

## Understanding and Supporting Families Impacted by Addiction

People suffering from alcohol or drug addiction may find themselves increasingly isolated from their families. The effects of these illnesses can also extend beyond the nuclear family. Extended family members may have a range of emotions, including abandonment, anxiety, fear, anger, concern, embarrassment, guilt, and even the desire to ignore or cut ties with the person dependent on alcohol and/or drugs. However there is hope, and family members can play a critical role in supporting loved ones on their path of recovery, especially when they too avail themselves of recovery support programs for affected children and other family members. Ultimately, the individual healing of each strengthens the potential for bringing healing to the entire family.

A child or other affected family member needs to recognize that he or she is not the cause of a relative's alcohol or drug abuse problem. It is equally important to understand that, even though people can't necessarily "cure" their relative's addiction, they can help the family member through the recovery process by supporting and encouraging their recovery efforts and – at the same time – working on their own recovery from the pain and confusion caused by the presence of addiction in their own lives.

Understanding and addressing substance use disorders just like any other chronic disease can help family members know how to best support the member of their family who suffers from the disorder. The SAMHSA publication *What is Substance Abuse Treatment? A Booklet for Families* is an excellent source of information. <http://kap.samhsa.gov/products/brochures/pdfs/WhatIsTx.pdf>.

SAMHSA's *Children's Program Kit*, a free multi-media curriculum for all school age children, is a tool-kit for treatment and prevention providers, school-based student assistance programs, and faith-based and youth-serving agencies to help them provide structured activities and educational support groups for children and youth impacted by addiction in their homes. The activities help the children make sense of what they are experiencing at home, cope with the stress of their families' alcohol and substance abuse problems and strengthen their potential for resilience and healthier lives. The activities are enjoyable as well as enlightening, and this encourages continued participation in the supportive learning process they facilitate. The Kit is based on four cornerstones:

- Children deserve to have their own recovery and healing
- Children deserve to be treated with dignity, respect, value, and worth
- Children deserve to be listened to and heard, and
- Children deserve the opportunity to be kids.

Additional information about the *Children's Program Kit* can be obtained by calling the National Association for Children of Alcoholics. (1-888-554-2627)

## Beginning Steps Towards Helping Affected Family Members

1. Encourage them to participate in a family support group such as Al-Anon/Alateen or Families Anonymous. At these support groups, one can find others who have family members or close friends with substance use disorders. Listening to stories can help some people overcome negative internal perceptions about substance use disorders.
2. Support their becoming involved in the family member's treatment and recovery and help them to understand that substance use disorders can be treated just as other diseases can be.
3. Encourage emotionally healthy congregants to volunteer to be a mentor for a child who has a parent or close relative with a substance use disorder. Mentors may serve as crucial educators and support figures, promoting learning and capability, providing exposure to positive influences, increasing a sense of efficacy, and helping youth realize their full potential. (Note: Establishing a mentor-mentee relationship should always be approached, however, with a great deal of sensitivity, tact and care).
4. Encourage pediatricians, schools, and other people who routinely interact with children to identify children of parents who have substance use disorders and intervene to provide support. Contact NACoA for more information ([www.nacoa.org](http://www.nacoa.org)).
5. Consult helpful organizations to learn more about overcoming stigma and substance use disorders. (See resources in the back of this manual.)

## If a Child Comes to You for Help . . .

The following list may help professional staff in a school or other institutional setting to prepare for and respond to a request for help.

**DO** develop and maintain a list of appropriate referrals to helping professionals. Knowing which organizations have resources to help children will make it easier to respond promptly when a child comes to you.

**DO** maintain a small library of current books, pamphlets, and reprints of articles on addiction-related problems that have been written for children. Many of these are available from the National Association for Children of Alcoholics (NACoA), Al-Anon, Alateen, SAMHSA's Health Information Network (SHIN), and the National Council on Alcohol and Drug Dependence (NCADD). (See the "Additional Resources" section at the back of this manual.)

**DO** make sure that the child understands three basic facts:

1. He or she is not alone. There are more than 11 million children of alcoholics under the age of 18 in the United States. Countless others are affected by drug abusing parents, siblings, or other caregivers.
2. The child is not responsible for the problem and cannot control the parent's drinking behavior.
3. The child is a valuable, worthwhile individual.

**DO** follow through after the child asks for help. You may be the only person the child has approached. You might choose among several courses of action:

- Help the child "think through" all the adults who play significant roles in his/her life (a favorite aunt or uncle, grandparent, minister, or school counselor) who might be able to help;
- Help the teen contact a local Alateen/Al-Anon group, where others who understand and share the problem of addicted parents are available for support;
- If the school has educational support groups, life skills groups or friendship groups for these children from troubled families, explain their benefits to the child and refer the child to the person responsible for the program; and/or
- Refer the child to an appropriate helping professional.

**DO** be sensitive to possible cultural differences. If the child is from a different culture, learn about that culture, including family structure, customs, beliefs, and values. This knowledge may show you how you can most effectively help the child.

**DO** be aware that children of addicted parents may be threatened by displays of affection, especially physical contact.

**DON'T** act embarrassed or uncomfortable when the child asks you for help. Your reaction may discourage the child from seeking help and increase his or her sense of isolation and hopelessness.

**DON'T** criticize the child's alcohol or drug using parent or be overly sympathetic. The child may gain the greatest benefit just by having you listen.

**DON'T** share the child's problems with others who do not have to know. This is not only important for building trust but it also protects the child.

**DON'T** make plans with the child that you cannot keep. Stability and consistency in relationships are necessary if the child is to develop trust.

**DON'T** try to counsel the child unless you are trained and employed to do so. Refer the child to an appropriate helping professional in the school or community.

—Adapted from *It's Elementary: Meeting the Needs of High-Risk Youth in the School Setting*, published by the National Association for Children of Alcoholics (NACOA)

## The Seven Cs

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.

# A message from a fellow clergy person through Al-Anon: One Professional's Use of Al-Anon May 3, 2006

My counseling practice is hosted by a faith-based organization and many clients come in who are trying to manage or begin to understand the disease of alcoholism. The concept of a family system, the client can usually begin to recognize the pervasiveness of this disease. Given where the practice stands, we usually end up discussing the morality of alcoholism amidst the struggle of family members who are trying to "make the alcoholic quit" or at least modify the other person's behavior. I explore this desire by encouraging the family members to consider that the alcoholic is a sick person trying to get well, rather than a bad person trying to get good.

Al-Anon is a useful resource for the family members (and friends) to go and explore how they participate in this system, or family disease. We are hopeful about getting the alcoholic to modify their behavior, but I challenge these family members to consider that they need to look at where they can change their own behavior and perspective. I am careful at this point to explain that this is not about blame, but rather seeing the system from third person, and understanding that they need to be willing to work on their own behaviors. We accept that alcoholism is a family disease, and members of the family must show willingness to address this disease if they plan to ask the alcoholic to address the disease. My rule for members of an alcoholic system is that you don't put more effort into the alcoholic's recovery than the alcoholic will. But, conversely, everyone must be willing to begin to work on his or her own stuff. Al-Anon is the first place I send clients to help them begin to understand their own level of self-differentiation within the family. In addition, the principles of Al-Anon promote higher levels of this self-differentiation. A simple example of this is when a member learns and internalizes that they do not have the power to "cause" someone else's alcoholism. To learn that they cannot "control" or "cure" the disease allows the individual to begin to consider where their level of control is, and how they might engage the alcoholic differently- perhaps even to "detach with love." (When this is internalized, the family member usually fully grasps the usefulness and challenges found within the Serenity Prayer).

Alcoholism is a family disease, and as such, must be treated within the entire family. The drinking is but a symptom of the problem. Otherwise, abstinence from alcohol would eliminate all problems. Usually not the case. Attendance at Al-Anon is the fastest way I can get clients to engage in a healthy fashion with this disease. I point out that to resist treating their role in the system is no different than the alcoholic refusing to quit drinking. I am convinced that the number one feature of this disease is denial. This is true for both the alcoholic and the Al-Anon member. Solution focus within the meetings and for the participants moves the clients to a place where they gain some relief, begin to grow, and move them to deal with their own situation productively.

*Authored By: Rev. Daniel Gowan, M.Div., M.A., LCDC, LPC  
Director of Benchmark Counseling, Plano, TX  
972-267-2800*