

The Nurse's Role in Caring for Children of Parents With Opioid Use Disorder (OUD) Teaching Strategy: Instructor Guidelines to Suggested Learning

Notes for Instructor for Biopsychosocial Assessment

Students should identify the following:

- A. The nurse should assess and rule out possible signs of physical illness. The nurse should assess further for sleep hygiene issues and dehydration; examine skin turgor and mucous membranes; and inquire about input and output. The nurse should check to see when Camden had his last history and physical.
- B. As nurses, building trust and rapport with clients is pivotal, and it can be challenging with children. The nurse must convey genuineness, concern, and maintain a nonjudgmental attitude. It is best to ask open-ended questions; for example, "Tell me about what class time has been like for you recently." "I see that you have missed several days in the past few months and this is something new for you. What is happening?"
- C. The nurse should begin by acknowledging the change in Camden's home life and how difficult it must be for him. The nurse may approach the topic like this, "Camden, I understand that this past year, your parents divorced. Divorce is a major change in a family and can be hard for the children." The nurse could then ask Camden a question such as, "What has it been like for you and your family?"

Rationales: Best practices in biopsychosocial assessments are to first rule out physical illness and conduct a thorough psychosocial interview. The nurse should keep in mind that often children having difficulties at home with a parent with an OUD will express reoccurring, multiple, or vague physical complaints. Changes in mood and behavior, lack of/difficulties in socializing, and problems with academic performance are also common (Lipari & Van Horn, 2017; Romanowicz et al., 2019). The nurse should use his/her active listening skills and ask questions while being supportive of the child (National Association for Children of Addiction (NACoA), n.d.).

Notes for Instructor for Assessing for Abuse and Neglect

- A. The nurse should ask questions such as, “Are there times when you do not feel safe in the home? Tell me about this.”

- B. There are no obvious signs that Camden and his siblings are in immediate danger, being abused, or neglected. The children’s grandmother is offering some social support. The nurse should thoroughly document the interaction and assessment findings and share all of this with the school social worker or counselor. Stress the importance that the nurse is a mandated reporter for abuse and neglect. Knowing state mandatory reporting laws and practice standards is essential.

- C. Note that the nurse has expressed empathy for Camden, that his parents have divorced, while also verbalizing what he experiences with his mother’s opioid use. Domestic violence and the oldest child providing care for the parent and younger siblings is common in affected families (DiPirrio, 2017; Romanowicz et al., 2019). It is normal for children to act guarded or not want to talk about what is happening at home. Findings have shown that when children communicate about their parent’s addiction, they hide, minimize what is happening, or use code words (Fraser, McIntyre, & Manby, 2009). Stigma surrounds families in which a parent has an OUD. Many children fear getting themselves or their parent into trouble or that they will be separated from their parent (e.g., placed in kinship or foster care) (DiPirrio, 2017). The opioid crisis is responsible for the massive increase of children entering the foster care system in recent years (Spher, Coddington, Ahmed, & Jones, 2017).

Children are often afraid to ask questions about OUD and what is happening with their parent. Provide age-appropriate education and reiterate to the child that their parents’ SUD behaviors and changes in the family are not their fault (NACoA, n.d.).