

THE POWER OF PREVENTION: EPISODE 5

Helping Families and Caregivers Thrive

Christin D'Ovidio:

Welcome to **The Power of Prevention** podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with the people who are working tirelessly for their profession, their families and their communities to stop something unwanted from happening. In this case, the prevention of substance misuse. This is a podcast for people who are looking for solutions and who want to make New Hampshire a better place, where we all have the opportunity to live, love and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention. I'm your host, Christin D'Ovidio.

Christin D'Ovidio:

Disruptions with caregiver bonding and attachment can lead to lifelong problems. These can be physical or mental or emotional. Positive early childhood experiences are critically important for children to grow into healthy adults. We are really pleased to have Nathan Fink with the New Hampshire Children's Trust and Michelle Lennon with Greater Tilton Area Family Resource Center, to explore how we can better support young families. The Children's Trust is a statewide organization dedicated to serving young kids and families. We're excited to talk about these real life situations that both exhaust and enrich parents and share some resources that can lighten their load in isolation. Our guests are going to share tips to help families and caregivers positively cope with hardships and adversity, to create stable situations where children can learn to regulate their emotions and avoid problems with substances. Welcome Nathan and Michelle, thank you so much for joining us today. What types of issues are caregivers facing?

Nathan Fink:

Yeah, there's a lot out there. I hate to refer always back to COVID and this new environment in which we as caregivers find ourselves, but it most certainly has changed the landscape of challenges. And prior to COVID, we used to talk about balancing, say work and family. Now we are literally talking about balancing a child on our laps while working and it's different. Childcare has become that much more rare. Isolation is now that much more prevalent. We've got financial stressors and duress and as a common denominator, which kind of leads to instability. And I have to say, the way we cope with these can also be a challenge because we are constantly looking for a way to re-center ourselves or escape. And sometimes we do reach for the things that are not truly escapes like the substance misuse or things like that. But I will say, while those things are all challenges, family serving agencies, the Family Resource Centers across the state and Greater Tilton Area FRC, they're shining examples of having stepped up tremendously to meet these needs. And of course, I think Granite State resilience is alive and well.

Michelle Lennon:

Yeah, you can see the physiological effects of stress on somebody that's really trying to be excellent at his work and also meet the needs as a parent that wants to do right by his child, who through no fault of their own, is in dad's work environment right now. There's so much stress right now and grace has impacted our kids so much. You think of the age range that can be in a home and some are dealing with that stress of having the older student is that is trying to manage the end of a high school career and everything that's coming with the stress of COVID, but also looking at the finances that may have been impacted because of job loss or job reduction and how am I going to pay for college right now? Or younger kids that need that one on one attention from parents and

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they're getting by because they have to but the level of stress can be impacting the whole environment that our children are living. It is a lot of managing everything I think that families are facing.

Christin D'Ovidio:

It really is a lot to manage. And when it comes to how Nathan and his organization are helping parents to be their best selves, he says it's more important to meet the challenge in the moment.

Nathan Fink:

I think about what is in my resilience toolkit and I know it's a buzzword or thinking of mindfulness and self-care, we're probably so tired of these words by now at this point in our caregiver hood. But when I think about that, I think, how am I dealing with this? Well, it's a mix of humor. It's a mix of, say, exercise for me. I need to physically expel the stress from my life. But one of the biggest things for me is probably connection. How are we coping? Well, isolation came along in the form of quarantines and mandates. That is crippling for people like me and my wife who really enjoy company. But thankfully there's this rise of the Zoom thing, this FaceTime visit and I can now actually physically see people's reactions. And that has also led to me thinking about community differently.

Nathan Fink:

What is my responsibility? We've got an elderly neighbor across the street who can't shovel her driveway and needs to get to appointments. I'm there shoveling it. This kind of collective resilience has risen to the surface and from that, this greater connection to what looks like community resources. This incredible work that they're doing is now being passed family, to the family, to family in a really local and grassroots way that I don't know that that would've been possible before. And coping mechanisms are being taught. They're being shared. They're being really leaned by people at Michelle's organization, Tilton Area Family Resource Center.

Christin D'Ovidio:

Can you talk a little bit about that Michelle?

Michelle Lennon:

Yeah. Were recognized for kind of being shining stars during this crisis. But I think of the food pantry, the community action program had pulled out the Franklin area. And so the commodity foods program and their food pantry came under the roof of the Northfield Tilton Congregational Church. Everything kind of came together under that church roof. When COVID hit, there were no volunteers to do it. And the Family Resource Center, we just kind of teamed up with them. We used our vans that we normally use for transports and we were using our staff that were trained in COVID protocols. Food insecurity was a huge issue when COVID first hit because there were people that were suddenly out of work that they didn't necessarily qualify yet because they didn't have their paperwork in order for things like different programs. And state requirements are pretty stringent to make sure people aren't taking advantage of taxpayer funded programs.

Michelle Lennon:

And so we were conscious of that and thankfully the church isn't tied to those kind of things so even though putting the three pantries under one roof meant we could take care of everybody. We

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got some donations. Interesting enough, we're a recovery community organization, but it was the local brewery that ended up doing a fundraiser for us and raise a \$1,000 to be able to provide for things like milk and butter and the things that we don't normally have. And we had to kind of bring back our in person programming, our parents in recovery that we know isolation can be an enemy for people. Making sure that we could FaceTime. The New Hampshire Travel Foundation really came through to help us pivot to online services pretty quickly. We were able to do that.

Michelle Lennon:

And then community partners, we had Bessie Rowell Community Center has opened up their gym so that we could have our little zero to five playgroup still happening by social distancing these kids. We knew for the social emotional health of these parents home with these little kids, that the stress of not having adult conversation, not getting out of the house anymore, being stuck home sometimes with two and three kids with no support sometimes. And we know, frustration, parental stress is one of the things that can lead to what I would call unintentional abuse because people just get to live with them.

Nathan Fink:

Yeah. And I'm one of those parents, I don't have access to supports and services. What happens when say we have to quarantine for seven days after an exposure, I'm quarantining under duress because we have to pay the bills. In March of 2020, right before my youngest son had turned two, and I was trying to put him to sleep. And I had a messy house that I had to clean up. My wife works nights and I had more work to do because it was a stressful time and we were trying to get out and reach families or help people like Michelle and her organization figure out what can be done. And my youngest son wouldn't go to bed and I caught myself, my stress level, escalating and escalating and escalating and I couldn't deescalate. I didn't know what to do.

Nathan Fink:

And all of a sudden it occurred to me that this is not some foreign prevention like activity that you can say, "Oh, that demographic over there. Not me, not me." I realized it could happen in my house and that the barrier between it happening and not happening had to do with my connection to resources. And it woke me up because all of a sudden it made it very personal and it made it very actionable and that I realized every caregiver is experiencing.

Christin D'Ovidio:

So true. According to Michelle, family resource centers are an important support for all types of caregivers. They can help turn down the heat that caregivers feel before they reach their boiling point. By helping families find needed resources, serve as a shoulder to lean on or help teach parenting skills to maintain a nurturing connection to their children. This is the key to avoiding problematic substance use later on in life. Here's Michelle.

Michelle Lennon:

We're really there to help them manage the stress so it never gets that far or if it has gotten that far, understanding, we're not judging you for that. We're there really to support you in what every family goes through. In most family resources centers, we're there at add that hub to reach to for all kinds of things. And even just education. I've helped somebody apply for the apprentice card for becoming an electrician. Families that are stressed, it's families that just need help with anything

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because we can remove barriers that stress has produced, no matter what it is.

Nathan Fink:

Some years ago, I found myself in a conversation with Wendy Gladstone who for decades was a forensic child abuse and neglect pediatrician. And she said something to me that I'm still thinking about. She said, "99.9% of the cases that I had reviewed in that neglect and abuse realm, were accidental because the parent had wanted to correct a behavior that they thought was problematic and they lost control." And I was taken aback by that because I think a lot of times, this is kind of that casting out in that realm of not me, not me, not me. And I've been thinking about that a lot.

Nathan Fink:

And the excitement comes from the fact that at family resource centers, with their parent education programming, their strategies for de-escalation with children, with kind of that fussy child, the connection to other community resources like OT or occupational therapy, recovery resources where necessary, it's so great because they're looking at that family without judgment as an entire unit of experience and saying, "What does this level need? What does that level need? What does that level need? And how can we embrace the solution in a way that provides a nurturing environment, yes for the child, but for the caregiver too?"

Christin D'Ovidio:

Reaching out to judgment free resources can make a huge difference to both the caregiver and the child. For Nathan and Michelle, parent education is so impactful to creating real life change in behaviors and it may just mean a change of mindset.

Michelle Lennon:

Yeah. The parent education thing was huge for me. These services are not for bad parents. Getting away from this idea that these services are just for people who have screwed up. It's not. It's really about being, like you were saying, a better version of what you want to be. Because I don't think there is a parent out there that grows up saying, "I want to be a bad parent." I think most of us want to be good parents and sometimes maybe we don't have the resources we wish we had for that. But I find going through some of those classes, I realize that it wasn't so much the resources that I needed, it's a change of mindset around a lot of different things.

Christin D'Ovidio:

As Nathan says, children's brains are built, not born. And it's important to know the effects of toxic stress and how to build resilience in the face of it so it doesn't delay future development.

Nathan Fink:

Children's brains are coming into themselves through this process that's called serve and return, where really they're putting out stimulus and the reaction to that stimulus is going to help them wire and come into themselves. Resources can outweigh stressors. Your access to what's out there in the community, say with regards to knowledge of parenting and child development, say with connection, the basic necessities like concrete supports, the food fuel, all these things are available so that those resources then outweigh stressors. When you flip it, you put yourself in a situation where you're going to see the inability to de-escalate those stressors. You're going to see things like delays coming up. You're going to see things like the social emotional intelligence of the child,

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which is the only factor that really is kind of the child's ability to contribute to the family unit. Those things can be suspended and it can make your family life, your daily life that much more challenging. Hence, the seeking of coping mechanisms that might not actually be coping mechanisms, they might be suspending your own stressors in the moment.

Christin D'Ovidio:

Parenting is actually a learned concept and it is helpful to investigate your own rearing, to uncover things about yourself. And they may lead you down a path to being a better parent and encourage more of those positive outcomes, as well as curb substance use as a coping tool. Here's Michelle with more.

Michelle Lennon:

One of the things we know is very often the adults that are using substances to cope with things really about medicating either physical or emotional and spiritual pain. It's a different age today, I would say because of the way the chemists have gotten involved in what's there, that experimentation phase can be deadly now because of the reaction to the brain to substances today is very different than even my day. And the kids today that we see in services that are now beginning to be those adults that are parenting, but the changes in substances out there have been astronomical chemically and how it's affecting the brain. And addiction as a disease can take root in very few doses of some substances now. And so kids are not having that opportunity to outgrow and naturally find recovery. The more prevention stuff that we can get in ahead upstream, to kind of look at the stuff, the better.

Michelle Lennon:

And one of the ways I see this is parenting journey class, to give parents that opportunity to learn that how they were parented and a lot of things long gone by have kind of colored their world view on how they parent and how they live in society and how they view authority and so many different things. We've got to stop blaming and shaming people for using substances and find out the why and really look at kind of unpacking all that, they can move forward in life and be those parents they want to be.

Nathan Fink:

I think this discussion is really important because we are finally coming to consider that your history of experiences can affect health outcomes. What happened to you say, as a child is or maybe even more important health wise than your genetic disposition. And Cassie Yackley with the Center for Trauma Response Practice Change has been absolutely critical in leading this charge of how service providers are embracing trauma informed practices because you can't escape your history.

Christin D'Ovidio:

The difference between ACEs or adverse childhood events, and PACEs, or positive childhood events, can mean the difference between someone engaging in problematic substance use or not.

Nathan Fink:

As a child, you're kind of in environments of which you have no control. And so the very notion that those things that had happened to you will be either as positively or negatively impactful on

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long term health effects. What we need to do is now in our service provision, start to ask these questions or start to have these considerations about a person's history and how their experience might change, say that interaction in the doctor's office. Are we leaving the door open? Very basic stuff. Where are you positioning yourself? What are the questions or how you're asking questions and what do they do to the environment for the client or patient in your care?

Nathan Fink:

And then going forward, how does that knowledge now that you have it as a service provider, actually inform your treatment plan? Because we're after positive health outcomes. It can be found at all levels of service provision now, from FRCs, to mental health, to your healthcare providers, the school system and many more like the ACRT teams or the mobile crisis teams are now being developed to understand that, look, we need to think about this and not only do we need to think about it but we need to do something in our response to what has just occurred. It's really cool stuff.

Christin D'Ovidio:

And there are some amazing programs and response teams aimed at reducing those adverse events.

Michelle Lennon:

Yeah. And we've been very, very fortunate in our area that we have Tilton Police Department, we have Sanbornton Police Department, Belmont, Laconia, Gilford. I believe Gilmanton is being added, creating these adverse childhood response teams where, when children are present at any scene that has required a police response, they're offered a referral form to sign off and start working with family support specialists. Within our region, it would be social community services at our center to find out what can we do to reduce the stress in your home? What can we do to overcome barriers you might be facing to having a healthy home? And sometimes it's not what you think. And sometimes a parent is just pulling their hair out because they can't pay the bills. We've done a lot of things like helping pay an electric bill or doing car repairs or paying for camp that a parent necessarily may not be able to afford because we don't want those healthy social connections to be the thing that goes off the table because we know long-term that camp could be the thing that makes that kid okay. It's been huge.

Michelle Lennon:

Just an example of adverse childhood experiences versus positive childhood experiences based on education or intervention or communication. One of the individuals that had come through recovery support services with us worked really hard, became a parent volunteer, an AmeriCorps volunteer us. Was involved in our parent cafes, eventually became a facilitator for parent cafes and now a national trainer for other facilitators, four or five years later, doing amazing. But really in early recovery, she was having visitation with her children for the first time and she was so excited, but she had ended a relationship with somebody that had resulted in and all of the furniture being taken away right before the kids were showing up. And she was horrified. She was escalated. She was emotional. We talk about the parts of the brain, like the wolf that comes out or the hippo for the hippocampus, we talk about and then the owl for the wisdom, the executive functioning.

Michelle Lennon:

And when we get into that wolf brain, how we get reactive. And so I let her get it out in a

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conversation with me and then just kind of backed up. And I said, "Okay, let me ask you some questions." I think positive generative questions is something that is kind of a family support worker's best friend sometimes and asking, "What is the goal of your visit?" I wanted to spend time with my kids, I want it to be nice. How can we do that with no furniture? And I just told her the story. When I was a kid, my dad used to throw a sheet over a card table and we would make a little playhouse out of it and it was a blast. It was one of my fondest childhood memories is when my dad would take the time to do that or a washing machine box and cut out windows and make it a little house.

Michelle Lennon:

And so I asked her, "Well, the family resource center can pick up a \$20 tent from Walmart and some sleeping bags, do you want to have a camp out in your living room for the weekend? And then you have the choice. This can be an adverse childhood experience for your kids and create maybe some trauma in their lives, the way you're inviting this drama into your life right now or we can make it a fun weekend for you and the kids to experience and really make it camping in the living room and how you frame this for your children will make the difference of whether they remember this as a fun childhood memory or as something that was detrimental to them." And she's like, you could hear just the stop and the pause and the coming to awareness. And now she has that in her tool belt.

Michelle Lennon:

And this is what I mean about the change and mindset with some of these training skills that we can help families kind of incorporate into their living, using these prevention principles to really change the life course trajectory of the children that are living within these family units.

Christin D'Ovidio:

It is so important. As we draw to a close, we like to ask all our guests how they define prevention and in the face of this topic of family prevention, they had some incredible things to say.

Nathan Fink:

I think to me, the whole idea is that when I hear prevention, while it's a noun, it really to me, it's a verb. It's an action. It is. It's very basically something that you can do to support yourself, your child, your neighbor, your community, the state, that creates more nurturing ground for connection. That creates more nurturing ground supports, whether that means talking about them positively, destigmatizing them in a ways that's resilience building and engages families. While I'd like to say it's more of a classification, prevention is in action. Prevention is in action that we can do to make our environments better and the environment's better for those around us.

Michelle Lennon:

Yeah. And I think for me, because I do a lot with harm reduction in the work that we do and I think I've reducing harm. I can't prevent my son from riding a motorcycle but I could reduce his risk of head injury by saying, "Wear your helmet." And so I think of harm reduction that way across the board for families. And when I think about prevention and it's like, even recovery support services, I think of as prevention for the next generation because if a parent stays in recovery and sustains their recovery, then the environment is better for that family as a whole. Anything that can improve the life course trajectory of a person or a child, even at the very smallest, incremental place.

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Christin D'Ovidio:

Those were great definitions. Well, Nathan and Michelle, thank you so much for joining us today. Really an amazing conversation. I really appreciate it.

Christin D'Ovidio:

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