

So, What Can I Do?

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National DEC Conference
2012

Mark Twain Reading

Bridges Video

Your List

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ADVERSE CHILDHOOD EXPERIENCES

- Abuse: emotional, physical, sexual
- Neglect: emotional, physical
- Witnessing domestic violence
- Household Dysfunction: mother treated violently, household substance abuse or mental illness, parental separation or divorce, discord or crime in the home, incarcerated household member

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MAJOR FINDINGS

- ACE's are common: 2/3's reported at least one, more than 20% reported three or more
- Short and long term outcomes include a multitude of health and social problems
- As the number of ACEs increase, the risk of health problems increases in a strong and graded fashion

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ACE's, ADDICTION, & FAMILIES

- Likelihood of injection of street drugs increased strongly and in a graded fashion with ACE score:
 - a male child with an ACE Score of 6, when compared to a male child with ACE Score of 0, has a 4,600% increase
- Likelihood of adult alcoholism increase 500% in strong, graded manner to adverse childhood experiences

Felitti, 2003

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"Our findings indicate the major factor underlying addiction is ACEs that have not healed. The study provides clinical evidence that unrecognized ACEs are a major, if not THE major, determinant of who turns to psychoactive materials and becomes 'addicted'." (Felitti, 2003)

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PARENTAL SUBSTANCE ABUSE

- Parents love their children but have a disease.
- They do not want them to repeat the cycle of addiction.
- Multiple generations: abuse/neglect themselves; teen parents; started using as young teens; likely did not experience nurturing or healthy family.
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PARENTAL SUBSTANCE ABUSE (2)

- Likely to have poor cognitive abilities and possible FAS or FASD. Some studies have found that learning disabilities are genetically linked with addiction, occurring on the same allele (Blum, Cull, Braverman, Cummings, 1996).
- Many do not have skills or abilities (even sober) to express love appropriately

Hence parents **cannot**
(versus will not)
provide supportive environments

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PARENTAL SUBSTANCE ABUSE (3)

- Alcohol with other drugs (prescribed and illegal)
- Mental health, poverty, homelessness, violence
- Separation, divorce and family violence
- AOD related physical & mental impairments
- Expenditure of household resources
- Frequent arrests, incarceration
- Lack support systems and estranged from primary family and related support

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PARENTS'
SUBSTANCE ABUSE DISORDERS
CAN COMPROMISE CHILDREN'S
DEVELOPMENT, AS WELL AS THEIR
MENTAL, EMOTIONAL AND PHYSICAL
HEALTH AT EVERY STAGE FROM
CONCEPTION ONWARDS

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CHILDREN OF ALCOHOLICS/ADDICTS*
 (AND GRANDCHILDREN AND GREAT GRANDCHILDREN)

Are more likely to

- 4x as likely to develop addiction
- Exhibit symptoms of mental health disorders (depression, anxiety, ADHD, compulsivity, panic attacks)
- Experience greater physical and mental health problems: 1.5x more injuries, and rate of total health care costs 32% greater
- Have difficulties with learning, memory and language, believe they will fail even if they are doing well, and score lower on tests measuring cognitive and verbal skills

National Assoc. for Children of Alcoholics (NACoA), 1999.
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COA/As (2)

Can include

- Lack of attachment to significant adult
- Physical and emotional abuse or neglect
- Inadequate supervision
- Multiple separations and changes in residence
- Toxic substances in home
- Interrupted and unsupported education
- Poverty
- Exposure to criminal and inappropriate adult behavior

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PRENATAL EXPOSURE

- FAS & Fetal Alcohol Spectrum Disorders (FASD)
 - Mental Retardation (FAS) – CDC and Prevention 2009
 - Impact
 - Language skills
 - Memory deficits
 - Cognitive deficits and altered brain structure
 - Poorer long-term spatial memory
 - Visual/motor integration
 - Impulse Control
 - Visual Attention
- Prenatal exposure to tobacco (10%) Hamilton, Hamilton, Minino, Martin, Kochanek, Strobino, Guyer 2007
 - Cognitive deficits, greater visual-spatial memory deficits, ADHD (Multiple studies: Dywer, Broide and Leslie, 2008; Jacobsen, Slotkin, Westerveld, Menci, Pugh, 2006; Pauly and Slotkin, 2008)

CHILDHOOD

Younger children more likely than older children to live with a parent with active substance abuse

- ALL brain development processes (critical to emotional, physical and mental health) need to occur in context of relationship to another human (another brain)*
- Long term impact as basic biological organization of brain occurs principally between 0-5

* Commission on Children at Risk, 2003 and Zero to Three, 2011

TEENS

- Period of significant brain growth, maturation, and remodeling specifically in the prefrontal cortex and regions of the brain critical for cognitive functions, such as judgment and insight.
- Parents active in their addiction, have difficulty meeting adolescents' needs for
 - Family Values
 - Structure
 - Lots and lots of communication
 - Providing models for having fun that's safe and AOD free
 - Limit Setting
 - Mentors

*National Center for Health Statistics, May 2010.

COAs AS TEENS

- Consequences of childhood can include depression, hopelessness, suicide and self-mutilation.
- Often teens
 - join gangs
 - become sexually active
 - have friends who use
 - drop out of or do poorly in school
 - become involved in crime (2/3's of juveniles arrested reported member of their family abusing. Pritchard & Payne, 2005)

ATOD, ABUSE, NEGLECT

- Underlying factor
 - 80% of child abuse/neglect (CASA, 1999)
 - 61% of domestic violence offenders (US Dept. of Justice)
 - 36% of domestic violence victims (Collins & spencer, 2002)
 - 68% manslaughters, 62% assaults (At Health, 2011)
 - 54% murders and attempts (At Health, 2011)
 - 48% robberies, 44% burglaries (At Health, 2011)

FOSTER CHILDREN

- Individuals are 2-3x more likely to drink before the age of 15 if they were abused*
- Youth who have been in foster care use illicit drugs more than general youth **
- Youth who have been in foster care had higher rates of need for treatment. Foster care youth were more likely to receive treatment than youth not in foster care (19.1% vs. 7.2%). **

* Emily Rothman, Sc.D., and team
 Boston University School of Public Health August 2008, [pediatrics](#).
 ** National Survey on Drug Use & Health, 2005 and 2011

FOSTER CHILDREN (2)

- Increased respiratory distress (allergies, asthma), sleep disturbances, auditory and visual disturbances, seizures, and eating concerns

Cautions

- Aggregate scores (averages) for reporting cognitive disabilities may give misleading results due to "swiss cheese" profile of these children
- Generalization of testing results into future

COURTS, CHILD WELFARE & SOCIAL SERVICES

Think, Pair, Share

- Clear relationship between preschool age children's cognitive delays, abnormalities in brain systems, neurological development and abuse/neglect.
- Foster children and children "at risk" for abuse and neglect are primarily children of alcoholics/addicts.
- Environmental exposure and greater genetic vulnerability make them more at risk for cognitive deficits, mental and physical health problems, substance abuse, and other acting out behaviors (teen pregnancy, breaking the law).

WHAT CAN BE DONE?

COAs are at greater risk in their lives, but we also know what to do to help them avoid repeating their families' problems. We can break the generational cycle of addiction. Charles Curie, former Administrator of SAMHSA (SAMHSA, 2003)

Attachment may be the key to breaking the multi-generational cycle of addiction and abuse.

Felitti, 2003

CRITICAL FAMILY FACTORS*

- **Secure and healthy parent/child attachment:**
Parental supervision; Consistent, fair discipline and monitoring; Communication of pro-social family values; Parental involvement in child's life; Supportive parenting (emotionally, cognitively, socially and financially); Organized family environment with consistency of activities (bedtimes, family meals and rituals); Family problem-solving and coping skills, especially under stress
- **Secure attachment with healthy, safe individuals**
- **Encouragement to become independent**

*United Nations Office on Drugs & Crime, 2009

IN YOUR WORK

1. Identify parental substance abuse and help families develop ability to talk about it.

Family Court Judges have noted that substance abuse is often NOT included in allegations in neglect petitions (NY State Office of Children Family Services, 2008)

IN YOUR WORK (2)

1. Identify parental substance abuse and help families develop ability to talk about it.

2. Emphasize: resilience, strength, connection.

- Engage in open and welcoming dialogue.
- Model respect. Validate their experiences.
- Recovery happens through healthy relationships - provide family-focused services and encourage all children to be involved.
- Provide safe, nurturing and consistent environments:
 - Free from violence, threats of violence, and substance abuse
 - Help families create **Family Safety Lists*** – include parental relapse.

IN YOUR WORK (3)

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection.

3. Provide family skill building programs that serve the WHOLE family (parents, caregivers, and ALL children).

- Family programs are effective in preventing many risky behaviors and changing family functioning.
- Parent education programs have not been found as effective

UN Office on Drugs & Crime, 2009

EFFECT SIZES FOR INTERVENTIONS

(YW 3)

IN-HOME FAMILY SUPPORT	1.62
FAMILY INTERVENTIONS	.96
FAMILY SKILL BUILDING	.82
PARENTING SKILLS	.31
LIFE/SOCIAL SKILLS TRAINING	.28
KNOWLEDGE PLUS	.05
SCHOOL-BASED	-.05



MORE EFFECTIVE

K. Kumpfer, R. Alvarado, H Whiteside, 2003

AND, OUTCOMES IMPROVE OVER TIME (YW3)

- In longitudinal studies
 - Youth only centered program outcomes reduced
 - Family programs outcomes improved
- Improving parenting skills reduces relapse and recidivism in drugs, crimes and child maltreatment.
- Parents are less stressed and depressed and relapse less frequently

K. KUMPFER 2011

IMPACT OF PARENTING (IYW 3)

"THE ABILITY OF EFFECTIVE PARENTING TO OVERRIDE GENETIC PREDISPOSITIONS TO RISKY BEHAVIORS DEMONSTRATES THE CAPACITY OF FAMILY-CENTERED PREVENTION PROGRAMS TO BENEFIT DEVELOPING ADOLESCENTS".

GENE H BRODY, PH.D., REGENTS PROFESSOR
DIRECTOR OF THE CENTER FOR FAMILY RESEARCH
UNIVERSITY OF GEORGIA, 2009.

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IN YOUR WORK⁽⁴⁾

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection.
3. Provide family skill building programs.
4. Utilize multi-modal, interactive teaching strategies:
 - Most family members will have some level of cognitive deficits due to chaos, stress, detoxing, in-utero exposure, abuse.

Cannot versus Will Not

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DEMONSTRATION

ACCOMMODATIONS (IYW 4)

Structure, structure, structure! Affirm, affirm, affirm!

- Environment! Reduce visual and auditory distractions.
- Clear, simple directions in order one step at a time.
- Use colored paper and block, capital printed letters. Don't mix cursive and printing. Avoid black/white.
- Posted, printed guidelines and consequences, reviewed *every time*.
- Avoid sarcasm and jokes.

ACCOMMODATIONS-2 (IYW 4)

- Be willing to paraphrase information (visually and orally).
- If you are losing someone's attention, stop and bring them back by saying their name or by gently touching them.
- Be prepared for – not impatient with – repetition of questions you have already answered.
- Teach simple stress reduction techniques. Deep breathing, positive self-talk.



IN YOUR WORK⁽⁵⁾

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection.
3. Provide family skill building programs.
4. Utilize multi-modal, interactive teaching strategies.

5. Teach basic healthy living skills:

- Utilize skill steps, role plays, practice, feedback
- Teach:
 - Centering, stress reduction
 - Safe People
 - Communication & listening
 - App touch/boundaries
 - Healthy relationships
 - How to ask for help
 - Social competencies: anger management/conflict resolution, decision making, goal setting, ability to say "no" (refusal skills)

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TEACHING SKILLS ^(IYW 5)

From *CELEBRATING FAMILIES!*TM

1. Discuss
2. Present steps
3. Ask for feedback
4. Elicit situation for this skill
5. Guide and monitor the role-play
6. Guide feedback after each role-play

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IN YOUR WORK⁽⁶⁾

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection.
3. Provide family skill building programs.
4. Services need to utilize multi-modal, interactive teaching strategies.
5. Teach basic healthy living skills.

6. Focus on

Reducing risk factors
Increasing protective factors
Increasing Developmental Assets.

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My Kind & Loving Grandfather (IYW 6)

Identification of one or more safe people is critical for EACH family member.

A safe person can be turned to for support, nurturing (relationship), help and safety.

- What happens when they are angry?
- Can you talk with them about your friends?
- Do they judge you?
- Does this person use drugs or drink alcohol?

RISK FACTORS* (IYW 6)

- Availability of ATOD
- Parental drug use (neglect & role modeling)
- Permissive parental attitudes towards use
- Child's early mental health needs
- Peers who use drugs
- Social isolation of families
- Child's favorable attitudes toward drug use
- Family management problems (lack of supervision, severe or inconsistent discipline)
- Lack of family rituals and dinners
- Poor family management and communication

* Hawkins, Lishner, Catalano, and Howard 1986

PROTECTIVE FACTORS (IYW 6)

- Development of strong bonds between parents and children is critical to children's healthy brain development
- Skills helping to establish bonds can be taught and nurtured:
 - Learning to set clear, nurturing limits/rules with consistent enforced consequences
 - Using clear, honest, respectful communication & listening

DEVELOPMENTAL ASSETS (IYW 6)

SEARCH Institute 2002, 2006

<p>EXTERNAL</p> <ul style="list-style-type: none"> • SUPPORT • EMPOWERMENT • BOUNDARIES AND EXPECTATIONS • CONSTRUCTIVE USE OF TIME 	<p>INTERNAL</p> <ul style="list-style-type: none"> • COMMITMENT TO LEARNING • POSITIVE VALUES • SOCIAL COMPETENCIES • POSITIVE IDENTITY
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IN YOUR WORK⁽⁷⁾

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection
3. Provide family skill building programs
4. Utilize multi-modal, interactive teaching strategies.
5. Teach basic healthy living skills.
6. Focus on reducing risk factors, increasing protective factors, Developmental Assets.

7. Help children/parents develop attachment

- Using statements of care
- Developing “parting rituals” (Reading , Armstrong – Wink, *Kissing Hand*, Under the Same Moon)
- Learning skills to build **consistent**, safe, predictable relationships

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IN YOUR WORK⁽⁸⁾

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection
3. Provide family skill building programs
4. Utilize multi-modal, interactive teaching strategies.
5. Teach basic healthy living skills.
6. Focus on reducing risk factors, increasing protective factors, Developmental Assets.
7. Help children/parents develop attachment

8. Help individuals develop empathy and expand their world view

- Provide opportunities to be of service to others
- Help each family member see beauty
- Be a model

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IN YOUR WORK

1. Identify parental substance abuse and help families develop ability to talk about it.
2. Emphasize: resilience, strength, connection
3. Provide family skill building programs
4. Utilize multi-model, interactive teaching strategies
5. Teach basic healthy living skills.
6. Focus on risk factors, protective factors and Developmental Assets.
7. Help children/parents develop attachment.
8. Help individuals develop empathy and expand their world view by learning to give to others and to see beauty in the world

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ALL ABOUT RELATIONSHIP

"The relationship between judges and offenders is central to Drug Courts' success." (Tauber & Huddleston, 1999)

Addiction is about the brain (dopamine reward systems) which need to re-calibrate. **ALL brain development processes need to occur in context of relationship to another human (another brain).** Commission on Children at Risk, 2003 and Zero to Three, 2011

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PREDISPOSED NOT PREDESTINED

- Traditional nature versus nurture debate is simplistic and **scientifically obsolete**
- **Early experiences** clearly influence brain development
- focus on birth to three begins too late and ends too soon.
- Early intervention programs that work are **rarely simple, inexpensive or easy to implement.**

*From *Neurons to Neighborhoods: Science of Early Childhood Development*, Institute of Medicine, National Research Council (2000)

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WHAT'S ON YOUR LIST?

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RIPPLES

- **Trauma** - Potential triggers
- Promote recovery - model, model, model
- Watch transitions
- Minimize **number** of placements of children
- Encourage children to ask for help. Assure them asking for help is a sign of strength. Do they have a safe adult? Offer your own examples
- Validate they are not alone
- Remember **your own** care

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www.nacoa.org,
www.preventionpartnership.us

ADDITIONAL SLIDES: FAMILY FOCUSED PROGRAMS

Listing of programs found to be effective with high risk families.
[www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=family programs](http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=family+programs)

There is no one best family-focused program.

Select programs based on:

- Ages of children
- Cultural appropriateness
- Family needs: presence of substance abuse, mental health, abuse, neglect

AOD USE CONTINUUM & CHILDREN SAMHSA 2005

ANY SUBSTANCE USE – "SOCIAL"	<ul style="list-style-type: none"> •DRIVING •USE DURING PREGNANCY
SUBSTANCE ABUSE - "HIGH RISK USE"	<ul style="list-style-type: none"> •UNSAFE SUBSTITUTE CARE •NEGLECT •UNSUPERVISED •INCONSISTENT BEHAVIOR

AOD USE CONTINUUM & CHILDREN SAMHSA 2005

ADDICTION <ul style="list-style-type: none"> • TOLERANCE • WITHDRAWAL • UNABLE TO CONTROL USE • FOCUS • CONTINUED USE 	<ul style="list-style-type: none"> • ADDICTION DOMINATES • FINANCIAL IMPACT • LACK ABILITY TO THINK LOGICALLY OR MAKE RATIONAL DECISIONS
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(SAMHSA, 2005)

EFFECTS OF SUBSTANCES

(NIDA, 2003)

ALCOHOL

LOWERS INHIBITIONS
IMPAIRS JUDGMENT
DIMINISHES MOTOR
COORDINATION

- FORGET, NEGLECT DUTIES
- STAY OUT ALL NIGHT
- RAGES AND DEPRESSION – UNSTABLE ENVIRONMENT

COCAINE

HEIGHTENS SENSES
INFLUX ENERGY
INC. IRRITABILITY
INC. AGRESSION
PSYCHOTIC DISTORTIONS

- DISTORTS THOUGHTS
- MISINTERP CHILD'S INTENT & MAGNIFIES IMPACT LEADING TO ANGER AND IMPATIENCE

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IMPACT OF SUBSTANCES

(NIDA, 2003)

CRACK – SMOKEABLE

RAPID CYCLE "HIGH" ANXIETY,
DEPRESSION, PARANOIA, & INTENSE
CRAVING

HEIGHTENS FEELINGS OF POWER AND
CONTROL OVER ONE'S LIFE

LEAVE KIDS ALONE

FINANCIAL – BARREN HOMES
(& REFRIGERATORS)

WHATEVER IT TAKES – SACRIFICE
HEALTH OF LOVED ONES

INCREASE OF SEXUAL ABUSE

HALLUCINOGENS

DISTORT REALITY:
DIRECTION, DISTANCE, TIME

CAN PRODUCE UNPREDICTABLE,
ERRATIC AND VIOLENT BEHAVIOR

FORGET OR NEGLECT

LEAVE ALONE

THOUGHT DISTORTION AND
MISPERCEPTION

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IMPACT OF SUBSTANCES

(NIDA, 2003)

HEROIN

TOLERANCE

INJECT, SNORT OR SMOKE

EUPHORIA, WAKEFUL THEN
DROWSY STATES

FORGET OR NEGLECT

LEAVE ALONE

"NOD OUT" UNABLE TO SUPERVISE

EXPOSURE TO DEALERS, USERS,
UNSAFE AND DANGEROUS
SITUATIONS

MARIJUANA

SLOWS DOWN NERVOUS

SYSTEM FUNCTION, DROWSY,
CALMING EFFECT

FORGET OR NEGLECT

LEAVE ALONE

FALL ASLEEP & UNABLE TO
SUPERVISE CHILDREN

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EFFECTS OF SUBSTANCES (NIDA, 2003)

OPIOIDS PAIN MEDS

- FORGET OR NEGLECT
- LEAVE ALONE
- NEGLECT
- "NOD OUT"
- EXPOSURE TO DEALERS ETC.

STIMULANTS

- SLEEP-WAKE CYCLE DISTORTED, UNABLE TO ATTEND NEED FOR STRUCTURE AND PATTERN
- IMPATIENT, IRRITATED
- MEALS NOT IMPORTANT

EFFECTS OF SUBSTANCES (NIDA 2003)

METHAMPHETAMINE

EUPHORIA FOLLOWED BY
"CRASH" – IRRITABLE,
ANXIOUS, PARANOID,
AGGRESSION

- MAY NOT PROVIDE SUPERVISION
FOOD, HYGENE, MEDICAL NEEDS
- OFTEN RELATED TO VIOLENCE, AGGRESSION, PARANOIA
- ENVIRONMENTAL EXPOSURE

EFFECTS OF SUBSTANCES (NIDA 2003)

DEPRESSANTS

- FORGET/ NEGLECT
- ALONE
- FALL ASLEEP, UNABLE TO SUPERVISE, PROTECT

Children of Parents Who Use or Produce Methamphetamine

(Illinois Dept. of Children & Family Services, 4,2010)

TYPE OF EXPOSURE	IMPLICATIONS AND RISKS
PARENTS USE, ABUSE OR ARE DEPENDENT ON METHAMPHETAMINE	CHILDREN FACE MANY OF THE SAME RISKS AS CHILDREN OF OTHER DRUG USERS; PARENTS LESS LIKELY TO BE INCARCERATED.
MOTHER USES METHAMPHETAMINE DURING PREGNANCY	BIRTH DEFECTS, FETAL DEATH, GROWTH RETARDATION, PREMATURE BIRTH, LOW BIRTH WEIGHT, DEVELOPMENTAL DISORDERS, DIFFICULTY SUCKING AND SWALLOWING, AND HYPERSENSITIVITY TO TOUCH AFTER BIRTH
PARENTS MANUFACTURE DRUGS IN THE HOME	CHILDREN MOST AT-RISK FOR CONTAMINATION AND NEED FOR MEDICAL INTERVENTIONS.
PARENTS DISTRIBUTE OR SELL DRUGS	CHILDREN AT INCREASED RISK DUE TO PERSONS IN THE HOME PURCHASING AND/OR USING DRUGS.
PARENTS OPERATE A "SUPER LAB" MANUFACTURING LARGE QUANTITIES OF DRUGS	CHILDREN LESS LIKELY TO BE IN THESE SETTINGS BUT MAY EXPERIENCE ENVIRONMENTAL EXPOSURE; PARENTS WILL BE INCARCERATED.

Resources

- Addiction Series – a feature length documentary available from www.HBO.com/addiction. Click on the far right link "The Films" to view online or purchase through the HBO Shop link at HBO.com.
- Al-Anon Family Groups. *What's "Drunk" Mama?* Al-Anon Family Group Headquarters, Virginia Beach, VA 1977.
- Amen, Dan. Has a number of DVD's and books that are valuable including *Which Brain Do You Want?* - Mindworks Press: www.mindworkspress.com
- Anda, Robert, MD, MD. Health and Social Impact of Growing Up with Alcohol Abuse and Related Adverse Childhood Experiences. Available at www.celebratingfamilies.net/pdf/Robert_Anda_article.pdf
- Black, Claudia has a number of books and CDs, including *It Will Never Happen To Me*, *My Dad Loves Me*, *My Dad Has a Disease*, 3rd Edition & *Straight Talk*. Order from: www.claudablack.com.
- Brown, Stephanie PhD and Abbott, Stephanie MA. *Children of Alcoholics in Family Therapy* 2005 available at www.celebratingfamilies.net/pdf/Abbott-Brown_article.pdf
- *Celebrating Families!* www.celebratingfamilies.net - *Celebrating Families!* is an evidence based cognitive behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect.
- Chasnoff, Ira, J., MD *The Mystery of Risk: Drugs, Alcohol, Pregnancy, & the Vulnerable Child*. NTI Upstream, Chicago, 2010
- Children's Program Kit. Available through NACoA – 1-888-554COAS.
- Dayton, Tian, Ph.D. TER. *The Set Up: Living with Addiction* available at www.claudablack.com/membership/terdayton.html
- Faces and Voices of Recovery - www.facesandvoicesofrecovery.org
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- Join Together - <http://www.jointogether.org/>
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- National Center on Addiction and Substance Abuse at Columbia (CASA) www.casacolumbia.org
- National Center on Substance Abuse and Child Welfare (NCSACW) www.ncsacw.samhsa.gov
- National Clearinghouse for Alcohol and Drug Information (NCADI) www.ncadi.samhsa.gov
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov
- National Institute on Drug Abuse (NIDA) www.nida.nih.gov
- Nurturing Families - www.nurturingparenting.com. Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect.
- Penn, Audrey. *The Kissing Hand*. Child and Family Press; 1993; ISBN#: 978-0878685851.
- *Recovering Hope: Mothers Speak Out About FASD* from SAMHSA's FASD Center for Excellence. Free. www.recoveringhope.com
- Recovering Together. A substance abuse treatment program for the whole family. Curriculum available on-line at <http://www.claritycounseling.com/OpenRTPdisc.html>.
- Strengthening Families. www.strengtheningfamilies.org. Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old.
- Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov
- Sweeney, Joan. *Me and My Family Tree*. Crown Publishers; 1999. ISBN#: 0-517-70966-X; ISBN#: 0-517-38597-2 (paperback)
- Yeh, Emerald *Lost Childhood* DVD. Available through National Association for Children of Alcoholics (NACoA). 1-888-554COAS. Cost: \$29.95 plus shipping and handling.

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