

Beginning Child Aware Conversations with Parents Who Use Substances

Nicole Rollbusch (00:00:01):

Well, welcome everybody. It's great to have you with us this evening for tonight's webinar. And hello to those of you who might be watching this as a recording later as well. Before we begin, I'd just like to acknowledge the traditional custodians of the land upon which we are meeting today across many lands in Australia. I'm on the Kurna lands in Adelaide, and just like to pay my respects to the elders past, present, and emerging, and just acknowledge that deep connection that the Kurna people have to this land and the importance of that to the mental health and wellbeing of Aboriginal and Torres Strait Islander children and families.

(00:01:00):

So my name is Nicole Rollbusch and I'll be moderating tonight's session. I'm a practise development officer with Emerging Minds, and it's my great pleasure to be joined by our fantastic panel this evening. So we have Fiona, our child and family partner, Alicia, AOD specialist, family Violence Advisor, and AOD family counsellor, and Dr. Suzie Hudson, clinical advisor for the Centre for Alcohol and Other Drugs. It's really great to have the three of you here. I just wanted to introduce each of you to our participants today. So Fiona, I might throw to you first, what was it about this webinar that was important to you to be a part of it? You're just on mute there.

Fiona (00:02:01):

Sorry. All good. I want to help my, sorry. I want to help use my storage, help others. The help wasn't there for me when I needed it. The only help I had was the library book, and I feel today there's so much resources like this, for example, and I just want to share my story and hope that it helps.

Nicole Rollbusch (00:02:30):

Yeah, it's fantastic to have you with us and your generosity in sharing your experiences to help others. So yeah, thanks for being here. What about you, Suzie? Why was it important for you to be part of this?

Dr Suzie Hudson (00:02:47):

Oh, look, it's really important for me to be part of this. I've been working in the alcohol and the drug sector for over 25 years, and I'm extremely passionate, particularly about combating the stigma and discrimination that people who may be using alcohol or the drugs experience, and particularly those who are parents who want to love and care for their children. And so I feel like there's a real opportunity to continue to remind everybody about their role in this work and to build their confidence to lean in and really provide that support. So it's a pleasure to be here.

Nicole Rollbusch (00:03:24):

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Great. Thanks. Thanks, Suzie. It's great to have your experience here with us as well. And what about for you, Alicia? What was it about tonight that was important for you?

Alicia Phillips (00:03:38):

Yeah, a bit of a blend of both what Fiona and Suzie have said. So yeah, I've been working in the AOD and mental health services for many years. I also have my own lived experience of addiction and now working as a family therapist in the AOD space. So this topic's a real convergence of my personal and professional experiences. Similar to Fiona, I found myself pregnant while managing addiction over 20 years ago, and I was also on pilot pharmacotherapy programme at the time, which is part of the reason I was healthy enough to conceive.

(00:04:24):

And I guess for me it was terrifying. There were so many questions and worries and fears, but the messaging I got from the health services I was interacting with was, if we're not talking about your baby, that's actually good. It means we're not reporting on you to child protection. And yet there's so many conversations that it feels like it would've been really helpful to have. So for me, this webinar is really about how do we support parents in the middle? They're somewhere between, everything's fine and we don't need to be talking about this too. We're making a report to child protection and there's so much more lovely work we can do in that middle space.

Nicole Rollbusch (00:05:10):

Yeah, fantastic. Yeah, as you say, really important conversations and really grateful that you are here sharing your experience as well from that dual lens that you are bringing tonight. So yeah, thanks for being here, Alicia. It's great to have you. So yes, welcome to the three of you. Really looking forward to this discussion with you all tonight. So through tonight's panel discussion and we'll have a q and a as well, we are really aiming to support practitioners who are working with parents who use substances across a variety of settings to introduce conversations with them about their children's wellbeing. And this is the first of two webinars on parental substance use and child-focused practise. I'll tell you a little bit more about our second webinar at the end of this one. You would've seen the learning outcomes for this webinar already. I won't go over them in great detail, but here they are. And just to say, I think the panel will do a fantastic job of meeting these learning outcomes for you.

(00:06:29):

As I mentioned, we'll start tonight with our panel discussion followed by the live q and a session throughout the night. If you'd like to ask a question, you can click on the three dots that are in the bottom right corner of the video panel and select ask a question. And I'll keep an eye on those throughout the night and we'll get an opportunity to look at some of those a bit later. So yes, without any further delay, let's get back to this panel discussion. I wanted to start by opening it up to the three of you around the reason we are here. Why is it important to talk about children's wellbeing with parents who use substances? What difference can it make for both children and parents? I might start with you, Suzie, if you're happy to jump in.

Dr Suzie Hudson (00:07:29):

Absolutely, Nicole. Look, I think there's a couple of things there. One is that we know that being a parent can be really challenging for us. And so I think one of the things that's so beautiful about the opportunities that we bring the child into the conversation as early as we can because apart from the challenges, we know that children can be a real catalyst for change. And so the sooner that we can start to talk about the hopes that a parent has for them as a parent, the ways in which they like to connect with their child, we are starting to really recognise that for every person there are multiple parts to them. And that substance use may be one small part of that. And so by really starting those questions that close conversations early, we recognise the wholeness of that person and we start very early on to challenge perhaps thoughts they may have about themselves, about their ability to parent.

(00:08:41):

And what we start to focus on is some of the strengths that they might bring to this situation. Parenting for all of us, as I said, can be really challenging. And so recognising that, normalising the challenges that might be there, but also really highlighting the hopes that people might have really the great starting point for engaging people in their treatment. Because one of the things we do know is that the stigma associated with substance use, particularly if you're a parent, can mean that you perhaps delay reaching out for that support for a long time, which can actually has the potential to make things harder. And so what we really want to do is start those conversations early with lots of focus on strengths and hope that then really perhaps enable people not only to reach out in the first place, but to stay engaged for as long as possible.

Nicole Rollbusch (00:09:43):

Yeah, that's fantastic. Thanks Suzie. And what about for you for Fiona? Why is it important for practitioners to be having these conversations with parents? You're just on mute again, Fiona,

Fiona (00:10:05):

Sorry.

Nicole Rollbusch (00:10:06):

All good.

Fiona (00:10:07):

Very new to this stuff. Talking to parents about their children helps open up conversations, helps you start to work with the parent. There was no help in my days. I just closed shop. I was not going to mention anything because I lose my children. So nowadays there's so much help, there's so much support, there's so much ways that services could be connected. If you look at a person holistically exactly what Suzie was just saying, I wasn't just a drug user. I had mental health issues, I had domestic violence issues going on. There was a whole lot of stuff. And the drug use was just a coping mechanism.

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And even though I was using drugs, my children were my first priority. And that, like Suzie said, is the catalyst for change. So just to open up conversations with parents, I feel like I want you to get to know me and then once you talk to me, bring my children into the conversations and then that lets you talk back to me about how my children are going.

Nicole Rollbusch (00:11:38):

I think seeing the whole person is such an important point that you've both made there. And what about for you, Alicia? Why are these conversations important? To be having

Alicia Phillips (00:11:54):

Recovery or moving out of addiction isn't just an internal individual thing. It changes how we are in relation to the other people who are really important to us. So I don't know how we can kind of do that piece really well if we're not working with people as they are as parents, as partners, as siblings. And that relational stuff is often the core motivation for people to do really hard things and do things differently. And it also is the ongoing kind of resource to be able to stay well and maintain changes. And I also think, yeah, we really need to do some work from the start to not kind of mine and Fiona's experience was both. We just couldn't talk about that piece. It felt too scary and I think it's really on practitioners to do the work to make that a safe enough conversation to be having.

Nicole Rollbusch (00:13:07):

Yeah, great. Right. Yeah, and I think that's a really nice, hopefully tonight's conversation, we'll bring in some of that around how practitioners can create this safe enough space for parents to be able to talk about their children and in the context of their substance use as well. And such a, I guess, opportunity to have conversations with parents that can be early intervention for children's mental health, well, aren't they, that we can intervene early in the life of a child potentially. Great. So in talking about why these things are important, Fiona and Alicia will ask you this question, how can practitioners start these conversations? What's an effective way to begin these conversations? Because both of you mentioned that that was not an easy thing to talk about in your experiences. So what can practitioners do to start these conversations and where can you find entry points?

Fiona (00:14:27):

So if I was to go to the doctor nowadays and wanted help with this, I would want you to be interested in me to build a trust. So I knew you were really there to help me and show that you understand that I'm not just a person that just uses substances. It's not just a drug addict. There's so much more to me, I'm a parent, I'm a sister. There's a lot more to me than just a drug user. And then the conversation could extend to my kids. Give you an example. If I said, I really thinking about giving up smoking cigarettes, I want to be healthier and spend more time with my kids, then you could say, oh, what do you like to do with your kids? And the conversation's open. And then from then on you're talking, it feels like not so scary. You're not going, oh, and how are your kids going? Because you're using drugs. You're just finding

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out in general, oh wow, you want to be healthier? Oh, what do your kids know? And then you're talking to me about me, not just directly about my kids. It feels scary. Yeah,

Alicia Phillips (00:15:44):

I love that, Fiona, that really makes sense. Yeah, thank you. Yeah, normalise just talking about children and parenting and parenting challenges because all parents have parenting challenges and it might be your clients using substances, but that's actually not the biggest worry for their children. There's going to be other stuff going on that they're worried about. And also, yeah, like Fiona mentioned, assume there's really good stuff happening in the family and ask about that, and that's probably a good place to start. What works well in their family? What are they proud of when they're thinking about their kids? What would their kids say they do really well in their family? When you've kind of built up a bit of a picture of what works well, then they might be able to move on to the conversation about, well, what would the kids like to be a little bit different? Or how would someone like to be a bit of a different parent?

Nicole Rollbusch (00:16:52):

Yeah, so both of you speaking from that real strengths-based perspective and exploring the things that are going well and not necessarily just jumping straight into what's not going well, what's going wrong to build up that, as you say, Alicia, normalising just conversations about parenting and about children in your practise, regardless of what might be happening in the family as well, no matter what they're kind of presenting with, it's just normalising those kinds of conversations. What about when, so obviously building trust is a big part of having these conversations and you might start with some conversations about what's going well, what they enjoy doing with their child, as you mentioned Fiona, about what is it that you like to do with them and what is it about being healthy that will support you to do that? But then you need to build trust to delve into some of those more tricky conversations, how you were saying Alicia, around then the conversation might be able to move to what would you like to be different and those sorts of things. So Alicia and Suzie, I was wondering what sort of strategies you might've found effective to build trust with parents who use substances before introducing perhaps these conversations that start going down a pathway about what they might like to be different or tricky challenges they might be having.

Dr Suzie Hudson (00:18:50):

I think that for me, it's exactly as Fiona was saying, it's really up to the worker to try to create a space of safety. And some of the ways you might do that is really being clear about what your role is. Some of the things that you can do to support a person at this particular service, you might talk with them a little bit about if they're there for the first time, you might offer them a glass of water. You might let them know that as we're perhaps unpacking or exploring what brings them here today, you might invite them to understand what that process might look like, that you might be asking some sensitive questions, but that you can ask them and we can come back to them if you're not ready to answer them right now. Other really small things like letting people know why you're asking these questions.

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(00:19:51):

I think sometimes we assume that people know what we're trying to get to, that we have this intention as a worker that we are here to help, but the person who's receiving that may not hear that they might be, as Fiona and Alicia quite rightly described, they come into your service already very heightened. And we know when people have experienced trauma and they're very hypervigilant, they're in that very hyper aroused state, they're perhaps not really taking in what we're, so taking the pace down, spending time orienting people to what it is we do here, the reasons why we might ask questions, and then checking in, how's it going for you? Would you like to take a break? And really, I suppose, acknowledging the courage, it's for them to walk through the door. I think that doesn't happen often enough. We forget that for some people catching the public transport, working out whether they even had some money to get here today, navigating where this office is, maybe the reception or however they've come into our space. So really spending some conscious time grounding and creating safe space and acknowledge the huge amount of courage it took for them to walk in the door in the first place. Because that's our job, is to keep people engaged for as long as possible. And we with our own physical selves and our own manner can create those safe spaces. So that's really where I would encourage everybody to start before we expect from people that they will indeed trust us and want to talk openly about what's happening in their lives.

Nicole Rollbusch (00:21:43):

Yeah. Thanks. Suzie. What about for you, Alicia? How do you establish trust?

Alicia Phillips (00:21:51):

Yeah, I guess. So working in an AOD service, I think some developing a really good collaborative understanding with someone about their substance use in context will allow you then to go to the next piece, which might be about exploring what that then means for their parenting and their children. But if you jump straight to how their substance use affects their children, you're not going to get the buy-in because yeah, if you're working with a client and they think that you are starting to get how their substance use problem developed, what function it played, what problem it might've been solving at some point, if you can really understand that in context, then you'll be able to go the other piece about how then might this be affecting other people they care about. And I think to do that well too, you really need to look at your own bias around substance, be really considerate and thoughtful about language. I know when I was at my most unwell, I would've used really disparaging terms for myself and my own substance use. And so I would suggest don't match that with clients, actually challenge their own internalised stigma and that will build up their own capacity to be a bit more passionate, compassionate about what's happening for them. Yeah.

Dr Suzie Hudson (00:23:35):

Yeah, I couldn't agree more. Alicia, I think we can be very quick to jump to all the substance use. What's the problem with that? And I agree with you wholeheartedly. I think we have to be respectful and curious enough to ask what role does the substance use play in your life? And it might change over time,

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but in many cases for people perhaps who've been parented by people themselves who may might've had some challenges with substance use, it might be something that's been part of their life for a long, long time and that they perceive it to be. Actually that's something that helps me. It helps regulate myself to manage some of the things that might be going on as a parent. And I think that curiosity and respect, stepping back from that judgmental language quite rightly, as Alicia has said, is so important because it opens the door to some actual conversations rather than shutting them down.

Nicole Rollbusch (00:24:37):

Yeah. Yeah. Fantastic. And one of the things that comes up a lot as a bit of a barrier to these conversations is mandatory reporting and child protection and having those obligations as a practitioner and how that can get in the way of these conversations. And it's just got me thinking about that coming alongside and those sorts of things that you're describing Alicia and Suzie, to establish that trust. But knowing that practitioners have these obligations, that's part of the job. It's something that's always going to be part of it, but you also need to support the client and have these conversations. And so how can practitioners balance that, maintaining trust, but also meeting those obligations that they have. And Fiona, I might throw to you to start us off with that one, what can practitioners do?

Fiona (00:25:53):

Build the trust, build the rapport. Remember stories I've told you about my kids and about if I come in the next time and you remember that my kids play soccer for example, then you're interested in me, you're interested in my kids. You're remembered. So sorry, I just blanked.

Nicole Rollbusch (00:26:17):

Okay. Sorry. That's all good. Thanks Alicia.

Alicia Phillips (00:26:23):

That's a really good point though, Fiona, it's about being strengths-based. It might be that yes, as a worker you need to make a report, but how can you also report on the protective stuff and the stuff that's going well? And even giving someone as much choice as you can in that, would they like to report with you? What else would they like child protection to know? What do they think the family needs? So be as collaborative as you can given you are making a decision that the client is not going to be choosing for you to make. And I think another piece in this is be really clear about your obligations around reporting and what is it you are reporting? Because substance use in the home is a risk factor, it is not a cause of child harm. So if you are really clear yourself about how you are making this decision that there is risk of significant harm that you need to report, then it's going to be easier for you to explain to your clients how you make these decisions and how you actually are making these decisions because of risk of harm to a child, not just because of the presence of substance use in that family.

Dr Suzie Hudson (00:27:51):

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Yeah, I totally agree, Alicia. I think it's that thing of being really clear and transparent about what your role is, but also being that reflection that you mentioned earlier, Alicia, on ourselves and our own bias about what we believe and challenging some of that because you're exactly right, substance use in and of itself not is not about good enough parenting. Absolutely. And I think it's also leveraging off the fact that this person is connected to you a service and really highlighting that they do have this desire to want potentially to want some things to be different or to get the support they need. And so that's the starting point. And so then you're able to really talk about what it is you can offer them, what is it that you could do as a worker and a service to support them to reach those goals so that they can feel more confident or feel like they are being the best parent they could possibly be. And so I think sometimes the hesitancy and the lack of transparency by a worker can do a lot of damage because a lot of people who come through the door, they know they're aware of what may or may not occur, and we need to be really clear and work with them as partners in this process. So I think it's sometimes we become the problem in our own way because we are getting in the way by not having some of these transparent and open and honest conversations.

Nicole Rollbusch (00:29:34):

So it could be collaborative process. Yeah, Fiona, jump in.

Fiona (00:29:43):

Yeah, I would just want people to look at me holistically. If you built the rapport with me and then you looked at me like, yes, I've got mental health issues, yes, there's DV in this family, the substances why, what's the background story? And then if you have to tell me, I may have to mandatory report then, but you work with me and say, but if you've got mental health services in place, you're getting help for db, you're having family counselling, you're going to AOD and you're minimising your heart and where to have it safely away from the children and et cetera. If you look at me, look at a whole picture, and I've got all these services in place, if you want a mandatory report, if you have to mandatory report, that's fine because when child safety comes to me, I could say, me and my service providers have got all these things in place, and so I'm then not scared of the manager reporting if you can help me as a whole person, all the aspects.

Nicole Rollbusch (00:30:55):

So creating that team around a parent and creating that support network and yeah, that's fantastic. Yeah, collaboration is kind of the thing that keeps coming up for me. And transparency as well. I think as you, you've all sort of touched on that, that it's important to kind of be transparent about that process, but that it can be one that you talk about together as well. And Alicia, as you said, sort of opening up that conversation around what's being reported and why and being really open about that.

Dr Suzie Hudson (00:31:40):

And Nicole, I think it's worth also mentioning that when you set out to really build a relationship and build that trust, it may well be absolutely that people are hurt by those decisions even though you

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might've been transparent and they are angry. And so it's also as a workout, it's also being able to hold that space too, which is, I am hurt and angry and I don't want this to happen. And I thought I was really trying hard and doing all the things that I should do or had been asked of me. And so it's also being able to hold those spaces and that can be uncomfortable, but in my experience, being able to really walk alongside somebody, being respectful, holding that space and just listening to the hurt and maybe the anger about that, it means that it doesn't have to be the end of the story. It can be that you can work through into the next stage and the next phase to keep people engaged. Sorry, Alicia, I think you were going to

Alicia Phillips (00:32:40):

No, no, that's a great point. Don't assume clients are going to disengage at that point. I think sometimes practitioners can actually feel a lot of anxiety about this and maybe likely to pull back from clients. And clients might initially be really hurt and have quite a negative reaction. Let them know you can still work together. Yeah, I think that's a great point, Suzie. We can take accountability for our own anxiety or worry and not put that on to clients.

Dr Suzie Hudson (00:33:20):

Yeah, I've certainly had experiences where even though we've been walking along alongside each other, things have got to a point where reporting is required, being really open and transparent, hearing the hurt and the anger maybe about that, and then allowing, continuing the support, being consistent, checking in. And in my experience, sometimes what will happen is that people will have a moment where they can perhaps reflect, come back and maybe reflect and say, yeah, at that point in time things were really difficult for me and I couldn't manage all the pieces. And so then you've got another opportunity to say that is completely understandable. This was going on, as Fiona was saying, mental health stuff was coming in. Partners who perhaps were violent or unsupportive judgement, all of this stuff was coming all at you at once. It's not surprising that in that moment you had to focus, you couldn't even focus on you let alone to care for somebody else. And that's understandable. And so how do we build those things back up to maybe reconnect? And that's absolutely possible too. So it's also maintaining reasonable and realistic hope, which often we know there can be. And that's why it's so important that you as the worker try and maintain the relationship as best you can.

Nicole Rollbusch (00:34:52):

Yeah, right. Yeah, really excellent points. And yeah, that repair is always possible in a relationship with a client. And these are not, as we sort of said, these can be challenging conversations for practitioners to have, but also being respectful of this. These can be difficult conversations for parents to have, as we well know, there can be lots of feelings of shame and guilt that can come up around parenting and substance use and children's wellbeing. This is a question for each of you, again, how can help parents to understand their child's experience? Because that's sort of what we're talking about when we're talking about children's wellbeing and how they're going without causing shame and guilt for parents, bringing up those feelings of blame and those sorts of things. What's your advice for practitioners?

Fiona (00:36:05):

I thought I would be a different mom. My life path led me to be a different mother than I hoped to be, and my substance use was my bandaid, was my coping mechanism was to just help me get through. And yeah, I just wish that you wouldn't look at us like that we were just druggos, and that's the bad self-talk that you're saying again. But yeah, just focus on my strengths. Focus on my strengths and what I am doing to support my kids regardless of anything bad that's going on, focus on anything, activities that I'm doing. It's really good that you take your kids to soccer every week. It's really good that, so my kids are doing well in school and my kids have got sporting activities and yeah.

Nicole Rollbusch (00:37:12):

Yeah, and as you said Fiona, that shift in perspective of there's a parent sitting in front of you who wants to be a good parent. And I think that's something that you and I have sort of spoken about before, and as you were mentioning, you have really strong value about being a good mom and being there for your kids, and it was really important for you to be able to take them to soccer and all of these things, and it can be a really important part of the conversation. Yeah, yeah.

Alicia Phillips (00:37:53):

It's a tricky piece, isn't it? The shame and guilt piece. And I think partly acknowledge that shame might be present, and it doesn't mean anyone's chosen it or caused it, but shame can come around because of stigma, gendered expectations around parenting, cultural expectations. We know that being shame prone itself is a risk factor for using substances to cope with that. So I might be sitting there underneath anyway. So I think it's about not being scared to have a conversation about shame and also really normalising guilt. I dunno. A parent in the world who doesn't have guilt, who doesn't have things they wish they had done differently. So parenting guilt, yeah, really normal human thing doesn't have to be all wrapped up in the substance use. There's lots of things to be guilty about as a parent.

Dr Suzie Hudson (00:39:02):

Totally, totally. Alicia, great point. I think that idea, I think it came to me quite late in the piece about good enough parenting. So I think some of that normalising too is helpful. Many of us, we came to be parents, no one gave us a book on how to do it, and we still don't really know what we're doing. We just make it up as we go along. Doesn't matter how much therapy you've had or where you've come from, we just do the best that we can with what we have at the time. And I think exactly as Alicia and Fiona says, looking at the strengths, recognising that actually children are very resilient and that doesn't mean that we don't need to show them care, but what it does mean is some of those things like consistency and Fiona, taking your kids to soccer, that consistent thing, if that's the one thing that you can do that's fantastic.

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And actually kids and young people, that consistency of certain activities or creating space where you can connect, even if it's for shorter periods of time, all of these things can be grown as well. So as a

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clinician or as a worker, you are trying to look, and that's why as Fiona is saying, you need to think of the whole person you are looking. Your job is to find those little kernels of strength or ability and say, okay, how you do that? And so perhaps when it's a time that you might use, that's when you contact that great care or that great neighbour who sometimes looks after the kids and you take a bit of a break a bit of time out. And that means that when you are with them, perhaps you are more able to be present. I think the other thing that can sometimes be missing is that, as I said, we didn't get a book.

(00:40:57):

No one told us necessarily how to parent, and if we didn't have that opportunity from our own caregivers, it's also helping people to understand child development. Some of those really simple things that, I mean I didn't know about until someone described them to me about how children might be thinking at different stages of their life. And so that helps equip people to go, okay, so if when my child is getting very distressed, if I try and speak really calmly or I take a bit of a time out myself for a moment and then come back to it, all these things that every parent, not just people who use substances, but every parent can really benefit from is some of these strategies. And so that's the other thing that we can help with is really not only normalising, but also equipping people with some of the skills that can really help them. And then providing reinforcement and affirmation that they can do this. They might do it in other places in their world and it might work just as beautifully for their interactions with the child. Yeah.

Alicia Phillips (00:42:08):

There's another point I'd like to make here too, is that don't reserve these conversations just for the clients you see as your substance users. Because the reality is most adults use psychoactive substances. So most parents use psychoactive substances because of course alcohol's there in the mix have these conversations with all your clients who are parents, what are their values around substance use? What was it like in their families growing up? What do they think their kids know and understand about how adults use substances? And I think if you're having these conversations with all adult clients, you will actually get better at them and you will start to challenge your own bias. And that will actually help you have build that trust when you are working with a client where there might be some concerns around safety and a bit more impetus to want things to change for children.

Nicole Rollbusch (00:43:19):

And it speaks back to that normalising of having these conversations about children and children's wellbeing and parenting. And Alicia, as you mentioned, what parents value and what's important to them in their relationship with their children regardless. Yeah,

Dr Suzie Hudson (00:43:37):

And sorry Nicole, but I just really excited by and people reflecting on maybe they worked with someone who had children and maybe they did get to a point where there were reports and even maybe removal, but I think we can assume too that people maybe weren't able or couldn't do the things that were asked of them, but don't forget that the people never stand still. They're changing and evolving as things go

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on. So it's also important, as Alicia said, to talk to parents, whomever they are, whether it's substances might not be involved, but also to talk to parents whose children may have been removed. I think that sometimes we can get very scared about talking to they're still parents and whatever's happening right now may change it.

(00:44:33):

There might be opportunities to connect again with their children. And so I think sometimes we can forget that even where perhaps people don't have children in their care, they are still parents, and we need to be brave enough to also, if appropriate and is to not ignore that. It just never happened. Because I think that's another thing that I really think is important, that we can have this perception that someone's not able, not capable, doesn't want to care for their children. And I think we need to step back from that and actually assume the other side that they do, they want have the capacity. It might not be right now, but I think we need to keep that perspective alive and not indeed where things have got to a point where they don't have them in their care that we are still opening, keeping that door open about how they might see themselves about being involved, if that is possible and we're not, that we can also talk about the difficulty and the potential grieving that might happen in that space too.

Nicole Rollbusch (00:45:42):

Absolutely. Yeah. Thanks for adding that Suzie and Fiona and Alicia, I wanted to ask you about another kind of common barrier or language you kind of hear is around defensiveness or resistance to conversations. And I just wanted to ask you how practitioners can navigate defensiveness or resistance in initial conversations with parents?

Alicia Phillips (00:46:26):

I'm happy to start there. So I think defensiveness is quite protective and especially against maybe a sense of hopelessness or that nothing can help. So it makes sense to be quite defensive and resistant if you're feeling that way. And I think this is where doing the work around trying to build towards and celebrate really small wins and helping clients understand that for children, small changes in the family can actually have huge ripple effects. It doesn't have to be kind of all or nothing of Yeah, let's work towards good enough. And we can do that in lots of little steps. And I think it's also about not expecting trust or automatically or it's not a safe space for someone just because you told them it's a safe space. So how do you negotiate what's going to be a good enough level of trust to start the work?

Nicole Rollbusch (00:47:42):

Yeah, right. That for you, Fiona.

Fiona (00:47:45):

Yeah, for me it's understand that the parents is being protective. They're not actually being defensive or resistant, they're paranoid. It's too hard to speak, too scary to lose your kids. I lied my way through my life. I lied to police to anyone, the doctors, anyone, because if I told that was it, my kids were going to be

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gone. So yeah, just understand that they're just being protective and just going little bits and more on a positive note rather than is everything okay just, oh, I'm glad to hear everything's okay.

Nicole Rollbusch (00:48:34):

Yeah, so it's also about that relationship and rapport that you have as well with the client, but I really appreciated what you both said about protective rather than defensive or resistant because I think that even just a change in language or the way that we might see that come across from a client can probably help us to engage with them. Hope I'm right in saying that. But yeah, just seeing as protective and understanding why a parent might be holding back or not wanting to share with you or go into details and be perhaps wondering why you're asking these questions. And also depending on the kind of experience they've had with other services and things in the past as well and being really aware that they may be expecting much of the same when they come to a new service. So I think, yeah, just being aware of that too, that can be, it's about protecting and yeah, so that's quite a nice sort of reframe I think to keep in mind. And for you, Suzie and Alicia, is there a particular example that you have from your practise where you may have had these conversations and you've seen some sort of positive change or been able to have this conversation with parents that sort of opened up a new understanding for them, but still feeling supported and able to potentially make change?

Dr Suzie Hudson (00:50:42):

Definitely lots of really good opportunities. And I think the first thing I'll say is being really open to feedback and learning all the time because you know what? You can get it really wrong and that's life, but it's about asking and checking in with people about, Hey, did I get that right or wrong? So I suppose first thing I would say is when things have gone ultimately really positively in having these conversations with parents who may be using substances, it's because I've had to learn, I've been open to learning along the way and making mistakes, but being able to check in with people and hear from them how I could do better. And so one of the examples that I'll give really talks a little bit to and reflects a little bit of one of the questions that have been asked is around working alongside aboriginal clients, aboriginal people.

(00:51:42):

And I think what I've learned is, and particularly at a case or a couple of cases that I'm thinking of is again, it's about your own cultural awareness. As a non-aboriginal person, it was really important for me not just to be able to do things in this particular space and having some of these understandings, but it was about how I connected with the places that I worked and lived with First Nations or Aboriginal people in that space and place. So both things need to sort of happen in my experience where it's not just this expectation that because I might have some skills around interpersonal skills or what have you, or being respectful that that's enough. And so sometimes it's about building trust within aboriginal communities that people know that you do what you say you're going to do and you follow through and you are transparent and you are honest.

(00:52:43):

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I think laying those foundations in a particular case that I'm thinking of really assisted and then also collaborating. So not doing this work on your own and knowing when perhaps it's better for someone else to lead that work, but at the same time, not automatically in the case of aboriginal people, assuming that all the clients, I'm just going to put that onto Aboriginal workforce, what can we do to work better together? And so in this particular case I'm thinking of, it was about having built that trust in community so people felt like okay, that there could be some open conversations, but also it was about honouring aboriginal ways of knowing, being and doing in their own places and spaces and not making judgements or bias or checking my own bias about what I knew or understood about that. But at the same time really working again, as we've said all through this evening in a collaborative way.

(00:53:49):

So that is walking alongside someone, checking in with them what do they think is important, what sort of parent do they want? Tell me about that, educate me about what that looks like. And in the end, it was really a positive outcome because we spoke early, there was the building of some of that trust and real time and effort put into that, but also noting that at times respite was needed, that people in, the people that I'm thinking of as parents needed some additional supports wrapped around them and sometimes perverse outcomes can happen. And that is we start to say, well, you would be better off if you're on this medication or we think that you should be going along to this group, but then suddenly what you've done is you've taken them away from community perhaps, or you need to go to a residential rehabilitation service right now that may seem like the answer.

(00:54:45):

And sometimes our child protection services automatically assume that people are better off being popped somewhere else, and sometimes they are. But actually that can be particularly for say First Nations people being away from country, being away from kin, the community can actually be the worst thing that can happen. And for parents being away from their children actually, if that service can't have the child there too. So the point of this very long-winded story, I apologise, is really to say that you are open to some learning that you check in with that person and you don't assume that whatever you think might be right is right. You are really genuinely working in collaboration and being able to switch up or switch down the types of support you provide depending on what's happening for that person.

Nicole Rollbusch (00:55:36):

So really describing a rule bottom up kind of approach that you've seen be successful and lead to some positive outcomes. Taking off that expert hat a little bit as well. Yeah, yeah, yeah.

Alicia Phillips (00:55:55):

Fantastic. So I guess following on from that, of course I've seen some amazing outcomes from clients just doing really, really hard work against the odds to change things for their families. But one of the points I wanted to make is that this doesn't just have to happen in AOD services following from Suzie, the assumption that a residential rehab's going to be the best option. Most people recover from addiction without intensive AOD services. They're much more likely to be having inspiring conversations

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with their maternal and child health nurse or doctor or a generalist counsellor. So I think this isn't just about AOD practitioners, this is about anyone engaging with adult clients or parents who substance use might be a part of the picture. And even in my own experience, experience, there's some standout just moments or it might've just been a really compassionate comment, it wasn't particularly profound or clever, but it would really land because it came from an unexpected place. And often that unexpected place is outside of AOD services because AOD services, we kind of expect that, yeah, they're going to be a bit more accepting, but it can have a really big impact when you can experience that in other services as well. So yeah, if people who aren't a D specific practitioners don't discount your role in this.

Nicole Rollbusch (00:57:43):

Yeah, absolutely. Yeah, great point. I think, yeah, that's the thing we're talking about these conversations being possible no matter what setting you're working with parents. So yeah, that's fantastic point. Alicia,

Dr Suzie Hudson (00:57:58):

Can I just jump on that, Alicia? I just think that's so critical that if nothing else, if we, all of us, whatever role we're in wherever we are, if we can actually start to address that stigma and have people genuinely receive respectful, high quality care for whatever it is wherever they enter for support, wouldn't that be just an incredible place to be? And so it is all of our job to challenge each other on the language we use, as you were saying earlier, Alicia and Fiona, that we see the whole person. And so that if nothing else, that's something that I hope everybody starts to think about is even if this isn't your specific area of work or whatever you are doing, it's a societal views that can become so detrimental and really shut the door for people from reaching out for help when they need it most.

Nicole Rollbusch (00:58:56):

Yeah, yeah, absolutely. Thanks Suzie. Yeah, so true. Well, that brings us to the end of the panel discussion portion. We do have some time to take some questions, and again, if you would like to ask a question, you can click the three dots down on the right bottom corner and select a question. We've had a few questions come through tonight and as well as during registration. So thanks to everybody who submitted those. We would love to get to all of them, but we just won't have the time too. So we'll try and get through as many as we can in the time that we have left. I wanted to start by asking you, Fiona, we had a question come through around timing of these conversations and whether practitioners should be waiting to, until a parent isn't in active addiction to be having these conversations. What response would you have to that?

Fiona (01:00:13):

No, these conversations shouldn't wait. They have to be had when they're in active addiction because that's when they need the support. You can have the conversations while using harm minimization strategies, but I still think practitioners need to make a rapport with parents before starting conversations about their children. Just get working with the parent first while they're in the addiction.

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And because we want to be better parents for our kids. I didn't get support from any AOD service because I couldn't. So I gave up on Mother's Day the first time I gave up one of my addictions, and then I got a worse addiction and I gave up on April Fool's Day by myself, but I would've loved to have help and support and feel supported

Nicole Rollbusch (01:01:14):

At any point along that journey that you were on. Yeah, I think that's a really important point that when parents need that support is when addiction is active and having those conversations is really important not to wait. And we had a couple of questions come through about lived experience and sharing lived experience as a counsellor, and I thought I might ask you this one, Alicia, if that's okay. Do you share your lived experience in your work and has that been a useful kind of thing to do?

Alicia Phillips (01:02:14):

Yeah, this is something I'm still really trying to figure out. Look earlier on in my career, absolutely not. And I think that was partially still some of my own stigma and shame there. I tend not to, but I feel like it's just infused through the work. I feel like I don't necessarily have to share my particular story to just, it might just be that I just kind of get the context a little bit more easily. I don't have to ask as many questions just to be on the same page with a client. So I think lived experience can come through in that way, but it can also be that my lived experience, my journey is too different from theirs to be that useful, and that's actually not what they're needing from me. So yeah, I probably tend to be more cautious about it. And I'm not a lived experience practitioner, so someone in a lived experience role with their framework and their understanding about how to use that is going to be way better at it than me. So I tend to stick to what I've been trained to do, do that better.

Nicole Rollbusch (01:03:41):

I think that's a really important distinction, isn't it, around the role that you might sit in and yeah, there's a huge space for peer work in this area and such an important role that peer workers can take on. Yeah, so thank you. I think that's a nice example of, it's a lot more nuanced than it might seem. And we had a couple of questions about pregnancy as a point of perhaps an entry point into conversations around parenting. And I might ask you this one, Suzie, around. What are some ideas for beginning these conversations with a parent during pregnancy?

Dr Suzie Hudson (01:04:35):

Yeah, look, it's a really fantastic time, and in fact, we would really recommend that people start really early, even when people are maybe, I mean, sometimes pregnancy is unplanned, but sometimes people are planning pregnancy. And so we always talk, we wanted people to talk early and often. Certainly there's lots of really fantastic resources about having conversations with people about alcohol and drug use in pregnancy and how people might think about setting some goals for themselves if they are trying to have a child, but not just with them, but maybe family members around them or partners. If partners are involved, is how that could be a bit of a collective effort and what supports they might need to put

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into place. I think though, it's again, being aware of the shame that might be experienced by people who have become perhaps dependent, physically dependent on a substance, not just psychologically.

(01:05:43):

And so it's also about trending very carefully because it can be very, particularly, say for example, if someone is dependent on alcohol, telling them to stop using could be quite dangerous actually. And so it's about, okay, you're thinking about this, that sounds great. Let's start to connect you with some professional help, perhaps medical help, because there's certainly supports available if we're talking about things like opioid drugs, so that might be heroin or it might be prescribed medication like Oxycontin or codeine, things like that. There's some great pharmacotherapy options. And so we would be also be encouraging people to just familiarise themselves a little bit that there are some great options that are perfectly safe throughout pregnancy and into child caring that can really address some of the other harms that might occur as a result of that kind of substance use. We're a little bit less forward in terms of stimulant type drugs.

(01:06:53):

So again, we were looking for some really good team support, so some of that health support as well as some psychosocial support, I would say. But actually pregnancy is a really, as, again, we've sort of said a couple of times that it's really an opportunity, and so it's about early conversations. It's normalising the conversations. It's talking to young people too who might be experimenting with substances because we also know that substance use can be very much connected to sexual expression and sexual contact with people might be used actually in contact in terms of how people might explore their sex and sexuality. And so we want to be talking early to young people who might have becoming sexually active and really trying to normalise those conversations. I think because there are some really fantastic services out there that we would recommend things like substance use in pregnancy services, and these are fabulous workers who are very supportive and have some really great strategies for medically and psychosocially supporting a person through their pregnancy should they be using different substances.

Nicole Rollbusch (01:08:14):

Yeah. Great. Thank you. Thanks, Suzie. And I think we've got time for one more question. I think before we have to start wrapping up. And I wanted to ask if there are any particular screening tools or assessments that people can integrate into their assessment process that could support them to have these conversations?

Dr Suzie Hudson (01:08:43):

One that I would really highly recommend is actually being produced by the Menzi Centre, and it's actually been produced Aboriginal led, and it's excellent for Aboriginal and non-Aboriginal people. And it's a series of brochures that are yarning about alcohol in pregnancy and yarning about other substances. And it really uses things like the audit C, which is a short survey that helps people to determine where their risk might be in terms of alcohol use in particular, but there's also some really good short tools that actually are woven into a conversation and bring up the strengths as well. So it's not just about let's drill down into the use, it's also about this whole picture as we've been talking about

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all the way through this evening. So those tools I would really recommend, and they can be used by any person, not as Alicia's been saying. It's not just someone who works in the field of AOD. So those tools can be really helpful. There's also some really fantastic picture books that talk that can be used in a conversational way that are targeted as children about their experiences, how they might experience someone using substances. And again, they're framed really positively about the incredible role of a parent and that can be utilised not only with parents, but also parents and their children. And we also know that Emerging Minds has some incredible resources online, little story books, little tip sheets that might be useful as well.

Nicole Rollbusch (01:10:13):

Yes. I'll take the opportunity there that you've offered Suzie to plug, we do have a conversation guide actually around having conversations with parents who use substances in five domains of children's wellbeing. So there's lots of questions, suggestions and things like that that people watching if they're interested in that can explore that. I think there's a link to it in the resources available to you. And I think there's some links perhaps to some of the resources you were mentioning as well, Suzie. Yeah. Great. So yeah, we've got a few resources that you can explore to potentially see what you can integrate into your assessment processes. We've only got a few minutes left for this evening, so I wanted to just take the opportunity to ask each of you what your key takeaway is from our discussion this evening. And Fiona, I might start with you. What's your key takeaway for everybody?

Fiona (01:11:24):

Just to look at the whole person, see their whole story. They're not just a substance user. Please don't judge. We want to be good parents, but we can be stuck in substance use. Understand there's a reason why people use substances, but look deeper, look to the cause and just work with us. I had no information and a doctor that just wanted to report to child protection to see all the little things that I am doing, all the good things, look for all my strengths and work together with me.

Nicole Rollbusch (01:12:07):

Yeah. Fantastic. Thanks Fiona. What about for you, Alicia?

Alicia Phillips (01:12:15):

Oh yeah, there's great points. Fiona. I think maybe for practitioners who do really want to be able to work really authentically in this space, really doing some work around challenging our white Western Australian cultural biases around substances, really notice how differently we talk about and think about alcohol as opposed to other substances. And that will help you to be able to build that trust and rapport and be more respectful working with people using substances, and to do this outside of AOD services, actually where most of the substance using parents are.

Nicole Rollbusch (01:13:10):

Yeah. Yeah. Thanks, Alicia. What about for you, Suzie?

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Dr Suzie Hudson (01:13:15):

Look, I couldn't really top Fiona and Alicia's comments, completely agree with all of those, but just wanted to say to everybody, you are not doing this on your own either. Have these conversations with your peers, with your supervisors into the tools that are out there. Listen to peer workers. They have such incredible knowledge to share, and they can actually help people navigate some of these tricky conversations. But really see this as something that we should be doing together in a collaborative way that the person you are walking alongside is truly the expert in their own lives. And so how do we lean into that expertise and support people in the best ways that we can, not on our own?

Nicole Rollbusch (01:14:06):

Yeah. Thanks Suzie. Yeah, thanks to the three of you for those messages. All so important and yeah, I think have really come through in the discussion this evening. And yeah, thanks to everybody who submitted questions as well, really appreciate those coming through. Apologies we can't get to all of them in the time that we have, but yeah, it's been a great conversation. Please, for those of you who've joined us, we'd love to hear your feedback. There's a feedback survey. You can access that in a button below the video. We'd just really love to hear from you about what you enjoyed and ways that we can improve for next time as well. But yes, we hope we'll see you at our next webinar. As I mentioned at the beginning, we have another webinar in this series, which is around skills in child aware practise with parents who use Substances, and that one's scheduled in for Tuesday, the 2nd of December. At the same time, the link to register will be in the chat. So we'd really love to see you again to hopefully extend on some of these conversations we've had this evening. So yes, thank you again to our fantastic panel. I've learned a lot from you all tonight. It's been great to hear from each of you. And yes, thanks to everybody for joining us this evening. We hope to see you next time.