

CHILDREN OF ADDICTS: INFORMATION FOR CAREGIVERS

(From Center on Addiction and the Family - www.coaf.org)

WHAT TO TELL CHILDREN OF SUBSTANCE ABUSERS

While it is important to talk about substance abuse with all children, it is especially critical for children of substance abusers.

One of the most important things you need to share with the children in your care is the nature of addiction. Why people start using drugs, and how they move from experimentation to more frequent use, and into dependency and addiction. How drugs can make people do things they would not normally do – like hurt their children, or leave them alone for days. You should explain that drugs make people who are dependent on them put getting and using drugs (or alcohol) ahead of everything else, even their children. This prioritization is not the parent's choice, however, but the drug's effects on the body and the mind.

An important part of understanding addiction is knowing about recovery, and relapse. That people do recover from drug and alcohol addiction, but that it is really hard work that often requires professional assistance. And that sometimes substance abusers who have been clean – even for a long time – will relapse. This does not mean that the substance abuser has failed, or that he or she will never be clean again. It does mean, however, that the treatment "plan" must be adjusted. (Think about any dieting experiences you may have had in the past. Chances are, if you ever tried to diet, you did okay for a while and lost some weight. But if you are like most people, you went off the diet, and gained some, or even all of the weight back. This back-slipping does not mean that you will never shed those pounds, but it does mean you may need to switch diets, or go back with a renewed effort.) Like dieting, recovery and abstinence are life-long prospects that require a tremendous amount of energy.

Perhaps the most important ideas to share with a child of a substance abuser are known as the three C's –

- Children cannot **cause** their parent's alcohol or drug problem – the problem would be there even if the child had never been born
- Children cannot **control** their parent's alcohol or drug problem – behaving perfectly, getting straight A's in school, and throwing out a parent's liquor or drug supply will do nothing to halt the substance abuse
- Children cannot **cure** their parent's alcohol or drug problem – Children are not addictions professionals, and should not be expected to solve their parent's problem.

However, children can cope with their parent's problem, and usually have demonstrated considerable strength over time in dealing with the situation. As a caregiver, you can help a child identify his or her own personal resiliency that has helped carry her through difficult times. Does she use humor? Does she express her feelings in a journal, or in art projects? Is she able to build strong relationships with other adults she encounters?

As you talk with your child about substance abuse and parental substance abuse, you will need to decide whether or not you want to discuss your own history with drugs or alcohol. Some caregivers believe that admitting to past use, and current recovery status gives them more credibility. Others think that owning up to their past might make their children say "Yeah, you did it all, and you're fine now. Why can't I?" You will need to explore these issues on a personal level and make a decision that works for you. However, you should keep in mind that many experts have said that it is not harmful to admit to past use, but that these experiences can be tempered with warnings about how the actual composition of drugs has changed over time, as well as how the drug use impacted the caregiver's life.

Other key concepts to share with children of substance abusers include:

- A child can still love a parent who is a substance abuser
- Just because a parent uses alcohol or drugs does not mean the child is unlovable
- Many children have parents who are substance abusers, and they grow up to be strong, healthy and happy adults
- Children of substance abusers are at especially high risk for their own substance abuse. Their bodies respond differently to alcohol and other drugs than the bodies of their friends.

Talking about risk

As you begin to discuss risk, you may need to explain this concept a little. Risk means that something is more likely to happen, but not that it definitely will. With this understanding in hand, children can be told about the different aspects of addiction – the psychological, the physical, and the social. Adolescents can be told that substance abuse often runs in families, and that if they do drink or use drugs, they stand a greater chance of developing a problem than someone who does not come from the same kind of family background. Explain to them that the safest choice for them is to not use drugs at all.

You might work with your child to develop a list of reasons not to drink or use drugs, before it is actually a possibility. Be sure not to exaggerate the consequences of drug use because you will lose credibility with the child. In addition to a list of why not to use, you can develop together a list of what to say or do when drugs or alcohol are offered. A child might want to say something forthright like *"My mom had a drinking problem, and I really don't even want to go down that road,"* or something more protective like *"I have a doctor's appointment in a few days, and I don't want anything to show up on any tests."* It doesn't matter what is said, as long as the child feels safe, and unpressured.

BEHAVIOR PROBLEMS

A child who comes to you from a substance abusing parent is almost certain to be a child in crisis. And this means that things are bound to be rough for a little while. Even though your home may be safe and more comfortable than where the child lived before, that child, unless it is a newborn, is faced with transition and perhaps a very deep sense of loss.

While some teenagers and older children will be able to attach words to their feelings, most children and young people will show their feelings through behavior. Tantrums, rudeness, disobedience and silence might all be ways to say things like *"If I am bad, will you leave me too?"* or *"When I lived with my mom, I was in charge. How come I have to start listening to you now?"*

As the primary caregiver, part of your job is to help the child make the transition into your home. It may not always be easy, but below are a few suggestions about ways to handle kids' difficult behaviors when they first arrive:

- Try to give the child words to attach to feelings. For example, when a five-year old is having a tantrum because you won't give him ice cream before dinner, instead of just saying *"Stop it, right now"*, you might try *"You sound like you're feeling pretty angry right now."* Repeated enough, this same five year old might be able to say in the future *"Aargh – I'm so angry"* instead of throwing another tantrum.
- Offer the child opportunities to talk about what has happened in the past. You can show your openness to conversation by asking general questions, not interrupting, and listening when the child talks. You might also want to consider a professional counselor, or attending a support group for children.
- Praise good behavior. Any type of good behavior – following rules, playing well, sharing, helping – should be noted and praised. Although it may sound like common sense, most of us do just the opposite – we don't want to "rock the boat" when things are going well, but we speak up when

things go badly. Remember, too, that a child may be doing things that seem ordinary for a child of his or her age, but are new accomplishments for a child coming from a substance abusing home. At first, you may have to look hard for things to praise, but look for effort as well as accomplishment, like, "Good for you for working on your homework" may in time lead to "Wow! An "A" on your homework. Great job!"

- Set clear consequences for behavior that breaks family rules. If a child hits, lies, steals, or threatens others, it's crucial that a swift, fair consequence be meted out. There are no instant cures, but "time-outs" or loss of privileges tend to work well in the long run. Spanking, other physical discipline, shouting, or crying tend to work poorly and create future problems.
- Decide what you can ignore. There is plenty of behavior in children and teens which is merely irritating but nothing more. If you learn to ignore the minor (such as bickering between children, or less than ideal table manners), you can save your energy and moral authority for the most important issues, like honesty and responsibility. Only you can decide what's on your "rule" list and what's on your "ignore" list, but it does help to choose your battles.
- Be patient. New habits and behaviors don't appear overnight, but they can be learned. Anticipate that behavior changes will take place over several months, rather than just a few days or weeks.
- Regularly reassure children that you love them and will protect them, and not abandon them.

BEHAVIOR PROBLEMS: INFANTS

Infants who are exposed to alcohol or drugs *in utero* may exhibit different symptoms, depending on the drug of exposure, as well as the timing and severity of exposure. For example:

- A baby who has been exposed to heroin may experience withdrawal symptoms initially, and require special medical attention.
- Babies who were exposed to alcohol may have physical abnormalities (facial features may be a little off, or look similar to a child with Down's Syndrome), or may show signs of mental retardation.
- Infants who were exposed to crack cocaine as fetuses may be hypersensitive to light or noises, may have a very high pitched scream, be difficult to soothe, or exhibit a "spasticity" that makes them reject traditional comfort techniques, such as cuddling.

What you can do:

- For any child that has been exposed to drugs or alcohol prenatally, see what types of early intervention programs exist in your community. Check with your local hospital, medical school, or special education program. Many communities have special programs available for drug-exposed infants that includes therapeutically-based stimulation, education and attention.
- Be sure to talk with your child's pediatrician about what you know – or even suspect – might have happened during pregnancy. Don't let the stigma surrounding substance abuse prevent you from talking frankly with the doctor – he or she needs to know the full history in order to provide accurate diagnoses and ensure that the child gets the services he or she needs.
- Check with your local March of Dimes chapter to learn more about birth defects and the impact of drug and alcohol exposure during pregnancy. You might also check with the National Organization for Fetal Alcohol Syndrome if the bio-mother was drunk during her pregnancy.

BEHAVIOR PROBLEMS: CHILDREN

Children who have lived with a drug or alcohol abusing parent will frequently show all sorts of behavioral problems. Consider the following:

- Many young children who have been neglected by a drug abusing parent may never have learned some of the basic activities of daily living, such as eating and using the toilet. Or how to behave in social

situations, like sharing, not fighting and taking turns. As a caregiver, you may have to start at the beginning teaching these skills.

- Sometimes, children's bad behavior is actually a "survival" technique. A child might steal or hoard food because not enough was available when he was living with his bio-parent, or because her own belongings were taken from her to purchase drugs. She might lie because it protected her from being abused. He might be aggressive or sexually act out because these were the only ways he could get attention in the past. Understanding the root of the problem does not mean that these behaviors need to be tolerated. But they may be difficult to let go of, even in a safer environment.

What you can do:

- Don't assume the child is stupid or bad.
- Offer plenty of rewards for good behavior (stickers or a special "star chart" are good motivators for many young children).
- Use minor setbacks (such as toilet accidents) as opportunities to talk about how proud you are of the progress that has been made, rather than as times for punishment or yelling.
- Keep in mind that the child might regress at stressful times (i.e.: starting day care, or having contact with an absent parent).
- Set up social situations that allow a child to shine, rather than highlighting the lags the child is experiencing.
- Address behavior problems as they occur, setting limits with clear and consistent consequences for limit-breaking. You might tell a child something like "*I don't like stealing, and you cannot take things that are not yours. But I am here to take care of you. If there is something you want, let me know. If I can get it, I will. If not, we can figure out some options together.*"

BEHAVIOR PROBLEMS: TEENS

No one needs to be told how difficult adolescence can be. The radio, television, newspapers and magazines are filled with stories of challenging teens. And teens today may seem less respectful than your own children were – they may talk back more than you find acceptable, be more likely to defy the rules, and not respond as readily to limit setting. While there may be no cure for this (and hitting them is probably not the best solution), feel assured that you are not alone in your frustrations.

What you can do:

- Avoid assuming that the teenager is going to "turn out just like [his] parent."
- Remember that all kids need positive strokes and validation, regardless of their tough exterior.
- Be watchful for **signs of substance abuse** – know the signs and symptoms of abuse, and be ready to step in quickly. Be particularly watchful around periods of transition – changing schools, moving, new activities. Transition translates into vulnerability for many at-risk youngsters.
- Help the child understand that what they think everyone is doing may just be bragging, and not reality.

WHEN THE ADDICTED PARENT LIVES AT HOME

Sometimes, the bio-parent, kinship caregiver and children all live together, but the bio-parent, because of substance abuse, is unable to parent. Below are six ideas to help make this situation easier:

- House rules that apply to everyone living in the home – and their enforcement - are very important, especially if the bio-parent's siblings are also part of your household.
- Because life with an active substance abuser can get crazy, try to provide the children with plenty of "normal" experiences. You might schedule outings from time to time for the whole family – to the park, the circus or the beach. All outings should be scheduled in advance, and there should be clear rules against any drug use prior to or during the outing. Do your best to have outings that will be successful for everyone - a family barbecue in the park might be more fun for everyone than a trip to the circus with a hyperactive child.
- You can try to keep what are known as "family rituals" – pizza every Friday night, church on Sunday mornings, roast pork for Thanksgiving dinner. It doesn't matter what the ritual is, as long as it is something, you do it every time, and over a long period of time.
- When an addicted parent lives at home, health is a critical issue. Children bring home all sorts of germs, and a substance abuser, with a weak immune system, may be prone to getting sick a lot, especially if tuberculosis or HIV is a possible issue. Insist on the substance abuser visiting a doctor regularly. Also try to ensure that the doctor knows about the drug problem, in case any medications are prescribed that might cause problems when they interact with other drugs.
- If a parent does have HIV/AIDS, universal precautions should be taken. Children can be taught basic safety procedures – such as not kissing a "booboo" (a cut) to "make it better," in case they want to kiss HIV-infected mom's bleeding finger. There should also be spray bottles with bleach solution, latex gloves, etc. around to make sure your home is safe for everyone.
- Encourage treatment for the addicted parent. It is very important to remember that an addict will continue to use as long as the consequences of use do not outweigh the benefits. It is up to you, then, to see that the addict experiences as many consequences as possible, and as few benefits. Drug treatment providers report that most people say they go into a treatment program not because they want to stop needing drugs, but because they don't like sleeping in cars or on building roofs. They are sick of being dirty and hungry all the time. This means that you can play an important role in helping the addict get better. But it's a strange and awkward kind of help - you need to deny the basic comforts - a warm bed, a shower, food, and concern. You need to turn away in order to help. It is not until substance abuse is too uncomfortable that any action will occur.

SETTING UP HOUSE RULES

If you have regular contact with a substance abuser, you will probably need to lay out some house rules upfront. As the "head of household," you should be able to set forth what goes and what doesn't in your house. Follow these simple steps to establish some house rules:

- Write out a list of rules. Keep them simple, but cover the basics. You might want to include the following:
- Who is allowed in your home
- No drugs can be left at all accessible to a child (alcohol, methadone, prescription medicine, illegal drugs)
- Hours/duration of visit (such as no visits after 10 PM)
- Use of drugs or alcohol in your home
- Requests for money from any family member
- No contact with children if intoxicated
- No **violence or threats of violence**

- Bring the whole family together to discuss the rules, and modify them if appropriate. Figure out together how the rules will be enforced (such as locking the door with a deadbolt at 10 PM), and what you will do when the rules are broken.
- Post the rules, if you want, in a place that everyone can see. This way everyone understands and sees the rules, and fewer arguments will result.
- Give a copy of the rules to any social worker or case manager you are dealing with. These rules, and documentation of any infractions can be used in legal hearings.
- Make the rules apply to everyone, and ask everyone to abide by them. It is no good telling a bio-parent that he is not allowed to come home high if there are other active substance abusers using in the home.

When the rules are broken

Chances are, your rules will be broken from time to time. This means you will need to mete out consequences, and enforcing rules is never pleasant or easy. But it is important. It lets everyone know that your home is a safe haven, free of drugs.

After you enforce a rule (such as not allowing an intoxicated bio-parent to come into your house on a freezing cold night when she is high), you may feel horrible. It can be helpful after such an event to call a friend, relative, or someone else who knows your situation to explain what happened and to get assurance that you handled it well. This person might also help you think of ways to handle the same situation differently in the future, and can help steel your will if the problem continues and you need to enforce the same rule again.