Child Perspectives on Substance Abuse
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Child Development 101

Children's Vulnerability
- Age
- Lack of experience
- Inability to express thoughts, needs
- Brain neurochemistry
- Open to behavioral models

Good Parenting
- Consistency
- Open communication
- Expression of feelings
- Boundaries
- Structure
- Rubber band independence

Parenting Under the Influence

Prenatal Exposure
Alcohol
- Lifelong problems
- Mental retardation
- Difficulty knowing right from wrong
- Problem solving issues
- Poor coordination

Other Drugs
- Unclear re: duration
- Limited abstract thinking
- Impulse control
- Sensory Integration
- Learning problems
- Tough to soothe as infants
- Impulse control
How Drugs Affect Parenting

- Extreme discipline
- Unrealistic expectations of child
- Blame child
- Role reversal
- Isolation
- Illegal activity
- Low frustration tolerance

- Extreme mood changes
- Inconsistency
- Under-responsive/neglect
- Focus on parent’s needs
- Closed communication

Related Situations

- Poverty
- Low parental education
- Parental mental illness
- Homelessness
- Custody changes
- Inadequate nutrition
- Poor prenatal care

Moms and Drugs

- Guilt and shame
- Worried about CPS involvement
- Feel ineffective and incompetent
- Low bonding with baby
- Intolerance of child behaviors
- Insensitivity to child development
- Prenatal AOD use
- Punitive and severe discipline

Dads and Drugs

- Heightened sensitivity, lower tolerance to infant’s needs
- Drinking by dad → drinking by teen

Assumptions

- Children affected by all stages of use
- Effects become lifelong baggage
- COAs are not COSAs
- Not just about parent and child
- Parental substance abuse yields:
  - Negatives and risks
  - Positives
    - Resiliencies – despite experiences
    - Coping/Strengths – because of experiences

Effects on Children: Active Addiction
Complicating Factors
- Parent’s own experience with parental substance abuse
- Child’s personality, temperament, and needs

Impact of Parental Addiction: Critical Factors
Parent’s Use
- Pattern of use
- Drug of choice
- Rate of addiction
- Duration of addiction
- Timing of treatment and recovery
- Relapse?
- Parent’s gender and role

Child Factors
- Age of child at onset/height
- Child’s personality
- Protective factors

Other Factors
- Family living situation
- Access to family support
- Family dynamics
- Systems involvement

Home Life
- Shame, blame, guilt, anger
- Denial and secrecy
- Neglect
- Role reversal
- Mistrust
- Social isolation
- Inconsistency
- Violence and conflict

Consequences for Children
- Ignored
- Schoolwork suffers
- Parentified
- Afraid to bring friends home
- Pulled into conflicts
- Hard to concentrate
- No access to emergency services
- Chaotic family structure
- Lack good role models
- Family violence
- Neglect

Sibling Relationships
- Parental addiction may alter relationship
  – Strengthen (caregiving)
  – Weakening (role reversal)
- Later may be only source of family connectedness

How Children Feel
- Sad
- Afraid
- Lonely, invisible
- Traumatized
- Angry
- Worried
- Love parent
- Ashamed
- Guilty, responsible
- Embarrassed
- Parental
- Confused
- Depressed
- Anxious
- Loyal to parent
- Hopeful
Children’s Confusion

• Parents’ behavior
• Psychopharmacology
• Their own role in cause and control
• Commonality of situation

General Behavioral Issues

• Academic – difficulty concentrating, behavioral disruption, truancy, learning challenges
• Social – withdrawn, bullying, delinquency, amorality
• Emotional – psychosomatic, low self-esteem, withdrawal, depression, mood lability, irritability
• Conduct – aggression, poor frustration tolerance, hyperactivity, delinquency

Behavior Problems: Younger Children

• Eating
  – Overeating, hoarding food, failure to thrive
• Sleeping
  – Nightwaking, night terrors, refuse to go to sleep alone, refuse going to bed
• Toileting
  – Encopresis, Enuresis, refusing to use toilet
• Difficult to manage
  – Tantrums, overactive, self-endangering behavior, indiscriminate social behavior
• Aggression
  – towards caregiver, towards peers
• Sexualized behavior
  – Masturbation, simulating sex with peers or toys

Behavior Problems: Older Children and Teens

• Experiment with AOD
• School problems
• Social problems
• Run away
• Withdraw/ignore
• Perfectionism
• Alternative relationships
  – Gangs
  – Romantic partners
  – Destructive friendships
• Doesn’t trust
• Hypervigilant
• Hoards
• Aggression/anger
• Psychosomatic problems
• Anxious/depressed
• Comedy

Special Issues for Teens

• Friendships
• Romantic relationships
• After-school jobs
• Homework
• Keeping up with household chores

Resiliency, Protective Factors, and Coping Skills

• Resiliency
  – Successful adaptation despite challenges
  – Personality traits + environment
  – Dynamic process
• Enhanced by protective factors
• Coping mechanisms
  – Survival skills
  – Contextual
  – Developed because of negative experiences
Effects on Children
Treatment and Separation

Treatment without Separation
- Focus on treatment, not child
- Homeostasis evolves with parent and child together
- Requires supportive home environment

Separation & Treatment: What Happens At Home
- Additional responsibilities
  - Child / elder care
  - Financial
  - Visiting
  - Treatment mandates
- Expectations and requests for change
- Awkwardness of visits
- Trying new skills – awkward
- Communication altered
- Absent family member

Separation: Child’s Experience
- Immediate reaction ≠ long-term adaptations
- Age of child affects presentation
- More placements, more severe reactions
- AD/HD overdiagnosed, PTSD underdiagnosed
- Behavior may seem willful but may be survival oriented
- Regardless of permanency plan, separation issues need to be dealt with therapeutically for child to do well

Separation: Short-Term Effects
- Eating and sleeping disorders
- Depression
- Emotional withdrawal
- Acting out
- School problems
- Symptoms often misdiagnosed

Separation: Long-Term Issues
- Loss and abandonment
- Fearful re: parent
- Alternate caregiving
- Parental apologies
- Knowledge of parent’s location?
- Limited contact (tx imposed)
- Fantasies and expectations
- Come to terms with parent’s limits
Separation: By Age

- **Younger children** – disorganization, better adjustment long-term than children first separated when older
- **Late childhood** – maladaptive behavior
- **Teens** – sexual misconduct, truancy/delinquency, substance abuse, gang involvement

Separation: Implications for Practice

- Sibling contact extremely important to sense of continuity
- Contact and continuity with parent is important
- Children’s support needs are great
- Caregivers need help understanding children’s behaviors

Child Issues with Treatment

- Mother/child program – limits to number and age of children
- Treatment mandates reduce attention to child
- Restricted contact
- Limited staff skill and capacity

Visit Issues for Children

- Unfamiliar parent
- Awkward environment
- Conflicted feelings
- Loyalty splits
- Context of visit – affect parent/child mood
- No entertainment, activities
- Supervision makes awkward
- Non-natural context

Effects on Children Recovery, Reunification and Relapse

- New homeostasis
- Recovery the parent’s #1 priority
- Fantasies – unrealized
- Denial of family issues
- No chemicals as a buffer
- Relapse possibility
- Reunification issues
A Child’s View of Recovery

- Change is scary, even if desired
- What is my role now?
- Confusion about “meetings”
- Resentful about slogans and terminology
- Expect “all better” but parental relationship may be worse
- New limits and rules

Child Ambivalence about Reunification

- Anger about past
- Scared about relapse
- Avoid promises – lack of trust
- Don’t want rules and structure
- Feelings about sibling’s living arrangements
- Scared that have lost place in family
- Strong bond with caregiver
- Reluctance to leave alternate home or neighborhood
- Don’t want to leave friends or school

Family Dynamics: Reunification

- Parent tries to resume authority and discipline
  - Kids don’t like this
- Parent extensively focused on recovery
  - Family is impatient and feels ignored
- Kids begin to act out – to test tolerance and limits
  - Parents are confused, surprised and hurt
- Parents have high expectations
  - Unwilling to ask for help

When Families Reunify: Testing Behavior

- Tantrums
- Defiance
- Jealousy
- Nightmares
- Clinging behavior
- Hypervigilance
- Parental surprise

Reunification: Other Issues

- Unification, not reunification
- Child may be stranger to parent
- Reality v. fantasy
- Child’s problems
- Emotional baggage
- Grief and loss for past home/caregiver
- Renegotiate authority lines
- New families

Relapse

- Dashed hopes
- Confirmation of untrustworthiness
- Child may re-enter care
- Renewed separation – erodes attachment
- Pre-recovery state for child
Interventions and Support

What Children Need
- Developmental screenings
- Early intervention
- Reassurance
- Prevention
- Support
- Education
- Honest explanations
- Counseling (i.e., transition points)
- Identification of resiliency and strengths
- Reunification support

Mental Health Evaluation
- Presence of trusted adult (wait at least one month after placement)
- Interdisciplinary – to understand multiple issues
- Re-evaluated 2x/year until age three
  - Uneven emergence of skills
  - Children’s vulnerability to stress
  - Frequent maturational changes

Recommended Mental Health Assessment Schedule
- First visit – mental and physical health screening within 48 hours of placement
- Comprehensive pediatric eval – 30 days
- Interdisciplinary developmental eval and mental health eval btw 30 – 60 days
- Reevaluation every 6 months

Key Responsibilities
- Screenings
  - Mental health
  - Developmental
- Recommend early intervention
- Ask about strengths and resiliency
- Reunification support and counseling