

Trauma Informed Curriculum: Substance Abuse

Background Information:

More than 8 million children live with parents who are substance abusers. Drug and alcohol abuse and addiction has significant effects on families and children. Children who have parents, siblings or other family members who abuse alcohol or other substances can be forgotten victims. Many children can be exposed to violence, abuse, neglect, financial problems and even malnourishment at a young age if family members are addicted to drugs or alcohol.

Parents who are substance abusers are at a significant risk for abusing their children. Substance abuse exists in 40 to 80 percent of families in which the children are victims of abuse. Children whose parent's abuse alcohol and other drugs are three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families. The children of women who abuse substances during pregnancy are at risk for the effects of fetal alcohol syndrome and low birth weight. Older children may be forced prematurely to accept adult responsibilities, especially the care of younger siblings.

Substance abuse is frequently a generational issue. Parents' abuse of alcohol and other drugs can lead to a cycle of addiction, which is reflected by high rates of alcoholism and other substance abuse among children of addicts. In adolescence a higher frequency of drug experimentation may begin. Substance abuse among youth leads to a domino effect of problems in school, involvement in juvenile justice, teen pregnancy, and mental and emotional problems. Adult children of those with alcohol abuse disorders may exhibit problems such as unsatisfactory relationships, inability to manage finances, and an increased risk of substance use disorders.

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SUBSTANCE ABUSE

For a *Child*, substance abuse:

- Can be scary, painful and lead to many problems in the future
- Can be very confusing, because a parent or other family member is going through unpredictable mood swings, bouts of violence or depression and even times of abandonment for the sake of being under the influence of a substance
- Can be confusing as to why an adult would be behaving this way and may blame themselves for the mood swings
- Can have a devastating effect on a child as they develop because their social-emotional, physical and cognitive needs are not being met
- Can cause a child to become fearful, frightened, violent, depressed or anxious from a young age as a way of coping with the unpredictable nature of their family member
- Can cause a child to feel that the aggression, violence, unpredictability and other issues associated with the drug or alcohol abuse is their fault
- Is not aware that a parent or family member is taking drugs or alcohol, or even understand what those words mean
- Can see a parent or family member become angry and violent when under the influence of a drug and this violence may be directed towards a child

When an *Adult* is addicted, they may:

- Struggle to control their behavior, mood and even actions
- Exhibit unpredictable behavior
- Lack of appropriate care for themselves and children
- Provide no structure to a home life

Patterns of interaction which are likely to be present in a family abusing alcohol or illicit drugs:

- Negativism
 - o Communication among family members is negative, taking the form of complaints, criticism, and other expressions of displeasure.
 - o The mood of the household is decidedly downbeat, and positive behavior is ignored.
 - o The only way to get attention or enliven the situation is to create a crisis.
 - o This negativity may serve to reinforce the substance abuse.
- Parental inconsistency
 - o Rule setting is erratic, enforcement is inconsistent, and family structure is inadequate.
 - o Children are confused because they cannot figure out the boundaries of right and wrong.
 - o Children may behave badly in the hope of getting their parents to set clearly defined boundaries. Without known limits, children cannot predict parental responses and adjust their behavior accordingly.
- Co-dependency can be observed in older children
 - o Children of substance abusers often become co-dependent due to inconsistency in their primary relationship. Codependency is also known as “relationship addiction.”
 - o Codependent children often lack positive parent/child relationships creating a lack of confidence.
 - o Some parental themes that foster co-dependency: “suck it up” mentality, do not express your feelings, work hard, seek perfection and don’t talk about your problems.
- Self-medication
 - o The use of drugs or alcohol to cope with intolerable thoughts or feelings, such as severe anxiety or depression.

Coming Alongside:

It is important to be familiar with local resources for substance abuse and the related consequences for both the children and the addict. **Reflective questions to explore with parents or caregivers:**

If the parent is suffering from addiction:

- Recognize that coming alongside a family member cannot happen unless the client has admitted there is a problem and seeks help/rehabilitation
- Elicit self-motivational statements from caregiver, avoid confrontation and focus on questions that create reflection
 - o What have you observed about your substance abuse that may affect how you engage with your child?
 - o Are there behaviors that worry you about your substance abuse in regards to your relationship with your child?
 - o What would your child say about your behavior when you abuse substances?
 - o What would time with your child look like without substance abuse in the home?

If someone else in the home is suffering from addiction:

- Do you need any help finding a support group or mental health services for you and your family?
- Have you notice changes in your child's behavior and emotional state, or any other changes in your child since this happened?
- What do you think are some behavioral indicators that show you your child is affected by what happened?
- Give me an example of when you were able to manage your child's overwhelming feelings and emotions.
- What are some strategies to help your child feel safe and loved?
- What are some things you can do to create resiliency in your child?
- How can you manage your own overwhelming feelings and emotions?
- What events, places, people may be troubling for you and your child?

Traumatic events causes fear and anxiety in infants and toddlers as it would in any person. How can you help your child manage his/her overwhelming feelings and emotions?

Thoughts

Helplessness
Fear/Terror
Anxiety
Sadness/ Depression
Mistrust (e.g. from neglect)
Troubling memories/dreams
Anger
Confusion

Physical reactions

Pounding heart
Rapid breathing
Trembling
Bladder control
Loss of appetite

Behaviors

Crying
Clinging
Pulling away/withdrawal
Regression
Returning to earlier behaviors
(such as thumbsucking, bedwetting, fear of darkness, separation anxiety or excessive clinging)
Low concentration
Separation anxiety
Sleeplessness

SUBSTANCE ABUSE

Family Routines:

- Tell me about some of your established routines.
- When babies know what to expect in their daily routines it helps them feel safe and more in control of their environment.
- How do you feel when your schedule is thrown off by something unexpected?
- Have you noticed your child responding differently to transitions or activities that you enjoy together? Is your child playing differently?
- What do you see as normal in regards to how children respond to transition?
- What are some ways you can minimize stress in transitions or routine changes?
- What are some positive and consistent routines and/or activities you and your child can do to reduce the impact of stress?
Mealtimes Bedtime Reading Play Use of transitional objects (a favorite blanket or stuffed animal)

Attachment:

- If the parent or close caregiver has passed away, who does the child calm down with? Fall asleep with? Seem comfortable with during feedings?
- When you simply respond to your baby's cries or other forms of communication by holding, rocking or talking softly it helps increase feelings of safety and security.
- What activities do you and your child enjoy doing together?
- When are sometimes you are able to do these things?
- Who else is present in your child's life that they have an ongoing, positive relationship? How can you continue to foster that relationship?

Self-regulation:

- How might you help your child find soothing behaviors such as holding a blanket or stuffed animal, use of a pacifier, playing with play dough or water?
- Tell me about a situation when you were able to calm your child.
- How do you think your child's ability to self-regulate has been affected during this stressful time?
- How are you able to answer your toddler's questions with about the stressors they are experiencing?
- How are you able to protect your toddler from being too overwhelmed by this? (e.g. Answer your young child's questions about injury or death truthfully, but in language she can understand without offering her more than is necessary for her to hear.)
- How can you help your child feel safe and protected during stressful times?
- Do you know where to look for resources regarding self-regulation and trauma?

Emotional State and Behavior Changes:

- How might you help your child understand his/her emotions?
- Tell me about your child's temperament/personality.
- When have you noticed your child seems most content?
- Have you noticed any differences or new emotions in your child?
- Have your child's responses changed recently?
- How do the following factor into your child's experience of traumatic events:
Age/phase of development - Temperament - Experience
- How might you help your child identify and label their feelings and emotions?
- What are some ways you can help your child manage strong emotions? E.g. draw a picture, look at photos, hit a pillow, tear paper, etc.
- What are some ways you can support your child's emotions?
- How are ways you can model or identify your own emotions?

System of support?

- What supportive, stable relationships do you have? Does your child have?
- How might you advocate for yourself? For your child?
- How might you take care of yourself to strengthen your ability to be available for your baby?
- What resources in the community may be helpful?

for the Professional:

Parent Child Interactions:

- What parent-child interactions do you already observe that can be expanded on in a home visit?
- Think together with the parent about coping strategies, stress can make a person forget what worked before the traumatic event. It is important to help parents identify new skills to handle a new stress or trauma.
- What is your opportunity to provide information around what to expect in regards to typical responses of children to stress and trauma to help alleviate worries of the parents?
- What meaning is the child and the family making of the experience?
- What barriers does the family face in coping with and ultimately moving past the experience?
- What past experiences with the family, if any, can give you insights into how their cultural background may influence their responses and reactions to stress and trauma?
- Would this family or child benefit from a trauma specific assessment or treatment referral, if so are you aware of community resources that would provide this?
- Is the family open to more directive interventions?

When to seek help

- Has the child's development slowed down or regressed in an unexpected pattern since the traumatic event occurred?
- Has the parent-child relationship been disrupted to the point you are concerned about the attachment relationship?
- Has the parent's emotional disruptions interfered with the care they are able to provide for their child?
- Has the family lost their support system?

...taking care of YOU.

Reflective Supervision for the Professional

As you encounter families in toxic stress environments, strong emotions will surface. It will be important for you remain mentally and emotionally healthy so that you are able to support the families you serve. One way to stay healthy is to have regular conversations with your supervisor to reflect on these strong feelings.

These reflective supervision meetings will allow you to step back from the immediate situation and the intense work of working directly with parents and children and taking the time to wonder what the experience really means. It also offers you the opportunity to reflect with someone about the work you are doing, specifically around understanding and putting into perspective the information that is shared with you by families. It can help you understand what personal and cultural beliefs this family has that may positively or negatively impact their response to or understanding of this situation. It can help you understand what personal or cultural beliefs or experiences do you bring to this situation and how this may affect the work you are doing with the family.