

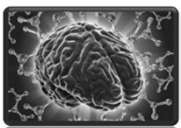

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**Impact of
Parental Substance Abuse**


IMPAIRMENT OF COGNITIVE ABILITIES
 MENTAL ILLNESS
 PHYSICAL & EMOTIONAL NEGLECT
 DOMESTIC VIOLENCE/ABUSE
 REMOVAL OF CHILDREN
 INCARCERATION
 DEATH

Addiction 101

Stages of Addiction	Age of Use
<ul style="list-style-type: none"> • Abuse • Dependence • Addiction <div style="text-align: center; margin-top: 10px;">  </div>	<ul style="list-style-type: none"> • 1 in 4 Americans who began using any addictive substance before age 18 is addicted • compared to 1 in 25 Americans who started using at age 21 or older. <p style="text-align: right; font-size: small;">(casacolumbia.org, 2011)</p>


Social Learning Theory, 1977

**Albert Bandura's
Bobo Doll Experiment, 1961**




Observational learning

Behavior is learned from the environment through the process of observational learning.



Family Dynamics

Addict's Family Survival Roles



- Manipulation
- Blame
- Guilt
- Codependency

- Children of substance abusing parents (COSAs) live in a home environment of **unpredictability** and **instability**; two important factors that are necessary for the healthy development of a child.

Dysfunctional Family Roles

Roles in the Substance Abusing Family						
The Person	The Feeling	The Behavior	Defense Mechanism	Payoff	Prixe	Parental Message
Drug abuser	Shame/Guilt/Inadequacy	Addiction (dependence)	Denial	Relief of emotional pain	Personal destruction	"Don't do like I'm doing, because you are just like me."
Enabler	Anger and Helplessness	Worry and over-protection or lashing out in anger	Avoidance	Peace (temporary)	Self-deception and perpetuation of addiction	"What dad did was terrible, but remember, he was an alcoholic."
Family hero	False guilt	Over achievement	Obsessive-compulsive and rigid behavior	Positive attention and increased self-esteem	Workaholic and burnout	"It's your successes that make my life bearable."
Scapegoat	Damaged (inferior)	Delinquent, rebellious behavior	Substitution	Negative attention and acceptance (wrong peers)	Rejection and alienation, injury, permanent scars	"If you would stop causing trouble, things would be OK."
Lost child	Loneliness	Passive behavior (personal camouflage)	Retreat	Escape	Social isolation	"I love you. Now go away."
Mascot, clown, or joker	Fear of catastrophe	Joking, clowning, operative, excessively helpful	Diversion	Relief of fear	Immaturity	"You're cute (entertaining) but not important."

Trauma

- Trauma has biological and psychological effects that impact behavioral, social, and emotional domains.
- The impact of trauma can hinder development and interfere with children’s functioning in relationships, school, and life.

Source: U.S. Department of Health and Human Services (DHHS), Administration for Children Families, Administration on Children, Youth and Families, Children’s Bureau. (2012). *Information memorandum* (Log No: ACYF-CB-IM-12-04).

Types of Trauma

- **Acute** trauma is a single traumatic event that is limited in time
- **Chronic** trauma refers to the experience of multiple traumatic events
- **Complex** trauma describes both exposure to chronic trauma—*usually caused by adults entrusted with the child’s care*—and the impact of such exposure on the child.

Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Source: Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M.,... van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.

Childhood Trauma and PTSD

According to the American Psychiatric Association, PTSD may be diagnosed in children who have:

- Experienced, witnessed, or been confronted with one or more events that involved real or threatened death or serious injury to their physical integrity or that of others.

Source: American Psychiatric Association (APA), (2013). *Diagnostic and statistical manual of mental disorders* (DSM 5). Washington, DC: Author

Key symptoms of PTSD:

- Re-experiencing the traumatic event (e.g., nightmares, intrusive memories)
- Intense psychological or physiological reactions
- Avoidance of thoughts, feelings, places, and people associated with the trauma
- Negative changes in thoughts and mood (e.g. inability to recall aspects of the trauma, feelings of fear, guilt, sadness, shame or confusion, loss of interest in activities)
- Increased arousal (e.g., heightened startle response, sleep disorders, irritability, difficulty concentrating)

• Source: American Psychiatric Association (APA), (2013). *Diagnostic and statistical manual of mental disorders* (DSM 5). Washington, DC: Author

Client Oriented Practical Evidence Search

- **QUESTION:** If abused and/or neglected children of substance abusing parents are assessed for PTSD and receive Trauma-Focused Cognitive Behavioral Therapy will they experience reduced symptomatology?

Systematic Review Methodology

	Literature Review	Stakeholders	Clients
Selection Criteria/ Rationale	RCT >2006 KEY TERMS	Range of 4 - 30 yrs. experience	Neglect Parental S/A Range 5-13 years
Method of Data	2 systematic reviews 7 Quantitative studies 1 Qualitative study	Qualitative survey Purposive Email Face to Face	Qualitative Survey Purposive Phone interview
Total	10	5	5

Literature Synthesis

- Neglected children showed more symptoms of PTSD and dissociative symptoms.
- Concluded that a core feature of child neglect is the lack of awareness neglectful parent's have toward their child's needs
- Drug endangered children (DEC) had a higher percentage rate of substantiated neglect.
- 49.2% of the DEC experienced two or more traumatic events compared to 25.1% for the non-DEC group.
- In addition, nearly 60% of children in the DEC group met Criterion A2 for PTSD compared to 27% in the non-DEC.

Literature Synthesis cont.

TF-CBT was proven to be effective in:

- Reduction of PTSD symptoms
 - Reduction of internalizing behavior
 - Reduction of externalizing behavior
 - Increasing coping skills
- Gains were sustained for six months in one study and sustained for one year in another study.

Implications

- Limited research on assessing and treating this population.
- Need for early mental health screening for COSAs.
- Education and training for clinicians, child welfare system, kinship families on PTSD.
- Mandatory screening through court orders (Proactive vs. Reactive)
- TF-CBT group therapy for children with PTSD
- Group therapy for COSAs
- Education and support groups for families of addicted loved ones

References

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders (DSM 5)*. Washington, DC: Author

National Survey of American Attitudes on Substance Abuse XVII: Teens. Retrieved October 2, 2013, from <http://www.casacolumbia.org>

U.S. Department of Health and Human Services (DHHS), Administration for Children Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Information memorandum* (Log No: ACYF-CB-IM-12-04)