:07:05):

So we invite you to keep these ideas and principles in mind as we move through our discussion this evening. And if you haven't had a chance to view that webinar, it is available as a recording on the MHPN and Emerging Minds websites as well. So given the time that we have for tonight, we won't be touching on certain elements this evening. These include child protection and reunification mandatory reporting, which as I mentioned we did cover in our previous webinar, supporting children who use substances, other addictive behaviours such as gambling and specific practise considerations for Aboriginal and Torres Strait Islander families. We've received a few questions that come under these themes, so really wanted to acknowledge those and that they've come through. But with that we just don't have time tonight to give these topics the consideration that they need this evening. So without any further delay, let's get into our discussion with the panel. I'd like to start by opening up a question to all of you. So I'd like you to imagine we've built up this good sense of rapport and trust with our parent client as per our previous webinar was sort of all about the beginning stages of the conversations. What is important about the overall approach as these conversations progress as we sort of get deeper into these conversations, what's important to remember about our approach? Suzie, I might start with you.

Dr Suzie Hudson (00:08:45):

Sure, thanks Nicole. Look, I think one of the key things is really having it person led. So while we may have some things, whether it's to explore particular strategies or to understand more information about where someone is at, I think every time we meet it's really important to check in with them so that it's really led by them and to appreciate too that the changes happen. So things that we may have explored previously or how people have been feeling about not only their parenting but themselves or their situation. So it's always worth checking in, touching base, and similarly also being very transparent about why we're asking certain things or maybe why we might repeat a question or to explore something there just so that people understand why that might be. And really I too, I think we have an opportunity every time to of course explore the challenging stuff, but also spend some good time really affirming expressing the courage it took for someone to come back. Sometimes a previous session or a previous contact may have been difficult and if they come back maintaining that contact is the most important thing. So really affirming that and acknowledging that and the courage it took for them to continue to connect and noting how challenging that can be is I think really central to maintaining the relationship however things are going along.

Nicole Rollbusch (00:10:33):

Yeah, fantastic. And what about for you, Alicia? What are some of the things that you try and keep your mind?

Alicia Phillips (00:10:42):

I guess there's such persistent, pervasive messaging in society that having a child should be enough to shift an addiction. So I guess that even though there might be good relationship and rapport and a good working alliance, it might take much for someone to kind of be plunged back into that sense of shame and guilt. And especially for mothers, we do give fathers a bit more leeway around substance use and parenting. So I think just recognising you might be kind of doing this rapport work the whole way through. It's not just going to be done and dusted. It might feel a bit frustrating to be revisiting it even as the conversations are going to be progressing and deepening. And I guess the other thing is

acknowledging real world problems that there's likely to be lots of things going on for someone who's got some problematic substance use as well. And it can be really easy, I think for practitioners to want to hone in on the substance use that feels like it's something that might be more in someone's control than say other problems like housing or family violence or trauma, but really you're going to have to be working alongside all those things. It can't just be about going, well, if we just focus on the substance use, everything else will sort itself out. It doesn't work like that. So yeah, just addressing those things as well as part of the work.

Nicole Rollbusch (00:12:33):

Keeping all of that in mind. Yes. And for you, Fiona, I think that was what you were going to talk about, all of those different factors.

Fiona (00:12:44):

And I would love to come to these two ladies if they were my worker because they understand me, so thank you. So I want people to remember that it's difficult to understand if you've never relied on a substance to cope, it's hard for you to understand it from someone's perspective that has. And I also want you to think that I'm not just a drug user. There's many parts of me. I have bipolar genetically, I got bipolar and there's a massive trigger list of divorce and domestic violence and things that work against that. I had DV to deal with and PTSD and I stayed for a long time to keep the family together and to try and fix him. I had finance issues, I had two children with a DHD, I just had daily life. I've got to get them to school, soccer, motocross, all sorts of stuff. And then I had the risk of child safety, but substance use got me through all those things. It helped me to cope sometimes or lots of times it was a bandaid for me to deal with a lot of issues. It wasn't the problem. So I just want you to look at the big picture of why people use substances and more look at what's happening to me, not what's wrong with me. I was using substances.

Nicole Rollbusch (00:14:08):

Yeah, great. Thank you all. I think it's that sort of important reminder to take that trauma informed lens as these conversations progress and constantly reflecting back on what might be happening in the client's context as the conversations progress and maintaining that respect and collaboration along the way as well. So thank you all for that. What are some of the most common practise challenges that might arise when we're having conversations about children's wellbeing with parents who use substances? I might throw that one to yourselves. Alicia and Suzie. Alicia, did you want to jump in first?

Alicia Phillips (00:14:55):

Yeah, sure. I guess one of the things I want to raise, it might be quite different working with someone where their primary substance is a bit more culturally celebrated rather than a substance that's really stigmatised. So I guess, yeah, if someone's problematic substance is alcohol or cannabis, even medication use, we have a lot of tolerance for the harms that alcohol does. And so there's lots of kind of narratives to rely on for someone to kind of normalise their use, even if it is happening at unsafe levels. So it might be that there's a bit more work needed with a parent where the alcohol's the problem about helping them understand the impacts and helping them really assess what their



alcohol use is like and why it's kind of well beyond the safer guidelines when someone's using a substance that's more stigmatised. And this can also include alcohol. If it's stigmatised within their culture, their religion, then there's already going to be feeling a lot of the weight of guilt and shame and probably more readily understanding the impacts, but the shame is going to get in the way of the work. So there'll be more attention needed to how to have conversations that are safe enough.

(00:16:49):

And I guess it's really checking in around people's culture and community and what that substance means for them, or even in their family might be. There's a history of problematic use of a certain substance. So for them it's very personally stigmatised. So that'll help you guide you about how much you need to be working with the shame and the stigma.

Nicole Rollbusch (00:17:19):

Yeah, thanks.

Dr Suzie Hudson (00:17:21):

Yeah, I agree, Alicia, with all of those things that you've talked about, I think we can be very, there's a lot of stigma associated with certain substances and perhaps less so with others. I think keeping the conversation going about substance use levels, so just frequency, those sorts of things, it might be fluctuating over time. They can pose some challenges because people can be really working hard to maybe the way they might use a substance. But as Fiona was saying, there's often a strong relationship there for people in terms of how they manage themselves. And I think some of those other conversations that are really need to be explored delicately is helping people to understand that while for them they may feel like the best version of themselves is using a particular substance, they can get things done, they are on time, they can juggle a load of things, helping them to appreciate that even very small children are quite perceptive about changes in how a person turns up in the room or in a place or space.

(00:18:33):

And so we want to have these conversations, not to contribute to people's feelings of shame, but actually just to talk about some of the nuts and bolts of how behaviour can be received by a child, even a young child when they're trying to connect with a parent. And in my experience, when you can unpack it in a really educational way and talk about it for every parent that when we are distressed or when we are tired or when we're distracted by a phone for example, these are all moments where perhaps we don't connect in the ways that we might like to. And normalising that that substance use is another one of those things that might be a distraction or just might have us not connecting in the way that we might like or a child might need from us at a particular time. That's a really useful and healthy way to talk about what is quite a challenging conversation because of course, parents inevitably are trying their best, all of us who've experienced trying to attempting to raise children, we aren't always at our best.

(00:19:43):

And so I think it is worth having some of those conversations because sometimes we're not aware and really creating a space where these difficult conversations can happen as well really I think starts to actually deepen rapport rather than necessarily having it impacted upon negatively. So I know it's

really, again, framing it as to why you might be having those conversations but not shying away from them either. I think sometimes if we're really trying to work genuinely with someone, they actually would expect us to talk quite frankly about some of these more difficult conversations. So to really absolutely check in, create that safe space, but don't shy away from having those more difficult conversations.

Nicole Rollbusch (00:20:37):

I think that's such a great thing to remember that we can be afraid of stepping into those challenging conversations for fear of rupturing the relationship, but actually if we've built that sort of relationship, then perhaps that there's that expectation that we will delve into some of those challenging things with the parent as well. And it's really interesting that you brought up Suzie, the talking to parents about the impacts of substance use on children and their wellbeing. That was a question that came through a couple of times when people registered, they were saying, how do we have these conversations? Do we actually bring up the list of, well, not the list of the impacts that without listing them off? That was my confusion. We don't want to just list them off. How do we bring up those impacts in a way that's not shaming and blaming? So yeah, thanks for,

Dr Suzie Hudson (00:21:39):

Yeah, and on that, Nicole, I just think it's so important that we put it in its context that substance use is one part of a behaviour or us one thing that can get in the way of connection, but actually there's lots of daily living things that can also do the very same thing. And I mentioned phones for example. We know that they are a massive distraction for all of us, and so it's putting it in its place, which is that there are lots of things that might get in the way. And you're quite right that again, as Alicia and Fiona have said, it doesn't always need to keep coming back just to the substance use. That's one particular part. And we want to really think more broadly about all the things that might get in the way of connecting or

Nicole Rollbusch (00:22:25):

Yeah. Yeah. Thank you. And something that you said there as well around being the parent that they want to be or responding in the way that they would like to. Kind of leads me to my next question, which was about parenting values and how practitioners can help parents to reflect on their parenting values and what's important to them as a parent and why this actually might be a good strategy for practitioners who are working with parents who use substances. So I might invite Alicia to respond to that one first.

Alicia Phillips (00:23:01):

Yeah, thanks Nicole. Yeah, I think this is a great kind of conversation and way to maybe even start the conversation about talking about someone's children. It can be really useful to, a lot of clients mightn't have actually thought about the fact that they hold really strong values about what they believe their kids deserve, and really strong hopes and intentions for how they want things to work out. And even it's not just about individuals. What does their family, what's really important to them as a family and how do the values they hold, how do they show up in the family? So it's starting with that place that the good work is happening. There are some, let's start there and start listing what's

working really well before moving on to maybe what's not working in line with their values. And if someone's finding it hard to kind of think about their values as a parent and what's important to them, it can be a useful conversation to have them think about their childhood and kind of what needs were met, what needs weren't met, how did that help them decide what kind of parent they want to be, what have they taken from that?

(00:24:45):

And I guess there's something else I did want to add though around if someone's parenting journey hasn't started in a safe space, and this is going to be quite common for a lot of women who use substances, they're more likely to experience unplanned pregnancies. They might have less control over reproductive choices. We might have conception from sexual assault or reproductive coercion, so there might be some ambivalent feelings or even trauma about how the journey started to becoming a parent. And so I think it might be useful to name that if that's there, and that can coexist with absolutely overwhelming boundless love for their child. So I think that can be a useful conversation to have to break down that white picket fence ideal that clients might assume that you are holding as the ideal of parenting and families.

Nicole Rollbusch (00:26:01):

Yes. Yeah, I love that, that they can coexist together, that that experience can coexist with the parent also having hopes and values and things as well. And I appreciated you mentioning that parents might not know what their values are as well. I think if any of us get asked, what are your values? You sort of go, I'm not sure, and it might be the first time they've ever been asked as well. So yeah, that talking about potentially their own experience of being parented and what they wanted to take with them and what perhaps they wanted to be different might be useful in those settings as well. For you, Suzie, what advice do you have for practitioners around these conversations?

Dr Suzie Hudson (00:26:50):

Yeah, I think the idea that people's lives are very black and white, I think we need to step back from that, that as Alicia was saying, there is an ability to hold all these different parts of self. And so I think that idea about values is often, it might not be a conversation that people have had. Often there's an assumption for particularly women who use substances that they've lost care about or they don't care about these things. And so I think initially it may be absolutely quite a challenging conversation, but actually in exploring it and giving it oxygen space, you are actually providing a message to that person that you believe that they absolutely have these thoughts about these values and that this is an opportunity to explore some of those. I think too, there's a lot of fear around, particularly if someone hasn't had a good experience of being parented themselves, and this can be for all parents, that they won't be able or capable to do anything other than what they themselves have experienced.

(00:28:13):

And I think it's really incumbent on us as people walking alongside them to break that down a little bit to actually offer the fact that it's not pre-ordained. That absolutely our childhood experiences do indeed shape many of the way we might feel or all the things we may do, but that actually this is a really great opportunity to unpack that a little bit and not necessarily assume that because of the things that perhaps you didn't have or you weren't afforded or the love or the care that perhaps you

wanted, that you're not able to do that for your own children. So I think breaking that down is really important because I think that's carried by a lot of people and all of us are learning on the job. We will make mistakes, we will get it wrong sometimes. And that's normalising that for all parents I think is really healthy and helpful.

(00:29:18):

And really, I suppose picking up on what Fiona was saying before about this whole person trying to really pick up, particularly in experiences of say, domestic family violence experiences or situations that people found themselves, and as Alicia said, maybe sexual assault experiences. It's also about identifying acts of resistance. So that is that behaviour that people have engaged with to push back against some of these very difficult experiences and why it might've appeared to everyone on the outside that they were just giving up or not pushing back. I think it's also useful to unpack that for people because that then reinforces the huge amount of strengths that people have. And then in spite of all of these challenges, they've kept turning up, they've kept showing up, they've kept trying to do their best. And there are a few spaces, particularly when it comes to substance use, that that's really provided lots of oxygen. And I think that's really something that we need to highlight all the time and repetitively really highlighting those strengths and acknowledging that there are challenges ahead and that we can face those, we can grow those strategies as we go.

Nicole Rollbusch (00:30:42):

Yeah, absolutely. And within those acts of protests or acts of resistance that you're talking about, you can really discover things that are important to a person through those conversations as well. Yeah. Thanks Suzie. And Fiona, I think you're able to speak really well to why this can be an important strategy for practitioners. Did you want to share with us?

Fiona (00:31:12):

Yeah, sure. Well, I gave up on Mother's Day because to make my children a milkshake or to make my children a sandwich, I used to sneak off and have a bong first, and I didn't want to do that anymore. That's not the mum that I wanted to be. I knew what kind of mum I wanted to be, and really that was my motivation to change. So now I still smoke cigarettes, but I've got grand babies now and they're a big motivation for me to give up smoking now. I actually just went to the doctor today and got my champix, so I'm on the road, but knowing what sort of mum or and grandparent that I really want to be is really helpful in making me make changes. Substance use was one thing that was stopping me from being that parent. This also reminds me about another resource that I worked on with Emerging Minds. It's called When We Are Really Struggling to Parent, it's available in the resource pack. It's about supporting parents to be good enough parents. It talks about how we don't have to be perfect and we will make mistakes and things that get in the way of us being the parent that we want to be. But what's important is that we keep trying to be the best parent we can and practitioners can help us to work out what's important to us and support us to get to where we want to be.

Nicole Rollbusch (00:32:35):

Yeah, great. Thanks, Fiona. Yeah, as you mentioned, there's that resources available in your resources pack so you can check it out. But yeah, really important to, there's real value in being



curious and exploring what's important to a parent and their parenting and in their relationship with their children as well. Yeah. So thank you all for that. I wondered if as we move deeper into these conversations about children's wellbeing and some of the challenges, we've touched on this a little bit already, but what can help maintain rapport and trust with parents whilst also addressing those difficult realities that you do have to address in your conversations? And if there is a rupture in the relationship with a parent, how do you repair? How do you work to repair that relationship? Alicia, did you want to jump in?

Alicia Phillips (00:33:47):

Sure. I might jump to rupture first, and I guess it's not, this is Suzie's point before about not wanting to shy away from conversations. It's not really our job to kind of avoid ruptures, but when they do happen, it's kind of our role to make the most of it as part of the work. I think it's a real opportunity kind of model and coach, emotional availability, attunement, validation, and they're probably the skills that you would really like to see your clients increasing their capacity in because it's that lack of emotional availability that often is the impact when a parent's using substances in a problematic way.

(00:34:53):

So I guess for practitioners, yes, seeing it as an opportunity, staying regulated, doing the work to be able to keep yourself regulated in that space and in connection with your clients. So you can sometimes working through a rupture is the work. It might be the difference that that client hasn't experienced before. And I guess when we are talking about substance use, those ruptures can be more likely to happen because stigma isn't just in our minds, it results in real discrimination and injustice over someone's lifetime. So a rupture isn't necessarily about what just is happening with you in the room with the client. It's your client's whole history of being discriminated against, being overpowered treated badly, but it's also a great opportunity to work through.

Nicole Rollbusch (00:36:11):

Yeah, yeah, absolutely. And I really appreciate that idea of that healing and growth can happen in that safe relationship and it being an example of perhaps a relationship that they may not have experienced previously as well. Thanks, Alicia. What about for you, Fiona? What's your experience around this?

Fiona (00:36:36):

It'd be great if you would just remind me how well I'm going in all the areas you're working with me on. If I have a lapse, normalise it. It's okay. It happens. I feel like, I don't know, I think you guys know this. I think the hamburger effect, tell me something good I've done, then put in the little bit of bad and then tell me another good thing that I've done. And then it just covers that little bit of where you've got to grill me about that because I need to be told I need to be helped. I want the help. So yeah, just keep working with me and work on positive things that will just make me feel good and not make me want to run away after a rupture.

Nicole Rollbusch (00:37:26):

Yeah. Yeah, I love that. Where there's something that needs to be talked about that's a bit tricky. Sandwich it between a couple of things that are going well as well because as we've said already today, there are things that are going well as well as some of the tricky things. So we can draw on both of those things. Those two things can be true at the same time as we've sort of said. What about for you, Suzie?

Dr Suzie Hudson (00:37:58):

Yeah, I totally agree. I think that can, I think the first thing to recognise particularly when experience of tension or rupture might be occurring, the fact that the person is still with you, they're right there with you, and that's where that positive reinforcement comes in. And clearly it's quite right as Alicia said, that actually our job is to also to be able to hold space even when it's really difficult and someone is very angry and upset. And I think sometimes we can rush to these places and spaces of we've got a zero tolerance to negative behaviour or what have you. And whilst I'm absolutely not saying that we should be unsafe, I do think we need to expect that these are really difficult and emotive things. And as Alicia has said, long-term experiences of stigma and oppression for a lot of our Aboriginal and Torres Strait Islander peoples, there's a lot of hurt there.

(00:39:03):

And actually part of our role is to be able to hold some of that hurt and hear it. That doesn't necessarily mean that we're not able to be putting in good boundaries or helping, but if we can stick in there and with that and work through, as Alicia said, we often then grow people's capacity and we can maintain the contact. Because the reality is if we're talking about child safety, if we can maintain contact even when it's difficult, that's better for everybody. It's absolutely better for the child, it's better for the person, the family, and the community if we can keep people engaged. And so I suppose the other thing that I would really want to share with people is that also as a worker, we might want to signpost that there might be some difficult times in this relationship and that we are here for that, that we also might want to check in about how we might contact someone to check in to make sure that they're safe.

(00:40:15):

And I say that because if we don't do that regularly, and often what can happen is there might be a difficult conversation and then maybe we lose touch of someone and they might not attend the next session or appointment or what have you. We want to be really clear with people regularly and often that we are going to want to know that they're safe. They might not want to come to see us and we respect that, but how might we find out that they're safe, that the children are safe? And I think it's putting these really comforting boundaries and structures around people also indicate that we are here for the long haul. We're not going anywhere. Things will happen. It will get difficult, but we're in for the long haul and we're going to keep checking in and you may not want to come and see me or what have you, but actually if we can maintain a little bit of contact, this will be better for everybody.

(00:41:17):

And I think that's really worth saying. And I think that goes a long way. And certainly in my experience when I've been walking alongside people is just knowing that you're not going to give up can be really reassuring. And in fact, people will, they've been a lot. They've potentially been abandoned a lot. And so if we can stick in there and demonstrate that we are not running away, that

can really help them to not want to run away from some of the things that they might need to do in their own life. So I think as best you can, ensuring that you are well supported as a worker means that you can hold that space. That's why we are there.

Nicole Rollbusch (00:42:00):

Yeah. Right? Yes. And it's that message of, I can hold this with you, isn't it? And creating that safety in that relationship to encourage these tricky conversations to happen as well. And one of the things I wanted to ask about, it's sort of related to having challenging conversations, is that when we are talking about values or what's important to parents or what's important for them to be doing as a parent, we also know that substance use challenges these desires and gets in the way of being able to be that parent. So what's important for practitioners to be thinking about or what's important in their approach when a parent's values inevitably conflict with their behaviour? Perhaps it's one of those things, Fiona, that you mentioned before that kind of has to be brought up with, you want it to be brought up with you. How do we raise this without causing shame or guilt?

Fiona (00:43:16):

If I tell you something that I've done that conflicts with my values, I don't want to be told off or made to feel like I've failed. I would like supportiveness, like, oh, okay, it's not great mate, but hey, let's have another go at it. So you're not running or you're not going, ah, she's not trying. You keep working with me. Highlight times to me when I have been able to be the parent that I want to be and just keep working with me to help me to get my goals. And also be mindful that what's happening with me, maybe I've failed again in my reducing my use, or I've taken it up again or I have had a lapse, a big lapse. Just be mindful that there might be something going on. There might be some DV going on at that time or some other thing about me. You've got to look at the hole me again and think, okay, that's probably why Fiona's having this lapse and just keep encouraging me to go along with my values.

Nicole Rollbusch (00:44:31):

So partnering with you around your goals and helping you to achieve those goals, but also that mindfulness, that perhaps there's things that are getting in the way that are outside of your control as well. Yeah. Fantastic. What about for you, Suzie? How do you bring up potential conflicts like this?

Dr Suzie Hudson (00:44:58):

Look, I think it's useful to acknowledge that there will be difficult conversations. I think highlighting that with people early is useful, that that is part of the work and why they're there. I think Fiona is exactly right. I think sometimes when something is going not as planned, so people perhaps not turning up to things or maybe there is an increase in use frequently, there's a reason for that. And I think you need that gentle curiosity about what might be happening for a person and really stepping back from judgement about whether it's good or bad and more about what's happening, what's really going on for this person at this time. And so I think some of those difficult conversations also is linking it back to what we spoke about before a little bit, which is about those values, so that recognition that people are really wanting to do the best.

(00:46:02):

And so if we position ourselves in that way, we can then we're better able to have some of those more difficult conversations because actually you're guaranteed that they themselves are feeling that already. They don't need necessarily you to tell them that they're already there. And so again, what's more constructive is what are we going to do now? What's next? How do we use this as learning? How do we build on the things that are already progressing really well because the idea that somehow greater judgement or increases in shame somehow is the catalyst for change. I think what we really want to let everybody know is that that's rarely the case. In fact, we would probably say that that's not the best way to be supporting somebody. I think there's a lot of narrative in the past things like hitting rock bottom, for example, or getting to a point where there's no lower to go. (00:47:13):

I think we've sort of created some of these narratives that have workers sometimes feeling like, well, maybe they really need to see how bad things really are going to get. And in my experience, that's not the case actually. We're much better really being transparent, unpacking and talking about what led up to a particular situation, what else is going on, what are the other supports we might need? This is a far better way. And building on those strengths because you can pretty much assume that the person that you're walking alongside is already in those places of shame and self-doubt and overwhelm. And so jumping in there with them isn't necessarily going to support or assist. And if there is any way that we can maintain the contact, that's where we really need to position ourselves.

Nicole Rollbusch (00:48:08):

And I appreciated what you said a bit earlier around that this is part of the work. It's communicating with the parent in front of you that there are going to be tricky conversations, and that's all part of it, that's you're here to make some changes. So we are going to tackle some of those things.

Dr Suzie Hudson (00:48:31):

And I think just one other thing to say, Nicole on that is that in some services we get very focused on the rules and rules and routines are very helpful, boundaries, very helpful. But in my experience too, sometimes if we are in a rush to exit people or ban people from services, that's the work walking out the door. And I want to really encourage people to Absolutely. People need to be safe. People need to be knowing what the boundaries are around interactions and communication. But I really want to encourage everybody where you can to appreciate that this is the work. And then when some of these difficult moments are happening, try to really lean in as best you can, and that's where you get your team around you or your clinical supervision to support you and to really see that these are opportunities, and if we can hang in there and be that champion alongside somebody, change can really, really start to take off.

Nicole Rollbusch (00:49:35):

Yeah. Great. Thanks. Thanks, Suzie. We've talked a lot about supporting parents to connect with their strengths as parents. Are there particular strategies that can support parents to do this even when times are challenging? Alicia, I might jump to you that one.

Alicia Phillips (00:50:01):



I think this is about reflecting back to clients, their progress. I often get so surprised if I've been working with someone for a while and they're feeling a bit stuck in a rut, how useful it is to talk about what the work was like when we first started and the progress that I've, and I think when people have their eye on this goal, but still in the future, they can forget how far they've come and all those little steps add up. Often changing substance use an addiction. It's not one big dramatic thing. It is actually lots and lots and lots of little decisions and little steps and building up resources over time and use the knowledge that you have about your client, about their kids, about their family's values, all those lovely curious conversations you had earlier. This is where you pull that out again. And I guess maybe if it's someone you're working with and it's bit newer and you don't have that knowledge, it might even be useful to think kind of why isn't this worse? They're doing something that the situation isn't worse than it is now. So that might be a way to kind of start recognising, helping them recognise the strengths and using that harm minimization mindset that they are actively preventing things from getting worse.

Nicole Rollbusch (00:51:55):

Great. Thanks. Alicia. What about for you, Fiona?

Fiona (00:52:00):

Yeah, thanks, Alicia. That was great. Even if there are things that I'm struggling with, just remind me about all the things that I'm working with you on that I'm doing great in. Because like you just said, when I first came in, I was, and so far all these little steps, like SU said as well. Yeah, just remind me how well I'm going and you can talk to me about safe use and harmonisation and stuff, because I didn't turn out to be the parent that I wanted to be, but I was good enough. And my kids have come through a lot, and they're decent people now. They're adults now, and they're awesome. I'm very proud of us. We're a very loving, caring, and connected family, but so just keep working with the people and keep praising them. It's really the more praise that you give us even along the way, it's just going to keep us there and keep us connected.

Nicole Rollbusch (00:53:03):

Yeah, right. Thanks, Fiona. Yeah, it links back to sort of what Suzie was saying around keeping that connection with the practitioner. And yeah, I think it's true for all of us that we will always focus on how much further we have to go, but never look back at how far we've come. So I think that's such an important point that you both raised there around. Yeah, it's all these little steps that make up not one big thing. It's all these little steps. And we can take stock of those and notice those even when might not be exactly where they want to be, but there are so many things that they've done that are a step towards that as well. Yeah. Thank you. And something really important in all of this is that we are not doing this work alone. I think Suzie sort of touched on this just before. How can practitioners collaborate across services, I guess, to support both the parent and the child as well? Suzie, did you want to jump in?

Dr Suzie Hudson (00:54:22):

Yeah, absolutely. Nicole. I think it's crucial that part. Our work is very person centred. We are there with the people that we are there to serve, but it's also to connect with these other services that we

may need to come in and be part of the team. I often say to people coming through the door that I work alongside, that I'm there providing support to them, but there may be times where we need other people on our team, other people to provide specialists input or who can open doors that I can't. And so it's incumbent on me as a worker to not only do that work that we love, which is connecting with the people, but it's also connecting with our colleagues, knowing who your local child protection people are, having met with them, knowing who you might call if you had concerns that you are working to support them in their work. Many people, whether they are anyone from child protection worker to a gp, to a mental health worker, people can get quite reticent or overwhelmed by substance use. And so our job, if we have that specialty, is to support the other workforce really plugging home that harm reduction harmonisation that everyone's been talking about tonight, equipping people with that knowledge, making sure that they know things like where they can get and support people to ensure that if they are going to use that they're safe, that they're healthy.

(00:56:07):

Establishing these contacts really early means that when we need them, it's a lot easier to access that we are not doing this on our own. That there are specialty workforces in the violence, abuse, and neglect area where just connecting with them regularly sharing our expertise is enormously helpful. So I think it's really key alongside that front facing work that we've got good connections with those other services too, and that we work as collaboratively as we can whilst all the time ensuring we've got any consent from the person we are walking alongside for that contact or that information sharing and letting them know really early on that this is the way we work, that it's good to have a team with you just in case we might need them.

Nicole Rollbusch (00:57:01):

Yeah, fantastic. And yeah, it's sort of that behind the scenes, those relationships are being built and those connections between services are being built and just even knowing the workers to have that connection as well. What about for you, Alicia? What advice do you have around collaborating?

Alicia Phillips (00:57:24):

Yeah, I'm definitely going to second everything Suzie said. Caring for others can't be solo work. So it does take a village, and we're modelling that too for our clients. Let them know you do work in a team, you have supervision, you have your supporters that help you do this work, let 'em know that you reach out for specialist knowledge when you need it because you can't know everything. I think that sometimes practitioners working in the AOD space can get quite protective about their clients because they don't want them to experience stigmatising discriminatory responses from other services. So they might shy away from collaborating, but it can be a really good opportunity to actually advocate and as Suzie said, provide the AOD expertise in that space while working with another service.

(00:58:35):

And there's also something about role modelling and coaching for your own clients. There's lots of times that I've sat with clients and I've helped coach them how are they going to make this phone call to the school or to send a link and how are they going to do it and not kind of get so frustrated and dysregulated? And sometimes it might be about seeing me talk about them in a really respectful

way to another service and to advocate for them. And so you're actually upskilling your clients to be able to do this for themselves and for their children while helping them reengage back with the village that their kids are going to benefit from.

Nicole Rollbusch (00:59:27):

Yeah. Great. Thanks, Alicia. And I really loved what you said about caring for others is not solo work. That yes, it's, we need people around us to support us in this work as well. Yeah.

Dr Suzie Hudson (00:59:45):

And can I just pick up on that point exactly as Alicia has said, is that substance use, particularly when you're a parent, can lead to a lot of isolation as Alicia and Fiona, I think you've said that your likely place is to pull back is to not engage, is to not be for fear of what that might mean or the judgement that you might receive. So I think there's a huge effort in that role modelling that Alicia talked about, that how do we help people and guide people back to connecting with others, whether they're services or friends or family or whoever's a useful and supportive contact. Because frequently they're the things that have fallen away and we've got a job perhaps to support somebody to reconnect and to sort of help those around 'em to be able to connect as well. So frequently, a lot of our systems and services are very individually oriented. We're just working with this. And I think all of us here would say that's not really all that effective. We really need to be thinking about the whole person in their context, in their social system. And so how do we also help those around them to reconnect?

Nicole Rollbusch (01:01:03):

Yeah, absolutely. Thanks Suzie. And what about for you, Fiona, as the lived experience perspective on collaboration?

Fiona (01:01:13):

Well, I would want to be connected with multiple services. I think that's what would've helped me to get off substances, because if I was connected with DV support, connected with family support, connected with AOD connected, but they need to talk to each other. Like you're saying, just because you work for one service doesn't mean you can't talk to this. You have to talk so that you can support me as the whole person. And one other thing, when someone's traumatised, the hardest thing is to tell your story over and over and over to this service, to that service, this service, which is a bit tricky, but I'm wondering if there's a way that we can give permission to share our story. Like I go and talk to one worker and then I give them permission. You can tell. And then I don't know how that could be done, but peer support to me is really important. Someone a peer support worker, they just get it, lived it, et cetera. So yeah, I just think connected services,

Nicole Rollbusch (01:02:21):

Yes. And so true about that experience of having to repeat story over and over again. And as you say, having all of those different services would've been so helpful, but it can be really offputting if you have to talk about it every time you go to a different service. Yeah,

Fiona (01:02:48):

You end up reliving it. You have to relive it and relive sometimes more traumatic things than the drugs that you, you're using. The drugs aren't great. The drugs aren't great for the kids, for the family, for you even. But sometimes having to tell your whole story is just as traumatising and it can almost put you off going to get help that you need. So the more the services can share and share the story and work together.

Nicole Rollbusch (01:03:19):

Yeah. Great. Fiona, yes, as Suzie said that getting that permission to share, making sure that that permission is there and really supporting the parent to transition through those services as well, as you say. So thank you for that really great discussion. It brings us to the q and a portion of the night. I'm mindful that we do have limited time for it was such a great discussion. I hope that it's answered a few questions as well. But if you would like to ask a question, we are very happy to receive those. You can click ask a question. There's three dots in the bottom right corner of your video panel, and you can click ask a question and pop a question through if you have one. As I mentioned, we unfortunately won't have time to get to all of them, but a question that's been asked by a few people has been around motivating parents to change, I guess, through what's been described as healthy guilt or accountability. And I really wanted to put that to the panel to talk a little bit about, to comment on this kind of approach. And Alicia, I thought I might start with if you

Alicia Phillips (01:04:50):

Yeah, thanks Nicole. I think this is a really interesting question and it comes from a really well intentioned place. I guess when I think about this, I didn't speak, I haven't spoken yet tonight about my own lived experience with addiction. I touched on that a bit more the last webinar, but this question kind of really makes me reflect on what helped me to change mine and my daughter's life so dramatically 20 years ago. And it wasn't healthy guilt, I guess thinking back, it was actually the really boring things that mattered. More kind of housing, getting out of a violent relationship, reconnecting with family, social connections.

(01:05:49):

I actually think at the time as a new mom trying to really get used to living life very differently. I didn't have capacity for that level of guilt or even, it's actually taken me years and years to really be able to comprehend kind of the impacts and the potential harms for my daughter, both prenatally and as an infant, and not just the impacts of substance use, but also the impacts of homelessness, violence, poor physical health. So I think if someone tried to help me change by wanting me to feel guilty about the substance use, but then they're not taking all those other things into account, it would've left me feeling just really quite hopeless and defeated. So I guess my thoughts are what is necessary for someone to be able to change. And change isn't just about insight and then a decision and willpower. We know that's not really how people are able to shift out of addiction. It's about how do you address those other needs as well. Because if you're only offering guilt, I think we're more likely to keep people stuck.

Nicole Rollbusch (01:07:29):



Thanks, Alicia. And that really calls back to what Fiona was saying as well around all of the different things that were happening at the time and how yes, if we are not looking at those things and we're just creating this sort of sense of guilt around substance use, it misses such an important part of the conversation and the person, as you say, we need to be looking at the whole person. So yes, thank you. Thanks for sharing that experience. I think it helps to sort of reflect on, yeah, what is helpful in that when we're talking about what healthy guilt actually looks like as well. Did anyone else want to comment on this idea of accountability and healthy guilt? I'll throw to one more question. We've just got a few minutes left. And one question that's also come through a little bit has been around how practitioners can support parents who might be getting pushed back and forth between different services and specifically mental health and AOD services. And I just wanted to, in light of the conversation, we had a bit about collaboration. I wanted to ask Fiona about this question because I know that this is an experience that you have had yourself. Did you want to share a bit about that?

Fiona (01:09:04):

Yeah. So my drug use didn't cause my mental health problems. Substances actually saved my life many times. It might sound silly, but my bong was my best friend and I could have a bong and everything felt okay. And it helped me through many crises. And even on a daily basis living in the dv, my partner would come home and he'd be angry about, oh, why didn't you make me a coffee today? So I was always on eggshells, what's it going to be today? So the next day, I am making him his coffee thinking I've got it right today. And then he'd come in, oh, why am I always has to bring the bins? And it was just whatever, something would happen each day. So I did before he came home, I had that bong to give me the confidence to deal with him, to cope. When I'm pushed from a mental health service saying, oh no, you smoke drugs, that's your problem. You don't have any mental health issues, it's not right.

(01:10:09):

I believe that I definitely had a mental health problem, which was bipolar, and I used the bongs as a self medication for a lot of my life. Once I got diagnosed in my early thirties, I got diagnosed with bipolar. And I slowly went along on medication, mood stabilisers, and I was balanced. I was just cruising along at a normal level, a little bit happy, a little bit sad, a little bit happy, not over the top, and then depressed. And my medication balanced me, and that's when I gave up on Mother's Day because I didn't need the substances anymore. So yeah,

Nicole Rollbusch (01:10:52):

I think that's a really good example of how the two don't exist separately. You can't say that if a parent presents to a mental health service where you have that AOD, you have an addiction. So you have to go to an AOD service. And then the AOD service says, Hey, you've got a mental health issue. You need to go to mental health. And I think the collaboration that we've spoken about tonight is the way to support parents to navigate that. Because if we're all talking to one another, then we can have these conversations between services and provide that support for parents who are trying to navigate that service. Did anyone have anything they wanted to add about that?

Dr Suzie Hudson (01:11:48):

Yeah, just to say that all the evidence would say that addressing the alcohol and other drug, if that's what the person wants and their mental health at the same time is best practise. It's not stopping one thing and doing the other thing. And to remember for a lot of people, if they've been using a substance for a long time, that is their normal. So this idea that if they were to stop using that substance that this would make it easier to be assessed or engage is not necessarily the case, then we perhaps are then looking at withdrawal symptoms. And that might be another factor to consider. So I suppose what I would be saying is that at all times we need to be meeting people where they're at, they're coming through our door, and perhaps we feel unsure about their outcome of the drug use, or we feel unsure about their mental health concerns. That's where we need to collaborate together. Perhaps I've built the relationship with somebody and perhaps I'll get some support with regard to mental health, but the reality is that the same sorts of interventions or psychosocial interventions can work absolutely simultaneously and either are effective for both mental health concerns and substance use.

Nicole Rollbusch (01:13:08):

Great. Thanks, Suzie. That's great. So that brings us almost to the end of our time together. So I just really wanted to invite the panel to help us close to share a key takeaway or reflection from tonight's session. So Alicia, I might start with you. What's your key message from tonight?

Alicia Phillips (01:13:33):

I think it's just to lean into the good intentions that people have for their children and for themselves as parents. And that's really the foundation of what you can work with to get them into a place where they are kind of being able to be closer to the parent that they want to be.

Nicole Rollbusch (01:13:58):

Yeah. Fantastic. Thanks. Alicia. What about for you, Fiona? What's your key takeaway?

Fiona (01:14:05):

Just to remember to look at us as a whole person. I'm a lot more than someone that just used drugs underneath. Everyone wants to be the best parent they can be, really. And just, I wanted to thank everyone for listening to my story and I hope this webinar has helped to broaden some perspectives and to take away some of the stigma of the parents' experience that use substances.

Nicole Rollbusch (01:14:33):

Right. Yeah. Thanks Fiona. And yes, thank you for sharing your story as well. And Suzie, what about you?

Dr Suzie Hudson (01:14:43):

Just to say that if you've had the fortunate opportunity to connect with somebody about their substance use, about their parenting, grab that opportunity with both hands, be their advocate, be their support, stick with that, and really bring that curiosity, lean in, see that whole person. And I think what's tonight's been really evident is that working alongside people with lived and living experience is crucial to good service delivery.

Nicole Rollbusch (01:15:11):

Great. Thanks. Thanks. Yeah. So thank you to each of you for sharing your knowledge and experience with us. It's been really wonderful to have you with us. And thank you as well to our audience for joining us too. Please do let us know in the feedback survey. There's a button below the video, what you enjoyed about tonight's session, and if there's anything we can improve on in future sessions as well, we always love to hear from you Emerging Minds and MHPN. We'll be back in 2026 with more collaborative webinars. So please do keep an eye out in your inbox for the invite for the next one. So thank you again for coming along this evening. We hope you enjoyed the discussion. I certainly have, and we look forward to you joining us again in the new year. Thank you.