Survey of over 900 child welfare professionals found 71.6% cited substance abuse as one of the top three causes for the dramatic increase in reports (Center for Addiction and Substance Abuse, 1998).

85% of State Child Protection Agencies report that substance abuse is one of the two top causes for child maltreatment (Child Welfare League of America, 1999).

Research has identified substance abuse as having significant impact on the child welfare system in several areas:

- Increased number of maltreatment reports
  - Increased number of out-of-home placements
  - Increased number of re-entries to the foster care system
  - Increased problems of children in foster care
  - Increased difficulty in identifying and training foster parents
  - Increased number of foster care youths using substances
  - Increased length of stay in foster care
  - 2/3 of adults in substance abuse treatment report having experienced physical, sexual or emotional abuse during their childhood (Center for Substance Abuse Treatment, 2000)

Continued on next page
Handout 1 - Overall Impact of Substance Abuse on Child Welfare, continued

Increased number of out-of-home placements

- Substance abuse is a factor in 75% of all out-of-home placements - prior to WW II placement was mainly due to a parents’ death (CASA 1996, CWLA 1998)
- Children from substance-abusing families are more likely to be placed in foster care 54% vs. 23% (NYS OCFS, 1997)

Increased number of re-entries to the foster care system

- 67% of child welfare professionals indicated chemically affected families were more likely to re-enter the foster care system within a five year period (Child Welfare League of America 1998)

Increased problems of children in temporary placement and foster care

- All children in foster care have special needs and present with risks, but these are often compounded by the pre-placement behaviors of substance-abusing parents
- 80% of foster children are at risk for a wide range of physical and developmental health problems related to prenatal exposure to maternal substance abuse

Increased need to train child care workers and foster parents

- Some children who were exposed to substances in-utero develop special problems which requires extra training for child care workers and foster parents
- Within the child welfare system, the percentage of children under age four who were exposed to drugs in-utero increased from 29% in 1986 to 62% in 1991 (Center for Alcohol and Substance Abuse, 1996)

Increased number of temporary placement and foster care youths using substances

- 9% of teens reported using alcohol while in out-of-home placement and 56% reported using illicit drugs – higher than the general high school population (Center for Alcohol and Substance Abuse, 1996)

Increased length of stays in temporary placement and foster care

- In the CASA survey, 73% of child welfare professionals stated children of substance abusing parents stay longer in care
- Statistics show children of substance abusing parents stay an average of 26.8 months compared to an average of 10 months for other children in care (Center for Alcohol and Substance Abuse, 1999)
Handout 2 - Impact of Substance Abuse on Child Placement

Impact of Family Substance Abuse History

- More than half of participating youth’s fathers (169) and more than one third of mothers (174) have histories of substance abuse
- Paternal side – 101 or 69%
- Maternal side – 69 or 40%
- Siblings (147) – 36 or 24%

Description of Youth at Berkshire Farms involved with Substance Abuse

- 60% of youths fathers and 40% of mothers have history of substance abuse
- Youths’ age of first use ranges from five years of age to 15 years of age
- 27% of youth have been diagnosed as having Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder
- 31% of youth have been diagnosed with depression and 17% with anxiety disorder
- 23% of youth have experienced physical abuse, and 8% have been sexually abused
- 18% of youth have experienced at least one psychiatric hospitalization
- 28% of youth are currently on psychotropic medications
- 96% of youth use cannabis, and 82% use alcohol

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Handout 2 - Impact of Substance Abuse on Child Placement, continued

The research on adolescent substance abuse points to risk factors found to be stable over time, despite changing norms:

- Family modeling of drug use
- Sibling use of illegal substance
- Early and persistent behavior problems and aggressive behaviors
- Mood Disorders and emotional distress, such as frequent negative mood expressions, high intensity of positive and negative mood expressions, and withdrawal
- ADHD/ADD
- Academic failure and poor school performance
- Early onset of substance use
Handout 3 - Key Terminology of Substance Use/Abuse

**Drug**

Any chemical, other than food or water, which brings about significant psychological or physiological changes in the user.

Adapted from Lyman and Potter, Drugs in Society, 1996, Second Edition

**Psychoactive Drug**

A drug that produces changes in mood, thinking, feeling and/or behavior.

Only psychoactive drugs that affect the brain pleasure pathway will lead to substance abuse or dependence, such as alcohol, nicotine, narcotics, stimulants, and depressants.

Drugs like antidepressants, lithium, and antipsychotic drugs do not lead to substance abuse/dependence

**Safe Drug**

Most drugs have a margin of safety, with some drugs significantly posing less risk than others. There is no such thing as a “safe” drug.

**Substance Abuse**

Use of a chemical, legal or illegal, that brings about impairment in physical, mental, emotional or social areas of functioning.

Adapted from American Psychiatric Association, Diagnostic Statistical Manual of Mental Disorders, Fourth Edition-Text Revised.

Areas of Impact from substance abuse

- Physical functioning – alertness, discomfort, intoxicated,
- Mental functioning – problem solving, decision making, judgment
- Emotional functioning – coping skills, tolerance for stress, mood
- Social functioning – including peers, family and marital relationships, criminal or juvenile justice involvement
Handout 4 - Agenda

• Recognize the need for empathic understanding and support for the child and family

• Recognize families as an interactive system with all members impacted by substance abuse

• Identify the effects of substance abuse on children and families

• Identify and support strengths of children, adolescents and families impacted by substance abuse in their families

• Identify effective ways to talk with children and adolescents about substance abuse by parent and other adults

• Recognize use of neutral and detached responses for difficult behavior in youth
Handout 5 - Substance Abuse Effects on Children and the Family

Things generally provided to children by families

- Support, shelter and values
- Feeling of related-ness
- Nurturance of spouse and children
- Role and behavior modeling
- Protection/Safety
- Emotional bonds
- Sense of belonging
- Identification of who we are
- Sense of structure, boundaries and hierarchy

In addition to families providing members with various functions like providing nurturance, shelter, support, education, socialization, etc., families also tend to **organize themselves into a system** to perform essential functions.

Children learn specific behavior and are guided by such things as:

- Rules - how things are supposed to be done
- Roles - who does what, when and for whom
- Communication Patterns - how people communicate, clear and direct or confusing and indirect messages
- Boundaries - differences that separates people, for example parental responsibility to take care of children is a boundary
- Beliefs – includes community, ethnic, religious, cultural beliefs

Family members are not just people in a relationship sharing a residence, but are **interactive and interconnected** with one another. Families develop rules for how they divide labor and tasks of daily living. **Rules may be spoken or unspoken.** Members behave in consistent **patterns of interaction with one another** either consciously or unconsciously. In the best of circumstances, they also assume roles that are hopefully flexible and clear, and that serve a beneficial purpose in the family.

Rules, roles, communication patterns, boundaries, beliefs of family members serve to keep the family in a state of balance, rather than allowing for chaos or constant change within the family as a whole

*Continued on next page*
AOD (Alcohol and Other Drugs) Impact on the Family System

Examples of effects include:

- Communication patterns – confusing or contradictory patterns of communication such as double messages of “The problem is not drug or alcohol use,” “Do what I say, not what I do,” or “It’s OK for my kids to drink alcohol but don’t use marijuana”

- Boundaries - confused boundaries are common when children assume excess responsibility and have the authority of an adult, OR one parent over-functions and assumes the other parent’s role and responsibilities

- Roles – confusion of who is a child, a parent, a friend, confidante, etc, children may use adaptive behaviors such as acting like a clown to reduce family conflict, children may assume parenting functions, become a parent’s confidante, sexual partner, etc.

- Rules – might be non-existent, with no controls/limits; constantly changing rules, or excessive, fixed, rigid rules with severe consequences

- Beliefs – denial that AOD is a problem, loss of hope in adults, belief in one’s own invincibility, lack of trust in others, belief that it is not safe to share feelings/emotions

The cultural or religious beliefs of the family may also cause some families to view substance use/abuse as normal, others do not see substance use as a problem, or some view substance use as a stigma to be hidden and not discussed.
Handout 6 - Effects of Substance Abuse on Family Rules

One of the ways we can identify the impact of substance abuse on families is to look at the unwritten and often unspoken family rules that impact family functioning. These are common examples identified and not an exhaustive list of rules. Not every rule occurs in all families affected by substance abuse.

- **Focus on the AOD Abuser** – members go to great lengths to please and protect; frequently met with criticism, ridicule, anger, rejection or simply ignored – substance abuser is always right

- **Don’t Talk** – about AOD use in or out of the house, communication is limited to “safe” topics; isolates family from friends, neighbors and teachers; increased aggression further inhibits communication-afraid to do or say something wrong

- **Don’t Feel** – substance abuser’s feelings are primary; all others may be deemed wrong or inconsistent; can learn to distrust their feelings or repress emotions, anger most unsafe feeling

- **Don’t Trust** – inconsistent and unpredictable behaviors, broken promises, interrupted celebrations; constantly reminded not to trust outsiders; Don’t talk and Don’t Feel lead to mistrust of own feelings and thoughts; effects socialization and self-image

- **Double/Mixed Messages** - standards don’t apply to all and not even the same in every instance.

- I love you – go away

- You can’t do anything right – I need you

- I’ll be there for you – next time

- Always tell truth, but observe lying as acceptable
  - “Your father is not passed out, he likes sleeping on the floor”
  - “Mom is not hung over, she just has the flu”
  - Few rewards for honesty and sometimes punished!

- **Unpredictability** or **Excess Rigidity** is the Norm - volatility and exaggerated behaviors are daily fare – unable to prepare so develop repertoire of impulsive or ritualized responses

- **AOD related problems explained as something else** – “He has a lot of job stress.” or "She was unjustly blamed!” – recognize ease to blame failures on things other than AOD and often develop similar ways to cope with their own problems/failures
Handout 7 - Strengths in Children Affected by Substance Abuse

Resiliency

The ability to recover from or adjust easily to change or misfortune

Other strengths

- Insight: the habit of asking tough questions and giving honest answers which pierce denial and confusion
- Independence: emotional and physical distancing from trouble which keeps one out of harms way.
- Relationships: fulfilling ties to other people that provide stability, nurturing and love
- Initiative: a push for mastery that can combat feelings of helplessness and insufficiency
- Creativity: representing one’s inner pain and hurtful experiences in art forms which in tum imbue one with a sense of renewal
- Humor: minimizing pain by laughing at oneself
- Morality: an informed conscience which imbues the adolescent surrounded by “badness” with a sense of his own “goodness”
Contributing Factors to development of strengths

- Relationship with caring adult role model
- Sense of purpose and future
- Sense of one’s own identity
- Ability to act independently and exert some control over his/her environment
- Problem solving skills and ability to plan
- Sense of humor and ability to play
- Conscience and the appropriate ability to care for the needs of others
- Ability to adapt to new situations
- Social competence with the ability to attach to adults/parent surrogates
Handout 8 - Ways to Support Strengths in Children Affected by Substance Abuse

Ways to support strengths

• Provide and encourage a sense of hope
• Identify and recognize resiliencies
• Help parents to recognize the skills/resiliencies
• Model acknowledgement of resiliencies for parents
• Encourage development of natural talents
• Seek out behaviors that can be redirected
• Encourage problem-solving skills
• Direct application of talents to appropriate expressions
• Be a caring adult role model
• Assist them in attaching to other positive adult role models

Continued on next page
Handout 8 - Ways to Support Strengths and Children Affected by Substance Abuse, continued

- Understand that children of substance abusers (COSAs) often build up defenses against the pain, shame, guilt or loneliness they may feel
- Tell them they did not cause a parent’s addiction, that they cannot cure or control it, but they can learn to cope with it
- Let them know they are not alone; there are about 7 million COSAs under the age of 18
- Get them involved in something about which they feel good or confident about doing
- Do something with them on a regular basis
- Consistency and knowing adults can be counted on are important to COSAs
- Help them get positive attention from others
- Let them know they are special and cared about just because they are who they are
- Go slowly, but tell them often
- Help them see life as worth living, even though there are times and situations that may be very painful
- Encourage them to see beyond their present circumstances or to feel connected to others, their culture, religion or community
- Help them understand it is okay to ask for help
- Offer examples for when, how and where they can get help
- Follow through and refer to appropriate staff if they do ask for help because it probably required a lot of courage for them to do so.
Handout 9 - Depersonalizing from Difficult Behavior

- Attempts to change the behavior of others can have unintended consequences. Often the more you try to control another person's behavior, the less control you have over that person or the situation.

- If you begin focusing on what you can control – i.e., your own behavior, thoughts, emotions, and response to others, you often begin to gain more control of the situation.

- The direct effect of giving up some control over certain (not all control) behavior, tends to lead to reduce the behavior you are trying to curtail.

- Detachment is an approach that assumes that you cannot control an alcoholic's drinking or substance user's drug taking behavior.

- Detachment does not mean abandonment or neglect.

- Detachment does not mean giving up or abdicating your role as caregiver.

- It does not mean being unkind or cruel.

- It does not imply judgment or condemnation of the other person.

- It does not mean confrontation or “tough love”.

- Effective detachment means using a neutral, low emotion or even business-like tone and response to another person's difficult behavior.

- Detachment also requires having the ability to control your own responses to problematic or difficult behavior, while still providing care for the child or adolescent.

- The effect of detachment is often that the other person cannot provoke an argument and without an argument, cannot easily give himself an excuse to use alcohol, drugs, etc.

- Allow people to experience consequences for their actions. If an adolescent uses tobacco or alcohol, this might mean enforcing the rules about loss of privileges for violating a “No use rule”.

- Avoid personally accepting the blame for consequences that occur due to the child's decisions, or behavior.
Handout 10 - How to Respond with Neutral Posture/Style

- Be conscious of maintaining your own composure. Monitor how you feel and behave.
- Use culturally appropriate eye contact and physical proximity – allow distance if the other person prefers a degree of physical space or if appropriate use physical closeness and eye contact to increase the seriousness/intensity of your message.
- Monitor how much you speak. Spend 3 times more time listening than talking; let other person do most of the talking.
- Use a low emotional tone, avoid any hint of sarcasm.
- Make statements about what you or others observed in the other person’s behavior “I notice that you are speaking like you are out of breath”.
- Ask concrete questions, for example: “Describe to me what happened” or “Tell me what happened?” “What happened when you said…?” “What did she or he do when you said that or behaved that way?” etc.
- Respect the person’s choices and right to their own action – state this by telling the person he/she has the right to his feelings and the right to make their own choices.
- Initially defuse a person’s anger, hostility, or related emotions by focusing on the person’s cognition (beliefs, thoughts) – shift to talking about feelings after person is calm.
- Allow people to experience consequences for their actions. With an adolescent’s AOD use this might mean supporting or enforcing loss of privileges when an adolescent who violates the no drug use rule.
- Avoid personally accepting the blame for consequences that occur due to the person’s behavior or AOD use.
- If the person challenges that you are a hypocrite because you use the same behavior, don’t defend or become defensive, simply defer. For example: “What you are saying may or may not be true, but that is not our focus at this moment.”
- Offer to help the person think through how to resolve the problem but do not offer to take on the problem on for them.
AOD Impact and Child Placement

- Increased out-of-home placement issues
  - Increased re-entry to foster-care system
  - Increased problems of children in foster care
  - Increased training needs for child care workers and foster care parents
  - Increased numbers of children in placement using substances
  - Increased lengths of stays in out of home placement

Impact of History of Family Substance Abuse

- More than half of participating youths’ fathers (169) and more than one third of mothers (174) have histories of substance abuse
  - Paternal side – 101 or 69%
  - Maternal side – 69 or 40%
  - Siblings (147) – 36 or 24%

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“Safe” Drug:
Most drugs have a margin of safety, with some drugs significantly posing less risk than others.

Substance Abuse:
The use of a chemical, legal or illegal, which causes significant impairment in:
- physical functioning
- mental functioning
- emotional functioning
- social functioning

Presentation Goals
- Recognize the need for empathic understanding and support for the child and family
- Recognize families as an interactive system with all members impacted by substance use
- Identify the effects of substance abuse on children and families
Presentation Goals (cont’d)

• Identify and support strengths of children, adolescents and families impacted by parental substance abuse
• Identify effective ways to talk with children and adolescents about substance use by a parent or other adults.
• Recognize use of neutral and detached responses for difficult behavior in youth

Family Functions

– Support, shelter and values
– Feeling of related-ness
– Nurturance of spouse and children
– Role and behavior modeling
– Protection/Safety
– Emotional bonds
– Sense of belonging
– Identification of who we are
– Sense of structure, boundaries and hierarchy

Roles, Rules and Behavior Modeling
Family Hierarchy

- Parent or adults are in charge, providing clear structure to a child
- Clear boundaries provide security to a child:
  - Authority
  - Physical Space
  - Respect for one's emotions and thoughts
  - Limiting how much a child needs to know

Types of Strengths

Resiliency

the ability to recover from or adjust easily to change or misfortune

Types of Strengths (cont'd)

- Insight
- Independence
- Relationships
- Initiative
- Creativity
- Curiosity
- Humor
- Morality
Contributing Factors

– Relationship with caring adult role model
– Self-worth & an internal sense of control
– Sense of purpose & future
– Sense of one’s own identity
– Ability to act independently & exert some control over environment
– Problem-solving skills and ability to plan

Contributing Factors (cont’d)

– Sense of humor & ability to play
– Conscience and the appropriate ability to sacrifice for others
– Ability to adapt to new situations
– Social competence with the ability to attach to adults/parent surrogates

Depersonalizing and Detaching from Difficult Behavior

• Statements based on fact or observations, focus on the person’s behavior

• Use low emotion, business-like tone, without sarcasm or judgmental language

• Express concern for the youth or family member
To Evaluate Online (Intranet):  
http://sdssnet5/

To Evaluate Online (Internet):  
http://www.dfa.state.ny.us

Next Program:
Voluntary Agencies as Permanency Partners

November 9th
1:30 – 3:30