

National Association for Children of Alcoholics

Social Work Initiative

Introduction To Working With Children Of
Parents With Substance Use Disorders

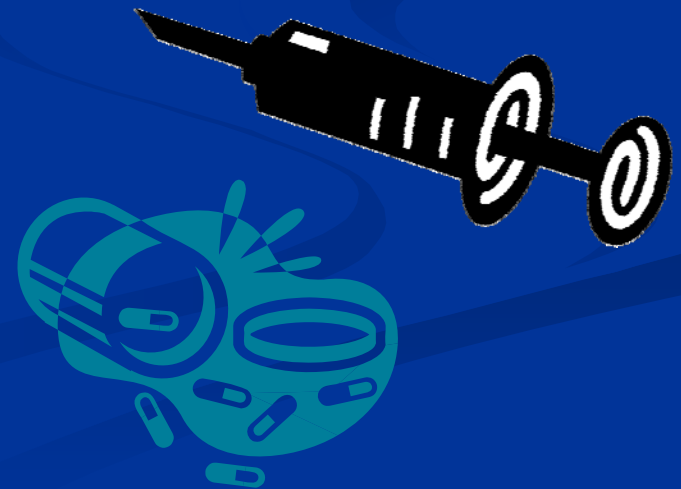
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Substance Use Disorders (SUD)

Substance Use Disorder

- General classification for maladaptive patterns of use of alcohol or other drugs that result in significant distress or functional impairment (DSM IV-TR, American Psychiatric Association, 2000).



Substance Abuse

- Persistent and repeated use of substances resulting in adverse consequences in an individual's life over a 12 month period:
 - uses substances even though they are experiencing problems in their life
 - using substances in a physically hazardous situation
 - legal problems
 - social or interpersonal problems (DSM-IV-TR, American Psychiatric Association, 2000).

Substance Dependence

- More severe disorder than substance abuse
- Characterized by compulsive drug taking behavior and possibly physiologic dependence
- Physiologic dependence (tolerance and withdrawal) is not necessary or sufficient for a diagnosis of substance dependence to be given (DSM-IV-TR, American Psychiatric Association, 2000).

Compulsive Drug Taking Behaviors

- Uses more of a substance than intended or uses it over a longer period of time than intended;
- Persistent desire or efforts to cut down or control use;
- Spends a lot of time focusing on the substance either obtaining it, using it, or recovering from its effects;
- Gives up important social, occupational, or recreational activities because of substance use;
- Continues to use the substance despite the serious effects that it is having on his/her life.

Physiologic Dependence

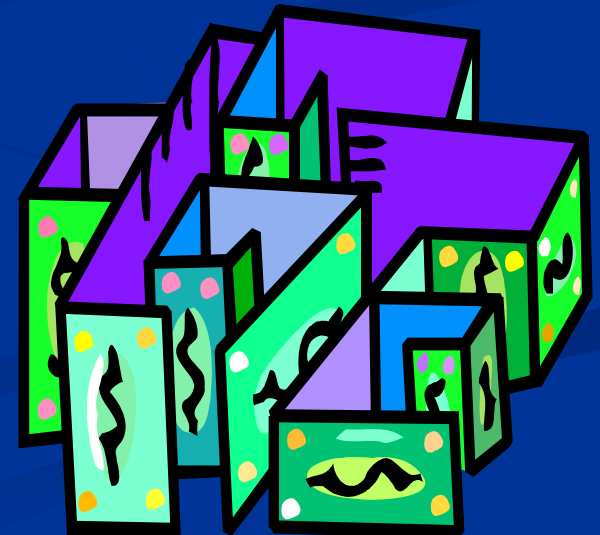
- **Tolerance** - need for a higher dose of the substance to achieve intoxication or the desired effect; may also be exhibited by a diminished effect even though the dose is unchanged.
- **Withdrawal** - symptoms occur when the blood or tissue concentration of a substance that has been used heavily over a prolonged period of time decreases. Withdrawal symptoms vary across drug classes, but generally are physiological, cognitive, and behavioral in nature. Individuals will attempt to reduce or avoid withdrawal symptoms by using the substance.

Prevalence SUD

- 22.5 million (9.4 percent of the total population) were classified with SUD.
- Of these, 3.4 million were dependent on or abused both alcohol and illicit drugs;
- 3.9 million were dependent on or abused only illicit drugs;
- 15.2 million were dependent on or abused only alcohol (SAMHSA, 2005).

Etiology of SUDs

- Multiple and complex pathways lead to the development of SUDs.
- Research shows that genetic, biological, familial, psychological, and social-cultural factors influence the development of SUDs.
- The degree to which each factor contributes to the development of addiction problems varies across individuals.



Theoretical Models

Disease Model

- Most widely accepted model of addiction in the US today.
- Alcohol and drug addiction is seen as a “primary disease” that is not secondary to another disorder or condition.
- It is chronic, progressive, and (if left untreated) fatal.
- It has biological, psychological, social, and spiritual components.

Disease Model - Alcoholism

- A primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial (National Council on Alcoholism and Drug Dependence [NCADD], 2006).

Disease Model – Drug Addiction

- NIDA views addiction as a brain disease. Drug usage interferes with normal brain functioning and creates the “high” feeling. Over time brain metabolism and activity is affected. At some point the changes that occur in the brain turn drug abuse into a chronic relapsing illness (addiction) that does not get better without treatment.

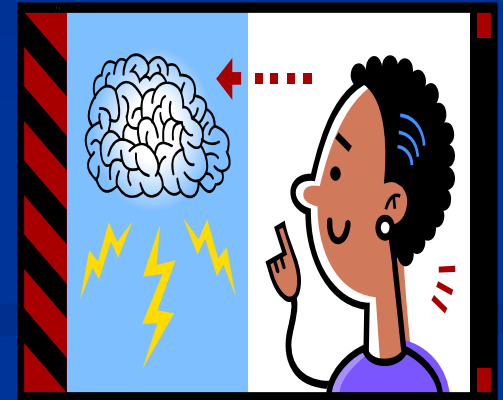
Disease Model - Treatment

- Treatment is focused on achieving abstinence and engaging in a life long recovery process.
- Interventions are designed to address the bio-psycho-social complexities of the disease, e.g. medical treatment, cognitive restructuring, social skills training, family therapy, and group therapy.
- Individuals are encouraged to attend Alcoholics Anonymous, Narcotics Anonymous, or other self-help groups.



Cognitive Behavioral Models

- Less widely applied as a unitary explanation for the etiology of SUDS than the disease model in the US.
- Extensive empirical support for the efficacy and effectiveness of cognitive behavioral interventions in affecting substance use behaviors exists.
- Cognitive behavioral interventions are increasingly being incorporated into addiction treatment programs regardless of the program's philosophical underpinning, i.e. disease model vs. cognitive behavioral model.



Cognitive Behavioral Models

- Substance use behaviors are the result of the cognitions (thoughts, beliefs, understandings and feelings) that precede it.
- Cognitions such as, expectancies, self-efficacy, and attributions mediate the pathway from the stimulus to the substance use response.
- Operant and classical conditioning contribute to ongoing substance use.

Cognitive Behavioral Models Treatment

- Coping skills training
- Relapse prevention training (based in social learning theory)
- Cue exposure and urge surfing
- Family interventions (based in family behavioral models).
- May encourage participation in SMART Recovery.

Family Models

“Family” is relevant because:

- Substance use may influence family functioning
- Family functioning affects substance use/abuse
- SUD’s “run in families”



Family Disease Model

- Disease of addiction affects families as well as individuals.
- The disease develops in the individual who has the SUD and is maintained via family functioning.
- The disease manifests itself in other family members in the form of “co-dependency”.
- The codependent family members engage in roles and enabling behaviors that maintain the family disease.

Family Disease Model - Continued

- Codependency is characterized by the “loss of self” and the external focus on gaining control.
- The codependent family members are affected individually :
 - experience shame, emotional numbing, low self-esteem, depression, anxiety, rage, and interpersonal problems.
- Families are encourage to attend Al-Anon (and Alateen for adolescents and teens).

Family Systems Models

- Family homeostatic functions preserve balance for the system as a whole, regardless of “cost” to individual members.
- Individual’s alcohol use disorder “serves” a family “stabilizing” function and system maintains the behavior to prevent change.



Family Behavioral Model

- Family can affect recovery if they:
- Provide drinking stimuli/cues (-)
- Model drinking (-) or other “coping strategies” (+)
- Influence vulnerability (+ or -)
- Reinforce or punish sobriety efforts (+, -)
- Prevent negative consequences from being experienced (-)



Effects of Parental SUDs on Children

Prevalence COAs

- 1 in 4 (28.6%) children in the US is exposed to familial alcohol abuse or dependence (Grant, 2000).
- Of the 70 million children who resided with at least one parent in the US in 2001, over 6 million (9 percent) lived with at least one parent who abused or was dependent on alcohol or an illicit drug.
- Of these children, more than 4 million resided with a parent who abused or was dependent on alcohol only,
- 1 million lived with a parent who abused or was dependent on an illicit drug, and
- .5 million resided with a parent who abused or was dependent on both alcohol and an illicit drug.
(SAMHSA, Office of Applied Studies, 2003).

Fetal Exposure to Substances

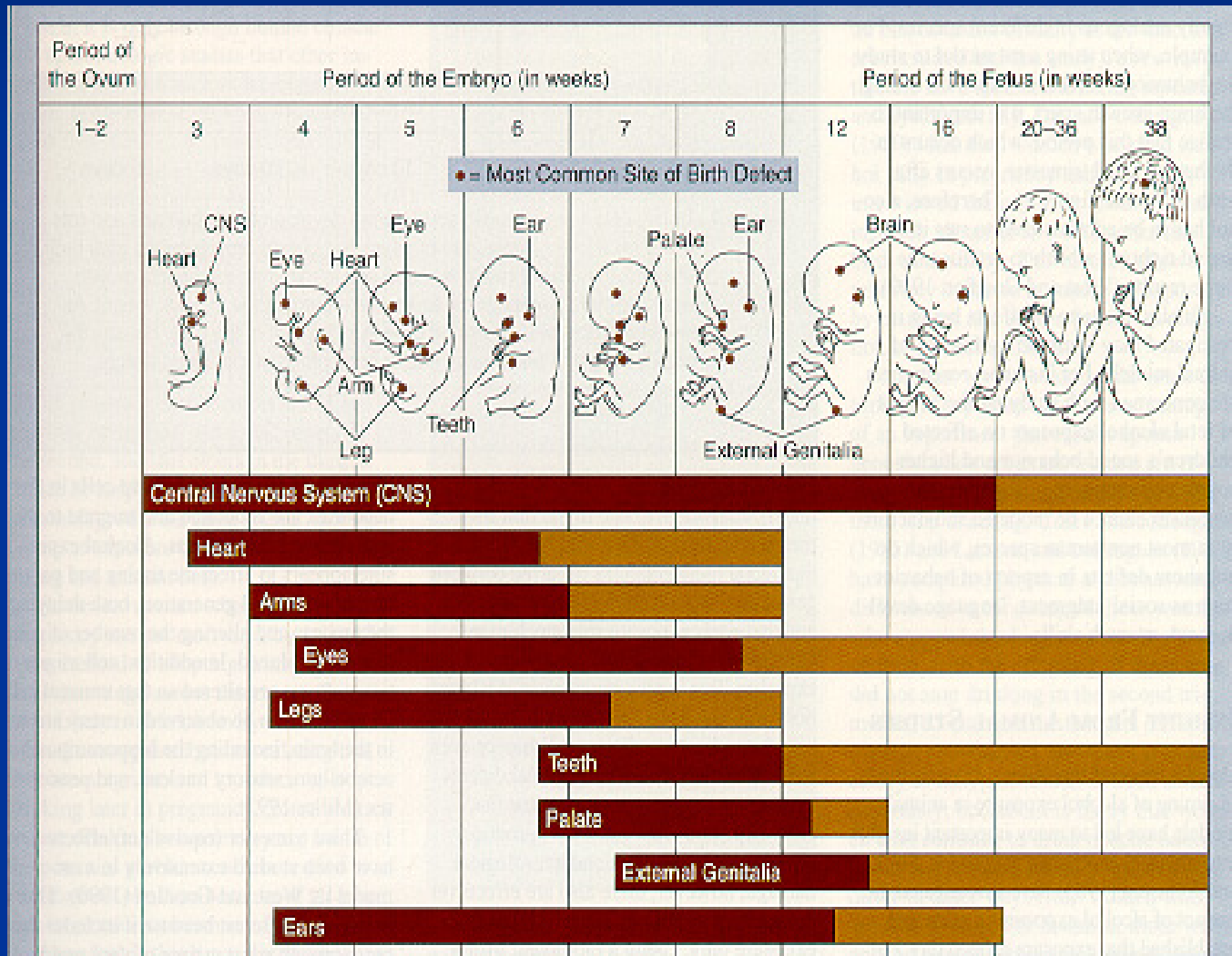
- Neonates are at risk for experiencing problems associated with their mothers' alcohol or other substance use while pregnant.
- Substance abuse is typically associated with other factors such as poor prenatal care, risky environments, medical problems, and co-occurring psychiatric problems which can contribute to the problems that infants experience.



Fetal Alcohol Spectrum Disorders

- Fetal Alcohol Spectrum Disorders (FASD) include:
 - Behavioral problems
 - Cognitive impairments
 - Birth defects.
- These effects can endure throughout the life of the child.
- One severe consequence of fetal alcohol exposure is Fetal Alcohol Syndrome (FAS).

Alcohol Exposure and Phases of Embryo/Fetal Development



FAS

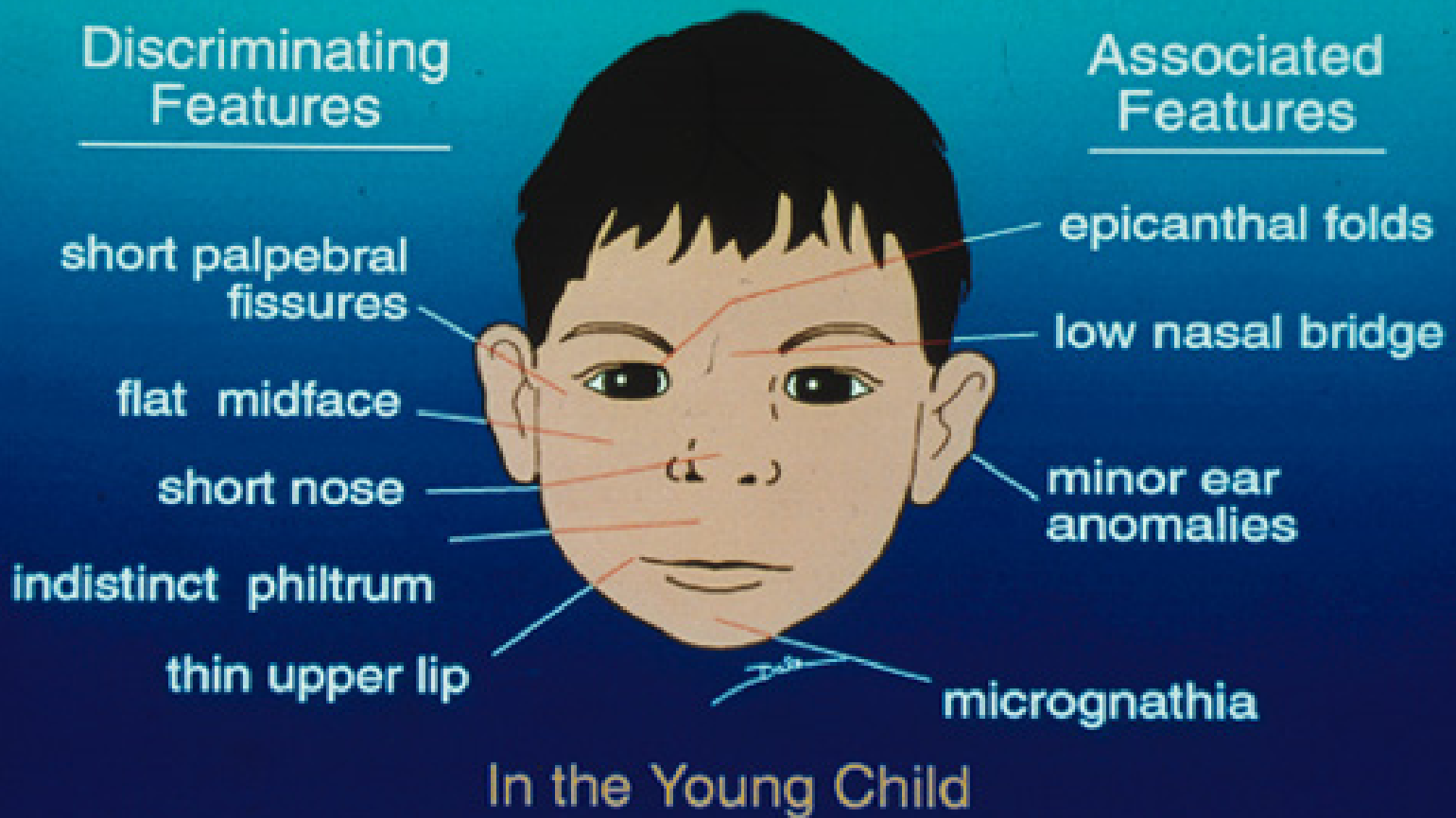
- FAS is the leading cause of preventable mental retardation in the United States.
- It is characterized by prenatal and postnatal growth retardation, central nervous system impairment, and dysmorphic facial features.

Recognizing FAS

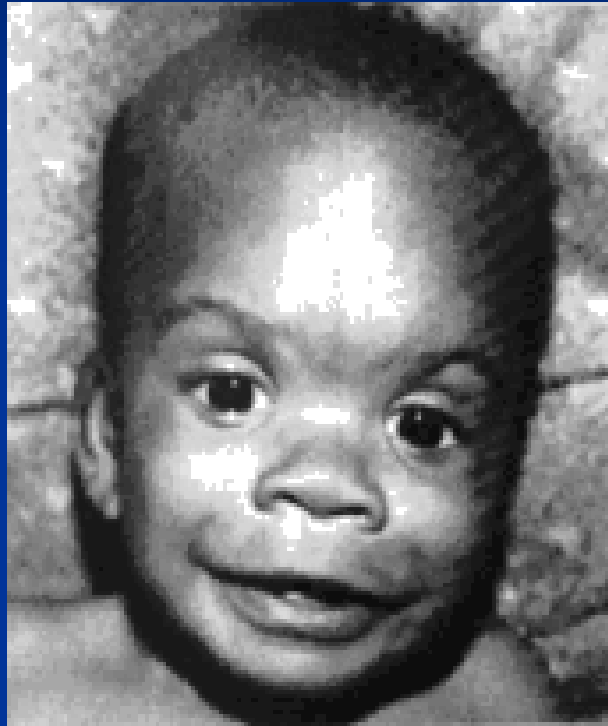
- Physical Growth Patterns:
 - Head circumference below 10th percentile
 - Underweight
 - Height/length shortened



FAS Facial Features



Fetal Alcohol Syndrome



Facial feature characteristics

(www.taconic.net/seminars/fas-b.htm.)

Fig. A:
Fetal Alcohol Syndrome, Diagnosis, Epidemiology, Prevention, and Treatment.
(Institute of Medicine, 1996).

A



C



B

Fig. B:
Reprinted with permission from Clarren & Smith, (1978). Copyright 1978 by the *New England Journal of Medicine*, Massachusetts Medical Society.



D

Figs. C and D:
Reprinted with permission from Jones et al. (1973). Copyright 1973 by the *Lancet Ltd.*

Fetal Exposure to Drugs

- Specific syndromes that can be associated with specific drugs, as is the case with FAS and alcohol, have not been identified.
- It is difficult to gather accurate information on specific combinations and dosages of drugs that a mother may have used.

Conditions Drug Exposed Infants are at Risk For

- Prematurity
- Small gestational age
- Failure to thrive
- Neurobehavioral symptoms (including withdrawal symptoms)
- Infectious diseases
- Urogenital abnormalities
- Myocardial infarction
- Blood flow restriction
- Sudden infant death syndrome

Effects of Parental SUDs on Children

- Hyperactivity
- Attention deficit disorder
- Lower IQ
- School absenteeism
- Behavior problems
- Delinquency
- Cognitive problems
- Alcoholism
- Drug addiction
- Emotional instability
- Social maladjustment
- Anxiety
- Depression
- Poor social support
- Low self-esteem

Effects of Parental SUDs on Children

Continued

- Effect may occur as a result of:
 - Direct biological effect related to either exposure to drug effects via parental use (i.e., cognitive problems related to fetal drug exposure)
 - Genetic vulnerability (i.e., to the development of substance use disorders)
 - Social factors (i.e., poor parenting, family dysfunction)

Determinants of COA's degree of Vulnerability to Adverse Events

- The nature of the event.
- The duration of the event.
- The dosage or intensity of the event.
- The presence of mitigating or compensatory factors in the environment.
- Intrinsic and acquired resiliencies.
- Interpretations of the events.
- Resources for coping with the events.

Resilience

- Many COAs exhibit resiliency.
- Despite the risks that they are exposed to, they enjoy good health from birth, experience a positive environment at home, and develop rather normally into socialized, competent, and self-confident individuals.

Protective Factors

- The presence of caring adults and peers in the life of the COA (non-substance abusing parent, teachers, community group leaders, friends, parents of friends, siblings, aunts, uncles, grandparents, and etc.) support the development of hope, self-esteem, and self-confidence which seem to be the keys to transcending growing up with an addicted parent (Werner & Johnson, 2000).

Helping Strategies

Assessment

- Social workers should routinely incorporate questions about substance use into assessments on adults, children, and families.
- Individuals should at least be asked about what substances they use and how often they use them.
- Individuals should also be asked about the substance use behaviors of other members of their family.
- Asking the simple screening question “Have you ever been concerned about someone in the family who is drinking alcohol or using drugs?” can open a frank discussion about substance abuse in the family (Adger et al., 2004).

Indicators of SUDs in Individuals

- Loss of interest in activities that were previously enjoyed
- Changes in personality (shifts in values, attitudes, beliefs, and personal style)
- Changes in appearance (neglects hygiene, neglects appearance)
- Reduced memory and concentration
- Emotional problems (anxiety, depression, anger, agitation, mania)
- Financial problems (finances are drained)
- Legal problems (driving under the influence, disorderly, assault, theft, drug distribution)
- Health problems (liver disorders, stomach problems, HIV/AIDS, hepatitis, etc.)
- Family problems (fighting, violence, absence)
- Work problems (tardy, absenteeism, intoxication, hangover)

CAGE

- Have **you** ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed **you** by criticizing your drinking?
- Have **you** ever felt bad or **G**uilty about your drinking?
- Have **you** ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

CAGE-AID

- Have **you** ever felt you should **C**ut down or stop drinking or using drugs?
- Have people **A**nnoyed **you** by criticizing you for your drinking or drug use?
- Have **you** ever felt bad or **G**uilty about your drinking or drug use?
- Have **you** ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

Family CAGE

- Have you ever felt that anyone in your **family** should **C**ut down on their drinking?
- Has anyone in your **family** ever felt **A**nnoyed by criticisms about their drinking?
- Has anyone in your **family** ever felt bad or **G**uilty about their drinking?
- Has anyone in your **family** ever had a drink first thing in the morning to steady their nerves or to get rid of a hangover (**E**ye opener)?

Scoring the CAGE Instruments

- Item responses are scored 0 or 1 (no = 0, yes = 1). A higher score is indicative of substance abuse problems. A total score of two or more is considered to be clinically significant and the individual or family should be further assessed for substance abuse problems. Many authors suggest that even one positive answer is clinically significant and warrants further assessment (Adger, et al., 2004).

Child Indicators of SUD in the Family

- Behavioral problems – internalizing behaviors (e.g. depression and anxiety) or externalizing behaviors (e.g. defiance, aggression, rule breaking)
- Emotional problems
- School difficulties- absenteeism, tardiness, poor performance
- Recurrent episodes of trauma or injuries
- Vague somatic complaints
- Shabby appearance

Prevention & Intervention

Need for Intervention

- Given that COAs are a heterogeneous group, there is no specific prevention or intervention strategy that is indicated for all of them.
- It is important to note that many COAs do not exhibit problems and that COAs should not be pathologized simply because they are COAs.
- Many COAs function well and only need information, support, and guidance.
- Social workers should carefully assess the child's situation and provide support or interventions at the level that would best meet the individual needs of the child.

Prevention Programs

- Universal Prevention – Applied to all children in a natural group setting (e.g., school). It reaches the most children and is non-stigmatizing.
- Selective Prevention – Applied to children who have been identified as COAs in natural group settings.
- Indicated Prevention/Intervention – Applied to children who are exhibiting problems related to being COA.

Intervention Programs

- Typically offered in groups.
- Student Assistance Programs are uniquely positioned to provide unobtrusive services.
- Substance abuse treatment programs sometimes offer groups for children.
- Free standing COA programs
- Treatment in general mental health or primary care settings
- Alateen

Barriers to Treatment for COAs

- Fear of how they will be perceived if others find out that they go to treatment.
- Parents may refuse to consent to the treatment.
- Parents may refuse to participate in treatment with the child.
- If the parents do participate, the child may be fearful of disclosing their feelings in front of the parent.

What Can Social Workers Do?

- Routinely assess individuals, children, and families for substance abuse problems.
- Provide education and support to COAs.
- Provide interventions and referrals to COAs and their families as appropriate.
- Match interventions to the needs of the child.
- Advocate for COAs at the agency, school and community levels.
- Teach COAs the seven Cs.

The Seven Cs

- You didn't **Cause** it;
- You can't **Cure** it;
- You can't **Control** it;
- But you can help take better **Care** of yourself by
 - **Communicating** your feelings;
 - Making healthy **Choices**, and
 - **Celebrating** yourself.