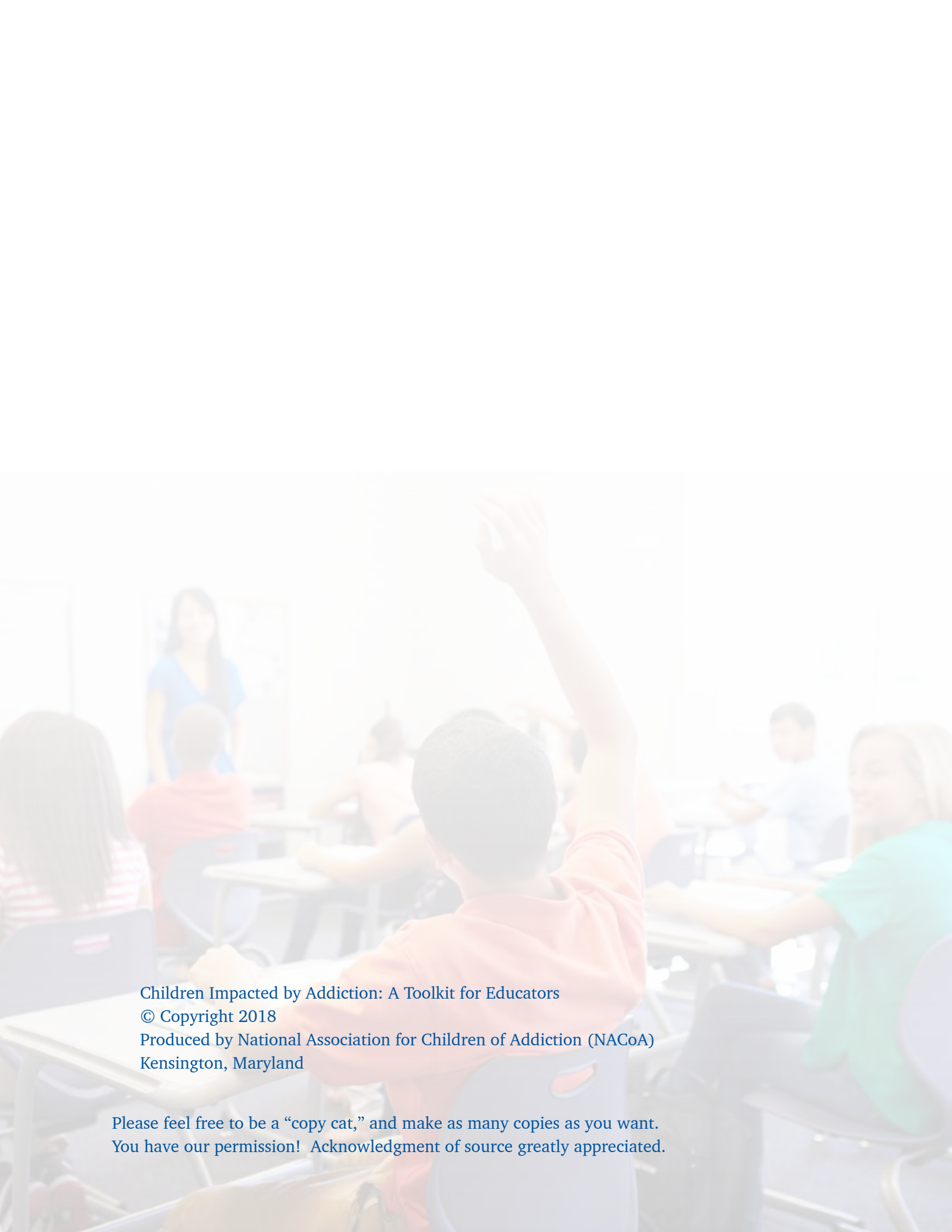




Children Impacted by Addiction: A TOOLKIT FOR EDUCATORS





Children Impacted by Addiction: A Toolkit for Educators
© Copyright 2018
Produced by National Association for Children of Addiction (NACoA)
Kensington, Maryland

Please feel free to be a “copy cat,” and make as many copies as you want.
You have our permission! Acknowledgment of source greatly appreciated.

CHILDREN IMPACTED BY ADDICTION:

A Toolkit for Educators



Addiction Policy Forum
(APF)



Addiction Policy Leadership Action Network
(APLAN)



National Association for Children of Addiction
(NACoA)

The Addiction Policy Leadership Action Network Partnership

APLAN Partnership with NACoA

Currently, 1 in 4 children lives in a family with a parent addicted to drugs or alcohol, translating into 18.25 million children who need our help. APLAN has partnered with the National Association for Children of Addiction (NACoA) to develop and distribute materials to stakeholders and families outlining solutions to this epidemic. Specifically, we have rebuilt and rebranded NACoA's Toolkit for Educators, and are creating a webinar outlining solutions to solving the problems associated with a child in this situation, while connecting Addiction Policy Forum Chapter Chairs with local affiliates to coordinate on the ground efforts to help children and families impacted by addiction.

Addiction Policy Leadership Action Network

There are more than 21 million Americans living with substance use disorders, making it critical for policy makers to embrace constructive public policies that help prevent and treat addiction. Above all we empower people in the communities across the country to advocate for meaningful solutions at the local, state and federal levels that save lives. The purpose of the Addiction Policy Leadership Action Network is to support the Addiction Policy Forum's Eight-Point Plan that deals with addiction in a comprehensive manner.

"As a child, I felt firsthand the impact of parental substance use disorder, challenges that far too many children today are facing which often includes trauma, instability, and neglect. We need more programs and training to wrap children up with the love, compassion and services needed to break the cycle of addiction. The Educator's Toolkit is a roadmap for teachers, administrators and policymakers to utilize to help children impacted by addiction and I am so pleased that we are able to get this out into the hands of the public.

Jessica Nickel, President and CEO,
Addiction Policy Forum

Addiction Policy Forum

Similarly, the Addiction Policy Forum is a diverse partnership of organizations, policymakers and stakeholders committed to working together to elevate awareness around addiction and to improve national policy through a comprehensive response that includes prevention, treatment, recovery and criminal justice reform.

National Association for Children of Addiction (NACoA)

NACoA's mission is to eliminate the adverse impact of alcohol and drug use on children and families. We envision a world in which no child who struggles because of family addiction will be left unsupported. To that end, NACoA provides science-based training and program tools for those in positions to support children struggling with painful challenges.

"The teacher is a second parent."

Sis Wenger, President and CEO,
National Association for Children
of Addiction

Contents

Foreword: A Message to Educators	iv
Introduction.....	v
Part I: Tools for Educators.....	1
Things to Do.....	2
Lessons to Help Use this Kit With Your Students	3
The Educator’s Walk with One Child.....	5
Additional Messages to Convey.....	7
Teaching the Seven Cs.....	8
Some Additional Suggestions for Educators.....	9
DOs and DON’Ts If a Child Comes to You for Help.....	13
When the Teacher is Knowledgeable and Caring, by Deborah George Wright, M.A.	15
Doctor, Lawyer, Teacher, Chief, by James Crowley, M.A.	17
Children Living with Parental Addiction: Important Facts for Educators	19
Part II: Hand-Outs for Students	25
Letter to a Student	26
Important Facts for Students	27
The Seven Cs	28
DOs and DON’Ts For the Student Living with Parental Addiction	29
Questions and Answers about Addiction	30
People Who Can Help Me.....	31
Part III: Resources	33

A Message to Educators

Dear Colleagues:

As a fellow educator and former school social worker, I commend this kit to you. I hope you find it an indispensable tool in your work. It offers numerous practical suggestions for helping those of your students who are growing up in families troubled by substance use disorders and related problems.

An estimated one in four U.S. children under age 18 is regularly exposed to a family with an alcohol or other drug problem. The probability is that at least 25% of your students are among them. Studies indicate that children affected by familial addiction are at increased risk of a range of problems including physical illness, emotional disturbances, and susceptibility to alcoholism or other addictions later in life. These children may also be at increased risk for physical and emotional neglect and abuse.

Many of these problems translate into difficulties in school. Children living with parental addiction may suffer cognitive impairment from fetal alcohol spectrum disorder (FASD), or they may have suffered from chaotic home environments during their pre-school years. If so, they enter the school system less ready to learn than other children. In general, COAs (Children of Addiction) do less well on academic measures than their peers. They also have higher rates of school absenteeism, truancy, and suspension, and are more likely to leave school before graduation. Even when COAs do well academically, they often suffer from low self-esteem and increased anxiety or depression, eroding the confidence needed to succeed in life. Without basic self-confidence, succeeding in life will be challenging.

You may not know who some of these children are. COAs are taught to hide their family problems, and to pretend that everything is “normal.” They may also have learned that adults cannot be relied upon, and they may not ask for help.

Because you, as an educator, are in touch with these children every day, you are in a unique position to help them. Just keep in mind some basic facts:

- ☛ **You do not necessarily need to identify these children in order to help them.** Just by being receptive and helpful to all your students, you have a good chance of helping some who suffer from the emotional and behavioral dynamics created by familial addiction. In lessons on substance use and misuse, you can discuss the impact of addiction on family life. All your students can draw useful information from such discussions.
- ☛ **Prepare yourself to respond when a child comes to you with a personal problem.** You can learn ahead of time about the resources that are available in your community to help such children and their families. You can prepare yourself to listen effectively, and you can learn what you should and should not say, and what you should and should not try to do.
- ☛ **In fact, you can do much to help such children help themselves.** You can show them how to keep themselves safe, how to turn to adults who can be trusted, and how to find activities that will bring them joy and a sense of accomplishment, such as sports, faith-based youth groups, and school music groups.

If you need more information about the topics discussed in this kit, do not hesitate to contact NACoA. Its mission is to help you help these vulnerable children.

Sincerely,

Catherine L. Herzog, Ph.D., M.S.W.

Introduction

Today, with the spread of the opioid epidemic devastating increasing numbers of families all across the country, it has become even more imperative to help teachers to understand the nature of addiction and the trauma it engenders within the family and to give them tools to help ameliorate the adverse impact it has on both short term and long-term educational outcomes.

Childhood TRAUMA and Addiction in the Home

New studies have identified “Adverse Childhood Experiences” or “ACEs” that are suffered by a large percentage (roughly 30%) of children. These adverse experiences can cause childhood trauma.

For example, in a home where parental substance abuse disorders are present, there is often a tendency for loud arguments between parents. Children may come home from school and find a parent passed out or impaired by drug use. There may be inconsistent parenting such that the child never knows what to expect. The parent may be absent from the home with no warning and no plan for the supervision of the children.

When these experiences are repeated, a state of trauma may ensue. Trauma may cause anxiety or depression: some children may appear to be Attention Deficit Disordered, when in reality they are exhibiting symptoms of trauma. Traumatized children bring their anxiety or depression to school and they begin to disrupt your classroom or withdraw from the learning process.

Almost without fail, children who exhibit problematic behavior in schools have a history of “adverse or traumatizing experiences.” As you seek to work with these children, keep in mind that they may have had traumatic experiences that make it difficult for them to behave properly or engage in the learning process. It is important that you set limits as you would for any child. But these children usually need extra support and care, if they are to be successful in your class.

Feel free to reproduce any of the materials in this kit for use with your students. If you use our materials in professional communications, please assign appropriate credit to NACoA and to our contributing authors.

Part I: Tools for Educators

This section contains information to help the teacher, administrator, or counselor plan educational programs and lessons on the impact of addiction on families and to help individual children affected by family addiction.

Things to Do

Educate yourself

- Read this booklet from cover to cover
- Learn the 7Cs and share them with students impacted by parental addiction
- Talk with the school social worker, counselor or psychologist about family addiction

Observe

- There are probably students in your class who appear withdrawn and students who cause trouble and disrupt the class. In either of these scenarios, the student may be asking for help

Listen

- Focus on what they are saying
- Give plenty of eye contact
- Don't interrupt
- Reflect feelings e.g. "You sound so worried." "I know it's not easy to talk about these things"

Validate

- Let the student know that you hear and understand what they are communicating to you
- Do not judge them or their parents
- Acknowledge what is said
- Ask questions to show your concern.

Empower

- Use the 7 Cs as a guide to help them understand ways they can help themselves
- Identify safe people in their lives to whom they can turn for help
- Help them connect with people and activities that will promote feelings of self-efficacy

Focus on the Child's Needs

- If parents contact you directly about their child's struggles, show them kindness and understand but remain focused on the child's needs
- It is not your role to handle intra-familial conflict

Support

- Let your students know that you understand their struggles and that you are there for them
- All students could benefit from the Lessons to Help on the reverse page

Know your Limitations

- Seek the help of staff who are trained to help children and families with addiction
- Don't try to handle issues that are outside of your expertise

Lessons to Help Use this Kit With Your Students

Teach a series of lessons on listening and communicating. Teach the very important step of checking to make sure the listener understands the message. “So, you are saying that you are upset about your Math test?” and the speaker says “No, that’s not it.” And the listener says, “Are you saying that you were up too late last night, and you couldn’t concentrate on the test?” The speaker says, “That’s it.”

Have a whole-class discussion about who they can go to when they need help. Should you get a general common response, such as a counselor, doctor or police, move the discussion toward people with whom they have regular contact. Some children may not have someone they can go to. Let the counselor or psychologist or social worker know about this. Let the student know that you are there for them.

Have the class draw a picture of these “go-to” people.
Ask them to tell or write a story about one or more of these people.

Have the class draw a picture of their family “doing something.”
Ask the students to tell a story about what is going on in the picture.
Observe the fact that there may be family members missing in the picture or people who are sick or asleep. Show the pictures to the school psychologist or social worker.

Keep copies of the 7 Cs page of this book in a file in your desk. Give the student a copy of it when you have had an initial contact about their struggles. Later you can give out this page as a reminder.

Break the class into small groups and have them discuss what it means to be a good friend. If appropriate, have them come up with at least one thing they like about each person in the group and then read them out in the group.

Have your class write a paragraph about their best day. Then ask them to write a paragraph about their worst day or ask them to draw a picture of their best and worst days. Notice the quality of these pictures or writing and whether the content may indicate that the child is struggling emotionally at school and/or at home.

Remember: Students are constantly communicating with you through their words, behavior and body language. Notice the student who doesn’t fit in or the student who disrupts the class or falls asleep. While you already have a heavy load in helping your students learn and thrive, please remember some of them have difficult issues and need your help, understanding and support.

Use the Dos and Don’ts page as a guide for all communications with students about delicate issues that may arise from their writing and pictures.

Review and use the “Additional Messages to Convey.”

Remember: your relationship with a troubled student is the best thing you can offer. Students need people they can trust to have their best interest at heart.

The Educator's Walk with One Child*

by Jerry Moe

All too often addiction becomes a family legacy. The parent with a substance abuse disorder is often an adult child of addicted parents who never received help for the trauma they experienced as a child, and there are millions challenged by other problems that result from addiction in their families. It is essential to spare children from unnecessary years of silence, shame, and suffering caused by parental addiction. Through effective prevention measures, educators can play a major part in this process. Individually and collectively, we can be a voice and a steadying force for children who can't always speak for themselves. The tools educators can use to encourage this process are: age-appropriate information, skill building, and the bonding and attachment derived through healthy relationships.

Accurate, Developmentally-appropriate Information

Families living with substance use disorders are armored by denial, isolation, and the “no-talk” rule. Consequently, children living with parental addiction don't always understand what is happening in their families and, not surprisingly, some believe that it's all their fault. In addition, feelings of sadness, anger, or hurt create overwhelming confusion and preoccupation with problems at home while you attempt to teach academic content.

COAs need accurate information about alcohol, other drugs, and the disease of addiction. By learning about denial, blackouts, relapse, and recovery, young people can make better sense of what's happening at home. They may also come to see that they are not to blame and that they can't make it all better. Providing children with these important facts in an age-appropriate manner is crucial, so they are not overwhelmed, burdened, or further confused.

Important messages for COAs to hear include:

- ♥ Addiction is a disease of the brain.
- ♥ You can't make it better.
- ♥ You deserve help for yourself.
- ♥ You are not alone.
- ♥ There are safe people and places that can help.
- ♥ There is hope, and your parents still love you even though they are struggling with a serious disease.

The *Kit for Kids* is the best resource to sit down with a COA and read together. This leaflet helps children cope with what is happening to them and helps them become more resilient. But there are a variety of great resources available. Al-Anon's wonderful book *What's 'Drunk,' Mama?* helps six-year olds comprehend these messages. Other books that are helpful to younger children include: *My Dad Loves Me, My Dad has a Disease* Claudia Black PhD; *What Do You Do With a Problem?* Kobi Yamada; or *The Dragon Who Lives at Our House* Elaine Mitchell Palmore. The brochure *It's Not Your Fault* helps kids and teens better understand that, while they may be concerned about Mom or Dad, they can let go of any guilt about what is happening and begin to focus more on helping to make things better for themselves. Older kids can better identify with the problems portrayed in “*Easter Ann Peters' Operation Cool*” by Jody Lamb. The brochure *It Feels So Bad* is designed for teens who are more

*Adapted with permission of the author

mature and have more appreciation for what is happening in their family, or if they are concerned for a best friend or boyfriend/girlfriend. The *12 Steps for Kids* were created by Jerry Moe and Don Polman. Based on the 12 Steps, well known in recovery circles they provide a kid-friendly version of what helps many individuals and their families.

Skill Building

COAs are at greater risk for many behavioral and emotional problems. The Children’s Program Kit offers empowerment with a variety of life skills that help them cope with many challenges. For example, some children face difficult situations with family violence, neglect, and other chronic stressors, otherwise known as Adverse Childhood Experiences (ACEs). (see Anda and Felitti online for more information about ACEs). These children can learn a variety of coping and self-care strategies to stay safe and even thrive in a chaotic environment.

Some of these children may allow their feelings to build up inside until they are ready to explode or become sick with stomachaches and headaches. The educator can teach them how to identify and express their feelings in healthy ways, especially by finding safe people they can trust.

Others may lack confidence and self-esteem. These young people can learn to love and respect themselves through experiences in which they can succeed and thrive. Studies on resilience have confirmed the importance of skill-building activities for children living with adversities such as alcoholism in the family. Resilience research examines various protective factors which allow individuals to overcome the odds and bounce back. Dr. Emmy Werner conducted a longitudinal study and identified factors that can deepen strength and resilience. Some of these include:

- 🍷 Autonomy and independence
- 🍷 A strong social orientation and social skills
- 🍷 The ability to engage in acts of required helpfulness
- 🍷 Coping strategies for emotionally hazardous experiences
- 🍷 The ability to perceive their experiences constructively
- 🍷 The ability to gain positive attention from others
- 🍷 The ability to maintain a positive vision of life
- 🍷 The development of a close bond

Today many educational programs help young people to develop these very tools and skills. Student assistance programs and other school strategies introduce these skills and provide a safety net for children to practice and deepen them. Even if they go home to families with active addiction, COAs who are assisted in these ways are better prepared to handle the various problems they may encounter.

Bonding and Attachment

While accurate, age-appropriate information and skill building help children living with parental addiction immeasurably, perhaps the most important gift is the bonding and attachment children attain in healthy relationships with others. As a result of broken promises, harsh words, and the threat of abuse, children in many families learn the “Don’t Trust”

mantra all too well; silence and isolation can become constant companions. These children grow up to become parents who, without help, carry their childhood with them. As a teacher you may be faced with parents at conferences who are unsure of themselves, feel guilty, or are constantly stirred by remembrances of their childhood. Your assurance and validation will help them.

Building trust is a process, not an event. Time is a key. An educator's words take on added meaning and significance as the youngster deeply considers the source. A child may hear accurate information about alcoholism and addiction in a brand new way. Moreover, a child can build upon his or her strengths and resilience as a result of the conscious modeling provided by the caring adult. As children learn to trust, they learn to feel good about who they are and what they can become. They develop the ability to make better decisions which help them to gain control over their environment, so they are more self-reliant. Learning to trust lowers their anxiety and shame, and then they can be taught more effectively.

**Jerry Moe, MA is the National Director of the Hazelden Betty Ford Children's Programs*

Additional Messages to Convey

Here are some additional messages you can convey to a child:

- 🍷 Talking about worries at home is not being mean to your family. Sharing your feelings can help you feel less alone.
- 🍷 Get involved in doing enjoyable things at school or near home, like the school band, softball, Boy or Girl Scouts, or others. Doing these types of activities can help you forget about the problems at home, at least for a little while, and you can learn new things about yourself and about how other people live their lives.
- 🍷 When you live with parental addiction, feeling love and hate at the same time is common. It is confusing. All people have confusing feelings at times, even two different feelings at the same time. Let them know that this is normal. This is the way many kids feel about parents when one, or both, struggles with addiction.
- 🍷 Remember to have fun! Sometimes COAs worry so much that they forget how to be "just a kid." Find a way to let yourself have fun.
- 🍷 DON'T ride in a car when the driver has been drinking or drugging if you can avoid it. It is not safe. Walk or try to get a ride with someone who is not under the influence of alcohol or drugs. If you must, sit quietly in the middle of the back seat. If you have a phone, quietly text an adult you can trust for help.
- 🍷 Just because your parent is struggling with addiction doesn't mean you will be. While addiction tends to run in families, you can't get the disease if you don't use substances. It is really important to wait until at least 21 years of age if you decide you still want to use, as it can decrease your chances of developing addiction by 90%.
- 🍷 You have no control over your parent's drinking or substance use. You didn't make the problem start, and you can't make it stop. What your parent does is not your responsibility or your fault.
- 🍷 **Last but not least – remember to teach the Seven Cs!**

Teaching the Seven Cs

The “Seven Cs” is a tool to help young people understand that they are not responsible for their parents’ problems. Children need to know that it is not their fault when their parents drink too much or abuse drugs, and that they cannot control their parents’ behavior. They should also be shown that there are ways they can learn to deal with their parents’ alcoholism or drug use. Here are the Seven Cs — the most important lessons COAs need to learn:

I didn’t CAUSE it

I can’t CONTROL it

I can’t CURE it

I can help take CARE of myself by:

COMMUNICATING my feelings

Making healthy CHOICES and

CELEBRATING me

© Jerry Moe, MA

Remember to teach the Seven Cs to the children who come to you for help. Hang a poster of the Seven Cs in your classroom or office. A hand-out for the children is provided in Part II.

Some Additional Suggestions for Educators

There are at least three ways you as an educator can help a child whose parent is dependent on alcohol or other drugs.

1. Be an effective listener and communicator.

This means helping your students to express their feelings and thereby deal with their fears and aspirations. One of the more unfortunate problems experienced by some COAs is that they have no one to talk with about their needs, fears, and hopes. With certain restrictions, every educator can help students talk about what they like and dislike about their lives. However, it is important to know when assistance from other professionals is necessary. It is crucial that you know your competencies and your limitations.

Knowing Your Limitations

You must consider your school's policies and legal, ethical, and professional obligations as well as your competencies in deciding what you should and should not do with students. It is very important that you seek assistance in areas where you are not authorized to function. If you are not employed as a therapist, then you should not try to act as one. If there is any doubt about the severity of a student's personal or social problems, there are usually counselors, school psychologists, or school social workers available who will gladly offer their assistance.

When Talking with Students

A valid concern may be how the parents will react when they learn that their child has confided a family problem to someone outside the family. Will an irate parent – whether the one with the substance abuse disorder or the non-using parent – come to school complaining that you have interfered in his/her family's private business? If you limit your discussions with a student to the student's feelings and to an understanding of how alcoholism and addiction affect a family, there probably will be no cause for parental concern. Furthermore, if you take care to avoid communicating that the student's difficulties are related to his or her parent's alcoholism/addiction, and instead direct attention to the student's school and social performance, the parent is very likely to welcome your help.

Addiction is unlikely to be a part of a discussion with parents. In part this is because denial or problems resulting from alcohol or substance use is essential to individuals who want to continue their use. In addition, the spouse of someone with addiction may feel pressured to refrain from talking about such difficulties. If the topic comes up, it may be best for you to remain silent on the subject of the parent's drinking or drug use.

Fostering situations in which certain COAs can become involved with one another can create opportunities for the child to talk with others. One of the problems in working with students

living with addiction in their families is inducing them to “open up.” It may be easier for students to talk with their peers who have similar experiences than it is for them to confide in an adult. For this reason, educational support groups for these children are an important component of a K – 12 student assistance program.

Classroom presentations on addiction in the family can provide hope, help, and support in a general, non-threatening way. Group activities and discussions can be especially effective with teenagers, since they are in a developmental phase in which they are trying new values. If a student discussion group is formed, it does not need to be identified as being focused upon drug addiction or alcohol-related problems. Since there are many types of family problems that can affect school performance, such a group may take on any number of themes and objectives. A general approach may help to reduce any embarrassment at being involved in an activity that is known for dealing with certain home problems. Also, since the resilience-building purpose of a group discussion should be to meet students’ needs, a theme dealing with self-awareness and examining personal feelings may be appropriate. School-based student assistance programs often provide supportive services for students dealing with family problems.

In attempting to establish group interactions, keep in mind that many COAs may find it difficult to make new friends. Many are very withdrawn or are complete loners. Although professional educators may be aware of the benefits to be derived from peer relationships, their skills will be tested to prove such benefits to a student who has never had friends. The student, for example, may take the advice to seek out friendships and confide in a peer who does not understand or, worse, one who ridicules the student. Structured adult-facilitated support groups can mitigate such results.

If group discussion appears to be too formal or stigmatizing, a walk-in center for students may prove workable. A walk-in center can serve multiple purposes by dealing not only with home life but also with students’ many other problems. Such a center could serve not only as a place for activities and discussions, but also as a place to obtain information on a variety of subjects ranging from alcohol and drug use to whatever else concerns them.

Remember, whatever activity is fostered, the purpose of that activity is to assist students; it should not be used to attempt changes in the students’ home environments.

Perhaps your greatest contribution will be helping students discover that their feelings are normal and that it is permissible to be confused and sometimes upset about one’s home environment. Exploring a student’s feelings with him or her can help you to obtain a better understanding of the student. More importantly, an exploration of feelings may allow the student to grow in self-understanding.

2. Help students develop supportive relationships with other students and adults.

Some children living with familial addiction have a difficult time relating to their peers and adults. Like all students, they need opportunities to participate in resilience-building group activities.

However, many of these children need help to do so.

School personnel who lead extracurricular activities have many opportunities to assist in fostering resilience-building relationships for students who are COAs. Like others, these students can acquire many benefits from extracurricular activities. However, for these children, the more obvious benefits of such activities may be secondary to the benefits achieved through establishment and maintenance of peer relationships. The student not only learns how to take part in a sport, publish a newspaper, etc., but also gains a sense of belonging and a role that he or she values.

A vital role that you can play on behalf of children with a parent who has a substance abuse disorder is in getting them involved in a wholesome group activity. However, getting these children to participate in such activities may be difficult, since many such students are not eager to join school groups. This is particularly true if they feel that an extracurricular activity is just another responsibility to endure rather than a vehicle by which they can reduce the strain of existing responsibilities. Furthermore, when a student's feelings of self-worth are minimal, he or she may feel incapable of contributing anything to a group and may have to be persuaded that his or her participation is needed.

Involvement in after-school activities also can reduce the time COAs spend in uncomfortable situations. This is desirable in itself. Extracurricular activities also provide more time and opportunities for such children to interact with you and with other potential adult role models. Some students may feel that an educator outside of the classroom is more approachable than a teacher within a classroom, or that it is more permissible to discuss personal matters after school than during school hours.

3. Carefully observe each child and situation.

What you learn by direct observation can be especially useful in pinpointing where the child needs the help that you can provide. Counselors, school nurses, and coaches often have a special advantage of observing conditions about which the students, their families, or other professionals need to know. When you are with students, of course, you need to be very observant if you are to help them understand their conditions. You may observe many details that will give you clues about their peer relationships, academic interests, achievements, their need to talk to you or some other trusted adult about their problems, their willingness to share attitudes and confidences, and their evaluations of their home situation. This last concern will probably be difficult for you to explore and, in the beginning, may be reflected more in how they act than in what they say.

When you are near students, you should be sensitive to a number of things. Among these are physical symptoms which may reflect serious home problems; for example, chronic fatigue, confusion, or emotional strain. Although educators should be alert to these symptoms, health care professionals can play an especially important role in making valid observations about students whom they suspect have health-related problems stemming from home lives.

Because of their training in health, nurses, health educators, and physical education staff can detect subtle details of a student's appearance beyond the obvious bruises that might sug-

gest parental abuse or neglect. (If child abuse or neglect is suspected, the law in all 50 states requires immediate referral of the student in question to an appropriate child protection agency.) Also, students suffering symptoms of strain are usually more noticeable to health workers than to others. School health workers also are aware of students who have frequent headaches, high levels of anxiety, and constant fatigue. Collaborating with these staff colleagues for the benefit of children of addicted parents could be very helpful.

Besides obvious physical abuse and neglect, educators should notice when students exhibit symptoms of excessive fatigue or strain. These symptoms may be more obvious on certain days than on others. For children of alcoholic parents, these patterns are likely to reflect the occurrence of conflict within the home. For example, if an alcoholic parent is a chronic weekend drinker, every Monday the child may be listless or fall asleep in class. On Tuesdays through Thursdays the student may appear to be somewhat energetic, and on Friday he or she may exhibit high levels of tension, possibly dreading the coming weekend. Of course, different patterns can occur. If your in-service program on children of addicted parents includes staff trained on signs of substance abuse disorders, they will be able to alert you to other symptoms produced by living in a family with these disorders.

It is important that you remain alert to the needs of your students. If you are accurate in your observations, you can be of considerable help to them. Your accurate observation of students may allow you opportunities to inform parents and colleagues about what they can do to help students and when referral to professional counselors may be needed.

DOs and DON'Ts

If a Child Comes to You for Help . . .

The following list may help you prepare for and respond to a call for help.

DO develop and maintain a list of appropriate referrals to helping professionals. Knowing which organizations have resources to help children will make it easier to respond promptly when a child comes to you.

DO maintain resources that have been created for children: websites, social media pages, books, pamphlets, and articles related to addiction. Alateen provides moderated online chat meetings; and teens can only chat when the adult Alateen Group Sponsors are present. Many resources are available from the National Association for Children of Addiction (NACoA), and Alateen. (See the “Resources” section at the back of this kit for books of interest to all children but especially helpful for COAs.)

DO make sure that the child understands three basic facts:

- ☛ He or she is not alone. There are more than 18 million children under the age of 18 in the United States with parents who are addicted. Countless others are affected by siblings or other caregivers struggling with addiction.
- ☛ The child is not responsible for the problem and cannot control the parent’s addictive behavior.
- ☛ The child is a valuable, worthwhile individual.

DO follow through after the child asks for help. You may be the only person the child has approached. You might choose among several courses of action:

- ☛ Help the child “think through” all the sympathetic adults who play significant roles in his/her life (a favorite aunt or uncle, grandparent, minister, or school counselor) who might be able to help.
- ☛ Help the child contact a local Alateen group, where others who understand and share the problem of parental addiction are available for support.
- ☛ If your school has educational support groups, life skills groups or friendship groups for these children from troubled families, explain their benefits to the child and refer the child to the school person responsible for the program; and/or
- ☛ Refer the child to an appropriate helping professional.

DO consider creating an Alateen meeting on campus. For more information, read “Alateen Meetings in School” part of “Al-Anon Guidelines: The Shared Experience of Al-Anon and Alateen Members.” (Educators with at least two years involvement in Al-Anon are eligible to be Alateen Leaders.)

DO be sensitive to possible cultural differences. If the child is from a different culture, learn about that culture, including family structure, customs, beliefs, and values. This knowledge may show you how you can most effectively help the child.

DO be aware that COAs may feel threatened by displays of affection, especially physical contact.

DON'T act embarrassed or uncomfortable when the child asks you for help. Your reaction may discourage the child from seeking help and increase his or her sense of isolation and hopelessness.

DON'T criticize the child's alcohol or drug using parent or be overly sympathetic. The child may gain the greatest benefit just by having you listen.

DON'T assume that the child doesn't love their parent.

DON'T share the child's problems with others who do not need to know. This is not only important for building trust; it also protects the child.

DON'T make plans or promises with the child that you cannot keep. Stability and consistency in relationships are necessary if the child is to develop trust.

DON'T try to counsel the child unless you are trained and employed to do so. Refer the child to the student assistance support group in your school or, without such a program, to a local Alateen group.

— *Adapted from It's Elementary: Meeting the Needs of High-Risk Youth in the School Setting, published by NACoA.*

When the Teacher is Knowledgeable and Caring...

by Deborah George Wright, M.A.

On the whiteboard, the teachers saw a photograph of Mrs. Goldberg's class of smiling third graders. The teachers were attending a training on how to lessen the effects of addiction and substance misuse on the development of students. As they scanned every face, they were told that, at the time the picture was taken, one of those children, Steven, was being physically abused by his father with alcoholism and sexually abused by the father's friend. Drugs would soon become part of the child's life. He would grow up to be a chronic drug user and would rape and murder a mother of two before being sentenced to life in prison without parole.

Years later, Mrs. Goldberg would write the sentencing judge as he weighed giving the death penalty, "In all my years of teaching, there were five children I will never forget. Steven was one of those. He never had a chance."

Like the 65 teachers attending this training, most believe that one caring teacher with knowledge and skills can make a difference. "It did for me," said Joe, a coach. "I was like that kid, Steven. But in the sixth grade, my coach took me aside, told me he understood and that I would make it if I tried. That's why I'm at this training, for the other Stevens."

Most teachers develop an ability to recognize the child who is likely to develop serious mental and emotional problems, but they need the training to respond appropriately and to link the child with services that can help. Moreover, teachers may lack the perception to see the trauma of the compliant silent lost child in the back row, the active clown in the center, or the overly responsible hero in the front. These children endure a home life that undermines their happiness and success as students and adults and will affect their children as well.

Teachers Can Make A Tremendous Difference

by Jerry Moe, M.A.

LISTEN.

Listen to what the children are saying. Give them focused attention with lots of eye contact. Show them that you care.

OBSERVE.

Watch for non-verbal forms of communication as well. Be aware of facial expressions, body language, and the manner in which the children respond to others.

VALIDATE.

Let the children know that you hear and understand what they are communicating to you. Acknowledge what is said, ask questions to show your concern, and reflect in a non-judgmental manner the feelings that are shared by the children.

EDUCATE.

Give the children basic information about alcohol and other drugs.

EMPOWER.

Help the children see there are safe people in their lives they may turn to for support and guidance. Safe people are those that truly care about the children and aren't harmfully involved in active addiction. Safe people may be recovering parents, siblings, other relatives, neighbors, teachers, ministers, coaches, and counselors. Help the children realize they don't need to be alone anymore.

Jerry Moe is the National Director of the Children's Program at Betty Ford Center.

Studies vary on the actual number of school-age children who live with parental addiction. One in four children live with parental alcoholism, and additionally many more live with parents addicted to other substances, or siblings or other individuals living in the household and struggling with addiction. As of 2016, that translates to over 18.5 million children. Some children will develop the resiliency to surmount the problems caused by parental substance use disorders. Others will do so with the help of a caring adult who not only listens and fosters trust, but who also encourages them to develop skills for self-protection, self-sufficiency, and a positive self-image. Others who could have been helped are more likely to become angry, antisocial survivors whose lifestyles and life problems cost society dearly.

When our society was less transient, children who needed help could turn to non-drinking relatives and neighbors. But, today, many if not most families have relocated several times and live far from those who might know what goes on inside their homes.

Who, then, can be the first line of defense for these kids? Because of the extent and duration of their contact with children and their ability to influence young people, teachers are the most obvious.

Very few address addiction and its impact on the family. While many teachers may get a short tutorial about Adverse Childhood Experiences (ACEs) and the impact of trauma on kids, many educators still thirst for greater appreciation of how to create a trauma-sensitive school environment and properly support students who live with ACEs. As a result, teachers have asked for in-service programs or online tutorials addressing COAs in the classrooms and many are asking for the return of student assistance support groups to help these impacted children be successful in the school environment.

Deborah George Wright, M.A., is a former NACoA Board Member.

Doctor, Lawyer, Teacher, Chief

by James Crowley

The old proverb that “it takes a village to raise a child,” is very appropriate when dealing with children of addiction. Even with the efforts of the many very capable prevention professionals who work with COAs, we are reaching only the tip of the iceberg. When we solely rely on these professionals, we are minimizing the impact we are capable of having with this population.

We need a community-wide strategy to reach and assist these children. Each system in the community (religious, schools, law enforcement, criminal justice, business, volunteer, medical, mental health and other helping professions) has a role to play. The role involves three major action steps.

The **first** step is to teach and raise awareness about COAs. Imagine how many more people could hear about this issue if each system, in addition to the present efforts of the alcohol and other drug professionals, were spreading the word -- businesses to their employees, religious institutions to their congregations, volunteer organizations to their memberships, schools to students and parents, scout leaders to their members, pediatricians to their patients, etc. Because of the “no talk” rules surrounding the issues of families living with parental addiction, we cannot be sure to whom people will listen or trust to go for help. The wider the variety of system professionals and volunteers talking about these children, the better the chance of reaching people. Some people listen to the clergy, while others only to their physician or to a judge. Each system talks about these issues in a different way, with a different perspective, which also increases the chances of being heard and receiving a positive response.

The **second** step is to assist in the early identification of COAs. People in each system need to keep their eyes and ears open for signs or cues which might assist in the early identification of those needing help. Young people behave differently depending upon the system they are in. We can expand enormously the number of COAs who are identified if each system pays attention to the behaviors of concern. These identified behaviors assist the professionals in making a more informed decision on how to best assist the individual. In a school system alone, several professionals come into contact with a student on a daily basis. What a wonderful way to expand the number of young people identified early, by having all these additional people looking for the behaviors of concern or being available as a resource when those children are seeking help.

The **third** step is supporting positive changes in behavior. The unhealthy coping skills which COAs develop are not changed easily. When these children begin to make changes in their lives, they frequently need encouragement and support. When each system gets involved there is a general understanding of the need for support from every person dealing with the

children, no matter what system they represent. Examples of such support offered by the systems, in addition to that offered by the alcohol and other drug professionals, are school support groups for COAs, and summer camps offered by religious institutions or volunteer organizations. Such programs, often a critical part of a student assistance integrated into the school system, can change the trajectory of countless children's lives.

When prevention and addiction professionals have the additional support of the various systems in raising awareness, and in early identification and support, they have time to further develop existing models of treatment and try new approaches to prevention, intervention and treatment.

James Crowley, MA, is President of Community Intervention, Inc., and former NACoA President.

Children Living with Parental Addiction: Important Facts for Educators

1. Alcohol and other drug use disorders tend to run in families. Children of addicted parents are more at risk for substance use disorders than are other children.

- Children of addicted parents are the group of children most at risk of becoming alcohol and drug abusers due to both genetic and family environment factors.¹
- Children with a biological parent who is alcoholic continue to have an increased risk (2-9 fold) of developing alcoholism even when they have been adopted. This fact supports the hypothesis that there is a genetic component in alcohol and drug addiction.²
- Recent studies further suggest a strong genetic component, particularly for early onset of alcoholism in males. Sons of alcoholic fathers are at fourfold risk (of future substance abuse) compared with the male offspring of non-alcoholic fathers.³
- Use of substances by parents and their adolescent children is strongly correlated; generally, if parents take drugs, sooner or later their children will also.⁴ Adolescents who use drugs are more likely than their non-addicted peers to have one or more parents who also use drugs.⁵
- The influence of parental attitudes on a child's drug-taking behaviors may be as important as actual drug abuse by the parents.⁶ An adolescent who perceives that a parent is permissive about the use of drugs is more likely to use drugs.⁷

2. Family interaction is defined by substance misuse or addiction in a family.

- Families affected by alcoholism report higher levels of conflict than do families with no alcoholism. Drinking is the primary factor in family disruption. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby effectively robbing children of alcoholic parents of modeling or training in parenting skills or family effectiveness.⁸
- The following family problems have frequently been associated with families affected by addiction: increased family conflict; emotional or physical violence; decreased family cohesion; decreased family organization; increased family isolation; increased family stress including work problems, illness, marital strain and financial problems; and frequent family moves.⁹
- Addicted parents often lack the ability to provide structure or discipline in family life, but simultaneously expect their children to be competent at a wide variety of tasks earlier than do non-addicted parents.¹⁰
- Sons of addicted fathers are the recipients of more detrimental discipline practices from their parents.¹¹

3. A relationship between parental addiction and child abuse is indicated in a large proportion of child abuse and neglect cases.

- Three of four (71.6%) child welfare professionals cite substance abuse as the chief cause for the dramatic rise in child maltreatment since 1986.¹²

- Most welfare professionals (79.6%) report that substance misuse causes or contributes to at least half of all cases of child maltreatment; 39.7% say it is a factor in over 75% of the cases.¹³
- In a sample of parents who significantly maltreat their children, alcohol misuse specifically is associated with physical maltreatment, while cocaine abuse exhibits a specific relationship to sexual maltreatment.¹⁴
- Children exposed prenatally to illicit drugs are 2 to 3 times more likely to be abused or neglected.¹⁵

4. Children of drug addicted parents are at greater risk for placement outside the home.

- Three of four child welfare professionals (75.7%) say that children of addicted parents are more likely to enter foster care, and 73% say that children of parents with an alcohol use disorder stay longer in foster care than do other children.¹⁶
- In one study, 79% of adolescent runaways and homeless youth reported alcohol use in the home, 53% reported problem drinking in the home, and 54% reported drug use in the home.¹⁷
- Each year, approximately 11,900 infants are abandoned at birth or are kept at hospitals, 78% of whom are drug-exposed. The average daily cost for the care each of these babies is \$460.¹⁸

5. Children of addicted parents exhibit symptoms of depression and anxiety more than do children from non-addicted families.

- Children of addicted parents exhibit depression and depressive symptoms more frequently than do children from non-addicted families.¹⁹
- Children of addicted parents are more likely to have anxiety disorders or to show anxiety symptoms.²⁰
- Children of addicted parents are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcoholism.²¹

6. Children of addicted parents experience greater physical and mental health problems and generate higher health and welfare costs than do children from non-addicted families.

- Inpatient admission rates and average lengths of stay for children of parents with substance use disorders are 25-30% greater than for children of non-alcoholic parents. Substance abuse and other mental disorders are the most notable conditions among children of addiction.²²
- It is estimated that parental substance misuse and addiction are the chief cause in 70-90% of all child welfare spending. Using the more conservative 70% assessment, in 1998 substance abuse and addiction accounted for approximately \$10 billion in federal, state and local government spending simply to maintain child welfare systems.²³
- Fetal Alcohol Spectrum Disorder is totally preventable. Alcohol awareness education should always include this information.
- A sample of children hospitalized for psychiatric disorders demonstrated that more than 50% were children of addicted parents.²⁵

7. Children of addicted parents have a higher-than-average rate of behavior problems.

- One study comparing children of alcoholics (aged 6-17 years) with children of psychiatrically healthy medical patients, found that children of alcoholics had elevated rates of ADHD (Attention Deficit Hyperactivity Disorder) and ODD (Oppositional Defiant Disorder) compared to the control group of children.²⁶
- Research on behavioral problems demonstrated by children of addicted parents has revealed some of the following traits: lack of empathy for other persons, decreased social adequacy and interpersonal adaptability, low self-esteem, and lack of control over the environment.²⁷
- Research has shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment.²⁸

8. Children of addicted parents score lower on tests measuring school achievement and exhibit other difficulties in school.

- Sons of addicted parents performed not as well on all domains measuring school achievement, using the Peabody Individual Achievement Test-Revised (PIAT-R), including general information, reading recognition, reading comprehension, total reading, mathematics and spelling.²⁹
- In general, children of addicted parents do less well on academic measures. They also have higher rates of school absenteeism and are more likely to leave school, be retained, or be referred to the school psychologist than are children of non-addicted parents.³⁰
- In one study, 41% of addicted parents reported that at least one of their children repeated a grade in school, 19% were involved in truancy, and 30% had been suspended from school.³¹
- Children of addicted parents were found at significant disadvantage on standard scores of arithmetic compared to children of non-addicted parents.³²
- Children of parents with an alcohol use disorder often believe that they will be failures even if they do well academically. They often do not view themselves as successful.³³

9. Children of addicted parents score lower on tests measuring verbal ability.

- Children of addicted parents tend to score lower on tests that measure cognitive and verbal skills.³⁴ Their ability to express themselves may be impaired, which can hamper their school performance, peer relationships, ability to develop and sustain intimate relationships, and performance on job interviews.³⁵
- Lower verbal scores, however, should not imply that children of addicted parents are intellectually impaired.³⁶

10. Children of addicted parents have greater difficulty with abstraction and conceptual reasoning.

- Abstraction and conceptual reasoning play an important role in problem solving, whether the problems are academic or are related to situations encountered in life. Children of parents with addiction may require very concrete explanations and instructions.³⁷

11. Maternal consumption of alcohol, opioids and other drugs any time during pregnancy can cause birth defects or neurological deficits.

- Studies have shown that exposure to cocaine during fetal development may lead to subtle but significant deficits later on, especially with skills that are crucial to success in the classroom, such as the ability to block distractions and concentrate for long periods.³⁸
- Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers' resumption of alcohol use after giving birth.³⁹
- Prenatal alcohol effects have been detected at moderate levels of alcohol consumption in non-alcoholic women. Even though a mother may not regularly abuse alcohol, her child may not be spared the effects of prenatal alcohol exposure.⁴⁰

12. Children of addicted parents may benefit from supportive adult efforts to help them.

- Children who coped effectively with the trauma of growing up in families affected by addiction often relied on the support of a non-alcoholic parent, stepparent, grandparent, teachers and others.⁴¹
- Children in families affected by addiction who can rely on other supportive adults have greater autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies than other children of addicted parents.⁴²
- Group programs reduce feelings of isolation, shame and guilt among children of alcoholics while capitalizing on the importance to adolescents of peer influence and mutual support.⁴³
- Competencies such as the ability to establish and maintain close relationships, express feelings, and solve problems can be improved by building the self-efficacy of children of alcoholics.⁴⁴

¹ Kumpfer, K.L. (1999). Outcome measures of interventions in the study of children of substance-abusing parents. *Pediatrics*. Supplement. 103 (5): 1128-1144.

² Schuckit, M.A., Goodwin, D.A., & Winokur, G. (1972). A study of alcoholism in half siblings. *American Journal of Psychiatry*, 128: 1132-1136.

³ Goodwin, D.W. (1985). Alcoholism and genetics. *Archives of General Psychiatry*, 42, 171-174.

⁴ Fawzy, F.I., Coombs, R.H., & Gerber, B. (1983). Generational continuity in the use of substances: the impact of parental substance use on adolescent substance use. *Addictive Behaviors*, 8, 109-114.

⁵ Skiffington, E.W. & Brown, P.M. (1981). Personal, home, and school factors related to eleventh graders' drug attitudes. *International Journal of the Addictions*, 16(5), 879-892.

⁶ Barnes, G.M., & Windle, M. (1987). Family factors in adolescent alcohol and drug abuse. *Pediatrician*, 14, 13-18.

⁷ McDermott, D. (1984). The relationship of parental drug use and parents' attitude concerning adolescent drug use to adolescent drug use. *Adolescence*, XIX(73), 89-97.

⁸ Moos, R.H. & Billings, A.G. (1982). Children of alcoholics during the recovery process: alcoholic and matched control families. *Addictive Behaviors*, 7:155-163.

⁹ el Guebaly, N. & Offord, D.R. (1997). The offspring of alcoholics: a critical review. *American Journal of Psychiatry*.134:4, 357-365.

¹⁰ Kumpfer, K.L. & DeMarsh, J. (1986). Family environmental and genetic influences on children's future chemical dependency. In Ezekoye, S., Kumpfer, K., & Bukoski, W., eds. *Childhood and Chemical Abuse, Prevention and Intervention*. New York, NY: Haworth Press.

¹¹ Tarter, R.E., Blackson, T.C., Martin, C.S., Loeber, R., & Moss, H.B. (1993). Characteristics and correlates of child discipline practices in substance abuse and normal families. *The American Journal on Addictions*, 2(1), 18-25.

- ¹² Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- ¹³ Ibid. page 2.
- ¹⁴ Famularo, R., Kinscherff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse and Neglect*, vol. 16.
- ¹⁵ Leventhal, J.M., Garber, R.B., & Brady, C.A. (1989). Identification during the postpartum period of infants who are at high risk of child maltreatment. *The Journal of Pediatrics*, 114(3), 481-487.
- ¹⁶ Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- ¹⁷ Booth, R.E., & Zhang, Y. (1996). Severe aggression and related conduct problems among runaway and homeless adolescents. *Psychiatric Services*, 47 (1) 75-80.
- ¹⁸ U.S. Department of Health and Human Services. *National estimates on the number of boarder babies, the cost of their care, and the number of abandoned infants*. Found online at <http://waisgate.hhs.gov/cgi-bin/waisgate>: U.S. Department of Health and Human Services.
- ¹⁹ Fitzgerald, H.E., Sullivan, L.A., Ham, H.P., Zucker, R.A., Bruckel, S., Schneider, A.M., & Noll, R.B. (1993). Predictors of behavior problems in three-year-old sons of alcoholics: early evidence for the onset of risk. *Child Development*, 64, 110-123.
- ²⁰ Earls, F., Reich, W., Jung, K.G., & Cloninger, C.R. (1988). Psychopathology in children of alcoholic and antisocial parents. *Alcoholism: Clinical and Experimental Research*, 12:481-487.
- ²¹ West, M.O. & Printz, R.J. (1987). Parental alcoholism and childhood psychopathology. *Psychological Bulletin*, 102,204-218.
- ²² Woodside, M. (1988). Children of alcoholics: helping a vulnerable group. *Public Health Reports*, 103(6): 643-648.
- ²³ Reid, J., Macchetto, P., & Foster, S. (1999). *No Safe Haven: Children of Substance-Abusing Parents*. Center on Addiction and Substance Abuse at Columbia University.
- ²⁴ The National Clearinghouse for Alcohol and Drug Information. Substance Abuse and Mental Health Services Administration. Available online at: <http://www.health.org/govstudy/BKD265/Chapter4b.htm#4.4>.
- ²⁵ Rivinus, T.M., Levoy, D., Matzko, M., & Seifer, R. (1992). Hospitalized children of substance-abusing parents and sexually abused children: a comparison. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31 (6), 1019-1923.
- ²⁶ Earls, F., Reich, W., Jung, K.G., & Cloninger, C.R. (1998). Psychopathology in children of alcoholic and antisocial parents. *Alcoholism: Clinical and Experimental Research*, 12:481-487.
- ²⁷ Jones, M.C. (1968). Personality correlates and antecedents of drinking patterns in adult males. *Journal of Consulting and Clinical Psychology*, 33:2-12.
- ²⁸ Tarter, R.E., Blackson, T.C., Martin, C.S., Loeber, R., & Moss, H.B. (1993). Characteristics and correlates of child discipline practices in substance abuse and normal families. *The American Journal on Addictions*. 2 (1), 18-25.
- ²⁹ Moss, H.B., Vanyukov, M., Majumder, P.P., Kirisci, L., & Tarter, R.E. (1995). Pre-pubertal sons of substance abusers: influences of parental and familial substance abuse on behavioral disposition, IQ, and school achievement. *Addictive Behaviors*, 20 (3), 345-358.
- ³⁰ Sher, K.J. (1997). Psychological characteristics of children of alcoholics. *Alcohol Health and Research World*, Vol. 21. No. 3.
- ³¹ Kolar, A.F., Brown, B.S., Haertzen, C.A., & Michaelson, B.S. (1994). Children of substance abusers: the life experiences of children of opiate addicts in methadone maintenance. *American Journal of Drug and Alcohol Abuse*. 20:2; 159-171.
- ³² Johnson, J., Boney, T., & Brown, B. (1990). Evidence of depressive symptoms in children of substance abusers. *International Journal of the Addictions*, 25 (4-A), 465-479.
- ³³ Johnson, J. L. & Rolf J.E. (1988). Cognitive functioning in children from alcoholic and non-alcoholic families. *British Journal of Addiction*, 83,849-857.
- ³⁴ Ervin, C.S., Little, R.E., Streissbuth, A.P. & Beck, D.E. (1984). Alcoholic fathering and its relation to a child's intellectual development: A pilot investigation. *Alcoholism: Clinical and Experimental Research*. 8:362-365.
- ³⁵ Drejer, D., Theilgaard, A., Teasdale, T.W., Schulsinger, F. & Goodwin, D.W. (1985). A prospective study of young men at high risk for alcoholism: Neuropsychological assessment. *Alcoholism: Clinical and Experimental Research*. 9:498-502.

- ³⁶ Gabrielli, W.F. & Mednic, S.A. (1983). Intellectual performance in children of alcoholics. *Journal of Nervous and Mental Disease*, 171:444-447.
- ³⁷ Tarter, R.E., Hegedus, A.M., Goldstein, G., Shelly, C., & Alterman, A.I. (1984). Adolescent sons of Alcoholics: Neuropsychological personality characteristics. *Alcoholism: Clinical and Experimental Research*, 8:216-222.
- ³⁸ National Institute on Drug Abuse, National Institutes of Health. *25 Years of Discovery to Advance the Health of the Public*. October 18, 1999. Page 42.
- ³⁹ Gabrielli, W.F., & Mednic, S.A. (1983). Intellectual performance in children of alcoholics. *Journal of Nervous and Mental Disease*, 171:444-447.
- ⁴⁰ Larkby, C., & Day, N. (1997). The effects of prenatal alcohol exposure. *Alcohol Health and Research World*, vol. 21, no. 3:192-197.
- ⁴¹ Werner, E.E., & Johnson, J.L. (2000). The role of caring adults in the lives of children of alcoholics. *Children of Alcoholics: Selected Readings, Vol.2*.
- ⁴² Werner, E.E. (1986). Resilient offspring of alcoholics: a longitudinal study from birth to age 18. *Journal of Studies on Alcohol*, vol. 47, no. 1, 34-40.
- ⁴³ Dies, R.R. & Burghardt, K. (1991). Group interventions for children of alcoholics: prevention and treatment in the schools. *Journal of Adolescent Group Therapy* 1(3):219-234.
- ⁴⁴ Nastasi, B.K. & DeZolt, D.M. (1994). *School Interventions for Children of Alcoholics*. New York: Guilford Press.

Part II

Hand-Outs for Students

This section contains information for you to review for your own background. You may want to give some of these handouts to your students to help answer their questions and to help them find the help they need. You might want to go over some of them while sitting with the student so that you are available for their questions. Sometimes you may want to give the student a handout for a later discussion with them.

A Letter to a Student

Hi:

I'll bet you feel all alone when your mom or dad drinks too much or uses drugs because maybe you think that no one else's mom or dad is like yours. Or maybe you think that no one knows how you feel. Do you know that there are many kids your age who feel exactly like you, because their parents drink too much? I know how you feel, because one of my parents is an alcoholic.

It's not easy. When I was your age, I felt so alone. Every time my parent started drinking, I had that funny feeling in my stomach that something wasn't right. I was scared to tell anyone. I wondered why I had a parent who drank so much.

I always wondered if I did anything to make my parent drink. None of my friends could spend the night at my house because I never knew when it would start. I didn't want my friends to know what went on in my house; besides, when my parent started to drink I never knew what would happen. I didn't want anyone to know what a mess it was when the drinking started. I felt ashamed, and believed my house was REALLY different from everybody else's.

When I grew up I moved away from my confusing house, and I began to meet other people who had alcoholic parents. I talked a lot to these people about how it was in my house, and I didn't feel embarrassed because they talked about what went on in their houses when their parents started drinking. I realized that other people had the same kinds of confusing things happen to them. Some people came from homes that were more messed up than mine, and other people came from homes that didn't have as many problems as mine did. But I realized one thing: that all the time when I was a kid, when I thought I was alone and the only one with a parent who drank too much, I wasn't.

You aren't the only one with parents who drink too much or use drugs. There are a lot of us here.

But now, I want to tell you some things about addiction that I wish someone had told me when I was a kid. Maybe these things will help you understand a little bit better, and maybe you won't blame yourself the next time your parents drink too much or use drugs. On the next page are four important facts that might help you. They come in handy when you least expect it.

**From Your Friend,
An Adult Child of an Alcoholic Parent**

Important Facts for Students

Fact #1 Addiction is a disease.

Your parent is not a bad person; he or she has a disease that makes him or her lose control when drinking or using drugs. Alcohol and drugs do that; when you drink too much or use drugs, you do and say things that you normally wouldn't. Maybe the disease makes them do mean or stupid things that they would not do if they weren't drinking or using drugs.

Fact #2 You are not alone.

There are lots of kids just like you. I'll bet there are some in your class at school—kids you would never think of might have a parent who drinks like yours. Maybe you know some of them because you've seen what goes on in their house. In fact, from all the surveys done in the United States, we know that there are at least 18 million children under the age of 18 in our country living with parents who drink too much and countless others whose parents use drugs. You really aren't alone.

Fact #3 You cannot control your parent's drinking or misuse of drugs.

It is not your fault. You are not the reason why your parent drinks or drugs. Your parent has a disease. You did not cause the disease and you cannot do anything about it.

Fact #4 You CAN talk about the problem.

Find someone you trust who will talk to you. It could be a teacher, a coach, a friend's parent, your doctor, a big brother or sister, or someone else who will listen to you. These are the "safe people" in your life. There is a group for tweeners and teens called "Alateen." This group has meetings, like a club, and the kids there share tips on how to make their lives easier. Some schools have Alateen meetings on the school grounds during the day or after school. Maybe your teacher could help you find one. You can also visit the Alateen Corner on the Al-Anon website, and you can also find them on Facebook, Twitter, YouTube and Instagram. They also host online chat meetings so teens can connect with safe monitoring by an Al-Anon sponsor. They also provide great literature that you can get at meetings, or order and have shipped to you. If you do have a meeting in the area, perhaps an adult you trust will help you get to the meeting if transportation is a problem for you.

Please don't forget these four facts. They come in handy when you least suspect it.

THE SEVEN Cs

I didn't CAUSE it

I can't CONTROL it

I can't CURE it, but

I can help take CARE of myself by

COMMUNICATING my feelings

Making healthy CHOICES and

CELEBRATING me

© Jerry Moe, MA

DOs and DON'Ts

For the Student Living with Parental Addiction

DO talk about how you feel. You can talk with the safe people in your life - maybe a close friend, relative, school counselor, teacher, minister, or others. Sharing your feelings is not being mean to your family. Talking to someone about your feelings can help you feel less alone.

DO try to get involved in doing enjoyable things at school or near where you live— the school band, softball, Boy or Girl Scouts, or others. Doing these types of activities can help you forget about the problems at home, and you can learn new things about yourself and about how other people live their lives.

DO remember that feeling sad, afraid and alone is a normal way to feel when you live with parental addiction. It's confusing to hate the disease of addiction at the same time that you love your parent. All people have confusing feelings, like having two different feelings at the same time. This is the way many kids feel about parents who misuse alcohol or drugs.

DO remember to have fun! Sometimes children with substance abuse disorders in their families worry so much that they forget how to be “just a kid.” If things are bad at home, you might not have anyone who will help you have fun, but don't let that stop you. Find a way to let yourself have fun.

DON'T ride in a car when the driver has been drinking or drugging if you can avoid it. It is not safe. Walk or try to get a ride with an adult friend who is not under the influence of alcohol or drugs. If your parents are going out to drink somewhere, try not to go with them. If you must get in a car with a drinking driver, sit in the back seat in the middle. If you have a phone, quietly text an adult you trust for help. Lock your door. Put on your safety belt. Try to stay calm.

DON'T think that because your parent has the disease of addiction that you will too. While addiction tends to run in families, you can't get the disease if you don't drink or use. It is a family disease, so it is important to respect the risk when making decisions. But it is really important to wait until at least 21 years of age or later when your brain is finally mature to begin considering using alcohol or other substances. Using at an earlier age can permanently alter your brain's development. Waiting until you are fully adult can help protect you from getting the family disease. Never using can permanently prevent it, and would be an important choice to consider.

DON'T pour out or try to water down your parent's alcohol or throw out unused drugs you find. The plain fact is that it won't work. You have no control over the drinking or drugging. You didn't make the problem start, and you can't make it stop. It is up to your parent to get treatment and to recover. What your parent does is not your fault or your responsibility.

Questions and Answers About Addiction

Question: *What is addiction?*

Answer: Addiction is a disease of the brain. People who have the disease have lost control over their drinking or drug use and are not able to stop without help. They lose control over how they act when they are drunk or using drugs.

Question: *How does addiction start?*

Answer: Doctors don't know all the reasons why people become addicted. Some start out drinking a little bit and end up hooked on alcohol. A person might use drugs to forget problems or to calm nerves, but then they end up needing drugs to feel normal. Or a person may not be taking prescription medication the way it was directed by the doctor, or medication that was actually prescribed for someone else. Once a person loses control over drinking or drug use, he or she needs help to stop.

Question: *If a person with addiction is sick why doesn't he or she just go to the doctor?*

Answer: At first, people with addiction are not aware that they are ill. Even when they become aware that something is wrong, they may not believe that alcohol or drugs are the problem. They might keep blaming things on other people, or might blame their job, or the house, or a host of other things. But, really, it's the alcohol or the drugs that created the biggest problem.

Question: *Is there an "average" person who struggles with alcoholism or addiction?*

Answer: No. There is no such person as the "average" person struggling with alcoholism or addiction. They can be young, old, rich, poor, male, or female.

Question: *What is the cure for addiction?*

Answer: There is no cure for addiction. People with alcoholism or other drug addictions can stop the disease process by stopping the drinking or drug use. Those with alcoholism who have completely stopped drinking are called "recovering alcoholics." Those recovering from alcoholism or drug addiction can lead healthy, happy, and productive lives.

Question: *Can family members make a person with addiction stop drinking or using drugs?*

Answer: No. It is important to know that the person with addiction needs help to stop drinking or using drugs, but no one can be forced to accept the help, no matter how hard you try or what you do. It is also important to know that family members by themselves cannot provide the help—the person with addiction needs the help of people trained to treat the disease.

Question: *How many children in the United States have at least one parent who has the disease of addiction?*

Answer: At least 18 million children in our country are growing up with an alcoholic parent. Recent research estimates that one in four children is exposed to alcohol abuse or alcoholism at home. There are countless others who live with parental addiction. There are probably a few in your classroom right now. And remember, some adults grew up with parental addiction too.


People Who Can Help Me

Name	Phone Number

The card below contains contact information of organizations that can help you in an emergency. Cut it out and keep it in a place where you can get to it easily, like in your book bag, pencil case, or school locker. Or take a picture of it to store in your phone.

Contacts for Kids & Teens Who Need Help

Boystown National Hotline <i>Translation services available</i>	800.448.3000, TDD line (1-800-448-1833). Text VOICE to 20121. To chat online or email: www.yourlifeyourvoice.org
CHILDHELP USA National Helpline Crisis Call Center	800.422.4453 800-273-8255 Text HELLO to 741741 Message at facebook.com/CrisisTextLine
Suicide Hotline:	800-784-2433 Text ANSWER to 839863
National Runaway Safeline	1.800.786.2929 To chat online or email: www.1800runaway.org



Part III

Resources

The following is a selective list of informational resources on substance use disorders. For further information, contact the organizations listed below.

SAMHSA - Substance Abuse and Mental Health Services Administration

SAMHSA's National Helpline, 1-800-662-HELP (4357), English & Spanish Confidential, free, 24-hour-a-day, 365-day-a-year, information service, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

Faces & Voices of Recovery

facesandvoicesofrecovery.org/

Facebook: www.facebook.com/facesandvoicesofrecovery

Twitter: @FACESandVOICES

Organizes and mobilizes the over 23 million Americans in recovery from addiction to alcohol and other drugs, families, friends and allies into recovery community organizations and networks, to promote the right and resources to recover through advocacy, education and demonstrating the power and proof of long-term recovery.

NACoA – National Association for Children of Addiction

nacoa.org, Can sign up for e-News

Facebook: www.facebook.com/NACoAUSA

Twitter: @NACoA_USA

Linked In: www.linkedin.com/company/3684228/

Kids Pages: Just4Kids nacoa.org/kidsteens/just-4-kids/

Just4Teens nacoa.org/just-4-teens/

Commits to eliminating the adverse impact of addiction on children and families. For over three decades, NACoA has been raising awareness about the issues facing these children by advocating for policy change, advancing prevention services, and training professionals who work with children. Through its programs, services, and online resources, NACoA brings hope, health and healing to children in need. It provides training to develop trauma-sensitive communities and the programs that help support and heal children living with parental addiction. NACoA's evidence-based whole family recovery program, *Celebrating Families!*[™] serves the family with children from birth to age 18, and is also available in Spanish and in a Native American version.

NIAAA – National Institute on Alcohol Abuse and Alcoholism

www.niaaa.nih.gov, Can sign up for e-News

Twitter: @NIAAAnews

Partnership for Drug-Free Kids

drugfree.org, Can sign up for e-News

Facebook: www.facebook.com/partnershipdrugfree

Twitter: @thepartnership

Instagram: www.instagram.com/thepartnership/

Supports families struggling with a son or daughter's substance use.

CSAT – Center for Substance Abuse Treatment

www.samhsa.gov/about-us/who-we-are/offices-centers/csat

240-276-1660

Promotes community-based substance abuse treatment and recovery services for individuals and families in every community. CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.

Alateen

Facebook: www.facebook.com/AlateenWSO

Twitter: @Alateen_WSO

Instagram: www.instagram.com/alateen_wso/

Teen Corner: al-anon.org/newcomers/teen-corner-alateen/

Quiz: Has your life been affected by Affected By Someone Else's Drinking?: al-anon.org/newcomers/self-quiz/teen-quiz/

Alateen online chat meetings: al-anon.org/newcomers/teen-corner-alateen/try-an-alateen-chat-meeting/

Alateen is for young people whose lives have been affected by someone else's drinking. Sometimes the active drinking has stopped, or the active drinker may not live with us anymore. Even though the alcohol may be gone, and the alcoholic gone or recovering in AA, the children and family are still affected. Many have received help from Alateen or Al-Anon.

Wait21

wait21.org

Educates fellow kids & teens on the science of addiction and how kids can reduce the risk of developing it themselves.

The Cool Spot

thecoolspot.gov

A website specifically designed for 'tweens and teens that offers important facts and explanations about the risks of underage drinking and how to resist peer pressure. Get more informed and find greater confidence dealing with the issues through games, quizzes and animation.

Programs Suitable to Provide on the School Campus

Alateen

Educators with at least two years involvement in Al-anon can create and support an Alateen meeting at school, to be offered after school, during lunch, or as a pullout program. For more information, read "Alateen Meetings in School" part of "Al-Anon Guidelines: The Shared Experience of Al-Anon and Alateen Members:" al-anon.org/pdf/G5.pdf

Children's Program Kit

A collection of curriculum materials, videos, posters and other program support materials can be ordered today. The Kit provides all the tools needed to implement educational support groups for children of clients in treatment for addiction, for educational support groups and other educational prevention activities in schools, and for support groups and educational programs in youth-serving community based and faith-based organizations. The Kit covers curriculum activities for young people ages 5 – 18 (Grades K-12), and includes multiple activities under six topic areas. Training available through NACoA. For more information, visit www.nacoa.org

Student Assistance Programs

A Student Assistance Program (SAP) is a comprehensive (K-12) school based program. It also identifies issues which prevent students from learning and being successful in school and provides education, prevention, early identification, intervention, referral and support groups for affected students. *Help is Down the Hall: A Handbook on Student Assistance* was developed by NACoA for SAMHSA's Center for Substance Abuse Prevention. To access the guidebook: <https://nacoa.org/resource/help-is-down-the-hall/>. Training available through NACoA.

Books for Kids Helping Them Learn About Addiction

- *Kit for Kids*
NACoA, online access: www.kit-for-kids-nacoa.pdf
- *Emmy's Question*
Morningtidepress, St. Augustine, FL, 2007. By Jeannine Auth
- *My Dad Loves Me, My Dad Has a Disease*
MAC Publishing, Bainbridge Island, WA, 1996. By Claudia Black
- *Kids' Power Too! Words To Grow By*
Imagin Works, Dallas, TX, 1996. By Cathey Brown, Elizabeth LaPorte and Jerry Moe
- *My Dad's Definitely Not a Drunk*
Waterfront, Burlington, VT, 1992. By Ellsa Lynn Carbone
- *Dear Kids of Alcoholics*
Gurze Books, Carlsbad, CA, 1988. By Lindsey Hall and Cohn Leigh
- *Up and Down the Mountain*
Small horizons. Liberty Corner, NJ, 1995. By Pamela Leib Higgins
- *Welcome Home: A Child's View of Alcoholism*
Charles Franklin press, Edmonds, WA, 1986. By Judith A. Jance
- *Think of Wind*
One Big Press, Rochester, NY, 1996. By Catherine Mercury
- *The Dragon Who Lives at our House*
Rising Star Studios, LLC, Minneapolis, MN, 2011. By Elaine Mitchell Palmore
YouTube video, book read by author: www.youtube.com/watch?v=9vMzF4C1ERo
- *Alcohol: What It Is, What It Does*
Greenwillow Books, New York, NY, 1979. By Judith S. Seixas
- *I Can Talk About What Hurts*
Hazelden Publishing, Center City, MN, 1993. By Janet Sinberg and Daley Dennis
- *An Elephant in the Living Room*
Hazelden, Center City, MN 1994. By Jill Hastings and Typpo Marion
- *I Wish Daddy Didn't Drink So Much*
Albert Whitman and Co., Niles, IL, 1988. By Judith Vigna
- *Beamer Faces Addiction Series* created by Jerry Moe. Contact Betty Ford Children's Programs for more information.

Books for Teens

- *Alateen: A Day at a Time*
Virginia Beach, VA: Al-Anon Family Groups, 1983.
- *Alateen: Hope for Children of Alcoholics*
Virginia Beach, VA: Al-Anon Family Groups, 1973.
- *The Secret Everyone Knows: Help for You If Alcohol Is a Problem in Your Home*
Brooks, C.; Center City, MN: Hazelden, 1981.

- *For Teenagers Living with a Parent Who Abuses Alcohol/Drugs*
Hornik-Beer, E.; Authors Guild Backinprint.com edition, 2001.
- *Different Like Me: A Book for Teens Who Worry about Their Parent's Use of Alcohol/Drugs*
Leite, E. and Espeland, P.; Center City, MN: Hazelden, 1989.
- *Coping with an Alcoholic Parent*
Porterfield, K.; New York, NY: Rosen Publishing Group, 1985.

Books for Parents

- *Straight Talk from Claudia Black: What Recovering Parents Should Tell Their Kids about Drugs and Alcohol*
Center City, MN; Hazelden, 2003.
- *The Family Recovery Guide: A Map for Healthy Growth*
Brown, S., Lewis, V., and Liotta, A.; New Harbinger Publications, 2000.
- *Growing Up Again, Parenting Ourselves, Parenting Our Children*
Clarke, J. and Dawson, C.; Center City, MN: Hazelden, 1998
- *The Lowdown on Families Who Get High: Successful Parenting for Families Affected by Addiction*
Diaz, P and O'Gorman, P. Washington, D.C.; Child & Family Press, 2004.
- *Raising Self-Reliant Children in a Self-Indulgent World*
Glenn, S., Nelson, J.; Rocklin, CA: Prima Publishing, 1988.
- *Positive Discipline for Parenting in Recovery*
Nelson, J.; Empowering People Books, 2007.
- *Parenting One Day at a Time: Using the Tools of Recovery to Become Better Parents and Raise Better Kids*
Packer, A.; Center City, MN: Hazelden, 1996.
- *Raising Healthy Children in an Alcoholic Home*
Wood, B.; New York, NY: Crossroad Classic, 1992.

Books for Educators and Support Group Providers

Resources authored by Jerry Moe

- *Understanding Addiction and Recovery Through a Child's Eyes: Hope, Help, and Healing for Families*
An eye-opening book for recovering addicts and alcoholics with stories of hope and resilience from children living in the shadow of family alcoholism or drug addiction, written for parents and professionals.
- *Kids' Power: Healing Games for Children of Alcoholics*
This unique book presents games and activities designed specifically for children from alcoholic and other drug addicted families. All games and activities, kid-tested with young people, stress trust and teamwork in a safe atmosphere where everyone wins.
- *Conducting Support Groups for Elementary Children K-6: A Guide for Educators and Other Professionals*
This clear and easy-to-use guide helps teachers and other professionals give children the guidance and structure they so sorely need to develop healthy living skills and deepen their resilience. It's packed with practical information for developing programs and working with children in a small group setting.
- *Discovery...Finding the Buried Treasure: A Prevention/ Intervention Program for Youth from High Stress Families*
A step-by-step prevention and intervention program for youth from high stress families. It includes more than 55 games and activities which impart healthy living skills so children can talk openly, share feelings and learn about family problems.

The

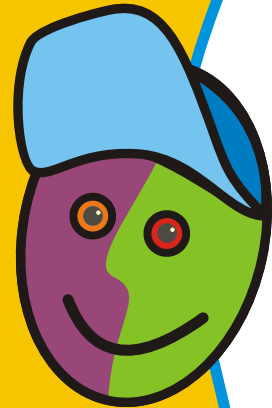
SEVEN



ES



I didn't **cause** it.



I can't **control** it.

I can't **cure** it, *but*

I can help take **care**
of myself by

Communicating

My feelings,

Making healthy **choices,**

and

celebrating me



To help your students...

Call NACoA at 1-888-55-4COAS and order the *Kit for Kids* and the *Kit for Parents*



Quantity discounts available

Publications Coming Soon - Contact NACoA



Training Available through NACoA
nacoa@nacoa.org



Free Download:
nacoa.org/student-assistance-programs

