

Making the difference



**Professional Training for Supporting
Families with Addiction Issues.**






**Co-funded by
the European Union**

A training curriculum developed in the Erasmus+ partnership
“Working with families with addiction issues – Qualification
makes the difference”.

How to use this curriculum

To navigate within the document

	Next page
	Previous page
	Back to content

Symbols used within the document

	Exercise
	Discussion prompt
	Case examples
	Trainer's guide
	Online options

The headings on the following page are clickable, taking you straight to the right page. You can click the bullet at the bottom of each page to return to this overview.



CONTENT

Introduction

p. 6

Purpose and scope of this curriculum	p. 6
Background & context	p. 7
Target groups of this curriculum	p. 7
Core principles of the curriculum	p. 8
Criteria for trainers	p. 10
Instructions for trainers	p. 10

Content: Training modules	p. 15
---------------------------------	-------

Introduction of 4 scenarios	p. 16
-----------------------------------	-------

Module 1: Addiction in the family

p. 17

Block 1.1: Understanding family dynamics and impact on children in families with addiction issues	p. 17
Block 1.2: Risk & protective factors for children in families with addiction issues	p. 21
Block 1.3: Long-term impact of addiction on family: Attachment, trauma, and developmental risks	p. 26



Module 2: Understanding addiction

p. 31

Block 2.1: Understanding addiction	p. 31
Block 2.2: Understanding stigma and its impact on families	p. 35
Block 2.3: A stress- and trauma-sensitive approach	p. 44

Module 3: Communication with families with addiction issues

p. 48

Block 3.1: Professional attitude and empathy	p. 49
Block 3.2: Non-verbal communication skills according to the SURETY Model	p. 54
Block 3.3: Motivational Interviewing for working with families with addiction issues	p. 57

Module 4: Parent-focused support: Addressing risks, needs, and building parental skills

p. 69

Block 4.1: Initiating contact with parents across different settings	p. 70
Block 4.2: Raising concerns and child protection	p. 73
Block 4.3: Supporting the parent as a person with their own needs	p. 77
Block 4.4: Enhance parental skills and the child-parent relationship	p. 79
Block 4.5: Practical interventions	p. 82



Module 5: Supporting children in families with addiction issues in various settings

p. 84

Block 5.1: Understanding the impact on children	p. 85
Block 5.2: Early intervention and prevention	p. 87
Block 5.3: Practical strategies for supporting children across various settings	p. 88
Block 5.4: Conversations with the children	p. 94

Module 6: Integrated approaches to family support and networking

p. 99

Block 6.1: Introduction to an integrated family-centred approach	p. 99
Block 6.2: Legal considerations & support offers	p. 104

Module 7: Self-care and burnout prevention for professionals working with families with addiction issues

p. 110

Block 7.1: Understanding burnout among professionals working with families with addiction issues	p. 111
Block 7.2: Burnout prevention and self-care	p. 113

Recommendations by the project group	p. 124
Project group	p. 126
Imprint	p. 127



1. Introduction

Purpose and scope of this curriculum

To engage with families with addiction issues is crucial for identifying vulnerable children early and preventing risks to the children in these families. However, this presents complex challenges for professionals across various services and help systems (Bella Donna, 2015).

Therefore, the curriculum aims to equip professionals with the necessary knowledge and skills to effectively support these families, especially the children, as early as possible. It aims to raise awareness of the particular challenges faced by these families, promote the destigmatisation of addiction – particularly in the family context – and provide better support for parents and children.

The curriculum therefore provides comprehensive material for trainers who wish to train professionals and services dealing with families with addiction issues, with a particular focus on professionals from the health, school, social work and child protection sectors. It was created as part of the **Erasmus+ small-scale partnership ‘Qualification makes the difference’**, which involved professionals from the field of addiction and family support from nine EU countries.

Furthermore, a key strength of this curriculum is that it is based on real-life experiences. All project partner conducted interviews and online surveys with adult children of parents with addiction issues or with the parents themselves, and gathered insights about their interactions with support services and professionals in nine countries. The curriculum was developed collaboratively, with the needs of families, especially children, and professionals at the forefront.

In the previous EU-funded project [“Make the difference \(MTD\)”](#) the project group focussed on Cooperation of help systems and child protection in families with addiction issues (LWL, 2023). We are now pleased to present the curriculum **“Making the difference: Professional Training for Supporting Families with Addiction Issues”** as the next step in equipping professionals to offer support and improve outcomes for affected families. We hope sincerely that this curriculum will encourage experts, stakeholders and decision-makers in EU countries and beyond to invest in qualification of professionals working with families with addiction issues and encourage experts to offer trainings based on this curriculum and professionals to undertake trainings.

We value the input of all professionals who use this curriculum, as it is designed to be an Open Educational Resource. Your feedback is essential for us to continually improve and adapt the content to meet the needs of diverse professional settings. We encourage you to share your experiences, suggestions, and insights through our feedback form, which can be accessed via the QR code provided. Your contributions will help ensure the curriculum remains a practical and effective tool for supporting families with addiction issues.

Sincerely,
the project group of “Working with families with addiction issues – Qualification makes the difference”.

<https://www.lwl.org/lime3/index.php/766687?lang=en>



Background & context

Children growing up in families with addiction issues face numerous risk and developmental factors (Velleman & Templeton, 2016). Identifying and supporting these children early on and prioritizing their healthy development is a task and challenge for professionals across all fields, disciplines, and institutions (Bella Donna, 2015). This being said, the prevalence of children living with parents with addiction issues is much higher than commonly recognized. However, children and adolescents often ask for and/or receive help only when they begin to exhibit developmental and behavioural problems (Kölch et al., 2014). One reason is that seeking help and approaching authorities, such as social services, addiction services, child protection services or youth welfare offices, can be difficult for families due to a lack of information and shame (Council of Europe, 2022). The interviews conducted in this project underline the insights of the Council of Europe.

Professionals in schools and education, healthcare, social service and child protection services but also early life services, midwifery, first responders and the justice system – all interact with children and families with addiction issues. They all have the potential to support these children. However, to do so effectively, they need to be sensitized to the signals and characteristics of these families and gain a deep understanding of the issues these families face. Furthermore, families with addiction issues suffer immensely from addiction-related stigma (e.g. NACoA, 2018 & Starlings, 2022). It is essential to address and reduce this stigma to provide better support for these families.

A comprehensive approach requires early identification of these families, particularly focusing on the needs of the children, and the ongoing qualification of all relevant professionals (Orford, 2015).

“I have fears, doubts and feelings of guilt. One of my biggest fears is that I could lose my children”.

– Belgium: 34-year-old mother of two children with an addiction disorder

Target groups of this curriculum

This curriculum can be used for training various professionals who interact with families with addiction issues across settings, whether they are dealing with children or parents. The target groups for this training therefore include educators, social workers, healthcare providers, early childhood professionals, justice system personnel, and others.

To simplify, throughout the curriculum we will mainly refer to social workers, child protection workers, healthcare professionals and education professionals/teachers.¹

¹ <https://nacoa.org/professionals/>



Trainers

Potential trainers will use the curriculum to prepare and offer trainings for professionals who interact with families with addiction issues. The trainers should fulfil the criteria defined in the next section.

Participants

Professionals in various sectors who may interact with families with addiction issues (children or parents) can participate in trainings based on this curriculum.

Families with addiction issues

The families and specifically the children will benefit from professionals who have more knowledge, skills and empathy and who are more aware of the families and their struggles.

Core principles of the curriculum

1. Based on real-life experiences

This curriculum is firmly grounded in real-life experiences shared by families with addiction issues and directly addresses their challenges. Data collected from families across nine countries revealed several key themes. These include the need for non-judgmental, empathetic support from professionals, the importance of early identification of vulnerable children, and the necessity of practical assistance for both children and parents.

Families emphasized the serious impact of stigma and systemic barriers such as long waiting times and inadequate services, which hinder(ed) their access to help. They also highlighted that professionals who build trusting relationships, genuinely listened to their concerns, and adapted their approach to the unique needs of each family provide the most effective support. By using this data, the curriculum directly responds to the real-world obstacles families encounter and promotes a practical, empathetic, and destigmatized approach to supporting families with addiction issues.

2. Addressing stigma connected to addiction

Stigma surrounding addiction and families affected by it must be actively fought. Professionals should be trained to adopt a non-stigmatizing attitude, recognizing the humanity and complexity of individuals struggling with addiction and their families. Through education and awareness, stigma can be reduced and empathy and understanding promoted. This curriculum is designed to support and promote these essential values.



3. Comprehensive family-centred approach

Parental substance use or addiction impacts the entire family, changes dynamics and negatively affects the (mental) health and development of children. Therefore, professionals need to see the whole family.

Effective support for families with addiction issues requires addressing the needs of all members, especially children, who are often overlooked. Each family member, particularly children, needs individual support.

4. Continuous learning and ongoing reflection

The field of addiction and family support is constantly evolving, making it crucial for professionals to stay up to date with the latest research, trends, and best practices. Organizations should implement a structured plan for ongoing professional development and actively engage their networks and colleagues (LWL, 2023: 44ff). Practices and interventions should be guided by data and research to ensure they are evidence-based. Trainers using this curriculum should highlight the importance of continuous learning, encouraging participation in workshops and ongoing education to maintain a high standard of care.

5. Training alone is not enough

While the qualification of professionals through training is crucial, it is important to emphasize that training alone is not sufficient. Beyond training, professionals require the support of their organizations, supervision, and collaboration with other relevant help systems (see LWL, 2023). Additionally, professionals need a strong team and network to exchange knowledge and support one another, as well as to ensure they do not work in isolation. It is also essential that professionals keep in mind their own well-being to maintain the capacity to adequately serve families. Moreover, increased awareness among policy makers and the general population is needed to address the barriers that prevent these families from accessing adequate support. Creating a supportive environment for professionals to apply what they learn is essential for long-term impact.



Criteria for trainers

This curriculum is intended to be used only for training purposes by individuals who have the necessary qualifications and experience, including:

- 1. Professional background:** Psychologist, social worker, sociologist, or similar qualification.
- 2. Expertise:** Understanding of addiction, strategies for parental support, communication skills, child psychology (basics) and awareness of the needs of children in households with addiction issues.
- 3. Insights:** Familiarity with counselling options and support systems available for children and parents in the country/region/locally.
- 4. Didactic knowledge:** Experience in conducting trainings, including familiarity with training methods and exercises suitable for adult learning.
- 5. Practical experience:** Ability to use relevant case-studies to illustrate theoretical concepts.
- 6. Attitude and approach:** A non-stigmatizing, family-centred approach with respect and openness towards participants, irrespective of their backgrounds or experiences.
- 7. Adherence to confidentiality and ethical principles,** e.g. the Global Social Work Statement of Ethical principles, Global Standards for Social work education and training, UN Convention on the Rights of the Child (UNCRC) or the Ethical principles of the Psychologists and Code of Conduct of the American Psychological Association (APA).
- 8. Evaluation and feedback:** Competence in evaluating learning outcomes and providing constructive feedback to participants.

Instructions for trainers

Customized training

- The curriculum provides a basis to put together customized trainings for different kinds of professionals interacting with families with addiction issues. Certain topics will certainly require more in-depth research, e.g. local, regional or national specificities, data, legal issues or topics that may be of particular relevance to certain professionals.
- Trainers are encouraged to address the topics of all 7 modules of the curriculum, while being free to set deeper focus on certain modules according to the background of participants.



Modular design

- Each module is designed to stand alone, allowing trainers to select relevant sections based on their own and their participants' needs.
- The content of the curriculum is not exhaustive.
- It is recommended to follow the proposed order.

Trainer's guide: Using data and interpreting prevalence

Trainers should focus on understanding and utilizing national data on addiction and its impact on families to enhance their practice. This involves researching and interpreting relevant data from reliable sources such as national health ministries, European Union Drugs Agency (EUDA) and the World Health Organization (WHO). By incorporating this data into training modules and facilitating discussions, trainers can illustrate the scope and effects of addiction on children and families. This approach is crucial for building awareness, advocating for policy changes, improving services, and reducing stigma. Moreover, accurate data helps professionals tailor interventions to the specific needs of vulnerable families, ensuring more effective support and advocacy.



Reliable data sources

- National reports (e.g. from health or family ministries, other public authorities or national monitoring centres).
- Surveys such as European School Survey Project on Alcohol and Other Drugs (ESPAD) or population-based studies.
- International organizations like WHO, EUDA, and the United Nations Office on Drugs and Crime (UNDOC), which provide data on drug and addiction trends.
- National data from child welfare ministries, non-profits, and academic research.
- Avoid unverified sources and media sensationalism.

Interpreting the data

National surveys typically collect data on lifetime use, use within the past year, and use in the past month. Some surveys also use tools like the Alcohol Use Disorders Identification Test (AUDIT) and the Cannabis Abuse Screening Test (CAST) to identify heavy or problematic use. Understanding these distinctions is crucial for accurate interpretation. While data on substance use provides insights into prevalence and trends, it does not directly indicate the severity of addiction. For instance, while 40% of 16-year-olds in the ESPAD study have used marijuana at least once in their life, this does not necessarily indicate widespread serious substance use or addiction.



Gap identification

Monitoring drug use data through health registries and support organizations is crucial for understanding the scope of addiction. However, it is important to recognize that the number of individuals seeking help is often lower than the estimated number of those with problematic use. This discrepancy reveals a significant gap between the estimated need for support and the actual help sought, highlighting that many individuals, including children affected by parental addiction, may remain underserved. This underscores the need for expanded outreach and improved service access.

Recommendations for continuous data update

- Stay updated with annual reports from reliable sources.
- Avoid media sensationalism and verify claims.

Use data for advocacy

Up-to-date data on addiction and substance use can support advocacy and organisations that help people with substance use in various ways:

- 1. Use data for educational campaigns** to inform about the risks associated with substance use and raise awareness and draw attention to the need for support and intervention.
- 2. Leverage data to influence policy** (e.g. increase funding for prevention, treatment, harm reduction or child welfare) and resource allocation, e.g. obtain funding.
- 3. Identify the most vulnerable groups** (e.g. adolescents, homeless people) based on data and tailor interventions and services to their needs accordingly.
- 4. Use data to support partnerships between organizations** and ensure a comprehensive approach to treatment and support for families with addiction issues.
- 5. Analyse trends** regularly to plan and adapt strategies, which will help in long-term planning and responding to new challenges.
- 6. Use data to challenge stigma** and by that support the inclusion of people who use drugs and their families'.



Resources:

- European Union Drugs Agency (EUDA): https://www.euda.europa.eu/index_en, including country profiles, annually European Drugs Report, [the Best practice Portal](#) – evidence database.
- EUDA. Health and social responses to drug problems: a European guide: URL: https://www.euda.europa.eu/publications/health-and-social-responses-a-european-guide_en (accessed 17.09.2024).
- EUDA: Families of people who use drugs: health and social responses. 2023. URL: https://www.euda.europa.eu/sites/default/files/pdf/14979_en.pdf?390211 (accessed 17.09.2024).
- UN Office on Drugs and Crime. 2024. World Drug Report. URL: <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html> (Accessed 17.09.2024).
- UN Office on Drugs and Crime. Prevention, Treatments, and rehabilitation Section. URL: <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html> (accessed 17.09.2024).
- International studies supported or implemented by EUDA: [European Web Survey on Drugs \(EWSD\)](#), [European School Study on Alcohol and Drugs \(ESPAD\)](#) including information on the results for each country and international comparisons.
- WHO:** <https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours>
- Reference and further reading**
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- National Association for Children of Addiction (NACoA)(Ed.)(2018). *Children Impacted by Addiction: A Toolkit for Educators*. Kensington, Maryland.
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- WHO (2014), *Guidelines for the identification and management of substance use and substance use disorders in pregnancy*, World Health Organization, Geneva. URL: www.who.int/publications/item/9789241548731 (accessed on 16.10.2024).

Professional associations

International Society for the Prevention of Child Abuse & Neglect (Reports, Webinars and other resources): <https://ispcan.org/>

Scientific journals

Child Abuse & Neglect. The International Journal: <https://www.sciencedirect.com/journal/child-abuse-and-neglect>

Children and Youth Services Review: <https://www.sciencedirect.com/journal/children-and-youth-services-review>



Content: Training modules

This curriculum emphasizes empathy, understanding, and a comprehensive approach to supporting families with addiction issues. Each module is designed to address specific needs and challenges faced by professionals in different settings. Figure 1 provides a rough overview. The modules are starting with a broad scope, providing context and foundational knowledge in Modules 1 and 2, then move on to specific skills in Modules 3-5 and a holistic family-centred approach in Module 6, and finally address the well-being and professional development of the participants in Module 7. This logical flow ensures that participants build on their knowledge and skills progressively, preparing them to support families with addiction issues effectively and sustainably.

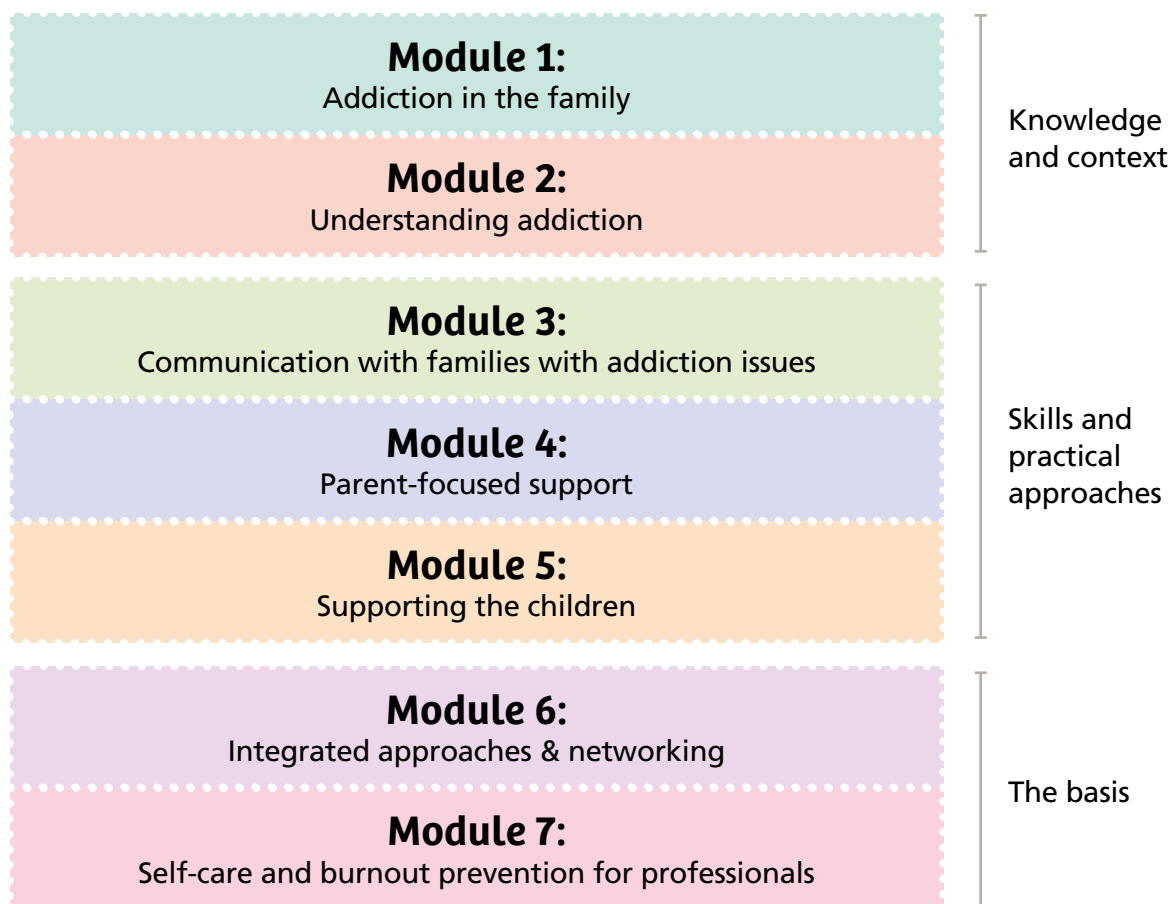


Figure 1: Overview of the included modules.

Structure of each module

- **Overview incl. learning objective & content.**
- **Content:** Details and theory on the subject matter.
- **Trainer's guide** for delivering the module.
- **Additional resources:** Exercises, discussion prompts, case examples, online resources and references for further reading.



Introduction of 4 scenarios

Since not every family with a parent who uses substances or has addiction issues has the same needs, the curriculum includes four distinct scenarios to address diverse family situations.



Scenario 1: The Müller family (Parent in treatment)

Sarah Müller, a 35-year-old single mother, has been struggling with alcohol addiction for several years. Recently, she entered a rehabilitation program and is actively participating in therapy and support groups. Sarah's two children, **Lukas (10) and Emma (6)**, are affected by her addiction. Emma, mature for her age, has taken on adult responsibilities at home, while Lukas has become more withdrawn and anxious. This scenario explores the challenges of supporting Sarah in her recovery while addressing the emotional needs of her children.

Scenario 2: The Novak family (Parent not in treatment)

Thomas Novak, 40, has developed a dependency on prescription pain medication following a back injury. Despite his wife Petra's encouragement and his doctor's advice, Thomas is not ready for abstinence-based treatment, believing he can manage the situation on his own. The Novak family includes two children, **Katarina (12) and Filip (8)**, who are both showing signs of stress due to their father's condition. This scenario focuses on how professionals can engage with a parent in denial about their addiction and support the family when treatment is not yet being pursued.

Scenario 3: The Martins family (apparent risk/harm to the child)

Ana Martins, 29, is a single mother struggling with methamphetamine addiction, which is causing significant harm to her **four-year-old son, David**. Ana's erratic behaviour, financial instability, and neglect of David's basic needs have raised concerns among day-care staff and social services. This scenario highlights the complexities of intervening when a child's safety is at immediate risk, while supporting the child-parent-relationship and addressing the mother's need for treatment.

Scenario 4: The Conte Family (Cannabis use without addiction or apparent harm)

Maria Conte, 41, is a single mother of two sons, Alessandro (15) and Matteo (9). Maria uses cannabis regularly to manage chronic back pain and concentration difficulties. Although her cannabis use is controlled and does not appear to harm her children, a report from a concerned neighbour has brought the family to the attention of social services. This scenario examines how professionals can assess substance use that doesn't meet the criteria for addiction and support a family where substance use is present but not (yet) necessarily harmful.

**All names and scenarios are 100% imaginary, but are based on experiences of professionals and interviews with families with addiction issues in this project. The names can be adapted towards the country or culture in which the training takes place.*



Module 1:

Addiction in the family

Learning objectives

- Get a comprehensive understanding of how addiction impacts family dynamics.
- Empower professionals to identify, assess, and support children affected by parental addiction.

Content

Block 1.1: Understanding family dynamics and impact on children in families with addiction issues

Block 1.2: Risk & protective factors for children in families with addiction issues

Block 1.3: Long-term impact of addiction on family: attachment, trauma, and developmental risks.

Trainer's guide:

At the very beginning of the training, the scenarios, i.e. the exemplary families should be introduced as they will accompany the whole training > **page 15**.



Block 1.1:

Understanding family dynamics and impact on children in families with addiction issues

Addiction profoundly alters family roles and relationships and causes stress that impacts every family member. Recognizing these dynamics and their effects is essential for providing effective, compassionate support to families and children.



<https://www.lwl.org/lime3/index.php/766687?lang=en>



a) Children's needs

In order to ensure healthy development, certain emotional and psychological needs of children must be met by their parents:

- **Security and safety:** Children need to feel secure and protected, knowing that their parents will respond to their needs and provide a safe environment.
- **Emotional engagement:** Consistent expressions of love are crucial for a child's development.
- **Time and attention:** Parents must be available and responsive to their children, fostering a sense of importance and belonging.
- **Predictability and structure:** A structured environment with clear routines provides children with a sense of continuity and reliability.
- **Education and guidance:** Children require ongoing education and guidance to navigate life's challenges.
- **Encouragement and support:** Positive reinforcement and support help children develop confidence and resilience.
- **Respect and autonomy:** Children thrive in a healthy way when they are respected and encouraged to explore their autonomy in a safe environment.
- **Opportunities for growth:** Exposure to diverse experiences and challenges aids in their overall development.
- **Healthy environment:** A safe and caring environment is essential for their physical and emotional well-being.

b) Family dynamics in the context of addiction

Addiction disrupts the typical patterns of interaction and relationships within a family, often leading to significant changes:

- **Increased conflicts:** Addiction often leads to heightened tensions and arguments within the family.

- **Unpredictable behaviour:** Parents struggling with addiction may exhibit erratic moods and behaviour, creating an unstable home environment.
- **Loyalty conflicts:** Children may feel torn between supporting the parent and maintaining family harmony.
- **Unreliability:** Addiction can lead to unreliable routines and unfulfilled commitments, which further destabilizes the family structure.
- **Higher incidence of abuse and neglect:** The stress and dysfunction associated with addiction can result in neglect and, in some cases, abuse.

Children exposed to these conditions often experience extreme stress due to the unpredictability of their environment. This stress can lead to maladaptive coping mechanisms, including taking on adult responsibilities prematurely, a high degree of adaptation, emotional withdrawal and isolation.

Changes in the parents due to addiction

- **Cognitive changes:** Lying behaviour (denial/projection/reversal to protect oneself from being confronted with his/her own dysfunction), lower or changes in the awareness, rigidity, memory and orientation problems, physically present but psychologically absent – a lot of time goes to 'using'.
- **Affective changes:** Apathetic, narrow, not able to bear feelings, less responsibility, no self-esteem, a lot of shame and guilt, emotional lability, feeling depressed/ crying a lot, talking about trauma in the wrong context, impulsive/aggressive behaviour, financial worries, not able to put things in perspective.
- **Physical changes:** Polyneuropathy, sexual changes, heart/liver problems, pancreatitis, fractures, sexual problems.

Dysfunctional roles of children in families with addiction issues

Children in families affected by addiction often adopt roles to cope with their situation, though these roles can sometimes hinder their development. Various sources describe how family members, especially children, respond when a parent has an addiction. Wegscheider's (1988) model identifies four typical roles: The Hero, the Lost Child, the Mascot, and the Scapegoat

(Table 1). Recognizing these roles can help us understand how children are impacted by and adapt to the challenges in their family, even if their outward behavior doesn't always reflect their internal struggles. However, it is important to recognize that these roles are based on observations rather than scientific research, so not all children will fit neatly into these categories and some may display mixed traits.

Table 1: Typical behaviour patterns according to Wegscheider (1998)

Hero/ Perfect Child	Strive for perfection to maintain a facade of normality, often suppressing their own needs and becoming over-responsible. They may struggle with the pressure of their role and the pain of witnessing a parent's suffering.	Katarina in Scenario 2 might keep up appearances and protect her father at the expense of her own emotional well-being.
Lost child	Withdraw from family interactions to avoid conflict, becoming isolated and inconspicuous. They often feel insignificant and struggle with insecurity and decision-making. ²	Lukas in Scenario 1 might become anxious and withdrawn as a way to cope with instability at home.
Mascot/ Clown	Uses humour or silliness to deflect stress and hide their pain. They may feel powerless and try to avoid conflict by being humorous, but this can lead to anxiety or depression.	Filip's behaviour in Scenario 2 could involve deflecting family stress through rebellious or humorous actions.
Scapegoat	Takes on the blame for family problems, often expressing collective anger or guilt. This role shields the parent from blame and resentment, and may involve acting out through violence or risky behaviours.	In Scenario 3, if David were older, he might become the scapegoat for issues related to his mother's addiction.

Source: Wegscheider, 1988

² Landeszentrale für Gesundheitsförderung in Rheinland-Pfalz e.V. 2016

Parentification

In many families affected by addiction, children may experience parentification, taking on adult roles and responsibilities due to parental neglect. Parents with substance use issues often fail to provide consistent physical, material, and emotional care, leaving children's basic needs for closeness, affection, and love unmet (Backett-Milburn et al., 2008). As a result, everyday tasks are often redistributed, and children are assigned roles or responsibilities that are not age-appropriate, such as:

- **Managing household duties:** Taking on tasks like caring for younger siblings or even the parent with addiction issues.
- **Emotional caregiving:** Becoming the primary emotional support for the parent or siblings.³

Case example (The Müller Family):

Emma's situation is a good example for parentification, where she is forced to assume adult responsibilities, potentially hindering her emotional and psychological development



³ <https://nacoa.org/role-reversal-in-parental-addiction-when-the-child-unknowingly-takes-on-the-responsibility-of-the-parent/>

Block 1.2:

Risk & protective factors for children in families with addiction issues

Children from families with addiction issues face unique stressors and developmental risks. Understanding these factors is crucial for professionals to provide effective and supportive interventions. This block explores the interplay of risk factors, the impact of Adverse Childhood Experiences (ACEs), and the role of protective factors.

Developmental risks

- **Increased risk of addiction:** Children in these environments are at a higher risk of developing substance use disorders themselves.
- **Psychological issues:** Common psychological challenges include anxiety, depression, and other mental health conditions. These issues can affect educational outcomes and social adjustment. For instance, anxiety might lead to difficulties in concentration at school and academic struggles.
- **Social problems:** Children may face difficulties in school, have trouble forming peer relationships and struggle with social adjustment. These issues often stem from psychological problems and can lead to behavioural issues.

Discussion prompt:

Consider how these risks interact. For example, a child's anxiety might not only affect their school performance but also their social interactions, creating a cycle of difficulties.



Factors influencing developmental prognosis

- **Age:** Younger children are generally more vulnerable to the effects of parental addiction. Early intervention is therefore critical to mitigate long-term effects.
- **Duration of stress:** Prolonged exposure to stress from addiction can worsen developmental outcomes.
- **Presence of both parents:** The presence or absence of both parents can influence the severity of the impact on the child. The presence of one healthy parent can be a protective factor.
- **Systemic barriers:** Factors such as poverty,

racism, and stigma can exacerbate the impact of addiction on children. Recognizing these barriers helps in understanding the broader context affecting the child's development (Starlings, 2022).

Impact of Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs)

ACEs are significant stressors that increase the risk of future health problems. Growing up with a parent who has an addiction is considered an ACE and can lead to mental health issues, substance use challenges, and a higher risk of suicide (Starlings, 2022) and also to physical health issues like diabetes, cancer, cardio-vascular diseases. Understanding these

consequences helps in providing targeted support.

Positive Childhood Experiences (PCEs) have been shown to mitigate the effects of Adverse Childhood Experiences (ACEs) and thereby to help build resilience and promote healthier outcomes for children, even in challenging environments (Bethell, 2019). The PCEs score includes seven key factors that contribute to a child's sense of safety and support: the ability to talk to family about feelings, feeling supported by family during difficult times, enjoying community traditions, a sense of belonging in school, support from friends, having at least two nonparent adults who show genuine interest, and feeling safe and protected by an adult at home. These positive experiences can play a critical role in reducing the long-term negative impacts of ACEs.

Stress factors and (the absence of) protective factors

- **Exposure to conflicts:** Children may witness frequent arguments, contributing to an unstable environment.
- **Unpredictable parental behaviour:** Mood swings and erratic behaviour from parents with addiction issues create a sense of unpredictability.

- **Neglect:** Essential needs such as emotional support and care may be inadequately met.
- **Potential abuse:** The risk of physical, emotional, or sexual abuse is heightened in these environments.

When children are exposed to these stress factors, the absence of protective factors can lead to a chronically activated stress response that, over time, results in an increased risk for negative health outcomes, including developing addiction themselves (National Scientific Council on the Developing Child, 2015; Garner and Yogman, 2021).

Protective factors for children affected by parental substance use help to mitigate the negative effects and build resilience. Table 2 shows the most important protective factors according to Velleman (2016). Understanding and leveraging these protective factors can help mitigate the negative effects of parental addiction and promote resilience in children.

Table 2: Protective factors for children from families with addiction issues.


Individual factors	Family factors	Community factors
<p>Internal control mechanism: Children believe they have the power to influence their circumstances.</p> <p>Coping strategies: Children actively seek support and decide what to share about their situation.</p> <p>Talents and interests: Engaging in hobbies like sports or creative activities can build self-esteem.</p> <p>Self-efficacy: Children develop problem-solving skills and emotional regulation.</p> <p>Positive future outlook: Having aspirations for a better future encourages resilience.</p> <p>Humour and knowledge: A sense of humour and awareness of the parental problem helps maintain emotional distance.</p>	<p>Stable adult relationship: A strong bond with a non-substance-using adult, such as a grandparent or family friend, provides emotional stability and healthy emotional attachments.</p> <p>Positive family environment: Family routines, traditions, and clear communication foster a sense of security.</p> <p>Parental modelling: When parents maintain high expectations and provide clear boundaries, children are more likely to thrive.</p>	<p>Social networks: Supportive friendships and a connection with the community offer children a sense of belonging.</p> <p>School engagement: Positive experiences in school, such as academic achievement and extracurricular activities, build resilience.</p> <p>Cultural connectedness: Connection to cultural practices and traditions strengthens identity and provides a stable framework.</p> <p>Access to community resources: Stable housing, healthcare, and supportive programs.</p> <p>Professional support: Contact to professionals like social workers or youth workers offer guidance and a support system.</p>

Source: Velleman, 2016:111.

Furthermore, understanding the varied impacts of parental addiction on children at different stages of development is essential for providing targeted interventions. Each age group faces unique challenges, and professionals must consider these when assessing and supporting families with addiction issues (see Table 3).



Table 3: Domains of potential impact on children across their developmental stages that have been found to be associated with parental substance use (based on EUDA, 2023)

Age in years	Health and well-being	Education and cognitive ability	Relationships and personal identity	Emotional and behavioural development	Case examples 
0 to 4	Poor hygiene and diet, missed medical checks, safety risks	Lack of stimulation, irregular pre-school attendance	Attachment issues, excessive responsibility	Emotional insecurity, hyperactivity, anxiety, inappropriate learned behaviours	The Martins family: David's lack of proper care and supervision may lead to poor hygiene, missed medical care, and safety risks typical for children under 5.
5 to 14	Missed medical and dental checks, early substance use	Poor school attendance, risk of exclusion	Restricted friendships, low self-esteem, excessive responsibility	Mood disorders, Antisocial behaviour, depression, anxiety, conduct disorders	The Novak family: Katarina's role as the "hero" may affect her school performance and personal identity, typical of children aged 5-14. Filip's rebellious behaviour may align with the antisocial tendencies described for boys in this age group.
15+	Increased risk of substance use, mental health issues, pregnancy, Sexually transmitted diseases (STDs)	Impacted educational attainment & life quality, increased conflicts in schools	Lack of role models, poor relationship skills, increased conflicts with parents	Higher risk of suicide, criminality, Feelings of guilt and shame	The Conte Family: Alessandro, 15, appears well-adjusted now, may experience challenges in forming relationships and maintaining self-esteem as they grow older, if Maria's cannabis use begins to impact her parenting.

Source: European Union Drugs Agency (EUDA), 2023.⁴

⁴ https://www.euda.europa.eu/publications/mini-guides/families-health-and-social-responses_en

Conclusion and key takeaways:

Understanding the complex interplay of risk and protective factors is essential for supporting children from families with addiction issues. This block has outlined the developmental risks, stress factors, and protective elements that shape the experiences of these children at different stages of their lives.

- **Developmental risks:** Children in such environments face an increased risk of developing substance use disorders, mental health issues, and social problems. These risks are influenced by factors such as the age at which stress begins, the duration of exposure to addiction, and systemic barriers like poverty and discrimination.
- **Protective factors:** Despite these challenges, protective factors can significantly buffer against negative outcomes. Individual attributes like coping strategies, family supports such as stable adult relationships, and community resources play a crucial role in fostering resilience and mitigating risks.

- **Age-specific impacts:** The impact of addiction varies by age, influencing health, education, relationships, and emotional development differently across childhood and adolescence.

Professionals must be mindful of these dynamics when working with families with addiction issues. By focusing on both the risks and protective factors, and tailoring interventions to the specific needs of each age group, practitioners can provide more effective support and contribute to healthier developmental outcomes for these children. In practice, this means assessing each child's situation holistically, considering their developmental stage, and actively leveraging protective factors to support their well-being. Addressing systemic barriers and providing non-judgmental, trauma-informed care are also crucial steps in supporting these children and their families effectively.

Discussion prompt:

Review the provided scenarios and discuss how each child fits the described roles and the potential impacts on their development. Consider how these dynamics might manifest differently across the developmental stages of the children involved.



Exercise:

Reflect on a case or situation you have encountered where a child was affected by parental addiction. How did the risk and protective factors which are described in this block manifest in that situation? How might applying the concepts of this block have changed your approach or the outcome for the child?



Case examples:

Use the scenarios provided to facilitate small group discussions. Each group reviews a scenario and identifies the risk and protective factors relevant to that case. Groups then present their findings and discuss how these factors influence the child's situation.



Block 1.3:

Long-term impact of addiction on family: Attachment, trauma, and developmental risks

This block aims to raise awareness of the long-term, transgenerational effects of addiction on families. It focuses on the attachment disruptions between parents and children due to substance use disorders (SUDs), the impact of early-life stress on development, and the risks of perpetuating trauma and addiction across generations. The objective is to help professionals understand these dynamics so they can support families in a non-stigmatizing, compassionate manner.

Attachment and parental addiction

John Bowlby's (1998) attachment theory highlights the crucial need for secure emotional bonds between children and caregivers, particularly in early childhood. According to Bowlby, prolonged disruptions in this bond, especially within the first three years of life, can have irreversible effects on a child's mental health.

- **Video on Bowlby's attachment theory:** <https://www.youtube.com/watch?v=Hmzg-W2HACKc>
- **Example:** A video study showed a 2-year-old separated from parents in a hospital, where limited visitation negatively impacted the child's development. https://www.youtube.com/watch?v=s14Q-Bxc_U
- **Other explanatory video:** <https://www.youtube.com/watch?v=WjOow-WxOXCg>

Recent studies (e.g. Bosmans et al. 2022, Kobak & Bosmans, 2019) show that attachment continues to develop throughout life, influenced by environmental factors. This suggests that attachment can be stimulated and restored, even after early disruptions.

Parental substance use and attachment disruption: Parental substance use or addiction often leads to insecure attachment in children. Research, e.g. by Meulewater (2019) shows that children parents with addiction issues, especially mothers, frequently develop insecure or disorganized attachment patterns. The inconsistency in caregiving – often driven by the dysregulation of the parent's own emotional systems – creates a lack of stability and safety for the child.

Impact on the parenting brain

In healthy parents, signals from children (such as laughter) activate positive emotions, triggering the brain's reward system. Supporting a distressed child further strengthens this reward response. A healthy parent's brain is naturally wired to respond to their child's emotional cues, activating the brain's reward system. However, for parents with addiction, the substance use interferes with this reward mechanism. Research shows that mothers with substance use disorder (SUD) have reduced responses to their infant's cues, impacting their ability to bond with their child. Studies (e.g. Kim et al., 2017; Meulewater, 2019) show that parents with SUD experience a reduced reward response when interacting with their children. Signals from the child, such as smiles or distress, fail to activate the reward system in the parent with addiction issues.

Cycle of addiction and stress: Substance use also impairs a parent's ability to regulate their own stress. When a child is distressed, parents with SUDs may experience heightened stress, which can increase cravings and substance consumption, perpetuating a harmful cycle that negatively impacts both the parent and the child. This disconnection further exacerbates

feelings of stress in the child, contributing to emotional dysregulation and increasing the risk of trauma and mental health issues.

Early-life stress & intergenerational trauma

Trainer's guide:

This explanatory video can be helpful for understanding the effects of childhood trauma: <https://www.youtube.com/watch?v=xYBUY1kZpf8>



Prolonged exposure to stress from parental addiction can significantly harm a child's cognitive and emotional development, leading to issues like anxiety, depression, and emotional insecurity. Children who experience parental addiction and related trauma are at increased risk for long-term developmental problems. Early-life stress (ELS) (including neglect, abuse, and household dysfunction) disrupts the ability to form secure attachments, contributing to emotional and behavioural challenges later in life. ELS is a significant risk factor for substance use disorders (SUDs), as it affects brain systems involved in stress, reward, and executive function, heightening the likelihood of early substance use and addiction (Kirsch & Lippard, 2022).

Trauma in childhood: Big T's and small t's

Early-life trauma, especially within caregiving relationships (interpersonal trauma), is a strong predictor of SUDs later in life. Exposure to abuse, neglect, or emotional unavailability from caregivers can lead to attachment insecurities, which may persist into adulthood and increase vulnerability to substance use. Individuals with early trauma often exhibit anxious or avoidant attachment patterns, making emotional regulation in future relationships difficult.

Effects include the higher risk for so-called big T's (traumas) & small t's (e.g. Herpers et al., 2020).

- **Big T's (Major traumas):** These include significant traumatic experiences such as abuse, violence, or parental addiction.

- **Small t's (Subtle emotional traumas):**

These include more subtle emotional wounds, such as feelings of neglect, being unloved, ignored, or feeling unimportant, the blame and stigma which can still have a profound emotional impact on a child.

Trauma transmission across generations:

Trauma within caregiving systems often has a deep intergenerational impact. Parents who experienced trauma or neglect in their own childhood are more likely to pass these patterns on to their children, perpetuating a cycle of insecure attachment, emotional dysregulation, and substance use. Epigenetic changes also play a role here, as trauma can lead to lasting changes in brain development and the stress response system, which can be directly passed on to children. This "intergenerational cycle of psychopathology" is well-documented, highlighting the importance of early intervention to break the cycle.

Cycle of trauma: Mothers with substance use disorders (SUDs) who experienced childhood trauma are at a higher risk of repeating attachment disruptions with their own children, further fuelling the cycle of trauma and addiction across generations. As noted by Meulewater (2019), addiction frequently stems from early trauma within attachment relationships, and the transmission of this trauma leads to insecure attachment patterns, raising the risk of substance use disorders in offspring.

Discussion prompt:

Review and analyse the provided scenarios to understand how these issues manifest in real-life situations and discuss strategies for intervention ➤ **page 15.**



Case examples:



Family Müller: Sarah Müller is having a difficult evening at home. She has just returned from her therapy session and is trying to manage household responsibilities. Emma, her 6-year-old daughter, comes to Sarah with a drawing she made at school, hoping for some praise and attention. Sarah, feeling overwhelmed and exhausted, barely glances at the drawing and responds curtly, "Not now, Emma. I'm too tired."

Family Conte: Maria Conte, who uses cannabis for chronic pain, is sitting at the kitchen table with her 15-year-old son, Alessandro. He's preparing for an important football match, and Maria wants to make sure he feels supported.

Maria: "Alessandro, I know today's a big day for you. How are you feeling about the game?"

Alessandro: "I'm a bit nervous, Mom. I really want to do well."

Maria: "You've been practicing hard, and I've seen how much effort you've put in. You've got this. Just focus on playing your game and having fun."

Alessandro: "Thanks, Mom. I've been thinking about what Coach said about staying calm and focused."

Maria: "That's a great plan. Just keep in mind that you're not alone out there. I'll be cheering you on from the stands. And no matter what happens, I'm proud of you."

Alessandro: "I appreciate it, Mom. I feel a lot better now. I'll try my best!"

As Alessandro leaves for his match, he feels a boost in confidence and a strong sense of connection with his mother.

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Suggestions for implementation as E- learning:



By incorporating live discussions, collaborative learning, and multimedia resources, Module 1 could be partially implemented as an E-Learning tool, balancing theoretical knowledge with practical application.

Block 1.1 should begin with an in-person introductory session to create a supportive atmosphere and present the scenarios, allowing participants to familiarize themselves with the sensitive topics, each other, and the case studies. This foundational step sets the stage for deeper discussions later in the module.

For Block 1.2, trainers could prepare and hand out reading materials or infographics outlining the factors influencing families and children beforehand. To foster collaborative learning, synchronous online discussion sessions could be organized where participants can share their insights and diverse perspectives. Utilizing breakout rooms can facilitate smaller group discussions, promoting deeper engagement with the material.

In Block 1.3, trainers could provide access to the recommended explanatory videos that comprehensively cover trauma theory. This content can serve as foundational knowledge for participants. Subsequently, an online live session could focus on discussing practical implications and applications of the theory in their professional contexts. This approach may alleviate the pressure on trainers who may not have specialized trauma-informed training while ensuring that critical concepts are thoroughly addressed.

Module 2:

Addiction in the family

Learning objectives

- Gain a deeper understanding of the addiction issue itself.
- Understand difference between addiction and consumption.
- Gain theoretical knowledge as a basis for the practical application of skills and strategies.

Content

Block 2.1: Understanding addiction

Block 2.2: Understanding stigma connected to addiction and its impact on families

Block 2.3: A stress- and trauma sensitive approach

Trainer's guide:

Refer back to the Family Scenarios first as they will be brought up as examples > **page 15.**



Block 2.1: Understanding addiction

Understanding the fundamentals of addiction is essential for professionals working with families affected by substance use. This block provides a foundation for recognizing addiction as a disease and emphasizes the importance of distinguishing between addiction and consumption to help professionals to assess situations accurately. Additionally, this block introduces the harm reduction perspective, particularly in the context of child welfare, guiding professionals to focus on minimizing harm while addressing the individual needs of both parents and children affected by addiction.



<https://www.lwl.org/lime3/index.php/766687?lang=en>

Addiction as a disease

Addiction is a complex, chronic, relapsing brain disease characterized by compulsive substance use or engaging in behaviours despite harmful consequences. It is important for professionals to understand addiction not as a moral failing or lack of willpower, but as a condition that is influenced by psychological, biological, social and environmental factors. The development of addiction is usually associated with changes in the brain's reward system, where repeated exposure to a substance or behaviour leads to tolerance, dependence and a loss of control over use.

The use of substances or certain behaviours such as gambling or excessive online activity initially lead to positive feelings as the brain's reward system is activated. However, as the addiction progresses, these positive effects diminish, requiring increased consumption or engagement in the behaviour to achieve the same effects. Eventually, the behaviour or substance use becomes necessary to avoid negative feelings instead of creating positive feelings, leading to a cycle of compulsive use that dominates daily life (Sucht Schweiz, 2018).

Understanding addiction as a process rather than a one-off event helps professionals to better support those affected. Recognizing that addiction is not a "personal weakness" but a condition that develops over time allows for a destigmatizing approach that focuses on empathy and non-judgment. Relapses, which are common in the recovery process, should be seen as an opportunity to learn and improve (Sucht Schweiz, 2018).

For explaining addiction, **explanatory videos** can be used:

- Nuggets: <https://www.youtube.com/watch?v=HUnGlgGRJpo>
- How addiction affects the brain: <https://youtu.be/eVLpnMHHEPU>

Different types of substances

Mind-altering substances can be divided into three different classes according to their effect: depressants (slow down the function of the central nervous system), hallucinogens (affect your senses and change the way you see, hear, taste, smell or feel things) and stimulants (speed up the function of the central nervous system). Intoxication is a state of altered perception that is experienced as pleasant or unpleasant. The following effects are recognisable with almost all intoxicants:

- Disturbance of the central nervous system (CNS)
- Influencing emotions, perceptions and states of mind
- Changes in consciousness
- Activation of metabolic processes in the brain
- Subjectively pleasant effect for the consumer

It is important to recognize that there will be differences in the living situations of families dealing with addiction to illicit substances versus substances that are legal, such as alcohol and, where applicable, cannabis. The specific substance involved is also relevant in terms of the everyday experiences and stigma that families encounter.

Trainer's guide:

Depending on the professional setting, knowledge about substances and their respective positive and negative effects is helpful for professionals, e.g. to assess the risk of consumption for the family. Trainers should provide an up-to-date overview of substances and their common scene names which can be researched for instance via the European Drug Agency, mindzone.info (several languages) or national data-bases.



Stages of consumption

The forms of consumption range from abstinence to experimental use to addiction. Not all consumption by young people or adults is directly related to a risk of addiction, but it can still be hazardous to health. A distinction between the forms of consumption is therefore appropriate. Moreover, they represent the typical development of addiction in this order. The

boundaries between the forms of consumption are fluid and not mandatory (LWL, 2018:18).

Still, the great majority of substance use is not addiction and substance use does not start with addiction. Also, there are risk and protective factors (personal, substance, and environment) which influence the risk to develop an addiction.

Figure 2: Stages of substance consumption.

Abstinence	No consumption at all.
Pleasure / social consumption	Control over quantity, period, quality and timing of consumption; no negative consequences; capacity for asceticism well developed; embedded in rituals and special occasions; action alternatives to consumption are sufficiently available.
Experimental use	Curiosity is in the foreground; rather irregular; no fixed consumption patterns develop in the long term; can be risky, e.g. due to overdose (e.g. alcohol poisoning) or accidents; otherwise no long-term consequences are to be expected.
Habituation	Regular consumption; embedded in everyday life; in contrast to pleasure often almost unreflective and incidental; the risk increases with an increase in dose and / or shortening of the interval of consumption.
Excessive / risky / harmful use	Harmful to health; function of (un)conscious self-medication; repeated use even in risky situations; negative consequences are accepted; inappropriate to the situation; reduced ability to control.
Addiction (Diagnostic criteria according to ICD-11⁵)	<p>Substance Use Disorder (SUD), according to the ICD-11, is characterized by a problematic pattern of substance use that leads to significant distress or impairment in personal, social, or occupational functioning. It encompasses both physical dependence (e.g., withdrawal symptoms, tolerance) and psychological dependence (e.g., craving, compulsive use). The diagnosis is based on behaviours such as an inability to control substance use, neglecting responsibilities, and continued use despite harmful consequences.</p> <p>ICD-11 classifies SUDs by substance type (e.g., alcohol, opioids, stimulants) and severity, recognizing the chronic and relapsing nature of addiction. It also includes categories for episodic and recurrent harmful use. Importantly, the framework allows for a broader, non-stigmatizing approach, focusing on harm reduction and early intervention through prevention, risk reduction, and access to appropriate services.</p>

⁵ <https://icd.who.int/browse/2024-01/mms/en#590211325>

Harm for the person with addiction

The physical damage caused by substance use or addiction differs depending on the substance and the stage of consumption, such as lung cancer with tobacco or liver cirrhosis with alcohol, just to name a few. The psychological damage caused by substance use covers about every possible psychological disorder a person can have: mood disorders, anxiety disorders, sexual disorders, sleep disorders, psychotic disorders, delirium, dementia and memory disorders. The damage varies from one substance to another. In addition, people with SUDs can get into financial problems, getting an infectious disease, other health problems, accidents, suicide, family problems, work issues, problems at school or legal issues.⁶

Harm reduction in the context of families with addiction issues

In addiction services, harm reduction refers to practical strategies aimed at minimizing the health, social, and economic impacts of drug use on individuals, communities, and society (European Agency on Drug Addiction). Recognizing that the broad effects of addiction extend beyond the individual, but also on their children ("harm to others") who are particularly vulnerable to the negative effects, harm reduction promotes healthier lives for both individuals and their families (National Centre on Substance Abuse and Child Welfare, 2024a).

Key approaches include creating safer, more stable environments for families, providing access to non-punitive support services, and

adopting family-centred approaches that prioritize the well-being of the entire family system. The effectiveness of harm reduction also relies on the professionalism and attitude of practitioners, as well as on the specific services provided to families facing addiction challenges (Schori & Meyer, 2024).

What professionals can do in the context of harm reduction:

- **Early identification of families in need of support:** To keep families together and prevent out-of-home placements, early identification of parents needing support and treatment is essential. This involves building trust, universal screenings for substance use and collaborative safety plans.
- **Provide parenting support:** Facilitate access to parenting courses and resources that enhance parenting skills and support the concept of "good enough parenting" (> **Module 4**). These courses can help improve attachment and emotional availability, fostering a more stable and nurturing environment for children. Every improvement of the parent-child relationship counts!
- **Prioritize child safety:** Finally, the child's safety is always the first priority! Therefore, when absolutely necessary, children need to be removed from the family.
- **Housing first:** Ensure access to supportive housing that accommodates families without requiring abstinence.

⁶ <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>

Discussion prompt:



- 1. Professional settings:** How can healthcare/school or early life settings support family-centred harm reduction strategies?
- 2. Justice system:** How can professionals in the justice system collaborate with child protection, social and other services to address substance use issues within families? What are the implications of harm reduction principles for legal interventions and support?
- 3. General collaboration:** How can professionals from different fields (education, healthcare, social service/child protection services) work together to create a more integrated approach to supporting families with addiction issues?
- 4. Parenting support:** What role can each profession play in facilitating access to parenting courses and support resources, and how can these resources be tailored to meet diverse family needs?
- 5. Equitable access:** How can professionals ensure equitable access to services and support for families, considering their specific sector's constraints and resources?

Block 2.2: Understanding stigma and its impact on families

Stigma surrounding substance use creates significant barriers for families seeking help. Negative perceptions, particularly around issues like child abuse and prenatal substance exposure, affect not only those struggling with addiction but also the attitudes of professionals across healthcare, social services, education or justice systems. These biases can deepen existing disparities, especially for marginalized groups such as BIPOC, LGBTQ, and families in poverty (National Centre on Substance Abuse and Child Welfare, 2022).

It is therefore crucial to equip professionals with knowledge and skills to recognize, understand, and reduce stigma associated with addiction, particularly towards families affected by it.

Understanding stigma & the impact of stigma on individuals and families seeking help

Stigma related to substance addiction is the negative attitudes, prejudices, and discrimina-

tion faced by individuals with addiction. It arises from the association of substance use with stereotypes that label these individuals with undesirable qualities and behaviours, reinforcing harmful perceptions and societal rejection (National Centre on Substance Abuse and Child Welfare, 2022).

This stigma can manifest in various ways:

- **Structural or institutional stigma:** This means that societal structures and systems, such as healthcare, the justice system, and employment, may discriminate against individuals with substance addiction. This can manifest as difficulties in accessing treatment, facing legal consequences, or securing jobs. This also includes laws, policies, and regulations that intentionally or unintentionally discriminate against individuals with SUDs, limiting their access to resources and opportunities.



- **Public or social stigma:** This refers to societal attitudes, beliefs, and behaviours that stereotype individuals with addiction as morally flawed, weak, or responsible for their condition. These stereotypes lead to prejudice and discrimination, reinforcing harmful views.
- **Self-stigma/internalized stigma:** Individuals with SUDs may internalize societal negative stereotypes, leading to feelings of shame, guilt, and unworthiness. This self-stigma can deter individuals from seeking help and contribute to worsened mental health.

Discussion prompt:

Share real-life scenarios where professionals unknowingly perpetuated stigma, focusing on different sectors like healthcare, social services, child protection services, education or justice systems. This can help professionals see how stigma affects their specific roles.



Harm from stigma:

Stigma surrounding substance use can have profound negative effects on families. It discourages people from seeking help, influences their treatment decisions, and can impede long-term recovery. There are key harmful effects to consider:

- **Healthcare:** Research indicates that healthcare professionals frequently have negative attitudes toward individuals with substance use disorders (SUDs), which can minimize patient empowerment and worsen treatment outcomes. These stigmatizing attitudes may lead to individuals receiving lower-quality care or being denied treatment altogether.
- **Trauma:** Stigma can intensify trauma, making recovery more difficult.
- **Fear of child removal:** Parents and their children may avoid seeking help out of fear that their children will be placed in out-of-home care.
- **Worsening disparities:** Stigma worsens inequalities, reducing access to and completion of treatment for vulnerable populations.

Stigma not only prevents individuals from seeking help, but it also perpetuates a cycle of addiction, as people fear judgment or discrimination. To combat this, efforts must be made to educate, foster empathy, and change societal attitudes at all levels.

Case examples:



1. The Müller family:

Therapist: "Sarah, I'm glad you're making progress in your recovery. How are you feeling about everything?"

Sarah: "It's been tough. Sometimes I feel like everyone's just waiting for me to fail. The other day, I overheard someone at the support group say, 'She's probably just doing this for show.'"

Therapist: "I'm sorry you had to hear that. It's common for people to face negative judgments, and it can make things feel even more challenging. How is Emma coping with all of this?"

Sarah: "Emma's taking on so much at home. I can tell she's growing up faster than she should. I hate that my problems are putting that kind of pressure on her."

Therapist: "It's understandable to feel that way. The stigma attached to addiction can make you feel isolated and add to the burden. Let's work on finding additional support for Emma as well."

2. The Novak family:

Imagine a healthcare professional working with the Novak family, where Thomas, the father, struggles with prescription painkiller dependency but is not ready for abstinence-based treatment. The healthcare professional's negative attitudes towards Thomas's substance use could result in a lack of engagement and support for the family. How might these attitudes impact Thomas's willingness to seek help and the overall family dynamic?

Stigma's impact on children

Children of parents with addiction are particularly vulnerable to social exclusion and stigma.

This can manifest in the following ways:

- 1. Social discrimination:** Children may face bullying or discriminatory behaviour from peers, teachers, or community members.
- 2. Shame and guilt:** Many children feel ashamed of their parent's addiction, leading to low self-esteem and feelings of inadequacy.
- 3. Secrecy and isolation:** To avoid being judged, children may hide their family situation, leading to social isolation and difficulty building relationships.
- 4. Labelling:** Society may label children of individuals with addiction as "problematic" or assume they will follow a similar path, which can limit their future opportunities.

5. **Psychological problems:** Stigma can lead to mental health challenges such as anxiety, depression, or even PTSD. These issues may be exacerbated by the child's fear of seeking help due to the risk of being stigmatized.
6. **Lack of support:** Due to misunderstandings or stigma, children may not receive the support they need from schools or community organizations.
7. **Low self-esteem and distrust:** Stigmatization can negatively impact children's self-worth and make it difficult for them to trust others, impacting their future relationships and ability to make healthy choices.

Case example:



The Müller Family:

Child therapist: "Hi Emma, how's everything going at home?"

Emma Müller (6): "It's kinda hard. Kids at school say stuff about my mom."

Child therapist: "I'm sorry to hear that. What do they say?"

Emma: "They say weird things like 'Your mom is in jail' and 'Your mom is an alcoholic'. I don't like it."

Child therapist: "That must be really tough. How do you feel when they say things like that?"

Emma: "I don't know. Sad. I don't know what to tell them."

Child therapist: "I understand. It's not fair that you have to deal with this. Let's figure out how we can make things a little easier for you."

Videos & testimonials

- CAPSA Canada with Agnes Chen, Starlings Community, on the harms that children experience through the stigma that their parent who use substances may experience: <https://www.youtube.com/watch?v=abX-CeP8FuVg>
- <https://www.starlings.ca/trainings/our-reports>, video on the website: "The Intergenerational Impact of Substance Use Stigma"
- Healthcare, methadone treatment and effects of stigma: <https://www.farcana.org/understanding-addiction/stigma-changing-conversation/>
- NACOA Deutschland: #schlussmitdemstigma: <https://www.youtube.com/watch?v=8tirvtxwlyY>

**Commentary text by Agnes Chen, Director & Founder of Starlings
Community in Canada, registered nurse and expert by experience**

The first time I remember experiencing the stigma of a parent's substance use, I must have been around five or six years old – too young to fully understand what was happening, yet old enough to feel the weight of judgment and shame. I vividly recall the harm caused by first responders toward my family, moments that have since been etched in my memory. These experiences, unfortunately, became normalized in my youth, and they continue to be a painful reality for young people today, many of whom have generously shared their stories of stigma and healing with us.

Quotes from Starling's Peers who have grown up with the stress and stigma of a parent's substance use:

- ***"Stigma ignored my needs & pathologized my experiences."***
- ***"Youth have a right to be seen and heard, but stigma removes that right."***
- ***"Trauma doesn't always look like trauma. Sometimes it looks like internalized shame and embarrassment and guilt and a weight on your shoulders. Sometimes it feels like weakness and self-fulfilling prophecies."***

It is well documented that the stigma of addictions is prevalent throughout society harming people with substance use challenges, including parents. But missing from the conversation, another stark reminder of stigma's insidious presence, is the voices and experiences of the 1 in 5 young people growing up with parental substance use challenges. Children, fearing judgment or intervention, often remain silent about their home lives. The very systems that are supposed to protect and support them can become places of fear rather than refuge. Many families avoid seeking assistance because they worry about punitive actions, such as child removal or criminal consequences for their parents. This fear can deprive children and parents of the support they need to heal and thrive.

Therefore, in the ongoing efforts to protect the health and well-being of children, a critical question emerges for professionals: How might society's beliefs about parents facing substance use challenges shape the policies and behaviours that determine the resources, relationships, and support systems their children can access?

- ***"Maybe if my parent would have received support without worrying about losing us, they would still be here today".***
- ***"Kids are scared to say anything because they know drugs are 'bad'. So they have a hard time reaching out. And they know our social care system is a failure so they're more scared to be placed somewhere else than be at home".***

Professionals in healthcare, social work, and education are in a unique position to support children and their families. By using non-stigmatizing language, actively engaging with their stories, and offering non-judgmental, trauma-informed approaches and supports that view the whole person – not just the substance use – professionals can create the safety families need to feel seen, heard, and supported within these systems.

Quotes from Starling's Peers:

- *"Joining Starlings and understanding that the reason I was being misunderstood or brushed off time after time was not me or my family, but the stigma external to us, made a huge difference in how I perceived myself, my parents, and the social interactions around parental substance use. Furthermore, connecting with others with similar experiences provided me with a compassionate community."*
- *"Your [Starlings] work has taught me how to better engage with youth who are going through these experiences. I never considered youth who have a parent with an addiction as a caregiver, but now I actually thank them for all they do for their families...having learned that it is a role they often have to take on that comes with a lot of judgment and isolation."*

– Website of Starlings Community: <https://www.starlings.ca/>



Language and stigma

The language used to describe addiction and those affected by it can reinforce negative stereotypes. Words like "junkie", "addict" or "drunk" are stigmatizing and perpetuate harmful views. Trainers should emphasize the importance of using neutral, non-stigmatizing language. For example, shifting to **"person-first" language**, such as referring to someone as a "person with substance use disorder" rather than labelling them as an "addict," is a crucial step in reducing stigma. There are numerous online resources on terms to use and avoid in order to reduce the stigma (Dianova, 2023).

Resources on language and stigma:

Deutsche Hauptstelle für Suchtfragen (DHS)(Ed.) (2023). Empfehlungen für stigmafreie Bezeichnungen im Bereich substanzbezogener und nicht-substanzbezogener Störungen. URL: https://www.dhs.de/fileadmin/user_upload/2023-09-26-Positionspapier_stigma-freie_Begriffe.pdf (accessed on 01.10.2024).

Dianova (Ed.)(2023). Stigma & Language. The Power of Words (English, Spanish & French). URL: <https://www.dianova.org/news/language-and-stigma/> (accessed on 01.10.2024).

Families for Addiction Recovery (n.d.). Stigma. URL: <https://www.farcana.org/understanding-addiction/stigma-changing-conversation/> (accessed on 01.10.2024).

NHS addiction provider alliance (2023). Stigma Kills. See the person. Hear their story. URL: <https://www.nhsapa.org/stigma> and <https://www.stigmakills.org.uk/> (accessed on 01.10.2024).

National Institute on Drug Abuse. (2021). Words Matter - Terms to Use and Avoid When Talking About Addiction. URL: <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>. (accessed on 01.10.2024).

Shatter Proof (2021). Addiction Language Guide. URL: <https://www.shatterproof.org/sites/default/files/2021-02/Stigma-AddictionLanguageGuide-v3.pdf> (accessed on 01.10.2024).

Exercise:

Have a look at the videos and resources listed in this block and have participants practice rephrasing common stigmatizing language (e.g., "addict" to "person with substance use disorder") and critique media headlines that stigmatize addiction.



Discussion prompt:

Explore how professionals in healthcare, education, social work, and justice can address and reduce stigma in their communities.



Strategies for creating supportive environments and reducing stigma in professional settings.

Understanding the origins and effects of stigma is crucial to reducing its harmful impact on these families. Professionals must address the role stigma plays in reinforcing discrimination, preventing access to treatment, and perpetuating misinformation about substance use disorders. By adopting inclusive, non-judgmental practices, and intentional language, practitioners can create more supportive environments, fostering better outcomes for all families.

Specific actions:

- 1. Increase awareness:** Educate yourself and your colleagues about substance addiction and its impact on families, particularly the children. Understanding that addiction is a disease, not a choice, and that children are not to blame for their parents' addiction is crucial. To combat stigma, focus on raising awareness, providing support and resources for children, and fostering a safe environment where they can openly discuss their experiences and receive necessary help.
- 2. Empathy and supportive attitude:** Show empathy and support to children. Listen to their concerns without judgment and provide a safe space where they can speak openly about their feelings and experiences.
- 3. Build trust:** Build trustful relationships with the children. This can help them feel safe and less isolated. Building trust requires consistency, openness, and respect.
- 4. Anti-stigma speech:** Avoid stigmatizing words and attitudes. Use neutral and respectful terms when talking about substance addiction and those affected by it.

This helps children feel that they and their families are respected.

- 5. Support network:** Create support networks where children can get help and support. This can include services of school psychologists, social workers, and other professionals. Support groups and peer groups can also provide valuable support.
- 6. Tailored support measures:** Provide individualized support to children according to their needs. This can include special support in schoolwork, guidance in developing social skills, or therapeutic support for handling emotional issues.
- 7. Support for parents:** Offer support to parents as well. This can help reduce internal family stress and improve the well-being of the whole family. Schools can arrange support services for families or refer them to external services.
- 8. Calm and stable environment:** Aim to create a stable and safe atmosphere at school and other environments. This can help children feel safe and reduce the stress they experience.
- 9. Be a positive role model for children.** Show how to cope with difficulties and handle challenging situations constructively.
- 10. Engaging the community:** Participate in raising community awareness and encourage other community members to act in a way that reduces stigma. Community support can be crucial for the well-being of children.

Through these actions, professionals can significantly reduce stigma and support the well-being and development of children from families with substance addiction.

Exercise:



*Ask participants to reflect on their own attitudes towards addiction and consider how these might impact their professional interactions. Provide tools and strategies for self-awareness and professional development to foster a more supportive and non-judgmental approach. ➤ **Block 3.1:** Professional attitude and empathy.*

References and further reading Block 2.1 and 2.2

- Chen, A. (2022). Supporting Children Affected by the Stigma Associated with a Parent's Substance Use. URL: <https://www.dianova.org/opinion/supporting-children-affected-by-the-stigma-associated-with-a-parents-substance-use/>. (accessed on 01.10.2024).
- Dianova (Ed.)(2019). The Impact of Stigma on People with Substance Use Disorders. URL: <https://www.dianova.org/advocacy-articles/the-impact-of-stigma-on-people-with-substance-use-disorders/> (accessed on 01.10.2024).
- El Hayek, S., Foad, W., de Filippis, R., Ghosh, A., Koukach, N., Mahgoub Mohammed Khier, A., Pant, S.B., Padilla, V., Ramalho, R., Tolba, H. & M. Shalbafan (2024). Stigma toward substance use disorders: a multinational perspective and call for action. *Frontiers in Psychiatry*. 15:1295818.
- National Centre on Substance Abuse and Child Welfare (Ed.)(2022). Disrupting Stigma. How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorder. URL: <https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf>
- Landschaftsverband Westfalen-Lippe (LWL)(Ed.) (2018). *Nah dran! Ein Wegweiser zur Suchtprävention in Einrichtungen der stationären Jugendhilfe*. Münster.
- National Centre on Substance Abuse and Child Welfare (Ed.)(2024a). Tip Sheet #1 Harm Reduction in the Context of Child Well-Being: An Overview for Serving Families Affected by Substance Use Disorders. URL: <https://ncsacw.acf.hhs.gov/files/harm-reduction-part1.pdf>. (accessed on 09.09.2024).
- National Centre on Substance Abuse and Child Welfare (Ed.)(2024b). Tip Sheet #2 Harm Reduction in the Context of Child Well-Being: Key Considerations for Policymakers. URL: <https://ncsacw.acf.hhs.gov/files/harm-reduction-part2.pdf>. (accessed on 09.09.2024).
- National Centre on Substance Abuse and Child Welfare (Ed.)(2024c). Tip Sheet #3 Harm Reduction in the Context of Child Well-Being: Practice Recommendations for Child Welfare Workers. URL: <https://ncsacw.acf.hhs.gov/files/harm-reduction-part3.pdf>. (accessed on 09.09.2024).
- Schori, D. & F. Meyer (2024). Schadensminderung: gestern – heute – morgen. *Suchtmagazin*, 50(3&4):42-46.
- Sucht Schweiz (Ed.)(2018). *Leitfaden für Fachpersonen im Sozialbereich, in der medizinischen Versorgung, in Tagesstrukturen oder in Schulen*. Lausanne.

Block 2.3:

A stress- and trauma-sensitive approach

In professional settings involving families with addiction issues, adopting a stress- and trauma-sensitive approach is crucial. Addiction and trauma are closely linked, with many individuals using substances to cope with the lasting impacts of early-life stress or abuse. This approach urges professionals across healthcare, education, social and child protection services to understand and respect these complex life stories.

The emphasis should be on understanding behaviour as a response to trauma rather than judging it. By fostering environments of empathy and support, professionals can promote resilience and healing, addressing underlying issues rather than just symptoms. Key learning objectives include building trauma-informed support to enhance attachment and trust within families, fostering resilience through emotional healing and relationship building, and focusing on individuals' strengths rather than shortcomings to reduce stigma.

By implementing this trauma-sensitive approach, professionals can help break the cycle of trauma and addiction, supporting long-term recovery and healthier family dynamics.

Trainer's guide:

Some of these concepts will be more applicable to certain professional settings compared to others. Either select the most important points prior to training or discuss available options with your participants.



Key concepts and practical application

- 1. Assumption of good reason:** Every human behaviour makes sense against the background of the personal life story. Aggressive or inappropriate behaviour, such as substance use, can be part of a strategy to find one's way in the personal world. Accepting the rationale behind behaviours can help address the root causes. For instance, in the **Martins Family scenario**, Ana's methamphetamine use may be a way to manage overwhelming emotions. Addressing her trauma can be more effective than focusing solely on the addiction.
- 2. Providing safety:** Children and adults who have experienced trauma or early life stress have little security and trust in their surroundings, therefore, both physical and emotional safety are crucial for them. For families, this means creating safe spaces in schools, healthcare settings, and other environments, and helping individuals develop internal safety.

- 3. Building relationships and strengthening attachment:** Regardless of traumatic attachment experiences, it is always important as a professional to provide a “safe haven” where individuals feel secure and stable. Switching professionals might be contra-productive as continuity is important. Insecure attachment patterns lead to expectations of unreliable or dangerous relationships. Changing these expectations requires building new, reliable attachment experiences.

Discussion prompt:

How can professionals ensure physical and emotional safety and continuity in various family settings?



- 4. Promoting stress and emotion regulation:** Learning to manage stress and emotions is crucial. Professionals should help individuals identify and handle their emotions, aiming for emotional stability rather than just offering comfort or distraction. This approach is essential, especially in the face of aggressive or inappropriate behaviour. Sensitivity and personal experience in stress management are key.

Discussion prompt:

How can professionals support children in expressing and managing their feelings about their parents' substance use?



- 5. Learning to control impulses and behaviour:** Developing impulse control is essential for managing inappropriate impulses. Learning to tolerate and appropriately express emotions such as anger and sadness is vital for maintaining relationships and achieving personal goals. Professionals can assist family members in recognizing their emotions, understanding how these emotions connect to behaviours and bodily reactions, and developing strategies to manage their impulses. This support is crucial for preventing loss of control and managing behaviours related to substance use.
- 6. Promoting body awareness:** Addressing body awareness is particularly important for trauma survivors, especially those who have experienced boundary violations or physical trauma. Individuals who have faced such challenges often remain hyper-alert to perceived dangers and focus on survival. Creating safe spaces is essential to foster body awareness and encourage joyful physical experiences while practicing boundary-setting. By doing so, professionals can help individuals recognize and respond to their body's signals, which is vital for managing substance use (Baierl & Krey, 2016:88).

Practice advice:

Enable joyful physical experiences and practice recognizing boundaries by helping individuals connect their body awareness with their emotions. Guide them to explore where in their body they feel emotions like anger, sadness, or joy in their body. For example, ask, "Where do you feel anger or joy?". This practice deepens emotional understanding and improves emotional management.

- 7. Self-efficacy:** Self-worth is tied to experiences and environment. Healthy self-esteem grows when people feel needed, engage in meaningful tasks, and achieve success. Prevention aims to support self-efficacy by helping individuals lead self-determined, satisfying lives while minimizing harm to themselves and others. Professionals should assume that every person can represent their own interests and act responsibly according to their own abilities and aim to empower people to use their abilities and resources effectively.

Practice advice:

Support parents in finding meaningful tasks and experiencing success and recognition.

- 8. Learning resilience:** Resilience enables people to handle adversity and can be developed throughout life, even after difficult phases of life. Adolescents build resilience through social interactions, learning they are not alone, and gaining a positive self-view. Supportive environments help them acquire and apply effective coping strategies.
- 9. Creating a new self-image and world view (perception and thought patterns):** Chronic trauma often prevents the development of a positive self-image and coherent self-experience. Severe trauma can lead to dissociation and a negative self-image, especially in children and adolescents. Addressing these issues involves helping individuals build a positive self-image and stable worldview.
- 10. Psychoeducation:** Explaining how past trauma affects current emotions and behaviours, including brain processes and trigger identification, helps people to understand and reduce feelings of loss of control and supports resilience by normalizing dissociation, anxiety, and overexcitation (Koll-Krüsmann, 2016).

Practice advice:

Provide clear information about trauma and its effects to help manage feelings of loss of control.

11. Joy of life: Focussing on joy and positive experiences can counterbalance trauma-related emotions like fear or shame. Activities that foster joy can enhance long-term resilience and development and prevent relapse.

Specific for young people

- Empower them through engaging activities and by encouraging their interests.
- Prevent discrimination by creating safe, inclusive environments.
- Strengthen emotional awareness and bodily sensations.
- Help them recognize behaviours and identify triggers.
- Provide clear, simple information about trauma.
- Collaborate with socio-pedagogical services and seek psychotherapeutic help as needed.
- Ensure security by planning ahead and addressing crisis promptly.

References and further reading Block 2.3

Baierl, M. & K. Frey (2016). Praxishandbuch Traumapädagogik. Göttingen: Vandenhoeck & Ruprecht.

Koll-Krüsmann, M. (2016). Trauma-Awareness und Psychoedukation. Bonn: Internationale DAAD-Akademie.

Suggestions for implementation as E- learning:

Block 2.1: This block is best delivered in-person, allowing for interactive discussions and sharing of professional experiences. To complement this, online materials such as pre-reading or infographics can be provided for further reflection.

Block 2.2: While there is potential for self-study, this block should primarily be a face-to-face group exercise due to its focus on attitudes, stigma and language. Follow-up materials, like case studies or reading resources, can be offered online for deeper reflection.

Block 2.3: A stress and trauma-sensitive approach can be effectively implemented using a blended learning format. Start with self-study, provide reading material explaining the approach. This allows participants to grasp the foundational concepts at their own pace. Following this, preferably a face-to-face session should be organized to discuss how trauma-sensitive approaches can be integrated into daily professional practice, especially when dealing with families.



Module 3:

Communication with families with addiction issues

Learning objectives

- Strengthen communication skills.
- Learn to promote positive behaviour change more effectively.
- Create empathy, reduce stigma, and gain deeper understanding of the challenges these families face.

Content

Block 3.1 Professional attitude and empathy

Block 3.2 Non-verbal communication

Block 3.3 Motivational Interviewing for working with families with addiction issues

Trainer's guide:

Refer back to the Family Scenarios first as they will be brought up as examples > **page 15**. This module refers extensively to the book "Motivational Interviewing for Working with Families and Children" by Forrester and colleagues (2021) which includes many practical examples to draw from. To dive deeper into the topic, it is recommended to purchase the book, as this curriculum can only cover the surface.



Engaging with families with addiction issues requires a compassionate, empathetic approach and attitude from professionals across various sectors, including social work, child protection services, education or healthcare.

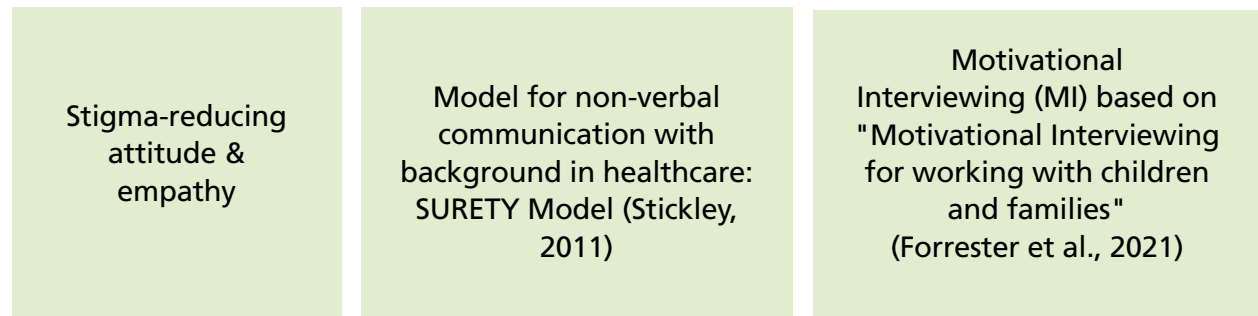


<https://www.lwl.org/lime3/index.php/766687?lang=en>



The module introduces two concepts:

1. **The "SURETY model"** demonstrates in a simple way how professionals can engage in supportive, non-verbal communication that conveys empathy and safety.
2. **Motivational Interviewing (MI)** provides a structured framework for professionals to address the family's concerns while maintaining respect and empathy.



Equipped with these frameworks, professionals can strengthen their relationships with family members by employing core communication skills – both verbal and non-verbal – enhancing the supportive environment they create. When interacting with families with addiction issues, the goal is to build relationships, assess needs and risks for the child, encourage change, and provide opportunities for families to voice their opinions.

Developing a foundational understanding of these communication skills is critical for effective interactions with these families. Such skills are applicable across professional contexts and essential for promoting trust, empathy and to destigmatizing addiction.

Block 3.1: Professional attitude and empathy

Empathy is fundamental in building supportive relationships between professionals and families with addiction issues. Defined as the ability to understand and share another person's feelings, empathy involves both emotional connection and cognitive understanding (Newhill et al., 2020). As Carl Rogers (1961) noted, empathy is about accurately perceiving the client's world from their perspective, without judgment. This understanding creates a safe, trusting environment where clients feel genuinely heard and supported (idem).

In practice, empathy is demonstrated through active listening, reflecting on feelings, paraphrasing clients' experiences, and utilizing appropriate

body language. Responses such as, “I can imagine that this situation is really difficult for you,” convey understanding and compassion. Effective empathy also requires professionals to regulate their own emotions to provide support without being overwhelmed.

Consider the case of parents with addiction issues who face numerous challenges. They may recognize their struggle with substance use and desire to change but also encounter various powerful institutions that can feel daunting (Forrester et al., 2021).

Cultural sensitivity is crucial in practicing empathy, as it involves understanding and respecting diverse cultural norms and values. Ongoing professional development is necessary to enhance empathy skills, ensuring that professionals remain effective in their interactions and support clients in a compassionate, culturally competent manner.

Exercises: Understanding Empathy



Objective: Deepen participants' understanding of empathy.

Instructions:

1. Watch the video: Brené Brown on Empathy:
<https://www.youtube.com/watch?v=1Euwgu369Jw>
2. Facilitate a discussion on the video's key points, focusing on the distinction between empathy and sympathy, and how empathy can be applied in counselling.
3. Share additional online resources to further explore and develop empathy skills:
 - 5 exercises to help you build more empathy:
<https://ideas.ted.com/5-exercises-to-help-you-build-more-empathy/>
 - Empathetic responses and the use of silence:
<https://www.youtube.com/watch?v=PeuPLVLhAiM&t=1s>

Relevance of professional attitude

Many parents who use substances hesitate to seek help due to feelings of inadequacy, shame, and fear of judgment or consequences. A stigma-reducing professional attitude – characterized by non-judgmental, compassionate, and respectful interactions – can lower this barrier and facilitate access to support. Professionals must understand that their attitudes and behaviours can either reinforce or dismantle stigma of addiction. Recognizing addiction as a complex issue rather than a moral failing is essential.

Professionals should approach families with an open mind, a genuine desire to help, and a commitment to understanding their unique circumstances. It's important to recognize that not all parents with addiction problems are incapable of caring for their children. Confronting one's own

biases can significantly enhance interactions with these families. Providing consistent, reliable, and patient support – while setting aside personal prejudices and professional egos – is crucial.

Working with families facing addiction issues can challenge professionals' personal values. Subjective biases and difficult interactions may affect decision-making and hinder empathy. Addressing these biases and utilizing strategies like team case discussions can improve understanding of how attitudes impact outcomes for families.

Additionally, it's essential to acknowledge that not all substance use equates to addiction. Professionals must avoid jumping to conclusions and instead focus on gaining a deeper understanding of what is truly happening within the family.

Case example:



Maria Conte uses cannabis for pain relief but does not have a diagnosed SUD. In this situation, it is crucial for professionals to distinguish between controlled substance use and addiction. An empathetic approach that acknowledges Maria's pain management needs without jumping to conclusions about addiction is essential. This can help build trust and open the door to further discussions about her overall health and well-being.

Organizational attitudes also play a vital role. A transparent, supportive framework helps professionals provide consistent, high-quality care, and reflecting on personal and organizational approaches enhances support for families, reduces stigma, and promotes positive outcomes for both parents and children (LWL, 2023).

Case example:



The Conte Family

(Cannabis Use without Apparent Harm or Diagnosed Addiction)

- **Situation:** Maria Conte felt judged by a doctor who focused only on her cannabis use.
- **Professional attitude:** Her new doctor, said, "Let's talk about how we can manage your pain and ensure your children's well-being. I'm here to support you." She offered balanced advice and support.
- **Outcome:** Maria felt respected and communicated openly about her health, leading to better management of her pain and a stable environment for her children.

Case example:



The Müller Family (Parent in Therapy)

- **Situation:** Sarah Müller, struggling with addiction, felt judged by her previous therapist. She was hesitant to engage fully in her recovery.
- **Professional attitude:** Mark, the new counsellor, said, "I understand how challenging this is, but I believe in your ability to make positive changes." He provided practical support and maintained a supportive presence.
- **Outcome:** Sarah felt valued and became more involved in her therapy. She improved her parenting skills and strengthened her relationship with her children, feeling more motivated in her recovery.

Exercise

Objective

Instructions



Okay or risky

Facilitate understanding of diverse perspectives within the group and promote a shared professional attitude towards substance use and addiction.

Participants draw cards describing various consumption scenarios (e.g. legal, illegal, substance-related, non-substance-related). They classify these on a scale from "okay" to "risky," justifying their reasoning. Afterward, the group discusses the classifications, aiming for consensus and developing criteria to distinguish pleasurable use, risky use, and addiction. This exercise encourages open dialogue and can be adapted for in-person or online use.

For exemplary statements, see LWL, 2023 (pp.61ff.) or in German: LWL, 2018 (pp.96ff.).

Journaling

To provide a space for self-reflection and deeper understanding of personal attitudes

Describe a recent encounter with a family dealing with addiction.

- What thoughts and emotions did you experience?

Reflect on any judgments or assumptions you made about the family.

- Where do you think these come from?
- How do your personal values and beliefs influence your professional interactions?

Exercise	Objective	Instructions
Empathy Mapping⁷	To develop a deeper understanding of the perspectives of families dealing with addiction.	<p>Create empathy maps in small groups for hypothetical family members (e.g. a parent with addiction, a child in the family). The empathy map should include sections for what the person says, thinks, feels, and does. Discuss:</p> <ul style="list-style-type: none"> • What new insights did you gain about the family's experience? • How can this exercise help you in your professional practice?
Case study analysis	To explore different perspectives and reflect on personal reactions to real-life scenarios.	<p>Provide participants with case studies that describe various situations involving families with addiction issues. After reading the case studies, participants discuss in small groups:</p> <ul style="list-style-type: none"> • What are your initial thoughts and feelings about the family in the case study? • How would you approach this situation? • What professional attitudes would you bring to this case? • What biases might you need to be aware of in handling this situation?
Group discussion & reflection	To encourage open dialogue and collective reflection on professional attitudes.	<p>Facilitate a group discussion using specific questions to guide reflection:</p> <ul style="list-style-type: none"> • What are common stereotypes about families with addiction issues? • How can these stereotypes impact our work with these families? • What strategies can we use to challenge and overcome these biases?

⁷ <https://www.interaction-design.org/literature/article/empathy-map-why-and-how-to-use-it?srltid=AfmBOooyPET6Pwv8P2-mu7XHV0SpBw7eCL8UW0Vvml7OpuZy1li-Rd50>

Exercise	Objective	Instructions
Values Clarification Exercise	To help professionals identify and reflect on their core values and how these influence their work.	<p>Provide participants with a list of values (e.g. compassion, honesty, fairness) and ask them to rank these values in order of importance to them. Then, discuss:</p> <ul style="list-style-type: none"> • How do these values influence your approach to working with families with addiction issues? • Are there any conflicts between your personal values and your professional responsibilities? How can you navigate these conflicts?

Block 3.2:

Non-verbal communication skills according to the SURETY Model

Non-verbal communication encompasses all the ways we convey messages without words – through facial expressions, body language, gestures, and other physical cues. It plays a crucial role in how we connect and communicate with others, often conveying more than verbal communication. Research suggests that approximately 85% of human communication occurs at the non-verbal level. Non-verbal cues can express emotions and feelings that might be difficult or impossible to articulate with words, making them a powerful component of effective communication, especially in sensitive contexts like interactions with families with addiction issues.

The SURETY model (Stickley, 2011) refines the older SOLER model by Egan (1975) to promote more compassionate, intuitive non-verbal communication. It helps professionals create a supportive, empathetic presence by paying attention to body language and promoting psychological safety. By using these techniques,

professionals can reduce tension and make it easier for families to open up.

The key points of the SURETY model are:

S: Sit at an angle – Sitting at an angle helps avoid a confrontational stance and creates a more comfortable environment for the addressed person.

U: Uncross legs and arms – Keeping an open posture shows receptiveness and reduces the likelihood of appearing defensive or disengaged.

R: Relax – Maintaining a relaxed attitude helps build trust, though care should be taken not to seem too casual or indifferent, especially when sensitive issues are being discussed.

E: Eye Contact – Appropriate eye contact conveys attention and respect, but it should not be constant or intrusive. Cultural considerations also play a role in how eye contact is perceived.

Exercise:

Watch the video on eye contact

<https://www.youtube.com/watch?v=Xm-T3HCa618>.

After viewing, discuss:

- How difficult or easy is it to maintain eye contact?
- When can eye contact become uncomfortable or inappropriate?



T: Touch – When used appropriately, touch can convey empathy and understanding, particularly in healthcare contexts. It should always be applied with sensitivity to the individual's comfort level and cultural background.

Y: Your intuition – The use of intuition is crucial in interpreting subtle cues from the client and responding appropriately to their needs. This is a significant addition that distinguishes SURETY from the more rigid SOLER model.

Other non-verbal communication skills:

1. Your **facial expressions** should align with your words and convey genuine emotion. A warm, friendly expression can reassure the other person, while a matching emotional expression during the conversation helps create a sense of empathy and understanding.
2. **Gestures** are natural components of communication that can emphasize points, reg-

ulate the flow of conversation, and express emotions. Be mindful of your gestures to ensure they are appropriate and supportive of the conversation. For instance, nodding can indicate agreement and attentiveness, while constant fidgeting may suggest nervousness or impatience.

3. **Distance:** The physical space between individuals during a conversation is culturally dependent but generally, a comfortable distance is about 1.5 meters. Leaning slightly forward can show interest and warmth, but leaning too far can invade personal space and cause discomfort.
4. **Vocal cadence and tone:** How you say something often matters more than what you say. Variations in tone, rhythm, and volume can convey different emotions and intentions. Ensure your tone matches the verbal message you are delivering to avoid misunderstandings and to build rapport.

Exercise: Role-play using different non-verbal cues



Objective:

This exercise aims to help participants become more aware of the impact of non-verbal communication cues on interpersonal interactions. Participants will gain insights into how different forms of body language, posture, distance, and vocal tone can affect the effectiveness of communication.

Instructions:

1. Divide participants into pairs, assigning one person as the "listener" and the other as the "speaker."
2. Instruct each pair to begin their conversation by discussing a topic of their choice (e.g. a recent experience or a neutral subject). Ensure that they start in a normal setting: sitting in chairs facing each other at a comfortable distance.
3. After 2 minutes of normal conversation, introduce the following variations, asking pairs to continue their conversation during each scenario:
 - a) Have the pairs sit far apart from each other while continuing their discussion.
 - b) Ask the pairs to sit or stand back to back, without making eye contact, and continue the conversation.
 - c) Instruct one person to stand on a chair while the other remains seated, creating a significant height difference.
 - d) Have one participant whisper while the other speaks loudly, then switch roles after 1 minute.

For each scenario, allow 2 minutes for conversation before moving to the next variation. Remind participants to continue discussing the same topic as normally as possible.

4. Debriefing discussion: After all pairs have completed the scenarios use the following questions to guide the debrief:
 - Which scenario felt most familiar or comfortable? Why?
 - In which scenario did you experience the most difficulty communicating effectively? What made it challenging?
 - What strategies did you find helpful in adapting to the more challenging conditions? Did you discover any alternative communication methods that worked better in those scenarios?

Reflection: *Encourage participants to reflect on how these non-verbal factors might influence their interactions with families dealing with addiction issues. Discuss how awareness of non-verbal communication can enhance empathy, trust, and understanding in professional settings.*

Block 3.3:

Motivational Interviewing for working with families with addiction issues

Motivational Interviewing (MI) is defined as "a collaborative, goal-oriented style of communication that focuses on the language of change. It is designed to increase personal motivation and commitment to a specific goal by exploring the person's reasons for change in an atmosphere of acceptance and compassion" (Miller & Rollnick, 2013:29). Although MI was traditionally applied in addiction treatment, it has proven effective across various fields, including social work, parenting, mental health, and behavior change, particularly when working with families impacted by addiction.

In the context of family support, MI can help address child welfare concerns and foster healthier family dynamics. When professionals engage parents with respect and avoid judgment, it can encourage them to seek help and explore positive changes. A critical or directive attitude, by contrast, may provoke defensiveness or withdrawal, reducing the likelihood of meaningful engagement. MI's compassionate approach allows parents to explore their own motivations for positive change, which is essential for fostering sustainable improvements in family well-being.

Though MI requires a nuanced skill set, its foundational principles – acceptance, empathy, and collaboration – can be readily integrated into practice. Even basic MI techniques can strengthen communication and support behavior change (Forrester et al., 2021). While not originally designed specifically for family work, MI's person-centred values align closely with the ethics of social work and family support, especially in child protection settings where resistance to change may be more common.

Professionals in child protection, social work, and healthcare often find themselves navigating complex situations where a child's safety is the

highest priority. This context presents a unique challenge for MI, as professionals hold authority and must ensure compliance with expectations, such as meeting attendance or home visits, which may carry serious legal implications if unmet. While it's natural to feel compelled to direct parents in these situations, a directive approach risks treating parents as a means to an end and can lead to ethical dilemmas. For true, lasting change, the motivation must come from the parent, supported through a compassionate and collaborative approach like MI.

The spirit of MI: Core principles

The essence of MI is based on four core principles:

- 1. Partnership:** Working collaboratively with the client, acknowledging that they are the expert in their own life while the professional facilitates change.
- 2. Evocation:** Drawing out the client's values and reasons for change, rather than imposing external solutions.
- 3. Acceptance:** Maintaining a non-judgmental, empathetic stance and respecting the client's autonomy.
- 4. Compassion:** Prioritizing the client's well-being and demonstrating genuine care for their situation.

Key skills: OARS

When working with families with addiction issues, professionals can apply MI's core skills – referred to as **OARS** – to facilitate meaningful conversations:

- 1. Open questions:** Encourage exploration and deeper discussion with questions starting with "how," "what," or "why." For example, "What are your main concerns about your child's well-being?"
- 2. Reflections/Reflective listening:** Rephrase or reframe what the client says to show

understanding and empathy. This helps in clarifying key issues and expressing emotional support. Example: "It sounds like you're feeling overwhelmed by the current situation."

- 3. Affirmations:** Recognize and highlight the family's strengths and efforts to build confidence. Find the positives!
Example: "I appreciate how committed you are to finding a solution for your child."

- 4. Summarizing:** Tie together the main points of the conversation to reinforce understanding and clarify the discussion.
Example: "Today, we discussed your concerns about your child's safety and the steps you're considering."

While this curriculum does not provide comprehensive training in MI, it highlights its value. Professionals working in counselling, whether with parents or young people, are encouraged to pursue further qualifications in MI to deepen their skills and improve outcomes in their practice.

Exercises:



a) Enhancing emotional literacy through paraphrasing and reflecting feelings

Objective:

This exercise is designed to improve training participants' ability to paraphrase and reflect feelings by enhancing their emotional literacy. By expanding their vocabulary of emotions, participants will be better equipped to accurately identify and reflect the feelings of others in a conversation.

Instructions:

- 1. Individually:** Ask the participants to write down as many different feelings as they can within 3 minutes. Encourage them to think beyond basic emotions and consider more nuanced or complex feelings. After the time is up, have participants count the number of feelings they listed.
- 2. Discussion:**
 - Ask participants how many feelings they wrote down and discuss the variety and gradations of similar emotions on their lists.
 - Discuss whether participants had difficulty identifying different names for emotions. Explore why this might be and how it impacts their ability to understand and reflect feelings in conversations.
 - Facilitate a discussion on the importance of emotional literacy – both in understanding their own emotions and in recognizing and responding to the emotions of others. How does a broad emotional vocabulary enhance communication, particularly in sensitive or challenging interactions?

3. Pair work: In pairs, have participants practice paraphrasing and reflecting feelings based on a brief scenario or role-play exercise. One participant shares a personal experience or a hypothetical situation, while the other practices paraphrasing and reflecting the speaker's emotions using the expanded emotional vocabulary discussed earlier.

4. Group reflection: Discuss how the exercise felt. Questions to consider:

- Did participants find it easier to reflect feelings after expanding their emotional vocabulary?
- How did paraphrasing and reflecting feelings impact the conversation?
- What challenges did they encounter during the exercise?

5. Online resources: Share resources to help participants continue improving their emotional literacy:

- Nonviolent Communication (NVC) Needs and Feelings List:
<https://www.sociocracyforall.org/nvc-feelings-and-needs-list/>
- https://www.nonviolentcommunication.com/learn-nonviolent-communication/feelings/?doing_wp_cron=1723464699.6659169197082519531250

Encourage participants to explore these resources for a more comprehensive understanding of emotional vocabulary.

b) Exercise: Reflective Listening



Objective:

Enhance participants' focus on active listening by restricting the use of questions, encouraging deeper engagement with the speaker's emotions and thoughts.

Instructions:

- 1. Pair up:** Divide participants into pairs, assigning one as the "speaker" and the other as the "listener."
- 2. Topic selection:** The speaker takes on the role of either **Sarah Müller** (mother, struggling with alcohol addiction, currently in rehab) or **Maria Conte** (mother, using cannabis for pain management) and shares their concerns about their parenting situation.
 - Case example 1 (Sarah Müller): "I worry about how my kids, Lukas and Emma, are coping while I'm in rehab. I feel like I'm failing them."
 - Case example 2 (Maria Conte): "I use cannabis to manage my pain, but I'm scared that my kids, Alessandro and Matteo, might see me differently. I don't want them to think I'm doing something wrong."
- 3. Role of the listener:** The listener's task is to engage in the conversation without asking any questions. They should focus on providing reflective listening responses, such as paraphrasing, summarizing, or reflecting the speaker's feelings.
 - Example reflective response for Sarah: "It sounds like you're feeling torn between focusing on your recovery and worrying about how your absence affects your children."

- Example reflective response for Maria: "It seems like you're concerned about how your children might perceive your use of cannabis, even though you're using it for pain relief."

4. Duration: Allow each pair to converse for 5-10 minutes.

5. Group discussion: After the exercise, reconvene the group and facilitate a discussion. Consider the following questions:

- How did the listeners feel about not being able to ask questions?
- Did the listeners often feel the need or urge to ask questions? If so, why?
- How did the restriction affect the flow of the conversation?
- What strategies did the listeners use to keep the conversation going without asking questions?

Exercise: MI Skills in practice

Objective: Develop a practical grasp of Motivational Interviewing (MI) skills and how they can enhance communication with parents dealing with addiction-related issues.

Instructions:

- 1. Read the scenarios:** Review the statements below from Sarah Müller (alcohol addiction, currently in rehab), Maria Conte (cannabis use for pain management), Thomas Novak (prescription painkiller dependence), and Ana Martins (severe methamphetamine addiction).
- 2. Identify the skills:** For each statement, identify which communication skills or techniques (e.g. empathy, active listening, open-ended questions) would be most effective in responding.
- 3. Craft a response:** Write a response to the parent's statement using the identified skills. Aim to address the parent's concerns while demonstrating understanding and support.
- 4. Reflect:** After crafting your responses, reflect on how your replies might influence the conversation and the parent's engagement with support services.



Case example

Response example

Skills used

Thomas Novak:

"I don't need any help. I'm handling things just fine with my painkillers. People don't get how much pain I'm in every day."

"I can imagine how frustrating it must be to feel like people don't understand your struggles. Can you tell me more about what's been the hardest part for you? I want to make sure I really understand what you're going through."

Empathy, Reflecting, Open Question

Thomas Novak:

"The last time I tried to stop using painkillers, it didn't work, and I just ended up in more pain. There's no point in trying again."

"It sounds like you've been through a lot with trying to manage your pain. Can you tell me more about what made it difficult last time? Maybe we can look at some new options to find something that works better for you."

Reflecting, Open Question

Ana Martins:

"I don't think I'm doing anything wrong. David's a good kid, and I'm doing the best I can, even if people think I'm not."

"You're feeling judged for the way you're raising David, but you're trying to do your best. Can you share more about what's been working for you and David? Let's see if we can build on that while addressing any concerns others may have."

Reflecting, Open questions

Ana Martins:

"I know I'm not perfect, but I'm scared if I tell anyone how hard things are, they'll take David away from me."

"It sounds like you're feeling really worried about asking for help because of how it might affect David. What if we talked about some supports that could make things a bit easier for you, without putting your family at risk?"

Reflecting, Open Question

Sarah Müller:

"I'm in rehab, but all I can think about is how Lukas and Emma are doing without me. I feel like I'm failing them, and maybe I should be at home instead of here."

It's understandable to worry about your children while you're in rehab. What are some things that might help you feel more connected to them during this time? Let's explore how your recovery could ultimately strengthen your relationship with them."

Empathy, Reflecting, Open Question

Maria Conte:

"I'm using cannabis to help with my pain, but I worry about how Alessandro and Matteo might see me. I don't want them to think I'm doing something wrong."

"You're concerned about how your children view your cannabis use. What have you noticed about how they're reacting? Let's talk about ways to approach this conversation with them, so you can address both your health needs and their concerns."

Reflecting, Open Question

Discussion prompts:

Reflect on how MI principles can be applied across different professional settings:



- **Healthcare:** How can MI help when patients feel reluctant about discussing addiction due to stigma?
- **Schools:** How could teachers use MI to approach conversations with parents whose substance use may be affecting their children's academic or social performance?
- **Social work:** How might MI help build trust with a parent who feels resistant to child protection services?

Motivation, ambivalence, resistance and change talk

MI aims to support individuals to find their own motivation to change. It assumes that a person's readiness to change exists on a spectrum from "no desire to change" to "ready willing and able to change".

There are stages, where people have a certain desire to change but also reasons not to change – these scenarios are particularly interesting for professional support. These people feel ambivalent, e.g. about their substance use or leaving an abusive relationship. Ambivalence can be a powerful motivation for change. This ambivalence can serve as a powerful motivator for change, but the outcome remains uncertain; individuals ultimately have the agency to choose whether or not to change.

In general, it can be assumed that most parents want to be good parents. However, in families with addiction problems or in the field of child protection in general, there is often a great ambivalence between the actual behaviour of a parent who uses substances and the parent they would like to be.

This is what MI defines as motivation: "the gap between who we want to be, how we want to behave and our current behaviour" (Forrester et al, 2021: 33). If there is no gap, there will be no motivation to change.

The role of professionals in promoting motivation:

- **Creating a trusting environment:** To promote motivation effectively, professionals

must create a trusting environment where parents feel safe to express their concerns and explore their roles as caregivers. This environment is cultivated through MI techniques and the spirit of MI, which prioritize empathy and collaboration. Engaging in empathetic dialogue allows parents to reflect on their experiences without fear of judgment, which in turn enhances their motivation to improve their parenting skills and strengthen their relationship with their children.

- **Affirmations:** Professionals can employ positive reinforcement to acknowledge parents' efforts and strengths, thereby encouraging them to engage with support services and pursue behavioural changes.
- **Celebrating progress:** Recognizing and celebrating small successes can significantly boost motivation. Professionals should highlight incremental progress and encourage families to acknowledge their achievements, no matter how small. This recognition fosters a sense of accomplishment and reinforces their commitment to change.
- **Continuous engagement:** To maintain family engagement and commitment over time, professionals should conduct regular check-ins, schedule follow-up meetings, and provide continuous feedback. This ongoing support not only helps families stay focused and invested in their recovery journey but also reinforces the relationship between the professional and the parent, allowing for an authentic MI process to unfold.

Addressing resistances and discord

When a person feels pressured or directed by others (often referred to as the "righting reflex"), they may instinctively find reasons to avoid change. This resistance is known as "sustain talk," where the person presents arguments against making changes. In addition, "discord" refers to a lack of harmony in the relationship between the person and the professional, which can also indicate internal resistance to change. While it can be assumed that individuals seeking counselling or addiction therapy want help, this assumption may not hold true in all scenarios where professionals interact with parents in social work or child protection practice. As Forrester and colleagues (2021:19) state, resistance is a common aspect of social work and child protection.

Instead of confronting resistance directly, professionals should explore the underlying reasons for it. This involves recognizing signs of discomfort during interactions, such as shifts in body language, changes in tone, or reluctance to engage. Acknowledging a family's feelings of frustration or fear without judgment can help de-escalate tense situations.

Techniques such as reframing the conversation, exploring underlying concerns to alleviate tension, using "I" statements, and focusing on shared goals can help maintain constructive dialogue and promote collaboration.

Examples:

"I feel that this conversation is difficult for you, and I want to understand your perspective better" or "I hope we can find a solution that meets your needs and supports your children."

Change talk reflects an individual's potential motivations for change. When a person expresses more reasons to change than to remain the same, it can promote motivation and readiness to take action (Forrester et al., 2021: 40). The challenge for professionals is to recognize and draw out this change talk and to facilitate advance towards change.

The following table shows different types of change talk classified by an acronym called DARN-CAT: DARN types outlining possible motivations for change (preparation) and CAT more tangible motivation for change (mobilization) (Forrester et al., 2021:40).

Types of change talk (DARN-CAT):



Type of change talk	Example based on the Sarah Müller (case example)
<i>Desire – wanting to change</i>	<i>"I want to stay sober for Lukas and Emma."</i>
<i>Ability – ability to change</i>	<i>"I've stayed sober during rehab, so I know I can do it again at home."</i>
<i>Reasons – providing reasons to change</i>	<i>"If I relapse, I'm afraid my children will lose trust in me. I can't let that happen."</i>
<i>Need – reasons so strong they feel they must change</i>	<i>"I need to stay on track, or my kids will suffer. They need a stable home."</i>
<i>Commitment – stating they will change</i>	<i>"I'm going to stick to my recovery plan no matter how hard it gets. My kids depend on me."</i>
<i>Activation – indicates readiness to take action</i>	<i>"I'm ready to start attending family therapy sessions to rebuild our relationship."</i>
<i>Taking steps – has already taken action</i>	<i>"I've already arranged for my mom to help with the kids while I attend AA meetings."</i>

By consistently employing open-ended questions and reflective listening, professionals can elicit more change talk compared to simply offering direct advice. Even in discussions about challenging topics, change talk may be subtly embedded within statements of resistance or minimization, requiring careful attention to uncover.

Identifying change talk amid sustain talk

Change talk can often be concealed within sustain talk and minimization. In these situations, it can be challenging to pinpoint genuine motivations for change. By consistently employing open-ended questions and reflective listening, professionals can elicit more change talk compared to simply offering direct advice. Even when discussing difficult topics, change talk may be subtly embedded within statements of resistance, requiring careful attention to uncover.

Case example - The Martins Family:



Ana Martins: *"I know people think they understand my situation, but I promise I'm not a bad mother. I always make sure he's at my mom's or asleep before I use, so it does not affect him. But **I can't let him grow up thinking this is normal.** I just wish I could get the support I need to handle everything better."*

Discussion prompt:



*Can participants identify the clear change talk in Ana's statement?
How can professionals reinforce her motivation and support her in taking steps toward recovery?*

Responding to change talk

Effectively responding to change talk requires more than simply asking questions; it involves creating a deeper connection with the individual's motivations for change. The goal is to strengthen any expressions of change talk that emerge during the conversation. When professionals successfully recognize change talk, they should help the individual remain focused on their reasons for change, selectively responding to and reinforcing these expressions. Utilizing any of the OARS skills – Open-ended questions, Affirmations, Reflective listening, and Summaries – can facilitate this process. Reflections are particularly valuable as they connect with the individual's thoughts and feelings, encouraging them to elaborate further on their motivations. By fostering an empathetic dialogue and affirming their desire for change, professionals can empower individuals to explore their motivations in a meaningful way, enhancing their commitment to the change process (Forrester et al., 2021:86ff).

Example: Sarah Müller (Müller Family)

Examples for responses with OARS skills

"I want to stay sober for Lukas and Emma."

"It sounds like your children are a powerful motivation for your sobriety" (reflection).

"I've stayed sober during rehab, so I know I can do it again at home."

"That's a significant achievement. Staying sober during rehab shows your strength and commitment" (affirmation).

"If I relapse, I'm afraid my children will lose trust in me. I can't let that happen."

"You're really concerned about how your actions could affect your relationship with your children" (reflection).

"I need to stay on track, or my kids will suffer. They need a stable home."

"It's clear that you recognize the impact your stability has on your children's well-being" (reflection).

"I'm going to stick to my recovery plan no matter how hard it gets. My kids depend on me."

"Your determination to follow your recovery plan is commendable. It shows how much you care about your future" (affirmation).

"I'm ready to start attending family therapy sessions to rebuild our relationship."

"Taking that step toward family therapy shows your willingness to improve your relationships, and that's really admirable" (affirmation).

"I've already arranged for my mom to help with the kids while I attend AA meetings."

"How does having that support make you feel about attending the meetings?" (open question).

Example: Ana Martins (Martins Family)



Ana Martins: *"I know people think they understand my situation, but I promise I'm not a bad mother. I always make sure he's at my mom's or asleep before I use, so it does not affect him. But I can't let him grow up thinking this is normal. I just wish I could get the support I need to handle everything better."*

- "It sounds like you really care about your son's well-being and want to protect him. You're aware that your situation might be misunderstood, but you're also committed to ensuring he doesn't see this as a normal way of life" (reflection).
- "It's admirable that you're thinking critically about your parenting and how your choices impact your son. Recognizing the need for support is a strong first step" (affirmation).
- "What kind of support do you think would help you feel more confident in managing everything and improving your situation?" (open question).

How to get from theory to practicing MI with families with addiction issues

The most important thing is to practice the techniques to become better, starting with the OARS. This practice can take place also with family and friends but eventually shall be transferred to the work with children and families. There are numerous resources on MI including videos, books and articles that can be used to get deeper into the theory. The first step according to Forrester et al. (2021:176) should be to UNLEARN non MI-behaviour such as “telling people why or how they should change, prioritising information gathering or relying primarily on asking questions.”

1. Unlearn non MI-behaviour
2. Practice, practice, practice (in your work but also with friends and family)
3. Reflect your practice (if all participants agree and it is assessed ethically acceptable, record and listen to your own practice). Ask yourself: What things you say are most helpful? How does the other person respond to what you say? What sorts of things could you aim to say less or more in the future?

Resources

For deeper understanding, consider exploring further resources such as Miller and Rollnick's core text, *Motivational Interviewing: Helping People to Change (3rd Edition)*, or additional training materials and workshops.

The website of the MINT network holds valuable resources as well:
<https://motivationalinterviewing.org/>.

The work by Forrester and colleagues has been an invaluable resource for module 3 and 4 and is recommended as further reading.

References and further reading Module 3

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Suggestions for implementation as E- learning:



This module requires self-reflection and direct interaction, such as role plays and non-verbal communication techniques. These elements are difficult to replicate online, as the nuance of body language and the immediacy of in-person practice are lost in online settings. **However, for Block 3.1**, the foundational principles can be effectively taught in an online format. Providing materials for participants to review, such as videos and readings, can enhance understanding and prepare them for practical applications.

For Blocks 3.2 and 3.3, in-person sessions are essential for practicing and deepening these skills through role plays and interactive exercises. This allows participants to engage fully with the nuances of non-verbal communication and to receive immediate feedback from peers and trainers.

Despite these limitations, there are strategies to create an effective e-learning experience. You could offer opportunities for live, interactive webinars or workshops where participants can practice skills with peers in real-time, providing a more dynamic and interactive learning experience. By combining these approaches, a comprehensive e-learning module can be created that balances theoretical knowledge with practical application, even within the constraints of a digital format.

Module 4:

Parent-Focused Support: Addressing Risks, Needs and Building Parental Skills



<https://www.lwl.org/lime3/index.php/766687?lang=en>

Learning objectives

- Understand the key factors for providing holistic support to parents, including strategies to effectively address and overcome resistance.
- Gain knowledge in applying the child protection framework to assess and manage high-risk situations, ensuring the safety and well-being of children.
- Recognize the importance of balancing parents' needs with a focus on child safety to promote a secure environment for children.
- Develop skills in clear, empathetic communication and collaborative approaches, essential for navigating complex family dynamics with sensitivity and effectiveness.

Content

Block 4.1: Initiating contact with parents across different settings
Block 4.2: Raising concerns and child protection
Block 4.3: Supporting the parent as a person with own needs
Block 4.4: Addressing resistances and promote motivation
Block 4.5: Giving advice and telling what to do trap
Block 4.6: Enhancing parental skills and the child-parent relationship
Block 4.7: Practical interventions for parents

Trainer's guide:

Refer back to the Family Scenarios first as they will be brought up as examples ➤ **page 15.**



Professionals play a vital role in supporting families with addiction issues, enhancing parenting skills, and identifying risks to the child. As covered in Modules 1 and 2, stigma, guilt, and trauma often hinder parental engagement. This module builds on the communication techniques from Module 3, offering strategies to protect children and support parents while improving the parent-child relationship.

Block 4.1:

Initiating contact with parents across different settings

First contact with parents, especially in social work or addiction contexts, often arises from concerns about a child's safety or well-being. Professionals should approach these interactions with sensitivity, acknowledging the challenges parents face while prioritizing the child's needs. In settings such as home visits, healthcare appointments, school meetings, or addiction counselling, professionals can initiate contact by offering support and asking open-ended questions, such as, "How are things going for you and your family?". This promotes a collaborative dialogue, reducing stigma and guilt while maintaining focus on child safety. Professionals have a unique opportunity to identify children affected by parental addiction and intervene meaningfully. When engaging with families, communication objectives may vary depending on the situation. It's crucial to recognize that not all substance use indicates addiction; thus, professionals should avoid jumping to conclusions and focus on understanding the family's context.

Case example: The Conte Family

Maria Conte uses cannabis for pain relief but does currently not have a substance use disorder (SUD). In this situation, it is essential for professionals to distinguish between controlled substance use and addiction. An empathetic approach that acknowledges Maria's pain management needs – without jumping to conclusions about addiction – is crucial. This strategy helps build trust and opens the door for further discussions about her overall health and well-being.



Involvement of various professionals

Multiple professionals can play a role in communicating with families:

- **Social workers/child protection services:** When assessing family needs, social workers can use reflective listening to ensure they accurately grasp the family's concerns and goals.
- **Teachers/educators:** Teachers can employ active listening and empathy when discussing a child's performance or behaviour with parents, making them feel heard and supported.
- **Healthcare professionals:** Physicians can practice empathy and reflective listening during consultations to explore underlying issues, such as substance use, without making the family feel judged.
- **Justice system professionals:** Police, judges or probation officers can utilize effective communication skills to explain legal processes clearly and compassionately, ensuring families understand the procedures and feel respected.
- **First responders:** In high-stress situations, first responders can use non-verbal communication, such as a calm demeanour and steady eye contact, to provide reassurance and reduce anxiety.

Engaging with families with addiction issues can be challenging yet critical. Overcoming barriers – such as stigma, harmful attitudes, or insecurities – is essential for effectively addressing the issues families may face.

Adapting to various settings

When working with families with addiction issues, professionals must tailor their communication strategies to the specific context and their professional role. What is the objective in the situation? In schools, the focus might be on the child's well-being and academic performance, requiring teachers to approach parents with empathy while not directly addressing substance use. Healthcare professionals, on

the other hand, may need to explore broader health-related issues, gradually introducing concerns about substance use in a non-judgmental way. Justice system professionals must explain legal processes clearly and compassionately, ensuring that families feel respected and understood throughout stressful proceedings. Each setting presents unique challenges and goals, but the underlying principle remains the same: Communication must be adaptable, respectful, and focused on promoting trust and collaboration. By recognizing the distinct needs of each environment, professionals can create more effective and supportive dialogues with families.

Principles of engagement

Effective engagement with families affected by addiction starts with a relaxed, non-threatening approach, such as discussing less sensitive topics initially. This can help reduce defences and foster rapport. Professionals should demonstrate genuine interest in the family's unique situation, opening the door to deeper conversations. Patience is crucial – families should feel free to move at their own pace, without pressure for immediate change. Consistent follow-up, reliability, and confidentiality are vital for creating a safe space where sensitive issues can be openly discussed. Respect for personal boundaries and family autonomy is essential. By acknowledging emotions and offering non-judgmental support, professionals can build trust, promoting constructive, respectful interactions that benefit the family's long-term well-being.

Case example:



The Müller Family (School setting):

When Sarah Müller's daughter, Emma, starts showing signs of stress and increased responsibility at home, the school can approach Sarah by focusing on Emma's well-being and academic progress. Instead of directly addressing Sarah's alcohol use, the school counsellor might start by asking how things are at home and if there are any concerns regarding Emma's school performance or behaviour. This approach allows the school to gain a deeper understanding of the family's situation to build a partnership with Sarah, addressing underlying issues without immediately focusing on her addiction.

The Novak Family (Healthcare setting):

In a healthcare setting, a doctor might notice behavioural changes in the son Filip during a routine visit. Rather than directly confronting the parents about potential addiction issues, the doctor could begin by discussing Filip's general health and behaviour, gradually leading into a conversation about stressors at home. This approach helps the doctor understand the family's challenges and create a safe space for the family to open up about any underlying issues, including Thomas Novak's prescription painkiller dependency.

Discussion prompt:



In what specific situations within your profession do you have the opportunity to communicate with families? How can you use these skills to make a positive difference in their lives?

Important: Collaborative Work with Other Services > Module 6

Effective support for families with addiction issues requires coordination across services (healthcare, social services, education, etc.). Module 6 focuses on how professionals can collaborate to ensure that families receive comprehensive support.

Block 4.2:

Raising concerns and child protection

When working with families with addiction issues, raising concerns about a child's well-being is a delicate yet essential part of the professional role. This skill is central to child protection, as Forrester (2021:139) notes, "The ability to raise concerns is the central – the defining – skill of child protection work." Professionals must approach these conversations sensitively, prioritizing the child's safety while respecting the parent's dignity.

Concerns may arise across various settings, such as social work, schools, and healthcare, whenever behaviours pose risks to a child's well-being. These situations can be emotionally charged, especially if immediate risks or legal consequences are involved. Motivational interviewing (MI) techniques can help professionals navigate these conversations effectively.

Using MI, professionals aim to engage parents constructively by acknowledging their role in decision-making while addressing critical concerns. Demonstrating understanding, respecting the parent's autonomy, and discussing the implications of choices can foster a more productive dialogue. Forrester (2021:139) emphasizes the importance of treating parents with respect and recognizing their responsibility for their actions. MI encourages professionals to create a purposeful dialogue focused on practical ways to enhance child safety, fostering meaningful change through collaboration rather than directive approaches.

Figure 3:
Process of facilitating change by using MI.



Source: Based on Forrester et al., 2021.

Case example:



Consider the Martins family scenario: Ana Martins, a 29-year-old single mother, is struggling with methamphetamine addiction. She has a four-year-old son, David. Ana's erratic behaviour, financial instability, and neglect of David's basic needs have raised concerns among day-care staff and social services. In this situation, where the child's safety is at immediate risk, intervention becomes critical. Simply listening to Ana's struggles would not be enough. The professional must take a clear, directive stance to ensure David's safety, even if it means making difficult decisions or pushing for immediate protective measures.

Dealing with high-risk situations (Forrester et al 2021: 148ff.)

In addition to situations where a professional might raise a concern and subsequently engage in a meaningful conversation with a parent, there are circumstances that are particularly challenging or high-risk. The parent may not cooperate, despite significant risks to the child. A motivational interviewing (MI) conversation still involves listening to the parents' perspective, but it is essential to return to the high-risk situation at hand. Crucially, this involves 1) showing understanding of the parents' expressed views and 2) explaining the potential consequences (Forrester et al., 2021: 156).

Case example: Martins Family



In the scenario of the Martins Family, this type of communication could occur when Ana, the mother, resists outside intervention despite serious concerns for her child David's safety and well-being. Although Ana is struggling with addiction and showing signs of neglect, she may be hesitant to permit professionals to assess David directly. The professional must engage with Ana empathetically while making it clear that ensuring David's safety is non-negotiable given the high-risk situation. This conversation might take place during a home visit or after a child welfare concern has been raised.

A social worker could e.g. communicate like this: "I understand that you're doing your best to manage things right now, and I can see you're trying to think of ways to make this work. But I need to be clear: I have to ensure David is safe. That means I need to see him and talk to him alone, just to make sure everything is okay. I know this is difficult, but his safety is my priority."

The goal is to treat parents with respect, even in challenging situations.

This approach can be difficult for professionals. It is key to demonstrate understanding of the parents' point of view while clearly explaining their (limited) options. Professionals who adopt an authoritative yet respectful stance often find that it reduces parents' non-cooperation. Ultimately, the aim is to minimize the professional's contribution to an already difficult situation while maximizing opportunities for respectful dialogue and cooperation.

Emotions: Being in these difficult situations and conversations may bring intense emotions to professionals as well as parents. Professionals

may feel angry, afraid, anxious, uncertain or lacking confidence. External factors may influence how professionals feel in a situation. It is important to reflect that with oneself but also with a team or supervisor. Professionals also need to look after themselves in order to be able to do this challenging work (> **Module 7**).

Addiction counselling or healthcare setting:

In addiction counselling or healthcare settings with parents who use substances, defined processes and instruments can help professionals to deal with the situation. As a good practice tool, the Child Reflex ("Kind Reflex") from Belgium is introduced:

Good Practice: The Child Reflex (original title: Kindreflex)

Background: Many children grow up in challenging home situations, with international research indicating that 10-15% experience violence, neglect, or abuse, while 3% face severe forms that necessitate specialized help. The risk of abuse and neglect increases when factors such as mental health issues, addiction, negative childhood experiences, and domestic violence are present.

For whom: The Child Reflex is essential for social workers and professionals in mental health and healthcare who work with parents, as it directly addresses the well-being of children. While each professional has their own responsibilities, all should be familiar with the first two steps of the Child Reflex. The subsequent steps can be shared within a team or broader network.

Method: The Child Reflex guides social workers in discussing parenting with adult clients, allowing parents to express their concerns. It involves six steps aimed at detecting troubling family situations and restoring safety.

The Roadmap:

1. Positive Conversation about Children and Parenting

- Make discussions about children a standard part of intake and if the person has children of every future meeting.
- Record relevant information about the children.

2. Assess Home Safety and Well-Being

- Consult with colleagues or experts about the children's safety.
- Document any concerns about the home environment.

No doubts about the situation? Continue with Step 3. Having concerns? Got to Step 4.

3. Support the Client as a Parent

- Regularly inquire about the children and parenting.
- Discuss the impact of the situation on the children and support resilience.

4. Check for Concerns and Willingness

- Gather additional information to assess the situation.
- Discuss concerns openly with the client, considering alternative explanations.
- Decide as a team whether the situation is troubling, and, if necessary, explore the client's willingness to change the situation.

5. Restore Safety

- Create a safe environment for the children, engaging with the client and their support system.
- Monitor the situation and document progress.
- If safety has been restored, continue with Step 3.

6. Involve a Mandated Facility

- If safety for the child could not be restored, prepare to contact a child protection agency.
- Document follow-up actions and coordinate with the agency.

For more detailed information, please visit the website: <https://kindreflex.be/over-de-kindreflex/>. The Flemish Kindreflex was developed by Dr. Evelien Coppens, Dr. Kathleen De Cuyper, and Prof. Dr. Chantal Van Audenhove at LUCAS KU Leuven.

Online resource: Explanatory video on the Child Reflex in English:
<https://www.youtube.com/watch?v=3w8n1fZqdZk&t=2s>

Exercise: The Child Reflex Simulation



Objective:

To familiarize participants with the Child Reflex process.

Instructions:

- Provide participants with the six steps of the Child Reflex.
- In small groups, have them discuss a hypothetical case and simulate the process, outlining how they would approach each step.
- Encourage groups to present their approach and rationale to the larger group.

Block 4.3:

Supporting the parent as a person with their own needs

Empathy and validation: Recognize and validate the unique challenges parents face, particularly when balancing parenting with addiction or mental health issues. Use empathetic statements like, "I can imagine that it takes a lot of effort to find energy for the children", to build trust and acknowledge their experiences. Understanding how stress affects their perception of their child's needs, and working to increase their stress tolerance and mindfulness, can enhance their decision-making and positive engagement with their children. During pregnancy, acknowledge the heightened stress, e.g. "Pregnancy brings a lot of stress for every future parent. If you're also known to use substances, the pressure from your surroundings only increases." This approach helps address additional pressures while emphasizing support and understanding.

Holistic human-focused approach: Parents dealing with addiction are not just individuals with substance use issues; they are people with personal histories, desires, and dreams. It is crucial to acknowledge and provide guidance for their personal and parental roles. By addressing personal needs alongside addiction treatment, we can enhance their overall well-being and parenting skills. Sustained, holistic support is essential for breaking the trauma-addiction cycle. Focusing on attachment insecurities and emotional regulation challenges enables families to build stable, healthier relationships, thereby reducing the risk of passing trauma across generations.

Opportunities for treatment or counselling: Parents with addiction issues need support concerning their substance use, depending on the severity. Professionals in relevant settings should motivate them to reflect on their substance use and get help depending on their needs.

Addiction care services are always needed to provide proper support.

Strengthening social support: Encourage parents to utilize their social networks for practical and emotional support. Ask questions like, "Who can help you with housework?" or "Who can your child turn to if you're not feeling well?" This approach shifts the focus from bearing all responsibility to leveraging available support systems which is crucial during stressful periods.

Trauma-informed support: A trauma-informed approach is key when working with families with addiction issues. This includes addressing both major traumas (e.g. abuse, "Big T's") and subtle wounds (e.g. feeling unloved, "small t's"), enabling professionals to rebuild trust and emotional security without solely focusing on addiction.

Constructive conversations: Frame discussions about parenting in a supportive, non-judgmental manner. Integrate parenting discussions with their recovery focus: "You come here to work on your problems, and while we focus on that, let's also talk about how we can support your children." Acknowledge parenting stress with statements like, "Having a child brings a lot of stress. Your life is suddenly turned upside down," to promote a collaborative problem-solving approach. Find the positives, use affirmations (> pp. 46ff.), even if it might seem hard (Forrester et al., 2021:69).

Case example:



Use specific examples to illustrate how to support parents in various scenarios:

- **Sarah Müller:** Acknowledge her challenges in balancing recovery and parenting, and discuss practical steps to support her children.
- **Thomas Novak:** Recognize the added pressure he faces from others while managing his addiction, and offer support without judgment.
- **Ana Martins:** Address the stress of severe addiction and find small, manageable ways for her to connect with her son.
- **Maria Conte:** Discuss the burden of chronic pain and cannabis use, and explore ways to maintain stability for her children.

Giving advice or the “Telling what to do trap”

A key principle of Motivational Interviewing (MI) is to avoid directly telling people what to do, as this often increases resistance. While professionals, especially in social work or child protection but also in healthcare, sometimes need to provide advice, it should only be done when necessary, requested, or when the person seems unsure. Advice should be given sparingly, with consideration for the person's existing knowledge, and in a neutral, respectful manner that acknowledges their expertise in their own life. This approach reduces resistance and leads to more constructive conversations and better outcomes (Forrester et al., 2021).

In practice, giving advice in social work, child welfare or healthcare might sound like this:

1. "I know this is something you're struggling with, and since you've asked for my advice, I can share some ideas that have helped other people in similar situations. I'd be really interested to hear if you think any of these might work for you."
2. "We've talked about how hard it is to get your child to bed at night. Would it be okay if I shared some strategies that I think could help?"
3. "Let me summarize: You don't drink every day, and you feel that others drink more than you. You think the school is exaggerating

your alcohol use and unfairly singling you out. Is that right? [Assuming the response is 'yes'] In that case, I think it's important for me to be honest with you. The amount of drinking you've shared with me is still significant, and while it's your decision whether to cut down or stop, I think attending a support group, even just to try it out, could be a positive first step. What do you think?"

Supporting autonomy

Supporting autonomy is about respecting that each individual ultimately decides whether to accept or reject advice, just as patients choose whether to accept treatment. Motivational Interviewing (MI) emphasizes that people have choices, and acknowledging this can actually increase the likelihood of positive behavior change. When someone feels they have only one option, it can reduce their sense of autonomy and lead to greater resistance, especially if they're ambivalent or did not seek advice.

Using phrases like "It's your decision..." supports autonomy more effectively than "It's okay to..." and reinforces the person's role as the expert in their own life. Employing open questions and reflections demonstrates understanding and creates a collaborative tone, making space for "change talk" to emerge

(> **Module 3**).

Block 4.4:

Enhance parental skills and the child-parent relationship

As learned in Module 1 and 2, addiction and trauma can disrupt attachment, but professionals can help parents rebuild these connections (Bosmans et al. 2022). Professionals in relevant setting should help parents move past guilt and focus on supporting their children, promoting emotional resilience. Interventions should prioritize enhancing parent-child interactions by encouraging sensitivity and responsiveness to the child's emotional needs.

Trainer's guide:

This block will be more relevant for some professional group than others. However, it's recommended that all professional groups have an understanding of concept of good enough parenting.



Good enough parenting: It is essential to emphasize that parents don't have to be perfect to create a safe and nurturing environment for their children. The focus should be on providing basic care, promoting emotional connections, and offering warmth and affection while minimizing harsh criticism. Establishing a stable environment where children feel supported, even amid challenges, is crucial.

Professionals should view parents as inherently capable and responsible, highlighting their strengths to build a therapeutic alliance and promote positive change. Rather than linking enhanced parenting solely to overcoming addiction, professionals should work on improving parenting skills concurrently with addiction treatment (e.g. Suchman, 2016). Recognizing parents as individuals with their own personal needs and guiding them through their struggles not only strengthens their personal well-being but also enhances their effectiveness as caregivers.

Conversations about parenting should be framed non-judgmentally. Many parents may feel inadequate anyways. Building motivation

and communication skills is crucial. Use motivational techniques to engage parents in discussions about their children, reinforcing the concept of "good enough" parenting.

Improving parenting skills:

- **Consistency and predictability** help children feel secure. Discuss how parents manage their responses to irritation, handle discipline, maintain consistency and potential support system during challenging times.
- **Establishing structure and authority:** Encourage setting boundaries and maintaining stability. Discuss handling disagreements and planning for caregiving during challenges. Ask questions like, "How do you deal with disagreements with your children?" or "How do you handle bedtime routines?".
- **Address safety and continuity** by exploring how parents plan for times when they might be unable to provide care, such as, "How and who will take care of the children when you are not there?" or "Who can you call on to take over the care of the children when you need a break?"

- **Encouraging child development:** Engaging in play activities is important for children's learning and development. Parents may be unsure how to initiate or structure playtime. Encourage them to explore activities like reading, board games, or outdoor play. Discuss their past experiences and current methods for interacting with their child. For instance, ask questions such as, "What kinds of games do you enjoy playing together?" or "How do you usually spend time with your baby?" This approach supports child development and strengthens the parent-child bond.

- **Understanding child identification:** Children often mirror their parents' behaviours and self-perceptions, making it important to understand this dynamic. Engage parents in conversations about how their children might identify with them, e.g. by asking if their kids ever mention resembling them or adopting similar behaviours. This awareness can help address potential impacts on the child's behaviour and self-image, promoting a deeper understanding of the parent-child relationship and its influence on the child's development.

- **Social norms:** Integrate education on social norms and family expectations to help parents understand societal standards for family behaviour and address differences in family norms, promoting better alignment with social expectations and improving parenting practices.

- **Encouraging emotional involvement:** Strengthen the parent-child bond by guiding parents in expressing affection. Simple actions like giving hugs, offering compliments, or reading together can significantly impact attachment. Help parents develop these small but meaningful steps to nurture their relationship with their children.

- **Explain their addiction to the children:** Discuss with the parents how to talk to their children about the addiction in a way that is age-appropriate. If children do not receive

explanations, they might create their own theories, often blaming themselves. Ask parents, "What do your children notice about your substance use/your illness?" or "How have you explained your substance use/illness to the children?" to ensure children are informed in a protective manner. > **Module 5**

Strengthening attachment: Professionals should help parents shift their focus from managing addiction to nurturing their parental skills. Remind parents that, despite the energy required for recovery, they can still positively impact their child's life. Encourage discussions about their parenting role to broaden the conversation beyond illness. Use statements like, "I can imagine it takes a lot of effort to find energy for your children," or "You come for yourself to work on your problems, but let's also discuss how we can take care of your child together."

To restore secure attachment and promote healing, professionals should:

- Help parents connect with and comfort their children.
- Prioritize rebuilding relationships over assigning blame.
- Address both major traumas and subtle emotional wounds.
- Identify signs of insecure attachment in children.
- Provide non-judgmental care to avoid stigmatizing parents.
- Assist parents in rebuilding trust and emotional bonds, even amidst ongoing substance use.
- Improve emotional attunement between parents and children.

Case examples:

How can the parent-child relationships in our scenarios be supported?



Sarah Müller: Engaging in Structured Play

Encourage Sarah to participate in structured play activities with Lukas and Emma. Suggest specific games or reading time where she can apply what she learns in therapy. Ask her, "What kinds of stories do you enjoy reading with your kids?" or "Could you set aside some time each week for a family game night?" This not only promotes emotional connections but also allows her to practice being present and engaged.

Thomas Novak: Addressing Child Identification

Facilitate discussions with Thomas about how his children, Katarina and Filip, may identify with him. Encourage him to reflect on how his behaviours might influence their self-perception. Ask, "Have you noticed any traits in your kids that remind you of yourself?" or "What do you think they think about your pain management methods?" This can help Thomas understand the importance of modelling healthy behaviours and the impact of his choices on their development.

Ana Martins: Building Emotional Connections

With Ana, focus on restoring secure attachment with her son David. Guide her in identifying ways to comfort and connect with him. Suggest simple activities like reading together or having a "special time" where they can bond without distractions. Ask, "What are some ways you've found to calm David when he's upset?" This will help Ana recognize the importance of emotional attunement, even in difficult circumstances. Encourage brief, positive interactions with David to maintain connection, even amidst severe addiction.

Maria Conte: Promote Open Conversations

Help Maria manage her cannabis use and promote open conversations with Alessandro and Matteo about their emotions. Encourage Maria to have age-appropriate conversations with Alessandro and Matteo about her cannabis use. Help her frame these discussions positively, so her children understand her actions without fear or blame. Ask, "What do your kids notice about how you manage your pain?" or "How might you explain your cannabis use in a way they can understand?" This promotes transparency and reduces the likelihood of the children internalizing negative feelings about their mother's behaviour.

By addressing the issues outlined above, professionals can assist parents in making gradual improvements to their relationships with their children, even while they continue to struggle with addiction. Emphasizing that attachment can be rebuilt over time encourages parents to persist in nurturing their relationships, which helps restore and strengthen the bond with their children. This approach can mitigate risks and promote safer environments for families.

Discussion prompt:



Discuss these strategies for reducing harm to others in families where addiction is present, focusing on incremental improvements. How can professionals support these efforts while working with parents, recognizing the challenges of addiction, and promoting safer family dynamics?

Exercise: Speed-Dating

This exercise fosters discussion on professional attitudes toward addiction and parenting within teams or networks. After completing previous modules on addiction and family dynamics, participants engage in rapid dialogues about key statements related to addiction and child welfare, encouraging reflection and shared understanding. The method is flexible and suitable for individuals or small groups, encouraging diverse perspectives and collaboration.

How it works:

1. Participants discuss various maybe controversial statements (e.g. "Parents with an addiction can still be good enough parents", "Improve parenting first, then afterwards the drug use might decrease", "Separating a child from his parents and sending him to child welfare is not meeting the child's needs for attachment")
2. They express agreement or disagreement and explain their reasoning.
3. This process promotes consensus on professional attitudes regarding addiction and parenting.

Block 4.5: Practical interventions

Programs for parents with substance use disorders should focus on both addiction treatment and improving the parent-child relationship at the same time. These interventions should aim to reduce harsh or inconsistent parenting, promote responsive caregiving, and create a nurturing and stimulating environment for the child.

Examples:

- **Mindful parenting:** Mindfulness-based interventions, such as "Mindful Parenting" (Bröning & Brandt, 2022), focus on enhancing the parent-child relationship through mindfulness techniques, which help parents become more emotionally present and responsive to their children's needs.
- **Mothering from the Inside Out (MIO):** This mentalization-based approach is tailored to mothers with addiction, helping them improve their caregiving by enhancing reflective functioning. MIO has been shown to improve caregiving sensitivity, reduce negative emotionality, and support attachment security in children. It is particularly effective for mothers with severe addiction and has been adapted for diverse and community settings (Lowell et al. 2021).
- **SHIFT:** SHIFT is a parent training program for mothers and fathers with addiction issues who have children aged 0-8 years, focusing on strengthening parenting skills while considering the unique challenges addiction presents (Klein et al., 2019).

- **Cap sur la Famille (Canada):** A program designed for parents with addiction and their children aged 6-12, offering support and resources for improving family dynamics while addressing addiction-related challenges. Available in both English and French: <https://capsurlafamille.espaceweb.usherbrooke.ca/en>

Trainer's guide:

Do your research! It is crucial for trainers to conduct research on parenting interventions available in their specific area and country. Trainers should also stay updated on the latest research and approaches, such as scaling programs like MIO in real-world settings and assessing their long-term impact on family well-being. By adapting these recommendations to the local context, trainers can provide targeted interventions that address the unique challenges faced by families in their area.



References and further reading Module 4

Bröning, S. & M. Brandt. (2022). „Mindful Parenting“ – Achtsamkeit in der Eltern-Kind-Beziehung. Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie. 50(5):1-12.

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Suggestions for implementation as E- learning:

Module 4 could utilize a blended learning approach to enhance engagement and comprehension.

Block 4.1, Block 4.2 & Block 4.4 are better implemented as face-to-face sessions they cover a lot of practical approaches, language and sensitive issues like child protection concerns.

Block 4.3 focus on theoretical aspects which can be taught via self-learning and **Block 4.5** introduces specific intervention which can also be researched in the own pace of the participants.



Module 5:

Supporting children in families with addiction issues in various settings

Learning objectives

- Gain knowledge and skills needed to identify and support the most vulnerable members of families affected by addiction – children.
- Understand the unique challenges, the vulnerability of these children and the need for prevention and early intervention.
- Learn the importance of explaining addiction to children and explore methods for doing so effectively.

Content

Block 5.1: Understanding the impact on children
Block 5.2: Early intervention and prevention
Block 5.3: Practical strategies for supporting children across various settings
Block 5.4: Conversations with the children

Trainer's guide:

Refer back to the Family Scenarios first as they will be brought up as examples
➤ page 15.



This module equips professionals to identify and support the most vulnerable members of families affected by addiction: the children. Building on previous modules, it emphasizes that focusing on children is key to breaking the cycle of addiction. Early intervention and prevention are highlighted, as children in these environments face a higher risk of developing mental health issues, including addiction. By addressing the unique needs of these children, professionals can help prevent addiction from passing to future generations and improve their long-term outcomes.



<https://www.lwl.org/lime3/index.php/766687?lang=en>



Block 5.1:

Understanding the impact on children

This block revisits the profound effects parental addiction can have on children, reinforcing key concepts from Module 1. It emphasizes the need for coordinated, accessible, and empathetic support across various professional settings to address the complex challenges these children face.

Children growing up in families with addiction often encounter emotional, psychological, and behavioural difficulties due to instability, neglect, and sometimes violence. They frequently experience shame, anxiety, and low self-esteem, affecting their school performance, relationships, and self-image (Council of Europe, 2022). Many children assume adult responsibilities early on – a process known as "parentification" – which deprives them of a typical childhood and places immense stress on them. Research shows that childhood trauma, particularly within early attachment relationships, significantly increases the risk of substance use disorders (SUDs) later in life (Meulewater, 2019). Although children from

these families are at high risk for addiction and other mental disorders, it's important to note that this risk is not a certainty (Klein, 2022a).

Children's voices and needs

There is no "typical" child of a parent with a substance use disorder (SUD), just as there is no "typical" person with SUD or "typical" family with addiction issues. Each child's situation is unique and requires an intervention that is tailored to their specific circumstances (Sucht Schweiz, 2018).

A study by the Council of Europe (2022) reveals that children in these circumstances have expressed clear needs: they seek understanding, not blame; they require accessible and immediate help; and they desire education that reduces stigma and empowers them. These children want professionals to recognize the complex realities they live in, to listen without judgment, and to provide a safe and supportive environment where they can thrive.

Voices from the interviews the project group has done in this project:

"I did not really realize why my mother acted the way she did. When help came to the house, her substance use increased. I learnt to take care of myself from a very young age... I was constantly living in fear."

– Anonymous, 18-24 years, Belgium

"Papa drank very often and I knew that it would be very bad for the whole family if he didn't stop. That's why my mother and I started looking for help."

– Anonymous, Latvia

"When we keep on a brave face, the professionals forget about us."

– Anonymous, 18-24 years, Belgium



Gaps in existing support systems

Barriers such as high thresholds, poor service coordination, and stigma often prevent children from receiving timely help, leading to missed interventions and adverse outcomes. Early support for both children and parents is crucial to mitigate these risks.

Examples of support in various professional settings

While no single professional can address all the challenges these families face, it is crucial that professionals across different settings recognize the family's situation, acknowledge the child, and provide opportunities for the child to express themselves. Understanding what is happening with their parent is invaluable for the child's mental health and development. Table 4 shows how various professionals can support these children.

Table 4: Support for children in various sectors.

Social/Child protection services	These professionals can intervene to ensure children's basic needs are met and that they are protected from neglect or harm. They often assess the child's home situation, arrange safe environments outside the home when necessary, and ensure the child has access to psychological support.
Teachers/educators	In educational settings, teachers can play a pivotal role by identifying children who may be struggling due to issues at home. They can provide a stable, supportive environment, normalize the child's experience through consistent routines, refer them to psychologists in schools/ kindergarten and maintain open lines of communication that allow the child to express themselves freely.
Healthcare system	Nurses, doctors, midwives, and other healthcare professionals can observe signs of neglect or abuse and provide necessary referrals to support services. Empathy and a focus on the child's well-being are essential in these settings. Professionals should engage with the child in a way that validates their feelings and offers reassurance.
Addiction care	Addiction specialists working with parents can also play a critical role in supporting their children. By asking about the children, motivating the parents to work on the relationship or involving the child in an age-appropriate manner, they can help the child understand their parent's condition, reducing feelings of isolation or guilt. This includes ensuring the child has access to their own support resources, such as therapy or peer support groups.

Law enforcement

Police officers and other law enforcement personnel often encounter families during crises. It is essential that they prioritize the child's safety and handle interactions with care, avoiding shaming or punitive measures that could further traumatize the child. Their communication should be clear and supportive, ensuring the child understands that their safety is the top priority.

First responders

Paramedics and other first responders are often the first to arrive at scenes where addiction-related incidents have occurred. They provide immediate care and refer children to appropriate services. Empathy and non-judgmental communication are key in these interactions, as children may be scared and confused by the situation.

Block 5.2: Early intervention and prevention

This block underscores the importance of early intervention and prevention strategies for children of parents with addiction issues. **Timely, proactive support can significantly reduce the likelihood of long-term negative outcomes and help break the cycle of addiction across generations.** Children in these environments often struggle with educational, behavioural, and mental health challenges due to the instability at home. Addiction rarely exists in isolation. Families dealing with addiction often face additional issues such as trauma, lack of positive role models, and financial or housing instability, which further contribute to the cycle of anxiety and sadness affecting both parents and children.

Interventions

Interventions or prevention strategies should focus on increasing protective factors instead of solely reducing risks (Velleman & Templeton, 2016: 113). This includes:

- **Strengthening resilience:** Helping children develop coping mechanisms and resilience, e.g. through positive parent-child interactions (**Module 4**) and education about addiction (Module 5.4).
- **Building support networks:** Ensuring that children have access to supportive adults and peer groups, fostering social support among them.
- **Educational interventions:** Providing targeted educational support to help children overcome the academic challenges presented by their home environment.
- **Improving access and retention rates:** Enhancing strategies to ensure predominantly low-income families stay engaged in the program (**Module 6**).

Discussion prompt:

Engage participants in a discussion about their experiences with early intervention in their professional settings. What strategies have they found effective in supporting children from families with addiction issues?



Block 5.3:

Practical strategies for supporting children across various settings

This block offers practical strategies for professionals in different fields who work directly with children from families affected by addiction. The focus is on observing, recognizing, and responding to these children's needs:

- **Observation:** Watch for signs like withdrawal or disruptive behaviour in schools and healthcare settings. Be mindful of how interactions with parents can affect children.
- **Attention to quiet children:** These children are often overlooked and need extra attention.
- **Recognition:** Identify signs of distress such as social withdrawal, aggression, or sleep issues. Adolescents might show signs like substance use or eating disorders. Discuss observations with your team to explore all possible explanations.
- **Engagement:** Use small gestures like conversations or helping with tasks to build rapport and provide support.
- **Communication:** When addressing concerns with a child, use "I-messages" (e.g. "I notice..." or "I am worried because...") and adapt to their age. Focus on the child's well-being.
- **Building trust:** Establish a relationship with patience and active listening. Avoid direct confrontation about the parent's addiction. Create a non-judgmental, supportive environment.
- **Caution with diagnoses:** Avoid making direct statements or leading questions about a parent's substance use to prevent resistance and distress.
- **Networking:** Utilize available support services, involve addiction experts and maintain a network for comprehensive care.

Enhancing protective factors

Trainer's guide:

Take a look back at Module 1 for more information on protective factors.



Protective factors are the characteristics or conditions that help individuals resist the negative effects of stressful situations. For children in families with addiction issues, enhancing these protective factors is essential. When professionals focus on these areas, they significantly contribute to building the child's resilience. Focusing on protective factors can help

mitigate the negative impacts of addiction on families and support their resilience.

The risk for affected children is especially high when certain protective factors are not present or are only promoted to a limited extent. Available research points out the importance of protective factors such as positive and caring relationships with stable adult figures. Protective factors can balance out risk factors and build resilience. Research on protective factors and resilience is a rather new field and still more research is needed. However, it can be said that protective factors can balance out risk factors (Velleman & Templeton, 2016).

Protective factors⁸:

- **Personal:** social, emotional competencies, self-efficacy, resilience.
- **Social:** close friendships, peer mentors, adult role model.
- **Academic:** recognition and sense of achievement at school, participation in educational activities, nurturing teacher
- **Family:** close relative, authoritative parenting style, structures, routines, rituals.
- **Addiction-related:** Intensity of use and its signs at home is low

Focusing on these protective factors helps mitigate the negative impacts of addiction and supports the child's resilience. Interventions should aim to reduce risk factors and enhance these protective elements by providing consistent emotional support, helping children articulate their feelings, and promoting positive experiences. Encouraging children to talk about their experiences can break the isolation and secrecy often present in families with addiction issues (Sucht Schweiz, 2018).

Understanding and building resilience

It is important to recognize that not all children from families with addiction issues develop related problems. Research indicates that approximately one-third of these children

can grow up in a healthy and unremarkable way. Their developmental outcomes depend on several factors, including the presence of protective factors, the severity and duration of the parent's addiction, and the availability of supportive relationships. Children who do not develop related issues often exhibit a high level of resilience, defined as the capacity to adapt to and overcome stress and adversity. This resilience is a dynamic process influenced by individual, familial, environmental, and societal factors, which can be learned and cultivated over time (Velleman & Templeton, 2016).

Building resilience in children is crucial for their healthy development, especially in the context of family addiction issues. Enhancing resilience involves fostering key abilities or life skills, which can be categorized as follows:

- **Information:** Motivate and support parents to provide accurate information to the child, emphasizing the risks if children are not properly informed.
- **Insight:** Help children recognize that something is wrong within the family, aiding in detachment from family problems.
- **Support from an adult confidant:** Emphasize the importance of having a stable, trustworthy adult presence in the child's life and fostering relationships with healthy role models outside the family, e.g. mentors.
- **Independence and emotional engagement:** Encourage children to spend time outside the home to reduce the influence of parental behaviours while engaging with their emotions and reflecting on the impact of their environment.
- **Allowing childhood experiences and initiative:** Promote participation in enjoyable activities and outdoor play to help children distance themselves from parental responsibilities while supporting activities that boost self-confidence and allow for new experiences.

⁸ see Velleman & Templeton (2016) for a comprehensive list of protective factors as identified in research literature.

- **Creativity and humour:** Encourage artistic expression or imaginative play for emotional exploration and teach children to use humour as a coping mechanism.
- **Moral development:** Help children develop their own value systems independent of their parents' behaviours.

These can be combined with the 10 core life skills defined by the WHO: Decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationship skills, self-awareness, empathy, coping with emotions & coping with stress (WHO, 1997).

Advice for all professionals:

- Every professional should be able to observe, recognize, and refer children to appropriate help.
- Be mindful of your own attitudes and behaviours, ensuring they are supportive and non-judgmental.
- Be a reliable adult: Consistently show up for the child, providing stability and support, and recognizing their efforts to stay safe and healthy.
- Encourage emotional expression: Help children impacted by addiction express their feelings openly and safely.
- Provide opportunities for playful, age-appropriate activities to alleviate stress.
- Continually educate yourself and others about the impact of addiction on children.

Discussion prompt:

Discuss methods to strengthen protective factors that can help mitigate the impact of addiction on children.



Practical exercises for strengthening protective factors in children (for professionals working directly with the children):



3-2-1 Exercise

Purpose:

The 3-2-1 exercise is designed to help children move from a dissociative or distracted state into a present, grounded awareness. It promotes mindfulness by focusing on sensory experiences, which can help children feel more connected to their bodies and surroundings, thereby reducing anxiety and increasing self-awareness.

Instructions:

- 1. Identify three objects:** Ask the child to look around the room and name any three objects they can see. For example, "I see a chair, a book, and a window."
- 2. Identify three sounds:** Next, have the child close their eyes or keep them open and identify three distinct sounds they can hear. For example, "I hear the ticking of a clock, a car passing by, and the hum of a refrigerator."
- 3. Identify three physical sensations:** Finally, ask the child to focus on their body and name three physical sensations they are feeling. This could be the sensation of their feet on the ground, the feeling of their clothes against their skin, or the warmth of their breath.
- 4. Repeat with Two:** Repeat the process, but this time have the child name two objects they see, two sounds they hear, and two physical sensations they feel.
- 5. Repeat with One:** Finally, have the child name one object, one sound, and one physical sensation.

Outcome:

This exercise helps children centre themselves in the present moment, reducing anxiety and promoting a sense of calm. It also enhances their ability to observe their environment and bodily sensations, which strengthens their connection to reality and self-awareness.

Enchant the World (Reddemann, 2016)

Purpose:

This exercise helps children use their imagination to build resilience and self-efficacy by visualizing positive changes they can make in challenging situations. Children can tap into their inner resources, creating positive mental and emotional states that help counterbalance negative experiences or environments.

Instructions:

Ask the child to imagine they have a special power that can improve the world around them. Encourage them to close their eyes and visualize using this power in a situation where they feel scared or sad. Guide them to imagine enchanting objects around them with this power, bringing positive change to their environment. Invite the child to create a story about how they used these enchanted objects or powers to overcome challenges. Finally, discuss their feelings and reflect on how using their imagination can help them feel stronger and more in control in real-life situations.

Peer support

Connecting to children (young) adults who have made similar experiences can also make a big difference for the child. Group programmes such as the Trampoline programme⁹ in Germany can be a suitable help offer for children from 8-12 years old. Mentoring/buddy programmes can be another option.

Trainer's guide:

Research available group offers in your region.



Support in crisis situation

Professionals working with children affected by parental addiction must be skilled at identifying and assessing crises. Signs of distress in a child may indicate an imminent crisis, requiring an immediate response. This may involve calming the child, addressing their needs, and seeking additional support. In acute situations, quick intervention is crucial to provide necessary assistance.

- **De-escalation:** Use techniques to soothe and stabilize distressed children, ensuring they feel safe.
- **Referrals:** Be aware of and utilize specialized services when needed.
- **Protocols:** Follow established crisis protocols, such as the Child Reflex > **Block 4.2**. If not available, consult with team members or supervisors for a risk assessment.

Toolkit: Psychological emergency kit

Purpose:

The psychological emergency kit helps children, adolescents, and adults manage acute stress, panic, or dissociative episodes. It provides immediate interventions to reorient individuals to the present moment, interrupting cycles of anxiety, panic, or flashbacks.

Instructions:

1. **Verbal contact:** Address the person loudly by name and state their location. Use clear and simple phrases like, "You are here with me. My name is [Your name], and we are at [location]." This verbal orientation helps re-anchor them in the present reality.
2. **Encourage physical reorientation:** Use clapping or (culturally) appropriate touch to ground them. The touch should be gentle but firm, conveying a sense of safety and grounding.
3. **Engage the senses:** Offer strong-smelling or flavoured items to refocus attention, e.g. peppermint oil or a strong-flavoured candy. The intense sensory experience can help disrupt the dissociative state and refocus the individual's attention.

⁹ <https://www.projekt-trampolin.de/>

- 4. Physical movement and orientation:** Encourage looking around or moving to re-establish presence, even if it's just shifting in their seat or walking a few steps, to further re-establish their presence in the environment.
- 5. Mental anchoring:** If the individual is still struggling to reorient, have them recall a familiar phone number or ask them to describe a familiar location or memory. This mental exercise helps engage their cognitive faculties and redirect their focus away from the distressing stimuli.
- 6. Provide reassurance and safety:** Continuously assure safety and maintain a calm demeanour.

Special considerations for educators

Educators play a crucial role in the lives of children affected by familial addiction, often serving as one of the few stable influences. Spending significant time with students allows them to recognize potential issues such as withdrawal, higher absenteeism, lower academic performance or things like no packed lunches, particularly if they are attentive. However, educators do not need to identify them specifically to offer support. Creating an inclusive classroom environment and incorporating discussions about the impact of addiction can benefit all students. Educators should be prepared to respond if a child confides in them, knowing local resources and providing appropriate guidance. Supporting these children through safe, engaging activities can enhance their resilience and well-being.

Trainer's guide:

NACOA has prepared a guide for educators which will give more specific recommendations in this setting (NACOA Deutschland, 2022 and NACoA, 2018).



Discussion prompts:

- 1.** Consider the unique challenges and opportunities in working with children from families with addiction. How can you enhance your support and what additional training might be useful?
- 2.** Discuss strategies for creating a supportive classroom for all students, especially those affected by addiction
- 3.** Reflect on how parental addiction affects a child's development and behaviour. What proactive steps can you take to address these impacts?
- 4.** Think about how to respond if a student shares personal issues related to addiction.
- 5.** Discuss how to build resilience through activities like sports, arts, and boosting self-esteem.



Block 5.4:

Conversations with the children

Professionals from various settings may encounter opportunities to engage in conversations with children living in families with addiction issues. These conversations can vary greatly depending on the setting, the child's circumstances, and the role of the professional. Whether these interactions are planned or spontaneous, it is essential to approach them with sensitivity and care (Addiction Switzerland, 2018). Regardless of the context, all professionals should prioritize active listening and empathy, as outlined in > **Module 3**. These skills are fundamental in building trust and helping children feel heard and understood. When engaging with a child, professionals should:

- **Acknowledge the child's experience:** Validate the child's feelings and reassure them that they are not alone. A simple affirmation like, "This situation is really difficult, but you're not alone. Others face similar challenges," can be incredibly comforting.
- **Encourage open expression:** Invite the child to talk about their fears, worries, and feelings. Creating a safe space for these conversations is key to helping them process their emotions.

Methods for talking to children about the situation at home

"On a Journey with Tickle" (original title: "met Kriebel op reis!")

In Belgium, a specialized resource called "On a Journey with Tickle," developed by Ligant¹⁰, offers tools for professionals to have sensitive and supportive conversations with children whose parents struggle with mental health or addiction issues. It provides practical methods and activities to help children understand their situation and cope with their challenges.

Objective:

Facilitate discussions with children about the challenges they face at home due to parental addiction or mental health issues.

Steps:

1. **Establish a trusting relationship:** Begin by creating a supportive environment where the child feels comfortable. Engage in activities that help build a sense of safety and trust between you and the child.
2. **Your feelings:** Assist the child in recognizing and articulating their emotions. Provide tools and activities that help them identify and express how they feel about their home situation.

¹⁰ www.ligant.be

3. **Taking care of yourself:** Focus on empowering the child to manage their emotional health. Discuss various strategies for handling challenging situations like bullying, fostering self-esteem, acknowledging their strengths, and practicing relaxation techniques.
4. **You are not alone:** Work to diminish the child's feelings of isolation. Introduce group activities, encourage connecting with peers who have similar experiences, and share resources where children can find stories and support.
5. **Psycho-education/information:** Provide age-appropriate explanations about addiction. Help the child understand that their parent's behaviour is related to the addiction and not a reflection of their worth as a person.
6. **Discussing the home situation:** Gently explore the child's experiences and feelings about their home environment. Engage in supportive conversations to understand and address the specific challenges they face.

These strategies aim to build confidence in professionals, enabling them to engage effectively with children from families with addiction issues. Even those with limited experience can utilize these methods to provide essential support and prevent further escalation of problems.

The concept of "Met Kriebel op reis" can be found here: <https://www.euronetprev.org/projects/makethedifference/mtddownloads/>

Explaining addiction to children¹¹

The Seven C's (NACoA, 2023)

The "7 C's" is a simple yet effective framework for addressing the deep-seated worries children often have when dealing with parental addiction. It serves as a quick reminder for professionals on how to communicate effectively with children in these situations:

- I didn't cause it.
- I can't control it.
- I can't cure it, but...
- I can help take care of myself by...
- Communicating my feelings,
- Making healthy choices,
- And celebrating me.

Understanding addiction and its impact on their family is crucial for a child's emotional well-being. Without proper information, children may internalize guilt or develop harmful misconceptions. It is important for professionals to explain addiction in age-appropriate language, emphasizing that it is a disease and that the child is not to blame for their parent's behaviour.

¹¹ https://nacoa.org/wp-content/uploads/2023/06/SevenCs.NACoA_2023.pdf

Table 5: Communicating about addiction across age groups

Pre-school children	<p>Use simple language: Describe addiction as a sickness that affects how a person acts. For example, "Sometimes, when people use things like alcohol or drugs, their body gets very sick, and they can't stop using them even if they want to. Just like how we need medicine when we're sick, they need special help because their sickness is very hard to fix."</p> <p>Reassure them: Emphasize that it's not their fault and they are safe. Say something like, "Even though someone in our family is sick with this disease, it's not because of anything you did. You're safe, and there are people who care about you."</p>
Ages 5–9	<p>Basic understanding: Explain that addiction is a disease that affects how a person behaves. You might say, "Addiction is a kind of sickness that makes people keep using things like alcohol or drugs, even though it's bad for them. They need special help to get better, just like when someone needs to see a doctor for another kind of illness."</p> <p>Highlight support: Reassure them that they are not alone and that professionals are there to help. For instance, "Even though this disease is tough, there are doctors and helpers who are working to make things better and keep everyone safe."</p>
Ages 10–12	<p>Discuss consequences and risks: Explain that addiction is a disease that affects the brain and behaviour, and it can have a big impact on families. For example: "Addiction is a disease that changes how a person thinks and acts. Because it runs in our family, you might be more likely to face challenges, but knowing this helps us make good choices and seek help when we need it."</p> <p>Develop coping skills: Provide strategies for dealing with peer pressure and emphasize that they can seek support. You might say: "You might face more pressure because of this disease in our family, but remember, you can choose to stay healthy and ask for help from people who care about you."</p>
Teenagers	<p>Provide detailed explanations and context: Emphasize that addiction is a chronic disease, similar to other health conditions, and affects both individuals and their families. For example: "Addiction is a serious disease that affects the brain and behaviour, making it hard for a person to stop using substances even when they know it's harming them. Because it's in your family, you might face more challenges, but understanding it as a disease can help to handle it better and seek the right support."</p> <p>Discuss strategies and support: Help them understand how to manage their own choices and encourage them to seek help when needed. For instance, "Knowing that addiction is a disease helps us understand why it's important to make smart choices. If you ever feel pressured or confused, there are people who can help you, and talking to them is a good way to stay strong and healthy."</p>

Educational materials: Utilizing books, leaflets, and online resources to explain addiction. Look for similar methodologies and tools available in your region that align with these themes.

Explaining “normal” family behaviour

Helping children understand that family struggles are common, but also providing a realistic view of healthy family dynamics, is essential. This approach balances realism with hope, reducing stigma and promoting healthier perspectives on family life.

- Emphasize that while every family faces challenges, love, support, and care are present in many forms.
- Teach children constructive ways to handle family difficulties and encourage them to seek help from trusted adults.
- Normalize family struggles and provide practical advice, encouraging children to seek support without feeling ashamed.
- Discuss the diversity of family structures and experiences, helping children see their family's struggles as part of a broader spectrum.
- Reinforce that their family's struggles do not define them, and there are ways to improve their situation.
- Support children in expressing their feelings and experiences to trusted adults, reducing their sense of isolation.

Online resources:

- Nacoa UK: <https://nacoa.org.uk/>
- NACoA US “Voice for the children”: <https://nacoa.org/families/>
- NACOA Germany: <https://nacoa.de/>
- Starlings Community: <https://www.starlings.ca/>
- Kinship Care Toolkit | Office of Addiction Services and Supports: <https://oasas.ny.gov/kinship-care-toolkit>

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Suggestions for implementation as E- learning:

Considering that the participants know each other at this point, **Block 5.1** and **5.2** could be done online, either via self-study or in a live session. **Block 5.3** and **5.4** are more practical including practical exercises and discussions. It's therefore recommended to organize them face-to-face.



Module 6:

Integrated Approaches to Family Support and Networking

Learning objectives

- Foster an integrative approach to ensure comprehensive and cohesive support for the family as a whole.
- Coordinate and apply learned strategies from previous modules to support all family members effectively.

Content

Block 6.1 Introduction to an integrated family-centred approach

Block 6.2: Legal considerations & support offers

“Dealing with the life situation of children growing up in families with addiction issues is a challenge for professionals across all fields, disciplines and institutions.”

– Bella Donna, 2015

Block 6.1:

Introduction to an integrated family-centred approach

Professionals from fields, such as education, healthcare, and social work, must recognize the wide-reaching impact of addiction on families. Traditional help systems often focus on individuals, like treating the parent in addiction care or supporting the children in youth welfare, overlooking the family as a unit. Addiction is a “chronic family disease” that affects all members, especially the children who may be suffering in silence. A family-centred approach addresses the needs of the whole family, especially the needs of children, promotes transparency between services, improves outcomes and supports family recovery.¹²



¹² <https://nacoa.org/addiction-and-the-family-systems-model/>



Trainer's guide:

Although, implementing a family-centred approach is a challenge which cannot be solved by trainings for individuals, this has been included in the curriculum to raise awareness for the need for comprehensive approaches.



Definition and principles of a family-centred approach

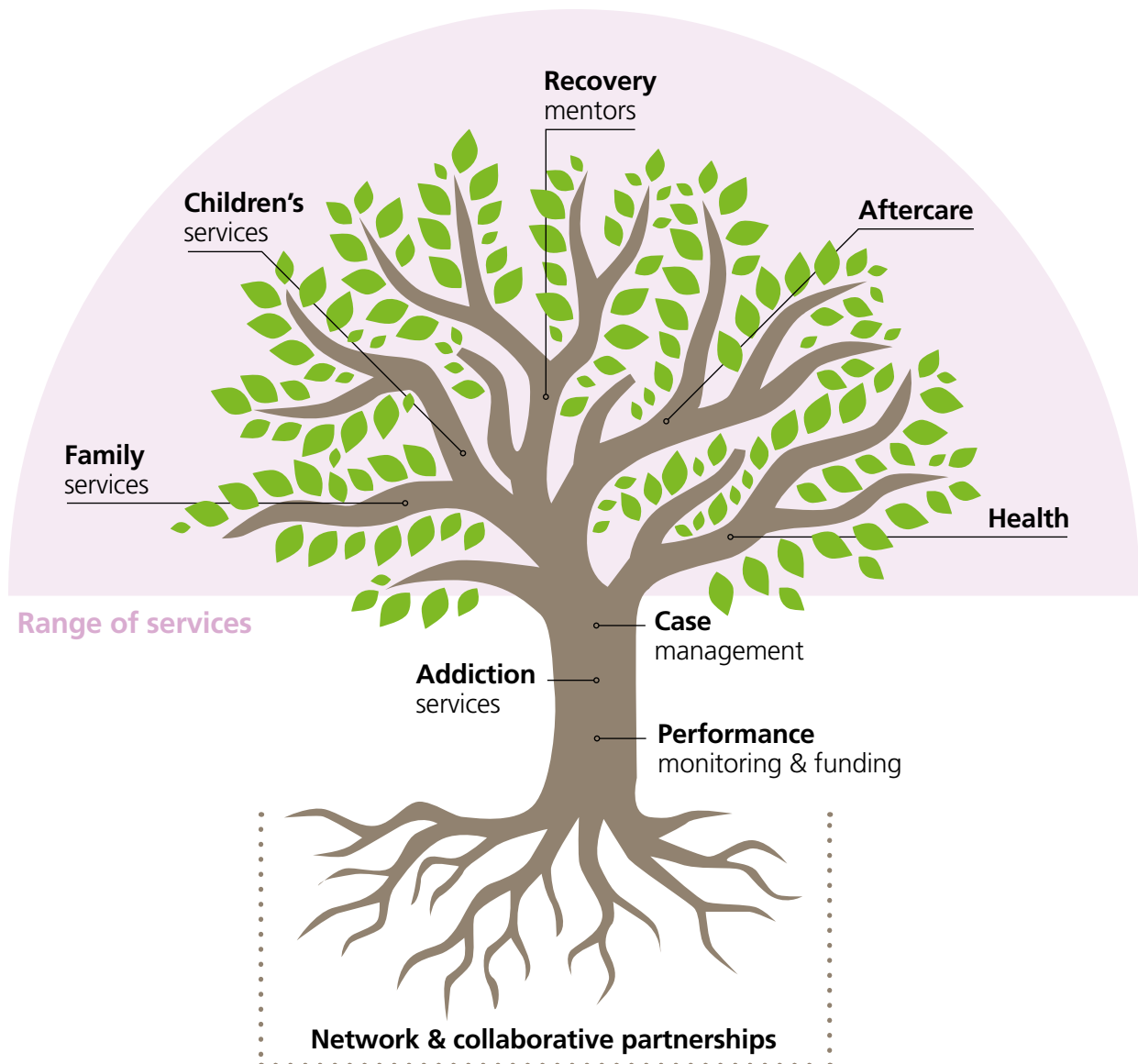
A family-centred approach according to the National Centre on Substance Abuse and Child Welfare (NCSACW, 2021) includes services to support all members of families with addiction issues, with a focus on early identification and intervention. The approach extends beyond addiction treatment, involving child welfare, mental health, trauma-informed care and educational systems. It recognizes that families exist within broader social and cultural contexts and that children's well-being is linked to parental recovery.

To implement this, professionals must collaborate across sectors using coordinated case management to ensure all family members receive appropriate services and to providing holistic support. This collaboration ensures that all aspects of a family's needs are addressed, from addiction treatment and parenting skills to the child's emotional and developmental needs. A comprehensive service array and cultural sensitivity are vital to meeting the needs of families with addiction issues.

To effectively implement a family-centred approach, several elements must be in place as seen in Figure 4:

- **Collaborative partnerships:** Strong partnerships among various professionals ensure families receive integrated support across different sectors.
- **Adequate and flexible funding:** Sufficient and adaptable funding is necessary to sustain comprehensive services and meet diverse family needs.
- **Performance monitoring:** Regularly assess the effectiveness of services to identify areas for improvement.
- **Coordinated case management:** Coordinate efforts across services with a clear plan for each family, including regular communication and progress tracking.
- **High-quality treatment:** Provide integrated addiction treatment that also addresses parenting and family dynamics.
- **Comprehensive service array:** Offer a broad range of services, including addiction treatment, mental health support, parenting education, and child services.

Figure 4:
Essential Ingredients of a Family-Centred Approach.



Source:
National Centre on Substance Abuse and Child Welfare (NCSACW), 2021.

The following steps need to be taken:

- 1. Assess needs:** Evaluate the specific needs of the family, understand the impact of addiction on the entire family and identify both immediate and long-term needs.
- 2. Assess resources:** Identify and effectively utilize available community resources and services.
- 3. Build partnerships:** Develop collaborative relationships with other professionals and organizations, to ensure that services are coordinated and that families receive comprehensive support.

- 4. Implement new services:** Modify existing services or introduce new ones based on the needs assessment and available resources.

Overcoming challenges like family resistance, confidentiality issues, and stigma requires careful strategies and continuous professional development:

- 1. Addressing resistance:** Engage family members through open communication and motivational strategies. Set realistic goals and boundaries, considering socio-economic, cultural, and generational factors.

2. Handling confidentiality: Ensure transparency and informed consent among all involved professionals while respecting family privacy.

3. Managing disruptive behaviour: If a parent with addiction issues is unwilling to seek help, focus on stabilizing their behaviour to avoid delays in the process. Prioritize interventions that address immediate risks to the child.

Shared responsibility and effective coordination

Collaboration in this approach implies shared responsibility for the well-being of the entire family. Professionals must work together to ensure comprehensive support, addressing both the direct impact of addiction and related challenges such as trauma and emotional insecurity. Ongoing communication and partnerships enhance the effectiveness of care.

Policy support and networking

Policy support and networking are crucial for the success of a family-centred approach. Participating in working groups, relevant trainings and conferences helps professionals stay informed about resources and best practices. Leveraging collective expertise improves support for families in their recovery journey.

Coordinating with other professionals and services

Professionals working with families with addiction issues, such as social workers, addiction counsellors, child protection officers, and healthcare providers, need to work together efficiently to provide comprehensive support. While each professional brings vital expertise, no single service can meet all family needs. Building a coordinated network and synchronizing efforts are crucial for effective intervention

Key professionals to collaborate with:

- **Addiction counsellors/therapists:** Provide specialized treatment for substance use disorders.

- **Child protection officers:** Ensure child safety and well-being in potentially harmful environments.

- **Healthcare providers:** Address physical health issues and overall well-being.

- **School counsellors/teachers:** Support children's emotional and educational needs.

- **Social workers:** Facilitate access to community resources and services.

In addition to collaborating with key professionals, it is recommended to build a resource network including a list of local support services, helplines, and community organization. Utilizing online resources and education material can supplement direct support.

Best practices for communication and collaboration

Effective communication is key to successful collaboration among professionals working with families with addiction issues. To prevent misunderstandings, communication should be clear and concise, ensuring that all parties are on the same page. Regular updates via phone calls, emails, or brief meetings help keep everyone informed on case progress. Using simple, common language ensures that professionals from different fields can easily understand shared information, regardless of their backgrounds. When sharing information, it's important to focus on what's crucial for effective support while maintaining confidentiality. Regular coordination meetings are essential for discussing ongoing cases and aligning strategies, and when appropriate, professionals can coordinate visits together to provide more comprehensive support.

For guidance towards a successful cooperation between services, please see the guide "Building Bridges of Support" (LWL, 2023).

Table 6: Initiating collaboration.

Topics	Helpful questions for dialogue
Clearing up prejudices	What preconceptions might affect collaboration? How can we address and overcome these?
Aligning views on substance use, how to support families etc.	How do we perceive substance use and its impact on families and children? Are our approaches to support families aligned?
Knowledge of target groups	What do we know about each other's work, work principles, legal groundwork?
Field knowledge	What does the other system know about working in child protection services, schools or healthcare?
Resources	What time and material resources do all participants have?
Expectations	Who is responsible for what/whom? Confidentiality/ Transparency/Agreements: What do we want? How can we support each other's work? How can we collaborate independently of crisis events?
Reducing stigma	What can all parties do to reduce further stigmatization of the families?

Source: LWL, 2018.

Practical coordination strategies are essential for professionals working with families with addiction issues to ensure effective and seamless collaboration. One key element is providing clear guidance for referrals, which includes specific instructions on how to refer families to appropriate services, along with necessary information and follow-up procedures to track progress. In crisis situations, having an established emergency response plan allows for quick coordination, ensuring that all relevant professionals are informed and involved. Additionally, keeping brief, clear records of interactions helps maintain continuity and clarity in service provision.

Building trust and mutual respect among professionals is critical for fostering effective collaboration. Recognizing and valuing the expertise and constraints of each professional strengthens the collaborative process, while being reliable and understanding helps to build trust over time (LWL, 2023).

To overcome barriers to collaboration, professionals should identify and address potential issues like differing priorities or communication breakdowns. Clarifying roles and setting mutual goals helps align expectations, ensuring smoother cooperation. Joint actions, as emphasized by Bella Donna (2015), involve agreeing on clear, coordinated actions with all involved parties. Creating and maintaining local cooperation agreements also formalizes collaboration, while mutual respect remains a cornerstone of sustained joint efforts. Through these strategies, professionals can work together to provide comprehensive support to families in need.

Exercises:



- **Identify stakeholders:** Create a map of key stakeholders and define their roles in supporting families.
- **Case study analysis:** Discuss real-life cases to highlight effective interventions and alternative approaches.
- **Family mapping:** Create a visual representation of a family affected by addiction, identifying their dynamics and support needs.
- **Group work:** Collaborate in groups to develop comprehensive support plans for hypothetical families.

Discussion prompt:



What collaborative strategies have been successful in your work, and how did you overcome challenges in working with other services?

Block 6.2:

Legal Considerations & Support Offers

This block focuses on equipping professionals with the knowledge of the local legal framework and available support structures for families with addiction issues. Professionals should develop the skills to research, understand, and interpret relevant legal data (> pp. 11ff.), as well as navigate the various support offers available to families.

Legal frameworks and support structures for families with addiction issues vary significantly across EU countries. Therefore, it is essential to explore local regulations on key areas such as child protection, substance use, and data protection. As a trainer, it is important to help participants identify the roles and responsibilities of different institutions – such

as addiction care, youth welfare, social services, education, healthcare – so that professionals understand who handles what within the system. Facilitating group discussions or research tasks will allow participants to collect and share legal information specific to their professional background and region.

Every professional working with families with addiction issues should also be familiar with **existing support offers**. Trainers should provide an overview of available help offers in their country or region. If well-known services are lacking, conducting research or encouraging participants to share information on existing resources, even from neighbouring countries with the same language, is crucial. A discussion around what kinds of support are needed can also foster insights into the creation of effective help offers.

Understanding the legal obligations related to child protection is a key component of this block, including reporting requirements, confidentiality, and children's rights, particularly in settings like schools. Professionals must adhere to ethical guidelines in all interventions, prioritizing respect, confidentiality, and the well-being of all family members. Ethical practice involves informed consent, transparency, and consideration of cultural and individual differences. Supervision and peer consultation are recommended when facing ethical dilemmas to ensure decisions align with best practices.

Relevant laws and regulations

Law	Example	Focus for professionals
<p>Child Protection Laws</p> <p>Purpose: Ensure the safety and well-being of children, particularly when their caregivers are struggling with addiction.</p>	<p>National child protection acts or frameworks that define how to identify, report, and intervene in cases of child neglect or abuse.</p> <p>EU Example: European Convention on the Exercise of Children's Rights.</p> <p>Country-Specific Example: The Children Act 1989 (UK) defines duties to protect children and provide welfare services.</p>	<p>Know mandatory reporting duties, legal thresholds for intervention, and roles of child welfare services.</p>

Law	Example	Focus for professionals
<p>Children's Rights</p> <p>Purpose: Acknowledge that children are independent rights holders and ensure that their rights are recognized, respected, and implemented. This includes safeguarding their well-being, ensuring their voices are heard, and providing access to the necessary resources, especially in the context of families affected by addiction.</p>	<p>International: Children's Rights Convention (UN), EU Strategy on the Rights of the Child</p>	<p>Awareness of children's rights in the context of addiction.</p>
<p>Substance Use Laws</p> <p>Purpose: Regulate the use of controlled substances, treatment requirements, and penalties related to substance use.</p>	<p>Laws defining the legal status of substances, penalties for possession or distribution, and access to treatment services.</p> <p>Country-Specific Example: The Misuse of Drugs Act (UK) governs the control and classification of drugs.</p> <p>EU Example: EU Drug Strategy 2021-2025, focusing on prevention, treatment, and harm reduction.</p>	<p>Understand how substance use laws affect family dynamics and legal responsibilities concerning addiction treatment.</p>
<p>Confidentiality and Data Protection Laws</p> <p>Purpose: Ensure that personal information, especially medical and social data, is handled confidentially and appropriately.</p>	<p>GDPR (EU General Data Protection Regulation): Regulates how professionals can collect, store, and share personal data.</p> <p>Healthcare-specific laws: Protect patient confidentiality, e.g. HIPAA (USA) or its European equivalents. Laws that govern information sharing between agencies working with families.</p>	<p>Understand data-sharing rules, especially concerning sensitive addiction or child welfare cases.</p>

Law	Example	Focus for professionals
<p>Family Law</p> <p>Purpose: Addresses legal responsibilities, parental rights, and custody issues in cases where addiction affects parenting capacity.</p>	<p>National family law frameworks that deal with divorce, custody, adoption and child welfare in the context of addiction.</p>	<p>Be aware of how addiction impacts parental rights, guardianship, and custody decision.</p>
<p>Healthcare and Mental Health Laws</p> <p>Purpose: Define access to addiction treatment, mental health services, and healthcare rights for families with addiction issues</p>	<p>Laws outlining public health responsibilities and access to addiction or mental health services.</p> <p>Country-Specific Example: Mental Health Act (UK) governs treatment and care for individuals with mental disorders</p>	<p>Know the pathways for treatment access and legal procedures for involuntary treatment if necessary.</p>
<p>Social Services Regulations</p> <p>Purpose: Define the role of social services in supporting vulnerable families and coordinating care between agencies.</p>	<p>Laws and regulations defining how social services work with addiction treatment, youth welfare, and other family support systems.</p> <p>Country-Specific Example: Social Work Act (Germany) outlines the duties and responsibilities of social workers in family and addiction contexts.</p>	<p>Be aware of the responsibilities of social workers and social services in supporting families, as well as referral mechanisms.</p>
<p>Ethical and Professional Guidelines</p> <p>Purpose: Ensure that professionals adhere to ethical principles, including respect, non-discrimination, and acting in the best interests of families and children.</p>	<p>Professional ethical guidelines that address issues such as informed consent, transparency, and cultural sensitivity.</p> <p>Example: The International Federation of Social Workers (IFSW) Code of Ethics provides ethical guidelines for professionals in social services.</p>	<p>Adhere to ethical obligations, ensuring that interventions are respectful and family-centred.</p>

Leveraging technology and resources: Professionals should explore the use of digital tools and resources to support families in managing addiction-related issues. This includes apps for tracking recovery, connecting with support groups, or accessing educational materials. Trainers should prepare a list of relevant digital tools and local or online resources, such as helplines, support groups, and educational content, to supplement direct professional interactions.

Trainer's guide:

As a trainer, thorough research on legal issues, existing support offers, and relevant stakeholders is essential. Trainers should provide participants with an organized overview of legal considerations, resource networks, and support structures within the respective country or region. Encourage participants to engage in working groups to collect and analyse this information, fostering a collaborative learning environment.



References and further reading Module 6

- The 5-Step Method Resource Hub (n.d.). Training information & Self Directed Learning for people to deliver the intervention to help family members. URL: <https://www.afinetwork.info/5-step-method-resources-introduction> (accessed on 01.10.2024).
- Landeskoordinierungsstelle Frauen und Sucht NRW, BELLA DONNA (Ed.)(2015). Entwicklung einer Kooperationsvereinbarung zwischen Drogenhilfe, Jugendhilfe und medizinischer Versorgung. Arbeitshilfe. URL: https://www.belladonna-essen.de/wp-content/uploads/2022/07/Arbeitshilfe_Entwicklung_einer_Kooperationsvereinbarung.pdf (accessed on 01.10.2024).
- Landschaftsverband Westfalen-Lippe (Ed.) (2023). Building Bridges of Support: A Collaborative Path of Different Help Systems to Empower Families with Addiction Issues. Münster.
- Landschaftsverband Westfalen-Lippe (Ed.) (2020). Jugendhilfe und Suchthilfe – gemeinsam für den Kinderschutz. Dokumentation. Forum Sucht, 53
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- NACoA (Ed.)(n.d.a). Addiction and the Family Systems Model. URL: <https://nacoa.org/addiction-and-the-family-systems-model/> (accessed on 17.09.2024).
- National Centre on Substance Abuse and Child Welfare (Ed.)(2021). Module 1: Overview of a Family-Centred Approach and Its Effectiveness.
- National Centre on Substance Abuse and Child Welfare (Ed.)(2021). Module 2: On the Ground Family-Centred Practice.
- National Centre on Substance Abuse and Child Welfare (Ed.)(2021). Module 3. Collaboration To Support Family-Centred Practices at the County and State Level.

Suggestions for implementation as E- learning:

Both, **Block 6.1** and **6.2.** could very well be done in an E-Learning format. For discussions, participants should come together in a life online or face-to-face session. However, trainers should be prepared to motivate participants to advocate in their systems for the family-centred approach. This can probably be accomplished easier in face-to-face settings.



Module 7:

Self-care and burnout prevention for professionals working with families with addiction issues

Learning objectives

- Recognize the early signs and impact of burnout on your personal and professional life.
- Learn to implement practical self-care and mindfulness strategies to manage stress and prevent burnout.
- Foster resilience and encourage a supportive, self-care-focused work environment.

Content

- Block 7.1:** Understanding burnout among professionals working with families with addiction issues
- Block 7.2:** Burnout prevention and self-care

Health and social service professionals frequently experience high emotional and psychological stress but are often overlooked in mental health prevention efforts (Klein, 2022b). Social workers, in particular, face significant emotional demands, with many reporting substantial emotional exhaustion (Hollender, 2022). Those working with families with addiction issues encounter unique challenges that require high levels of expertise, personal diligence, and a commitment to self-reflection. This work is physically, mentally and emotionally demanding (Morris, 2017), and without adequate support can lead to burnout and reduced effectiveness.

The WHO Guidelines for Workers' Mental Health emphasizes the need for comprehensive measures to retain workers, improve their wellbeing and address shortages of skilled workers. Preventive measures, such as those outlined in this module, are essential for maintaining a healthy workforce capable of delivering quality care (World Health Organization, 2024). Therefore, this final module shifts the focus inward to support professionals in sustaining their work and managing emotional demands. By prioritizing their health and wellbeing, they can continue to provide high-quality, family-centred care to the families they serve (Abdul Rahim et al., 2022).

Block 7.1:

Understanding burnout among professionals working with families with addiction issues

Professionals working with families with addiction issues face unique and profound challenges that can potentially lead to burnout. Research on this topic suggests that working with clients who have trauma-related problems can lead to a constellation of reactions including vicarious traumatization¹⁷, compassion fatigue, and burnout. This is supported by further research on traumatic stress in various professions, including mental health therapists, social work clinicians, nurses, healthcare professionals, physicians and domestic violence services providers (Waegemeakers Schiff & Lane, 2019).

Vicarious Traumatization (VT) is defined as the detrimental shifts in professionals' perceptions of themselves, others, and the world, resulting from their exposure to graphic and traumatic content experienced by their clients. This phenomenon is often accompanied by **Secondary Traumatic Stress (STS)**, which encompasses psychological symptoms akin to those of post-traumatic stress disorder (PTSD) that arise from interacting with individuals affected by trauma. While both VT and STS

are related constructs, the literature often lacks clarity regarding their definitions and their distinctions from burnout and compassion fatigue. Evidence suggests that factors such as personal trauma history, coping styles, supervision experiences, and the extent of exposure to traumatic material significantly contribute to the development of VT and ST (Baird & Kracen, 2006). A close connection between addiction workers – specifically addiction nurses – and vicarious traumatization has been stated by Annunziata and colleagues (2024).

Generally, working with individuals suffering from SUD/addiction requires empathy and psychological intimacy. The work is mentally and emotionally demanding and is often experienced as stressful and frustrating. Additionally, structurally negative conditions in the workplace, such as underfunding, political and administrative constraints and the asymmetrical helping relationship between therapist and patient, can exacerbate stress and burnout (Klein, 2022b).

Statistics:

- In a study by Abdul Rahim et al. (2022) in collaboration of the World Innovation Summit for Health (WISH) and the WHO, at least a quarter of health and care workers surveyed worldwide reported anxiety, depression and burnout symptoms.

Trainer's guide:

Research up-to-date data on burnout and professionals in relevant sectors in your own country.



Despite these challenges, burnout is preventable. This block focusses on recognizing the signs and symptoms of burnout and strategies for prevention. Steps to prevent burnout include self-care practices, stress management techniques, and maintaining a healthy work-life balance.

Definition and causes of burnout

Burnout is defined as a severe stress condition leading to physical, mental, and emotional exhaustion.

Burn-out is defined in ICD-11 as follows:

"Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

Anyone who's continually exposed to high levels of stress can experience burnout. Professionals who help people or care for people are especially vulnerable to this health condition (e.g. Fraga, 2019).

Those who are high achievers, perfectionists, "love their jobs" or have high stress levels are more susceptible to this condition. Key factors contributing to burnout include environmental stress, individual personality traits, personal responses to stress, and high personal standards.

Symptoms/signs of burnout:

Burnout typically consists of three dimensions: emotional exhaustion, depersonalization, and a low sense of personal accomplishment. Additionally, a lack of recognition for one's efforts can intensify burnout, particularly for individuals with high expectations (Ratcliff, 2024).

Professionals experiencing burnout may exhibit the following symptoms (Fraga, 2019):

- **Exhaustion:** Feeling physically and emotionally depleted. Physical symptoms may include headaches, stomachaches, and appetite or sleeping changes.
- **Isolation:** People with burnout tend to feel overwhelmed. As a result, they may stop socializing and confiding in friends, family members, and co-workers.
- **Escape fantasies:** Dissatisfied with the never-ending demands of their jobs, people with burnout may fantasize about running away or going on a solo-vacation. In extreme cases, they may turn to drugs, alcohol, or food as a way to numb their emotional pain. Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
- **Irritability:** Burnout can cause people to lose their cool with friends, co-workers, and family members more easily. Coping with normal stressors like preparing for a work meeting, driving kids to school, and tending to household tasks also may start to feel insurmountable, especially when things don't go as planned.

- **Frequent illnesses:** Burnout, like other long-term stress, can lower your immune system, making you more susceptible to colds, the flu, and insomnia. Burnout can also lead to mental health concerns like depression and anxiety.
- **Reduced professional efficacy:** This feeling can come when a person does not think to be successful at work. When we don't think we are performing to our best ability we have a higher risk of burnout.

Impact of burnout on the private life of professionals

Burnout significantly affects families and is a complex issue. Many individuals try to conceal their unhappiness, but family members often notice the fatigue, withdrawal, and discouragement of their loved ones. This situation can be costly not just for the individual but also for their family and career, impacting everyone who

interacts with them. Research highlights the value of family therapy in addressing burnout by understanding family perspectives on stress and avoiding blame for the individual's struggles (Ratcliff, 2024).

Burnout usually stems from both personal and work-related factors, making it essential to identify root causes. Discrepancies between job roles and a worker's personality, work conditions, high work load, along with ethical dilemmas between personal beliefs and agency expectations, can exacerbate burnout. Studies show that social workers experiencing burnout often exhibit symptoms of depression, anxiety, irritability, and lower marital satisfaction, further straining family relationships (idem).

Since private life influences working life (and vice versa), it should be noted that burnout can lead to reduced work quality, absenteeism and low morale (idem).

Block 7.2: Burnout prevention and self-care

In the demanding field of social work, particularly for those working with families with addiction issues, the relentless push towards exhaustion often overshadows the critical need for self-care practices. For years, self-care has often been dismissed as a trend, superficial topic of discussion in trainings and workshops or a hashtag used in social media. However, the application of self-care is vital to effective social work practice.

Burnout is a significant risk in this profession, but it can be effectively prevented through targeted prevention strategies and self-care practices. In a culture that frequently glorifies stress and overwork, self-care becomes essential for finding balance while supporting others. It represents a conscious choice to engage in activities that foster peace of mind, tranquility,

and physical regeneration amid the challenges of serving vulnerable populations. Prioritizing self-care challenges professionals to nurture their own well-being before they can adequately care for others, emphasizing the importance of self-management and self-correction.

Furthermore, self-care offers a valuable opportunity for individuals to acknowledge their needs and seek support from others, reinforcing the idea that caring for oneself is not an act of selfishness but a prerequisite for sustaining the capacity to help others. By embracing self-care and implementing effective prevention strategies, professionals can cultivate resilience, improve their effectiveness, and enhance the quality of care they provide to families navigating the complexities of addiction (Ratcliff, 2024).

Exercise:



Reflect on personal experiences with burnout or observations of burnout in others (either silently each participant for themselves or share with the group, depending on the group atmosphere).

Online resources:

Blogs, online help offers & podcasts: There is a variety of podcasts and blogs on the topic available online or on the common podcast platforms.

- <https://www.webmd.com/mental-health/burnout-symptoms-signs>
- <https://www.healthline.com/health/tips-for-identifying-and-preventing-burnout>

Self-care

Exercise:



1. Write down words that come to your mind when you talk about “care”
2. Think about an experience of your life when a person offered you the care you needed. Capture this experience on a paper in a way that express you: think about the colors, the smells, the values that connect you with this person.
3. Now, think of a person to which you have transferred this caregiving experience. How does your early experience have influenced you in your current caregiving? Enrich your ‘painting’.
4. Break into pairs and share your experience.
5. Discussion: Have you ever offered YOURSELF that kind of care?

The aim of self-care should be to prevent future stressors (Ratcliff, 2024). Self-care is a fundamental practice for promoting our mental, physical, and social well-being. It means dedicating time and energy to cultivating our health on all levels, addressing our needs and emotions with compassion and understanding. Research findings suggest that effective self-care requires a combination of self-under-

standing, kindness to oneself, and a focus on others. This involves a balanced approach to physical, emotional, and social well-being (Sovold et al. 2021).

Adopting a “self-care mindset” might be a challenge for professionals working the “caring” sector. Precisely for this reason, this is even more important to work on.

Discussion prompt:



Why do YOU think self-care is important?

Positive effects of self-care

- **Reduces stress and exhaustion:** Self-care practices help to cope more flexibly with the challenges and stress of everyday life and effectively lower cortisol levels, revitalizing energy and building mental and physical resilience. Adopting healthy habits, such as exercise and a healthy diet, protects you from the physical and mental exhaustion that burnout brings.
- **Improves mental health:** Engaging in enjoyable activities strengthens positive thinking, alleviates symptoms of depression and anxiety, and boosts overall mental well-being. Self-care helps you effectively manage stress, frustration, and other negative emotions associated with burnout.
- **Enhances body awareness:** By listening to our bodies and addressing physical needs through practices like exercise and proper nutrition, we cultivate a deeper understanding of our health and well-being. Self-care, through a healthy diet, exercise, and sufficient sleep, strengthens our immune system and protects us from illness.
- **Boosts of self-esteem:** Self-care cultivates self-esteem and self-confidence, allowing you to set healthy boundaries and defend your needs.
- **Restoring balance and improving relationships:** By creating time for activities that you enjoy and that relax you, you reduce your focus on work and restore balance in your life. Taking care of ourselves fosters happiness and balance, positively impacting our interactions with others and enhancing communication and understanding.
- **Increases productivity:** Feeling rested and mentally balanced leads to improved concentration, memory, and creativity, enhancing efficiency in both work and personal life.

Self-care is crucial for addressing and preventing burnout, offering benefits that enhance overall well-being.

Trainer's guide:

- › For discussions, use the Walk and Talk method and let participant's take a walk outside while discussing these topics with 1-2 others.
- › If you can, take the session to a nice place outside in nature.



Practical self-care practices

Of course, professionals cannot influence all relevant factors for their stress and workload. For a large share, the organization, system and policy carry the responsibility. However, there are some aspects, professionals can influence themselves and will be described in the following paragraphs.

Physical health:

- **Listen to your body:** Pay attention to your physical needs and respond to them.
- **Maintain a balanced diet:** Eat a variety of fruits, vegetables, and whole grains.
- **Stay hydrated:** Drink plenty of water throughout the day.
- **Exercise regularly:** Choose physical activities that you enjoy and can sustain.
- **Prioritize sleep:** Ensure you get enough restful sleep every night.
- **Be aware of your own substance use including alcohol, tobacco and cannabis.**



Physical Health



Mental Health



Social Health



Spiritual Health

Mental health:

- **Know your mind:** Pay attention to your thoughts and emotions, recognize your boundaries, and communicate them clearly.
- **Support brain health:** Take digital breaks, manage tasks with focus and time management tools, and use lists to stay organized.
- **Take time to relax:** Engage in activities you enjoy, like reading, listening to music, spending time in nature, or pursuing hobbies.
- **Practice mindfulness:** Incorporate techniques like yoga, meditation, or deep breathing exercises to manage stress.
- **Foster healthy relationships:** Maintain positive connections with family, friends, and colleagues.
- **Seek professional support: If needed, don't hesitate to reach out to a psychologist or therapist for guidance.**

Social health:

- Spend time with loved ones.
- Join groups or clubs that share your interests.
- Participate in an activity that brings you joy and contributes to society.

Spiritual health:

- Dedicate time for reflection and connection with yourself and your values.

Trainer's guide:

Include exemplary exercises such as meditation exercises, breathwork or yoga into the training, you can find numerous examples online.



Exercise "Savouring" for Daily Well-Being (ongoing practice for 1 week) (Bryant & Veroff 2007).



Objective:

Help participants reduce stress and enhance joy by focusing on positive, sensory experiences through daily mindful breaks.

Instructions:

- 1. Daily 20-minute break:** For one week, take a 20-minute break each day to do something enjoyable (e.g. a walk, coffee, bath). During the break, focus on sensory experiences – smells, sounds, colours, and textures – staying present in the moment
- 2. After the break:** Reflect briefly on how you felt. Plan your next day's break and look forward to it.
- 3. End-of-week reflection:** At the end of the week, compare how you felt with the previous week before practicing this ritual.

Exercise "Safe place"

Guide your participants in this exercise like this: "Close your eyes and take 3 deep breaths. Think of a place that brings you peace or makes you feel safe and comfortable. It could be a real place or just in your fantasy. What is this place? Where is it located? How is it? What do you see, hear, smell or feel in your body? If there is something not safe/comfortable/good, so feel free to change it. Take your time to explore your safe place. When your place is "fixed" do a gesture or small movement that reminds you of this place. This can be an anchor for you every time you want to come back or you have a difficult moment, so it can help you feel safe by reminding your "safe place".

Online resources:

- <https://www.nami.org/health-professional/5-ways-i-help-myself-when-my-job-is-to-help-others/>
- <https://mosaicsservices.org/self-care-practices/>
- <https://www.calm.com/blog/self-care-practices>

Mindfulness

Mindfulness, developed from Buddhist traditions, is defined by the American Psychological Association (APA) as “awareness of one’s internal states and surroundings”, with an emphasis on being present and non-judgmental. It involves observing thoughts, emotions, and present-moment experiences without automatic reaction. Although adapted from meditative traditions, mindfulness has become a widely recognized practice in psychotherapy, including mindfulness-based cognitive behaviour therapy, mindfulness-based stress reduction, and mindfulness meditation.¹³

This practice teaches awareness that deepens grounding, presence, and connection with oneself and others, making it essential for self-care and professional efficacy in mental health practice. Mindfulness encourages individuals to analyse their thoughts and emotions moment-to-moment, fostering greater self-awareness and emotional regulation (Ratcliff, 2024). Practicing mindfulness can be as simple as sitting in silence and following one’s breath, which allows for relaxation, reframing feelings, and celebrating empathy. While this is approach

which can be useful for parents with addiction issues (> **Module 4**), these practices can also significantly enhance tolerance for work-life challenges and difficulties. Research indicates that mindfulness is effective in improving mental health outcomes for social workers, reducing stress, burnout, anxiety, and depression. Social workers who engage in mindfulness practices are more likely to experience lower levels of burnout and improved overall well-being (Ratcliff, 2024).

Research highlights the growing emphasis on the health and well-being of social workers, particularly in relation to occupational stress and working conditions. Despite this attention, there is a notable lack of effective strategies for reducing work-related stress within the profession. Mindfulness-based interventions have shown promise in alleviating mental health difficulties across various populations, yet their specific effectiveness for social workers remains underexplored. Implementing mindfulness training could enhance stress management skills and improve overall health outcomes, aligning with the need for comprehensive self-care strategies in this demanding field (Beer et al. 2019).

Resources on mindfulness:

- <https://www.mindful.org>
- <https://www.freemindfulness.org/download>
- <https://positivepsychology.com/mindfulness-exercises-techniques-activities/>

Trainer’s guide:

Do your own online search in your own language. There is an abundance of (free) resources out there.



¹³ <https://dictionary.apa.org/mindfulness>

Exercise “Raisin meditation” (developed by Jon Kabat-Zinn)¹⁴



Purpose:

This exercise cultivates mindfulness, helping participants develop awareness of their sensory experiences, enhance their ability to focus, and encourage a deeper appreciation for simple moments. It can be particularly beneficial for individuals seeking to reduce stress or increase their present-moment awareness.

- **Holding:** Hold the raisin in your hand, as if you've never seen it before. Notice its weight and shape.
- **Seeing:** Examine the raisin closely. Observe its colour, texture, and any unique features.
- **Touching:** Feel the raisin between your fingers. Explore its texture, possibly with your eyes closed to enhance the experience.
- **Smelling:** Bring the raisin to your nose. Inhale its aroma, noticing any physical sensations in your mouth or stomach.
- **Placing:** Lift the raisin to your lips. Notice how your hand moves instinctively. Place it gently in your mouth, focusing on the sensation.
- **Tasting:** Before chewing, explore the raisin with your tongue. Take one or two bites, paying attention to the taste and texture. Notice how these sensations evolve with each chew.
- **Swallowing:** Observe the urge to swallow as it arises. Experience this urge consciously before you swallow.
- **Following:** Feel the remains of the raisin as they move down your throat into your stomach. Tune into your body's overall feeling after completing the exercise.

Breathing exercises:

These exercises are useful for professionals and can also be employed with clients in challenging situations such as panic attacks, dissociation, or high stress levels (see Module 5).

- **Coherent breathing:** A technique that helps balance the heart rate and promote a state of calm. In coherent breathing, the goal is to extend the length of both the inhale and exhale to around six seconds.¹⁵
- **Alternate nostril breathing:** A practice that balances the nervous system and reduces anxiety.

*The emergency kit for children from **Module 5** can be beneficial for professionals themselves as well!*

¹⁴ https://ggia.berkeley.edu/practice/raisin_meditation

¹⁵ <https://www.verywellmind.com/an-overview-of-coherent-breathing-4178943>



Conclusion

Self-care is essential for preventing burnout and mental health challenges among professionals. By prioritizing personal well-being, individuals can establish a foundation for a healthy, balanced life. However, organizations must actively remove barriers to help-seeking and foster a culture that prioritizes mental health (House of Commons Health and Social Care Committee, June 2021).

The well-being of professionals is crucial not only for their health but also for the quality of services they provide and the positive outcomes achieved for families. Well-being is influenced by a range of systemic, organizational, and individual factors, including work environment, workload, and access to support.

While personal self-care plays a significant role, long-term workforce well-being is most effectively achieved through a combination of organizational interventions and individual efforts (Sovold et al., 2021).

Professionals who notice early signs of burnout should seek help promptly, as reaching out is vital for maintaining their well-being. Organizations must cultivate a culture that views seeking support as a strength, ensuring that mental health services are easily accessible.

By promoting a holistic approach that integrates personal self-care with organizational strategies, professionals can sustain their health and effectively support the families they serve.

Trainer's guide:

You can end the training session with a silent exercise in which participants write down their good intentions regarding their own self-care for the future and encourage them to put them on the fridge at home or on the notice board in the office, for example.



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Suggestions for implementation as E-learning:

Module 7 could also be done in a blended version with the theoretical parts suitable for self-study. However, exercises and discussion should be done in a face-to-face group as this can promote discussions about sensitive or personal issues. Most exercises are not suitable for online settings.



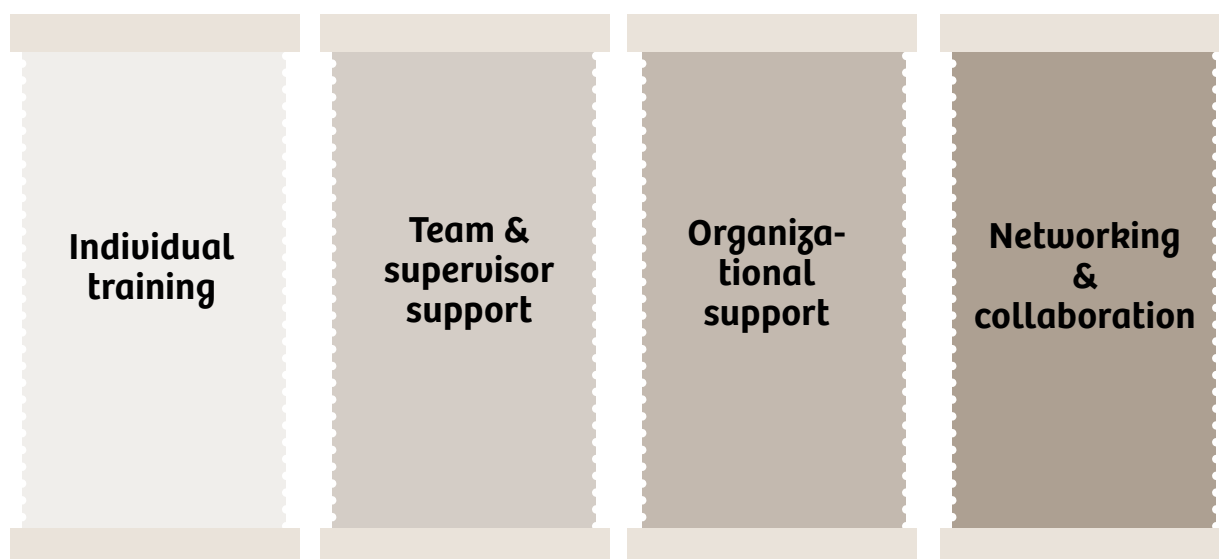
***"Addiction affects the whole family.
Our curriculum can help professionals to
make a difference."***



Recommendations by the project group

To ensure that training programs have a lasting impact, organizations must foster an environment conducive to implementing learned concepts. This involves adopting a family-centred approach across all levels of the organization, services and collaboration partners, which is vital for various services and sectors involved in supporting children and families.

Figure 5:
Four pillars of a fruitful environment.



a) Four pillars of a fruitful environment for trainings

- 1. Individual training:** Equips professionals with essential knowledge and skills while enhancing empathy toward children and families. However, individual training alone is not enough.
- 2. Team and supervisor support:** Collaboration among colleagues with shared goals and knowledge is critical. Training multiple team members ensures a cohesive approach, particularly in conducting risk assessments. Regular supervision is absolutely necessary.
- 3. Organizational level support:** Effective organizational support is crucial for creating

a sustainable environment for professionals. This includes:

- Establishing a clear mission that prioritizes support for children and families.
- Developing guiding principles that outline protocols for risk situations and allocate necessary resources.
- Designating a referral person to keep these themes prominent during meetings and decision-making processes.
- Fostering a culture defined as "This is How We Work," which promotes a sense of security and confidence in decision-making among employees.
- Adopting family-centred and humanitarian



principles that recognize individuals struggling with addiction as both parents and people. This approach facilitates case discussions within teams, encourages supervisor involvement, and ensures regular follow-ups.

- Providing ongoing training for multiple employees in relevant areas, complemented by consistent support and supervision.
 - Implementing child-sensitive policies that prioritize the needs of children in all practices, thereby enhancing effective organizational support.
- 4. Networking:** Organizations and professionals need to collaborate with partners who focus on adult and childcare services. Establishing strong networks enhances comprehensive care, fosters cooperation through referral agreements, and encourages regular communication among professionals to share resources and insights.

b) Child-sensitive policy

A child-sensitive policy is a framework designed to ensure that the needs and welfare of children are prioritized in all interactions with families with addiction issues. This approach is essential for organizations providing addiction services, as it acknowledges the impact of parental addiction on children and aims to support their well-being.

Structural level

- 1. Attention & awareness:** Professionals should routinely inquire about the presence and welfare of children during therapy sessions, medical appointments, and other interactions. This inquiry must be integrated into organizational protocols.
- 2. Training & education:** Staff should receive training on the risks faced by children in

families with addiction, develop attitudes conducive to effective communication, and learn about the stigma's impact on children.

- 3. Networking:** Policies should address both parent and child needs through collaboration with networks focused on adult and child care. Encouraging exchanges between adult-focused and child-focused services is crucial for comprehensive care.

Individual level

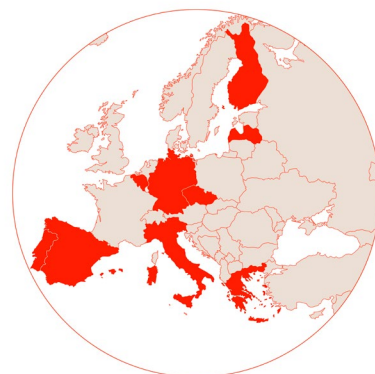
- 1. Support:** Provide emotional and practical support to both parents and children.
- 2. Information & transparency:** Children should receive clear, child-friendly information about their parent's situation, the support available, and whom they can approach with questions. Parents need guidance on discussing addiction's impact with their children and accessing support resources.
- 3. Participation:** Actively involve parents and children in decision-making processes, soliciting feedback on their care experiences to enhance services.
- 4. Treatment:** Ensure clients feel recognized as parents and create a welcoming environment for children, including child-friendly spaces and information.
- 5. Designated reference person (case manager):** Assign a trained reference person in each team to focus on children's needs during meetings and case discussions.

This policy promotes a holistic approach, recognizing the interconnectedness of parental and child welfare within addiction services.



Project group

9 organizations from 9 EU countries have participated in the project "Working with families with addiction issues – Qualification makes the difference".



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difference**

LWL

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Für Westfalen-Lippe.



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"Working with families with addiction issues – Qualification
makes the difference".