

Bridge to the Many Paths to Recovery



By Mary Painter, DCF Director of the office of Intimate Partner Violence and Substance Use Treatment and Recovery

In 2020, I celebrated my 28th year of recovery from substance use disorder and also marked the 1-year anniversary of my nephew's death to an opioid overdose.

I am sure that when my parents set out to raise a family, they were filled with dreams and hopes for their children that never included the destruction and heartbreak that families impacted by substance use

endure.

We know the stories and see that pain in the work conducted here at the Department of Children and Families. We also know the stories and see the strength and resiliency in the children and families we serve.

The pandemic has offered all of us the opportunity for pause and I have spent some time during Recovery Month wondering why many of us are graced with the experience of recovery and many are not.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a working definition of recovery that defines recovery as a, "process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."

I also like the phrase "there are many paths to recovery", and I know it to be true.

I do not believe that I "wanted it more" or "worked harder" for recovery than my nephew. In some of our talks, we both recalled the adults who were there for us when we were struggling teens, the services and communities that helped us when we were doing the best we could, yet our paths in recovery were very different. I was able to move the needle in the direction SAMHSA describes more gracefully, while my nephew's barriers to recovery continued to mount.

During his journey, he had periods of recovery in spite of becoming a felon, having no transportation, experiencing trauma, and the growing amounts of hurdles he needed to manage, as his illness worsened. I cannot help but wonder how a program like Family Based Recovery (FBR), Multidimensional Family Therapy (MDFT) or many of the other programs the children and families DCF serves have access to, could have helped ours.

The last time I saw my nephew, he was recovering in the hospital from medical complications due to an overdose he survived, thanks to the lifesaving drug Naloxone (Narcan). He had just successfully exited a treatment program and was awaiting recovery housing, a vulnerable time. There were two things that he wanted to do when I visited him in his hospital room. He wanted to "make peace" with his mother and he wanted to call his most recent substance use counselor. My nephew visited with his mother-my sister- and had a very important and healing conversation with her. He used my phone to leave a message for his counselor about his condition, because he felt that this professional genuinely wanted him to succeed. He said this counselor never judged or shamed him, believed in him, and treated him with respect and that he would really care and want to know this had happened.



"WHAT WE DON'T NEED IN THE MIDST OF STRUGGLE IS SHAME FOR BEING HUMAN."
- BRENE BROWN

That counselor who worked so hard with my nephew could be one of you as exemplified by the endless calls, visits, motivational words and strength-based approaches you take each day with that person sitting in front of you. You make connections which lead to healing. Impart strength to the most compromised individuals. You then come back the next day. And the next.

We must stay strong. For our families, there are many paths to recovery.

In our short time on Earth, we will all leave a legacy. Our contribution which made the world a better place. My nephew positively impacted people he knew but also those he never met, and who will never know his name. My nephew said that once he conquered his own demons, he wanted to help others. While he will not have the chance to do this, I hope that sharing this moment I had with him can. This article is part of his legacy.

For me, my nephew's story reminds me of two very simple things that I will carry with me professionally: how significant the bonds of family are -even when they are damaged and in need of repair- and how important the kindness of a person can be. My nephew needed to repair his relationship with his mother, and he knew that his counselor genuinely cared about him and wanted him to recover. He probably knew this from the simplest of indicators: a genuine question, a kind greeting, a supportive statement. His death, to me, doesn't negate all of the times that he was abstinent, or mean that he "failed" at his recovery, but rather shows how serious of a health condition that opioid use disorder is.

Leave them better than she found them

Martha Saavedra, an Investigation Social Worker in the Norwalk Regional Office, has been employed with the Department for 10 years. In her decade of work, Martha probably could not have imagined she would one day be working with a father, in a hallway, practicing social distancing, to assist him with a Wi-Fi connection.

Her unassuming nature and dedication over the past decade have not gone unnoticed. As shared by her Supervisor, Wisenite Laurent, Martha, "assists families in various situations in order to leave them better than she found them."

For one particular family - they were left better than they were found - because of Martha Saavedra.



During the height of the COVID-19 Pandemic, Martha was assigned to a case which not only draws attention to engagement and racial justice but, is a profound example of meeting a family where they are and looking beyond an allegation of neglect to determine what the family needed in order to be successful. Often, that family simply requires support.



In April, the Careline received a report from a local school which had alleged a 9-year-old girl child had not been engaging in remote learning since the onset of the pandemic. The school indicated they had called the father, sent a Police Officer to the home for a well child check and a teacher calls the family daily, but communication is not returned.

The family was from Honduras and the child was undocumented.

After communicating with the child's father, who is Spanish speaking, Ms. Saavedra quickly realized that literacy and language were barriers to the father's capacity to help his child. He worked long hours as a mason and was dependent on his aunt to help raise his daughter. The child's mother resided in their native country. With Spanish as Ms. Saavedra's primary language, she was fortunately able to understand, and alleviate, the barriers to this family being successful.

It was learned the family has one cell phone which the father brings with him to work, in areas where reception is frequently not available, or he is required to turn it off. Furthermore, the family did not have a computer or internet access so on-line learning was not a possibility. The father further disclosed he had limited knowledge of how to utilize applications on a cell phone. Martha explained, "the family recently moved to the U.S from Honduras, language and culture were barriers and I needed to help them understand".

Does this family need surveillance or support? Is this "neglect" or a series of societal factors which result in a family needing an intervention and guidance?

Remote learning has created more distance between school districts and students, exemplifying the need for a rational, fair and hands on approach to social work assessments. A practice that Ms. Saavedra is determined and driven to maintain in her work with our families. Her approach helped her to align with this family and provide the necessary resources while alleviating the stigma of a substantiated allegation.



After contacting the school to arrange for tablet pick up, Martha stated she met in the hallway of the family's apartment building "to safely distance while assisting with the Wi-Fi connection to the tablet." After explaining to the family, the technical aspects of the device, the child now was provided with the resource she needed to participate in remote learning.

The COVID-19 crisis provides our communities an opportunity to explore new concepts for how parents can be supported in their children's education. Systems must realize and address that particular expectations placed on families may not be realistic and that many family limitations are outside of their immediate control. Ms. Saavedra's approach afforded this father the opportunity for his daughter to be prepared and to succeed in these challenging times.

With a depth of humility, Martha Saavedra's service to others is second nature for her. As our Department continues the work during these most unprecedented times, we thank you, Martha, for ensuring that our families are left better than you found them.

"I would like to extend my gratitude and appreciation to Martha for being an essential heroic frontline worker for the families that she services every day, but most especially during these unprecedented times," stated Supervisor Wisenite Laurent

"My Best Self - For Him and For Me"



"On August 20th, 2020 at 10:45 a.m., my DCF Case was closed. I realized at that moment how DCF was aiding me my whole, entire, way. They were my guardian angels at a time when I felt like I had no one.... And today, I look back on everything I've done and just realize, damn man. I did it! No one else. Greatest feeling in the entire world!"

Those words were spoken by Caroline, a 21-year-old mom, whose road to recovery from substance use was not easy. This is the story of Caroline's journey and how the collaboration between the Department of Children and Families and Community Health Resources led to the right services at the right time for her family. A few kinds words instilled hope in this young woman.

"I haven't read your file, but getting to know you, I think you are really cool." These words resonated with Caroline. She recalls with gratitude, those words of a case aide who was supervising a visit between her and her son.

Caroline felt valued and respected for her humanity. For so many years, those case notes seemed to define who she was, and those words told a story of a tumultuous past. As a young child, Caroline experienced neglect that led her to a life of drug addiction and transience. She spent many years in and out of foster care, residential treatment facilities and psychiatric hospitals due to suicidal ideation.

Caroline's story began in 1998. She was born to a 15-year-old mom, and due to a number of life circumstances, she was raised by her maternal grandparents. Caroline had a child of her own when she too was 15 years old. She was sent to the St. Agnes Home, where she made the selfless decision to give her daughter up for adoption. Caroline said, "She needed more than I could give her." Her daughter was adopted through foster care, and although it was a closed adoption, the adoptive mom contacted Caroline on Christmas Day, 2019, and invited her to her home to have a relationship with her daughter. That relationship exists through this day.



Caroline had her second child, a son named Carter, who was born late summer of 2019 - an event that Caroline explained with profound joy and deep loss. Caroline reported she had been actively using drugs during her pregnancy. Her long history with the Department and concerns over her current ability to parent Carter resulted in his removal from her care. "I never felt that type of pain in my entire life," Caroline said. "I was absolutely determined to get my baby back."

Reunification is the Department's primary goal upon removal of a child. So despite Carter's entry into foster care, a plan quickly was made with Caroline to return Carter once appropriate services were put into place. One of the many community service providers the Department contracts with, Community Health Resources (CHR), offers a substance use treatment program known as Family Based Recovery Program (FBR), an intensive in-home program for families who have a caregiving parent with a current or recent substance abuse history and is caring for a young child at risk of removal from the home. It seemed like the best service to meet Caroline's unique needs.



"She (Caroline) dug into therapy and began to unpack her trauma history and demonstrated insight to how it shaped who she was," Marlanda said. "With that, she worked through deciding how she wanted to grow from those experiences and did the work towards her goal." Caroline got her son back by supporting all of his medical and developmental needs, maintaining full-time employment, starting to

pursue nursing school, maintaining sobriety, and stable housing.

Caroline was determined to show the Department that she was able to be a good mom to Carter. She stated that despite the "red flags that DCF said would stop me from having my son back, he was returned to my care 6 weeks after placement." Minerva Johnson, a DCF program supervisor, managed Caroline's case. "She had great questions and I was immediately impressed with her presentation and eagerness to work with services and the Department to get her child back in her care," Minerva stated. Sarah Austin, Caroline's DCF social worker said, "She was able to show that your past doesn't define who you are, and that if you're willing to put the work in and accept help from others, you can create a brighter future." Caroline did just that.

This is also an intergenerational story of healing and sobriety. Anne K., who Caroline tenderly refers to as "Granny," believes that she helped to change the trajectory of Caroline's life when she committed to her own sobriety. At the age of 64, after many years as an alcoholic, Anne showed her granddaughter that it is never too late to change. Anne found her strength after hitting rock bottom. She recalls waking one morning and realizing that she had lost nearly everything in her life. Her husband of 35 years had recently passed away and back then, Caroline was making poor choices, running with the wrong crowd, using drugs and battling mental illness. After a three-day detox, a partial hospitalization program and daily AA meetings, Anne is celebrating nearly 8 years of sobriety. She learned many lessons through her steps to recovery. The most difficult was her inability to rescue Caroline from her own dependency to drugs. She knew that Caroline would need to make that difficult decision on her own.



Anne and her husband raised Caroline and their involvement with DCF occurred as a result of issues of neglect due to their alcohol dependency coupled with Caroline's struggles as a child and adolescent. One can only imagine how their lives could have been different if the Department had access to the same services as it does now.

Anne recalls the most difficult moments surrounded Caroline's pregnancy, when she gave birth at age 15. Those next five years were a downward spiral for Caroline until she gave birth to Carter in August of 2019. Anne explained that when Caroline lost Carter to the foster care system, "It was an enormous blow". She had never seen Caroline more emotional or more determined to make a life change.

Anne understood the Department's concerns about Caroline. Today, Anne stated she is in absolute "awe by how Caroline has grown and matured" over this past year. With a depth of profound emotion and holding back tears, Anne said Caroline had a "wonderful mother -- just amazing -- and the sun rises and sets on Carter," who is now 1 year old. Anne said her daughter's level of "maturity and ability to make really good decisions is just wonderful to see."

Anne expressed gratitude to the Department, explaining that Caroline used every support and every resource available to her. "I cannot be prouder or, more relieved to know that Caroline is OK". Caroline completed the FBR program, which provided her with therapy, case management, three-times a week drug screening and parenting support. She worked on issues of domestic violence, the importance of boundaries, anger management, baby cues. Most important, she learned self-worth.

This is a story of strength and empowerment, a story of kinship care, permanency, reunification and, recovery. Caroline's journey is a testament to how the collaborative efforts of DCF and CHR can help a family in need.

"Carter needed me to be my best self, and I became just that, for him and for me". Caroline said.

The Legacy of Justice Ruth Bader Ginsburg



The passing of U.S. Supreme Court Justice Ruth Bader Ginsburg created a powerful reaction due to her enormous influence on the Court and our nation. Justice Ginsburg fought for and won important victories that made ours a more equal society.

"Women's rights are an essential part of the overall human rights agenda, trained on the equal dignity and ability to live in freedom all people should enjoy," she once stated. Comments reflective of her fierce advocacy for gender equality.

Commissioner Vanessa Dorantes referred to her as, "a tremendous titan and warrior in a small physical body." Furthermore, "may we all actively challenge injustice and dissent against unfairness in memory of RBG... the epitome of strength."

While she is greatly missed, Justice Ginsburg has left us a treasure trove of important decisions and statements articulating her vision and ideals that will be with us forever.

The full article can be accessed here:

<https://www.nytimes.com/2016/10/02/opinion/sunday/ruth-bader-ginsburgs-advice-for-living.html>

In 2016, she wrote an Op-Ed in the New York Times entitled, "Ruth Bader Ginsburg's Advice for Living." Here, she gives credit to so many for her achievements in life especially the early experiences she had raising her own daughter. "My success in law school, I have no doubt, was in large measure because of baby Jane," she wrote.

Assistant Legal Director Katherine Dwyer provided her thoughts on the life and career of this remarkable woman. "Justice Ginsburg was a trailblazer, and the impact she had in the struggle towards gender equality cannot be overstated. Moreover, she was a woman of strong convictions and beliefs and her steadfastness to those convictions earned her the "Notorious RBG" moniker. Her work as an attorney and later a Supreme Court Justice was her passion and her calling. In that respect, she reminds me of so many of our staff here at DCF, who work long and hard on a daily basis to improve the lives of others because this is more than a job, it's a calling. Rest in Peace, Justice Ginsburg. You are sorely missed."

Some of Justice Ginsburg's most memorable quotes are as follows:

- "We should learn ... to do our best for the sake of our communities and for the sake of those for whom we pave the way."
- "So now the perception is, yes, women are here to stay. And when I'm sometimes asked when will there be enough [women on the Supreme Court]? And I say when there are nine, people are shocked. But there'd been nine men, and nobody's ever raised a question about that."
- "So that's the dissenter's hope. That they are writing not for today, but for tomorrow."
- "I didn't change the Constitution; the equality principle was there from the start. I just was an advocate for seeing its full realization."



September is Suicide Prevention Month

Suicidal thoughts by themselves aren't dangerous, but how you respond to them can make all the difference. Support is available. Anyone can call the National Suicide Prevention Lifeline 24 hours a day, seven days a week, at 800- 273-8255 (en español, 1-888-628-9454; TTY, 1-800- 799-4889) Press 1 for the Veterans Crisis Line.

In Connecticut, call 211 for National Suicide Prevention Lifeline services, or youth or adult mobile crisis services. Don't feel like talking on the phone? Try Lifeline Crisis Chat (www.suicidepreventionlifeline.org/chat) or the Crisis Text Line by texting HOME or CT to 741741 or the Veterans Crisis Line by texting 838255. If you want to plan ahead to help you stay safer in the future, download the My3 App from the National Suicide Prevention Lifeline. You can use the app to list your crisis contacts, make a safety plan, and use emergency resources. For more information, look in your phone's app store or go to <https://my3app.org/> Are you concerned someone else might be at risk The Connecticut State Suicide Prevention Plan 2025 (PLAN 2025) is a living, working document, designed to frame, organize, prioritize, and direct established and emerging suicide prevention, intervention, and postvention response efforts throughout the state through 2025. PLAN 2025 was developed through the ongoing efforts of an expanding group of professionals, those with lived experience of suicide loss, and those with lived experience of suicide attempts. To review this plan please click here: [Connecticut Suicide Prevention Plan 2020-2025](#)

