

**B4 Part 1– Children of Substance Abusers:
The Basics**

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CHILDREN OF SUBSTANCE ABUSER: THE BASICS

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HEALTHY AND TROUBLED FAMILIES

HEALTHY FAMILIES

PROVIDE SAFETY

- parent available
- models limits on behavior
- establishes boundaries

Self-care

- choices important
- responsibility for self and others
- everyone's needs are important
- develop good judgment

Open communication

- share full range of feelings
- direct communication
- judge behavior
- children's needs considered
- forgiveness

Individualized roles

- individual's needs important
- flexible
- disciplined
- role chosen
- cooperation, respect
- respect for privacy
- uniqueness encouraged

Continuity

- consistency
- relationships steady
- natural consequences
- attention to individual in need
- solution focused

TROUBLED FAMILIES

SAFETY JEOPARDIZED

- emotionally unavailable
- parental loss of control
- physical/sexual/emotional abuse

CoDependency

- few or no choices
- others needs come first
- isn't enough to go around
- overly concerned with judgment of others

Closed communication

- secrets to keep peace
- feelings hidden
- judge person
- children become confidantes
- shame

Family roles

- individual exists to meet family needs
- rigid roles and rules
- punishing or permissive
- role assigned
- unhealthy competition
- intrusive, secrets confused with privacy
- individual differences are a threat

Chaos

- arbitrariness
- extremes of closeness and separation
- unreasonable consequences
- attention to crisis
- problems unresolved

Adapted from Tim Cermak's book, "Evaluating and Treating ACOAs"

DYNAMICS IN FAMILIES WITH ACTIVELY ADDICTED PARENTS

- Impose secrecy and denial
- Inflict shame and guilt on members
- Inconsistency
- Parenting not child focused
- Substances interfere with inhibitions and protective capacity
- Substances lower parent's aggression threshold
- Children are taught not to trust
- Family rule: if things don't go as planned, blame someone
- Rigid roles
- Closed communication system
- If illegal drug use, children may be exposed to drug sales, violence, prostitution

HOW CHILDREN OF SUBSTANCE ABUSERS FEEL

Sad
Afraid
Lonely
Isolated
Traumatized
Angry
Worried
Maintain Love for Parent

Guilty
Embarrassed
Responsible
Confused
Depressed
Anxious
Loyal toward parent
Hopeful (watch for fantasies)

HOW CHILDREN OF SUBSTANCE ABUSERS BEHAVE

Experiments with alcohol or drugs
Has school problems
Has social difficulties
Runs away
Jokes a lot
Withdraws
Ignores it
Stays out of the way
Steals
Doesn't trust own perceptions/
looks to others for all sorts of
opinions
Tries to be perfect
Does fine most of time but acts out
after visits with parent

Tries to control
Physically aggressive; hit, curse
Takes on adult responsibilities
Identifies with parent/ acts out
Finds alternate family (gang)
Difficult to play with
Can't seem to relax/ jumpy
Doesn't trust authority figures
Hoards
Psychosomatic health problems/
(stomachaches, headaches,
backaches w/ no med. cause)
Depressed and anxious

FACTORS THAT AFFECT HOW CHILDREN EXPERIENCE PARENTAL SUBSTANCE ABUSE

- **Severity of substance abuse** – Is the parent a binge user? Continuous user? (Research shows the continuous user family showed more damage on children.)
- **Drug of choice** – How does this drug make the person act when using? Different? More aggressive? More passive? Each drug works differently on the body. Children's behavior will become in sync with both extremes of the rebound effect, the euphoria as well as the crashes, or the hangovers. Children learn what behavior is appropriate and expected at different times in the parent's rebound cycle. The child becomes responsive to the drug, not the parent.
- **Rate of addiction** – A parent who uses a drug such as alcohol is likely to take a long time to develop an addiction, in contrast to a parent who uses a drug such as crack cocaine. This means that the role changes for the child are affected by the addictive quality of the parent's drug of choice.
- **Illegal or legal drug** – Is dealing part of the use? Legality is a major issue because it indicates social acceptance, thus, less shame involved. Additionally, advertisements for alcohol make that acceptable. The portrait of alcohol use and its associated behaviors in advertisements is often in conflict with the child's reality and so adds to greater confusion and difficulty with reality.
- **Child's perception of drug use** – If drug use is perceived as a crisis, the child usually gets locked in. Some children can't respond well in a crisis, others do.
- **Parent's gender and role** – Girls with addicted fathers are more likely to marry an addicted person. Women that are addicted have a greater impact on children if they are the primary caregiver.
- **Age of child when problem developed** – How old was the child when the parent started using? Entered recovery? Died? When the addiction escalated? Research shows that younger children (aged 4 – 10) were more seriously affected than adolescents.

Children's Behavior Problems: Some Explanations

- Poor parenting – because their parents might not have kept promises or taken proper care of them, children may have learned to do many things for themselves. As a result, they might not listen to the requests and rules of authority figures, like their kinship caregiver. Teenagers in particular may rebel – “Who gave you the right to tell me what to do?” Other times, a child may become “parentified.” A parentified child has had to act much more mature than their age, often taking care of younger siblings. This child can often be *too* good in their new home, still helping with siblings, etc. This can make it difficult for the caregiver, or any authoritative figure, to properly parent siblings, and doesn't allow the child to act as a child.
- Feelings – children may never have seen adults express feelings in a healthy way. Instead they have watched their parent deal with anger, sadness, and frustration through drug use, hitting, and yelling. Therefore, they do not know how to name their feelings and express them in a healthy way – instead they may hit, yell, scream, slam doors, curse, throw tantrums, or withdraw.
- Survival Skills – some children behave badly because of patterns they had to learn before to survive. Children may still rely on these patterns, even when they are no longer needed. They may act up, yell, hit or kick, or even touch people in sexual ways to get attention. They may steal or hide food to stay safe and fed.
- Distance from Others – children who grow up in substance abusing homes may have trouble making friends, and for a variety of reasons. Perhaps they brought someone home to find their parent shooting up. They might have trouble with relationships because of their inability to express feelings in a healthy way. They might not trust other people.
- Neglect – children may not have been taught some basic skills because no one was there to teach them. Young children might still not be potty trained or know how to brush their teeth. They might not know how to use silverware. All children might have poor table manners.

How to Help Resolve Children's Behavior Problems Intervention Strategies

Model behaviors

Do :

- Allow them to make mistakes
- Give them attention at times other than when they are achieving
- Help them separate feelings of self-worth from behavior

Try not to :

- Allow the child to monopolize in a group
- Allow the child to always be first
- Encourage them to validate their self-worth by overachieving

Disruptive behaviors

Do :

- Set limits
- Confront children about behaviors, in a way that does not shame or embarrass them, but does call them on it. Attend to the needs that led to the behavior.
- Try to offer child choices
- Give them acceptance and support their feelings
- Praise the child when he or she accepts responsibility for their behavior

Try not to :

- Allow behavior to escalate before intervening
- Engage in authority battles with child
- Shame or embarrass the child

How to help resolve children's behavior problems Intervention strategies cont'd

Withdrawn behaviors

Do :

- Invite them to participate
- Point out and encourage their creative talents
- Get them engaged in team and group activities
- Caution : use touch slowly and carefully with them

Try not to :

- Let child always be silent
- Let other children take over for them

Care-free behaviors

Do :

- Take them seriously
- Hold them accountable for their behavior
- Give them jobs and tasks that have value and responsibility
- Encourage appropriate humor

Try not to :

- Laugh at silly behavior
- Laugh with them

How to Help Resolve Children's Behavior Problems

Be consistent – all children benefit from consistency, but children from substance abusing homes in particular need clear rules and expectations that stay the same from day to day.

Give the child words – to express him or herself, instead of resorting to unhealthy habits like yelling or bottling up emotions. Setting an example by talking about the emotions behind behaviors (“You must be feeling very angry right now” when a child slams a door). Help children to find healthy outlets for feelings - sports, walking, or drawing.

Praise good behavior – which lets children know they don't have to misbehave to get your attention. As children come to trust you and realize that they will be praised for good behavior, their actions will become more consistent.

Listen – children need the chance to talk about what happened in the past. Ask questions that let the child know it is okay to talk about these things, and that encourage them to keep speaking (“What happened then?” “How did you feel about that?”). Help the child name emotions as they talk, and let them know those feelings are normal. Share information that can help the child understand the situation.

Set clear consequences – for behavior that breaks a rule, and make sure all adults that interact with the child know what those consequences are. When a rule is broken, act quickly, consistently, and fairly each time.

Regularly reassure children – that they are loved and will not be abandoned again. Explain that they will not be “abandoned” even if they misbehave.

Share information – about parental substance abuse. Children need to know that their parent's problem is not their fault. Explain how use leads to addiction, and discuss recovery and relapse.

Identify strengths – which a child has. When individuals live through a difficult situation, they develop skills that help them to survive. This is referred to as resiliency – the strengths a person has that allow them to thrive in the face of adversity. Some of them include acting older than real age, humor, creativity, quick response to danger, and altruism.

Be patient – and remember that change does not occur overnight. Take pride (and help them to take pride) in the little successes.

Age Appropriate Conversations about Drugs and Alcohol

Pre-schoolers (3-5 year olds) – children at this age are learning to make their own decisions and handle their feelings. They need help to understand what they see and hear. They don't need a lot of details at this age; instead, talk about drugs in general.

You can:

- Teach them that some drugs are important, like the ones a doctor gives you. Others can make you act strangely.
- Talk about which people they can trust to take them places, feed them, or give them medicine.
- Teach the difference between real and pretend.
- Teach self-help skills like brushing teeth or washing hands.
- Help them learn to develop solutions by breaking problems down into smaller pieces.

Children (6-10 year olds) – these children want to be grown up and make their own choices. Friends are very important. They may have a hard time focusing on the future.

You can:

- Focus on the here and now when you discuss drugs.
- Set clear rules and support healthy friendships.
- Talk about what alcohol and drugs are like, why they are against the law, and harm they can do.
- Help them to see the difference between quick fixes and long-term solutions.
- Explain about their own risk of substance abuse because of their parent's. Explain that risk doesn't mean something will happen, only that is more likely. However, you are able to make your own healthy choices.
- Explain how the bodies of children who have substance-abusing parents react differently than most people do to alcohol and other drugs.

Teens (11-18 year olds) – all teens are at high-risk for drug problems – even more so if they have a substance-abusing parent. They have a strong need to be liked by their peers, even if it means disobeying adults. You can:

- Appeal to their vanity. Talk about the ways drugs affect the body – stained teeth, bad breath, and acne.
- Talk about how and why addiction happens, and what that means to people who are children of substance abusers.
- Help teens come up with ways to take a stand against peer pressure. Talk about how drugs are stronger now than they ever have been.

What to Say About Parental Substance Abuse

- Explain addiction –why people start using drugs and how they become addicted. How alcohol and other drugs can make parents behave abnormally.
- Explain recovery and relapse – make sure children understand that people do recover. And that relapse does not mean failure.
- Children not responsible – children need to know they cannot cause their parent's alcohol or drug problem. They cannot control it. And they can't cure it.
- Love is okay – it is okay to love an addicted parent. No one is all bad or all good.
- Coping skills – help the child recognize how they have coped with past challenges. And how most children of substance abusers do not become addicted.
- High risk – children of substance abusers do need to know that they are at high risk for developing their own problem relationships with alcohol and other drugs. Explain that their bodies respond to substances in a way that is different from how other people's bodies respond.
- the truth - children need clear facts and information. It is not necessary to include the most painful details, but it is important to speak honestly and openly. Even children as young as three or four can understand the facts when they are presented simply.

HOW PROFESSIONALS CAN HELP CHILDREN OF SUBSTANCE ABUSERS

- Dispel myths about parental substance abuse
- Tell children they did not cause their parent's substance abuse
- Develop a safety plan
- Reinforce the idea that parental substance abuse has affected them and that they deserve help, whether or not their parent stops using/drinking
- Tell them they can't control their parent's (or anyone else's) use of alcohol or other drugs
- Remind them that they are not alone – that there are many young people right in this neighborhood with similar experiences
- Help them identify their own resiliencies so they might call upon them in times of need
- Help them to draw upon the protective factors available to them to help bolster their own resiliency
- Suggest that they seek help through counseling, Al-Anon/Al-Ateen, or COA programs in school

BASA MODEL

Believe – Let the child know that you believe them. Ask for clarification if you don't understand something (for example, you can gently ask "Are you saying that...").

Affirm – Affirm that the problem is real, but that there are ways to fix it. You might also wish to share with the child that they are not alone – their experience is similar to that of other children in substance abusing homes.

Support – Offer your support in finding a solution.

Action – Help the child determine a course of action by helping her to examine her options. Let solutions come from the student. If a child is not able to come up with appropriate action steps (because of age, immaturity, lack of problem solving experience), you can provide suggestions.