

Tips and Tools for Working with Children & Families Impacted by Alcohol and Other Drug Dependency



Fast Facts

- In 2001, more than 6 million children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year¹
- 25% of all children will live with a family member who abuses alcohol or is dependent on alcohol²
- Growing up in a household affected by alcohol/drug abuse can have devastating lifelong consequences on mental and physical health³
- Substance abuse contributes to 75% of incidents of child abuse and neglect of children in foster care⁴
- Many of these children were exposed to drugs in utero and may, consequently, have emotional, behavioral and/or cognitive problems; early diagnosis is very important to prevent the development of secondary disabilities (for more information on identifying and understanding these problems, see *Drug Exposed Children: What Caregivers Need to Know* Fact Sheet)
- Treatments that involve family result in higher levels of abstinence (50% vs. 30%), fewer drug related arrests (8% vs. 28%), and fewer inpatient treatment episodes (13% vs. 35%)⁵

Key Strategies for Increasing Treatment Effectiveness:

- Involve as many people as possible (caregivers, birth parents, siblings, mentors, treatment providers) so that there is consistent support of the learning of new skills
- Provide ways to increase protective factors and decrease risk factors (for more information, see *Needs and Solutions for Children & Families Impacted by Alcohol and Other Drug Dependency* Fact Sheet)
- Increase developmental assets (for more information on developmental assets, visit www.projectcornerstone.org/html/assets/41assets.htm)
- Focus on addiction and family recovery
- Address the family rules that develop in chemically dependent families (don't talk, don't trust, don't feel) before attempting any other work
- Incorporate recommended strategies for addressing and accommodating learning differences, possible cognitive deficits, and fetal alcohol spectrum disorders (FASD)
- Model and teach healthy living skills, step-by-step and with role plays; practice skills and provide visual reminders
- Have a consistent format for every session, beginning with centering exercises (breathing and relaxation) and ending in the same way

Key Strategies for Working with Children:

- Provide a safe place to talk, words to articulate what happened, and trust statements, e.g.: "I did not cause chemical dependency"; "I cannot cure it"; "I cannot control it"; and "We can help take care of ourselves, one day at a time"
- Allow time with caregivers for healing
- Discuss, using age-appropriate language, the dynamics of family disease and how every family member is affected
- Teach children that:
 - They are not alone and they deserve help
 - All feelings are OK and there are safe ways to express them
 - Their parents love them, but they have a disease
 - Their parent's disease is not their fault
 - There is hope – treatment helps and recovery happens

Key Strategies for Working with Parents:

- Provide words to share experiences
- Include time with children for healing; give parents tools for making amends and ways to begin self-forgiveness
- Help parents understand characteristics of “safe people” for themselves and their children
- Address the importance of early diagnosis of learning differences (LD) or fetal alcohol spectrum disorders (FASD)
- Discuss:
 - Who in their family is supportive of recovery
 - Who is in recovery
 - How their child’s caregiver has been helpful in their recovery
 - How to keep a healthy distance from family members who are not stable
 - Who can help them identify when they are headed in a negative direction
- Teach parents how to affirm their children and how to talk to their medical providers about their disease

Key Strategies for Working with Families:

- Validate experiences of all involved
- Discuss how addiction affects everyone in the family
- Stress that everyone affected needs support, help, and encouragement, whether or not the addicted family member recovers
- Provide information about the disease, hope of treatment and process of recovery
- Provide information on community-based supports
- Address the fact that children with blood relatives who have the disease of chemical dependency are at a high risk for a multitude of problems, including their own future addiction (i.e., the more relatives, the more risks)

What Can YOU Do?

- Take care of yourself
- Model and teach healthy living skills, step-by-step and with role plays; practice skills and provide visual reminders
- Advocate for education and collaboration
- Promote and coordinate with recovery support services
- Borrow what works: some effective curricula include *Celebrating Families!*, Strengthening Families Program, Nurturing Families, SAMHSA Children’s Kit
- Be bold: Imagine communities where people live better lives; where children are safe, healthy, happy and educated, where people achieve their aspirations
- Offer hope

End Notes:

¹Substance Abuse and Mental Health Services Administration, *Results from the 2001 National Household Survey on Drug Abuse: Volume 1. Summary of National Findings* (DHHS Publications No. SMA 02-3758, NHSDA Series H-17, Office of Applied Studies) Rockville, MD, 2002

²Grant, B., “Estimates of US Children Exposed to Alcohol Abuse and Dependence in the Family,” *American Journal of Public Health*, Vol 90 No. 1, January 2000, p. 112 -114

³Anda, R., *The Health and Social Impact of Growing Up With Alcohol Abuse and Related Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo*, Overview of the Adverse Childhood Experiences (ACE) Study, for The National Association for Children of Alcoholics

⁴*No Safe Haven: Children of Substance-Abusing Parents*, National Center on Addiction and Substance Abuse (CASA) at Columbia University, January 1999

⁵*National Institute on Drug Abuse (NIDA) Science & Practice Perspectives*, Vol. 2 Number 2, August 2004

**For more information on drug endangered children, visit our web site
www.nationaldec.org**

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