SELF-STUDY COURSE

Alcohol Use Disorder and Addiction: Effects on the Family

Updated December 2023

4.0 Training Hours

This self-study is derived on the following sources:

Children of Alcoholics: Growing Up with an Alcoholic Parent American Addiction Center
https://americanaddictioncenters.org/alcoholism-treatment/children

Alcohol Use in Families (May 2019) American Academy of Child and Adolescent Psychiatry
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Of-Alcoholics-017.aspx

It Will Never Happen to Me: Children of Alcoholics Claudia Black Central Recovery Press

Helping Children of Adults with Alcohol Use Disorder American Addictions Center alcohol.org
https://alcohol.org/helping-an-alcoholic/children-of-alcoholics/ January 2023

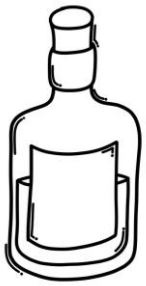
National Institute on Alcohol Abuse and Alcoholism "Understanding Alcohol Use Disorder"
https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

The questionnaire at the back of this course is a way for the Alaska Center for Resource Families to assess that you have read and understood the information provided. In order to obtain training hour credit for this course, please complete the questionnaire and return it to the address below. You may keep this self-study for further reference.

Alaska Center for Resource Families
815 Second Avenue Suite 202
Fairbanks, Alaska 99701

1-800-478-7307 or 479-7307

Published by the Alaska Center for Resource Families, for the State of Alaska DFCS, OCS. (2023)



ALCOHOL USE DISORDER AND ADDICTION
PART 1: Introduction to the Topic

In Alaska, about 80% of children who come into the child protection system live in families affected by alcohol use disorder and substance abuse disorder. Alaska's high alcohol use rate permeates many aspects of our life. Nowhere is it more damaging than in the life of a family. When addiction to drugs, alcohol or gambling impact one member of the family, *everyone* in the family is affected.

This self-study focuses on addictions to chemical substances with a focus on alcohol. The Office of Children's Services and its foster care system becomes involved when the use of alcohol or drugs puts children at risk. In child protective services, the central issue is *does the drug and alcohol use of parents put the children in their care at risk for harm or neglect?* The following are several examples of how a child can be hurt by substance abuse in the family.

Sammy is an 11-year-old boy with a big-toothed smile, an affectionate disposition and the emotional age of about four years of age. He shows the tell-tale facial characteristics of Fetal Alcohol Syndrome -- a flat mid face, eyes that seem too far apart, ears that stick out from his head, and no groove above his lip. He is very small, appearing to be about six years old. He is in special education at his local school. His mother died from the results of alcohol use when he was seven. His four other siblings are also in foster or adoptive homes. Sammy is now in a pre-adoptive home, but he has lived in five other foster homes during this lifetime.

ꕥ

When Cindy's mother would party on weekends, she put 9-year-old Cindy and her two younger brothers in the bedroom, close the door, and tell them to stay there. Cindy read stories to her brothers and played games with them for hours. She would sneak them into the bathroom only when the younger kids would threaten to wet their pants. Cindy's mom and her mom's boyfriend would drink and smoke crack in the living room with an ever-changing group of people. Some nights, after her mom would fall asleep on the couch, the boyfriend would wake up Cindy to "play" with her. This meant taking her into a different bedroom and molesting her.

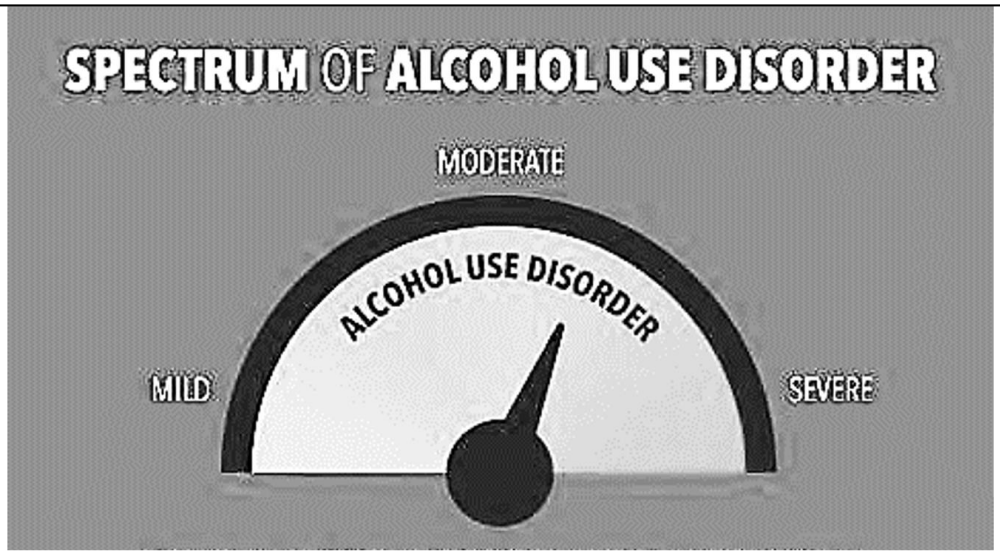
ꕥ

Two-year-old Robert and four-year-old Maggie were scheduled to be reunited with their father after he completed a residential treatment program for cocaine and marijuana addiction as part of a court sentence. Dad was doing well and visits were very enjoyable between the children and their father. Shortly after his release, Dad met up with some old friends and started using again. He is back in treatment. OCS has extended custody and foster care placement for the children. Robert and Maggie's current foster family is expecting a new baby in two months, so the social worker is scrambling to find a foster family that can take in two more children.

ꕥ

Alcohol Use Disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse.

Published by the Alaska Center for Resource Families, for the State of Alaska DFCS, OCS

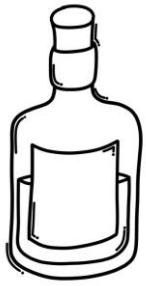


Graphic #1: *From National Institute on Alcohol Abuse and Alcoholism*

Children can be directly, indirectly or physically impacted by alcohol. Sammy shows the physical and neurological signs of a woman who drank during pregnancy. Cindy is a victim of neglect and of sexual abuse. Her mother is unable to provide basic supervision and protection for her children due to her drug use. Robert and Maggie are suspended in the foster care system while their father struggles with his addiction and OCS decides about the children's care.

When a parent or primary caregiver has an alcohol use problem, children in the home can experience a wide range of cognitive, behavioral, psychosocial, and emotional consequences.[1] Many of these children are regularly exposed to chaos, uncertainty, disorganization, emotional and/or physical neglect, instability, arguments, marital problems, and more.[2] As a result, these kids may experience or exhibit anxiety, depression, antisocial behavior, relationship difficulties, behavioral issues.

While the American Academy of Child & Adolescent Psychiatry reports that 1 in 5 adults in the U.S. lived with an alcoholic relative while growing up, children all react differently to these circumstances.[4] Some children may develop severe or persistent effects while others may experience minimal lasting effects. Additionally, these struggles and adversities might also lead to the development of healthy coping mechanisms that can help them better respond to challenges throughout their lives.[5] It's also important to note that some of these effects may not be directly due to alcohol or substance misuse but rather to co-occurring risk factors, such as poverty, conflict, and lack of family structure. Risk factors associated with substance use disorders (SUDs), which also include marital discord and unstable homes, can impact children even without the presence of a Substance Use Disorder.



ALCOHOL USE DISORDER AND ADDICTION
PART 2: The Process Of Addiction

What is an addiction? We joke about being addicted to soap operas, to chocolate, to fast cars or to certain foods. We recognize that some things are so compelling we seem to lose our ability to say "no." This casual use of the word addiction contains some kernel of truth.

> ***Addiction*** *is the social, psychological or physical dependence on a chemical substance.*
> ***Addiction*** *is when a person cannot stop using a chemical substance even though it causes serious problems in that person's life.*

Addictive substances include alcohol, illegal drugs, prescription or over-the-counter drugs, or inhalants. A person with an addiction has a very strong urge to use the alcohol or other drugs. As addiction progresses, the person loses control over this urge. A person continues to use even when alcohol or drug use causes difficulty with family, friends, job, school, money, health or the law. A person can have a *physical dependency* or a *psychological dependency* or both. First, alcohol and drugs change the way the brain works. The more of a drug the person uses, the more the brain changes. The brain begins to need the drug just to feel normal. Without the drug, the person will feel sick and anxious. This is *physical dependency*. Second, the person learns to use drugs or alcohol to feel good or to cover up powerful feelings such as fear, shyness, loneliness, anger or boredom. Use of drugs and alcohol can also mask feelings of grief, loss, sadness and mourning. Soon, the person cannot feel good or deal with strong feelings without the drug. This is called psychological *dependency*. These two dependencies usually occur together. The combination makes it very hard to stop using the drug or stop drinking.

What is addictive? **GRAPHIC #2** lists the addictive substances that most often impact families whose children are in foster care**.**

ALCOHOL
MARIJUANA
COCAINE OR CRACK
NARCOTICS: Opium, Heroine, Methadone, Opioids
STIMULANTS: Uppers, Amphetamines, Crystal Meth,
DEPRESSANTS: Downers, Barbiturates, Quaaludes, Tranquilizers
INHALANTS: Glue, Paint Thinner, Gasoline, Cleaning Fluids
OVER-THE-COUNTER, PRESCRIPTION DRUGS: Sleeping Pills, Sedatives, Codeine, Diet Pills, Opioids

GRAPHIC #2: *Addictive Chemical Substances*

Published by the Alaska Center for Resource Families, for the State of Alaska DFCS, OCS

Think of addiction as a gradually developing relationship. Instead relating to a person, the relationship is to a substance. The relationship to the substance becomes so strong that it becomes more important than other relationships, including to a spouse or a child. Drugs or alcohol can damage a parent's ability or willingness to provide care for a child. Often at This point, the family comes to the attention of the authorities or to the Office of Children's Services. Because addictions develop over time, family members begin to "fill in the spaces" left by the addiction. For example, the first time that Dad does not come home for dinner because he is drinking, the family is thrown into crisis. The children are scared. Mom might try calling different places or may go down to the bar to retrieve him. However, after a dozen times, the family learns to no longer expect Dad to come home. The family has come to accept Dad's unusual behavior as normal. If an addicted mother begins to neglect her children, a spouse, relative or the oldest child may step into the parenting role and care for the children in the family.

In filling in the empty spaces left by addiction, family members often protect or make excuses for the behavior of the addict. This behavior, called **enabling,** actually allows the addict to continue their or her behavior. If a husband always cleans up the alcoholic after she throws up from drinking too much and helps her get into bed, the alcoholic never has to experience the consequences of her actions. Spouses may make excuses for their spouse (such as calling in sick when the spouse has a hangover or lying to the police.) A child may make up an excuse for a parent who does not show up at a school conference or may forge excuses when a parent is too impaired to notice.

Denial is a strong feature of addiction. The alcoholic or addict will <u>minimize</u> the amount used: "*It's only a few drinks*." "*I drink beer, not liquor, so I can't be alcoholic*." "*The kids never see me smoke pot. They don't even know I do it*." They may <u>rationalize:</u> "*This month has been stressful, I need to relax." "I will clean up once I get through this crap they are giving me at work*." They may <u>blame</u> others: "*My job is a dead end. Drinking keeps me from going crazy and losing it at work*." *"These kids are driving me nuts. I need to relax."* All of these excuses allow addicts or alcoholics not to take responsibility for their substance abuse. Even when confronted with the consequences of abuse or neglect, others are blamed. *"Who does that social worker think she is, telling me how to raise my kids*?" "*You try to discipline kids and everyone starts yelling abuse*."

Addiction is a family disease. The family unit is affected so strongly by addiction that it is unable to fulfill its basic role: to nurture and protect its children.

Five-year-old Jamey and six-year-old Lanita came into foster care as a result of their mother Roberta's severe substance abuse. Roberta abused both alcohol and heroin. Often the girls were left to care for each other. They went to live with a grandmother for several months, but returned to Roberta when their grandmother ended up in the hospital with a fractured hip. Roberta would stay in apartments or with friends until she was kicked out. She often prostituted to earn money. While some of her earnings went to provide for the girls, most of the money went to Roberta's drug habit. One day, the current landlord came to serve an eviction notice and Lanita answered the door in her underwear. When asked where her mother was, Lanita shrugged her shoulders. The girls had only a box of cereal and a bottle of Coca Cola in the house. They were taken to a foster home until the mother could be located. The girls seemed relieved when a social worker took them in her care. At the foster home, Jamey and Lanita refused to be separated. They both cried uncontrollably until allowed to sleep in the same bed.

What Are The Complications Or Results Of Addiction?

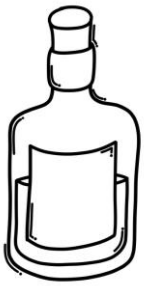
Addiction is a progressive disease. When drinking or drugging begins in the teenage years, the time it takes to become addicted is often speeded up because of the developing metabolism of the adolescent. Women also tend to physically deteriorate more rapidly due to addiction than men. Addiction can result in loneliness, desperation, shame and alienation from family and friends. As it progresses, addiction also contributes to criminal activity, higher rate of accidents, liver and heart disease, child abuse, neglect, loss of employment, personal injury, spousal abuse, and homelessness. If addiction progresses even further, it can result in mental illness and death. In its journey, addiction also touches and affects the friends, family and co-workers of the addict or alcoholic. Experts say for every one addict, ten other people are affected.

The drinking or drugging may continue until a serious enough crisis occurs that convinces the addict they need to stop drinking or using. In **GRAPHIC #3:** the journey through alcohol addiction to obsession with drinking and the process of recovery is outlined. The journey is similar for those with drug addictions. People often enter recovery after "bottoming out" or experiencing a crisis that convinces of them to begin the journey to wellness. For some people, this is an intervention by friends and family. For others, it is meeting former addicts who offer hope. For still others, it is a major crisis such as a prison sentence or the removal of their children from their custody.

GRAPHIC #3: *The Progression and Recovery of the Disease of Alcohol Use Disorder*
Adapted from Several Similar Dip Chart Models

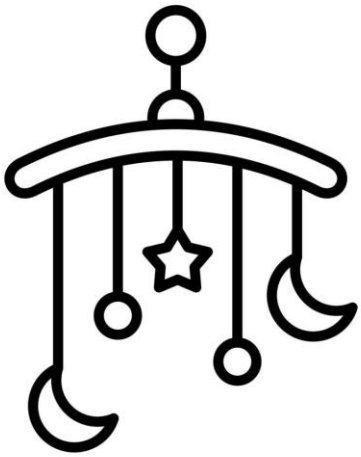
Not all addicts or alcoholics "bottom out" and seek treatment. Some addicts continue to use and abuse until their death. In other families, an *intervention* can be the deciding event that convinces an addict or alcoholic to take the first steps toward recovery. Interventions are planned events when as many friends, families, and co-workers as possible confront the addict at the same time to let him know how their addiction has impacted them. It is a carefully planned event designed to break through the often strong denial that permeates an addict's or alcoholic's justification for their behavior.

For some parents, the realization they have a serious problem comes only when their children are removed because of harm to the children. With appropriate intervention and support, some parents use *this* time as a chance to dry out or clean up in order to keep their families together.



ALCOHOL USE DISORDER AND ADDICTIONS
PART 3: How Is The Family Affected By Addiction?

People with addictions often claim they aren't hurting anyone but themselves. But if a member of the family is addicted, the whole family feels the effects.



Think of a mobile above a baby's bed. Each brightly colored object is connected to the center braces. The mobile is perfectly balanced. The slightest breeze will cause the whole mobile to move, but eventually it finds a place of stability and balance. This perfectly describes the family impacted by alcohol or drug abuse. Addiction constantly rocks the balance of this family creating an imbalance in emotions and responsibilities. The family members do whatever they have to do in order to survive and keeping the family working.

In seeking balance and survival, different family members will do different things. One parent may make excuses for the other. A child may spend lots of time at school, with friends or even with a gang so he doesn't have to go home. Another child may become the parent in the family. He or she makes important family decisions and takes care of the family both physically and emotionally. Another child might act out or get into trouble. The family unites in dealing with "the problem" of the child's behavior and they are spared looking at the real problem of the addiction. Drinking and drugging can contribute to a family's spiral into abuse and neglect of the children. Loss of control due to drinking and drugging may fuel abuse or violence toward family members.

Every family tries to survive in the world around them. In addicted families, survival revolves around the addiction and not around the needs of the family. Children suffer from not being taken care of properly. Children may be neglected, abused, abandoned, living in unsafe situations, or living on the street. **GRAPHIC #4** shows some of the effects of addiction that are often seen in children.

Published by the Alaska Center for Resource Families, for the State of Alaska DFCS, OCS

EFFECTS OF ADDICTION ON CHILDREN

Anxiety Disorders
Trouble Concentrating In School
Problems With Talking About Emotions
Day Dreaming, Lost Behavior
Early Experimentation With Drugs And Alcohol
Heavy Responsibilities For Siblings, "Little Adult"
Higher Risk For Abuse, Neglect And Abandonment
Risk For Fetal Alcohol Syndrome Or Effects
Difficulty In Trusting Or Relating To Others
Anger And Aggression
Higher Risk Of Becoming Addicted Themselves

GRAPHIC #4: *Effects of Addiction of Children*

Children from addicted families often develop strong survival skills. Some of these skills (sensitivity, competence, assertiveness, creativity, resourcefulness, empathy, and self-care) are strengths. Some survival skills, however, can also cause long term difficulties for children. Some children develop certain ways to help their families survive despite the addiction. Every family has members that fill the roles listed below. The child in an addicted family (or a family with chronic disease or mental illness) plays these roles in order to keep the family going, not because their natural personality dictates it. If the child enters foster care or grows up, these behavior patterns may persist when they are no longer needed.

The Hero: *The Hero takes care of everyone in the family. They is the parent in the family. It is often the oldest in the family. Heroes are perfectionists. They set very high standards for themselves and are very hard on themselves when they fail. They are often the nurturers of the family. They have a lot of responsibilities. They often look as if they are doing fine. In fact, they are "looking good on the outside, and feeling bad on the inside."*

The Mascot: *Every family needs someone who lightens things up by telling jokes or making faces. The Mascot relieves the tension in the family. By keeping a smile on their face, everyone likes the Mascot. The smile also hides the pain, hurt and fear. He or she uses humor as a distraction from the family's pain.*

The Lost Child: *The Lost Child is a wallflower who seems to disappear into their surroundings. He or she protects himself from what is going on by disappearing, by not being around, daydreaming, and being quiet. We don't expect very much from this child. The Lost Child doesn't seem to have much self-esteem or self-identity. These children don't have a strong sense of what they like or want or dislike. They get little attention because they don't cause trouble.*

The Scapegoat: *The Scapegoat is the "bad kid" in the family. He seems to have the most problems. He or she gets in trouble at school and instigates fights at home. The Scapegoat plays the role of being the identified problem in the family, instead of the addiction. He deflects attention from the family's problems. The Scapegoat is probably the most likely child in the family to get help because he is literally screaming for it.*

Children from addicted families often learn the rules of *don't talk*, don't *trust*, and *don't feel*. They learn not to trust their own feelings and not to trust the people who take care of them. These become patterns of taking care of themselves in family relationships and with others.

Patterns don't stop because drinking or drugging stops. Children, by themselves, do not recognize the need to change. Instead, a foster parent can help children feel all of their emotions and experiment with all their strengths. This will not happen until children feel secure and safe. They need a chance to be taken care of instead of taking care of others. **The Scapegoat** needs to feel successful and given attention when doing the right thing. They need to have their family feel proud of him. **The Lost Child** needs to be drawn out, to experience what he likes or dislikes and to be more assertive. **The Mascot** needs to experience their feelings, be serious, and not allowed to deflect things away with silly behavior. **The Hero** needs to be able to make mistakes, let down the load, laugh more often and let others play the role of the parent.

What Are The Physical Effects Of Drugs And Alcohol During Pregnancy?

When a woman drinks or uses drugs during pregnancy, the fetus she carries is exposed to whatever she is using. Chemicals that cause deformities in a developing fetus are called *teratogens*. Alcohol, tobacco, cocaine, marijuana, inhalants, stimulants and the other drugs listed in **GRPAHIC #2** all considered potential teratogens. We will look at two of the most common drugs and their effect on the fetus during pregnancy.

Prenatal Exposure to Alcohol

When a pregnant woman drinks, alcohol passes through the placenta wall. The fetus is exposed directly to alcohol. The concentration in the amniotic fluid is several times the woman's blood level. Whatever is developing at the time of alcohol exposure is at risk for being damaged. Since the brain develops throughout pregnancy, the brain is at most risk for harm. Alcohol can also affect the development of major organs such as spinal column, bones, heart, eyes, ears, liver, lungs, kidneys and genitals. Extent of damage will depend on the amount of alcohol consumed, how often the mother drinks, the physical health of the mother, and the genetic tolerance of the fetus. Since the brain is developing during infancy and early childhood, the child can also be affected by alcohol exposure if the mother continues to drink while breastfeeding.

Children who are prenatally exposed to alcohol are at risk for ***Fetal Alcohol Spectrum Disorder. FASD*** is the umbrella term for a spectrum of impacts resulting from pre-natal exposure to alcohol. Fetal Alcohol Syndrome or F.A.S. is a diagnosis by a medical doctor. A child with F.A.S. has symptoms in three diagnostic categories in addition to a their tory of maternal drinking during pregnancy. These categories *include pre- and post-natal growth retardation* (children are very small for what's expected for their age), facial *characteristics* (low brow, flat mid face, small head, indistinct philtrum and small eye opening) and *central nervous system disturbance* (brain damage, tremors, poor motor control, clumsiness and thinking errors.)

Fetal Alcohol Spectrum Disorders describes children who have some of the characteristics of central nervous disorder caused by maternal drinking but who may not show facial characteristics. Most children who are prenatally exposed do not get a diagnosis of Fetal Alcohol Syndrome and 90% of children prenatally exposed to alcohol do not have the facial featured associated with the pre-natal alcohol exposure. However, since brain development has been affected, they may have difficulties in sensory or thought processing. Babies can be

hypersensitive or undersensitive and have difficulty with sucking and regulating sleep. Older children can have difficulty with impulsiveness, reasoning, abstract thinking, learning from consequences, and predicting. Children with FASD may also suffer from secondary disabilities when others do not understand the nature of their disability. These may include school problems, difficulty with the law, mental health problems, unemployment, sexually acting out, and homelessness.

Patricia was a very weak sucker as an infant. Her foster mom would need to physically cup her fingers around Patricia's lips in order to help her get enough milk. She was weaned early to a cup because it was easier for her to get enough. She seems to lag behind in her fine and gross motor development. She is very sensitive in the facial area and screams when her foster mom tries to brush her teeth. Her language is limited to three words at two years of age.

Prenatal Exposure to Cocaine

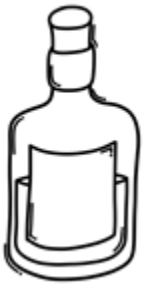
When cocaine or crack is used during pregnancy, the central nervous system can be profoundly affected. Cocaine use during pregnancy often results in premature birth, low birth weight or small head size. Cocaine exposed infants are often more irritable and less responsive to people's faces and voices. They are more difficult to comfort than babies who have not been drug exposed and have disturbed wake and sleep cycles. These babies may exhibit tremors, poor motor development and coordination. But these children can also be quite varied in their overall development. Some children show learning disabilities, delayed language development, problems with focused attention and increased sensitivity to external stimuli. Others do not. Long term effects of cocaine exposure is not completely understood, but seems most noticeable in first year of life. Many children with early intervention can outgrow most of the impact, though there seems to be a higher incident of attention deficit disorders and possible learning disabilities.

Maletka's mother smoked crack throughout her pregnancy and during the last hours of labor to help her with the pain. Maletka was born premature. She showed bruises on one side of her body due to the forceful contractions caused by the crack. After six weeks in the intensive care unit at the hospital, OCS placed Maletka with an experienced foster parent. Maletka slept poorly and would often cry at high intensity for hours at a time. She had tremors in her arms and legs. She would flail around and startle herself into a crying jag. Her foster mom swaddlerd her tightly in a soft flannel blanketto help her sleep.

How do other drugs affect the fetus?

Any drug taken during pregnancy (including heroin, marijuana, PCP, aspirin, cold medicines, sedatives, nicotine, caffeine) has the potential to affect the development of the fetus. Use of more than one substance during pregnancy is not uncommon. We are still learning the full impact of polydrug use on fetal development research is pointing to a compounding effect of combing drugs, including alcohol and tobacco with other more harmful drugs. is showing that inhalant abuse (such as sniffing gas or paint thinner) during pregnancy is particularly harmful to brain development in the fetus as is crystal meth exposure during pregnancy.

Foster children from alcohol or drug addicted homes always pose the possibility of prenatal exposure to chemical substances. Early identification of problems gives these children a better chance for appropriate services and education. Early intervention gives them a better chance of thriving during childhood and into adulthood. If you are seeing a pattern of behavior or physical conditions that causes you to suspect possible prenatal alcohol or drug exposure, talk to your caseworker about your observations.



ALCOHOL USE DISORDER AND ADDICTION
PART 4: Treatment and Recovery

When a parent's drug addiction or alcohol abuse puts a child at risk for harm, the parent may lose custody of their or her children. These children are then placed in a licensed foster home, with relatives, or in residential care. At this point, the court system will be involved and may mandate a parent seek treatment. Removal of the children becomes the crisis or "wake up" call for the family. Once the children are in state custody, the parent must meet all requirements set down by the court in order to regain custody. The Office of Children's Services is in a unique position to help motivate parents get the help they need. Parents may be more motivated to do the hard work of treatment when they know it is the only way to get their children returned.

However, the removal of children should not be used as a threat. The focus and priority of child welfare is the safety of the children. If removal is necessary for the child's protection, it must be done. It should not be used as a punishment for addiction.

Addiction, whether to alcohol or others drug, is a disease. When someone has a disease, he or she needs to learn to manage it. Abstinence from all mood-altering chemicals is key to disease management. Lifestyle changes are also required -- a proper diet, exercise and a support system such as Alcoholics Anonymous or Narcotics Anonymous. A treatment facility for addiction helps individuals learn to manage their disease. Treatment can be conducted in either a residential setting or on an outpatient basis depending on the severity of the problem.

While this self-study is not in a position to evaluate treatment options, the most successful ones are based in several fundamental principles.

1. Abstinence.
2. Acknowledgment of the addiction and the role it has played in one's life.
3. A desire to change.
4. A clean and sober support system.

Recovery means freeing yourself from dependence on a substance. It means acknowledging the addiction in your life and making changes to prevent the loss of control again. This goal is consistent with OCS's attempt to keep children safe. These principles of treatment would help a family better care for its children. While ridding a family of an addiction doesn't necessarily eliminate child abuse and neglect, it is often the first and most important step.

The first step is recovery is a thorough substance abuse *assessment* which determines the severity of the problem and the level of treatment required to meet the individual's needs. Some individuals enter treatment through *detoxification.* "Detox" provides supervision and safety for the individual while the drugs are released from their /her system. Detoxification is often accomplished in a hospital setting or in a specialized unit at a treatment center. Remember, addiction is physically based. In releasing chemicals from their body, an individual may go

through withdrawal symptoms such as headaches, anxiety, pain, shaking, tremors, chills, dry heaves, and hallucinations. This is a particularly vulnerable time for the alcoholic or addict and could be fatal if he or she is left unsupervised. Many people who try to quit drugs or drinking on their own find it difficult to get passed this first stage.

After detox, a person enters *treatment*. Treatment may include inpatient, residential, or outpatient services. Inpatient or residential means the addict stays in a facility during the treatment program. Outpatient means a person attends counseling or groups at an identified place, but lives in a separate place. The type of treatment needed is usually determined by the initial drug and alcohol assessment. The choice of treatment depends on what will be most successful for the client. Often, especially in child welfare cases, treatment is also determined by what kind of treatment is available in the community at the time it is needed.

Although treatment programs in Alaska may have a waiting list of up to four months long, some individuals are given priority admissions. These include pregnant women, intravenous drug users, persons with HIV/AIDS, the mentally ill, individuals with children in OCS custody, adolescents, and individuals in danger of harming themselves or others. There are several programs statewide who provide women's only services. Some of these facilities allow women to bring their children with them under certain conditions.

Residential or *inpatient* programs are centers where clients go live and participate in a very structured treatment program. Treatment stays average about 30 days, though This may vary. During This time, the individual undergoes medical assessment of their addiction and attends psychiatric services to address physical and emotional problems. Participation in group therapy and substance abuse education is also important. Treatment services may also be provided on an *outpatient* basis. This means the person does not live at the facility but still attends counseling sessions and groups. When individuals leave an inpatient program, they usually continue on an outpatient basis. While detox removes the chemicals from the body, thus lessening the physical dependence, addiction is both a physical and psychological dependence. Recovering addicts need support for their difficult journey. There has been an increase in the use of Medical Assisted Treatment because of its effectiveness in helping individuals manage their cravings and addictions.

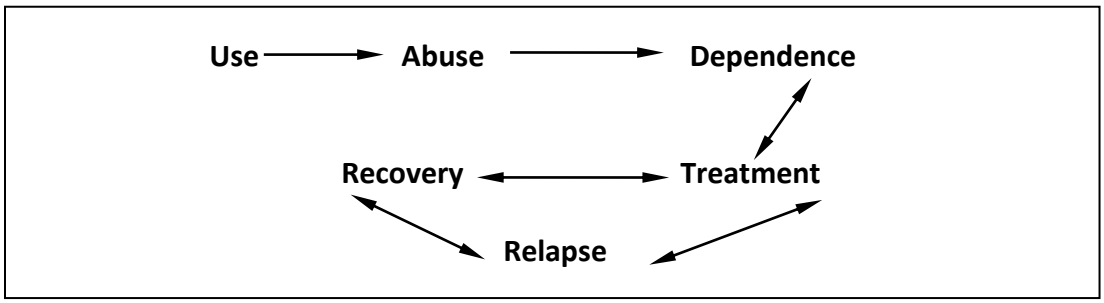
A central part of most programs is education about addictions and a tough confrontation of any denial of the effects of the addiction. During treatment, the individual is provided with information about addiction, how it manifests in behaviors, what triggers it, and how to prevent relapse. Individuals also explore how to repair (if possible) damaged relationships and how to live life drug free. Comprehensive substance abuse treatment involves family members in the treatment process. As a foster parent, you may be asked to ensure children attend counseling sessions or family treatment.

Aftercare And Relapse: How Do We Help People Stay Clean and Sober?

Recovery continues throughout a lifetime. It involves support, education, and caring for oneself and one's children. It is not uncommon during This journey to health that *relapse* occurs. Relapse means a recovering person returns to using drugs or alcohol. Think of how many times a dieter may cheat or gain back weight. The same applies to substance abuse. The addict is subject to relapse. In recognition of this possibility, treatment programs offer continuing support following the primary treatment phase, called *aftercare.*

Very often, relapse happens in the first six months of abstinence when new ways and habits are in their early stages. There are also times during sobriety when an individual's recovery is threatened. These points of risk occur when an individual is experiencing increased stress or a difficult point of treatment. Sometimes relapse happens again when unresolved pain from a past childhood event surfaces and seems overwhelming. Once a person has completed detox and counseling, an aftercare program is set up to help a person prevent relapsing into old patterns.

A common segment of the aftercare is attending self-help groups. These may include Alcoholic Anonymous, Narcotic Anonymous, Gamblers Anonymous, and Rational Recovery. These groups are addicts helping addicts by talking about issues and confronting denial. The Twelve Step program was originally used by Alcoholics Anonymous to provide a structured way to confront addictions and follow a blueprint for recovery. Attendance at Alcoholics Anonymous, Narcotics Anonymous or other supportive groups is essential in time of stress to maintain balanced living. Very few addicts do not experience relapse. **GRAPHIC #5** shows a simple way of looking at the process of addiction and recovery.



GRAPHIC #5: *The Process of Addiction and Recovery*
From **Intervening Effectively with Substance Exposed Infants and Their Parents**

The issue of relapse is a difficult one for social workers and judges trying to determine a permanent environment for a child. The State of Alaska is dedicated to family reunification whenever possible. But while parents are struggling with addiction, children need a family in which to grow. If a child does not have a stable attachment during early childhood, their mental, physical and emotional development can be severely affected.. On the other hand, most children do best in their own family. If there is a chance for change on the parent's part, most caseworkers want to give the parent the chance to care for their child.

What Happens To The Children During The Recovery And Treatment Phase?

Once a parent gets into treatment, everything will be fine, right? Not necessarily. Remember the image of the mobile used earlier? When one figure is pushed or moved, all other parts of the mobile must also change. Even when changes are positive, children and other family members will have to learn new ways of interrelating. If a child has had to take on adult responsibilities and the newly clean or sober parent attempts to assume those responsibilities, the child may be reluctant to give them up. Sober parents may provide stricter limits for a child used to being on their own. This may cause tension in a family. A sober or clean parent may also be dealing with issues of sadness and grief. This may scare a child who is used to seeing their parent as a mellow, happy drunk. A child may act out, run away or maybe even try to get the parent to start using or drinking again.

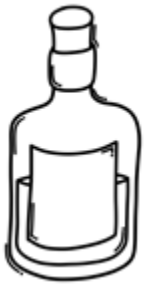
When a parent quits using drugs or alcohol, family problems do not suddenly disappear. The problems of the family continue to exist. Ordinary problems may have been previously denied along with the substance abuse. Now, with sobriety, new skills to deal with problems may be necessary. Learning to parent when sober or straight is an important issue for many parents in recovery. Children may also have unrealistic expectations for how things are going to be different. These children may think that now that their parent is sober or clean, that he or she will become the parent the child wished for in fantasy. In the following example from therapist Claudia Black, we see how old patterns can continue, even after sobriety.

> *I was working with a 12-year-old boy at the time his father was first getting sober....Mike believed because Dad was now sober, Dad was going to wake up and no longer anesthetized, Dad was going to discover their 12-year-old son -- a boy he knew very little about. I know Mike's life just couldn't remain all roses. I was also hearing from Mike's mother that he was having a difficult time in school. One day I finally confronted Mike. "Mike, things aren't fine, are they?" "Oh yeah, they are just fine," he responded. I said, "No, Mike, things are not just fine. Things are often not good even though a parent gets sober." Finally Mike said to me (through a form of a picture) "I have a hard time understanding why my dad goes to those meetings every night and why he is not home." Mike had a lot of expectations, many of which were fantasies about how he and his father were going to spend so much time together now that their dad was sober. The fact was Mike's dad was so actively involved in AA, he spent less time at home than he had while he was drinking.*
>
> -From **It Will Never Happen to Me** by Claudia Black.

Parents in recovery need to maintain their focus on recovery. They may not have much energy or attention left over for their children. The adjustment period is the hardest time for the recovering person. Persons in recovery often have to change their support and surroundings of people who may still be using or drinking. Sometimes this means keeping clear of former friends or even family. Often one parent or partner in a family seeks recovery before the other. If the spouse continues drinking or using, that spouse may try to make the recovering person drink or use.

Visitations can also be difficult for children. Children in foster care may visit their parent in a residential center or at OCS. They may not understand why their parent is sick or in a hospital or why other people have to be in the room or why they can't go home. Knowing your parent is okay and still cares about you is of critical importance for the child in foster care. Children cannot keep a healthy attachment to someone that they don't see. Unfortunately, it is not uncommon that a parent who is still using may skip visits or make promises they can't keep. A parent may promise that the "next time you will be able to come home with me." These promises or missed visits happen because grief, embarrassment, humiliation, intoxication and self-loathing make it easier to miss a visit than to go through with it. Missed visits are devastating to a child. A child often turns their anger toward the foster parent, displacing their disappointment with their parent toward the one stable person in their life.

Children need lots of care and attention during this time. Do not say anything disrespectful about or make excuses for the birth parent who misses a visit. It is a painful part of the family dynamics associated with Alcohol Use Disorder and addiction. But a foster parent can also encourage a child to think of the positive memories they have of their parent. Children want and need to talk about the good things their parents did. Foster parents can emphasize the good in the children's parents without making them out to be fairy tales or fantasies. Talking about how the parent is trying hard how to make a good home for the child or pointing out how much the parent enjoyed the visit are simple ways to help a child feel positive toward the parent.



ALCOHOL USE DISORDER AND ADDICTION, PART 5: Caring For The Child In Foster Care

If you are caring for a child from a substance abusing home, you will need to use the same good parenting skills that you use with all children in foster care. In addition, a few guidelines will help you attend to the specific needs of the child who lives in an addicted home.

1. A child in foster care needs a **physically and emotionally safe home.** The chance for stability is the most important thing a foster home offers. Stability means routines, consistent rules and a feeling that a parent is in charge. Children from addicted homes often come from a home where rules were sporadic. They may not have been able to depend on their parent to be consistent and take care of them. In foster care, knowing what to expect in a new place helps a child feel more secure.

   EXAMPLE: *In the Rogers' home, wake up time is at 7 a.m. Mrs. Rogers makes sure that breakfast is on the table, and each child must wash up, get dressed in the clothes laid out the night before, and make their bed. This is the routine the family tries to follow every school day. Mr. and Mrs. Rogers talk to the children every day about what happened at school and listen carefully to what the children are telling them.*

2. A child needs role models who can **demonstrate moderation.** Be sensitive about your own drinking habits and drug use and what you show a child what is acceptable. Talk frankly to teens about alcohol and drug abuse. Children from homes with substance abuse are at a higher risk for becoming addicted themselves.

3. **Communicate about feelings.** Talk often about feelings. The more you talk and make it acceptable to talk about feelings (even painful ones like anger, sadness, grief and feeling different) and the more comfortable the child will be in expressing what is inside of him.

   EXAMPLE: *Tandy was in a bad mood after returning from a visit with her mom. She picked a fight with her foster brother and ripped out the pages of a book. Rosemary, her foster mom, sent her son out of the room and sat down with Tandy. "I see a little girl who wishes she could be with her mom. Am I right?" Tandy didn't say anything. Rosemary continued. "If I wanted to be someplace I wasn't, I might get mad and take it out on others." In this way, Rosemary gradually got Tandy to admit she was angry. Rosemary then talked about the house rule that hitting or destroying property was not allowed. She let Tandy know that if she was mad, she could talk about it, hit a pillow or go into her room to cry, but it was not okay to hit or wreck property. After the next visit, Rosemary made sure she was nearby or in the same room as Tandy right after a visit. She knew that was when Tandy was more likely to lose control.*

Published by the Alaska Center for Resource Families, for the State of Alaska DFCS, OCS

4. **Observe the child.** Communicate what you see to the caseworker. If you suspect sexual abuse, neglect, alcohol or drug effects, you should relay your concerns to the child's caseworker. Children who come from substance abusing families where abuse and neglect have also occurred are at higher risk for mental health problems. Post Traumatic Stress Disorder, Fetal Alcohol Syndrome, Attention Deficit Disorder and Anxiety Disorders occur more frequently in foster children than in the general population. A sensitive foster parent may see problems before a caseworker, therapist, or teacher.

   EXAMPLE: *Barb noticed when combing her foster daughter's hair that there were large clumps pulled out. She asked Cindy about it, but Cindy refused to talk. Barb noticed that Cindy had a hard time talking about her feelings. She often seems anxious or scared even when in familiar surroundings. Barb contacted the social worker the next day and talked to her about possibly getting Cindy in counseling. She related specific things she saw in addition to the hair pulling. She also offered to call the mental health clinic and make an appointment.*

5. **Suspend judgment about the birth parent.** No matter what a parent has done, a parent remains part of a child's life. Children may have mixed feelings about their parents. But if their parents are criticized, children will feel the need to defend them or minimize what they did. Worse yet, children will feel as if they are also being criticized. Birth parents may try to ruin the relationship between foster parent and child. A parent may criticize the way the foster parent takes care of the child. This can be difficult. But if you are a parent working toward getting your family back together, you will need to continue to feel some kind of attachment between your and your child. One way to keep an attachment when your child does not live with you is to feel you have some say in the way your child is cared for.

   EXAMPLE: *Leon's mother would always tell Maureen, Leon's foster mother, that she wasn't feeding Leon enough because he was always hungry on their visits. Maureen felt this was unjust criticism from a mother who was often neglectful toward her son. She stayed angry until she reminded herself that a birth mother often feels threatened by a foster parent and may criticize in order to feel like she is still the parent. Maureen decided to pack an extra snack in Leon's knapsack for the next visit. She then suggested to Leon's mother that she give it to Leon when she feels he is hungry. Leon's mother then had the chance to take care of Leon during a visit and it gave her another chance to connect to her son.*

6. For all children in care, remember the basics of **helping children stay attached to their parents**. Save drawings or school papers and help a child remember to take them to visits. Help a child remember special events or happenings that he or she can share with a parent. Take a picture of the child with their parent for the child to keep or make sure a parent gets a school picture. Remember birthdays and Mother's and Father's Days. Simple things like these help a parent and child keep connected.

Explaining Alcohol Addiction to a Child

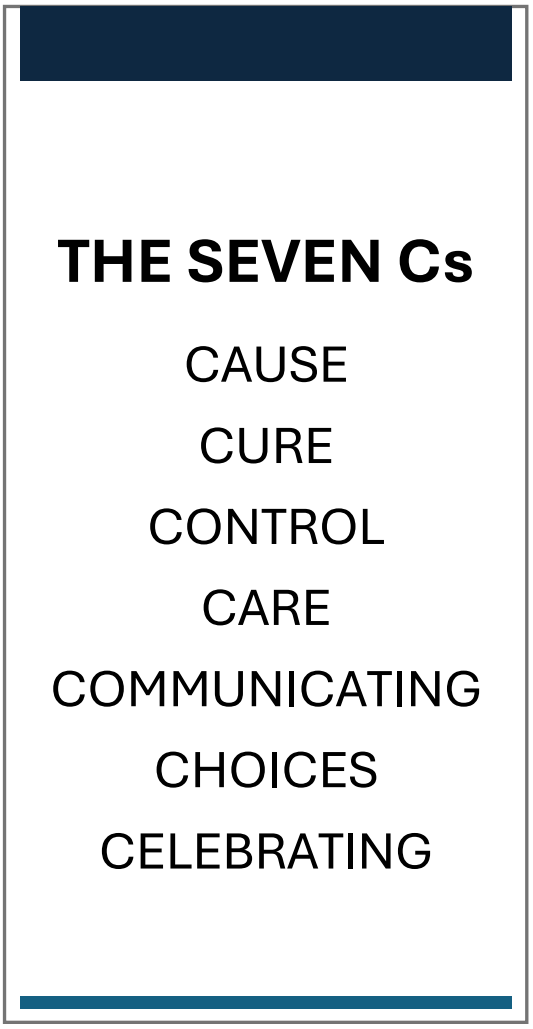
From American Addictions Centers

7 Cs are attributed to the National Association for Children of Addiction

If you or your co-parent have an alcohol use disorder, how do you explain alcoholism to children? And how can you lessen the impact on them?

When talking with kids about alcoholism, the *National Association for Children of Addiction* recommends you employ "The 7 Cs." To help children understand their role in addiction—or more specifically the lack thereof—they can recite and remember these C-centric phrases:

- I didn't **cause** it.
- I can't **cure** it.
- I can't **control** it.
- I can help take **care** of myself by **communicating** my feelings, making healthy **choices**, and **celebrating** me.



Additional steps to attempt to mitigate the impact of a parent's AUD include:

- Maintain a stable and predictable environment via daily routines, expected activities, and family rituals.
- Establish open communication and discuss the situation honestly and in a manner suited to each child's developmental level.
- Explain that the Alcohol Use Disorder is not their fault.
- Encourage them to talk about their feelings.
- Empower older children and teens to seek out age-appropriate self-help groups.

Published by the Alaska Center for Resource Families, for the State of Alaska DFCS, OCS

What Are Some Strategies For Dealing With Parents Who Are Addicted?

Many children in foster care have regular contact with their parents. When birth parents have an active drinking or drug problem, be clear with the caseworker about expectations for visitations. Think about your strategy ahead of time. Use the following suggestions to guide you:

1. **Always treat the birth parent with respect.** You do not have to take abuse or verbal harassment but be respectful. Nothing worsens a relationship more than feeling the other person looks down on you. The birth parent has problems -- her addiction interferes with her ability to care for her child. But the birth parent is not a problem herself -- she is the child's parent and is important in the life of that child.

2. **Know what level of visitation is allowed** and who is allowed to visit with the child. Stick to the visitation schedule. Be polite but firm if a parent tries to take a child when she shouldn't. Keep your caseworker informed of any problems you might be having.

3. If a parent has a their tory of drug or alcohol abuse**, talk to your caseworker about a safety plan if the parent shows up drunk or high for a visit**. Sometime, the visit may not be stopped, even when the parent has been using. If you are having any difficulty with the birth parent, talk to the caseworker about it.

4. **Let the social worker know when visits are missed**. If several visits are missed in a row, ask that the visits take place at the OCS office. Ask that the parent show up at a specific time and when he or she arrives, then the foster parent is called. The foster parent will then take the child to the visit. Taking responsibility for one's own behavior is an important part of recovery. Try not to make it personal or to get into a power struggle with the birth parent. The birth parent has some responsibility in getting to visits on time. Focus on taking responsibility for reasonable expectations.

5. **Be attentive to a child's feelings about visits**, especially when parents do not show up for a visit. Don't criticize their parent. Don't excuse or minimize what happened either. Be realistic and supportive and expect some angry feelings directed towards you. You are there.... their parents aren't.

6. If a child is returning home, **give them some simple skills to keep safe and take care of their emotions.** Let the child know that if their parents start drinking again, it is not their fault. It is a problem that their parents have.