



Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda



November 18, 2020
12PM/11CT

Discussion

1. Welcome and Announcements – Everyone is invited!
2. Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at lbradley2@fsu.edu.
3. 24 hour deadline to get your short Program Narrative to us. Time's up!
4. How many people are doing in person visits? Virtual? Hybrid?
5. Questions from Directors: Dad refers to children' mother as "dirty" because of her SUD
6. National Adoption Month, Trauma-Informed Day, Governor's Faith and Community Based Initiation
7. Substance Misuse during Pregnancy
8. Stigma and Substance Use Disorder
9. Holiday Crafts

Missing Program Narrative “Blurbs”



Children’s Home Society FVC Miami

800 NW 15th St. Miami, FL 33136
Program Director: Marie Constant 786-602-5183
Contact E-mail: Marie.Constant@chsfl.org

Eckerd Youth – Brevard Family Visitation Services

2226 Sarno Rd/ #107 Melbourne, FL 32935
Program Director: Talia Bryant 321-307-5102
Stanley Brizz
Contact E-mail: tbyrant@eckerd.org

Family Nurturing Center of Florida - Bartley

2759 Bartley Cr. Jacksonville, FL 32207
Program Director: Elaine Jacobs 904-389-4244 x104
Contact E-mail: elaine@fncflorida.org

Family Partnerships – New Port Richey

8044 Old County Rd. 54 New Port Richey, FL 34654
Program Director: Tina White 727-234-7795
Contact E-Mail:
familypartnershipssouth@gmail.com

Family Resource Connection

309 Main St. Palatka, FL 32177
Program Director: Stephanie Morrow 386-385-5093
Contact E-mail:
stephanie@familyresourcefl.org

Family Visitation Center of Alachua

1409 NW 36th PL Gainesville, FL 32605
Program Director: Maia Bass 352-334-0882
Contact E-mail: Maia.Bass@chsfl.org

Lutheran Services

2285 Victoria Ave. Ft. Myers, FL 33907
Program Director: Cheryl Green-Ervin 239-461-7651
Contact E-mail: cgreen-ervin@childnetswfl.org

Safe Connections Supervised Visitation Center

56 Beal Pkwy, NW, Ft. Walton, FL 32579
Program Director: Sharon Rogers 850-609-1850
Contact E-mail: sharongrogers@hotmail.com

Youth & Family Alternatives: Bradenton

5729 Manatee Ave. West Bradenton, FL 34209
Program Director: Laurel Drew 941-721-7670 x133
Contact E-mail: ldrew@sarasotaymca.org



RON DeSANTIS
GOVERNOR

NATIONAL ADOPTION MONTH IN FLORIDA

WHEREAS, many children in Florida are living in foster care and every child deserves a loving, nurturing and permanent adoptive family; and

WHEREAS, adoption provides a unique opportunity to enrich the lives of children, adoptive parents, their families, and their communities; and

WHEREAS, 4,548 children in Florida found forever families during fiscal year 2019-2020; and

WHEREAS, approximately 700 children without an identified adoptive family, including teenagers, sibling groups, and children with medical needs, are currently available for adoption in Florida; and

WHEREAS, First Lady Casey DeSantis, in her role as Chair of the Children and Youth Cabinet, is passionate about ensuring all children regardless of their circumstances have safe, loving homes, support systems, and opportunities to succeed; and

WHEREAS, state employees and other eligible applicants receive additional benefits for adopting special needs children from the state of Florida; and

WHEREAS, the Governor's Office of Adoption and Child Protection, the Florida Department of Children and Families, Community-Based Care Lead Agencies, Heart Galleries, state and local agencies and organizations join together in November to raise awareness of foster care adoptions in Florida; and

WHEREAS, Florida will celebrate National Adoption Month and Florida Adoption Month by featuring children available for adoption, uplifting the voices of adoptive parents, and sharing resources for foster and adoptive families at MyFloridaMyFamily.com; and

WHEREAS, Florida has committed to the federal "All In Foster Adoption Challenge" and will continue to work with non-profits, businesses, faith partners and local communities to find forever homes for every waiting child and support families as they open their hearts; and

WHEREAS, November 21, 2020, is National Adoption Day, and families and children across the nation and the great State of Florida will celebrate the joy of adoption on this day, and throughout the month, while remembering our children who are still dreaming and hoping for a loving, permanent family of their own.

NOW, THEREFORE, I, Ron DeSantis, Governor of the State of Florida, do hereby extend greetings and best wishes to all observing November 2020, as *National Adoption Month in Florida*.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capital, this 1st day of November, in the year two thousand twenty.



Governor



RON DESANTIS
GOVERNOR

FLORIDA TRAUMA-INFORMED CARE DAY

WHEREAS, Florida is committed to empowering its residents to reach their full potential and lead healthy lives; and

WHEREAS, trauma is a widespread, harmful, and costly public health concern that occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences; and

WHEREAS, trauma is experienced by an individual as physically or emotionally harmful, leaving lasting adverse effects on the mental, physical, social, emotional, or spiritual well-being of a person regardless of age, race, gender or socioeconomic status; and

WHEREAS, Trauma-Informed Care is the adoption of principles and practices that promote a culture of safety, empowerment and healing, resiliency building, and involves understanding, recognizing, and responding to the signs, symptoms, risk, and effects of trauma; and

WHEREAS, Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood, and the toxic stress from ACEs can impact brain development, future learning, and increase the risks for later-in-life physical and mental health challenges; and

WHEREAS, Florida's state agencies, contractors, and providers are integrating Trauma-Informed Care within the services and supports provided to their respective system populations; and

WHEREAS, Florida's communities are working together to provide education on the implementation of Trauma-Informed practices to promote the health, safety, and well-being of all Floridians who have experienced ACEs; and

WHEREAS, as chair of the Florida Children and Youth Cabinet and through her "Hope for Healing Florida" program, First Lady Casey DeSantis is working with state and local partners to restore hope into the hearts of children, families, and communities in Florida.

NOW, THEREFORE, I, Ron DeSantis, Governor of the State of Florida, do hereby extend my support and appreciation to all who serve victims of trauma and recognize November 1, 2020, as *Florida Trauma-Informed Care Day*.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capital, this 1st day of November, in the year two thousand twenty.


Governor



Governor's Faith and Community Based Initiative

- Nearly 4,000 Faith and Community Organizations registered
- Each asked to share which vulnerable population groups they currently serve
- 21 vulnerable populations were given as options and they could select as many as they would like

Vulnerable Population Group	% of respondents serving that group*
Hunger / Feeding Program	32%
Homeless	31%
Elderly / Senior Population	29%
Mentoring / tutoring Services	23%
Single / Widowed Fathers / Mothers	22%
After School / Out of School Services	19%
Mental Illness / Counseling	16%
Employment / Job Skill Development	16%
Child Abuse / Strengthening Families	16%
Special Needs / Developmental Disabilities	16%
Disaster Relief / Recovery	15%
Drug Addiction / Prevention	14%
Health Services	14%
Incarcerated / Re-entry	12%
Foster Care	11%
Domestic Violence Prevention	11%
Human Trafficking / Exploited Children	10%
Chronically Ill	10%
Juvenile Justice	8%
Adoption	7%
Refugee Services	4%

Substance Misuse during Pregnancy



Introduction/Overview

This E-Press explains how substance misuse while pregnant affects the child’s health. It will review how substance misuse affects the child during pregnancy as well as the long-term postpartum effects. The drugs reviewed will be alcohol, cocaine, marijuana, methamphetamine, opiates, and tobacco.

** Although some opioids such as morphine and codeine are legally prescribed by doctors, use of this substance may still negatively affect the child. Many of these substances share similar effects regarding the child’s health. Remember that it is never too late into a pregnancy to seek help and make a change for better health improvement.

SAMHSA National Helpline:

Substance Abuse and Mental Health Services Administration is a confidential and free (no insurance needed) service who provides referrals to local treatment facilities, support groups, and community-based organizations. Both English and Spanish languages are available, 24 hours/day, 365 days/year.

1-800-662-HELP (4357).

Substance	Effects during Pregnancy	Long-term Effects
Alcohol	<ul style="list-style-type: none">• Abnormal facial features• Small head size• Low body weight• Shorter-than-average height• Sleep and sucking problems as a baby• Problems with heart, kidney, and/or bones	<ul style="list-style-type: none">• Poor Coordination• Hyperactive behavior• Difficulty with attention• Poor memory• Learning disabilities• Difficulty in school (especially math)• Speech and language delays• Intellectual disability/ Low IQ• Poor reasoning and judgement skills• Vision and hearing problems
Tobacco	<ul style="list-style-type: none">• Preterm delivery	<ul style="list-style-type: none">• Developmental delay

	<ul style="list-style-type: none"> • Birth defects (e.g.: cleft palate) • Stillbirth • Disease • Low birth weight • 3x more likely to die from SIDS (Sudden Infant Death Syndrome) • Ectopic pregnancy 	<ul style="list-style-type: none"> • Cerebral palsy • Hearing and vision problems • Problems with their lungs (e.g.: asthma)
Marijuana	<ul style="list-style-type: none"> • Low birth weight • Altered responses to visual stimuli • Increased trembling • High-pitched cry • Problems with neurological development • Miscarriage • Stillbirth <p>**Includes any form of consumption; smoking, eating, drinking, vaping, dabbing, and creams/lotions applied to the skin**</p>	<ul style="list-style-type: none"> • Developmental problems • Learning disabilities • Difficulty paying attention • Gaps in problem-solving skills • Poor memory • Hyperactive disorders
Cocaine	<ul style="list-style-type: none"> • Miscarriage • Preterm labor • Placental abruption • Low birth weight • Decreased blood flow • Lower oxygen levels • Increased heart rate and blood pressure • Heart defects • Cardiovascular issues • Sudden Infant Death Syndrome • Small head size • Neonatal Abstinence Syndrome ("NAS:" the child becomes addicted to the drug before birth and goes through withdrawal after they are born) 	<ul style="list-style-type: none"> • Heart defects • Cardiovascular issues • Disruption of the child's autonomic and central nervous system • Structural and congenital problems with the renal and gastrointestinal systems • Defects to the genitals, brain, internal organs, and kidneys
Methamphetamine	<ul style="list-style-type: none"> • Preterm delivery • Lower birth weight • Cardiac defect • Portal vein anomaly 	<ul style="list-style-type: none"> • Decreased arousal • Increased stress • Poor quality of movement • Delayed motor development

	<ul style="list-style-type: none"> • Cystic hygroma • Chronic high blood pressure • Miscarriage • Placental abruption • Lethargy • Heart and brain abnormalities 	<ul style="list-style-type: none"> • Attention impairments • Cognitive and behavioral issues • Problems with self-control
Opiates	<ul style="list-style-type: none"> • Premature birth • Miscarriage • Stillbirth • Placental abruption • Fetal growth restrictions • Low birth weight • SIDS • NAS (Neonatal Abstinence Syndrome) • Birth defects • Neural Tube Defects affecting the brain, spine, and spinal cord (e.g.: Spina Bifida) • Inflammation of fetal membranes (intra-amniotic infection) 	<ul style="list-style-type: none"> • Shape abnormalities of the body • Functional abnormalities in the body • Congenital heart defects • Gastroschisis (where the intestines stick outside the body through a hole by the belly button) • Glaucoma

Resources/References:

"Alcohol Use in Pregnancy." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 8 Oct. 2020, www.cdc.gov/ncbddd/fasd/alcohol-use.html.

"Smoking During Pregnancy." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 28 Apr. 2020, www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm.

"What You Need to Know About Marijuana Use and Pregnancy." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 16 Mar. 2018, www.cdc.gov/marijuana/factsheets/pregnancy.htm.

National Institute on Drug Abuse. "Can Marijuana Use during and after Pregnancy Harm the Baby?" *National Institute on Drug Abuse*, 8 June 2020, www.drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby.

National Institute on Drug Abuse. "What Are the Effects of Maternal Cocaine Use?" *National Institute on Drug Abuse*, 29 May 2020, www.drugabuse.gov/publications/research-reports/cocaine/what-are-effects-maternal-cocaine-use.

"Cocaine and Pregnancy." *Home*, www.marchofdimes.org/pregnancy/cocaine.aspx.

National Institute on Drug Abuse. "What Are the Risks of Methamphetamine Misuse during Pregnancy?" *National Institute on Drug Abuse*, 9 Apr. 2020, www.drugabuse.gov/publications/research-reports/methamphetamine/what-are-risks-methamphetamine-misuse-during-pregnancy.

"Methamphetamine." *MotherToBaby*, 5 June 2020, mothertobaby.org/fact-sheets/methamphetamine/

Wright, Tricia E., et al. "Methamphetamines and Pregnancy Outcomes." *Journal of Addiction Medicine*, vol. 9, no. 2, 2015, pp. 111–117., doi:10.1097/adm.0000000000000101.

"What Are the Risks of Opioid Use during Pregnancy?" *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 15 Oct. 2019, www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/opioid-use-during-pregnancy/art-20380741.

"About Opioid Use During Pregnancy." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 13 Aug. 2020, www.cdc.gov/pregnancy/opioids/basics.html.

Stigma and Substance Use Disorder



Introduction

Negative attitudes, beliefs and perceptions towards people who suffer from mental health condition are unfortunately very common. These negative experiences heavily impact the way individuals suffering from mental illness navigate the world and navigate their mental health. Often, the most common sentiment aimed at people with mental health conditions is stigma. Stigma is when someone views another in a negative or disparaging manner because they have a distinguishing characteristic or person trait that is considered, or is, a disadvantage or a negative stereotype.

There are a number of conditions that can be utilized to exemplify mental illness or poor mental health; however, one is particular that can be studied as it relates to mental health is Substance Use Disorders (SUD). Statistics show more than one in four adults who suffer from a serious mental health condition also suffers from substance abuse problems.

Objectives

- Learn about what is substance abuse disorders and how they impact people who experience them.
- Understand what factors influence stigmas and how they are developed.
- Explore the effects of stigma, specifically how these effects are present in families/friends, social service providers, and medical health staff.
- Identifying barriers to treatment.
- Recommendations for how to combat stigma.

Mental Health problems and substance use disorders often occur together. This is because:

- Certain drugs, legal and illegal, can lead to individuals with an addiction to experience one or more symptoms of a mental health issue.
- Mental health issue can lead to alcohol or drug use, as individual use these substance as a way to self-medicate and "deal" with their poor mental health.
- Both substance use and mental disorders share common underlying characteristics and causes, which include: genetic vulnerabilities, brain structure and functioning, and early or prolonged exposure to stress and trauma.

Substance Use Disorder can be attributed to addiction to any of the following:

- Alcohol
- Caffeine
- Cocaine and Amphetamines
- Hallucinogens
- Nicotine
- Opioids
- Sedatives

Substance Use Disorders can heavily impact an individual's mental health and overall wellbeing. Some example of the effects of SUD on mental health include:

- **Substance-induced delirium**
 - Alcohol-induced delirium after high doses of drinking are characterized by: fluctuating mental status, confusion, and disorientation.
 - Opioid withdrawal can induce delirium after abruptly stopping the use of methadone.
- **Substance-induced persisting dementia**
 - Dementia caused by excessive alcohol consumption is associated with brain damage and are not reversable – even with sobriety.
 - Chronic use of sedatives has been associated with dementia-type syndromes with include, difficulty with anxiety symptoms.
- **Substance-induced persisting amnesic disorder**
 - Phencyclidine (PCP) can lead to amnesia of intoxication.
- **Substance-induced psychotic disorder**
 - PCP users exhibit an acute psychotic state which becomes aggravated with prolonged use.
 - The use of methamphetamines like cocaine and meth can cause psychotic states that may last for weeks, months of years.
 - The prolonged use of methamphetamines leads to long-term changes in the functional structure of the brain, as well as problems with concentration, memory, and, psychotic symptoms.
 - Individuals who use hallucinogens have experienced chronic reactions, which involve: psychotic reactions, depression, exacerbations of preexisting mental disorders, and flashbacks.
- **Substance-induced mood disorder**
 - Withdrawal symptoms from sedative use can cause mood instability, anxiety and/or depression, sleep disturbance, autonomic hyperactivity, tremor, nausea or vomiting, and, in more severe cases, transient hallucinations or illusions and grand mal seizures
 - Alcohol abuse can lead to mood liability, decreased impulse control, and increased social confidence. Withdrawal following an alcohol binge causes mood instability, fatigue, insomnia, reduced sexual interest, and hostility for weeks.
 - Individuals who suffer from nicotine dependency are more likely to experience depression as well. People who suffer from mental health disorders have been found to use nicotine to regulate their mood.

Factors of Stigma

In mental illness, there are two main types of stigma: "self-stigma" and "public stigma." Public stigma are the negative perceptions held by others regarding people who are mentally ill or suffer from SUD. Stigmatized people may internalize those perceptions and opinions thus developing negative feelings about themselves. This internalized stigma is referred to as "self-stigma" and this alongside perceived stigma affects willingness to seek help for people from SUD and mental health issues. These feelings brought on by perceived stigma and ultimately self-stigma lead to decreased self-esteem and increased depression, shame and embarrassment about having a mental illness, as well as limits in social interactions and impair occupational functioning.

Stigma is a barrier to seeking treatment for depression, schizophrenia, panic disorder, bipolar disorder, and post-traumatic stress disorder. Self-stigma is associated with a negative attitude towards oneself as well as seeking treatment and treatment adherence.

(Latalova, Kamaradova, Prasko, 2014).

Perceived control

Perceived control is the perception that individuals who experience Substance Use Disorders are in control of their actions and condition to the point of choosing to continue usage despite of negative consequences. Perceived control takes away the biological and addictive components of substances such as alcohol, heroin, amphetamines etc. and places all the control on the victim. Perceived control ignores the addictive properties of legal and illegal drugs even after a single use.

Perceived fault

Perceived fault is the attitudes held by family members, health care staff or social service providers that perceive individuals who suffer from Substance Abuse Disorders as responsible for their SUD. This perception blames people the person who is experiencing SUD for their condition – thus perpetuating the idea that people choose to become addicted and continue their use.

Stigmatized Conditions

There are a number of conditions that negatively impact people's lives and when such impairments are stigmatized, the limitations of functioning are worsened and patients' possibility of recovery and functioning are reduced. Individuals who suffer from conditions that are stigmatized, face discrimination in the health care system, receive significantly less social support and experience severe difficulties in organizing their lives.

Stigma reduces the value of individuals who have mental conditions in the eyes of the government, community, and professional institutions. The stigma of many health condition arises from the erroneous perception that they are self-inflicted and the fault of the person who suffers from it. Conditions like HIV/AIDS and obesity are often times seen as being self-inflicted thus receive less sympathy, social support and positive visibility.

The individuals suffering from these conditions are not the only ones who experience social stigmatization; family and loved ones as well as the mental health care institutions/professionals who treat individuals with mental disorders also experience social stigmatization and social disadvantages. Mental disorders are the most stigmatized conditions – with the most consequential discriminations.

Examples of stigmatized conditions:

- HIV/AIDS
- Venereal diseases
- Leprosy
- Skin conditions
- Obesity
- Irritable / Inflamed Bowel Syndrome
- Lung Cancer
- Mental Illness
 - o Schizophrenia
 - o Bi-Polar Mood Disorder
 - o Anxiety / Depression
 - o PTSD
 - o Etc.

Non-stigmatized Conditions

Individuals with health conditions that are not stigmatized have access to more social support from family, friends and institutions, as well as access to better health care and quality of treatment. It is important to provide equal, positive and effective treatment and support to people suffering from all manner of conditions, not just one that are considered to be “self-inflicted”, like obesity or STIs.

Some examples of non-stigmatized conditions include:

- Pediatric conditions
 - o Childhood Cancers
- Asthma

The Effects of Stigma

Social Service Professionals

- Social service professionals may have a bias against patients they perceive as having a less likely chance of recovery. Meaning, severity of client’s condition dictates the social worker’s outlook and treatment.
- Social service professionals provide less helpful, unbiased, and affected service to people they believe had some level of control regarding their condition.
- Stigmatization of certain conditions leads to missed opportunities to intervene with early detection, services, and community referral options.

Medical Professionals

When stigmas exist within the health care community, specifically medical staff it can lead to:

- Pharmacists of primary care physicians not providing adequate or necessary medication counseling.
- Patients not receiving equivalent levels of care as those with non-stigmatized health conditions.
- Medical staff may not take the patient's symptoms seriously or may misattribute physical symptoms to patients' mental illness.
- Delays in diagnoses.
- Medical staff giving negative outlooks about chances of recovery
- Early termination of treatment
- Over reliance on patients' self-treatment

Families / Friends

- Social rejection of people who suffer from physical or mental illness can be detrimental to their recovery or their treatment of their condition.
- Social rejection due to stigma leads to feelings of isolation, depression, and an overall lack of support.
- Social rejection and lack of social support leads to a heightened conflict with their family/friends
- Concealing symptoms

Barriers to Seeking Treatment

The negative experiences faced by people who suffer from mental and physical conditions as a result of stigma leads to:

- Social withdrawal thus leading to isolation
- Fear of telling others about the illness
- Fear of asking for help or seeking help
- Lack of confidence of the quality of treatment they will receive

Barriers to seeking treatment

- Lack of confidence in social service providers and medical staff
- Denial of problem
- Negative social support
- Fear of treatment
- Poor treatment availability
- Admission difficulties
- Time / Economic conflicts

How to Combat Stigma

While there is a wide variety of conditions that are perceived in a negative or disparaging light, there are ways to mitigate these attitudes and transition from stigmatized conditions to non-stigmatized conditions. These strategies include:

- Decimating information/education about mental illness and other health conditions
- Protesting against unfair descriptions of these conditions
- If possible, direct contact with these conditions
- Utilizing media channels, such as social media and news media, to speak out against stereotyping and negative behaviors against people who suffer from health conditions.
- Ensuring that images used to communicate about health conditions are diverse and do not reinforce negative stereotypes.

What to Say vs. What Not to Say

Instead of...	Say...
<ul style="list-style-type: none"> • Addict • User • Substance or drug abuse • Junkie 	<ul style="list-style-type: none"> • Person with substance use disorder¹⁰ • Person with opioid use disorder (OUD) or person with opioid addiction [when substance in use is opioids] • Patient
<ul style="list-style-type: none"> • Alcoholic • Drunk 	<ul style="list-style-type: none"> • Person with alcohol use disorder • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use
<ul style="list-style-type: none"> • Former Addict • Reformed Addict 	<ul style="list-style-type: none"> • Person in recovery or long-term recovery/person who previously used drugs
<ul style="list-style-type: none"> • Habit 	<ul style="list-style-type: none"> • Substance use disorder • Drug addiction
<ul style="list-style-type: none"> • Abuse 	<p>For illicit drugs:</p> <ul style="list-style-type: none"> • Use <p>For prescription medications:</p> <ul style="list-style-type: none"> • Misuse, used other than prescribed
<ul style="list-style-type: none"> • Opioid substitution <ul style="list-style-type: none"> ○ Replacement therapy 	<ul style="list-style-type: none"> • Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy
<ul style="list-style-type: none"> • Clean 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing negative <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> • Being in remission or recovery

	<ul style="list-style-type: none"> • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs
<ul style="list-style-type: none"> • Dirty 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing positive • For non-toxicology purposes: • Person who uses drugs
<ul style="list-style-type: none"> • Addict baby 	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances

Resources

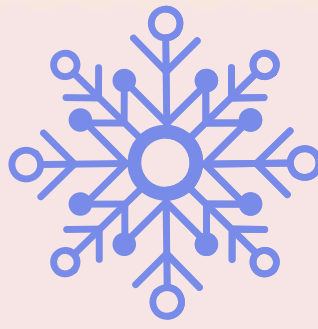
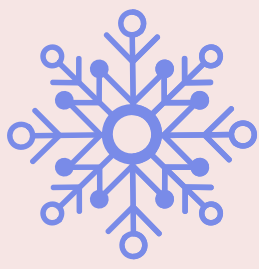
SAMHSA National Help Line – 1-800-662-HELP <https://www.samhsa.gov/find-help/national-helpline>

National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov

National Institute of Mental Health (NIMH) nimh.nih.gov

Center for Substance Abuse Treatment (CSAT) www.samhsa.gov/about-us/who-we-are/offices-centers/csat.

PAPER PLATE SNOWMAN



You will need:

- Smaller paper plate
- Bigger paper plate
- Stapler
- Round color stickers
- Black marker
- Orange and brown paper
- Glue
- Scissors
- Optional: Googly eyes, ribbon

Step 2

Color five of your stickers black with your marker. Put them onto the small plate to form the mouth.

Step 4

Use more stickers to add buttons down the large paper plate. If using a ribbon, wrap and tie around the two paper plates as a scarf.



Step 1

Staple small paper plate onto larger paper plate.

Step 3

Cut a triangle nose out of your orange paper and glue above your mouth. Color two more stickers black to make the eyes or glue on optional google eyes.

Step 5

Cut out two stick arms from the brown paper and glue them onto your snowman for the final product!

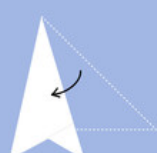
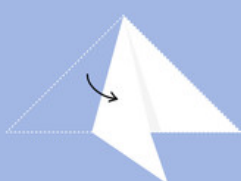
PAPER SNOWFLAKE

Step 1

Start with a square piece of paper and fold it in half diagonally to make a triangle.

Step 3

Then fold your triangle into thirds: overlap one corner over the triangle and then the other, so that it looks as shown



Step 5

Cut your folded paper. Straight lines are easier to cut than wavy ones. Use the following examples:

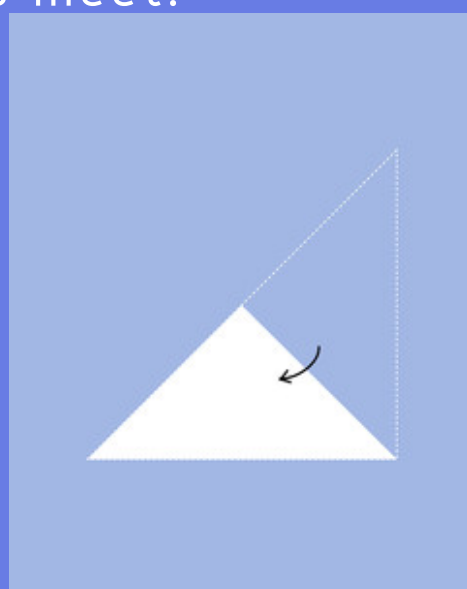
Unfold gently and you have your snowflake!

You will need:

- Paper
- Scissors

Step 2

Fold your paper triangle in half so that the pointed corners meet:

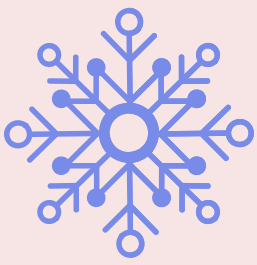


Step 4

Trim off the pointed ends



SPARKLY ICICLES



You will need:

- **Aluminum foil**
- **Silver cord**
- **White glue**
- **Blue glitter**

Step 1

Cut or tear a piece of aluminum foil an inch longer than you want your icicle to be. Tear off the bottom corners to create a triangle shape.

Step 3

Loop your silver cord and glue it to wide end of your folded foil so it sticks out of the top.

Step 5

After you've rolled it, gently squeeze to make the shape of the icicle. Be gentle at the top and tight at the bottom .



Step 2

Shiny side down, fold over the top few inches of the flat edge.

Step 4

Loosely roll the foil up sideways

Step 6

Dab glue on the icicle and sprinkle on the glitter. Let it dry and it's done!

Contact the Clearinghouse
850-644-1715

