COA Support Groups

By Claudia Black

Emily, age 10, and her sister, Frances, age 7, have been in a weekly coa (children of addiction) group together. Their father has continued to drink. Mom participates in the parenting program. Emily initially comes to group as the family worrier, very preoccupied with dad's drinking and mom's response to dad. She appears highly controlled, never relaxed or playful. She has so taken care of Frances that the younger sister does not know how to act independently of her older sibling. She begins group not wanting to speak without relying on her older sister's cues. At school, Frances is frequently in fights. Within ten weeks, partaking in all of the services we offer, with dad still continuing to abuse alcohol, mom reports and the group facilitator concurs, the younger child is able to act independently of her sister. There is significantly less fighting at school. The older sister, while still preoccupied and worrying, is taking more time on her own, not always being the little adult in the home, and appearing more relaxed. Both children are experiencing positive changes because of their involvement in the program.

Richard, age 8, lives in a foster care situation, has seen violence and sexually inappropriate behavior, and has experienced neglect. He is initially disruptive to group, he is agitated, he talks about the monsters under his bed and that he may need to kill them. Within three group sessions, he is less disruptive, less agitated. He is able to interact with other children in a manner where they are more responsive to him. He is in need of an outside referral for the possibility of having ADHD, attention deficit hyperactive disorder. Because of his involvement in the program, Richard will be directed to an appropriate resource. The outlook for ongoing healing is significantly improved as a result of his early involvement in his coa support group.

These children, while they come from very different experiences living with addiction, are examples of children experiencing the benefit of being in a support group for children from substance abusing families.

Most of us have seen how emotionally stressed spouses become in their growing isolation when living with an addicted partner. Why would we expect children to withstand the confusion and hurt of addictive behaviors alone? We must support them in their present resiliency and intervene to protect and foster greater coping skills. It is too much to ask children to cope with the pain and loneliness of addiction in their family by themselves.

People should never underestimate the role they can play in a child's life. Those of us raised in painful families who have experienced a healing process can all identify specific people in our lives who were a part of "making a difference." People whose interaction with us told us in words or behavior we are of value, we are important, or that we deserve better or that we are talented. For some the significant people may have been a grandparent, maybe a neighbor, often a school person, possibly someone at church. But looking back they offered a respite, a time out from our emotional confusion or hurt. They believed in us at a time it would have been easy for us to internalize shame--

the belief that somehow we were inadequate, not good enough. So today, as concerned persons, we do what we can do to make that difference.

Support groups are one of many ways we can make a difference in a child's life. Depending on resources and setting, a group process may be either a support group that is more psycho-educational in nature, or a therapy group.

Goals in a short term program:

1. Educate. Give children the framework for what they are experiencing. If they are living with substance abuse they have the right to understand it. Insight is a significant contributor to resilience in a child. Insight is the "sensing" something is not quite right, i.e., "Noting the change in a person's walk or the tone of voice says that I need to be careful."

In time insight becomes "knowing," being able to put a name to what you see. Discussing with children that their parents are sick with the disease of alcoholism or drug addiction makes sense to young children, acknowledging this readily is acknowledging something they "know in their bones." As one seven year old said, "Of course my mom is sick, why else

would she act like this? She needs help." It was many years ago a six year old spontaneously said to me, "My dad is sick, he has a disease, he drinks too much, but you do know...he does still love me."

In this process, we are helping children to separate the disease from the person which is crucial in taking the next step--realizing their behavior is the result of the disease.

When we educate, we talk about the disease of addiction. We discuss progression, denial, blackouts, personality changes, delusional thinking and relapse. These are all complex concepts for a younger person--but they live with it, react to it, therefore they have the right to understand it. The key is using their terminology. We need to find ways to make analogies of these dynamics to their world, i.e., "addiction is being stuck to something, an example of being stuck is when _____." When they are able to fill in the blank, they can make the analogy.

2. Clarify. Education is information we initiate and intend to bring into their process. Clarification is a form of education, but it comes in response to conversation. While we know the dynamics of living with chemical dependency and are knowledgeable about the information that would be helpful for them to understand, we do not want to lose the opportunity to offer information that they solicit directly or indirectly in conversation.

3. Validate. Validate their emotional experiences, even those the children are not discussing. The dysfunctional family rule, Don't Talk honestly is characteristic of addicted family life. Children learn at a young age to discount, minimize and rationalize not only their perceptions, but their feelings. As a consequence, they repress many feelings that could ultimately lead to depression or distorted, hurtful and inappropriate expression of feelings. Possibly the most hurtful is the dampening of the spirit. All children deserve to laugh, to be held when they cry, to be heard when they are angry and scared, to let go of fear and guilt. That does not occur in the isolation found in families with parental addiction. 4. Problem solving. In a substance abusing family, children are often left to themselves to problem solve. A child comes home after school to find the doors locked, the car gone, and doesn't know why someone is not home, nor when they will come home. Where is his mom, his two little brothers? Are they coming back? Has something bad happened? Has he not remembered something? What does he do? If he goes to the neighbors, it may make something worse. Besides, mom says that they don't like our family.

So many COAs seem prematurely adult. They have often taken on responsibilities of one who is much older. Yet we must remember children are not little adults. We need to facilitate them in their problem solving skills. Because of their age and problem solving in a vacuum resulting from the lack of input by others, they often do not see the possibility of options that may be available.

5. Connect to Support Systems. Who and where are the significant people in their lives? Are these healthy and available relationships? We need to support these children in their healthy relationships and to identify additional resources should that be necessary. Connecting to a support system does not necessarily mean a referral to a helping professional. While that may be appropriate, the possibilities are many. Resources may be youth groups, school or church personnel, or could be extended family, neighbors, friends, or friends' parents. We hope they have a variety of possibilities. These are not people who need to take on a counseling role, but have an age appropriate relationship where the child does not have to act out survival roles. These are relationships where children feel a sense of belonging and acceptance.

6. Assess and Respond to Protection Issues. Many of these children will experience neglect through inadequate supervision, food, shelter, and clothing. Some are subject to acts of physical violence and sexual abuse. Abuse, both physical and sexual, is more prevalent in families affected by chemical dependency. We must always be vigilant and proactive with children from such families.

In the above six goals for working with children of addicted parents, we lessen the denial and support them in their truth. We lessen their confusion and give them a framework for understanding their experiences. We lessen their isolation. We increase their sense of belonging and their potential to heighten their sense of self and increase necessary daily skills; we help them to discriminate between safe and unsafe people. We empower children who have experienced too much powerlessness.

The key ingredient to any programming is for the services to 1) be provided by safe people in a safe setting, 2) provide open and honest communication and 3) be offered in a way that is fun. In this process you will celebrate the child!

Group Work is the Preferred Strategy Because:
• Kids learn they are not alone. • Group work increases the likelihood of breaking denial. • Group work provides safety and protection. • Kids experience healthy social interactions. • Group work builds trust in social situations. • Group work provides opportunities for group validation. • Group work allows kids to try out new approaches to old problems.

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