THROUGH A CHILD'S EYES: UNDERSTANDING SUBSTANCE USE, RECOVERY AND ITS IMPACT ON CHILDREN

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OBJECTIVES

- Identify how roles within a family system are impacted by Substance Use Disorder (SUD)
- Understand the family recovery process
- Develop a theoretical understanding of how to empower the family system to help children impacted by parental substance misuse
A LOOK AT TODAY’S IMPACT

• More than 67,000 people died from drug **overdoses** in 2018, making it a leading cause of injury-related death in the United States. Of those deaths, almost 70% involved a prescription or illicit **opioid** (CDC).

• From 1999 to 2018, more than 232,000 people died in the United States from overdoses involving prescription opioids. Overdose deaths involving prescription opioids were more than four times higher in 2018 than in 1999 (WONDER).

• Over **81,000 drug overdose deaths** occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).
THE IMPACT ON OUR YOUTH

- It is estimated that more than eight million children younger than age 18 live with at least one adult who has a SUD that is a rate of more than one in 10 children.

- The majority of these children are younger than age 5 (U.S. Department of Health and Human Services [USDHHS], 2010).

- The studies of families with SUDs reveal patterns that significantly influence child development and the likelihood that a child will struggle with emotional, behavioral, or substance use problems (Substance Abuse and Mental Health Services Administration [SAMHSA], 2003).
RIPPLING EFFECT

• For every person lost to an overdose or who battles their SUD, there are countless family members, community members and friends standing in their shadows
• The question is who is treating them?

Image: multibriefs.com
The family remains the primary source of attachment, nurturing, and socialization.

The impact of substance use disorders (SUDs) on the family and individual family members is a critical part of recovery.

As a result of early development, for children, there is an increased risk of developing an SUD themselves and other rippling effects of the SUD including effects of trauma (Zimic & Jakic, 2012)
TRAUMA AND CHILDREN
ACEs: The 10 Areas of Trauma

1. Psychological Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Loss of a Parent (for any reason)
7. Mother Treated Violently
8. Substance Abuse
9. Mental Illness
10. Criminal Behavior in the Household

The questions are described on the ACE website www.acestudy.com
• Children who live with chronic stress and loss, self-protect against their pain with a host of different defenses, while learning faulty beliefs and developing cognitive distortions in the process (Black, 2018)

• Children of parents with SUDs are at increased risk for abuse or neglect, physical problems, poor behavioral or impulse control, poor emotional regulation, conduct or oppositional disorders, poorer academic performance, psychiatric problems such as depression or anxiety, and substance abuse.
For adult children of alcoholics (ACOA), Post-traumatic stress disorder (PTSD), once called delayed stress, is what the “adult child” dynamic encapsulated (NCBI).

To live with chronic fear during the vulnerable childhood and adolescent years—when one is developing beliefs about oneself and the world at large—is traumatic to emotional, psychological and spiritual development.
Trauma also occurs in more subtle forms—for example:

- living with fear on an ongoing basis, such as the fear of not knowing if or when a parent/child or spouse is coming home

For Children:

- Fear of not being able to rely on a parent attending a significant event
- Fear that comes with listening to one’s parents argue night after night
- Fear that parent might overdose and die
FAMILY SYSTEMS APPROACH TO TRAUMA

Trauma overwhelms the system
How can we tell what system the family is in?
How do we approach the family in each system?
The traumatic stress field has adopted this term to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset.

It often results when a child is abused or neglected but can also be caused by other events such as domestic violence, SUD and community violence.

Typically, complex trauma interferes with the formation of a secure attachment bond between a child and a caregiver.

These exposures often occur within the child’s caregiving system.

(Cook et al)
TRAUMATIC FAMILY EVENTS

- Witnessing an overdose
- Domestic violence
- Behaviors associated with substance use seeking
- Police at the home
- Daily life and death threats

All these events begin to shape the circuitry of the family—chronic repeated stress impacts the Central Nervous System (CNS)
TOXIC STRESS, SUD AND FAMILIES

• Toxic stress, the most threatening, is associated with strong and prolonged activation of the body’s stress management systems in the absence of the buffering protection of support.

• Toxic stress emerges in the face of loss—conditions of continuous family chaos; persistent emotional, physical and/or sexual abuse; chronic parental depression; persistent parental substance abuse or other manifestations of addiction; and ongoing emotional or physical neglect (Black, 2018)
“Use it or lose it”: the nervous system is shaped by experience—either pruned or primed in response to safety and stress.

- If you feel loved and safe, your brain becomes specialized in exploration and play.
- If you feel frightened and unwanted, the brain specializes in managing feelings of fear and abandonment.
- Adults whose brain and CNS were patterned by distress at the beginning of life often feel helpless in the face of their symptoms, they do not have the neural circuits to imagine a different way of being.
CHILDHOOD DEVELOPMENT

• Predictability and continuity are critical in order to develop a good sense of self and the world
• A child needs to develop categories to create context to their life “people are good”
• Development consists of learning to master and “own” one’s experiences
• Unlike adults, children cannot run or protect themselves- they depend on their caregiver
• They learn the world is safe through the attachment of an attuned caregiver
ESTABLISHMENT OF SAFETY

- A parent with a SUD, who is mood altered, preoccupied with getting high or spending significant amounts of time recovering from the effects of substances, may miss the opportunities to foster healthy attachment.
- Implications on the development of attachment, trust and safety
- Exploration of insecure or inconsistent attachment
THE PARENTIFIED CHILD

• Many children living in a home where there is an addiction develop into “parentified children.”
• This occurs when the caretaker is unable to meet the developmental needs of the child.
• A parentified child begins to parent themselves and perhaps younger siblings earlier than developmentally appropriate.
• This same child may also become caretakers of their parent.
FAMILY ROLES IN FAMILIES WITH SUBSTANCE USE

- Dependent Person
- Chief Enabler
- Family Hero
- Scapegoat
- Lost Child
- Mascot
HOW DO FAMILIES ORGANIZE AROUND THE DISEASE?

• Begin to love in a shroud of fear and negativity

• Develop a misplacement and imbalance of duties within the system

• Children may also develop elaborate systems of denial to protect themselves against the reality of a parent’s addiction.

• Attachment may be impacted by inconsistencies of parenting.
UNDERSTANDING THE FAMILY RECOVERY PROCESS: EMPOWERING THE SYSTEM
FAMILY SYSTEMS

• All the family therapy models share the basic principle of family systems theory that is that the individual cannot be fully understood or successfully treated without first understanding how that individual functions in their family system.

• The role of Homeostasis in the family system.

• Helping children through the recovery process

• Should children be included in treatment?
The utilization of evidence-based family approaches has demonstrated superiority over individual or group-based treatments (Baldwin, Christian, Berkeljon, & Shandish, 2012).

Treating the individual without family involvement may limit the effectiveness of treatment for two main reasons: it ignores the devastating impact of SUDs on the family system leaving family members untreated, and it does not recognize the family as a potential system of support for change.
A family system at work:

• Every family has its own personality that is shaped and created by the interactions with one another
• This personality will shape how emotions are expressed, what rules, values and beliefs are expressed within the family
• The family system is what keeps the household functioning
• Any change in one part of the system affects the entire family
HOW TO ESTABLISH A WORKING RELATIONSHIP WITH THE FAMILIES
DON’T BE THE BILL COLLECTOR
FAMILY HESITATION TO ENGAGE...

• Families may feel embarrassed
• Family may have fears of change that could disrupt the current system
• They may feel judged
• And the reasons go on…….
RECOGNIZE THE THERAPEUTIC REASONS FAMILIES MAY BE HESITANT TO ENGAGE

- Shame/Guilt
- Learned Helplessness (Trauma)
- Secrets
- Fear
- Anger
ENGAGING FAMILIES

- Initial contact
- Strong Therapeutic Alliance
- Demonstrating Respect and Dignity: if the family does not trust the treatment team, they will not engage
- Use Motivational Interviewing techniques
- Validate their fears and frustrations
- Education: parent training, education on addiction
- Identify the Family’s goals
- Learn to understand and respect their fears
- Use this as a clinical opportunity: no different than their loved one not wanting to go into treatment.
- Strategize ways to keep loved one in treatment
CREATE A STRONG THERAPEUTIC ALLIANCE

- Their struggles and courage
- Every family has its own unique story
- Their experiences and expertise as a family
- Create a mutual conversation based on the family concerns

Validate
Honor
Respect
Listen
CLINICAL INTERVENTIONS
HOW TO HELP FAMILIES SUPPORT THEIR LOVED ONE

• Provide educational groups for families regarding diagnosis and symptoms of relapse
• Teach skills to improve relationships
• Bring family into therapy sessions to help with communication and boundary setting
• Offer advice regarding relationships and how to support recovery behaviors as opposed to addictive or crisis oriented behaviors
UNDERSTANDING THE BEHAVIORS OF THE CHILD

- Isolation
- Helplessness
- Oppositional
- Seeking attention from parents
- Testing the limits
- Change in school performance
- Evaluation of secrets and trust
PARENTING IN RECOVERY

• Get the whole family in treatment
• Provide parenting tools to help families understand the behaviors of the child
• Honor the resiliency of the recovery story
• Empower the system to empower the child
The importance of collaborative care

- Parenting education
- Individual and family therapy to address mental health and trauma
- Community programs to help families address secondary issues (such as trauma, ADHD or mental health)
- Evidenced practices such as TF-CBT
- Empowering the families to work alongside the school district
- Recovery support services, such as peer mentors and recovery specialists for both parents and youth
- Wraparound support and in home therapy
- Importance of peer support and mentorship, especially for teenagers.
STRENGTH BASED SOLUTIONS

• Lack of healthcare
• Transportation
• Childcare
• Others?

How do we as a community support the system while acknowledging the potential for real-life barriers
THE TAKEAWAY FOR FAMILIES AND TREATMENT PROVIDERS

- Families want to be involved but may lack the support.
- Participants need support in how to engage families in ways that are supportive and meaningful.
- Fear on both sides can be one of the greatest barriers.
- HOPE sits in the ability to get additional resources to know how to support recovery but also to feel empowered to be a part of the journey.
- Families are resilient and with the support from providers and the community they can make powerful changes.
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<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Admit powerlessness over your ability to protect your children from pain and become willing to surrender to your love and not your control.</td>
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<td>Step 2</td>
<td>Find hope in the belief that recovery is possible through faith and an acceptance of the fact that we are never really alone.</td>
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<td>Step 3</td>
<td>Reach out for help and acknowledge that you are not alone.</td>
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<td>Step 4</td>
<td>Take stock of yourself as a parent.</td>
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<td>Step 5</td>
<td>Learn to share your parenting issues with others without self-recrimination.</td>
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<td>Step 6</td>
<td>Become ready to change by giving up the demand to be perfect.</td>
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Step 7: Make conscious changes in your parenting by identifying specific strategies for healthy parenting.

Step 8: Take responsibility for the effect your parenting has had on your children and learn self-forgiveness.

Step 9: Make amends to your children through healthy parenting without over-compensating.

Step 10: Model being honest with yourself and your children and create acceptance in your family for imperfection.

Step 11: Learn to accept your limits in life and find your true spiritual path while allowing your children theirs.

Step 12: Reach out to other parents in the spirit of giving and community.
TIPS ON HOW TO HELP CHILDREN IN RECOVERY

1. **Create Safety**
2. **Be caring**, consistent and don’t pry (so what does this look like in early recovery?)
3. **Reconnect**: Always remember that children love their parents, despite what their behaviors say
4. **Remind** children this is not their fault
5. **Practice power “less” struggles**: Don’t always react to the behavior but look for the “WHY”
6. **Regulate** the nervous system: Begin teaching about emotions (Need regulation skills for parents first!)
7. **Encourage** Silliness and resiliency!!
8. **Predictability**: Create routines
9. **Resiliency**: Help families build emotional resiliency together
Help Children Understand that:

- Addiction is a disease
- They can't control their parents drinking
- They are not alone
- They can talk about it - it is NOT a secret
- Identify “safe” people who children can talk to and discuss as a family
• 16-year-old, parentified child who cared for her two younger sibling's years prior. Referred for doing poorly in school.

• 18-year-old, female who would not go to treatment for fear of leaving mom.

• 13-year-old, boy referred for disruptive behaviors who reports significant anxiety.
• **Prevent Child Abuse America**
  Dedicated to providing information on child abuse and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of children.

• **Stand for Children**
  Advocate for improvements to, and funding for, programs that give every child a fair chance in life.

• **Child Welfare League of America**
  Child Welfare League of America National Data Analysis System CWLA, in cooperation with the nation’s state child welfare agencies, provides a comprehensive, interactive child welfare database. Internet users can create customized tables and graphs, as well as access information on child abuse.

• **Child Welfare Information Gateway**
  Child Welfare Information Gateway connects professionals and concerned citizens to timely, essential information and resources targeted to the safety, permanency and well-being of children and families.

• **NACOA. National Association for Children of Addiction** advocates for all children and families adversely impacted by alcohol or drug use in the family. https://nacoa.org
RESOURCES

• Child Trends Data Bank
  Source for the latest national trends and research on over 100 key indicators of child and youth well-being.

• Children’s Action Alliance
  Helps promote the well-being of children and their families through research, policy development, media campaigns and advocacy.

• Children’s Defense Fund
  Mission is to ensure every child has a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life.

• National Data Archive on Child Abuse
  Exchange among researchers in child maltreatment field.

• U.S. Department of Health and Human Services, Children’s Bureau
  Government site featuring information on child abuse, statistics, and resources related to child welfare.

• Zero to Three
  Publications, reference guides to programs, projects and professional developmental services promoting the healthy development of our nation’s infants and toddlers.

• SAMHSA's National Helpline – 1-800-662-HELP
REFERENCES


• Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/drugoverdose/data/heroin.html


• Lee, J. (2012). Recovering my Kid: Parenting Young Adults in Treatment and Beyond. Center City, MN: Hazelden.


REFERENCES


