

#### Child Perspectives on Substance Abuse

Naomi Weinstein, MPH Center on Addiction and the Family Phoenix House 646-505-2061 nweinstein@phoenixhouse.org

## **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



# Other DrugsUnclear re: durationLimited abstract thinking

- Impulse control
- Impulse control
  Sensory Integration
- Learning problems
  - Tough to soothe as infants
- Impulse control

# **How Drugs Affect Parenting**

- Extreme disciplineUnrealistic
- Unrealistic expectations of
- child
- Blame child
- Role reversal
- Isolation
- Illegal activity Low frustration tolerance
- Extreme mood changes
- InconsistencyUnder-
- 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  $\rightarrow$  drinking by teen







· Coping/Strengths – because of experiences

# **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 FactorsAge 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
- Hopeful

· Guilty,

Parental

Anxious

· Confused

Depressed

· Loyal to parent

responsible

Embarrassed

## **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,
- Nightwaking, hight terrors, refuse to go to sleep alone, refuse going to bed
- Toileting
- Encopresis. Enuresis, refusing to use toilet



 Difficult to manage

 Tantrums, overactive, selfendangering 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
- School problemsSocial problems
- Social problem
- Run away
- Withdraw/ignore
- Perfectionism
- Alternative relationships
  - Gangs
  - Romantic partnersDestructive friendships



- 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 childern 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



# Recovery

- 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 limis – 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

