Helping Children Affected by Parental Substance Abuse

Activities and Photocopiable Worksheets

Tonia Caselman PhD, LCSW

Jessica Kingsley *Publishers*
London and Philadelphia

First published in 2015
by Jessica Kingsley Publishers
73 Collier Street
London N1 9BE, UK
and
400 Market Street, Suite 400
Philadelphia, PA 19106, USA

www.jkp.com

Library of Congress Cataloging in Publication Data
Caselman, Tonia.
Helping children affected by parental substance abuse : activities and photocopiable worksheets / Tonia Caselman.
pages cm
Includes bibliographical references and index.
ISBN 978-1-84905-760-8 (alk. paper)
1. Children of drug abusers–Services for–United States. 2. Children of alcoholics–Services for–United States. 3. Dysfunctional families–Psychological aspects. 4. Social work with children–United States. I. Title.
HV741.C3366 2015
362.29'130973–dc23
2014046747

British Library Cataloguing in Publication Data
A CIP catalogue record for this book is available from the British Library

ISBN 978 1 84905 760 8
eISBN 978 1 78450 087 0

Printed and bound in Great Britain

Introduction

Children at Risk

In the US, approximately 8.3 million children under 18 years of age are living with at least one parent who is dependent on illicit drugs or alcohol and in the UK there are approximately 1.2 million children living under the same circumstances (Brisby, Baker and Hedderwick 1997; Cleaver, Unell and Aldgate 2011). This parent might be a custodial parent or a noncustodial parent; it might be a step-parent or an adoptive parent; it might be a parent in a same sex union or in an opposite sex union. Children in these families are at higher risk than children in non-substance-abusing families for a multitude of difficulties including physical problems such as asthma, allergies, headaches, overeating and gastrointestinal disorders (Adger 2004; Felitti *et al.* 1998; Newlin 2011) and behavioral problems such as attempted suicide, depression/anxiety, teenage pregnancy and low self-esteem (Billick, Gotzis and Burgert 1999; El-Guebaly and Offord 1977; Kelley and Fals-Stewart 2004; Russell, Henderson and Blume 1984; Sher 1991). Children of substance-abusing parents also experience a higher incidence of learning disabilities, lower overall academic achievement and higher unemployment as adults (Christofferson and Soothill 2003; Sher 1997). And, finally, children of substance-abusing parents are extremely vulnerable to substance abuse problems themselves (Emshoff and Price 1999; Grant 2000).

In a sample of pediatric psychiatric inpatients, more than 50 percent were found to be children of addicted parents (Rivinus *et al.* 1992). These children also have a greater vulnerability to physical and sexual abuse and neglect; approximately 60 percent of children involved in the child welfare system are children of addicted parents (Backett-Milburn *et al.* 2008; Brook and McDonald 2009).

The Adverse Childhood Experiences Study found that childhood exposure to extreme family dysfunction (including parental substance abuse) is highly associated with health risk behaviors, such as smoking, drinking and overeating, and, consequently, to disease (Felitti *et al.* 1998; Newlin 2011). Lieberman (2000) found that children growing up in these families are vulnerable to economic hardship, medical problems, abuse and neglect.

Children from substance-abusing families themselves describe domestic violence, parent–child relationship problems, parents' "disappearances," concerns

about stigma, foreshortened childhoods and early responsibilities for their own, parents' and siblings' needs (Bancroft *et al.* 2004). Unpredictability, disorganization and inconsistency typify the homes where there is an addicted parent (e.g. transient living conditions, inconsistent caregiving, violence, etc.).

Diverse Needs

Children of substance-abusing parents are not a homogeneous group. Research suggests that children's degree of adjustment or maladjustment is the result of an accumulation of risk factors rather than the simple effects of the parental substance abuse alone. Both *general* environmental risk factors (e.g. socioeconomic status, family climate, family health and conflicts, etc.) and *specific* risk factors (e.g. frequency and severity of the substance abuse, the gender of the substance-abusing parent, the substance abuser's behavior while intoxicated or high, the non-substance-abusing parent's level of functioning, the child's level of exposure, the child's interpretation of events, changes in routines, etc.) affect adjustment (Haugland 2003; Werner and Johnson 2004). One study suggested that adult male-to-female aggression in the home had the strongest correlation with children's overall adjustment (Fals-Stewart *et al.* 2003).

Research on children of alcoholics is much more comprehensive than the research on children of drug-abusing parents. While the causes and psychological dynamics appear to be similar between these two groups, one of the major differences is the illegal nature of drug abuse. Children of drug-abusing parents are more likely to lose a parent at an earlier age due to incarceration, violence, illness and overdose. And, while emotional abandonment is common among both groups, a parent's need to seek out illegal drugs can lead to more frequent physical abandonment (Markowitz 2013).

Adjustment

Natural and learned resiliencies, in addition to resources for coping, play an important part in children's adjustment. Close ties to cultural heritage, access to nurturing adults either inside or outside of the family, ability to ask for help, hobbies and extracurricular activities, good problem-solving skills and a curiosity about the world all improve adjustment and coping (Begun and Zweben 1990; Werner and Johnson 2004; Werner and Smith 1989).

Group Format

Because children of substance-abusing parents carry the shame of their family's "secret" they often do not invite friends over or feel that they cannot leave the home in order to socialize. This can cause deficits in social development and, for this reason, group treatment is the treatment modality of choice. Kroll (2004) found that children in substance-abusing families wanted to meet other children in similar circumstances and to talk openly about the problems within the family.

Research recommends a small group format in working with this population (e.g. Moe 1993; Price and Emshoff 2000; Reinert 1999). Small groups can reduce

denial, reduce feelings of isolation and shame, create healthy interactions, build trust and present opportunities to try out new solutions to old problems. Learning about substance abuse, sharing personal experiences and learning new social/emotional skills can reduce children's stress, increase their social support systems, change cognitive distortions and provide opportunities for increased self-esteem.

Outcomes for group interventions for children of substance abusers include reduced need to care for parents, reduced beliefs in being able to control the parent's substance abuse, reduced feelings of isolation, increased understanding of their family member's illness, improved school performance and better social relationships (Gregg and Toumbourou 2003; Moe, Johnson and Wade 2008). Outcomes for adolescents also included improved decision making, improved relationships, increased coping strategies, increased resilience and enhanced school performance (Gance-Cleveland 2004).

Group interventions provide information regarding substance abuse, safety, feelings, coping skills, self-care, goal setting, self-esteem and relationship/communication skills. Most groups use a multimodality approach with lectures, discussions, games, worksheets and experiential activities.

Group Cohesion

Research has shown that group cohesion in treatment groups is a significant factor in client outcomes both in inpatient and outpatient settings. This appears to be particularly true with younger populations as they experience the largest positive outcome changes with group cohesion. Cohesion has been found to be strongest when a group lasts more than 12 sessions and includes five to nine members (Burlingame, McClendon and Alonso 2011).

Counselors can facilitate group cohesion by emphasizing member interaction. Important tasks for counselors to practice include finding commonalities between group members, eliciting supportive verbal expressions between members, blocking any aggressive or judgmental expressions between members, and encouraging members to respond empathically to others' emotional expressions. It is also important for children to have fun, as many children of substance-abusing parents are consumed with adult responsibilities and worries. Moe and Pohlman (1989) state, "Play helps not only to connect…but also assists in the healing process" (p.x).

Challenges

There can be several barriers to children's participation in groups: (1) children are unlikely to self-identify, (2) parents may refuse consent due to their own denial or lack of confidence in treatment, and (3) children may be anxious about how they are perceived by peers for attending a group, or (4) they may feel disloyal to their parent by attending. Even after joining a group children may not wish to share right away. Children are very loyal to their parents no matter how problematic that parent's behaviors might be (Harbin 2000).

Prior to beginning a group, children should be provided clear information about participation. This may allay some of their fears and hesitations. It may be helpful to hold discussions about the activities of the group and the children's feelings about attending prior to actually beginning the group (Day, Carey and Surgenor 2006).

Relationship with the Counselor

Trust building is imperative as children of substance-abusing parents often have difficulty trusting others. Counselors should demonstrate consistency, genuine interest, unconditional positive regard and enthusiasm. There is some evidence that the quality of the relationship between counselor and client may be more important to client change than even a particular treatment method (e.g. Shirk and Karver 2003). It should be noted that the therapeutic alliance is not simply a joining task; it is a recurrent task, needing attention throughout treatment. Counselors need to be effective listeners, normalizing feelings and recognizing children's strengths.

Counselors should also be mindful of countertransference as many children of substance-abusing parents can be difficult. Countertransference has been found to affect client outcomes negatively; therefore, managing one's countertransference is important to facilitating positive treatment outcomes (Hayes, Gelso and Hummel 2011).

Moe *et al.* (2008) suggest that the counselor "enter the child's world." This suggests by sitting on the same level as the children, using the children's language and being creative and playful.

Rules

For most children of addicted parents, rules at home change frequently and are inconsistently enforced. Because of this, rules are especially important in group counseling. On the first day, facilitators should begin by asking the group why rules are important. Once everyone has shared, a summary of the children's reasons should be given, stressing that the main reason for rules is so everyone can remain safe and have a good time. In establishing the rules for the group, be sure to create rules that describe what children are TO DO instead of what they are NOT to do. For example:

Instead of…	**Use…**
Don't interrupt	One person talks at a time
Don't share outside what others have said	What we say here, stays here
No put-downs	Only positive respsonses to others

Ask children why each specific rule is important. Then make sure that group rules are posted in full view of everyone and reviewed at each group session. Try not to make too many rules. A suggested number is five rules.

Rules also need clearly understood consequences if broken. Again, it is important to be clear and consistent. Let children know ahead of time what the consequences will be. For example, first offense: a warning; second offense: a five-minute time-out; third offense: longer time-out or leave the group. However, each group session should give children a clean slate. Facilitators should treat children like they are capable of following the rules.

Important Tips for Facilitators

- Be clear about issues of confidentiality and duty to report, so that children know what will happen to information they give.
- Do not criticize the child's alcohol or drug-using parent. Children love their parents and are loyal to them even under difficult situations.
- Allow children to have a choice whether or not they wish to take home worksheets or art projects from the group.
- Give permission to talk but also permission *not* to say anything. Mistrust and suspicion of "outsiders" are often issues for children of substance-abusing parents. Be patient and allow children to engage in their own time.
- If a child becomes emotionally dysregulated during any of the activites, be sure to remain calm and nonjudgmental. If the activity is too stressful for the child, allow her/him to discontinue it and encourage her/him to practice familiar coping skills.
- Use direct and clear language (straight talk) when discussing substance abuse, thereby overcoming the barrier that the topic is taboo or too terrible to talk about.
- Caution children not to confront parents about drinking or using unless under the guidance/protection of another adult. Emphasize to them that it is not safe.
- Be sensitive to cultural differences. If the child is from a different culture, learn about that culture, including family structure, customs, beliefs and values. This knowledge will be valuable in effectively helping the child.
- Be careful about self-disclosure. Keep clear boundaries. Too much self-disclosure on the part of the counselor can replicate substance-abusing family dynamics.
- Do not make plans that you cannot keep. Stability and consistency in relationships are necessary if children are to develop trust.
- Be current in the knowledge of community resources. Help children and their parents make links to needed programs and services.

- Be flexible, playful and have a good sense of humor!
- Finally, facilitators should use their best judgement in selecting activities and worksheets in this book. Not every suggestion will be relevant for every group.

Reporting Suspected Abuse

All states and countries have legislation regarding mandatory reporting of suspected child abuse and neglect. Counselors should familiarize themselves with this and also follow agency policies for reporting suspected abuse or neglect. Children should be told that counselors must share this type of information and cannot keep this confidential.

If a child discloses or if the counselor observes that the child is injured, the counselor should meet with her/him one-on-one after the group session, gather information about what happened and then if a report is warranted, let her/him know that you will have to report to Child Protective Services.

This Book

Helping Children Affected by Parental Substance Abuse is designed to assist counselors, social workers, psychologists and teachers in facilitating educational/treatment groups for children of addicted parents. Given the large number of children in substance-abusing homes, the degree of pain they suffer in childhood and the lifetime consequences for many of them in adulthood, *Helping Children Affected by Parental Substance Abuse* can help children overcome shame, let go of a need for control and develop coping skills, support networks and resiliency.

Helping Children Affected by Parental Substance Abuse provides group facilitators with step-by-step instructions for leading a group. It covers nine content areas that address pertinent topics for children of substance-abusing parents. Each chapter reviews the research literature, presents scripts for facilitators to read or paraphrase with the children, offers discussion questions/activities and includes worksheets, making it easy for group facilitators simply to pick up the book and lead a group with minimal preparation. Activities and worksheets do not need to be done in any particular order so facilitators should use their own discretion based on the needs of their particular groups. In addition, an entire chapter's content does not have to be completed in a single session. Facilitators can use multiple sessions to cover content from any chapter. Appendix F has additional activities if facilitators wish to extend a particular chapter's content. All pages marked with a star are photocopiable.

CHAPTER 1

Understanding Addiction

Introduction

Research with adults of alcoholics found that adults who grew up in substance-abusing homes remembered feeling like their families were not "normal" but not understanding why (Backett-Milburn *et al.* 2008). They doubted their own perceptions. They were taught to deny the existence of the problems and their own feelings about it.

Children become aware of their parents' substance abuse patterns at a very early age. However, growing up with addiction in the home has been compared to having an elephant in the living room. Everyone knows it's there but no one mentions it. Children witness their parents' substance abuse while simultaneously hearing parents refuting it. For example, if Dad is passed out on the couch smelling of alcohol, Mom may insist that he is exhausted from work. Or if Mom becomes enraged and violent while high, she may insist that the children see her as tender and loving. Children observe changes in their parents' personalities and become confused regarding which personality is the "real" parent. They may also blame themselves for their parents' sudden changes in mood, not realizing that drugs or alcohol are the culprit. They learn to doubt their own perceptions.

Research has identified the "Don't talk" and "Don't feel" rules within substance-abusing families (Ruben 2001). To be a good child in a substance-abusing family, one has to deny the substance abuse and other family problems (Ackerman 1989). If children are not educated about substance abuse, they remain confused and blame themselves. Many children of substance-abusing parents lack basic information about alcohol and drugs and the disease concept of chemical dependency.

Best Practices and Treatment Recommendations

Most programs for children of substance-abusing parents provide clear information about drugs/alcohol and addiction in order to help correct children's false perceptions (Cuijpers 2005). Children attach meaning to their parents' behaviors but, because of their limited knowledge and life experiences, the meaning they

make is often mistaken and full of self-blame. Children need an accurate framework for what they are experiencing. Indeed, studies show that understanding addiction helps children overcome misplaced self-blame and guilt about parental substance abuse (Price and Emshoff 1997).

Indeed, psychoeducation is one of the most effective evidence-based practices for many kinds of illnesses (Lukens and McFarlane 2004). For children of substance abusers, research has shown that insight is a significant contributor to resilience (Wolin and Wolin 1996). Adolescents, in a support group for children of addicted parents, identified increased knowledge concerning addiction as one of the main benefits of participation (Gance-Cleveland 2004).

Moe *et al.* (2008) describe the importance of education in helping children to separate their loved ones from the disease of addiction. The leaders in substance abuse treatment use education about drugs and alcohol in their children's programs. For example, Substance Abuse and Mental Health Services Administration (SAMHSA) uses education in its Children's Program Kit and the Betty Ford program covers the disease of alcoholism and other drug addictions during the very first day of its children's program.

In order to assess children's feelings about their parents' substance abuse problems, the following questions can be used:

- Do you worry about your mom or dad's drinking/using drugs?
- Do you sometimes feel that you are the reason your parent drinks/uses drugs so much?
- Are you ashamed to have your friends come to your house, and are you finding more and more excuses to stay away from home?
- Do you sometimes feel that you hate your parents when they are drinking/using drugs, and then feel guilty for hating them?
- Have you been watching how much your parent drinks/uses drugs?
- Do you try to make your parents happy so they won't get upset and drink/use drugs more?
- Do you feel you can't talk about drinking/using drugs in your home—or even how you feel inside?
- Do you sometimes drink or take drugs to forget about things that you feel inside?
- Do you feel if your parents really loved you, they wouldn't drink/use drugs so much?
- Do you want to start feeling better?

(Brooks 1981)

Getting Started

It is essential to establish an atmosphere of safety and trust—the group should be a place where children can talk and ask and feel. The physical and emotional environment should be warm, accepting and playful with rules that are predictable and consistent (see the Introduction for suggestions about establishing rules). Included in the rules should be a statement about confidentiality. Be sure also to go over the limitations of confidentiality as it pertains to mandatory reporting of child abuse/neglect.

Begin the first session with an ice breaker so that children can get to know one another. Any age-appropriate ice breaker is fine but here are a few ideas:

- **Pass the Toilet Paper:** Hold up a roll of toilet paper. Announce to the group that it is indeed a roll of toilet paper and that you will be passing it around for everyone to take as much as they need "to get the job done." Do not explain what "the job" is—simply let the group think what they will. Take some for yourself and pass it around the room. After everyone has taken what they need, explain that each person will say one thing about themselves for every square of toilet paper that they pulled off from the roll.
- **Ice Breaker Bingo:** Prior to the group, facilitators will need to create Bingo cards with 25 squares that describe various child preferences and activities. (These can include things like "I love to swim," "I hate brussels sprouts," "My favorite meal is breakfast," "I like being outside," "I have a pet," "I use my nickname instead of my given name," "My favorite sport is football," "I've moved in the last six months," "My favorite color is pink," etc.) Each child receives a Bingo card and a pen or pencil. The goal is to be the first person to get signatures on five squares in a row (horizontally, vertically or diagonally). To collect a signature, another group member must truthfully answer "yes" to the statement in that square. A child can only sign *one* square on another child's Bingo card.
- **A Mighty Wind Blows:** Arrange chairs in a circle facing the center. Instruct children to take a seat. The facilitator will call out, "A mighty wind blows for everyone who (*fill in the blank*)" and everyone who is affected must stand up and quickly find another chair. The first one to find a new seat calls out proudly, "And my name is (*name of child*)!" Repeat over and over again until most children have been able to announce their names. If anyone is missed, be sure to have her/him announce her/his name at the end of the game. Some ideas for what makes a "mighty wind blow" include those who have a younger brother, have an older sister, have a dog, have a cat, like vanilla ice cream more than chocolate, like peanut butter, like math, like video games, ate cereal for breakfast this morning, etc.

The overall goals of meeting with children of substance abusers should be to help them feel freed from guilt and shame around their parents' substance use, to gain a sense of support, to have hope and to allow themselves joy and fun. Important points that should be reiterated over and over are:

- Everybody gets hurt in a substance-abusing family.
- Children whose parents drink or use drugs too much are not alone.
- Children can't cause, control or cure a parent's substance abuse.
- There are many good ways for kids to take care of themselves.
- It is healing to identify and express feelings.
- It is OK to talk about parental drinking or using to a special group or a friend.
- It is important for children to identify and use a trusted support system outside of the family.
- There are many ways of problem solving and coping with parental substance abuse.

(Dies and Burghardt 1991; Nastasi and DeZolt 1994)

General Suggestions

- Clarify and validate children's stories about their experiences with substance-abusing parents.
- Emphasize over and over again that addiction is a disease and children do not cause it.
- Provide lots of emotional support while explaining addiction.
- Reassure children that they are not alone in their experiences; point to the other group members.
- Maintain a small library of books, pamphlets and articles that have been written for children regarding parental substance abuse.
- Instill hope. Explain that addicted parents can and often do get better but, even if they don't, children can still get help for themselves.
- Children may have lots of questions regarding addiction and recovery. Always answer these questions honestly and in a developmentally appropriate manner. While not exhaustive, here are some responses that may be helpful:
  - If asked about parents' "lying," explain that it is a part of the disease called *denial*.
  - If asked about recovery, explain that recovery is a process of managing the disease of substance abuse; it happens most commonly when people go to treatment; it takes a long time and it often includes relapses.
  - If asked about relapse, explain that it is like when you've newly learned to ride a bicycle: you can be riding fine for a while and then fall unexpectedly. Relapse is when a substance-abusing person is in recovery (not using) and then uses again for a period; it is to be expected.
  - If parents are in recovery and moody, explain that it is normal for recovery to start with feelings of anxiety, restlessness and irritability.

Script

"An addiction is a disease that makes a person think about drugs or alcohol most of the time and damages her/his ability to control or stop drinking/using. People with addiction need to drink or use drugs kind of like when you need to sneeze—you feel that tickle in your nose and just have to sneeze. The person is stuck on the drug or alcohol. It's not their fault. They are good people with a disease.

Drinking too much alcohol and taking certain kinds of drugs can change the way a person acts. If a parent drinks too much alcohol or takes drugs not recommended by a doctor, it can be embarrassing for the kids. In fact, some kids won't have friends over because they are worried about what might happen if their parent drinks too much or gets high. Some kids think it's their fault but it's not.

If your mom or dad has problems with drugs or alcohol, there are some things that you should know:

- Your parent is not a bad person. She/he has an illness that makes her/him 'glued' to drugs or alcohol.
- Children have nothing to do with this illness. It's not your fault.
- Your parent may not be ready to get well yet. Or your parent may have tried to get well but went back to drinking or drugs. That is to be expected. It's called *relapse*.
- You cannot make your parent quit drinking or getting high. It's not your job.
- You are not alone. There are lots of other kids whose parents have drug and alcohol problems.
- There are good ways for children to take care of themselves.

We will talk lots more about all of this over the next few weeks. Always feel free to ask any questions and tell the group anything that is bothering you."

Activities

(1) DRUGS, DRUGS, DRUGS

OBJECTIVE

To increase understanding of drugs' effects.

MATERIALS

Dry erase board or flip chart and markers.

DIRECTIONS

Write a list of drugs on a dry erase board or flip chart (examples: aspirin, wine, beer, penicillin, marijuana, Xanax, insulin, Valium, heroin, etc.). Ask the children which drugs can change how a person acts. Explain that people who use too much or too many of