

**Health Priority: Alcohol and Other Substance Use and Addiction
Objective 5: Meeting the Needs of Other Family Members when
an Individual has a Substance Use Disorder (Template)**

Long-term (2010) Subcommittee Outcome Objective 5:

By 2010, 60 percent or more of the families served under the women's treatment, juvenile court intake, Nexus, and coordinated services team programs will achieve improved family functioning which will be evidence of an increase in screening and provision of appropriate services to family members of persons with a substance use disorder.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	No data available.

Federal/National Baseline	
None, this is a developmental objective.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
1 - Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-3	Increase the proportion of persons appropriately counseled about health behaviors.
		1-5	Increase the proportion of persons with a usual primary care provider.
		1-6	Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.
7 - Educational and Community-Based Programs	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.	7-1	Increase high school completion.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
		7-2	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
9 - Family Planning	Improve pregnancy planning and spacing and prevent unintended pregnancy.	9-1	Increase the proportion of pregnancies that are intended.
		9-7	Reduce pregnancies among adolescent females.
		9-8	Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.
		9-10	Increase the proportion of sexually active, unmarried adolescents aged 15-17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.
15 - Injury and Violence Prevention	Reduce injuries, disabilities, and deaths due to unintentional injuries and violence.	15-6	(Developmental) Extend state-level child fatality review of deaths due to external causes for children aged 14 years and younger.
		15-25	Reduce residential fire deaths.
		15-33	Reduce maltreatment and maltreatment fatalities in children.
		15-35	Reduce the annual rate of rape or attempted rape.
		15-37	Reduce physical assaults.
		15-38	Reduce physical fighting among adolescents.
16 - Maternal, Infant, and Child Health	Improve the health and well-being of women, infants, children, and families	16-2	Reduce the rate of child deaths.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
		16-3	Reduce deaths of adolescents and young adults.
		16-4	Reduce maternal deaths.
		16-6	Increase the proportion of pregnant women who receive early and adequate prenatal care.
		16-10	Reduce low birth weight (LBW) and very low birth weight (VLBW).
		16-12	(Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.
		16-17	Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.
		16-18	(Developmental) Reduce the occurrence of fetal alcohol syndrome (FAS).
		16-22	(Developmental) Increase the proportion of children with special health care needs who have access to a medical home.
18 - Mental Health and Mental Disorders	Improve mental health and ensure access to appropriate, quality mental health services.	18-1	Reduce the suicide rate.
		18-2	Reduce the rate of suicide attempts by adolescents.
		18-6	(Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment.
		18-9	Increase the proportion of adults with mental disorders who receive treatment.
		18-10	(Developmental) Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.
19 - Nutrition and Overweight	Promote health and reduce chronic disease associated with diet and weight.	19-4	Reduce growth retardation among low-income children under age 5 years.
		19-12	Reduce iron deficiency among young children and females of childbearing age.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
		19-13	Reduce anemia among low-income, pregnant females in their third trimester.
		19-18	Increase food security among U.S. households and in so doing reduce hunger.
26 - Substance Abuse	Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.	26 - 1	Reduce deaths and injuries caused by alcohol, and drug-related motor vehicle crashes.
		26-6	Reduce the proportion of adolescents who report that they rode during the previous 30 days, with a driver who had been drinking alcohol.
		26-7	(Developmental) Reduce intentional injuries resulting from alcohol- and illicit drug-related violence.
		26-9	Increase the age and proportion of adolescents who remain alcohol and drug free.
		26-10	Reduce past-month use of illicit substances.
		26-17	Increase the proportion who perceive great risk associated with substance abuse.
		26-18	(Developmental) Reduce the treatment gap for illicit drugs in the general population.
		26-21	(Developmental) Reduce the treatment gap for alcohol problems.

Definitions	
Term	Definition
Anxiety disorders	Anxiety disorders have multiple physical and psychological symptoms, but all have in common feelings of apprehension, tension, or uneasiness. Among the anxiety disorders are panic disorder, agoraphobia, obsessive-compulsive disorder, posttraumatic stress disorder, and general anxiety disorder.

Definitions	
Term	Definition
Co-dependency	Co-dependency is a set of unhealthy, compulsive, and potentially self-defeating behaviors learned by family members in an effort to optimize functioning within a dysfunctional family. Results can include intense emotional pain, distress, and dysfunctional relationships within the family and with others. A family member with alcoholism or chemical dependency can be a source of this family dysfunction. Once learned, these behaviors are frequently (and usually unconsciously) passed on from generation to generation. In other words, the original alcoholic/drug dependent person could have been a grandparent. Family members within the next three generations tend to acquire the same set of dysfunctional behavior patterns which they hope will help them cope with the emotional pain and stress deriving from the distress in the family, but which instead continue to promote dysfunctional, oppressive relationships, and other problems.
Depression	A clinical state of persistent low mood feelings of sadness, despair, emptiness, or loss of interest or pleasure in nearly all things.
Mental health services	Diagnostic, therapeutic, and preventive care for mental disorder.
Mental illness	The term used that refers collectively to all diagnosable mental disorders.
Mental illness disorder	A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (e.g., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. Whatever its original cause, it must be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Mental illness disorders are health conditions characterized by alterations in thinking, mood or behavior (or some combination) that arise from physical abnormalities in the brain and result in distress or impaired functioning or both. Mental illness disorders spawn a host of human problems that may include personal distress, impaired functioning and disability, pain, or death, These disorders can occur in men and women of any age and in all racial and ethnic groups. They can be the result of family history, genetics, or other biological, environmental, social, or behavioral factors that occur alone or in combination. (American Psychiatric Association, 1994)
Psycho-physiological illnesses	Health conditions developing or worsening solely or largely due to emotional factors. Ailments include such conditions as tension headaches, insomnia, peptic ulcers, irritable bowel, high blood pressure, etc.
Resilience	Manifested competence in the context of significant challenges to adaptation or development.

Rationale:

Consider the following statistics:

- Each year in Wisconsin there are 2,000 substantiated cases of child abuse and 8,500 cases of domestic violence attributed to substance abuse.
- Alcohol and drug abuse are factors in the placement of more than three-fourths of children entering foster care in the United States. More than six million children lived with a parent who was dependent on alcohol or illicit drugs. Nearly 20 percent of adults responding to a national survey say that substance abuse has been a source of family problems. Seventy-six percent of female victims of domestic violence reported that their assailant had been drinking or using drugs.
- One-fourth to one-half of men who commit acts of domestic violence also have substance abuse problems.
- Forty percent of children from violent homes report that their fathers had a drinking problem and that they were more abusive when drinking.
- Evidence of child behavior problems, early school failure, parenting difficulties, family conflict, or changes in the home environment are commonly present in families affected by substance abuse.
- Elevated rates of alcoholism are consistently found in parents of youth with Attention Deficit Hyperactivity Disorder.
- Children with substance-abusing parents are more at risk than their peers for alcohol and drug use, delinquency, and depression, as well as poor school performance.
- Children of alcoholics are at increased risk for a wide range of behavioral and emotional problems, including addiction to alcohol and other drugs, depression, anxiety, school failure, and delinquency.
- Teachers have reported a need for protective services three times more often for children who are being raised by someone with an addiction than for other children.
- Fewer than half of pediatricians ask about problems with alcohol when taking a family history.

As these statistics show, living with a person addicted to alcohol or other drugs has a serious adverse impact on family members. It exposes partners and children to a variety of direct and indirect consequences that range from emotional disturbances to an increased potential for physical harm and an increased potential for the development of both personal addiction and psycho-physiological illnesses for the family members. Health conditions that may require health care services include psychiatric disorders, general medical conditions, substance use disorders, psycho-physiological disorders, physical trauma due to accidents, injury, or violence, and psychological trauma. As such, interventions targeting the entire family are more effective in preventing a wide array of problems than interventions involving just the substance abuser. There is a need for more than just “family education” or “family counseling” when substance abuse affects a family, but rather a host of other prevention, treatment, and support services are needed.

The impact of alcoholism on the family is felt at all stages of life.

- Childhood: A study in the January 2000 issue of the *American Journal of Public Health* (Grant, 2000) reports that approximately one in four U.S. children is exposed at some time before the age of 18 to familial alcohol dependence, alcohol abuse, or both. Bijur, et al.

(1992) found that “children and adolescents are at increased risk of physical and sexual abuse. School children manifest more psychosomatic illnesses; emotional, anxiety, and conduct disorders; and school problems including hyperactivity. Several recent studies suggest strongly that children of women who are problem drinkers have an increased risk of experiencing serious, unintentional injuries, and that children exposed to two parents with alcohol problems are at even greater risk.” The number of children who are victims of alcohol and drug-related traffic crashes is also significant. In 1998, among traffic crashes in which 2,990 children under age 16 years were killed, nearly 21 percent were alcohol related.

- Adolescence: Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history. Particular attention must be given to young persons under age 18 years who have an addicted parent because these youth are at increased risk for substance abuse.
- Adulthood: According to *Healthy People 2010* (U.S. Department of health and Human Services, 2000), alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drowning. It is also a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior. Persons who drink even relatively small amounts of alcoholic beverages may contribute to alcohol-related death and injury in occupational incidents, or if they drink before operating a vehicle. Drugs, and most commonly alcohol, are also factors in a significant number of firearm-related deaths. Two-thirds of victims who experienced violence by an intimate partner reported that alcohol had been involved. Among spousal victims, three out of four incidents involved an offender who was drinking. Children of alcoholics who grow to become adults (adult children of alcoholics) without addressing the impact the parent’s alcoholism had on them also carry emotional pain, dysfunctional relationships, and other problems into adulthood.

Historically, family treatment for affected family members became a generally accepted practice during the early 1980s. During this period of time a significant shift occurred from viewing family members as requiring education to support the recovery of the alcoholic to viewing them as patients in their own right. This transition gave rise to a new clinical specialty within the psychotherapy and addictions fields--counseling children and adult children of alcoholics--and gave rise to a broader social support movement. However, there were not adequate studies of a causal relationship between family treatment and success for the identified patient or in ameliorating issues related to family functioning, and before evidence was accumulated, there was a shift in clinical practice in which family member services diminished to near-zero because there was no funding underpinning such services to assure their fiscal viability.

Although research in this area was not widespread, the Eighth Special Report to Congress on Alcohol and Health (U.S. Department of Health and Human Services, 1993), stated that recent reviews of marital and family therapy in alcoholism treatment support the importance of involving family members in the treatment process. Spousal involvement has been found to improve both marital and alcohol use outcomes during the early post-treatment period. In an exploration of brief marital therapy as a possible cost-effective alternative to extended protocols, it was found that a single session of advice counseling produced improvement in drinking status and marital satisfaction.

For a brief span of time in the early 1990s, a consumer movement expanded treatment of family members of alcoholics to a broad-based popular concept of “co-dependency.” The diagnostic criteria for co-dependency were so broad and nonspecific, however, that they eroded credibility for the concept, and effectively eroded funding support for families needing assistance to cope with alcoholic family members. Insurance companies backed away from coverage of co-dependency treatment during the same period in which they began to impose severe restrictions on coverage for alcoholism and other addictions.

The vast majority of private insurance companies, Wisconsin BadgerCare, and Medicaid will not reimburse for family treatment without an independent mental health diagnosis for the affected family member. This results in many people being identified as suffering from depressive disorder, post-traumatic stress disorder, or general anxiety disorder when they do not really have these psychiatric conditions. This has also led to confusion regarding who should be appropriately treating the affected family member. While therapists licensed in Wisconsin as psychotherapists should see those family members who actually have a diagnosable mental health condition, a Wisconsin certified alcoholism counselor or case manager not licensed as a psychotherapist should be able to see those family members who do not require psychotherapy. But under current insurance practices, this is not possible.

Outcomes:

Short-term Outcome Objectives (2002-2004)

- **Screening:** By 2005, the DHFS Bureau of Mental Health and Substance Abuse Services will identify or develop screening tools that have been shown to yield reliable and valid data in identifying family problems/issues related to alcohol and other substance use and addiction in a family member.
- **Capacity Building:** By 2005, the DHFS Bureau of Mental Health and Substance Abuse Services will prepare a report for the State Council on Alcohol and Other Drug Abuse that projects the baseline population of family members of individuals who manifest problem use of, or addiction to, alcohol and other substances. The initial focus of capacity building will be the women's treatment, juvenile court intake, Nexus, and community services team programs.
- **Funding:** By 2005, the DHFS Bureau of Mental Health and Substance Abuse Services will prepare a study to determine the baseline of private and public sector treatment services being provided to Wisconsin family members who are affected by another's alcohol and other substance use and addiction.
- **Workforce Development:** By 2005, the DHFS Bureau of Mental Health and Substance Abuse Services will prepare a report for the State Council on Alcohol and Other Drug Abuse that includes the baseline on workforce needs (the provider gap) between the current supply of health care providers and the numbers and types of trained professionals needed for the treatment of family members of those with problem use of, or addiction to, alcohol and other substances.

Medium Term Outcome Objectives (2005 - 2007)

- **Screening:** By 2006, all general medical and urgent care clinics, hospital emergency rooms, domestic violence treatment centers, women's shelters, treatment programs, and corrections programs will screen for AODA-related family issues.

- **Capacity Building:** By 2007, the State Council on Alcohol and Other Drug Abuse will determine the baseline on the shortage of services (the treatment gap) between the treatments currently provided and the amount and type of treatment that needs to be provided to meet the needs of family members of all relevant populations of problem users and persons with addiction.
- **Funding:** By 2006, the State Council on Alcohol and Other Drug Abuse in collaboration with the Office of the Commissioner of Insurance will work to assure that adequate health insurance and other third party payment should be provided to cover the costs of treatment for families of alcohol/drug dependent persons.
- **Workforce Development:** By 2006, Wisconsin family practice and emergency medical service physicians, therapists, teachers and other school staff, health care workers, social services, criminal, and juvenile justice staff, and court personnel will be able to recognize signs and symptoms (e.g., failure in school, truancy, lack of friends, withdrawal from classmates, delinquent behavior, frequent physical complaints, abuse of drugs or alcohol, aggression towards other children, depression or suicidal thoughts or behavior) of children affected by family members with problem use of, or addiction to, alcohol and other substances.

Long-term Outcome Objectives (2008-2010)

- **Screening:** By 2008, Wisconsin family practice and emergency medical service physicians, therapists, teachers and other school staff, health care workers, social services, criminal and juvenile justice staff, and court personnel will implement comprehensive screening for family members of individuals with substance use disorders and receive the appropriate training needed to be able to do so.
- **Capacity Building:** By 2008, the State Council on Alcohol and Other Drug Abuse will assure that affected family members who have received comprehensive screening for the impact of substance use and addiction and have screened positive are given full assessments and receive timely, appropriate, and effective treatment.
- **Funding:** By 2008, the State Council on Alcohol and Other Drug Abuse, DHFS Division of Disability and Elder Services, the Division of Health Care Financing, Bureau of Health Information, in collaboration with the Office of the Commissioner of Insurance, will review the shortfall coverage in private and public sector treatment services being provided to Wisconsin family members that are affected by alcohol and other substance use and addiction in their households.
- **Workforce Development:** By 2010, the impact of substance use disorders on family members, appropriate screening tools, and treatment strategies will be a standard part of the education of all providers in the public health spectrum.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Accessible, effective treatment capacity for family members affected by persons with problem use of, or addiction to, alcohol and other substances.
- Substance use and addiction treatment agencies willing to treat family members affected by persons with problem use of, or addiction to, alcohol and other substances.
- Qualified professionals to treat family members affected by persons with problem use of, or addiction to, alcohol and other substances.

- Mental health treatment professionals and family therapists.
- Training for family practice and emergency medical service physicians, and therapists.
- Funding for treatment of family members affected by persons with problem use of, or addiction to, alcohol and other substances, particularly under the women's treatment, juvenile court intake, Nexus, and community services team programs.
- Funding for basic services (e.g., shelter, food, clothing, transportation) for family members affected by persons with problem use of, or addiction to, alcohol and other substances.
- Leadership and staff support from DHFS Divisions of Public Health, Disability and Elder Services, and Children and Family Services.
- DHFS staff support.

Outputs: *(What we do-workshops, meetings, product development, training. Who we reach-*

community residents, agencies, organizations, elected officials, policy leaders, etc.)

- The proportion of health care organizations that provide patient and family education will be increased.
- All programs in Wisconsin that work to prevent alcoholism, drug dependence, and other illness will include a focus on children of alcohol/drug dependent parents as a primary target group.
- The State Incentive Grant administered by the Division of Children and Family Services will have one or more programs that address the effects of parental alcohol and other substance use and addiction on their children.
- The Wisconsin Bureau of Mental Health and Substance Abuse Services will include in Administrative Rule HFS 75 a section that specifically addresses services for affected family members without a primary mental health diagnosis.
- The State Council on Alcohol and Other Drug Abuse will collaborate with public health, social service, and community-based agencies to identify the basic service needs (e.g., food, shelter, clothing, transportation) of family members affected by persons with problem use of, or addiction to, alcohol and other substances. The Council will also identify available resources for these basic service needs in each Wisconsin community.
- On behalf of the State Council on Alcohol and other Drug Abuse, the Bureau of Mental Health and Substance Abuse Services will convene a conference of the leadership that includes the Office of the Commissioner of Insurance, the Wisconsin Medical Society, the Wisconsin Academy of Family Physicians, the Wisconsin Chapter of the American College of Emergency Physicians, the Wisconsin Society of Addiction Medicine, the Wisconsin Nurses Association, the Wisconsin Health and Hospital Association, and the Wisconsin Certification Board, Inc., to identify the infrastructure supports that must be in place to assure early identification of alcohol and other drug screening by Wisconsin's health care providers.
- The State Council on Alcohol and Other Drug Abuse will appoint committees to describe the spectrum of clinical treatment needs and educational needs of family members that are affected by another's alcohol and other substance use and addiction.

- The State Council on Alcohol and Other Drug Abuse will prepare policy recommendations that will be applied in closing the treatment gap and provider gap for family members in Wisconsin affected by persons with problem use of, or addiction to, alcohol and other substances.
- The policy recommendations that the State Council on Alcohol and Other Drug Abuse make in reference to closing the treatment gap and provider gap for family members in Wisconsin affected by persons with problem use of, or addiction to, alcohol and other substances will be incorporated into the strategic planning objectives of the Department of Health and Family Services and the appropriate divisions.
- Research on both prenatal and postnatal effects of parental alcohol and drug dependence will be commissioned by the State Council on Alcohol and Other Drug Abuse in an effort to increase prevention and effective treatment.
- Targeted treatment interventions will be implemented with parents of children in the Wisconsin foster care system whose abuse of alcohol or drugs interferes with their ability to care for their children at home.
- Targeted treatment interventions will be implemented with children of substance-abusing parents in the Wisconsin criminal justice system who have an increased likelihood of both abusing substances and committing crimes.
- Targeted treatment interventions will be implemented with children of substance-abusing parents in Wisconsin who have a higher likelihood of both abusing substances and neglecting and abusing their own children.
- Targeted treatment interventions will be implemented with children of substance-abusing welfare recipients in Wisconsin who have a greater likelihood of both abusing substances and being on welfare.
- Targeted treatment interventions will be implemented with pregnant women and their partners, and single parents with young children who suffer from alcohol and other substance use and addiction in Wisconsin.
- A plan to implement those discovered changes for coverage of family treatment in the Wisconsin BadgerCare is developed and implemented.

Participation/Reach:

- Public policymakers (e.g., state, tribal, local elected officials)
- Community image makers (e.g., print/broadcast media, community leaders)
- Governor's State Council on Alcohol and Other Drug Abuse
- State Incentive Grant and partners
- Local health departments and tribes
- Public Health Advisory Committee
- Department of Health and Family Services (DHFS)
- DHFS Divisions of Public Health and Disability and Elder Services scientific and statistical experts
- Department of Public Instruction
- Wisconsin Association on Alcohol and Other Drug Abuse
- Health care providers (e.g., physicians, social workers, nurses, psychologists, nutritionists, health educators)

- Wisconsin Health and Hospital Association
- Wisconsin Alcohol and Drug Treatment Providers Association
- University of Wisconsin Cooperative Extension
- Center for Urban Population Health
- UW Department of Family Medicine Family Empowerment Network
- Wisconsin Women’s Education Network on Education and Recovery
- Center for Addiction and Behavioral Health Research
- Center for Health Policy and Program Evaluation
- Wisconsin Association of Collegiate Schools of Nursing
- Criminal justice system, including police, probation, parole, and public defenders
- The juvenile justice system
- Wisconsin Medical Society
- Wisconsin Society of Addiction Medicine
- Wisconsin Association of Health Plans
- Wisconsin Public Health Association
- Brighter Futures Initiative
- Department of Corrections
- Wisconsin County Human Services Association
- Wisconsin Counties Association
- County Human Services Boards (51.42 Boards)
- Wisconsin Certification Board
- Community coalitions
- Wisconsin Employee Assistance Professional Association Chapters
- Wisconsin Student Assistance Association
- Wisconsin Clearinghouse
- Wisconsin’s professional schools, colleges, universities, and technical colleges (Including medicine, clinical psychology, counseling psychology, rehabilitation psychology, school psychology, social work, nursing, health education, nutrition, counseling, child and family studies, marriage and family therapy, dentists and dental hygienists, and allied health professionals)
- Consumers and the general population
- Business and commerce communities
- Students and faculty in primary and secondary educational institutions (K-12)
- Students enrolled in colleges, universities, professional schools, and technical colleges
- Faith-based communities
- Philanthropic organizations and individuals

Evaluation and Measurement:

The following three milestones will mark the principal achievements under this objective:

1. Stakeholders and experts in the administration and provision of substance abuse, mental health, and social services (e.g., school guidance counselors, consumers, AlAnon members, mental health therapists, substance abuse counselors, obstetrical/gynecological practitioners, pediatricians, domestic violence professionals, child/adolescent social

workers, Employee Assistance Program professionals) will collaborate with public health professionals and public health system partners to identify the highest priority service needs of affected family members stemming from living in a household with an individual who has an untreated substance use disorder. Service needs such as domestic violence services; counseling for co-dependency issues; formal support groups; mental health services for anxiety, attention deficit hyperactivity, obsessive-compulsive, acute or post-traumatic stress, or depressive disorders; family therapy; parenting skills training; and stress management services will be examined, as will barriers to adult and youth family members' receiving appropriate services.

2. For each high priority service and barrier identified, an action plan will be formulated ensuring that appropriate prevention, screening, treatment, and support services are received by spouses, parents, other adults, youth, and children seriously affected by the immediate or past untreated alcohol and other substance use disorder of a member of their household. Progress on the implementation of each action plan will be monitored.
3. The ultimate impact of this objective's activities will be seen in a significant and steady increase in the number and outcomes among affected others receiving appropriate services (e.g., utilization of professional counseling services, community support services, self/peer support services). Initially, this will be measured using the family functioning items included in the women's treatment, juvenile court intake, Nexus, and community services team programs' outcomes forms.

Annual prevalence data regarding affected family members including co-dependents and collaterals in Wisconsin is not directly available; however, a simple calculation of known substance abusers (450,030) would suggest that the number of affected family members is easily in excess of 1 million. The following table shows trends for publicly supported services provided to co-dependents/collaterals. While the trend is encouraging, affected family members remain gravely underserved.

Year	2000	2001	2002
Admissions	1,571	1,830	1,961

Source: Human Service Reporting System, AODA Module.

The State of Wisconsin and key partners will develop an Oversight Committee to assure accountability in accomplishing this objective (e.g., State Council on Alcohol and Other Drug Abuse Prevention, Intervention, Treatment Committee) to address family issues related to substance abuse. The Oversight Committee will establish standards for training and what will comprise the screening tool guidelines for various settings.

The Oversight Committee will be assisted on an ongoing basis by subject matter experts from DHFS, including those in the Divisions of Public Health, Disability and Elder Services, and Health Care Financing, and the Department of Public Instruction. The Department of Regulation of Licensing and the Wisconsin Certification Board will also add input on the requirements for professional substance abuse education and the potential for a statutory change to make this a mandatory process for affected health professions (e.g., professional counselors,

marriage and family therapists, social workers, AODA counselors, physicians, nurse practitioners, physicians assistants).

The Oversight Committee will work with experts at DHFS to produce an annual report on the results of screening to be presented to the State Council on Alcohol and Other Drug Abuse by December of each year to assure progress on all screening objectives.

Data regarding availability of care for affected family members and barriers to care are sorely lacking. A multi-method/multi-perspective approach must be utilized to collect reliable and valid data related to these issues. Both macro-level and micro-level methods must be employed. Macro-level methods compare data in hand (e.g., from a state survey) with data from another source such as another survey or administrative records. Micro-level methods compare individual survey data with data obtained from another source such as medical records. Both quantitative and qualitative methods also need to be employed.

The authors are not aware of any short, simple screen that is available to detect family problems related to substance use disorders. Longer more elaborate measures do exist (e.g., The Family Environment Scale), but these require special training and are much too long to be considered in most settings. Therefore a short screen needs to be developed that is aimed at detecting family members being adversely affected by another family member's alcohol or other drug abuse. Below are some sample screening questions (Werner, 1999):

1. Have you for a long time felt depressed, sad, lacked energy, or lost interest in things?
2. Have you for a long time felt anxious, nervous, tense, uptight, worried, unable to relax, or had trouble sleeping?
3. Do you have trouble concentrating, remembering, or keeping your mind on what you're doing?
4. Have you had thoughts of harming yourself or ending your life?
5. Have you repeatedly done things you wish you could stop (gambling, eating, spending, internet, sex)?
6. Are you experiencing any problems you would like help with, such as:

<input type="checkbox"/> Children relationships	<input type="checkbox"/> Housing	<input type="checkbox"/> Spiritual	<input type="checkbox"/> Family
<input type="checkbox"/> At work	<input type="checkbox"/> Health	<input type="checkbox"/> Abuse	<input type="checkbox"/> Other
<hr/> <input type="checkbox"/> Emotions	<input type="checkbox"/> Finances	<input type="checkbox"/> At school	

Data items addressing the adequacy of coverage for family services under health insurance plans, and for the uninsured and perceived barriers to treatment, need to be added to the WI-DHFS Wisconsin Substance Abuse Treatment Needs Assessment Project and the Behavior Risk Factor Survey. This data can be analyzed in relation to national studies that have the capacity to yield state-level data. Surveys such as the National Household Survey on Drug Abuse, Monitoring the Future, State, and Local Area Integrated Telephone Survey, conducted by the National Center for Health Statistics including the Child Well-Being and Welfare module can also be considered. The definition of “family” and “family members” differs greatly across agencies and systems. These definitions will need to be operationalized, and discrepancies in definitions will need to be addressed.

The DHFS Division of Health Care Financing will add to its current Medicaid HMO quality indicators a measure of the percent of health care providers screening for affected family members. In addition, the Division of Health Care Financing will work with other subject matter experts at DHFS to explore tracking this measure in other programs (e.g., the Wisconsin Well Women Program, the BadgerCare Program, the Physician Outpatient Data System).

A number of barriers to family treatment and support exist including lack of perception of the seriousness of the effects of substance use disorders upon family members; lack of trust in treatment effectiveness; insufficient public and insurance dollars for screening, outreach, intervention, and treatment; fear of what people will think if treatment is sought; transportation; childcare; availability of treatment modalities; and many others. A series of focus groups, including consumers (i.e., affected family members), healthcare providers, and educators will be held throughout the state. These groups will focus on access to services, quality of services, and effectiveness of services. These focus groups will be held in two rounds: 2005 and 2007.

A Delphi survey will be conducted by 2005 to address future trends and directions of treatment and support services for affected family members. The respondents to this survey will be people deemed experts in family therapy, addiction counseling, primary care medicine, and health care systems.

The Oversight Committee will complete an evaluation report within three months of the findings.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

All of the Healthiest Wisconsin 2010 health priorities come into play when thinking of family members of persons with substance-related disorders, because each are interconnected to the health of families. Family members of individuals with chronic illnesses face many challenges; for instance, there is broad literature on the stresses faced by caregivers of the terminally ill, and the mental health and general medical conditions of family members that can develop due to these stresses. The chronic disease of addiction to alcohol or other drugs is also well-known as a health condition which is stressful for family members.

Alcohol, drug use, and addiction rarely affect the individual alone. Often the substance use impacts family members in observable and insidious ways. The impaired health and well-being of the family then becomes a public health issue leading to loss in the ability of family members to reach their full functional potential in their major life roles (e.g., work productivity, school performance, parenting). Negative outcomes may become manifest in ways other than frank alcohol and other drug abuse in the affected family member(s) -- it may manifest as domestic violence, depression, delinquency, or poor school performance, to name a few examples. The process of identifying problematic alcohol and other drug use in the family as the source of a functional impairment in an index member of a family system often requires probing inquiring by helping professionals. Fortunately, physicians; school personnel; and other health care, public health, human services, and day-care providers are all well-positioned to identify, refer, and/or case manage, children and other family members who suffer because a family member is addicted to or is misusing alcohol and other drugs.

Too often, helping professionals approach care from an "individualistic" rather than a "family centered" approach to prevention and early intervention. What are the "missed opportunities"

when the family perspective is not employed? Is it possible that given the incredible demands of their usual professional role that some public health system partners find it's easier to just "pass the problem off" to behavioral health specialists and agencies to assess and intervene when the professional from outside the behavioral health system actually has a closer, more immediate contact with the family? Are all helping professionals clued in to the possibility that a dysfunction in one family member may be a secondary manifestation of an index case of alcohol or other drug use or addiction? Do we know what to ask or what to look for? Do we know how to access community resources? Do we know how to effectively involve ourselves in creating solutions? Do we have current knowledge (evidence-based practice) and skills to assess, refer, intervene, and evaluate?

Do all partners, in securing the public health of Wisconsin and its families, know how to approach these areas? Consider the following scenarios:

- How do school social workers or school counselors approach a child or adolescent who has been referred by the teacher for behavior that might include picking fights, underachievement, or a flat affect?
- How do school nurses approach a child who may come to the nurse's office because they are hungry, have frequent headaches, or are "unkempt" in their physical appearance?
- How does hospital staff treat persons who are admitted into the hospital for alcohol withdrawal or chronic heavy alcohol use?
- How do hospital staff assess and identify family stress, coping strategies, community resources, and the next steps to take to help the family heal?
- When a public health nurse visits a new mom, how does s/he assess for alcohol problems, other drug use, or addiction? What steps does the public health nurse need to take after identifying a likely problem in these areas?
- When a nutritionist sees a young child in a WIC clinic and there are concerns of "failure to thrive" because the weight is lower than would be expected for height, what antecedent or precipitating factors are identified—and is parental substance use or addiction in the decision tree?
- When there is an assessment for domestic violence or sexual assault, is the substance use history of the victim's partner determined as a matter of clinical routine?
- How are family physicians assessing their patients, especially elders, not only for alcohol and drug use (including prescription drug misuse) in themselves, but also to determine if they are experiencing coping problems due an alcohol or other substance use disorder in an adult child of theirs or in another family member whom they care about?
- And, when a public health system partner falls short in their attention to these areas, how much is stigma a contributor?

Coordination of state and local public health system partnerships: When community agencies, organizations, and professionals work as partners, they become the critical safety net for children and families. This is complex work, because there is no "magic answer" and no one agency or professional group can effectively respond to the complexities and insidious nature of the problems that children and families face on a day to day basis. It takes a multi-faceted simultaneous response by the community partners. The increasing categorical nature of the health care system, insurance, and government programs can serve as powerful barriers to

family-centered care. What is needed from the community partners is a comprehensive community-wide approach to prevention, early intervention, and case management for children and their families. Local health departments can create partnerships with schools, human service agencies, and providers. Coordinated community partnerships between the helping professions (e.g., medicine, social work, mental health, nursing) have never been more important.

Sufficient and competent workforce: Front-line public health providers such as public health nurses and school nurses are becoming fewer in number and less able to provide family-centered care. This is of considerable loss to community capacity. Public health, health care, and human services professionals need to incorporate best practices in assessing and intervening at the family level. Many of these same professionals are extraordinarily prepared to respond at the individual level, but often lack essential resources (e.g., time, access to interdisciplinary environments) to respond to current and emerging threats at the family level. The need outstrips current supply.

Significant Linkages to Wisconsin’s 12 Essential Public Health Services

Monitor health status to identify community health problems: Wisconsin’s local health departments and relevant state agencies, most notably the DHFS Division of Disability and Elder Services and the Division of Public Health, have critical roles in providing data and information that describes the incidence, prevalence, and magnitude of alcohol and other drug use and addictions in the Wisconsin population. It is equally important for these agencies engage traditional and new, nontraditional public health system partners in the development of community health improvement plans and otherwise target at-risk and high-risk groups in the community of family-centered care.

Educate the public about current and emerging health issues: It is important that the public possess accurate scientific knowledge and understanding of the pervasiveness of alcohol and other drug use, and the dynamics of addiction and the consequences to the family. Accurate knowledge and understanding is an essential first step in decreasing the stigma that affected families face in society. This will increase the assurance that consistent messages are given to individuals, families, and communities. It will increase capacity of the partners to “reach out” to the families and communities they serve.

Promote community partnerships to identify and solve health problems: Partnerships that are focused on providing a “safety net” for families and assuring family-centered care have never been more important.

Create policies and plans that support individual and community health efforts: Public health, health care, human service, and school agencies, organizations, and providers need to examine policies and programs to decrease barriers to care for families and/or assure they have strong connections to the community to assure that individuals and families do not “fall through the cracks.”

Link people to needed health services: Human services, primary care, health care, and schools need to possess comprehensive knowledge of community agencies and organizations who can

effectively respond to affected families and family members for education, screening, referral, case management, and treatment.

Assure a diverse, adequate, and competent workforce to support the public health system:

Public health, health care, and human services professionals need to incorporate best practices in assessing and intervening at the family level. Many of these same professionals are extraordinarily prepared to respond at the individual level but often lack essential resources (e.g., time, access to interdisciplinary environments) to respond to current and emerging threats at the family level. State agencies, in collaboration with DHFS, need to evaluate the competencies of their respective workforces. This is necessary in order to provide comprehensive and effective services and approaches necessary to addressing health and safety issues related to alcohol and other drug use and addiction services.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services:

DHFS needs to continue to provide leadership by assuring that providers adhere to basic standards and periodically measure patient progress and outcomes (HFS 75.03(20)), and assure that the workforce is competent to serve the needs of the public. The Wisconsin Certification Board, Inc., certifies the competencies of alcohol and other drug abuse counselors, certifies prevention specialists, and assesses the capacity of the alcohol and other drug abuse workforce. The Department of Regulation and Licensing licenses therapists for social work, marriage and family therapy, and professional counseling, and needs to address the quality of care/competency needs of individuals and families that have treatment needs in substance abuse in licensing practitioners. The University of Wisconsin System Campuses need to require substance abuse and addiction courses in their "Core Curriculum" for those who acquire advance degrees. To date, these courses are elective and not required for the advance degree at the masters level.

Conduct research to seek new insights and innovative solutions to health problems:

Communicating research that can be translated to best practices in the delivery of service is needed. Institutions of higher education need to continue to enhance and disseminate knowledge concerning evidence-based practices to providers of care. Institutions of higher education are in a key role to conduct research, identify evidence-based practices, and recommend population-based and personal health intervention strategies that work. Collaborative research between state and federal agencies and Wisconsin's institutions of higher education is an essential step in closing the gap between research and practice. At this writing, monthly teleconferences are occurring between leading national and state researchers and providers to enhance best practices in serving the public.

Assure access to primary health care for all: At-risk families need a medical home and one that assures family-centered services.

Foster the understanding and promotion of social and economic conditions that support good health: Leadership and action from all the public health system partners are required to carry out this essential public health service. According to Moss (2000), this includes multi-tiered, systemic strategies that include: (1) "...strengthen individuals through behavioral changes and supports, e.g., stress management smoking cessation clinics, nutrition interventions, counseling services; (2) strengthen communities, e.g., increase opportunities for healthy social interaction

and networking, facilitate community development, and strengthen community groups; (3) improve access to essential facilities and services, e.g., ensure adequate and secure housing, build upon and extend public health initiatives to improve infrastructure, reduce pollution, legislate for public health and safety, e.g., smoking, seat belts, and providing universal comprehensive health and social insurance; and (4) encourage macroeconomic and cultural change, provide income maintenance policies for broad adequate support, improve education and training policies shown to reduce long-term poverty, ensure equitable compensation, taxation, and income distribution policies, and create new sources of access to investment capital to spur entrepreneurial activity.”

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010:

Promoting and Protecting Health for All: The public health system must remain focused on both the population and the family. Contributing to the health of the family enhances and promotes the health of the community; likewise, contributing to the health of the community enhances and promotes the health of the family. This relationship is interdependent and interwoven. It is well established that family members who live with a person or persons addicted to alcohol and other drugs are at great risk of adverse effects. Such effects include emotional disturbances; increased potential for physical, sexual, and emotional harm and abuse; reduced adaptation and coping capacity; reduced ability to maintain good grades in school; reduced ability to tap one’s full potential; and, psychological trauma to name a few. Affected children, spouses, and family members live in the “twilight of public misunderstanding.” Redoubling of efforts by the public health system partners to connect children and family members to basic primary and secondary prevention services has never been more important. This cannot be achieved by one professional group or service sector, but rather is achieved through diverse partnerships at the local and statewide levels.

Eliminating Health Disparities: When it comes to “disparities” in access to services or on health status results generated by our health care system, family members of problem drinkers and drug users are clearly an underserved population. They experience functional impairments in school and work settings where their anxiety interferes with performance and can develop stress-related physiologic dysfunctions leading to frank disease states. There are also “disparities” in the understanding of the general public about these issues: most citizens believe that African Americans have greater use rates of alcohol and illicit drugs than whites, and that their families suffer greater impact from alcohol and other drug use and addiction. The facts are that whites use tobacco and alcohol more than blacks do, and drug dependence is as prevalent in rural areas as it is in cities. But individuals and families facing socioeconomic hardships may have less “reserve” to endure the stresses placed on the family by a problem drinker or drug user. American Indians in Wisconsin indeed experience higher prevalence rates of addiction, and children and spouses in these families are at higher risk for health problems attendant to substance use and addiction in the head of the household, including violence and malnutrition. All children and spouses of problem drinkers and drug users, in all areas of Wisconsin and in all ethnic groups, need to encounter a public health system, a health care system, and a social services system that is more sensitive to the impact that familial alcohol and other drug dependence can have on their lives.

Transforming Wisconsin’s Public Health System: Wisconsin’s public health system will be transformed when substance use and addiction are accepted as important aspects of public health

at the population level -- and at the family level. Substance use and addiction are not simply social problems. They are not simply problems that affect school environments, public housing environments, and the criminal justice system. Addiction is a health problem, whereas substance use and addiction are clearly public health problems. Addressing addiction like any other chronic disease, the way the public health system now addresses diabetes, arthritis, and other chronic diseases, will be a step forward in conceptualizing the condition more accurately and designing interventions that are more likely to be successful. Consider the following:

- Everyone accepts infectious diseases, such as the HIV and hepatitis C epidemics, as part of the domain of public health -- not often enough is it accepted that injection drug use contributes to 40 percent of new cases of those illnesses in Wisconsin.
- Occupational health and safety are components of public health -- too rarely is the relationship between substance use and addiction and workplace accidents and injuries accepted.
- Prevention of teenage pregnancy and sexually transmitted disease are well accepted responsibilities of the public health system -- but we must understand the connections between alcohol and other drug intoxication and unprotected, unplanned, or unwanted sexual contact.
- Suicide is now viewed as not simply a challenge of clinical medicine, but as a public health matter -- but over 15 percent of alcoholics have suicide as their cause of death.
- Tobacco control has been fully embraced by the public health community at least since the U.S. Surgeon General's 1965 report -- what is accepted now is that nicotine addiction is the major driving force in the persistence of tobacco use and thus its progression to disability.
- One of the newest areas to be embraced as a public health problem is the issue of gun violence which is a significant contributor to premature deaths in young people. Far too often, the economic and cultural aspects of drug trafficking are contributors to gun violence in Wisconsin communities.

Key Interventions and/or Strategies Planned:

- Appoint committees/workgroups to define the alcohol and other substance abuse-related prevention, treatment, and support needs of affected family members.
- Determine a baseline of private and public sector services being provided to affected family members.
- Determine the baseline on the capacity of the service delivery system to provide prevention, treatment, and support services for affected family members.
- Determine the baseline of the population(s) of persons needing treatment and support services for co-dependency and other problems.
- Determine the baseline of workforce needs between the current supply of health care providers and the numbers and types of trained professionals needed for the treatment and support of affected family members.
- Determine the baseline of the shortage of services between the services currently provided and the amount and type of services that need to be provided to meet the needs of affected family members.
- Prepare a comprehensive report that defines and interprets the baseline data and service delivery needs concerning providing services for affected family members in Wisconsin.

- Prepare and integrate policy recommendations of the University of Wisconsin System Campuses, Department of Regulation and Licensing, and all program divisions in the Department of Health and Family Services.
- Incorporate recommendations from the State Council on Alcohol and Other Drug Abuse into the strategic planning objectives of the Department of Health and Family Services, its appropriate Divisions, and *Healthiest Wisconsin 2010*.

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