



CHILDREN'S PROGRAM KIT

A Curriculum to Help Children Affected by Parental Addiction



ACKNOWLEDGMENTS

Numerous people contributed to the development of these materials (see appendix). The original curriculum was developed by the National Association for Children of Addiction (NACoA) with program materials and technical advice from Betty Conger, Henry Ford Health System's Maplegrove Children's Program; James Crowley, Community Intervention, Inc.; Jeannette L. Johnson, University of Buffalo; Jerry Moe, Hazelden Betty Ford Center Children's Program; and Kathy Walton, Henry Ford Health System's Maplegrove Children's Program. The development of this updated version has been directed by Sis Wenger, NACoA, and Catherine L. Herzog, PhD, MSW, with assistance from Betty Conger and Kathy Walton. Additional materials have been contributed by the evidence-based *Celebrating Families!*[™] whole family recovery program of NACoA, the evidence-based Project Success of Student Assistance Services and by Jerry Moe, National Director of The Hazelden Betty Ford Children's Programs.

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* Curriculum activities have been adapted from many sources and all have been used effectively with the target population. The notebook is set up to be used within your program; you may make copies of materials as needed to administer the program. Permission to copy materials for any other use must be obtained from NACoA.



Foreword

Approximately one in four children in the United States is exposed to alcohol misuse or alcohol dependence in the family. Countless other children are living in families in which there is illicit drug use. Growing evidence suggests that genetics and social/environmental factors can predispose children of substance misusing parents to the onset of behavioral problems or misuse of alcohol or illegal drugs themselves. These effects can also strongly impact children with a sibling suffering from a substance abuse disorder. These children also are at a higher-than-average risk for problems in school and in social relationships, factors that can result in still greater stress for families in which parents are in treatment for substance use disorders or co-occurring mental disorders. In addition, children exposed to the chronic emotional stress precipitated by adverse childhood experiences, including living with parental substance use disorders, are at high risk for a host of costly physical and mental illnesses in adulthood and for depression and anxiety disorders in their teen and young adult years (Adverse Childhood Experiences [ACE] Study).

Yet, children of parents with substance use and mental disorders can and often do overcome the effects of these potentially damaging environmental and genetic factors. Proactive interventions, such as support groups for these children in connection with treatment plans that include the whole family being able to heal, can benefit both the affected children and their parents. These groups can be implemented in school-based, faith-based, and youth-serving agency settings.

For more than two decades, data have pointed to the benefit of support groups for children of alcohol- or drug-dependent parents. Moreover, the benefits—including relapse prevention for the parent in recovery—intensify if the children continue to participate well beyond the parent’s or sibling’s period of primary treatment. Thus, the entire family can be strengthened, their stress levels reduced, and their resilience enhanced when services are provided to these children.

Groups offer education and a safe and supportive environment in which children of substance misusing parents can explore and express their feelings freely. This setting becomes a safety net, building a sense of belonging, reducing isolation, and enhancing protective factors. Groups also lessen children’s confusion and provide a framework for understanding their experiences. Children are empowered in groups while also having fun.

This Children’s Program Kit is designed to assist potential providers of educational support programs for children and teens. Such providers could include inpatient and outpatient treatment centers, school-based student assistance programs, community youth programs, and faith communities. Historically, these groups recognized the needs of children with parents who suffer from alcohol or drug disorders, but they lacked the tools and materials needed to intervene.

The Kit provides these treating professionals, treatment programs, schools, community youth programs, and faith communities with the information and resources needed to help develop support groups for children ages 6 through 18.

Through these materials:

- *Children can hear messages they need to hear: that they are not alone and that they are not to blame for their parent’s alcohol or drug misuse.*
- *Children can learn skills that they need to be safe and resilient—skills such as problem solving, finding safety, and seeking supportive services.*
- *Children can learn to build on their strengths and to develop resilience to overcome their difficulties.*
- *Parents can learn how to better understand their children’s needs and how to make use of supportive services for the entire family.*

Please use these materials; share them with your colleagues and encourage their use throughout your community schools, youth programs, treatment programs, and faith communities.

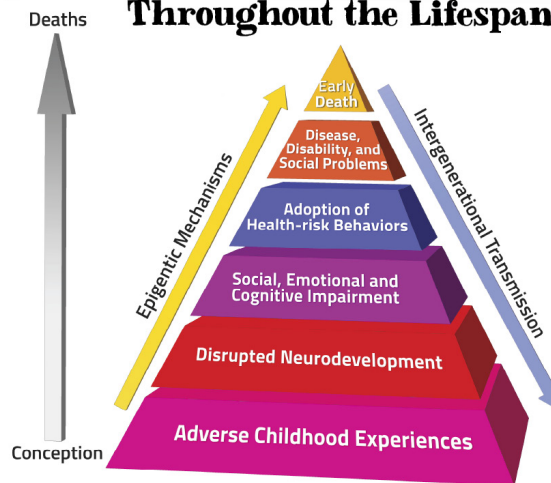
Many of the activities in this Kit can be used in regular classrooms. All children can benefit from such lessons, even more so for the 1 in 4 needing the understanding that can bring hope and healing.

While this Program Kit curriculum is designed especially to help boys and girls affected by parental addiction, the lessons also provide content and skills for children impacted by significant adults and adolescents in their environment who are also involved in unhealthy alcohol and drug use.

Let’s work together to help these children enjoy lives of hope and recovery. They have lived in silence for too long.

Why a Children's Program?

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

This pyramid depicts an overview of the variables that are associated with the Adverse Childhood Experiences (ACE) Study (Anda, and Filletti) by Kaiser-Permanente and the Center for Disease Control and Prevention (CDC). The study included the responses of over 17,000 adult subjects diagnosed with specific illnesses frequently seen in adult patients. It provides the broad context in which ACEs occur, and accounts for those preventable illnesses that cause diminished quality of life and early death.


The Study demonstrated that adverse childhood experiences often progress to serious adult physical and mental pathology. Therefore, it is incumbent upon us, the current generation of human services professionals and communities, to prevent ACEs before they occur. While our best efforts will not prevent ACEs completely, we also have the responsibility to help children cope with and heal from the ravages of ACEs. The knowledge, skills and personal relationships

acquired by participation in an educational support group program, children can accomplish these outcomes and become resilient.

The intention is that children emerge from a children's program with a better understanding of themselves, knowing that they are not to blame for the family chaos and that it is not their responsibility to "fix" their parents. They learn to seek help from healthy adults in their environment, how to protect themselves, how to get on with their own lives and that they are not alone in this pursuit.

While these outcomes are a tall order, the interpersonal schematic presented in the Children's Program Kit can set the children up for a lifetime of healthy relationships along with a knowledge of the importance of bypassing addiction in their own lives and families.

Catherine L. Herzog, PhD, MSW



NACoA TRAINING

The Kit has been designed for use in a range of prevention and treatment programs, as part of the recovery support work in Recovery Community Organizations (RCOs), through community coalitions, in treatment programs, educational institutions and faith-based organizations. It can be used as a stand-alone program, as well as an add-on program in numerous settings such as schools, latch key programs, transitional housing programs and in residential settings. Its flexibility is also designed to use in weekend or summer camps as the sole focus, or as a prevention add-on to camp educational programs.

Although formal training is not required to use this Kit, as recommended procedures, protocols, personnel issues and physical needs have been given to guide the implementation process and the preparation of key persons, training can be very beneficial to establishing an effective program. NACoA has experienced trainers, children's support group facilitators, and program implementers who can offer various levels of training for developing and implementing age-appropriate educational support programs with this Kit.

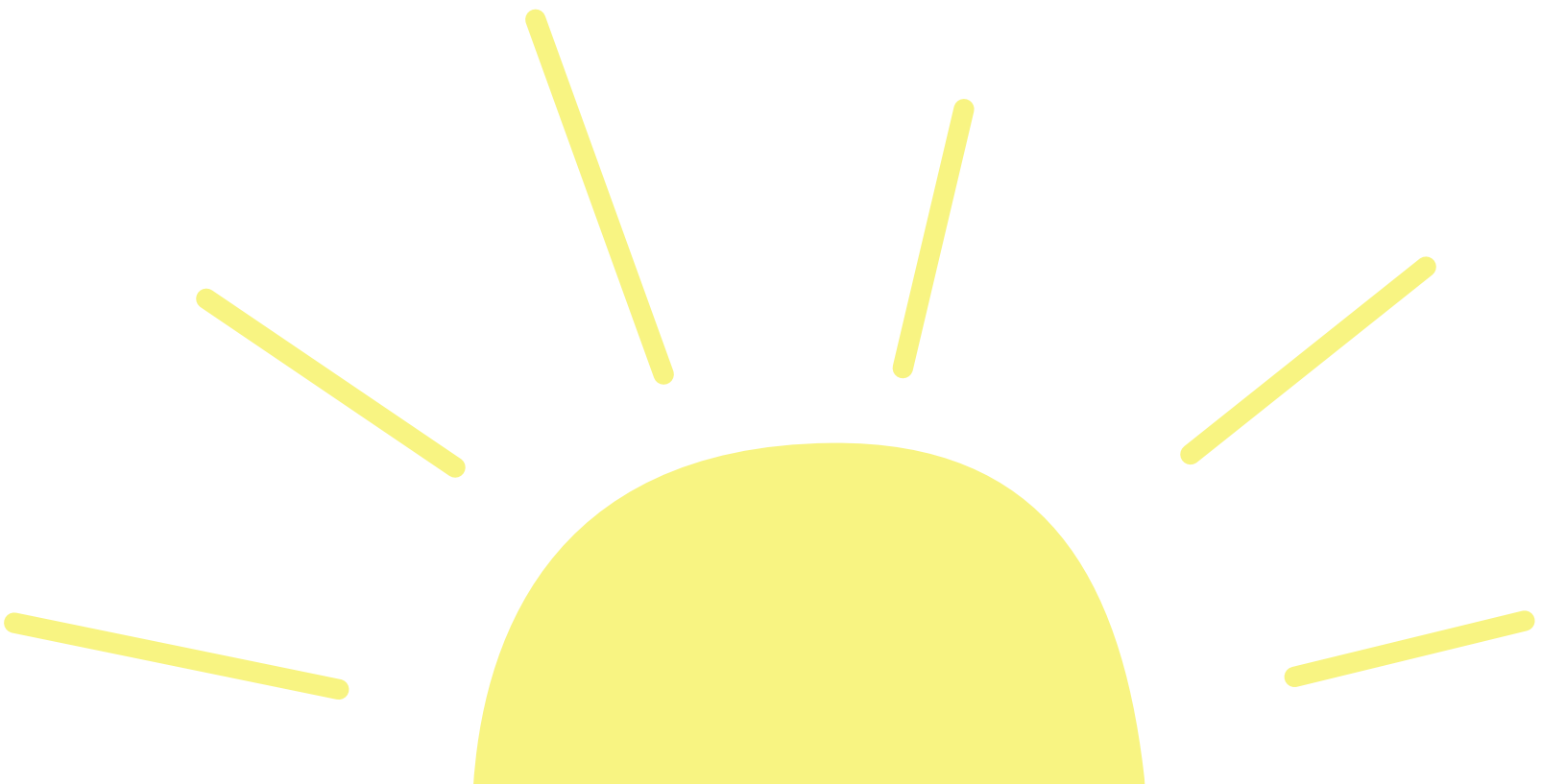
Training can be done at a single program site for one or two days or as a regional multi-agency training for small teams (preferably 2-3 persons from each agency/organization). Regional trainings, at least two days, will offer participants an in-depth experience suitable for individuals to conduct a facilitator training in their home agencies or organizations. These sessions will assist leaders to design and implement programs, select and train support group facilitators, gain community support for the establishment of programs, orient staff and volunteers who will be involved in the program, address common challenges and allow for time for specific agency related discussions. To learn more about training options to offer a program using this Kit, call NACoA at 888-554-2627 or email nacoa@nacoa.org.





1. OVERVIEW

1. OVERVIEW



Children's Program Criteria

The following program criteria, developed by an expert panel of prevention researchers and program developers, form the basis on which this educational support program has been developed. The criteria were also reviewed and approved by a panel of treatment providers representing a broad range of treatment modalities. Both panels included representatives with expertise in evaluating applicability for racial/ethnic minority children whose parents suffer from substance use or mental disorders. The panel of treatment providers also guided the kit development process to ensure practical applicability of the program's materials across multiple settings.

SERVICES FOR CHILDREN

A. Information

Education about addiction should give children a framework for what they are experiencing, such as:

- » Information about addiction as a family disease
- » Information about the parent's treatment program, when applicable
- » Information on community-based supports, such as Alateen and school-based student assistance programs
- » Clarification about and validation of their experiences
- » Resources for them to learn and talk about their experiences and feelings
- » Information to learn that recovery is a process
- » Information on the resilience and strengths they have developed as a result of their experience

- » Reassurance that they also need and deserve support and help.
- » Messages:
 1. You're not alone; there are lots of kids living in families like yours—one in four.
 2. It's not your fault.
 3. You deserve help, and there is help for you.
 4. Addiction is a disease.
 5. It's okay to share your feelings with safe people.
 6. It is important to express your feelings appropriately, including anger, while respecting yourself, other people, and property.
 7. Everyone in the family gets hurt by addiction.
 8. Addicted people can and often do get better. Even if they don't, you can still get help to feel better and to be safe.
 9. Recovery can take a long time; stopping the drinking or drug use is just the beginning.
 10. Parents may not be able to meet your needs or care for you at times. There are other trustworthy adults who can, and it is healthy to ask them for help.

B. Skills

- » Problem-solving skills
- » Safety skills, especially identifying and talking to safe adults and making a safety plan that works
- » Refusal skills, to stay healthy and alcohol-free and maintain safe boundaries
- » Skills for internalizing healthy messages

- » Communication skills, including the ability to identify and express feelings appropriately, without harming self, others, or property
 - » Relationship skills: ways to build healthy relationships, seek resources, and connect to other supportive adults and peers
 - » Skills acquired through hobbies, groups, or other healthy activities and outlets
 - » Intrapersonal skills, such as coping and self-care
 - » Specific relationship skills for dealing with a previously absent parent or an incarcerated parent, when needed
 - » Skills needed to deal with possible parental relapses and associated problems
- C. Program development and design issues
- » Developmentally appropriate groups work best when:
 1. Children learn that they are not alone.
 2. Group work provides opportunities for group validation.
 3. Group work allows children and youth to try out new approaches to old problems.
 4. Group work allows children to try out new behaviors and skills.
 5. Group work often allows children to start new friendships with group members, reducing isolation.
 6. Group work increases the likelihood of breaking denial.
 7. Group work provides children the opportunity to experience healthy social interactions.
 8. Group work builds trust and confidence in social situations.
 - » Programs should provide age-, gender-, and culturally appropriate materials and demonstrate cultural sensitivity and understanding of acculturation issues.
 - » Use a variety of approaches—lectures, discussions, group sessions with experiential learning/social interactive play, and role-play formats—to teach skills.
 - » Refer to special services those children identified as abused and/or neglected, as well as those youth already harmfully involved with substances.
 - » Provide alternative interventions for children who are not appropriate for group because they may be at risk for injuring themselves or others.
 - » When appropriate, encourage parental involvement. Keep parents informed about what their children are learning.

SERVICES FOR PARENTS OR CAREGIVERS

- A. Information and education
- Inform and educate parents, and other significant adults, when possible, about family addiction and recovery issues in culturally appropriate ways. Include the following:
- » The impact of addiction on the family system and on parenting skills
 - » The impact of recovery on the family system—trauma and transition issues
 - » The fact that children of addicted parents are at greater risk of addiction themselves and for mental health and behavioral problems
 - » The importance of age-appropriate skill-based services for the children, so that the recovery needs of both the children and parents can be met

- » The variation in needs by age and gender of child, and the impact on different children in the same family
- » The possibility of abuse—physical, emotional, and sexual—and its impact on children

B. Understanding

Help parents understand their children’s needs. Empower them to find age-appropriate services and connect their children to them through the following steps:

- » Give parents, and other significant adults when possible, specific suggestions and concrete language to explain to their children what is happening in their lives.
- » Provide community resource lists of available services and referrals for parents as appropriate.
- » Assist parents in connecting with specific services for their children in the community, such as student assistance, after-school programs, or Alateen.
- » Give parents clear information about the services being provided to their children. [See Session Topics and Messages, Formats, Children’s Program Facilitator Planning Sheet, and Messages to Parents/ Caregivers.]
- » Provide reading and multimedia materials that specifically address the issues and needs of children from families with substance use disorders.
- » Provide information on related issues for parents with adolescents, such as teen pregnancy prevention, issues around use of substances (parents may have introduced them to drugs/ drinking), school failure, or conversely their children’s compulsive need to overachieve.

INFORMATION FOR PARENTS IN TREATMENT OR EARLY RECOVERY, OR AS AN ADJUNCT, TO THE CHILDREN’S PROGRAM OFFERED IN ANY SETTING

A. Skills

The following skills facilitate family cohesion and family recovery. When possible, offer parents the following guidance, or help refer them to community-based services that offer such parent skills training programs:

- » Teach specific skills, strategies, and support to help parents balance the demands of early recovery with parenting responsibilities. Work with parents in gentle, loving ways, as many are filled with guilt and shame.
- » Parenting stressors can be relapse triggers. For many parents it is not just parenting but also re-parenting/self-parenting, as many never learned the skills themselves while growing up.
- » Teach parents how to discipline their children appropriately, how to keep children safe, and how to assess risk to protect their children from violent victimization.
- » Teach important parenting and relationship boundary issues.
- » Teach conflict resolution skills.
- » Teach parent/child communication skills.

B. Community resources

- » Arrange for community services to present information about parenting programs and other supportive services to parents and other significant adults in the family when possible. Encourage follow-up support by collaborating with other services to provide access to ongoing resources.

- » Teach parents how to network in the community and how to seek outside resources for their needs (child care, etc.). In addition, provide guidance about how to deal with and find immediate resources for life crises and stressors that occur after treatment to avoid relapse.

COMMUNITY SERVICES AND OUTREACH STRATEGIES FOR CHILDREN'S PROGRAM PROVIDERS

This Children's Program Kit is designed to assist potential providers of educational support programs for children and teens. Such providers could include inpatient and outpatient treatment centers, school-based student assistance programs, community youth programs, summer camps, and faith communities.

The development or implementation of family/child support services provides an excellent opportunity to assess both the services in the community and the community's readiness to have these services available. Specific outreach strategies will vary depending on community size, whether or not the provider is a treatment center, the range of services in communities, and funding. Addressing these issues during the development of a program for children increases the chances of successful partnerships with community agencies and schools.

Strategies for community outreach include:

- » Participate in community collaboration; it is suggested that a member of the staff of the agency providing the Children's Program communicate regularly with existing community service providers to gauge their effectiveness and to determine the best referral methods.

- » Help support families within the community by facilitating linkage to community-based and family support programs.
- » Advocate when possible in the community and area schools for the development of resources to address existing gaps in services for children of parents with substance use disorders and for funding for sustained community-based programming for this population.

LOGISTICAL ISSUES

Logistical issues can create unnecessary barriers to program development. Prior to implementation of support services for children, a program provider should review all logistical concerns and develop a contingency plan where appropriate.

- Support**
Ensure support for the program within the sponsoring organization by articulating clear objectives for the Children's Program to administration and other key stakeholders. Section 2 provides materials for this purpose.
- Logistics**
Consider logistical issues of space, transportation, training, and funding. If appropriate, provide programs during the times that adults are already scheduled to be there.
- Kinship/foster care**
Support and encourage kinship care and foster care providers to bring children to the facility's programs if their parents are in treatment.

EVALUATION

It is important to evaluate programs provided to children as well as any related parenting programs. An evaluation component may help agencies obtain ongoing additional funding for children's programming, in addition to assessing the program's effectiveness. Section 5 provides program participant pre-/post-evaluations for each of the six major topics: Addiction, Feelings, Problem-Solving, Treatment and Recovery, Safe People, and Coping. These evaluation tools can also be found on the Kit's flash drive. In addition, this kit contains a questionnaire for the facilitator to provide process data, which gives the facilitator an opportunity to reflect on his/ her experience of providing the program. In this way, areas that might need improvement can be identified for future program implementation.

READINESS ISSUES

Both child-serving organizations and treatment centers that offer this program should assess their readiness/capability for providing family/child support services, as well as their resources in the community for potential partnership/collaboration to support programs.

Personnel Considerations

The following are personnel considerations for delivery of information and message, and for teaching skills:

- The Children’s Program needs to be run by staff and volunteers dedicated to the Children’s Program, trained with skills in child development, knowledgeable about group process, and also knowledgeable about the disease of addiction, family systems, and recovery issues for children from families with substance use disorders. All Children’s Program group facilitators need to care about children and know how to work with them at developmentally appropriate levels.
- It is often advantageous to have an adult function as an assistant to the facilitator so that minor logistical or other unforeseen problems can be handled quickly without interrupting the session. Assistants can also help with various aspects of the evaluation when one is conducted.
- It is important that program staff be emotionally healthy, that they enjoy working with children and youth, and that their own issues have been addressed if they themselves are adult children from a family with a history of substance use disorders.
- Group facilitators need to be aware of the agency’s policies and procedures for dealing with sensitive issues that children in the group setting may disclose, such as abuse or neglect. See Guidelines for Dealing with Suspected Abuse in Section 3, Program Startup, for practical guidelines for dealing with suspected abuse or neglect.

- Group facilitators need to have knowledge of child abuse reporting laws, knowledge of alcohol and drug misuse confidentiality laws pertaining to parental records, and an understanding of when to refer a child for professional help.

Given that the Children’s Program is often presented by trained volunteers, a staff person from the sponsoring organization **must** be closely associated with the program in order to provide administrative and clinical support.

People who work in programs for children have a challenging opportunity to make a real difference. For some of the young people participating in the Children’s Program, the facilitator may be the first adult who has really listened to them or consistently treated them as worthwhile individuals. This highlights the need for training for everyone working with the children.

With this in mind, it is important that staff and volunteers possess the following qualities:

- Love and deep caring for children
- Commitment and enthusiasm
- Overall communication skills
 - » Listening
 - » Clear communication
 - » Age-appropriateness (simple and concise language for children)
 - » Overall knowledge and understanding of relevant topics presented
 - » Child development
 - » Age-appropriate activities
 - » Session planning
 - » Experiential activities

- Cultural competency
- Initiative
- Sense of responsibility
- Open-minded approach
- Warmth
- Creativity
- Flexibility
- Ability to have fun
- A sense of humor
- Overall self-awareness and understanding
 - » Understanding of personal issues and biases
 - » Personal support system
 - » Comfort with displaying, expressing, and owning feelings
- Overall personal health
 - » Self-care
 - » Self-esteem
 - » Limits and boundaries
- Ability to set limits and consistently enforce consequences.

Before You Begin a Children's Program

Before starting a support program for children whose parents have substance use disorders, the following issues must be addressed.

ADMINISTRATIVE TASKS

- Get written permission to operate the program from the sponsoring organization.
- Review the sponsoring organization's policy regarding liability when children are in the facility.
- Review policies and procedures regarding suspected child abuse and release of a child to an intoxicated adult.
- Ensure sufficient funding for program expenses.
- Know your referral sources for school and/or community follow-up programs.
- Make copies of information forms and permission sheets for each child/family.
- Prepare pre-/post-evaluation. (Section 5 provides the materials you need.)

LOGISTICS

- Identify a safe location in which to hold program activities.
- Have available a sufficient number of rooms to accommodate children by age group (10 children per group is recommended).
- Ensure the program space is conducive to promoting safety, confidentiality, comfort, and a positive climate.
- Consider parents' transportation and/or access needs.
- Identify a designated storage area, if possible.

PREPARATION OF FACILITATORS

- Develop staff/volunteer application.
- Develop marketing plan for recruiting group facilitators.
- Select group facilitators (may be paid staff and/or volunteers).
- Screen and interview staff/volunteers; include conducting a criminal record screening.
- Provide comprehensive training (see Section 2).

RECRUITMENT OF CHILDREN/FAMILIES FOR PROGRAM

- Establish a registration and confirmation system.
- Identify any costs or deposits needed.
- Develop a marketing plan and promotional materials.
- Disseminate materials to treatment agencies, schools, faith-based communities, courts, youth groups, 12-step sites, and recovery community support programs.

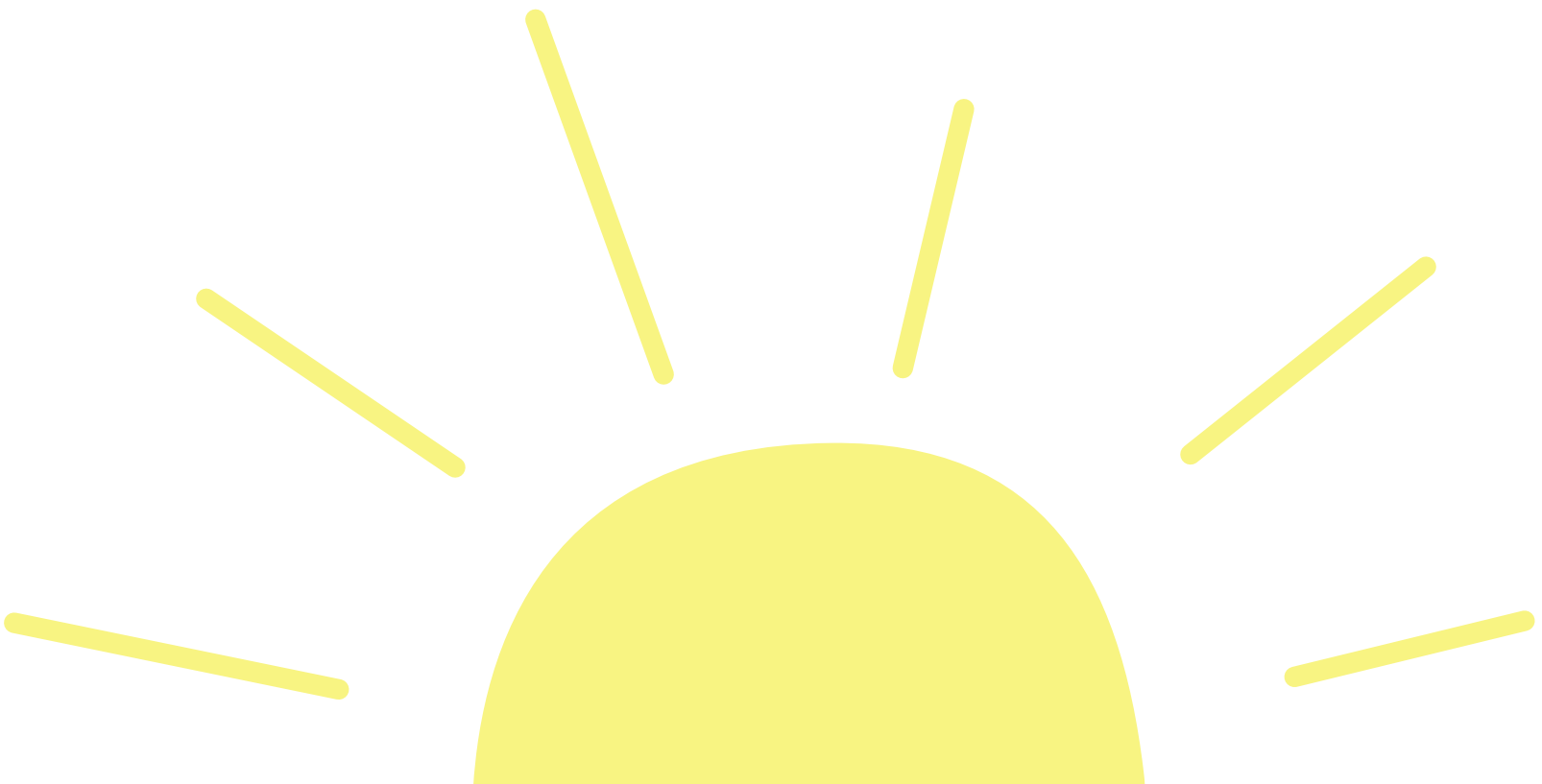
EQUIPMENT

- Have necessary materials available, including a chalkboard, flipchart or whiteboard, nontoxic markers, pencils, construction paper or colored paper, and scissors.
- Assemble all materials needed for each specific lesson plan.



2. PROGRAM IN-SERVICES

2. PROGRAM IN-SERVICES



Inservice Components

The Children’s Program provides educational support groups for children who are exposed to addiction in their families. This program can be offered in a variety of settings, including treatment facilities, schools, community service agencies, and faith communities. Educational support groups for the children of adults with alcohol or other drug problems can be effective tools for increased family cohesion and for supporting individual recovery within the family.

PURPOSE OF THE INSERVICE

This inservice is intended to educate staff in treatment settings, schools, community agencies, faith communities, and a wide variety of other interested groups and stakeholders about the value and need for programs for children who are coping with addiction in their families. The inservice provides an overview of the information children will learn about treatment and recovery and addiction in the family. Those who participate in the inservice will have the information and understanding needed to refer children to the program and to initiate the presentation of the program in their specific sphere of influence.

Preparing for the Inservice: A list of things to do in preparation for providing the inservice (page 13)

Children of Addiction (COAs): Important Facts: A list of critical information for children to understand. (pages 14 to 19)

PowerPoint (PPT) Presentations: Include introduction, general information, and contact information for community resources. (pages 25 to 39)

There are three target groups for inservice, with a specific PowerPoint presentation and objectives for each. They are:

Educational Support Groups in School and Community Settings—for school staff or members of groups or agencies who have or may implement a Children’s Program. The student assistance program PPT has been included as a continuation option if desired.

The purpose of this presentation is:

- To introduce a group or agency to the Children’s Program.
- To raise awareness of the plight of children who live in families with a parent with a substance use disorder.
- To present evidence that children truly benefit from participation in the Children’s Program.
- To persuade a group or agency to support a Children’s Program, offering impacted children the opportunity to participate in this supportive education program.
- To provide background information about the Children’s Program to treatment staff when children of their patients are participating in their treatment and recovery program.

Facilitator Training and Orientation for Using the Children’s Program Kit—for paid or volunteer staff who will be trained to implement and facilitate a Children’s Program. The student assistance program PPT has been included as a continuation option if desired. The purpose of this presentation is to achieve the following objectives for the training of those who would be group facilitators in the program:

To identify:

- The impact of chronic stress on children and families.
- Common behavior patterns and survival strategies.
- Rationale for intervening with children and families (or children from high-risk families).
- Benefits of psycho-education groups.

To provide:

- Significant background information about the disease of addiction.
- Important information about the ways children learn.
- A strong understanding of the needs of parents whose child participates in group.

To offer:

- Opportunities for prospective facilitators to understand the information and to practice skills contained in the Children's Program Kit.
- Support and encouragement as new facilitators take on a unique role with the children.

Student Assistance Program Supplement for Educational Support Groups—Since the Children's Program is often implemented in K–12 schools, as part of the Student Assistance Program, the target audiences for this presentation are teachers and administrative staff. It can be used as:

- A stand-alone, with or without the film *End Broken Promises, Mend Broken Hearts*.
- An adjunct to staff and community presentations.
- An adjunct to facilitator training.

Preparing for the Inservice

When preparing to present the inservice, the following activities are recommended.

- Read “COAs: Important Facts” (pages 14 to 19), Jerry Moe’s “Family Recovery Means Children, Too!” (page 20), and Claudia Black’s “COA Support Groups” article (page 21-24).
- View the film *End Broken Promises, Mend Broken Hearts* (on flash drive)
- Review the overview and PowerPoint presentation.
- It is critical that the presenter reads the background information provided for each of the six topic areas presented in the program: addiction, feelings, problem-solving, treatment and recovery, safe people, and coping. The background information for each topic is available in Section 3, the Program Curriculum.

FOR TREATMENT STAFF

- Review information on Notes to Therapists and Helpful Information for Parents in Section 2.

FOR THE STAFF/COMMUNITY/INSERVICE

- Offer to meet with staff and consider offering this educational presentation.
- School staff may be interested in the information about Student Assistance Programs. The Student Assistance Program provides a framework for identifying students for support groups, as well as a process for broad-based student support services.
- In full implementation, Student Assistance

Programs create a powerful infrastructure for supporting individual children with a host of challenges while preventing institutional enabling of the development of unhealthy lifestyles in the school and the broader community.

(See PowerPoint slides and the Student Assistance Supplement for more detailed information.)

FOR OTHER GROUPS AND STAKEHOLDERS

- Meet with leaders of the interested groups and stakeholding organizations ahead of time to get a good understanding of their needs and interests. This will build trust and help you forge good working relationships that may evolve into partnerships and sources of funding for the presentation of the Children’s Program.

COAs: Important Facts

Alcohol use disorders and other substance addictions have genetic and environmental causes. Both have serious consequences for children who live in homes with an addicted parent. More than 28 million Americans are children of parents with an alcohol use disorder; nearly 11 million are under the age of 18. This figure is magnified by the countless others who are affected by parents impaired by other psychoactive drugs. Group programs reduce feelings of isolation, shame, and guilt among children of parents with an alcohol use disorder while capitalizing on the importance to adolescents of peer influence and mutual support.

1. Alcohol use disorders and other drug addictions tend to run in families. Children living with parental addiction are more at risk for alcohol use disorders and other drug misuse than are other children.
 - » Children living with parental addiction are the highest risk group of children to become alcohol and drug misusers due to both genetic and family environment factors.¹
 - » Biological children of alcohol-dependent parents who have been adopted continue to have an increased risk (2–9 fold) of developing an alcohol use disorder.²
 - » Recent studies suggest a strong genetic component, particularly for early onset of alcohol use disorders in males. Sons of fathers with an alcohol use disorder are at fourfold risk compared with the male offspring of fathers without an alcohol use disorder³
 - » Use of substances by parents and their adolescent children is strongly correlated; generally, if parents take drugs, sooner or later their children will as well.⁴
2. Substance misuse or addiction in a family defines family interaction.
 - » Adolescents who use drugs are more likely to have one or more parents who also use drugs.⁵
 - » The influence of parental attitudes on a child's drug-taking behaviors may be as important as actual drug misuse by the parents.⁶ An adolescent who perceives that a parent is permissive about the use of drugs is more likely to use drugs.⁷
 - » Families affected by alcohol use disorders report higher levels of conflict than families with no alcohol use disorders. Drinking is the primary factor in family disruption. The environment of children of parents with an alcohol use disorder has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby robbing children of parents with an alcohol use disorder of modeling or training on parenting skills or family effectiveness.⁸
 - » The following family problems have been frequently associated with families affected by alcohol use disorders: increased family conflict; emotional or physical violence; decreased family cohesion; decreased family organization; increased family isolation; increased family stress, including work problems, illness, marital strain, and financial problems; and frequent family moves.⁹
 - » Parents with addiction often lack the

- ability to provide structure or discipline in family life, but simultaneously expect their children to be competent at a wide variety of tasks earlier than do non-addicted parents.¹⁰
- » Sons of addicted fathers are the recipients of more detrimental discipline practices from their parents.¹¹
3. A relationship between parental addiction and child abuse has been documented in a large proportion of child abuse and neglect cases.
 - » Three of four (71.6 percent) child welfare professionals cite substance misuse as the top cause for the dramatic rise in child maltreatment since 1986.¹²
 - » Most welfare professionals (79.6 percent) report that substance misuse causes or contributes to at least half of all cases of child maltreatment; 39.7 percent say it is a factor in more than 75 percent of the cases.¹³
 - » In a sample of parents who significantly mistreat their children, alcohol misuse is specifically associated with physical maltreatment, while cocaine exhibits a specific relationship to sexual maltreatment.¹⁴
 - » Children exposed prenatally to illicit drugs are two to three times more likely to be abused or neglected.¹⁵
 4. Children living with parental addiction are at higher risk for placement outside the home.
 - » Three of four child welfare professionals (75.7 percent) say that children of addicted parents are more likely to enter foster care, and 73 percent say that children of parents with an alcohol use disorder stay in foster care longer than other children.¹⁶
 - » In one study, 79 percent of adolescent runaways and homeless youth reported alcohol use in the home, 53 percent reported problem drinking in the home, and 54 percent reported drug use in the home.¹⁷
 - » Each year, approximately 11,900 infants are abandoned at birth or are kept at hospitals, 78 percent of whom are drug-exposed. The average daily cost for each of these babies is \$460.¹⁸
 5. Children living with parental addiction exhibit mental health symptoms more than children from families not impacted by addiction.
 - » Children living with parental addiction exhibit depression and depressive symptoms more frequently than children from non-addicted families.¹⁹
 - » Children living with parental addiction are more likely to have anxiety disorders or to show anxiety symptoms.²⁰
 - » Children living with parental addiction are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcohol use disorders.²¹
 6. Children of addicted parents experience greater physical and mental health problems and higher health and welfare costs than children from non-addicted families.
 - » Inpatient admission rates and average length of stay for children of parents with an alcohol use disorder were 24 percent and 29 percent greater than for children of parents without an alcohol use disorder. Substance misuse and other mental disorders were the most notable conditions among children of parental addiction.²²
 - » It is estimated that parental substance misuse and addiction are the chief cause in at least 70–90 percent of all child welfare spending. Using the more conservative 70 percent assessment, in 1998 substance misuse and addiction accounted for approximately \$10 billion in federal, state, and local government

- spending simply to maintain child welfare systems.²³
- » The economic costs associated with fetal alcohol syndrome were estimated at \$1.9 billion for 1992.²⁴
 - » In 2012, newborns with neonatal abstinence syndrome (NAS) stayed in the hospital for an average of 16.9 days (compared to 2.1 days for other newborns), costing hospitals an estimated \$1.5 billion.²⁵
 - » A sample of children hospitalized for psychiatric disorders demonstrated that more than 50 percent were children of addicted parents.²⁶
7. Children living with parental addiction have a high rate of behavior problems.
- » One study comparing children of parents with an alcohol use disorder (ages 6–17) with children of psychiatrically healthy medical patients found that children of parents with an alcohol use disorder had elevated rates of ADHD (attention deficit hyperactivity disorder) and ODD (oppositional defiant disorder) measured against the control group of children.²⁷
 - » Research on behavioral problems demonstrated by children of parents with an alcohol use disorder has revealed some of the following traits: lack of empathy for other persons, decreased social adequacy and interpersonal adaptability, low self-esteem, and lack of control over the environment.²⁸
 - » Research has shown that children living with parental addiction demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment.²⁹
8. Children living with parental addiction score lower on tests measuring school achievement, and they exhibit other difficulties in school.
- » Sons living with parental addiction performed worse on all domains measuring school achievement, using the Peabody Individual Achievement Test-Revised (PIAT-R), including general information, reading recognition, reading comprehension, total reading, mathematics, and spelling.³⁰
 - » In general, children of parents with an alcohol use disorder do less well on academic measures. They also have higher rates of school absenteeism and are more likely to leave school, be retained, or be referred to the school psychologist than are children of parents without an alcohol use disorder.³¹
 - » In one study, 41 percent of children living with parental addiction reported that at least one of their children repeated a grade in school, 19 percent were involved in truancy, and 30 percent had been suspended from school.³²
 - » Children living with parental addiction compared to children of non-addicted parents were found at a significant disadvantage on standard scores of arithmetic.³³
9. Maternal consumption of alcohol and other drugs during any time of pregnancy can cause birth defects or neurological deficits.
- » Studies have shown that exposure to cocaine during fetal development may lead to subtle but significant deficits later, especially with behaviors that are crucial to success in the classroom, such as blocking out distractions and concentrating for long periods.³⁴
10. Children living with parental addiction may have increased resilience when they benefit from the efforts of supportive adults.

- » Children who coped effectively with the trauma of growing up in families affected by alcohol use disorders often relied on the support of a sober parent, stepparent, grandparent, teachers, and others.³⁵
- » Children living with parental addiction who rely on other supportive adults have increased autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies.³⁶
- » Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers' resumption of alcohol use after giving birth.³⁷
- » Prenatal alcohol effects have been detected at moderate levels of alcohol consumption in women without an alcohol use disorder. Even though a mother may not regularly misuse alcohol, her child may not be spared the effects of prenatal alcohol exposure.³⁸
- » Group programs facilitated by nurturing adults reduce feelings of isolation, shame, and guilt among children of parents with an alcohol use disorder while capitalizing on the importance of peer influence and mutual support for adolescents.³⁹
- » Competencies such as the ability to establish and maintain intimate relationships, express feelings, and solve problems can be improved by building the self-esteem and self-efficacy of children of parents with an alcohol use disorder.⁴⁰
- » One thing parents and educators must remember is that most individuals do not actually develop substance abuse or other mental, emotional, or behavior problems, even if they have risk factors for drug abuse.⁴¹

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FAMILY RECOVERY MEANS CHILDREN, TOO!

By Jerry Moe, MA

On a cold, dreary February evening in 1978, one child showed up for the Children's Program's first session. Since then, tens of thousands of children and parents have participated in groups, weekend retreats, and summer camps, all designed to help children initiate and deepen their recovery. The primary objective of the Children's Program is to create a safe place for youngsters to learn, grow, play, and heal.

In the United States alone, there are more than 13 million kids living in homes with a parent with an alcohol use disorder. Countless others have parents addicted to other drugs. Silently and eloquently, these children obey the cardinal rule of the addicted family: "Don't talk." They are trapped in silence by a family that usually denies the existence of the illness that grips it. These children often have no place to turn, as an alcohol use disorder wreaks its own terror, chaos, and pain. Further, they are at high risk eventually to misuse alcohol and other drugs themselves, and thereby perpetuate the disease through their own children.

To break the cycle, children of living with parental addiction need to learn about addiction in an age-appropriate way, so they can realize that this adult illness is not their fault and that they are not to blame. They need safe ways to explore and express their anger, fear, hurt, guilt, and shame. They need to know that there are other adults and kids who care about them and safe people who can help. Kids need to learn how to cope positively with the problems at home, such as parental fighting, verbal violence, broken promises, blackouts, and neglect. These children need to learn how to take good care of themselves and stay safe. To escape the world of isolation that has enveloped them, they must grieve, be angry, cry, and be comforted.

The good news is that children of alcohol and drug addicted parents can and do recover. Treatment programs, schools, community-based organizations, and faith-based communities can use specially designed games and activities to help children play their way to health and understanding. During this process, they build upon their strengths, deepen their resilience, and further realize their intrinsic beauty and worth.

It's been my professional experience over the past 20 years that more than 75 percent of the parents whose children have participated in these programs are also children of parents with an alcohol use disorder as well as addicts themselves. Often the biggest difference between the children and parents is that the latter never had a similar program to help them in their youth. The greatest gift parents can give their children is the gift of their own recovery. The second greatest gift is providing the chance for their children to begin their own healing. Children often cannot participate in children's groups without parental consent and I applaud these parents for giving their children something most of them never got as kids—a safe place to learn, grow, and heal.

What a joy to watch children breaking the family legacy of addiction! They heal as they become reconnected to their hearts. Their drawings and letters depict them in various stages of coming to grips with family addiction. Their courage and strengths shine throughout. There's so much hope! Please join NACoA in its efforts to bring needed recovery services to children of parents with addiction.

This article was adapted with permission from The Children's Place...at the Heart of Recovery.

COA SUPPORT GROUPS

By Claudia Black, PhD, MSW

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 taken care of Frances so much that the younger sister does not know how to act independently of her older sibling. Frances begins group not wanting to speak without relying on her older sister's cues. At school, Frances is frequently in fights. Within 10 weeks, partaking in all the services offered with Dad continuing to misuse alcohol, Mom reports and the group facilitator concurs that 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 appears more relaxed. Both children are experiencing positive changes because of their involvement in the program.

Richard, age 8, living in a foster care situation, has seen violence and sexually inappropriate behavior and has experienced neglect. He is initially disruptive to group, is agitated, and talks about the monsters under his bed and that he may need to kill them. Within three group sessions, he is less disruptive and agitated. He is able to interact with other children in a way that makes them more responsive to him. He is in need of an outside referral for the possibility of having ADHD (attention deficit hyperactivity 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 environments of living with addiction, are all experiencing the benefit of being in a support group for children from substance-misusing families.

Most of us have seen how emotionally stressed spouses become in their growing isolation from 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, intervene to protect them, and foster greater coping skills. It is too much to ask children to cope by themselves with the pain and loneliness of addiction in their family.

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 that we are of value, that we are important, that we deserve better, or that we are talented. For some, the significant person may have been a grand parent, a neighbor, a schoolteacher, or possibly someone at church. They offered a respite, a timeout 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 to make that difference for other children and youth.

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 psycho-educational in nature or a therapy group. (See Box.)

GOALS IN A SHORT-TERM PROGRAM

1. Educate. Give children the framework for what they are experiencing. If they are living with substance misuse, they have the right to understand it. Insight is a significant contributor to resilience in a child. Insight is the “sensing” that something is not quite right, such as “noting the change in a person’s walk or the tone of voice that 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 have an alcohol use disorder or drug addiction makes sense to young children. Acknowledging this situation readily is acknowledging something they “know in their bones.” As one 7-year-old said, “Of course my mom is sick, why else would she act like this? She needs help.” It was many years ago that a 6-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. This is crucial in taking the next step: realizing their parent’s 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; e.g., “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.

EDUCATIONAL GROUPS

- Focus on life skills/coping skills
- Education
- Support/safety net
- Educational goals and objectives are achieved through curriculum-based content/activities
- Building protective factors
- Conducted by trained facilitators
 - » Caring
 - » Knowledgeable about child development and specific issues
 - » Have “health” to give
- LOVEE driven (Listen, Observe, Validate, Educate, Empower)
- Time limited (6–12 weeks)

THERAPY GROUPS

- Solve a personal problem
- Resolution
- May be supportive but also includes confrontation and probing
- Individualized treatment plan, use of the therapeutic activities; however, process is always more important than content
- Probing; addressing impact of risk factors; may focus later building protective factors
- Conducted by trained therapist
- Psychological theory and diagnosis driven
- Length of treatment determined by treatment process and patient’s progress or insurance coverage

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 experiences 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. Consequently, 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. 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 solve problems. A child comes home after school to find the doors locked, the car gone, and doesn’t know why no one is 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 forgotten 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 someone 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. Support helps to clarify their options.
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, 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 ones who have an age-appropriate relationship where the child does not have to act out survival roles. These are relationships where children can 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 denial and support the children 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. We help to develop necessary daily skills, and we help them differentiate 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 be provided by safe people in a safe setting, provide open and honest communication, and 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.

PowerPoint Presentations

The materials provided here are intended for the purposes of presenting an overview of the Children's Program to a variety of interested groups and stakeholders including, but not limited to, treatment providers, schools, community groups, and faith communities. The materials include printouts of PowerPoint presentations (found on flash drive), along with handouts that can be found in other sections of this program kit.

POWERPOINT: EDUCATIONAL SUPPORT GROUPS IN SCHOOL AND COMMUNITY SETTINGS

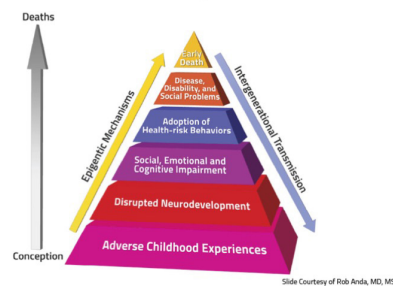


CHILDREN'S PROGRAM KIT

An introduction to the issues facing children impacted by parental addiction
And why it is essential to establish educational support groups for them.

NA CA A product of the National Association for Children of Addiction

1



ADVERSE CHILDHOOD EXPERIENCES

NA CA

2

COMMUNITY AWARENESS WORKSHOP OBJECTIVES

To identify:

- The impact of chronic stress on children and families
- Common behavior patterns and survival strategies
- Rationale for intervening with children and families
- Benefits of educational support groups

To provide:

- Information about the disease of addiction
- Important information about the ways children learn
- An understanding of the needs of parents in recovery to raise children in a healthy environment
- An appreciation of resiliency in children, and how it can protect them from risks to continue the cycle of addiction in the family.

3



RECOVERY STRENGTHENS FAMILIES

NA CA

4

DISEASE CHARACTERISTICS

- Chronic
- Progressive
- Familial
 - Genetic
 - Environmental
- Familial
- Treatable
- Recovery

5

DISEASE TERMINOLOGY

Terminology can provide support, clarity and hope, or deepen misunderstanding, shame and stigma.

- Alcohol Use Disorder (AUD)
- Addiction
- Substance Use Disorder (SUD)
- Individual with SUD (person first language)
- **Not Appropriate:** substance abuse, addicts, drunks, dirty/clean tests, etc.

6

NEUROLOGICAL UNDERPINNINGS

Alcohol Use Disorders (AUD) are strongly influenced by genetic vulnerability inherited or acquired abnormalities in brain chemistry create an altered response to alcohol or other addictive drugs, which in turn causes a wide array of problems for the individual and the family.



NA
CA

7

RISK FOR ADDICTION

- An individual's risk for addiction is affected by not only genes but by the environmental and social risk and protective factors.
- The actual drug use is what changes the brain structure and function and leads to addiction.



NA
CA

8

GENETIC RISK

- Prevalence rate of AUD is 3 – 4 times higher when a first-degree relative has an AUD.
- Adoption does not eliminate genetic risk.
- Low level of response to alcohol may explain relationship between family history and alcohol problems.



AGE OF FIRST USE VARIABLE: regardless of heredity, those who begin use by age 15 are 3 times more likely to develop alcohol dependence and are more difficult to treat than those who begin drinking at 21 years or later.



NA
CA

9



Family members develop unhealthy ways of communicating with each other and coping with addiction.

Rules in Families Impacted By Addiction:

- Don't talk
- Don't trust
- Don't Feel

ADDICTION IN THE FAMILY AFFECTS EVERYONE

NA
CA

10

FAMILY IMPACT



The rules and coping mechanisms:

- Maintain isolation.
- Promote continuation of problems.
- Perpetuate denial, delusion, shame and confusion.
- Remain on high alert because of behavior inconsistency.



Many children living with addiction live in chronic stress and fear. They may live with emotional, physical or sexual abuse and related adverse childhood experiences (ACEs)

NA
CA

11

CHILDREN LIVING IN FAMILIES WITH ADDICTION

Why special emphasis?

- 1 in 4 children are affected by alcohol misuse or an AUD in the family.
- Many are also hurt by parental drug use.
- Developmental impact is both social and emotional.



Early intervention equals:

- Prevention of mental health problems – Children of Addiction (COAs) are at increased risk for depression and anxiety disorders.
- Prevention of substance use problems – COAs have increased environmental and genetic risks.
- Relapse prevention – reduction of stress in the family.

NA
CA

12

CHILDREN WITH ADDICTION IN THE FAMILY



- Often lack consistency, stability, and needed emotional support due to the chaotic family environment.
- May be physically and emotionally traumatized by accidental injury or verbal, physical, or sexual abuse due to parental drinking/drug usage.
- May encounter permissiveness, neglect, violence, poor communication, or under-socialization, leading to feelings of abandonment.

NA
CA

13



This video provides:

A rationale for addressing the needs of children impacted by parental addiction.

Message from children and parents who have benefited from support groups.

Messages from prevention, treatment, and school professionals who have provided educational support groups for children of parents in treatment.

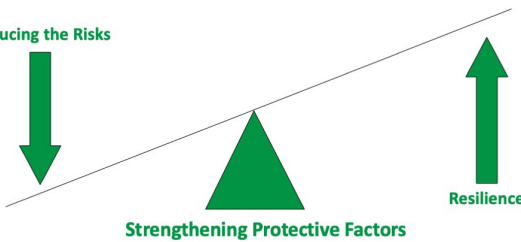
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14

**END
BROKEN
PROMISES,
MEND
BROKEN
HEARTS**

SHIFTING THE BALANCE

Reducing the Risks



Resilience is the ability to bounce back from adverse conditions and involves social competency, problem-solving skills, autonomy, and sense of purpose and future.

NA
CA

15

CHARACTERISTICS OF RESILIENT CHILDREN

- They know how to attract and use the support of adults.
- They actively try to master their environment, have a sense of their own power, and often volunteer to help with others.
- They develop a high degree of autonomy early in life.

-Robert Ackerman, PhD



NA
CA

16

WHAT RESILIENT ADULTS SAY MADE A DIFFERENCE



- Had a special relationship with an adult who cared and was nurturing, often a teacher.
- Latched onto another "parent" figure or family.
- Had somewhere other than home where they felt like they belonged.
- Had activities that were easy to participate in outside the home.
- Had a sense of purpose and future.
- Ability to make decisions and communicate feelings.

"I just knew he cared about me."



NA
CA

17

GROUP WORK IS THE PREFERRED STRATEGY



Groups

- Validate perceptions and interpretations.
- Absolve children of blame and help them gain perspective.
- Help separate parent from behavior.
- Increase the likelihood of breaking denial.
- Provide safety and protection.
- Build trust in social situations.
- Provide opportunities for group validation.
- Allow kids to try out new approaches to old problems.
- Teach them skills for self-care.
- Offer children hope and help to cope. Children learn they're not alone and experience healthy social interactions.



NA
CA

18

DIFFERENCES BETWEEN EDUCATIONAL SUPPORT AND THERAPY SUPPORT

Educational Support Groups

Focus on life skills/coping skills

Education

Support/safety net

Educational goals and objectives are achieved through

curriculum-based content and activities important to the content

Building protective factors

Conducted by trained facilitators who are caring, knowledgeable about child development & specific issues, and have "health" to give.

"LOVEE" driven: Listen, Observe, Validate, Educate, Empower

Time limited: 6-12 weeks

NA
CA

Therapy Groups

Solve a personal problem

Resolution

May be supportive, but also contain confrontation and probing

Individualized treatment plans, use of therapeutic techniques and activities

Probing; addressing impact of risk factors; may focus later on protective factors

Conducted by trained therapists

Driven by psychological theory and diagnosis

Length of treatment determined by treatment process and patient's progress, or insurance coverage

19

THE SEVEN Cs



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!

NA
CA

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20

CHILDREN'S PROGRAM KIT GOALS

This kit was developed to assist treatment providers, schools and community-based, youth-serving systems to educate and support children affected by parental alcohol and drug addiction, and to bring the benefits of hope, healing, and recovery to children impacted by parental addiction.



The overall goals of the program are to build strengths and to foster resilience among COAs. The skills the program is designed to build are social competence, problem solving, autonomy, and a sense of purpose and future.



NA
CA

21

INFORMATION AND SKILLS PRESENTED TO CHILDREN IN SUPPORT GROUPS

Children's educational support programs provide education about addiction to give children a framework for what they are experiencing as well as:

- Information about addiction as a family disease.
- Information on community-based support such as Alateen and school-based student assistance programs.
- Clarification about and validation of their experiences.
- Resources for them to learn how to get their questions answered and talk about feelings.
- Information to learn that treatment is available and recovery is a process that takes time.
- Information on resilience they have developed as a result of their experiences.
- An understanding of the importance of self-care skills.
- The development of problem-solving strategies.
- An ability to identify and practice ways to say no.
- An opportunity to learn new and healthy coping skills.
- Information on how to get help and that it is OK to ask for help.

NA
CA

22



For parents:

- Give your children the gift you never got.
- Children can recover too.
- Helping your children will help you.

For children:

- You're not alone; there are lots of kids living in families like yours.
- It's not your fault.
- There is help for you, and it is OK to ask for help.
- Addiction is a disease.
- It's OK to share your feelings with safe people.

MESSAGES FOR PARENTS AND CHILDREN

NA
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23

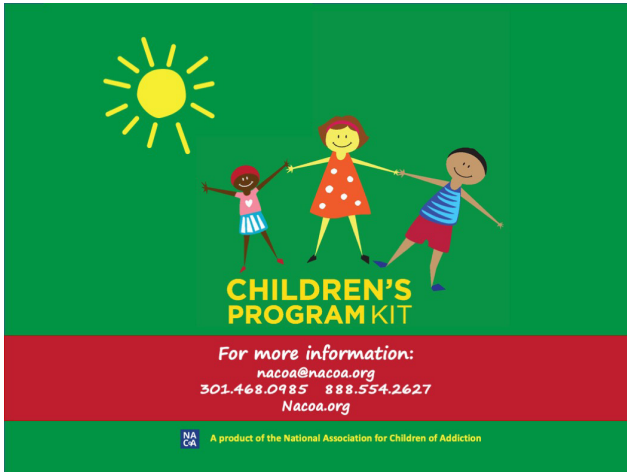


With support and effective programs, children impacted by addiction can heal and live healthy lives.

"Every child is one caring adult away from being a success story"
- Josh Shipp

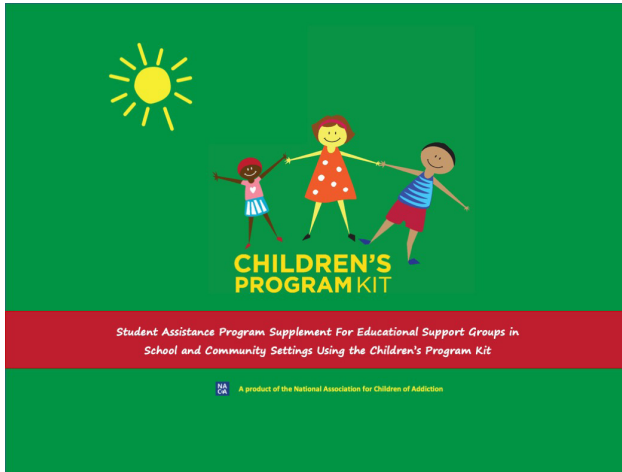
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24



25

POWERPOINT: STUDENT ASSISTANCE PROGRAM SUPPLEMENT FOR EDUCATIONAL SUPPORT GROUPS



1



ADVERSE CHILDHOOD EXPERIENCES

NA
CA

2

STUDENT ASSISTANCE PROGRAMS A SUPPLEMENTAL PRESENTATION FOR THE EDUCATION COMMUNITY

What is it:

A school-wide (or a school system-wide) program that offers appropriate education and intervention at every level of the system for addiction-related problems that impede the educational goals of the schools. *Help is Down the Hall: A Handbook on Student Assistance (Nacoo.org)* provides a roadmap for the establishment of a comprehensive building-wide student assistance program and includes educational support groups for students K-12.

What it does:

- Focuses on educational concerns, with emphasis on those student problems that interfere with educational goals.
- Provides help to all students K-12 who are troubled by emotional, family, physical, sexual, or addiction problems.

NA
CA

3

WHY STUDENT ASSISTANCE PROGRAMS



- Children spend roughly half of their waking hours at school.
- Children bring their struggles that result from addiction in their family to school.
- The turmoil that they attempt to copy with at home impacts their behavior and learning.
- Schools have a unique opportunity to provide support to children on a daily basis.



NA
CA

4

STUDENT ASSISTANCE PROGRAM COMPONENTS



School Board Approved Policy

To clarify the school's role in addressing the relationship between student academic achievement and alcohol, drugs, violence, and high-risk barriers.

Staff Development

To provide for all school employees the necessary foundation of attitudes and skills in order to ensure an effective student assistance program.



NA
CA

5

COMPONENTS OF A COMPREHENSIVE SCHOOL-BASED PREVENTION PROGRAM

- Training for teachers, administrators, other professional staff, and parents on
 - Substance Use Disorders and addiction.
 - Their impact on family.
- Student assistance programs that provide curriculum-based educational support groups for children whose environment or behavior impede learning.
- School policies on substance use that are consistent, clear, and fair, including alternatives to suspension for infractions of school rules.
- K-12 health curriculum, which includes age-appropriate and significant substance use, addiction and family impact information at every grade level.
- K-12 life skills development training.
- Parenting education.



NA
CA

6

STUDENT ASSISTANCE PROGRAM COMPONENTS

Internal Referral Process

To identify and refer students with academic or social problems to a problem solving and case management team.

Problem Solving and Case Management Team

To evaluate how the school can best serve students with academic or social problems.

Program Awareness

To educate the faculty, students, parents, agencies, and the community about the student assistance program.

Student Support Groups

To provide information and support to students experiencing academic or social programs.

Cooperation and Referral With Community Agencies

To build bridges between schools and agencies through referral and joint case management.

Student Assistance Program Evaluation

To ensure continuous quality improvement of Student Assistance Program services and outcomes



NA
CA

7

HOW TO START A STUDENT ASSISTANCE PROGRAM

- Educate yourself about Student Assistance Programs by reading *Help is Down the Hall: A Handbook on Student Assistance*. It can be downloaded at Nacoa.org under Student Assistance.
- Speak with school administrators about initiating a Student Assistance Program beginning with a buy-in from a building principal.
- Share the Handbook with that administrator and other interested staff.
- Form a team of administrators, school counselors, psychologists, and social workers interested in initiating a Student Assistance Program.



Use the Handbook as a roadmap to the creation of a Student Assistance Program: Nacoa.org/resource/help-is-down-the-hall



NA
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8



CHILDREN'S PROGRAM KIT

For more information:
nacoa@nacoa.org
301.468.0985 888.554.2627
Nacoa.org

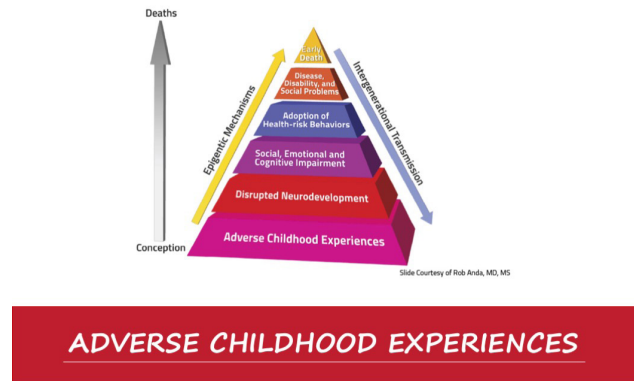
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CA A product of the National Association for Children of Addiction

9

POWERPOINT: FACILITATOR TRAINING AND ORIENTATION FOR USING THE CHILDREN'S PROGRAM KIT



1



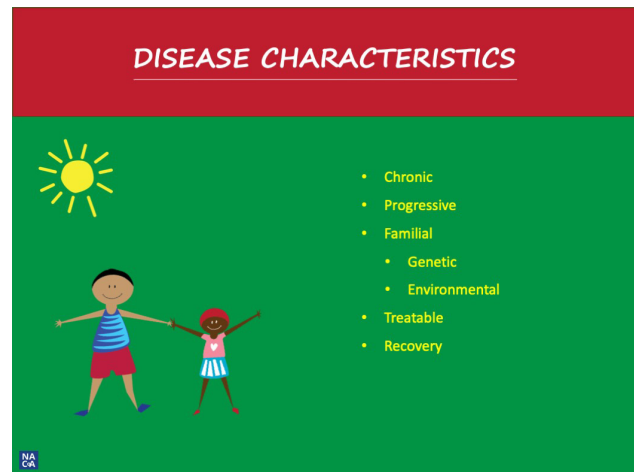
ADVERSE CHILDHOOD EXPERIENCES

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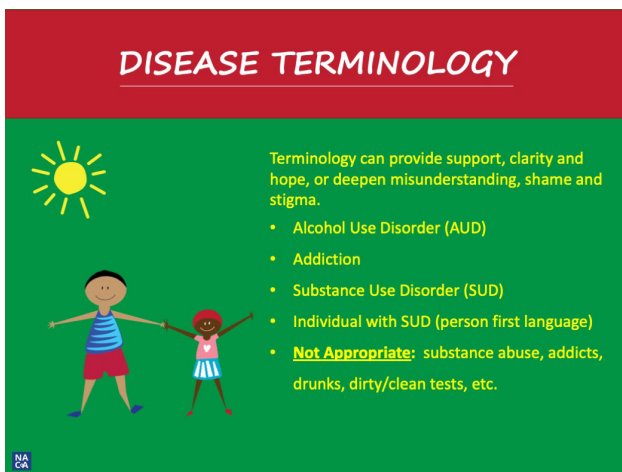
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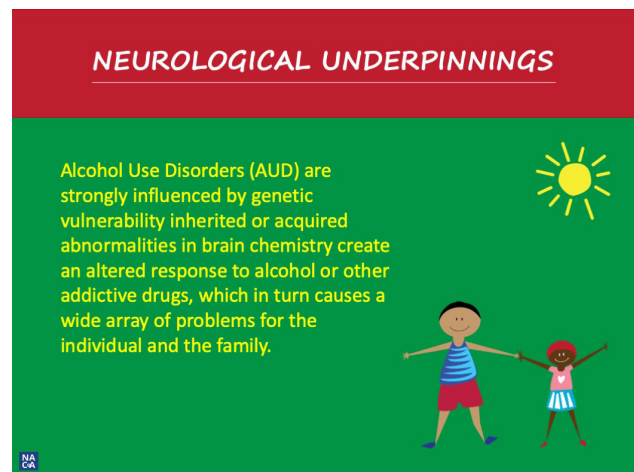
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4



5



6

RISK FOR ADDICTION

- An individual's risk for addiction is affected by not only genes but by the environmental and social risk and protective factors.
- The actual drug use is what changes the brain structure and function and leads to addiction.



NA
CA

7

GENETIC RISK

- Prevalence rate of AUD is 3 – 4 times higher when a first-degree relative has an AUD.
- Adoption does not eliminate genetic risk.
- Low level of response to alcohol may explain relationship between family history and alcohol problems.



AGE OF FIRST USE VARIABLE: regardless of heredity, those who begin use by age 15 are 3 times more likely to develop alcohol dependence and are more difficult to treat than those who begin drinking at 21 years or later.



NA
CA

8



Family members develop unhealthy ways of communicating with each other and coping with addiction.

Rules in Families Impacted By Addiction:

- Don't talk
- Don't trust
- Don't Feel

FAMILY IMPACT



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NA
CA

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NA
CA

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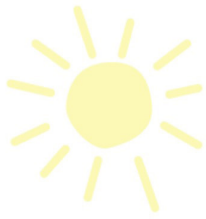
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NA
CA

19

BENEFITS OF SUPPORT GROUP INTERVENTION

- Resilience is increased.
- Family stress is reduced.
- Child's sense of shame is reduced.
- Improved school attendance and performance.
- Family recovery is enhanced.
- Treatment outcomes improve.
- The trajectory of a child's life can be changed.



NA
CA

"Gee, I'm not the only one!"

20

OVERALL PURPOSES OF CURRICULUM

- Break the "Don't Talk" rule.
- Break the "Don't Feel" rule by validating feelings and experiences.
- Educate: impart information and skills in child-appropriate ways.
- Reinforce information by practicing skills.
- Model age-appropriate behavior and build positive relationships.
- Foster and strengthen resilience.



NA
CA

21

THE SEVEN Cs

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,
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CELEBRATING me!



NA
CA

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22

CHILDREN'S PROGRAM MATERIALS

- Children's Program Manual
- Flash Drive
 - Letters Including Helpful Information for Parents of Children Impacted by Addiction
 - Program Flyers
 - Referral Procedures and Forms
 - Evaluation Tools
 - Inservice Presentation Slides



NA
CA

23

GOALS: ADDICTION

1. Help children understand the disease of alcoholism and drug addiction.
2. Help children realize that addiction is not their fault.
3. Help children realize that they are not alone; many young people live in families with addiction.
4. Help middle-school and high-school-age children understand that they are at increased risk for addiction because it runs in the family.



NA
CA

24

GOALS: FEELINGS

1. Help children identify and express both comfortable and uncomfortable feelings.
2. Help children understand how feelings may affect them and how they can handle feelings in safe ways.
3. Help children understand that there are safe people with whom they can share feelings and get support.



NA
CA

25

GOALS: PROBLEM-SOLVING

1. Help children find new ways to solve problems.
2. Help children understand that all their choices have consequences.
3. Help children realize there are safe people to help them and safe places to be.



NA
CA

26

GOALS: TREATMENT AND RECOVERY

1. Help children understand that people with addiction need help to recover.
2. Help children realize they can't fix their parents' problems, but they can work on their own self-care.
3. Help children realize that treatment and recovery support programs assist people with addiction, and their families, to get better.



NA
CA

27

GOALS: SAFE PEOPLE

1. Help children understand the need for and importance of always staying safe.
2. Help children understand the characteristics that "safe people" have.
3. Help children realize that it's OK to ask safe people for help.



NA
CA

28

GOALS: COPING

1. Help children find safe ways to communicate with family members.
2. Help children practice self-care strategies.
3. Help children realize there are safe people to help and safe places to be.



NA
CA

29

ROUTINE
SESSION
OUTLINE

Registration

Opening:

- Icebreaker
- Rules
- Review

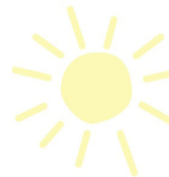
Session Content:

- Objectives
- Activities: Primary
- Activities: Secondary

Closure:

- Reading
- Summary
- A group ritual (handshake, etc.)

Evaluation



NA
CA

30

GENERAL IMPLEMENTATION PROCESSES

- Program site requirements
- Facilitator selections
- Training components
- Recruitment of participants:
 - Define your population
 - Flyer content
 - Promotional guideline (avoid stigma)
 - Location acceptable to participants
- Materials/supplies/storage



NA
CA

31

FACILITATOR QUALIFICATIONS

- Desire to help children in addicted families
- Desire to learn the model
- Good child-appropriate communication skills—both one-to-one and group
- Understanding of addiction and impact on children and family
- Well-defined boundaries
- Emotional health to model
- Balance teams by gender, ethnicity, and recovery
- Walk the talk
- Co-facilitation
- Learn about each other
- Be open to feedback
- Take time to review each session together
- Plan: who will organize, write notes, follow-up, and clean-up



NOTE: See Section I in Program Manual

NA
CA

32

FACILITATOR QUALIFICATIONS: BUILDING TRUST

- Welcome participants with each session.
- Know your subject—be knowledgeable about children, families, and addiction.
- Be real. Share healthy life experiences.
- Remember laugh and relax.
- Remember the importance of openings, closings, and consistent consequences.



NA
CA

33

FACILITATOR GUIDELINES: UNDERSTANDING GROUP MEMBERS

- Each individual is unique.
- They are learning new behaviors—they may not get it right.
- They may feel overwhelmed—and you might too.
- They need:
 - Structure with flexibility
 - Patience
 - Support for their attempts—catch them doing things right.



NA
CA

34

GUIDELINES

- Keep groups small.
- Balance teams by gender, ethnicity, and recovery.
- Keep a notebook to record activity changes.
- Do not read curriculum to participants.
- Utilize various facilitator techniques.
- Talk about the disease of addiction and family impact in every session.



NA
CA

35

GUIDELINES

- Be consistent and enforce group rules.
- Model and demonstrate.
- Be sensitive to those with learning differences.
- Build a team.
- Support development of system of safe people.
- Keep directions clear, simple, and in order.
- One step at a time.
- Post printed rules, guidelines, and consequences.



NA
CA

36

TIPS FOR FACILITATORS



- **Preparation, preparation, preparation**
- Read all materials ahead of time.
- Prepare materials (flipcharts, puppets, crafts, handouts, preview DVDs, and practice reading stories out loud)
- Always prepare more than you think you will need, such as an extra story or activity.

37



For parents:

- Give your children the gift you never got.
- Children can recover too.
- Helping your children will help you.

For children:

- You're not alone; there are lots of kids living in families like yours.
- It's not your fault.
- There is help for you, and it is OK to ask for help.
- Addiction is a disease.
- It's OK to share your feelings with safe people.

MESSAGES FOR PARENTS AND CHILDREN



39

- Your goal is to create a safe, trusting learning environment.
- Participants' boundaries may not be healthy yet.
- Prevent power struggles.
- Maintain structure, cover curriculum, and safely process feelings.
- Maintain high expectations for participants.
- Show you care about each individual: personally greet them by name every session.
- Don't tease, don't use language that connotes familiarity, and don't use sarcasm.
- Be sensitive to individuals with learning and/or behavioral challenges.



38

TIPS FOR FACILITATORS

CHILDREN'S PROGRAM KIT

For more information:
naocs@naacaa.org
301.468.0985 888.554.2627
Nacaa.org

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40

Notes to Therapists Whose Clients Are Parents

This preventive intervention program for school-age children has been designed recognizing the following realities:

- Most therapists are already being asked to do “more with less”—less money, less space, and less time.
- Clients in addiction treatment, whether inpatient or outpatient, must focus on their primary work of attaining sobriety and working a recovery program.
- Clients in treatment may often have children or siblings whose needs continue to be ignored while the client is in treatment, just as they were ignored when active addiction controlled the family environment.
- When these children at high risk participate in preventive interventions, such as educational support group programs, there is a double benefit: They begin to experience recovery from the effects of family addiction, and the levels of confusion and stress in their families diminish, enhancing the recovery environment.

We have included the following tools for your consideration as you treat clients who are parents. You can make minor changes and personalize the pieces to fit your program as follows:

1. “Children Count, Too!” This flyer (provided at the end of this section) has helpful hints for your clients on interacting with their children and how they can advocate for their children to receive continuing services at school or in the community. Please consider reprinting,

discussing, and distributing it to your clients when appropriate. You can add your program information in the box provided.

2. “Helpful Information for Adults in Families Affected by Substance Use Disorders.” This flyer (provided on the following page) contains messages to help adults understand their children’s needs. You can share this with your adult family members at the appropriate time.
3. Copies of messages to parents or caregivers, explaining their children’s activities, have also been included for each of the six program topics. These letters are designed for the children to give to a parent or caregiver and will be included as handouts in each of the program activities. They are included in Section 3 of this Kit. Ask the Children’s Program facilitator for copies of these messages to be distributed at the end of each session. You may wish to distribute the messages during a group session so that the information can be discussed openly and briefly. Doing it in a group setting is a positive reminder to all that recovery work includes the children and that children can learn within a safe and enjoyable experience.

You may be interested in a six-page summary of the research upon which the Children’s Program is based. It is titled “COAs: Important Facts” and is located in Section 2.

Helpful Information for Adults in Families Affected by Substance Use Disorders

1. Substance use disorders are often referred to as “addiction.” They are both a disease that affects the whole family.
2. It is confusing for a child to hate addiction and still love someone who has the disease.
3. Encouraging children to participate in educational support programs at the treatment center, in school, or at a community agency will help them to know that they are not alone, that they didn’t cause the disease, that they are not responsible for the problems in their family created by the disease, that they too can heal from the pain caused by the disease, and that there are safe, trustworthy people who can help them.
4. Sometimes children will not discuss how they have been affected by addiction in their family because they believe it is disloyal to betray “family secrets.” Group programs can make it feel safe to learn about addiction, treatment, and recovery and to talk about their fears and feelings.
5. Participating in their own educational support program helps children to understand the disease that has affected their family and to learn healthy self-care skills. It also helps them to develop healthy problem-solving and coping skills. This, in turn, helps to diminish a child’s fear and to diminish stress in the family.
6. There can be tremendous value in children having other supportive adults in their lives who may or may not be aware that there is addiction in the family. Often the caring support of a grandparent or a teacher makes a great deal of difference in the child’s ability to successfully navigate the stress in the family that is a fact of life when there is parental problem drinking or drug use.
7. There is value in children participating in age-appropriate school and community activities. They need healthy outlets and chances to develop relationships with safe people outside the home. Outside activities can help them accomplish many things on their own and support their independence.
8. One in four children lives in a family where there is alcohol misuse or an alcohol use disorder, and many others live in families with drug addiction. All of these children are at increased risk for their own addiction because of this family history.
9. Children may have developed a variety of behaviors to help them survive alcohol or drug addiction in the family, such as avoidance, perfectionism, or acting out. Be aware that a child’s recovery also takes time and that programs such as Alateen, and student assistance programs in schools can help their healthy recovery.
10. Parenting skills training is helpful to all parents and others raising children. It may be especially helpful to adults who have lived in families affected by alcohol misuse and other drug addiction.

Children Count, Too!

We have a program designed for children who have been affected by a family member's addiction. These children can benefit from programs designed specifically for them—a safe place where they can learn:

- How to recognize and handle feelings in positive ways;
- How to develop positive feelings about themselves;
- How to cope with problems safely;
- How using drugs or alcohol can affect their health and safety;
- How alcohol use disorders and drug addiction can affect the family;
- How to make safe decisions; and
- How to get help, stay safe, and have fun.

Growing up in a home where there is alcohol misuse or other drug addiction can be a special challenge for a child. The Children's Program provides both fun and education and includes age-appropriate games, role-play, and group discussion.

The program consists of six rotating sessions for children within similar age groups. Youngsters may participate in group as long as they would like. The topics are:

- Addiction
- Feelings
- Problem Solving
- Treatment and Recovery
- Safe People
- Coping

A young person can enter the program at any time. Parents or other caregivers are informed through messages about what the children are learning with each session.

Give your child(ren) the gift of recovery even if you are not ready to begin your own recovery.

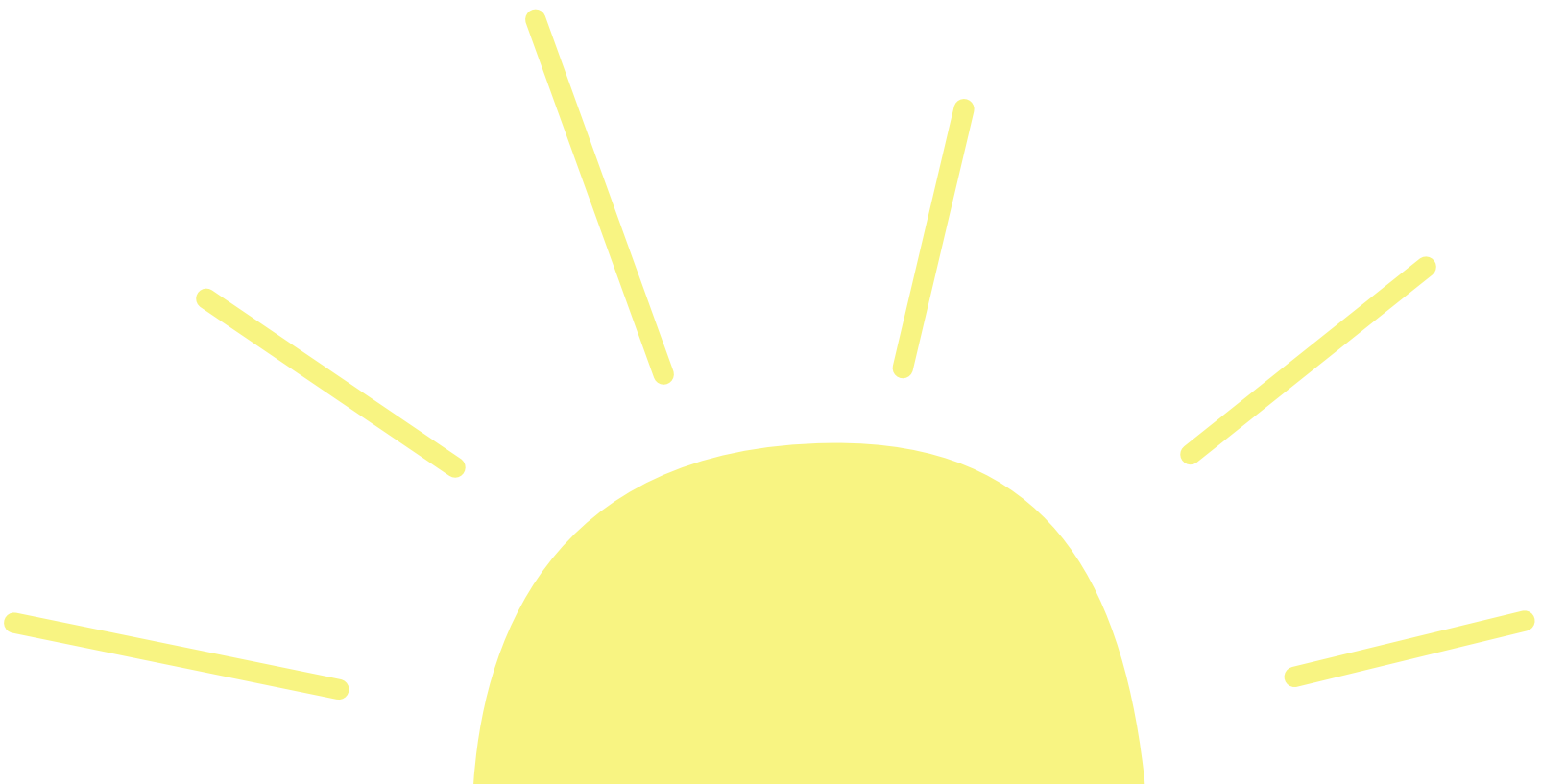
For information and registration:

Use this space to list your Children's Program information and contact number.



3. PROGRAM STARTUP

3. PROGRAM STARTUP



Curriculum Components

GOALS

The overall goals of the program are to build strength and to foster resilience among children of addicted parents (COAs). The skills we are building are social competence, problem solving, coping, autonomy, and a sense of purpose and future. This section includes materials you will need to implement the curriculum.

CURRICULUM ORGANIZATION AND OVERVIEW

TOPIC AREAS

The Children's Program Curriculum is organized by 6 topic areas, which can be presented on a rotating basis. A child may enter the program at any point.

- Addiction
- Feelings
- Problem Solving
- Treatment and Recovery
- Safe People
- Coping

A chart of the activities, goals, key concepts, and skill set associated with each topic can be found after the Background Information and the Children's Program Facilitator Planning Sheet for that topic. The chart is organized by age categories and contains a list of activities appropriate for each developmental level. The first activities are suggested as a starting point, but the facilitator can choose from the list as the needs of the group dictate or if the group sessions run longer than an hour.

There is also an alphabetical listing of all of the activities on page 105, and the actual activities start on page 111.

Participants in the Children's Program will acquire significant knowledge and skills that help them improve the quality of their lives. Embedded in the Description section of each program activity are specific skills that help bring the knowledge alive. The facilitator will find the focal skill, called "Skill Builder," for each activity at the top of the activity page. The group session gives the children an opportunity to practice the skills. This will help them gain confidence when they have to respond in real life situations.

Below is a list of the components of the Kit that will aid the facilitator in implementing the Children's Program:

Children's Program Referral Form (page 47): This form is used to better serve the families and children involved in the program. The Referral Form is used for enrollment purposes, and also includes a family questionnaire to collect background information on the family and on the young people participating in the Children's Program, as well as an emergency contact and transportation form. Copies of this form are also saved on the flash drive that accompanies this Kit.

Children's Program Referral Form for Clinical Settings (page 53): This is a more comprehensive version of the Children's Program Referral Form and includes additional information required for programs associated with treatment centers and other clinical agencies. Copies of this form are also saved on the flash drive that accompanies this Kit.

Children’s Program Facilitator’s Planning Sheet:

Facilitators should use the planning sheets to prepare for each session and to evaluate the effectiveness of the group sessions (page 75). In addition, there is a message for parents/caregivers on each topic that should be handed out at the end of the session. It contains a space for contact information so that parents can reach program staff in an emergency. Copies of planning sheets are also saved on the flash drive that accompanies this Kit.

Addiction and Family Overview:

The Addiction and Family Overview contains basic information about the disease of addiction and should be used at the beginning of each group session (page 59).

Group Rules: This is a list of rules to guide participants’ behavior (page 61).

Group Openings/Hello Exercises: These opening exercises are designed to make youngsters feel more comfortable and safe in the group. The exercises set the tone by initiating interactions, building trust, and focusing and balancing the group’s energy level (page 63).

Group Closings/Goodbye Exercises: Group Closings are exercises to allow participants to wind down, feel a sense of connection with the group, and say goodbye (page 65).

Facilitator Role and Tasks: Facilitator Role and Tasks provide important points to help facilitators form a healthy relationship with participants (page 67).

Key Things to Remember: These are reminders for facilitators (page 69).

Reminder: Before each session, always check the materials needed for each activity planned for that day. A list of the materials can be found in the Description section for each activity.

Guidelines for Dealing with Suspected Abuse:

These guidelines discuss reporting policies and procedures for dealing with suspected abuse or neglect (page 71).

Session Topic Outlines, Curriculum Activity Options, and Messages to Parents/Caregivers:

There are six topic areas covered in the Children’s Program—Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping. Each topic has an overview chart that includes the key concepts, goals, Skill Builders, and agenda, and it refers the facilitator to the curriculum activity options. Background information for each topic is also presented.

Under each topic are several activity options for each age group. The activities include those that are recommended and optional. Optional activities are available if time permits or if the activity originally selected is not working out.

Each session outline is followed by a message that describes what the children learned in the session. These messages are to be given to each child at the end of the session to give to the caregiver, parent, or adult who brings them to the group. They also provide a space for the facilitator’s name and contact information.

Guidelines for Age-Appropriate Use of Activities:

These guidelines are a reminder of what to keep in mind for activities conducted with different age levels (page 103).

Curriculum Activities: The titles of session activities, with topic areas and appropriate age groups, are listed alphabetically on page 105.

Children's Program Referral Form

Dear Parent or Guardian,

The Children's Program offers education and support groups to help school-aged children and teens understand how to make healthy choices and safe decisions, understand how alcohol and other drugs can affect their bodies and brains, and learn about addiction. The program provides lessons on developing life skills, in an entertaining way, to help youth learn to cope with stress and tap into their personal strengths. We look forward to having your child(ren) participate. If you have questions, please contact us at _____ (phone) or _____ (email).

CHILDREN'S PROGRAM FAMILY QUESTIONNAIRE

PLEASE FILL OUT ALL PAGES OF THIS FORM.

Parent/Guardian Name(s): _____ Date _____

Mailing Address: _____

City _____ State _____ ZIP _____

Email: _____ Home Phone _____

Work Phone _____ Cell Phone _____

May we leave messages on the following?

Home Yes No Work Yes No Cell Yes No

Marital Status: Married Separated Widowed Divorced Single

With whom does your child live? _____

Please list all children who will be participating in the program.

1. Child's first name _____

Child's last name _____

Age _____ Birthdate _____ Grade Level in School _____

Has your child ever had special education services? Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

2. Child's first name _____

Child's last name _____

Age _____ Birthdate _____ Grade Level in School _____

Has your child ever had special education services? Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

3. Child's first name _____

Child's last name _____

Age _____ Birthdate _____ Grade Level in School _____

Has your child ever had special education services? Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

4. Child's first name _____

Child's last name _____

Age _____ Birthdate _____ Grade Level in School _____

Has your child ever had special education services? Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

EMERGENCY CONTACT AND TRANSPORTATION FORM

THIS FORM SHOULD BE COMPLETED BEFORE THE FIRST SESSION AND CONFIRMED OR UPDATED AT EACH SUBSEQUENT SESSION.

Dear Parent/Guardian:

Please list three people who may be contacted if we are unable to reach you.

| Name | Relationship to child(ren) | Phone number |
|------|----------------------------|--------------|
| | | |
| | | |
| | | |

Please list three people who may pick up your child(ren) at the end of each session.

| Name | Relationship to child(ren) | Phone number |
|------|----------------------------|--------------|
| | | |
| | | |
| | | |

I consent to have my child participate in _____ Children's Program.

(SIGNATURE OF PARENT/GUARDIAN)

DATE

PLEASE PRINT NAME

Children's Program Referral Form for Clinical Settings

Dear Parent or Guardian,

The _____ Children's Program offers education and support groups to help school-aged children and teens understand how to make healthy choices and safe decisions, understand how alcohol and other drugs can affect their bodies and brains, and learn about addiction. The program provides lessons on developing life skills, in an entertaining way, to help youth learn to cope with stress and tap into their personal strengths. We look forward to having your child(ren) participate. If you have questions, please contact us at _____ (phone) or _____ (email).

CHILDREN'S PROGRAM FAMILY QUESTIONNAIRE FOR CLINICAL SETTINGS

PLEASE FILL OUT ALL PAGES OF THIS FORM.

Parent/Guardian Name(s): _____ Date _____

Mailing Address: _____

City _____ State _____ ZIP _____

Email: _____ Home Phone _____

Work Phone _____ Cell Phone _____

May we leave messages on the following?

Home Yes No Work Yes No Cell Yes No

Marital Status: Married Separated Widowed Divorced Single

With whom does your child live? _____

FAMILY HISTORY OF ADDICTION OR MENTAL HEALTH ISSUES

Are there family members who misuse alcohol or other drugs or who have the disease of addiction? Yes No

Are there family members who suffer from depression, anxiety, or another mental health issue? Yes No

If **“YES”** selected for one or both of the above questions, please indicate relationship and check the appropriate box.

| | |
|--|--|
| Relationship to Child: _____ <input type="checkbox"/> Addiction <input type="checkbox"/> Mental Illness | In Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship to Child: _____ <input type="checkbox"/> Addiction <input type="checkbox"/> Mental Illness | In Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship to Child: _____ <input type="checkbox"/> Addiction <input type="checkbox"/> Mental Illness | In Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship to Child: _____ <input type="checkbox"/> Addiction <input type="checkbox"/> Mental Illness | In Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. The information contained will be kept confidential and only shared with program personnel.

1. Child’s first name _____
 Child’s last name _____
 Age _____ Birthdate _____ Grade Level in School _____
 Has your child ever had special education services Yes No
 If **Yes**, please describe _____

Children often have special needs. Please describe your child’s special needs or any concerns you have about your child that you want to share with us.

2. Child’s first name _____
 Child’s last name _____
 Age _____ Birthdate _____ Grade Level in School _____
 Has your child ever had special education services Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

3. Child's first name _____

Child's last name _____

Age _____ Birthdate _____ Grade Level in School _____

Has your child ever had special education services? Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

4. Child's first name _____

Child's last name _____

Age _____ Birthdate _____ Grade Level in School _____

Has your child ever had special education services Yes No

If **Yes**, please describe _____

Children often have special needs. Please describe your child's special needs or any concerns you have about your child that you want to share with us.

Addiction and Family Overview

This overview is to be used for opening each session. The information reinforces what has been covered on addiction and introduces basic points for any children entering the group at any time during the six-session cycle.

PRESENTING THE OVERVIEW

1. Have the facilitator give the overview and allow children to ask questions, or
2. Have a child who has already participated in the Addiction Session give the overview and then have the facilitator fill in any information. Allow children to ask questions.

MAJOR POINTS

- Addiction is a disease, an illness, like diabetes.
- Addiction is a brain-based disease. It changes the way the brain works and sometimes it makes people act mean or mess up the house or yell at you for no reason.

Remind the children before beginning each group session that addiction is a disease. Children who live with the chaos and confusion of addiction often see only the irrational behavior that follows the disease, so it may be necessary to explain briefly that addiction is a brain-based disease. Addiction changes the brain and how it works. In addition, some people, especially those with addicted family members, have brains that are more susceptible than others to this disease.

- The younger a person starts using alcohol or other drugs, the greater the chance that they will have a serious problem later on.

Remind children that the younger someone starts drinking or using drugs, the greater the chance that the person will develop a problem with alcohol or drugs at some point in life. People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who begin drinking at the age of 21.

- No family is perfect. Everyone has stress. Using alcohol or other drugs to help with the stress sometimes makes it worse.
- Addiction is a family disease. It affects everyone in the family and usually makes it harder to grow up.
- Using alcohol and other drugs can be an unhealthy way for people to manage their feelings. People sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away temporarily. However, coping by using substances is not healthy and can lead to unintended consequences such as addiction.

Remind children that there is no such thing as a perfect family. All families are special, but all have problems and stress. For instance, in some families, someone is out of work or lacks money. In other families, the parents may fight a lot or get divorced. In others, someone may have an illness. Addiction is a family problem too, because it is like a weight put on a member of the family so that the whole family becomes out of balance. If one person in the family is in trouble with alcohol or drug use, the whole family can feel it. Also, when one person in the family changes, everyone is affected. Even when people begin to take better

care of themselves, there is change, which may be hard to understand.

- Some kids think they are to blame for way the person who is addicted acts. This is so **WRONG**. Sometimes they talk mean to you. It is because they have a disease and not because of anything you did.
- Sometimes kids think they have to cure the disease. This is so **WRONG**. You cannot cure the disease of addiction. No one can. But there is help for kids and grownups.

Sometimes children think that they cause a family member to drink or use drugs. This is not true. Adults are responsible for the choices they make. Some adults choose to use alcohol or drugs. If they become addicted, they may no longer be able to stop using without help. Children can't cure their parents' addiction to alcohol or drugs. Children are not expected to solve adult problems. Children can, however, get help for their own problems so that they can be safe and feel better.

Group Rules

These rules provide a common ground of acceptable behavior for the group. Note: The facilitator may want to write these on the board or flip chart (or make a poster for use at each session).

1. ONE PERSON TALKS AT A TIME.

When the children are in group, we want them to feel “heard” so we ask that they take turns speaking.

2. RESPECT EACH OTHER. (BE NICE!)

We want everyone to feel welcome and an equal in the group. No one is more important than anyone else. So let’s be kind to one another.

3. PUT-UPS ONLY!

In other words, no put-downs.

4. RIGHT TO PASS.

We want children to be able to participate in the group when they feel comfortable. They have the right to remain quiet but they must stay in the group and be respectful.

5. WHAT WE SAY HERE STAYS HERE.

Children talk more freely and share feelings more openly when they believe what they say will not be discussed outside of group or told directly to their parents or guardians. In reviewing the rules, we always inform the children that if they share information in the group that makes us suspect their safety is in jeopardy, we may have to act on that information to help them stay safe. We will discuss our concerns with the child first, and with the parent(s) or guardian(s), as appropriate.

CONSEQUENCES

1. STRIKE ONE: A WARNING

A quiet reminder to follow the rules.

2. STRIKE TWO: TIMEOUT

If a child continues to violate the rules, we may give the child a short timeout (1–5 minutes). Doing so allows him or her to focus and rejoin the group. It is sometimes helpful for the child returning to the group if the teacher welcomes the child back and stands nearby for a while.

3. STRIKE THREE: LET’S TALK WITH THE SOBER PARENT OR GUARDIAN

If discussing concerns with the child is not enough, the facilitator and/or the supervisor may meet with the sober parent or guardian. The purpose of the meeting is to find out what stressors may be at the root of the disruptive behavior and to identify ways to support the child so that he/she can function appropriately in the group. Rarely a child will not be able to function in group. In this case the sober parent or guardian should be contacted to refer the child for a more effective level of service.

Group Openings/ Hello Exercises

One or more of the following questions can be used at the beginning of a group meeting to break the ice and encourage the young people to share their thoughts and feelings.

- What is your favorite day of the year?
- If you had all the money in the world, what would you do?
- What famous person would you like to meet?
- What kind of food would you be on a cold day?
- What's one thing you'd like to be remembered for?
- What kind of animal do you feel like today?
- Who are your heroes?
- If you could have only one wish, what would you wish for?
- What is your favorite movie?
- What's a topic you have difficulty talking about?
- What is something you find really funny?
- What is one of your special qualities?
- What food do you think is gross?
- What do you like to do for fun?
- If you could do anything you want tomorrow, what would you do?
- What is the best gift you've given someone?
- What feeling is easy for you to share?
- What would you like to be famous for?
- What kind of animal would you like to be?
- What would you like to be doing 10 years from now?
- What subject would you like to teach others?
- If you could have one wish that would help your family, what would you wish for?
- If you could go anywhere on an adventure, where would you go?
- What's something you would like to learn more about?
- Who is a safe person you can talk to?
- If you could spend the day with a famous person, what would you do?
- What special quality would you like to have?
- What feeling is difficult for you to express?

Group Closings/ Goodbye Exercises

The following activities help the group wind down and provide a transition for closure. They also empower participants with strategies and important messages to assist them until the group meets again.

- **Paragraph Giraffe**
The facilitator writes the words, “Today in the group, we...” on the chalkboard or newsprint. Every group member has the opportunity to add a sentence that fits the sentence that precedes it.
- **The Serenity Prayer**
God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.
- **Rainbow**
Sitting in a circle, all children share their hopes and dreams, specifically what their “pot of gold” at the end of the rainbow looks like.
- **Hand Squeeze**
With the group standing in a circle and members holding hands with one another, the facilitator begins by gently squeezing the hand of the person on his or her right. The squeeze then continues around the circle of children.
- **Fun Factory**
Group members share something fun they hope to do before the next group.
- **Group Hug**
Members stand in a circle and place their arms on the shoulders of the person on each side. Everyone gently gives a squeeze on the shoulders.
- **Gifts Galore**
Sitting in a circle, everyone gives a special “gift” to the person on his or her left, such as the gift of playfulness, the gift of understanding, the gift of love, or the gift of joy.
- **Joke Time**
Members have the chance to share a joke or two.
- **Song**
Some groups adopt a song as the group song. You can either play the song or have the group sing it.

Facilitator Role and Tasks

Although children’s group facilitators can’t solve the family problems that accompany addiction, they can make a real difference in a child’s life. By following the process outlined below, facilitators can relate to young people in a manner that doesn’t ignore or deny the children’s experiences. This approach can provide significant relief, support, and assistance to children.

1. Listen

Listen to what the children are saying. Listen with your eyes. Give them focused attention with sustained eye contact and active listening. Show them that you care by entering their world and respecting what they have to say. Do not contradict them as they seek to express themselves. Show them alternative ways to understand their circumstances.

2. Observe

Watch for nonverbal forms of communication as well. Be aware of facial expressions, body language, and the manner in which children respond to others. Be mindful of their general appearance, who sits next to whom, and their attitude from session to session. Tone of voice also provides distinct clues about what’s going on for a particular child.

3. Validate

Let the children know that you heard and understood what they were communicating in group. Acknowledge what was said, ask relevant and meaningful questions to show your concern and reflect the children’s feelings in a caring and nonjudgmental manner. By validating a child’s perceptions and feelings, you help the child realize that he or she is grappling with difficult circumstances. (Many of these children have rarely had their perceptions and feelings validated.)

4. Educate

Give children basic information about addiction in a way they can understand. Help them to realize that these family problems are not their fault and that they are not to blame. Introduce them to a variety of healthy living skills, including the identification and expression of feelings, problem solving and self-care strategies, and exercises building self-worth.

5. Empower

Help children identify safe people to whom they may turn for support and guidance, such as those individuals who truly care about them, are trustworthy, and aren’t harmfully involved in addictive behavior. Safe people may be recovering parents, siblings, other relatives, neighbors, teachers, ministers, coaches, or counselors. Help children realize that they don’t have to be alone anymore.

Key Things to Remember

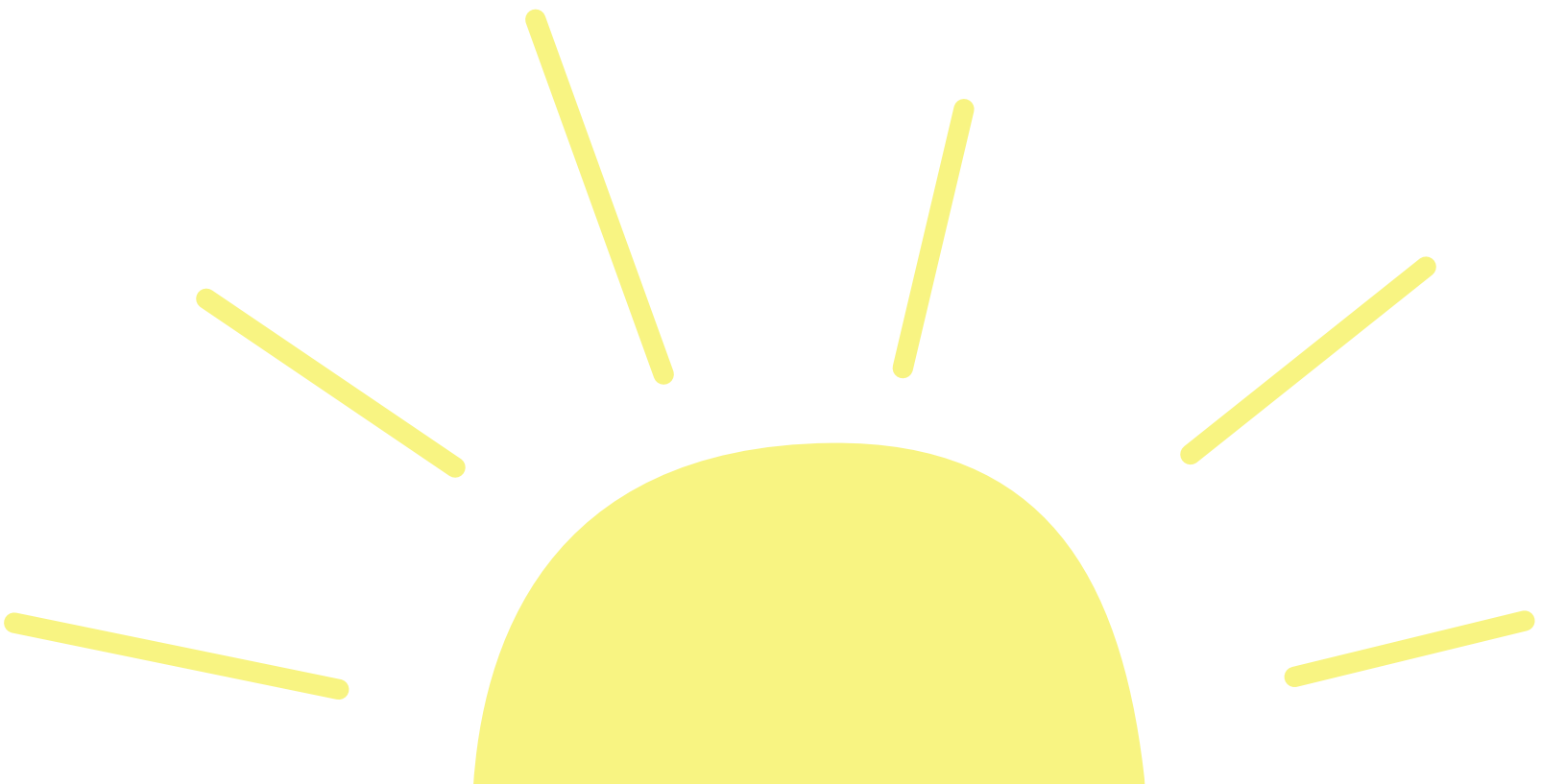
1. Children should not be left unattended for any reason. If a child needs to leave the group, he/she should be accompanied by a second facilitator, or—where applicable—a staff member/program volunteer.
2. None of the children’s work from the group sessions (worksheets, bags, etc.) should be sent home.
3. Covering one or two of the key concepts in one session is effective, but it is wise to have extra activities available to meet the specific needs of a given group.
4. Children who do not participate in all six sessions are not failures. Each session is a gift.
5. With children entering the program throughout the sessions, it may be important to spend more time on openings for bonding and comfort.
6. Be prepared to handle a large number of children by:
 - » Getting more help, if possible, or
 - » Spending more time on each step of the activities.
7. It is okay for a child to repeat the program. New insights and varied activities can help deepen understanding and the will to be healthy.
8. To be effective in assisting young people in the recovery process, group facilitators need to:
 - » Enter the children’s world.
 - » Give children focused attention.
 - » Listen to what children say, both verbally and nonverbally.
 - » Understand and present program content and activities from the perspective of a child.
- » Give children age-appropriate information they can understand.
- » Introduce children to a wide variety of fun and relevant activities.
- » Be a healthy role model to children.
- » Allow children to work through and grow through their pain.
- » Give children options and choices to solve problems and take good care of themselves.
- » Respond to children in nonjudgmental ways.
- » Constantly observe the group members’ behavior in and out of the group.
- » Maintain your own personal support system to stay healthy in order to have positive attitudes to offer the children.
9. Provide the name(s) and contact information of the appropriate staff person(s) on all the messages so parents/caregivers can contact the staff if they have questions.
10. Have fun! The children will know you care about them enough to enjoy being with them.

Guidelines for Dealing with Suspected Abuse

While most children who participate in educational support groups do not report abuse by parents or other adults, occasionally children may disclose incidents of abuse or neglect. Therapists and Children's Program group facilitators must follow agency policies and procedures for reporting these suspected incidents. These guidelines for dealing with suspected abuse are included to assist you should you suspect that a child in your group is subject to abuse or neglect:

- If a child discloses any information about possible abuse (keep in mind that neglect is a form of abuse), meet with the child individually after the group session. Make every effort to gain the child's trust and confidence, and let the child know he or she is not in trouble. Make it clear that the goal of the Children's Program is to help the child stay safe.
- Notify the Children's Program supervisor (or other person designated in agency policy) about the situation. Doing so will provide an opportunity to discuss the case and to determine if a report should be filed. No Children's Program staff member should make such a determination alone. The facilitator and supervisor involved can get the assistance of staff members. Remember, child abuse must be reported if it is suspected. It is not necessary to be able to prove child abuse before a report is made.
- Reports to Children's Protective Services generally must be followed up with a written report. Your supervisor will likely have the necessary forms available in case a report needs to be made and will be responsible to report.
- If a decision is made to file a report, tell the child, indicate that the law requires such a report and show your concern. Let the child know you want to help him or her stay safe.
- While a report should be filed when child abuse is suspected, Children's Program staff members are not responsible for investigating such matters. The proper authorities will follow up on the report.
- Filing a report can be an uncomfortable and emotionally distressing experience. It is essential for Children's Program staff members to support one another when such a situation arises.

SESSION TOPICS,
FACILITATOR'S
PLANNING SHEETS,
AND MESSAGES TO
PARENTS/CAREGIVERS



USE THIS PLANNING GUIDE FOR EACH PROGRAM SESSION

Children's Program Facilitator's Planning Sheet

Date: _____

Session Topic: _____

Group Facilitator(s): _____

Materials Needed (list of items): _____

Opening (15 minutes)

Welcome

Group Opening/Hello Exercise

Review Group Rules

Review Seven Cs

Review Addiction and Family Overview

Brief Feelings Exercise

Review Skills From Last Session

Distribute Pretest (optional)

Primary Activity (20–25 minutes)

Cover one or two key concepts: _____

Discussion (15–20 minutes)

Secondary Activity (optional)

If time permits, cover one or two key concepts: _____

Closing (10 minutes)

Review and Practice Skills Learned

Group Closing/Goodbye Exercise

Distribute Parent/Caregiver Message

Distribute Post-test (optional - but strongly recommended)

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Notes on session (response, effectiveness, what to review before next session, and suggestions to improve): _____

NOTE: FILE THIS SHEET FOR FUTURE REFERENCE FOLLOWING SESSION

The following videos are on the flash drive and are used with various program sessions.

- *PEPPER*
- *You're Not Alone*
- *End Broken Promises, Mend Broken Hearts*
- *Michael's Journey*



Session Topic: Addiction

BACKGROUND INFORMATION

Children living in families with substance use disorders often think they are the only ones in their school or neighborhood who have such family problems. They may feel confused about what is happening in their homes because of the chaos, inconsistency, and unpredictability. Even insightful children who realize that alcohol or drugs are a major problem in their families may lack a basic understanding of this disease. Many get the idea that the situation is somehow their fault, and this notion is compounded by the cloak of secrecy and silence that dominates their home environment. Children need information on alcohol and other drugs and the family aspects of the disease of addiction so they can understand that using alcohol and other drugs is an unhealthy way for people to manage their feelings. People sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away

temporarily. However, coping by using substances is not healthy and can lead to unintended consequences such as addiction. They can learn about addiction's impact on the family, blackouts, relapse, denial, personality changes, and enabling in terms that they can understand. Information on what is happening in their homes opens the door to recovery and validates their experiences. They can feel incredible relief when they learn that the problems are not their fault and they are not alone—that there are many families and children dealing with similar situations.

- **Key Concepts:** Substance use disorders, often called addiction, can affect everyone in a family or other groups in which the person with a substance use disorder is involved. People with substance use disorders may have health problems or disabilities and fail to meet major responsibilities.

GOALS

1. Help children understand addiction.
2. Help children realize that addiction is not their fault.
3. Help children realize that they are not alone; many young people live in families with addiction.
4. Help middle-school and high-school age children understand that they are at increased risk for addiction because it tends to run in families.

SKILLS

1. Be able to name and explain the Seven Cs.
2. Be able to decide if a certain behavior is low risk or high risk.
3. Be able to recognize and discuss important information about alcohol and drug use.
4. Be able to explain that substance use disorders are diseases.

CURRICULUM ACTIVITY OPTIONS

ELEMENTARY GROUP OVERVIEW

Do a feelings activity
Review previous lesson

Suggested Initial Activities:

- Seven Cs
- Drinking and Drug Problems
- Bicycle

Additional Activities:

- Bubblegum Family (4-6)
- How Do Substance Use Disorders Affect

Families?

- *PEPPER* film (K-3)
- *You're Not Alone* film (4th/5th grade)

MIDDLE SCHOOL OVERVIEW

Do a feelings activity
Review previous lesson

Suggested Initial Activities:

- Seven Cs
- High Risk Me

Additional Activities:

- Learning the Mood Swing
- Addiction Bingo
- Addiction
- *Michael's Journey* film
- How Do Substance Use Disorders Affect Families?

HIGH SCHOOL OVERVIEW

Do a feelings activity
Review previous lesson

Suggested Initial Activities:

- Seven Cs
- Quiz on Alcohol and Drug Addiction
- High Risk Me

Additional Activities:

- Learning the Mood Swing
- Addiction Bingo
- Rad Ads
- *Michael's Journey* film
- How Do Substance Use Disorders Affect Families?

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Addiction: A Message for Parents and Caregivers

We are pleased to have the opportunity to work with your child in the Children’s Program and we wish to partner with you in making important information and emotional support available to them, now and after the program is over. Our goal is to clear up the confusion and reduce the stress that most children experience when there are substance use disorders, often known as addiction, in the family. Your reinforcement and support of the work that the child is doing in the Children’s Program can make a real difference in the child’s life.

Each week we will focus on a specific topic: addiction, feelings, problem-solving, treatment and recovery, safe people, and coping. This week our topic is addiction, and there are several ideas we want to make sure that the children understand. Today they learned:

- Alcohol use disorders and other drug addictions are diseases, and people with these diseases require proper treatment and recovery support.
- They are not to blame for the difficulties in the family that are caused by addictive diseases.
- They are not alone; many children live in families with addiction—at least 1 out of 4.
- Children learned that they may be at increased genetic risk of developing substance use disorders or because of the influence of the home environment. It can be prevented if they make the choice not to drink alcohol or use other drugs.

SUGGESTIONS FOR SUPPORTING YOUNGER CHILDREN

- Talk with the child about other diseases in the family they may be familiar with and remind them that addiction is a disease.
- Listen when they tell you what they learned in the group today, especially the idea that the disease in the family and behaviors that are triggered by it are not their fault; make sure they realize that lots of other kids live with addiction too.
- When there is inappropriate drinking behavior depicted on TV or ads that glamorize it, ask the child what they think about it; even though drinking behavior on TV or ads is glamorized, there are consequences to drinking, such as addiction, accidents, and so on, that aren’t always disclosed.

SUGGESTIONS FOR SUPPORTING OLDER CHILDREN

- Answer their questions about family members who may also have substance use disorders.
- Be calm and clear when telling them that you will support their healthy behavior, but that any drinking or drug use will not be tolerated. Any use of alcohol or drugs before the brain is fully adult raises the risk of developing substance use disorders, and the earlier a person starts, the higher the risk for substance use-related problems later in life.

CHILDREN'S PROGRAM EMERGENCY CONTACT INFORMATION

Meeting Place /Agency Phone_____

Session Topic: Feelings

BACKGROUND INFORMATION

Many children lack the necessary vocabulary to identify and express their feelings. They tend to lump all feelings into good/bad or happy/sad categories. Children from families with substance use disorders become adept at covering up their feelings as a means of survival. They learn to stuff their feelings inside, especially uncomfortable ones that are not acceptable to communicate in their families (such as being angry). This powerful “don’t talk and don’t feel” rule can be a pervasively entrenched message. Because emotions are not openly discussed, children not only lack the opportunity for validation but also get cut off from fully experiencing those feelings and learning healthy ways to cope with them. Assist children in identifying, owning, and expressing their feelings in healthy ways. Feelings are signs that guide young people on their way. All feelings are normal and okay.

- **Key Concepts:** Feelings are like road signs, signals to pay attention to: They signal people to take care of themselves. All feelings are okay; they are neither good nor bad, they just are. Individuals often have comfortable and uncomfortable feelings. Uncomfortable feelings can be difficult to express in healthy and safe ways. Specific feelings that are comfortable for one individual may be uncomfortable for another. Using alcohol and other drugs can be an unhealthy way for people to manage their feelings. People sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away temporarily. However, coping by using substances is not healthy and can lead to

unintended consequences such as addiction.

GOALS

1. Help children identify and express both comfortable and uncomfortable feelings.
2. Help children understand how feelings may affect them and how they can handle feelings in safe ways.
3. Help children understand that there are safe people with whom they can share feelings and get support.

SKILLS

1. Be able to identify and express feelings appropriately by respecting self, others, and property.
2. Be able to communicate using “I Messages.”

ADDITIONAL SKILLS

1. Be able to communicate that you understand the feelings and problems of group members.
2. Be able to communicate what you need when seeking help.

CURRICULUM ACTIVITY OPTIONS

ELEMENTARY GROUP OVERVIEW

Review previous lesson

Suggested Initial Activities:

- Feelings Wheel (if time permits)
- Feelings Box

Additional Activities:

- Feelings Tagalong
- Guess My Feeling Game
- Keep on Lettin’ Go
- Check It Out
- Traffic Light

MIDDLE SCHOOL OVERVIEW

Review previous lesson

Suggested Initial Activities:

- Feelings Box
- Comfortable/Uncomfortable Feelings

Additional Activities:

- Anger Intensity
- Breaking the Don't Talk Rule
- Feelings Face Case
- Fill in the Feelings
- Keep on Lettin' Go
- Check It Out
- Traffic Light
- What's the Big Deal about Communicating?
- *Michael's Journey* film

HIGH SCHOOL OVERVIEW

Review previous lesson

Suggested Initial Activities:

- Feelings Box
- Comfortable/Uncomfortable Feelings

Additional Activities

- Anger Intensity
- Breaking the Don't Talk Rule
- Communication Is More than Words
- Feelin' and Healin' Game
- Fill in the Feelings
- Keep on Lettin' Go
- Check It Out
- Traffic Light
- What's the Big Deal about Communicating?
- *Michael's Journey* film

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105*

Feelings: A Message for Parents and Caregivers

Children often lack the words to express their feelings, sometimes because they are young and still learning the vocabulary of feelings, and sometimes because the feelings they have are too confusing, upsetting, or painful to name. This week's topic at the Children's Program is feelings. Why focus on feelings? The answer is key to the child's sense of self. When feelings are ignored or their appropriate expression is forbidden, the child's internal world is disrespected and an opportunity for the child's healthy development is undermined.

Here are some important ideas that your child learned today:

- All feelings are OK. The way they are expressed and communicated may or may not be OK.
- Many people think the uncomfortable feelings are bad and the comfortable feelings are good. Feelings are neither good nor bad. They just are.
- It is important to understand uncomfortable feelings instead of trying to get rid of them in an unhealthy way.
- People sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away temporarily. However, coping by using substances is not healthy and can lead to unintended consequences such as addiction.
- Learning to identify, understand, and appropriately express feelings is extremely important in a child's development.

SUGGESTIONS FOR SUPPORTING YOUNGER CHILDREN

- Ask your child to draw a picture of someone who is feeling an uncomfortable feeling and ask him or her to tell you a story about what might be the reason for the feeling. Be sure to validate the importance of the uncomfortable feeling in the picture.
- Notice the feelings of cartoon or TV characters and ask your child to try to name the feeling.
- If your child has a rough day at school, encourage him or her to talk about what happened and validate the child's feelings, even if you don't agree with the reason for the feeling.

SUGGESTIONS FOR SUPPORTING OLDER CHILDREN

- Often older children give the impression that “nothing” is going on with them. Remember, you don’t always have to say anything to let them know you are emotionally present.
- Make sure that you never tell your child how or what to feel. Help them separate the feelings from the issue.
- The best way to talk to a child is to listen.

CHILDREN’S PROGRAM EMERGENCY CONTACT INFORMATION

Meeting Place/ Agency Phone _____

Session Topic: Problem Solving

BACKGROUND INFORMATION

Children from families with substance use disorders often grow up too fast as a result of assuming adult problems, worries, and concerns. They may be overwhelmed and confused by all that is happening around them and to them. While most of these children manage to survive, they get caught in a family trap where no one consistently models healthy living skills. Rather, some family members usually try to take care of one another instead of themselves, which causes a lack of self-care modeling. Children attempt to deal with complex life problems with only a few items in their “toolboxes” and with few healthy examples to follow. The absence of a consistent role model adds to their sense of confusion, and often they can feel alone. Many experience feelings of guilt and shame as a result of failing to solve the family’s problems. The feelings of hopelessness and powerlessness can make them believe they cannot or should not make any decisions or solve any problems. Children can learn to recognize and solve many of the problems they encounter. They can learn to choose healthier ways of responding to people and situations. It is important to teach them practical tools to solve problems.

- **Key Concepts:** Introduce children to a variety of problem-solving and coping strategies that will help them face day-to-day challenges. Helping children understand that it’s okay to ask for help is a sign of strength

and a way to provide options in handling life problems and taking good care of themselves.

GOALS

1. Help children find new ways to solve problems.
2. Help children understand that all their choices have consequences.
3. Help children realize there are safe people to help them and safe places to be.

SKILLS

1. Be able to communicate what you need when seeking help.
2. Be able to say no and ask for help.
3. Be able to identify several ways to handle difficult situations and stress.

ADDITIONAL SKILLS

1. Be able to make safe choices that respect self, others, and property.
2. Be able to communicate using “I Messages.”
3. Be able to communicate that you understand the feelings and problems of group members.

CURRICULUM ACTIVITY OPTIONS

ELEMENTARY GROUP OVERVIEW

Do a feelings activity
Review previous lesson

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Suggested Initial Activities:

- Stop, Think, Act
- STARR (4th/5th grades)

Additional Activities:

- Line and Chair Game
- Let's Pretend
- Healthy Decisions
- Wheel of Misfortune (4th/5th grade)
- Problem Box, Solution Box
- Tangle Game
- *You're Not Alone* film
- Paper Cup Team Towers

- Problems, Problems
- Basic Steps in Problem Solving and Decision Making Worksheet
- Tangle Game
- *You're Not Alone* film
- Healthy Decisions
- Wheel of Misfortune

MIDDLE SCHOOL OVERVIEW

Do a feelings activity

Review previous lesson

Suggested Initial Activities:

- STARR (4th/5th grades)
- Healthy Decisions

Additional Activities:

- Line and Chair Game
- Let's Pretend
- Paper Cup Team Towers
- Helpful vs. Hurtful
- Wheel of Misfortune
- Problems, Problems
- Tangle Game
- *You're Not Alone* film

HIGH SCHOOL OVERVIEW

Do a feelings activity

Review previous lesson

Suggested Initial Activities:

- STARR
- HALT: Three Steps Managing Feelings

Additional Activities:

- Line and Chair Game
- Paper Cup Team Towers

Problem Solving: A Message for Parents and Caregivers

Today's lesson centered on constructive ways to solve problems and teaches a simple but useful approach to problem-solving. It is called the STARR Problem Solving Model: STOP and figure out what the problem is; THINK about how you feel and what options there might be; Act/Choose the best safe option; RESOURCES/What trustworthy person can I ask for help? REVIEW/Would I approach this problem the same way next time? How can I improve the outcome in the future? Although this model was written for high school students, research shows that younger children can learn a few simple steps to solve a problem. In addition to the STARR Problem Solving Model or variations of it, key ideas for this week are as follows:

- Everyone has problems to face and solve each day.
- It's OK to ask for help, and it is a sign of strength to ask for help, not a sign of weakness.
- Even though some people try to push their problems away through drinking or taking drugs, this creates new trouble. Problems can be solved in healthy ways.

SUGGESTIONS FOR SUPPORTING YOUNGER CHILDREN

- When a problem of any kind arises at home, let the child show you some of the ways they were taught to approach problems.
- Share a small problem that you might have around the house and work with the child to take a step-by-step approach to solving it.
- How are problems solved on TV? Point out healthy and unhealthy ways that problems are solved.

SUGGESTIONS FOR SUPPORTING OLDER CHILDREN

- Ask your early adolescent or adolescent to explain the STARR Problem Solving Model to you.
- Identify several small problems to work on and use the STARR Problem Solving Model to solve them.
- Identify a more serious problem that needs solving and use the STARR Problem Solving Model to solve it. This allows them an opportunity to practice the skill of problem-solving.

CHILDREN'S PROGRAM EMERGENCY CONTACT INFORMATION

Meeting Place /Agency Phone _____

Session Topic: Treatment and Recovery

BACKGROUND INFORMATION

Participating in treatment for substance use disorders helps people learn what to do to recover from the disease of addiction. They learn new skills, tools to use, and resources to facilitate sobriety. Long-term recovery takes a lot of work and help from other people. Treatment and recovery help a person stop using alcohol and drugs and help them improve his/her life. Children need to learn that substance use disorders are not their fault and that they are not expected to make everything better with their substance using parents, whether or not the parent goes to treatment. Children need to learn about relapse and that, if a parent relapses, it is still not their fault. When parents do get treatment and are in recovery, that does not solve the children's problems. Children are constantly learning family rules and guidelines for survival and growth. When the recovery process begins, the children may not be able to return to healthy ways of functioning because they may never have experienced them. There is still a great deal of tension in the homes and often depression and anger to be addressed. Helping children to be prepared to handle these feelings and to continue to take care of themselves is essential. In educational support groups, children learn to affirm their own perceptions of reality, trust their feelings, and learn healthy ways of functioning.

- **Key Concepts:** Treatment helps the person with a substance use disorder begin recovery. Relapse can happen as part of the process of recovery. There are safe people, places and ways to turn to for help. It is okay for you to ask for help even if your parent, sibling or other loved one doesn't get help.

GOALS

4. Help children understand that people with a substance use disorder need help to recover.
5. Help children realize that they are not expected to fix their parents', siblings', or other people's problems but can work on their own self-care.
6. Help children realize that treatment and aftercare assist people with substance use disorders to get better, as does the support and encouragement of family and friends.

SKILLS

1. Be able to affirm oneself.
2. Be able to name and explain the Seven Cs.
3. Be able to explain that substance use disorders are diseases.
4. Be able to identify and express feelings appropriately by respecting self, others, and property.

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

ADDITIONAL SKILLS

1. Be able to identify several ways to handle situations.
2. Be able to identify then write feelings about substance use disorders and recovery.
3. Be able to recognize that the only person you can change is yourself.
4. Be able to identify safe people who will understand and support you.

CURRICULUM ACTIVITY OPTIONS

ELEMENTARY GROUP OVERVIEW

Do a feelings activity: Keep on Lettin' Go
Review previous lesson

Suggested Initial Activities:

- Stages of Dependency Play (Addiction Game)
- Treatment-n-Recovery (Note: this group will watch others demonstrate the play.)
- Affirmation Box
- *PEPPER* (story only)

Additional Activities:

- Family Self-Care Map
- Self-Care Game/Bag
- Give Myself a Positive Message
- Your Timeline
- Family Sculpture
- Letters to Addiction and Recovery

MIDDLE SCHOOL OVERVIEW

Do a feelings activity: Keep on Lettin' Go
Review previous lesson

Suggested Initial Activities:

- Stages of Dependency Play (Addiction Game)
- Treatment-n-Recovery
- Affirmation Box

Additional Activities:

- Family Self-Care Map
- Drug Addiction Jeopardy
- Self-Care Game /Bag
- Give Myself a Positive Message
- Treatment-n-Recovery Ask-it Basket

- Your Timeline
- Bubblegum Family
- Letters to Addiction and Recovery

HIGH SCHOOL OVERVIEW

Do a feelings activity: Keep on Lettin' Go
Review previous lesson

Suggested Initial Activities:

- Stages of Dependency Play (Addiction Game)
- Treatment-n-Recovery
- Affirmation Box

Additional Activities:

- Bubblegum Family
- Family Self-Care Map
- Drug Addiction Jeopardy
- Self-Care Game/Bag
- Give Myself a Positive Message
- Treatment and Recovery Ask-It Basket
- Your Timeline
- Letters to Addiction and Letters to Recovery combined activities

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Treatment and Recovery: A Message for Parents and Caregivers

Treatment and recovery from substance use disorders is a lifelong process. Children need to understand that their parent's disorder is not something they are expected to fix and that recovery support is the responsibility of caring adults who will help their parent begin the process. The initial stages of treatment can be difficult for all members of the family, in addition to the person with a substance use disorder. When parents are in early recovery, children need to understand that their parent is likely to be preoccupied with their recovery process and may not be as attentive to them as they would hope. This is where the love and support of other caring adults in the child's life plays an important role. The following concepts were presented in group today:

- People with a substance use disorder need help to recover.
- Treatment and aftercare help people with substance use disorders begin getting better.
- Even though children are not expected to fix the substance use disorder in the family, they can work on self-care.
- You can ask for help even if your parent doesn't get help.
- There are safe people who can help you.

SUGGESTIONS FOR SUPPORTING YOUNGER CHILDREN

- If the child's parent is in recovery, answer their questions about treatment and recovery in ways they can understand without overwhelming them.
- Ensure that the child is on track with schoolwork and that their normal routine is as undisturbed as possible.
- Whether or not a child's parents are in recovery, speak to him/her about adults who might be of support to them and talk to them about self-care.

SUGGESTIONS FOR SUPPORTING OLDER CHILDREN

- Make sure that the older child understands the process of treatment and recovery and what their parent is grappling with, without giving the impression that they must "help" their parent in the process of recovery.
- Let the older child know that relapse is possible and prepare him or her for the feelings they may experience if relapse should occur.
- Ensure that the older child is on track with school work and that their normal routine is as undisturbed as possible.

CHILDREN'S PROGRAM EMERGENCY CONTACT INFORMATION

Meeting Place /Agency Phone _____

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Session Topic: Safe People

BACKGROUND INFORMATION

Children from families with substance use disorders are vulnerable because of a frequent lack of parental guidance concerning personal safety. In addition, genetic and other factors place them at increased risk for future substance use disorders and mental health problems. Since these children often lack role modeling, they need to learn what to do when their homes are not safe. Children need to be aware of their own needs and to learn to ask for what they need. Children lessen their risk to develop substance use disorders or mental health problems when they ask for help.

Children in families with substance use disorders have a special need for safe people to talk to because the addiction in the family preoccupies the adults in their life who would ordinarily provide nurturing and guidance. Sometimes these children forget that they have choices and that they can ask for help. This may create a sense of isolation that makes them even more vulnerable to alcohol and drug use. Sometimes children seek to reduce their feelings of isolation through contacts in social media. They need to know that they should NEVER put personal information on the Internet, especially social media sites, where children can be harmed.

There are healthy people who care about them who can make a real difference in their lives. In addition to the positive input they can offer the child, these relationships make kids less likely to get involved with alcohol or other drugs. When children learn

how to ask people in the community for help, they also learn that they never need to feel alone again. These relationships are a way to take good care of themselves and to stay safe. They can learn to put their own health and safety first.

- **Key Concepts:** Each person has strengths and weaknesses in all areas of his/her life. Everyone has problems and stress, and it is okay to ask for help with problems. It is important to identify safe people to ask for help and to learn to handle problems in safe ways. It is important for children to take good care of themselves.

GOALS

1. Help children understand the need for and importance of always staying safe.
2. Help children understand the characteristics that make people “safe people.”
3. Help children realize that it’s okay to ask safe people for help.

SKILLS

1. Be able to identify characteristics of safe and unsafe people.
2. Be able to identify safe people who will understand and support you.
3. Be able to communicate what you need when seeking help.

ADDITIONAL SKILLS

1. Be able to name and explain the Seven Cs.
2. Be able to affirm oneself.

3. Be able to identify and express feelings appropriately by respecting self, others, and property.
4. Be able to communicate using “I Messages.”

CURRICULUM ACTIVITY OPTIONS

ELEMENTARY GROUP OVERVIEW

Do a feelings activity: Feelings Wheel
Review previous lesson

Suggested Initial Activities:

- Safe People Maps
- Safe/Unsafe People Game

Additional Activities

- Magic Shop
- Many People Can Help Me
- *You're Not Alone* film
- Safe Way Role Play
- Self-Care Game/Bag

MIDDLE SCHOOL OVERVIEW

Do a feelings activity: Feelings Box
Review previous session

Suggested Initial Activities:

- Safe People Maps
- Many People Can Help Me

Additional Activities:

- Safe People Circle
- Magic Shop
- Negative Thoughts that Prevent Effective Action
- *You're Not Alone* film or *Michael's Journey* film
- Self-Care Game/Bag

HIGH SCHOOL OVERVIEW DO A FEELINGS

ACTIVITY: FEELINGS BOX
Review previous session

Suggested Initial Activities:

- Safe People Maps
- Negative Thoughts that Prevent Effective Action

Additional Activities:

- Safe People Circle
- Magic Shop
- *You're Not Alone* film or *Michael's Journey* film
- Many People Can Help Me
- Self-Care Game/Bag

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Safe People: A Message for Parents and Caregivers

Children from families with substance use disorders often lack the skills needed to stay safe that are taken for granted in families without these disorders. Often they lack parental guidance and role modeling where personal safety is concerned. The Children's Program repeatedly encourages children to ask for help, but this week we focused on finding out who the truly safe people are that they can trust and count on. Safe people inspire trust by really listening and treat others with respect. The role plays today also showed people who yell and inappropriately grab a child's shirt as examples of people who are probably unsafe. Key ideas for the week:

- Review of the importance of staying safe.
- Everyone has strengths and weaknesses, but it is important to ask for help from safe people who will truly respect and support the child.
- Safe people listen carefully to them.
- Safe people can help the child problem-solve.

SUGGESTIONS FOR SUPPORTING YOUNGER CHILDREN

- Ask your child about the role-plays they saw in the group and ask them what characteristics unsafe people exhibit.
- Ask your child what might be an unsafe situation
- Talk about people the child or you may know that would be someone safe and trustworthy that the child could call upon for help.

SUGGESTIONS FOR SUPPORTING OLDER CHILDREN

- The peer group is extremely important to older children, and they frequently confide in them and go to them for help. Discuss the characteristics of an unsafe friend and contrast them with trustworthy children they know.
- Stress the importance of staying away from peers who use alcohol or other drugs and emphasize the unsafe behavior that is part and parcel of these peer groups.
- Remind them that alcohol and other drugs are strictly off limits for them.
- Help them identify family members, teachers, and coaches whom they can trust and seek out for help.

CHILDREN'S PROGRAM EMERGENCY CONTACT INFORMATION

Meeting Place /Agency Phone _____

Session Topic: Coping

BACKGROUND INFORMATION

Growing up in a family with substance use disorders can be a nightmare for children. Broken promises, physical and verbal violence, mixed messages, parental inconsistencies, and threats of abuse are some of the problems they may endure. Parents aren't always available or able to meet their children's needs in a consistent way. Many such children don't know what normal is because they constantly readjust to chaos and inconsistency. They often end up isolated in silence and pain. Sometimes they spend so much time worrying about and taking care of other people's problems that they don't have enough energy or time to take care of their own needs. Children can learn to cope with and overcome these problems. By introducing them to basic problem solving and self-care strategies, we empower them to focus on themselves and take good care of themselves in the process. Children need to realize that they have options in handling life problems. They can learn a variety of healthy coping behaviors. Such a process helps them to develop choices for ways to cope positively, to add new skills to their toolboxes, and to increase their self-confidence.

- **Key Concepts:** Everyone has stress in their lives. It is helpful for children to discover safe coping strategies, to set boundaries, and to ask for help when needed.

GOALS

- Help children find safe ways to communicate with family members.
- Help children practice self-care strategies.
- Help children realize there are safe places to turn to for help.

SKILLS

- Be able to name the Seven Cs and apply them to real-life situations.
- Be able to say no and set limits.
- Be able to make safe choices that respect self, others, and property.

ADDITIONAL SKILLS

- Be able to communicate what you need when seeking help.
- Be able to communicate that you understand the feelings and problems of group members.

CURRICULUM ACTIVITY OPTIONS

ELEMENTARY GROUP OVERVIEW

Do a feelings activity

Review previous lesson

Suggested Initial Activities:

- Review Seven Cs
- What Can You Control?
- Puppet Role Play

**An alphabetical list of activities, indicating session, age group, and page number, can be found on page 105.*

Additional Activities:

- Self-Care Game/Bags
- Defense Masks
- Safe Way Role Play

MIDDLE SCHOOL OVERVIEW

Do a feelings activity

Review previous lesson

Suggested Initial Activities:

- Review Seven Cs
- What Can You Control?
- Searchin' Serenity

Additional Activities:

- Self-Care Game/Bags
- Communication: Three Types
- Defense Masks
- Snow White and the Seven Defenses Play
- *Michael's Journey* film

HIGH SCHOOL OVERVIEW

Do a feelings activity

Review previous lesson

Suggested Initial Activities:

- Communication: Three Types
- Searchin' Serenity
- Review 7Cs

Additional Activities:

- Self-Care Game/Bags
- Many People Can Help Me
- Defense Masks
- Managing Stress/Feelings
- *Michael's Journey* film

Coping: A Message for Parents and Caregivers

Stress is a fact of life, but good coping skills can help manage it. Children from homes with substance use disorders often are not taught healthy coping skills, and this week the Children's Program offers ways to handle the difficulties of life without the use of alcohol, other drugs, or other unhealthy approaches. The program teaches problem-solving and self-care as ways of coping with the pressure of living in a home with substance use disorders. Seeking out safe people for help is another avenue for finding healthy and safe ways to cope with the potential chaos that is often experienced in homes with addiction. The following ideas were presented:

- The definition and causes of stress
- How to set boundaries
- The importance of staying safe
- The importance of self-care
- Finding safe people who can help

SUGGESTIONS FOR SUPPORTING YOUNGER CHILDREN

- Talk with them about what causes stress for them, especially patterns in the family that are a result of addiction.
- Brainstorm ways to cope with these patterns.
- Brainstorm ways to stay safe if and when chaos or emotional upset occurs in the family.
- Make sure that the child has a self-care plan.

SUGGESTIONS FOR SUPPORTING OLDER CHILDREN

- Asking your child about today’s session may open the door to a dialogue about their schoolwork load, relationships, and other stressors.
- Brainstorm ways that your older child may cope with the normal stressors in their lives, along with ways to cope with the stress in the family.
- Explore the possibility that your child or their friends are using alcohol or other drugs to cope with stress or to escape uncomfortable feelings.
- Make sure that your child has a self-care plan.

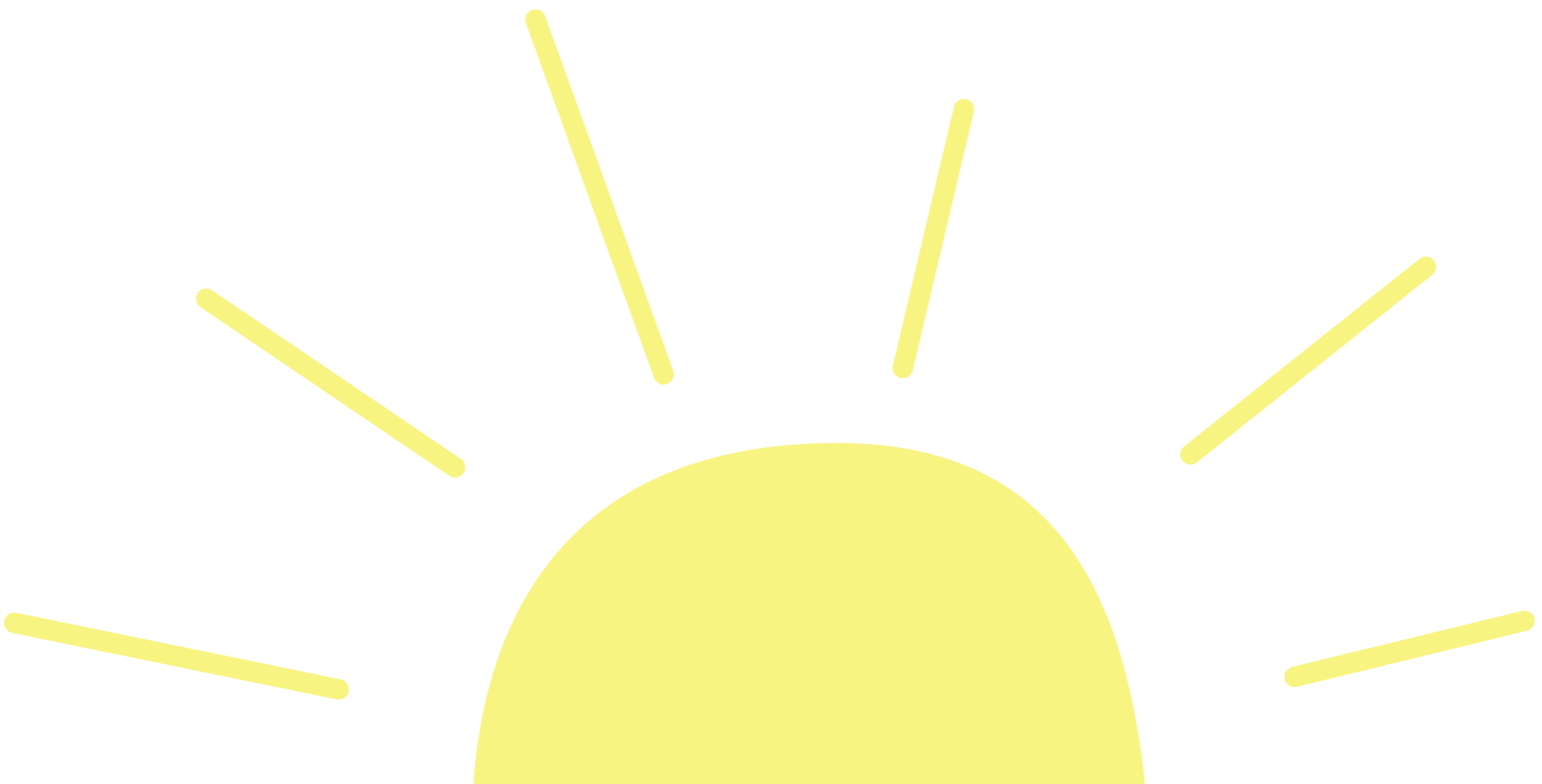
CHILDREN’S PROGRAM EMERGENCY CONTACT INFORMATION

Meeting Place /Agency Phone_____



4. PROGRAM ACTIVITIES

4. PROGRAM ACTIVITIES



Guidelines for Age-Appropriate Use of Activities

When using the same activities in the curriculum with different age groups, consider these helpful guidelines.

ELEMENTARY SCHOOL STUDENTS

- Keep things simple.
- Stay with basic, concrete activities and examples.
- Younger children typically take less time in the discussion phase, so plan on doing two activities, plus openings and closings. Remember, some children are very active, especially those with attention deficit disorder or hyperactivity, so you may need to change activities more frequently.

MIDDLE SCHOOL STUDENTS

- Balance the time spent doing activities and processing the information learned during the discussion phase.
- Help them enjoy the activities.
- Balance between concrete and abstract learning experiences.

HIGH SCHOOL STUDENTS

- Allow ample time for the discussion phase, as teens need the time to discuss, process, and integrate the material presented.
- Let teens help guide the flow of the group as they often bring problems, issues, and feelings to discuss.
- Encourage them to enjoy the group and have fun with the activities.

Note: It is not wise or safe to attempt to meet the needs of elementary, middle, and high school students all in one group, considering their varying developmental levels and specific needs.

Alphabetical List of Activities

| Name of Activity | Session | Age Group | Page |
|--|------------------------|----------------------------------|------|
| Addiction Bingo | Addiction | Middle, High | 113 |
| Addiction Illustrated | Addiction | Middle | 115 |
| Affirmation Box | Treatment and Recovery | Elementary, Middle, High | 119 |
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| Basic Steps in Problem Solving and Decision Making | Problem Solving | High | 125 |
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| Breaking the Don't Talk Rule | Feelings | Middle, High | 135 |
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| Communication Is More Than Words | Feelings | Middle, High | 149 |
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All the following activities can be used in conjunction with videos found on this Kit's flash drive.

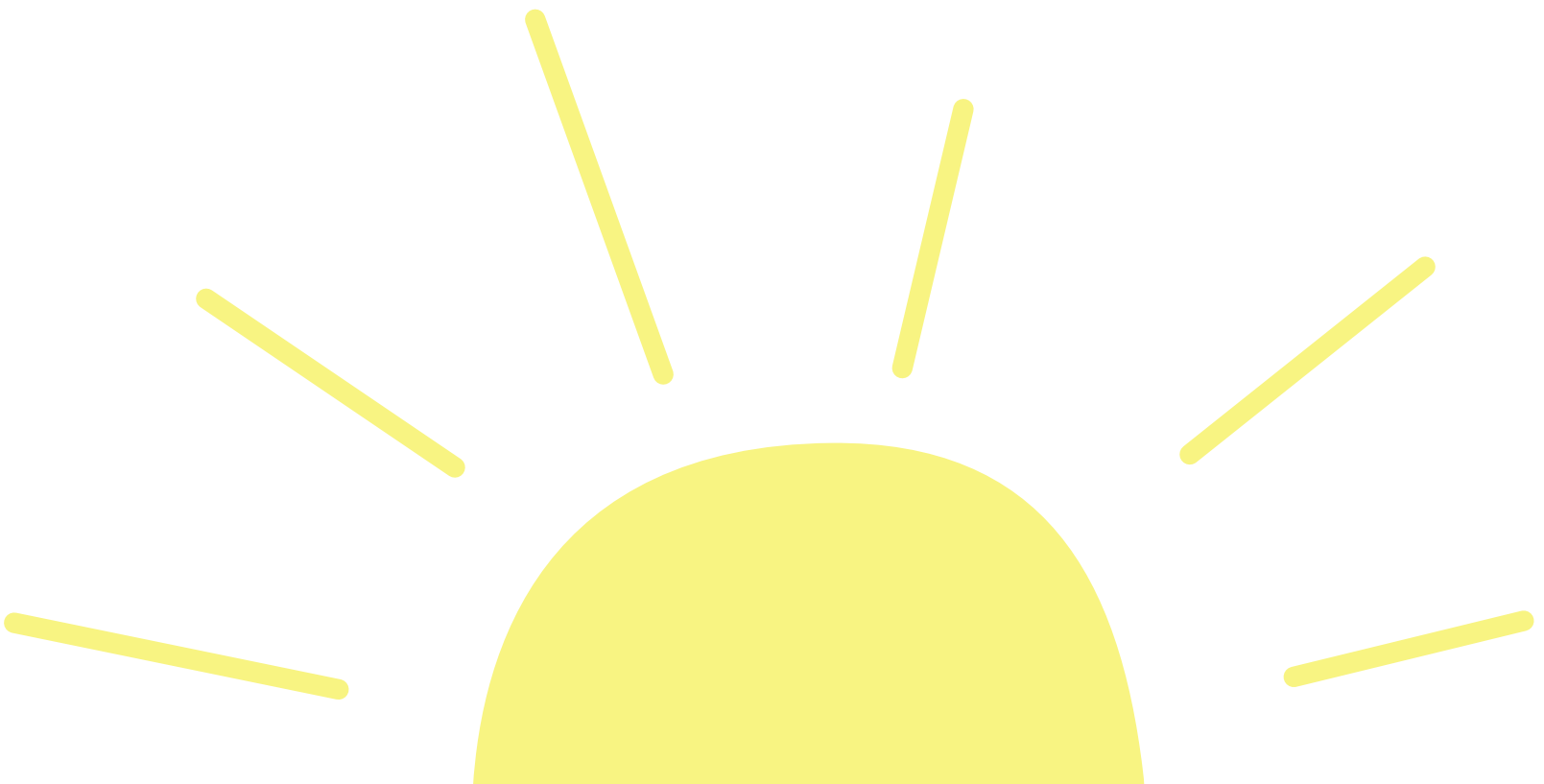
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Alphabetical List of Skills with Corresponding Activities

| LIST OF SKILLS | | CORRESPONDING ACTIVITIES | | | | | |
|--|----------------------------|--|------------------------------|--|-------------------------------------|--|--|
| Affirm oneself. | Affirmation Box | Magic Shop | Your Timeline | Give Myself a Positive Message | Searchin' Serenity | | |
| Communicate that you understand the feelings and problems of group members. | Communication: Three Types | Paper Cup Team Towers | Check It Out | What's The Big Deal About Communicating? | | | |
| Communicate using "I Messages." | Feelings Box | Feelings Face Case | Tagalong | Communication Is More Than Words | Helpful vs. Hurtful Scramble | Let's Pretend | |
| Communicate what you need when seeking help. | Line And Chair Game | Negative Thoughts That Prevent Effective Action | Tangle | Many People Can Help Me | | | |
| Decide if a certain behavior is low-risk or high-risk. | High-Risk Me | Learning the Mood Swing "Rope" | Rad Ads | | | | |
| Identify and express feelings appropriately by respecting self, others, and property. | Fill In Your Feelings | Guess My Feelings Game | Keep On Lettin' Go | Traffic Light | Anger intensity | Feelings Wheel and Wheel of Misfortune | |
| Identify and express feelings appropriately by respecting self, others, and property. | Feelin' and Healin' Game | Basic Steps In Problem Solving and Decision Making | Breaking the Don't Talk Rule | | Comfortable/ Uncomfortable Feelings | | |
| Identify characteristics of safe and unsafe people. | Safe/Unsafe People Game | Safe People Maps | | | | | |

| LIST OF SKILLS | | CORRESPONDING ACTIVITIES | | | | | | |
|---|--|---|---|---------------------------------|-----------------------------------|---------------------------|--|--|
| Identify possible consequences for a chosen behavior. | Healthy Decisions | Negative Thoughts That Prevent Effective Action | Puppet Role Play | | | | | |
| Identify safe people who will understand and support you. | Safe People Circle | Family Self-Care Map | Family Sculpture | My Rules for Safe Communication | | | | |
| Identify several ways to handle situations. | HALT: Three Steps of Managing Feelings | Managing Stress/Feelings | Treatment and Recovery Ask-it Basket | Problem Box, Solution Box | Problems, Problems | Problem and Solution Game | | |
| Identify then write feelings about addiction and recovery. | Letters To Addiction | Letters To Recovery | | | | | | |
| Make safe choices that respect self, others, and property. | Defense Masks | Healthy Decisions (Includes Healthy Decision Formula and Situation Cards) | Wheel of Misfortune | Searchin' Serenity | Snow White and the Seven Defenses | | | |
| Name the Seven Cs and explain them. | Safe Way Role Play | Self-Care Game | Seven Cs | What Can You Control? How? | | | | |
| Recognize/discuss important information about drug usage. | Drinking and Drug Problems | Drug Addiction Jeopardy | True/False Quiz on Alcohol and Drug Addiction | Addiction Bingo | | | | |
| Recognize that the only person you can change is yourself. | Bubblegum Family | Treatment-n-Recovery | | | | | | |
| Say no and set limits. | Puppet Role Play Stop, Think, Act | STARR | | | | | | |
| Be able to explain that addiction is a disease. | Addiction Illustrated | Bicycle | Stages of Dependency Play (Addiction Game) | | | | | |

ALPHABETICAL
LIST OF ACTIVITIES
DESCRIPTORS AND
INSTRUCTIONS
INCLUDED WITH EACH
ACTIVITY



Addiction Bingo

Skill Builder: Be able to recognize and discuss information about alcohol and drug use.

Substance Use Disorders Session: Middle School and High School

Description: This activity focuses on knowledge about alcohol and other drugs while actively involving all participants.

Materials:

- Copies of the Bingo Square (see page 114)
- Marker or crayons to cover the squares

Directions:

1. Everyone receives a bingo sheet. They are told they need to get up, move around the room and ask other participants the question in one of the squares. If the person can honestly answer the question, write his/her name in that square.
2. This continues until someone gets “bingo” (five down, five across, or five diagonally).
3. Call the winner up front. Ask the winner to read the question in the square and the name of the person they wrote in that square. Have that person give their answer. Use that opportunity to expand upon their answer, hitting the relevant points for each square.
4. Continue until you have finished all the

squares that make up that person’s bingo.

5. Ask participants if there are any squares that haven’t been addressed that interest them. Answer their questions as they arise. Make sure to bring up any squares or points you want to cover before you wrap up the game.

If desired, a small prize for the winner would add to the fun.

| Write the name of someone who ... | | | | |
|---|---|---|--|---|
| Knows who is likely to get addicted more quickly, an adult or a teenager. | Can name two “gateway” drugs. | Can name one beer slogan. | Knows a person in the community they can talk to if they need help. | Knows the No. 1 cause of death for 16 year olds. |
| Knows why addiction is a family disease. | Knows if it is against the law to use illegal drugs. | Can name a person at school they can go to if they need help. | Knows a specific danger of driving under the influence of marijuana. | Knows what “tolerance” is to alcohol or other drugs means. |
| Knows what a “blackout” is. | Can state two things someone says to get you to try alcohol or marijuana. | Knows a specific danger of mixing alcohol and marijuana. | Can name three symptoms of alcohol withdrawal. | Can name two activities, other than driving, that are dangerous when combined with alcohol/drugs. |
| Can name a famous person who has an alcohol/drug problem. | Can demonstrate three ways you can refuse alcohol/drugs. | Can name the most commonly misused illegal drug in the United States. | Knows why the drug ecstasy is harmful. | Can name three reasons a high school student might not want to try alcohol or marijuana. |
| Knows what “AA” stands for. | Knows how to get a friend help if they have a problem with alcohol/drugs. | Knows two myths about alcohol/drug addiction. | Can describe what denial means. | Can name three ways to have fun without alcohol and drugs. |

Addiction Illustrated

Skill Builder: Be able to explain that substance use disorders are a disease.

Substance Use Disorders Session: Middle School

Materials:

- Copies of worksheet Page 117 (see "Guidelines for Age-Appropriate Use of Activities" on page 103)
- Paper
- Pencils
- Nontoxic markers
- Flipchart or board

Alternative Option Materials:

- Agree and Disagree sign

Description:

The facilitator puts the young people in groups of three or more. Giving each group the Addiction Worksheet, a pencil, and nontoxic markers, the facilitator challenges the youth to remember all they've learned about substance use disorders and to use it in this activity. The facilitator then writes the word "addiction" vertically on the board/flipchart, letter by letter. The young people are instructed to do the same on their group worksheets.

The facilitator then asks each group to brainstorm describing this disease using a word or group of words starting with each letter in addiction. For example, the A could stand for "always thinking about the disease," or D could stand for "denial," and so on. By working in small groups, young people can learn from one another. The facilitator circulates around the room and offers support, suggestions and encouragement.

When finished, each group may share its creation with the larger group. With participants' permission, and if the facility permits, tape their creations to the walls for future reference, or bring them back to use with the review of addiction at the start of the next session. These posters can serve as powerful visual reminders that addiction is not the children's fault and that they can't make it better.

Alternative Options:

- A. Place the "agree" and "disagree" signs in different corners of the room.

Give the children time to fill out the worksheet.

Collect the worksheets and read statements from them, keeping the writer anonymous. Have them listen to the statement and then move to the "agree" sign or the "disagree" sign. This will provide some teachable moments to correct misinformation and add to their understanding of the disease of addiction.

- B. Have the group divide up into teams. (Sometimes having them do the worksheet together as a team is easier because of varied reading and writing abilities.) Have a board with "fact" or "fiction" written at the top. Have the teams turn in their completed worksheets, keeping the writer anonymous. Have them listen to the statement and then ask if it would fit under the fact or fiction side of the board. This will provide some teachable moments to correct misinformation and add to their understanding of the disease of addiction.

The Addiction Worksheet

A

D

D

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C

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N

Affirmation Box

Skill Builder: Be able to affirm oneself.

Treatment and Recovery Session:

Elementary School, Middle School, and High School

Materials:

- Small paper bags or small boxes
- Paper
- Flip chart paper or poster board

Description:

1. Explain that everyone is unique and special.
2. Emphasize that everyone has strengths and weaknesses and everyone has the potential to reach their goals.
3. Explain that in stressful situations people often forget that they are worthwhile, valuable, and deserve to be respected. Often, children who grow up in stressful situations, lack a positive self-image. People develop their self-image both from what others say to them and from their own self-talk, as well as from factors such as spirituality. Sometimes family members are so preoccupied by stress that they do not give the support that children need. Other times, family members may have not received positive feedback; therefore, they may not know how important it is and/or do not know how to give positive feedback. Sometimes, we give ourselves negative messages such as “I’m stupid,” “I shouldn’t have done that,” or “I’m ugly,” for example.
4. Remind participants that our rules include no put-downs, which not only applies to others but to ourselves.
5. Remind participants that it is important to keep in mind nice things to say to oneself.
6. Brainstorm nice things to say to oneself and then use these to create an affirmation box.
7. Ask participants what words they would like to hear from others.
8. Make a list on a flip chart, poster board or another large area.
9. Give children a small box or bag and ask them to write down on an index card the affirmations they think they would use. Children may decorate their boxes/bags.
10. Suggest that children look at their bag each day and repeat one of the words, phrases, or sentences.

Anger Intensity

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Middle School and High School

Materials:

- Anger Intensity worksheet (on page 123)
- Pencils
- Chalkboard/flipchart

Helps young people to identify situations that create angry feelings and healthy ways to deal with them.

Description:

Anger is a very natural and normal feeling. People experience anger frequently during any given day. This may include feeling annoyed when your little brother messes with your prized possessions, irritated when a friend tells others something you told him in confidence, or really, really mad when you realize how much addiction has hurt you and your family. It's OK to feel angry; it's what you do with it that matters the most.

There are both helpful and hurtful ways to express anger. Let's start with the harmful because it's the most obvious. There are three harmful ways to express anger (list on chalkboard/flipchart):

1. Hurt others.
 - » We can hurt others by hitting, kicking, and making fun of them. Often it's the mean words we say that bother people the most.
 - » We can hurt ourselves by put-downs and not treating ourselves well.

- » It's just not OK to destroy or deface property.

You are probably asking yourself "So what can I do when I get angry?" There are three important guidelines to remember when expressing anger (list on chalkboard/flipchart):

1. Respect others.
2. Respect yourself.
3. Respect property.
 - » You can tell someone you are angry without hurting them or others. It's often a good idea to take a "time-out" to calm down. You may settle down and then speak to them without yelling or name-calling. It often helps to share your feelings with one or two other people first. It may be scary to tell a parent, teacher, or counselor you are angry. You could write the person a note about your feelings and discuss it at a later time.
 - » People often get mad at themselves when they make mistakes or hurt others. Please be gentle with yourself. You can learn and grow from your mistakes.
 - » Even though you might get so mad that you really want to, it's never a good choice to destroy property in any way.

» **ACTIVITY:**

- Have participants think of a situation when they were angry. Ask participants to write down the situation and name the level of anger. It is important that participants do not write down a situation that involves other participants in the group. These sheets can remain anonymous.

- Put "feeling words" that reflect degrees of anger on the floor or on a wall in the room.
- The facilitator will collect and read a situation. Participants will stand by the feeling word that most closely fits how they might feel in a similar situation. Ask for volunteers to share what they were thinking when they chose a specific feeling. Assure participants that all responses are OK.
- Brainstorm ways to deescalate a feeling to reduce the likelihood that frustration will turn to rage. An excellent strategy is to take several deep breaths, relaxing the shoulders and eyelids, until the anger subsides.

Use the “Anger Intensity” exercise on the following page to help you identify situations that can make you angry and to think about helpful ways to deal with angry feelings.

Alternative Method

1. Using masking tape, put a long line across the room. Place the papers: “A Little Angry” at one end, “Really Angry” at the other end, and “More Angry” in the middle. Using pages 199 and 201, read selected sentences and have the students move to the area that best describes how they would feel.

Anger Intensity

Identify situations, in the course of the day or week, where you distinguish the different intensities of your anger.

Use one of these key words to describe your anger:

1. Annoyed

4. Irritated

7. Frustrated

2. Disgusted

5. Aggravated

8. Mad

3. Angry

6. Furious

9. Enraged

| <i>Situation or Event</i> | <i>Degree of anger</i> | <i>Healthy ways to deal with this</i> |
|---|------------------------|---------------------------------------|
| <i>Example:</i> | | |
| <i>My mom got drunk and embarrassed me.</i> | <i>Disgusted</i> | |
| | | |
| | | |
| | | |
| | | |
| | | |

Basic Steps in Problem Solving and Decision Making

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property

Problem Solving Session: High School

Helps young people learn the basic steps in problem solving and decision making.

Materials:

- Copies of Basic Steps in Problem Solving and Decision Making Worksheet (on page 127)
- Pencils

Description:

The facilitator explains to the group that when people are faced with a problem, they often become confused. If a person accepts this state of confusion and wanders around thinking about the problem, the confusion increases and the person falls back on old ways of solving problems, which may not be productive. Ask group members for examples of how people sometimes repeat behaviors that seem unproductive unless they stop and look at the problems they are facing. The facilitator explains that there are some key steps young people can use to solve problems without resorting to old behaviors.

- **The first step is to recognize the problem** and accept the need for change. Sometimes this does not come easily. Teens who are doing poorly may believe that's the way children from their family perform; it has always been that way and always will be that

way. They may believe there is no need to change. Addicted people may believe this, too. They may think that their lives are going fine, or they may know that their lives are terrible but think that that's the way it was for their parents, and it will always be that way for them. However, with some information and a dose of reality from our friends, we usually do see and accept the need for change.

- **The second step is to determine who can help you determine solutions** to the problem. Sometimes people have difficulty solving problems, because they think of only one or two distasteful solutions. Those who can think of entirely new alternatives do best in problem solving. Brainstorming can help us come up with new solutions to old problems. Here are some things to consider that may help you come up with a new solution to an existing problem:

People Think of some person who could help you solve the problem.

Models Think of anyone you know who has faced similar situations and how that person dealt with this type of problem.

Organizations Think of organizations that could help solve the problem.

Programs Think of what special programs—whether they are within an organization (such as Alcoholics Anonymous or Alateen) or not—that could help solve the problem.

- **The third step is to narrow down your options.**
- **The fourth step is to consider the consequences** of each of the remaining options.
- **The fifth and final step is to state the actual goal you would like to attain.** Then, list the steps you must take to achieve the goal: daily, weekly, monthly, and/or long-term. It is important to state some observable, time-limited criteria for taking each step.

Basic Steps in Problem Solving and Decision Making Worksheet

1. Recognize and accept the need for change. _____

2. Determine what can be changed. _____

3. Narrow your options. _____

4. Consider the consequences of the remaining options. _____

5. State the actual goal you would like to attain and when you hope to attain it.

Goal: _____

When: _____

Bicycle Ride

Skill Builder: Be able to explain that substance use disorders are a disease.

Substance Use Disorders Session:

Elementary School

This simulation activity represents what it is like to be have a substance use disorder and/or live in a family where there is a substance use disorder.

Materials:

- Bicycle Ride Narrative and Questions (Pages 131 and 133)
- Chairs

Description:

Suggestion: Have the group line up their chairs in a long line—so you are creating the world’s longest tandem bike.

The facilitator begins the activity by telling the children that they are going to take a ride on an octocycle (assuming there are eight children and eight chairs). Each child represents a family member, with the person with an alcohol or drug use disorder steering at the front. An invisible bar connects each seat to emphasize the rigidity and enmeshment of the disease. Children sit in their chairs and make the circular motion of bicycle pedals with their arms and hands. By reading a story (see Bicycle Ride Narrative), the facilitator takes the children for a ride. An initially peaceful, joyful journey gradually turns into a rainstorm on a steep downhill grade. Suddenly, no brakes! Crash! After the crash, the facilitator asks the children questions about the experience.

The exercise provides children with a hands-on experiential process that not only captures their imaginations but also focuses on the reality of the disease of addiction. Children can see and feel how the bicycle ride symbolizes addiction and a loss of control. They gain a fundamental understanding of this family disease and have fun while doing so. The exercise also helps children bring the disease to conscious reality by talking about their feelings. Children learn that, even if they must go on the addiction ride, they can get help and make choices to stay safe.

Bicycle Ride Narrative and Questions

“Okay, everybody in position.

“We are going for a nice ride through the country. It’s a beautiful day. The sun is shining and the grass is green. There’s no wind, just a gentle, warm breeze. We are pedaling slowly, breathing evenly, enjoying the scenery, and chatting and laughing with one another. We put on the brakes slowly as a dog wags his way across our path.

“As we gather speed, a few dark clouds begin to appear over the horizon, the breeze becomes a little stiffer, and the smooth pavement turns into a dirt road. We begin to pedal a little harder and grab the handlebars a little tighter. The clouds are becoming darker and some light rain begins to fall. The dirt road is getting slippery and bumpy. We keep putting on the brakes but continue moving. We have to lean forward and pedal harder to go up a hill. Our legs and stomachs are sore, and our hands grab the handlebars even tighter. The rain is coming down faster and at times, the bike almost tips over.

“We reach the top of the hill exhausted, but it is raining so hard we have to keep moving. We start pedaling faster as we go down the other side of the hill. The rain is slapping harder onto our faces. The bike is sliding back and forth across the road. Loud sounds of thunder can be heard. Lightning strikes a tree near us. We are pedaling faster and faster, and holding on tighter and tighter. Our feet keep slipping and we try the brakes. The brakes don’t hold; they no longer work. We’re losing control. The pedals are spinning at full speed. The road is much steeper and bumpier as we go even faster, trying the brakes (still no brakes) and holding on for dear life. CRASH, the bike tips over!”

QUESTIONS

1. What was the ride like for you?
2. How was this ride like an alcohol use disorder/drug addiction?
3. How was this ride like what you experience in your own home?
4. Was everyone affected?
5. When you fell down, whom did you have to help first?
6. What would you do if the person with substance use problems wanted to get back on the bike and continue down the hill?
7. Whose fault is it?
8. Where can you go to get help?

Breaking the Don't Talk Rule

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Middle School and High School

Materials:

- Paper
- Markers or colored pencils

Description:

Facilitator introduces activity by sharing that people in families with substance use disorders often hesitate to talk about what they see or hear at home. Eventually, they may quit talking honestly about what is happening in the family.

Reasons for this are many. In some cases:

1. You spoke up but it didn't seem to make a difference in that nothing happened that was helpful.
2. You spoke up and, in fact, it seemed that things got worse right away.
3. You were told to not talk about what was happening.
4. You may feel as if you are being disloyal to someone you love and care about.
5. You don't hear others talking, and therefore, don't think it is OK to talk.

6. You don't know how to describe what you see or feel.

As facilitator identifies these reasons, he/she encourages discussion by asking those who identify to share their thoughts.

Activity:

ASK group participants to draw a picture or a collage about things they saw, heard, or felt that they did not talk about or were encouraged not to talk about.

The **GOAL** is to give children permission to talk, to be heard and validated. In the process, this exercise lessens the high tolerance for inappropriate behaviors.

Collage Instructions:

A collage is made by taking pictures, words, and/or letters from magazines and making your own statement. A picture of an automobile may represent being with a parent when he or she was driving while impaired and never talking about it; a Christmas tree may remind you of a particular family fight that that was never discussed again. A trophy may represent you being selected for a school honor and your parent(s) did not attend the awards ceremony or acknowledge the award.

Bubblegum Family

Skill Builder: Be able to recognize that the only person you can change is you.

Substance Use Disorders: Elementary School

Treatment and Recovery Session: Middle School and High School

In a simple yet powerful way, this activity helps young people understand what happens to everyone in a family with addiction.

Allows children to process feelings and discuss how this exercise is similar to their own family experiences.

Materials:

- Painter's tape
- Poster board with holes
- Bubblegum for the kids
- Family narrative (on pages 139 and 140)

Description:

With the painter's tape, make a 3-foot circle on the floor. Make placards out of the poster board that can be worn around the neck. Put the names of the characters in the skit on the placards.

The facilitator explains that the group is going to do an activity called the Bubblegum Family and begins a discussion with the children about the fact that almost everyone has had some experience chewing bubblegum. Ask the children, "What's your favorite brand?" Remind the children how sticky gum becomes if they take it out of their mouth after about 30 seconds or a few quick chews. Yuck! Have they ever had the pleasure of getting a great wad stuck on the bottom of their

shoe? Explain to the children that in this game everyone imagines that there are 9,997 pieces of slightly chewed bubblegum in a circle on the floor.

The group can pretend that they have stayed up the past 24 hours and chewed piece after piece of bubblegum for about 30 seconds each.

Children volunteer to role-play a parent with substance use disorders, the spouse, and several children. Give children the opportunity to role-play various family members so they can see how everyone becomes stuck in the same way. Remember to transform the children into specific characters (roles) for the activity, and to transform them back to their original selves after the activity. Using a narrative, the facilitator orchestrates a scenario in which everyone in the family gets stuck in the addiction (bubblegum).

First, the parent with addiction gets stuck by using alcohol or drugs. Then the spouse and children get stuck in their attempts to help the addicted parent. Once stuck in the gum, everyone has a hard time moving around. They lose their choices in what they think and do. Only by taking good care of themselves first can family members get unstuck. Different strategies for taking good care of self and the progression of the disease are stressed.

Note: It can be beneficial for the older children to put on this activity for the younger children.

BUBBLEGUM FAMILY NARRATIVE

“Here we have a family. Miss, please come up. I want you to meet Tammy. She is 35 years old, a mother of three, a wonderful mom. She has a full-time job and is just an incredible lady. Ever since she’s been a young adult, Tammy has been going out each weekend and drinking with her friends, but it doesn’t seem to be a problem. All of a sudden as Tammy is going through life, she steps right in the bubblegum. All of a sudden she’s stuck. Try to move, Tammy.

“Well, I’m trying, but I can’t really move too much.”

“That’s right, you can’t move too much. That’s addiction. People get stuck. Watch Tammy. She can sway from side to side. She really thinks she’s not stuck, that she can get out of that quickly, but she can’t.

“What happens as time goes on is that Tammy becomes more and more preoccupied with the gum while she’s stuck in it. She can’t do as good a job at work. She’s out sick a lot. She can’t be as productive because she’s preoccupied with the gum. It’s really starting to slow her down. She doesn’t have freedom of choice anymore. When it comes to her kids, she can’t take care of them like she used to. She’s trapped in that gum. She’s stuck! She’s not spending as much time with her kids. She prepares dinner and just goes off on her own.

“Tammy has a husband named Fred. Young man, please come up. Fred loves his wife very much. Fred’s been very concerned about Tammy. Haven’t

you, Fred? ‘Why, yes.’

“Fred has been concerned because he notices his wife is stuck in the gum. She’s on probation at work because she has been absent so many days. Her last review wasn’t very good. Fred has noticed over the past few months that he has had to take on more and more of the responsibilities at home. He’s starting to prepare dinner. Fred is also spending time helping the kids with their homework and their projects on the weekends. He’s very concerned about his wife. He doesn’t get to spend much time with her alone because she seems preoccupied and distant. She’s just stuck in that gum. Because Fred cares about and loves his wife, what do you suppose he tries to do? He tries to free his wife from the bubblegum. So go ahead, Fred, go try to help your wife.

“As Fred tries to help his wife, all of a sudden he gets stuck in the bubblegum. Now Fred is stuck. Try to move around, Fred. Notice he thinks he can move around and he thinks he’s free, but he’s really stuck. Remember that addiction is a progressive disease. When Tammy first got stuck, the gum only went up to her calf. Now when Fred is stuck in it with her, it comes all the way up to just above her knees! So how does this affect Fred? He’s preoccupied at work. He’s thinking about having to come home and prepare meals. He wonders if she’s going to be drunk or sober. Will she embarrass him at the family dinner next week? He can’t be as productive at work. He thinks more and more about her. He’s

not available to his kids on a consistent basis anymore. He's not always helping them with their homework. Fred is even beginning to drink with her some times. So all of a sudden he's stuck, too.

"We then have the oldest child, Jimmy. Young man, please come up. Jimmy's very concerned, because not only is Mom stuck, but Dad is too. Neither one is there for him on a consistent basis. Out of love and concern, he tries to help them get unstuck. As Jimmy goes and tries to get his parents unstuck, look at what happens. In an attempt to help, he gets stuck in the gum, too. How does this affect Jimmy? His life isn't as free.

"How does this happen? Jimmy has a hard time concentrating in school. He thinks about having to go home to take care of a younger brother and sister. He's thinking about whether or not he should bring friends home. He might get embarrassed about what's happening at home. He's really concerned. Jimmy doesn't have very many opportunities to play anymore because he's taking care of his younger brother and sister. When he does have a chance to play, he's often worried about Mom and Dad. He might be yelled at for something he didn't do.

"As younger brother and sister attempt to help Mom, Dad, and older brother get unstuck from the bubblegum, they will get stuck too. Young man and miss, please come up. The entire family gets stuck. That's the Bubblegum Family. Why do the kids get stuck? This is really important to know. Why do kids get stuck in the bubblegum? They get stuck because they try to help their parents first.

"So if the reason why kids get stuck is because they try to help, how do kids get unstuck? Kids get unstuck when they stop trying to take care of other people in their family, like Mom, Dad, brothers, or sisters. They can begin by trying to take good care of themselves. That's how kids get unstuck from the bubblegum.

"What does it mean to take care of yourself? What different ways can children take good care of themselves? Go out and play. Talk to a teacher. Ask a counselor for help. Go to a neighbor's house. Call Grandma if there's a mess at the house and you don't want to be there. These are some of the different ways children can help to take care of themselves.

"Notice how everyone attempted to help Mom. They were all around her. Everyone got stuck in the bubblegum. Even if Mom wanted to get unstuck, she couldn't! There's no room for her to get out. The family has blocked her path to recovery. Children need to help themselves.

"We have to remember that recovery takes time. There might be a time when Jimmy gets unstuck and starts to take good care of himself, but two weeks from now there will be a big dinner at the house with Dad's family. Mom is still stuck in the bubblegum, so Jimmy might have to do all the preparations. Recovery is a process. We take two steps forward, and because we're human, sometimes we take a step backward. So we get stuck and unstuck. We get stuck and unstuck.

"That's the Bubblegum Family."

Check It Out

Skill Builder: Be able to communicate that you understand the feelings and problems of group members.

Feelings Session: Elementary School, Middle School, and High School

Materials:

- Puppets, or signs that say “A” and “B”

Description:

1. The facilitator should come up with some communication situations such as the two situations below, mixing up good communication with poor communication. Let the group give input on the quality of communication in the interactions. If using puppets, give each puppet a name: one puppet will be A and the other B.
2. Explain that A and B want to have an effective conversation which means **each one needs to have a chance to speak and the other needs to check to make sure he or she really heard what the other person was saying.**
3. Demonstrate a conversation between the puppets such as “I’m sad that I can’t find my book.”
4. Have A express that message.
5. Have B be quiet and listen.
6. Have B say “Did you say that you are sad because you can’t find your book?”
7. Have A respond with yes.
8. Then model a second scene.
9. Have A say “I’m mad because I can’t find my shoes.”
10. B needs to check to make sure he or she

really heard what the other person was saying.

11. Say “Did you say you were mad because you don’t have any shoes?”

Have A say “No I said I’m mad because I can’t find my shoes.”

Advanced:

Create situations where person A is communicating non-verbally, e.g. sad tone of voice, posture, lack of eye contact. Teach the group how to pick up on these cues. For example:

A: (angry tone of voice) “I’m fine!”

B: “You are saying you’re fine?”

A: “Yes!”

B: “Your tone of voice sounds like you are upset. Are you upset?” (Reflects feeling; checks to make sure that B is upset as he sounds)

A: “Well, I guess I am pretty upset.”

B: “Do you want to talk about it?”

Comfortable/Uncomfortable Feelings

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Middle School and High School

This activity helps teens to know that all feelings are OK and that it's what they do with their feelings that counts.

Materials:

- Copies of Feelings Worksheet (on page 145)
- Pencils

Description:

The facilitator explains that individuals experience a wide range of feelings on a daily basis. All feelings are OK; there are no such things as good or bad feelings. Some feelings are much more comfortable to have than other feelings. Living in an addicted family, teens often experience lots of uncomfortable feelings.

ASK the group members to think about which feelings are comfortable and uncomfortable for them. Give each member a pencil and copy of the worksheet. Have each member place the feelings on the following list (add any others that are appropriate for the group) in the comfortable and uncomfortable categories on the worksheet:

- anger
- calmness
- confusion

- embarrassment
- excitement
- gratitude
- guilt
- happiness
- hurt
- joy
- loneliness
- sadness
- serenity
- shame
- surprise

Have a discussion about these feelings by having each person share his/her responses with the group. Then ask these questions:

- How do you handle the comfortable feelings?
- How do you handle the uncomfortable feelings?

Feelings Worksheet

| Comfortable Feelings | Uncomfortable Feelings |
|----------------------|------------------------|
| | |

Communication: Three Types

Skill Builder: Be able to communicate that you understand the feelings and problems of group members.

Coping Session: Middle School and High School

Materials:

- Paper and pencil

This exercise will help students understand that one way of coping with problems is learning to communicate their thoughts and feelings.

1. Have students **pair up**.
2. Have the pairs **sit or stand** back-to-back. Without looking at each other, they are to carry on a conversation for one minute. They may choose any subject they wish. If they need help, suggest they talk about: their favorite sports (or favorite anything) or what they most like to do during their free time. **Call time** when the one minute is up.
3. **Give** each pair a piece of paper and something to write with. Still back-to-back, have them carry on a conversation by writing messages to each other. They may only read and write—they may *not* use any words or sounds. **Call time** when one minute is up.
4. **Have** the pairs sit or stand face-to-face and carry on a conversation. This time, they may communicate in any way they wish. Call time when one minute is up.
5. **Discuss** the following questions:
 - » What are the three types of communication we just experienced? Let participants share their ideas. Then explain that they just experienced three forms of communication:

Indirect: when you are talking but can't see the other person, such as on the phone or when you are in another room or sitting in the back seat of a car

Written: when you send a note, letter, text, or email to someone

Face-to-Face: when you are talking and can see each other's gestures and facial expressions

- » Which form of communication seemed the most comfortable or easiest for you? Why?
- » Which form was the most uncomfortable or you liked the least? Why?
- » What are the strengths of each type? Written allows you more time to think about exactly how you want to say something; it may feel safer to write something difficult to communicate indirectly; face-to-face gives you the benefit of facial expression and body language cues.
- » What are the drawbacks? In indirect and written, people can only hear your tone of voice; they cannot see your body language or facial expressions. It may be difficult to say what we are really thinking or feeling in face-to-face communication.
- » Why are body expressions and tone of voice important in communication? Sometimes how a person's face looks or what they are doing with their body (like stomping their feet or clenching their fists) tells us more than their words. This is also true of the tone of a voice a person uses.

Communication Is More Than Words

Skill Builder: Be able to communicate using "I Messages."

Feelings Session: Middle School and High School

Description:

When we send messages to others, it is important that we choose our words carefully so other people will understand what we are trying to say. For instance, we can make a friend—or lose a friend—just by the words we choose.

We can stop arguments—or make them worse—by the words we choose.

Sometimes the words we choose leave others feeling angry, hurt, or confused. The facilitator should read the following sentences and ask the children how they feel.

- You made me spill my milk! It's your fault.
- You're stupid!
- You cheated!

Explain that a simple way to choose words without leaving others feeling angry, hurt, or confused is to use "I Messages." Show the "I Messages" poster or handout which contains: I feel _____ .
I want _____. I need _____ .

Explain that an "I Message" helps us talk about what we are thinking and feeling without accusing or blaming another person. Messages that

begin with "you" accuse people and they may respond with anger at you. Remember that an "I Message" begins with "I" and may help someone understand what we are thinking and feeling.

The facilitator should read the following and ask children to suggest an "I Message" for each.

- You make me so mad! (Example: I feel angry.)
- Your picture is not as good as mine! (Example: I feel proud of my picture.)
- You made me spill my milk! (Example: I feel sad that I spilled my milk.)
- You never let me play with you. (Example: I want to play with you.)
- You never help me. (Example: I need help, please.)

Explain that we will learn a few simple steps to help us remember when and how to use an "I Message."

- Step 1: Before saying anything, STOP. Think about what you are feeling and why.
- Step 2: Imagine the other person. Think about how that person might be feeling and why.
- Step 3: Form an "I Message" in your mind:
I feel _____
I want _____
I need _____
- Step 4: Say it, using a calm tone of voice.

Ask the children to practice using “I Messages” for the following situations.

- A classmate calls you a “jerk” in front of a bunch of kids.
- You are trying to do your homework. Your little sister keeps climbing all over you.

Ideally, children would initially role play situations with the facilitator and then with another child.

If time allows, explain that there is another way which we communicate. One powerful way we communicate is through body language. To be good communicators, we have to know how our bodies send messages to others and what other people’s body language is saying to us.

The facilitator should demonstrate various poses such as hands on hips, clenched teeth, angry face, a sad face, a surprised face, etc.

Defense Masks

Skill Builder: Be able to make safe choices that respect self, others, and property.

Coping Session:

Age: Elementary School, Middle School, and High School

Using pattern, have participants make a Defense Mask. Begin by having discussion.

Materials:

- Poster board
- Mask pattern (either pre-cut or have students help)
- Markers
- Crayons
- Things to decorate masks (glitter, feathers, felt, “fun stuff”)

Description:

Sometimes knowing what someone is feeling/ thinking can be like playing a guessing game. Many people hide their thoughts/feelings. You can illustrate by holding something in front of your face—ask them to identify what you are feeling.

Defenses are masks which hide our feelings/ thoughts. They are walls to hide behind. Sometimes we are afraid to show our real feelings/thoughts, so we act differently than we feel. For example, some people may smile or laugh when they actually feel afraid or sad. We act in a certain way when our feelings are hurt. We may smile, yet we really feel hurt by something someone did or said to us. Possibly we just get really quiet when our feelings are hurt. Sometimes defenses get in the way of us

getting what we need because someone doesn't understand what we are really feeling.

Distribute the mask pattern and have the children make a mask. Tell them that they should decorate their mask by drawing a face on the mask that reflects a “defense mask” that they use to cover up uncomfortable feelings. Tell them: It is important for us to learn that we can choose whether we want to use a defense. Defenses are like a football defense line—they protect us.

In families with substance use disorders, children may feel it is their fault. Adults dealing with a serious problem may use the defense of blaming others because they are not ready to deal with their problems.

When there is a crisis in a family, people may react differently. They may act mad when they are really worried or sad. Sometimes parents use a defense to try to protect their children from problems—denial—hoping the child doesn't notice.

People use defenses to handle problems.

Discuss with children:

- Does everyone have problems?
- Problems are a part of life, but we can learn to handle our problems in safe ways—remind them of the rules for safety: we cannot 1) hurt ourselves 2) hurt others 3) break anything.
- Can they think of a time when they felt they needed to use a defense to stay safe? Ask to share, discuss options for safe coping.
- Review "Stop and Think" as a way to delay a reaction to something. Think before you act.

Drinking and Drug Problems

Skill Builder: Be able to recognize and discuss information about alcohol and drug use.

Substance Use Disorders Session:

Elementary School

This exercise helps children understand that all drugs change how the body works and that some drugs are healing and some drugs are addictive.

Materials:

- Pencils
- Flipchart or board

Alternative Materials Options:

- Laminated/clear contact paper covered pictures of drugs (over the counter, such as aspirin, cold medications, alcohol, cigarettes, and illegal drugs)
- Either two boxes or two large Ziploc bags, one labeled "Healthy" and the other "Unhealthy"

Description:

Explain to young people that a drug is something we put into our body that changes how our body works. Aspirin, penicillin, alcohol, and marijuana are names of some drugs. All drugs can affect our body in some way. Some drugs affect how we think. Some drugs, like penicillin, affect how our body heals itself. Other drugs can affect our moods (feelings). Drugs that affect our feelings are called mood-changing drugs. Alcohol and marijuana are drugs that change our moods. The names of some drugs are listed below.

Write the following list of drugs on a flipchart or chalkboard. Have the children choose the drugs that can change a person's moods:

- Aspirin
- Nicotine
- Marijuana
- Penicillin
- Heroin
- Librium
- Valium
- Opioid
- Alcohol

Alternative Method:

- Use laminated pictures to introduce children to the difference between healthy or unhealthy drugs.
- Hold up a picture, for example aspirin.
- Would I put this in the healthy or unhealthy box?
- Why?
- Continue with the pictures and incorporate the questions below.
- Then ask them to answer the following questions:
 1. A mood-changing drug found in beer, wine, and liquors (like whiskey, scotch, bourbon, and vodka) is called _____
 2. "Pot" is a nickname for the mood-changing drug _____
 3. Some pills that change people's moods are _____ and _____

Drinking alcohol or using other mood-changing drugs changes how people act. Have the children think of a time they saw someone drunk or high.

Have children choose words from the list below that describe how that person acted (you can add your own words to the list):

- Fell asleep
- Got mad
- Yelled
- Got clumsy
- Acted scary
- Said something stupid
- Did something crazy

Sometimes people are not in control of how much or how often they drink. Joe’s father drank one beer after another, until he drank too much and drove the car into a tree. Peter’s mom drank too much and did silly things that embarrassed Peter in front of his friends. Susan’s mother took lots of pills. The pills made her forget about the time. She forgot to fix dinner.

People who use too much of a mood-changing drug—such as alcohol or marijuana— become “drunk” or “high.” They cannot think clearly. They forget things. Their bodies do not work as well. They do clumsy or silly things. Sometimes they say crazy things or see things that aren’t really there. People who are drunk or high can lose control of their thoughts, their feelings, and their actions. Being around someone who is drunk or high can feel scary.

Have the children think of a time they were around someone who was drunk or high and they felt embarrassed or afraid. Ask them to share about this time with the group:

When he/she was drunk, he/she _____

and I felt _____

People who drink or use other mood-changing drugs, even though it keeps causing problems with family, work, or health, are sick. They have a disease called “alcohol use disorder” or “drug addiction.”

People who keep drinking (or using drugs) even when it keeps causing problems usually are addicted. Addicted means stuck. They are stuck needing to drink and use drugs just like you need to scratch when you itch. People who are addicted to alcohol or drugs need help to quit drinking or using drugs. They cannot do it on their own. They are sick. We say people with this sickness have an alcohol use disorder or are “addicted to alcohol or drugs.”

Some people believe that all alcohol or drug-addicted people are grungy, dirty men who lie in gutters with wine bottles at their sides. But most people with an alcohol use disorder are just regular people. What do you think an alcohol- or drug-addicted person looks like?

Alcohol- or drug-addicted persons can be men or women, boys or girls, rich or poor, tall or short, fat or thin. Addicted people work as doctors, dentists, construction workers, teachers, mechanics, and grocery store clerks, and in many other kinds of jobs.

Every alcohol or drug-addicted person is somebody’s mother, father, sister, brother, or friend.

Do you think somebody in your family might have this sickness of addiction? _____

What makes you think that? _____

Drug Addiction Jeopardy

Skill Builder: Be able to recognize and discuss information about drug use.

Treatment and Recovery Session:

Middle School and High School

Addiction Session: Gr. 4-6

Materials:

- Use pp. 156-163 for Gr. 4-6
- Copies of the chart below (or transfer it to a large surface like newsprint or white board)
- Copy of the questions and answers below
- Pencils or pens
- Prizes

Description:

Explain that this game is similar to TV *Jeopardy!*

Divide into teams (if possible, separate the teams in the room).

Give each team 1 minute to select a name.

They can choose to have one person answer for the team, or take turns answering for the team.

A question is asked and the team members are given 1 minute to determine an answer.

Based on age group participating, facilitators should select which categories to use. Categories include: alcohol, tobacco, Legal, Illegal, club drugs, marijuana, heroin, cocaine, hallucinogens, addiction/recovery 1, addiction/recovery 2, or addiction/recovery 3. Give each team the page with questions reflecting chosen categories. Have team discuss possible answers. (If the group is small, each individual may be a team.) The attached game board contains questions. Put a chart similar to the following on the board/flip chart sheet or poster.

Have someone keep track of dollars/points earned by teams. Reward the winning team with a grand prize and give another prize to the others.

| Category | Category | Category | Category | Category | Category | Category |
|----------|----------|----------|----------|----------|----------|----------|
| 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| 60 | 60 | 60 | 60 | 60 | 60 | 60 |
| 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 |

| Addiction / Recovery I | | Addiction / Recovery II | | Addiction / Recovery III | |
|------------------------|----------|--|--|--|--|
| 100 | question | Q: What is another term for chemical dependency? | Q: What two genetic factors increase the risk of addiction? | Q: If a person relapses, does that mean the end of their recovery? | |
| | answer | A: Addiction | A: Number of family members who are chemically dependent and whether they are close relatives | A: No, as long as they get right back to the program with renewed purpose | |
| 200 | question | Q: When a child begins to experiment with alcohol or other drugs, what are some consequences they will likely face from family, school, and the legal system? Name one from each. | Q: What two environmental factors increase the risk of addiction? | Q: What are two powerful myths or misconceptions surrounding chemical dependency that people still believe today? | |
| | answer | A: (1) Family (loss of trust, restrictions) (2) legal (arrests, court costs, restrictions) and (3) school (suspension or expulsion) | A: Family and Peers | A: That chemically-dependent people are morally flawed and lacking in willpower | |
| 300 | question | Q: If someone is addicted and continues to use, what are three likely outcomes? | Q: What are the three stages of chemical dependency? | Q: What is the difference between mind altering and mood altering drugs? | |
| | answer | A: Jail, long-term hospitalization, or premature death | A: Learning, Seeking, Loss of Control (Addiction) | A: A mind altering drug changes the physical structure of the brain permanently while a mood altering drug affects mood temporarily | |
| 400 | question | Q: Chemical dependency is “chronic” and “progressive.” What does that mean? | Q: What does being in the Seeking Stage mean? | Q: Define addiction | |
| | answer | A: “Chronic” means it never goes away. “Progressive” means it keeps getting worse as long as a person continues to use. | A: A person organizes their life around opportunities to use | A: A chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences. | |

| Addiction / Recovery I | | Addiction / Recovery II | | Addiction / Recovery III | |
|------------------------|----------|--|--|--|--|
| | question | <p>Q: What percentage of people who are chemically dependent can achieve recovery and sobriety?</p> <p>A: We believe, everyone who wants to. However, large numbers of chemically dependent people still do not find recovery or sobriety.</p> | <p>Q: What is the difference between treatment and recovery?</p> <p>A: Treatment addresses medical needs surrounding withdrawal, as well as psychological, behavioral, and educational needs (also called cognitive therapy). It is short-term. Recovery is living a different kind of life usually centered around the 12 step principles. It is life-long.</p> | <p>Q: Do you believe chemical dependency is a disease? Why or why not?</p> <p>A: Disease—it disrupts the normal, healthy functioning of the underlying organ (brain), has serious harmful consequences, is treatable, and if left untreated, can last a lifetime. More formally, it is a pathological condition resulting from infection (use), genetic defect (family predisposition), or environmental stress (family environment) and is characterized by an identifiable group of signs or symptoms.</p> | |
| 500 | answer | | | | |
| | question | <p>Q: If someone becomes addicted, is the situation hopeless?</p> <p>A: No, recovery is always possible</p> | <p>Q: What can we do when someone we love is addicted and using?</p> <p>A: Stop enabling, support loved one's efforts to recover, arrange for a professional "intervention" (if family member won't admit problem and go to treatment), address our own recovery needs</p> | <p>Q: What are the Seven Cs?</p> <p>A: We didn't cause it, can't control it, can't cure it, but we can take care of ourselves by making healthy choices, communicating our feelings, and celebrating who we are.</p> | |
| Daily Double | answer | | | | |

| Prescription Drugs | | Inhalants & Club Drugs | | Amphetamines | |
|--------------------|----------|--|--|---|--|
| 100 | question | Q: What's different about a prescription drug vs. an over-the-counter drug? | Q: What are inhalants? | Q: T/F: Methamphetamine is one of the amphetamines | |
| | answer | A: You need a doctor's authorization (prescription) to get it | A: Substances found in many household products that are inhaled to get high | A: True | |
| 200 | question | Q: Name two ways that using an over-the-counter drug may not be safe | Q: Can a person die from a single prolonged sniffing of an inhalant? | Q: Are amphetamines stimulants or depressants? | |
| | answer | A: Using too much, without a need, or using out of date drugs | A: Yes | A: Stimulants | |
| 300 | question | Q: Name three ways using a prescription drug may not be safe | Q: Which of the following is true? (1) inhalants are extremely toxic, (2) inhalants can cause brain damage, (3) inhalants can cause heart, kidney, and lung damage, or (4) all of the above | Q: T/F Methamphetamines are made of common, toxic household products | |
| | answer | A: Using someone else's prescription, using the wrong amount, using too long or not long enough, or using an out of date drug | A: All of the above | A: True | |

| Prescription Drugs | | Inhalants & Club Drugs | | Amphetamines | |
|--------------------|----------|--|---|---|--|
| 400 | question | Q: Why is it not safe to stop using a prescription drug before the prescription runs out? | Q: What club drug may contain heroin, speed, and rat poison? | Q: Methamphetamines often result in disfigurement | |
| | answer | A: An infection might not be completely eliminated, and the remaining germs would likely be the most resistant of the bunch, making it harder to kill a resurgence of the infection | A: Ecstasy | A: True | |
| 500 | question | Q: What is the name of the first extremely effective antibiotic? | Q: Name two ways a “date rape” drug might affect you | Q: What are two feelings that amphetamines produce? | |
| | answer | A: Penicillin | A: Confusion/loss of consciousness and distorted memory | A: Euphoria and alertness | |
| Daily Double | question | Q: Why do researchers continue to develop new types of antibiotics? | Q: What is the most common “date rape” drug? | Q: Methamphetamine is extremely addictive and has permanent health effects | |
| | answer | A: Because germs develop resistance to older types so they become less effective | A: Alcohol | A: True | |

| Drugs | | Legal Drugs | Illegal Drugs |
|-------|----------|---|---|
| 100 | question | Q: Are all drugs harmful? | Q: How can you be sure what's in a street drug? |
| | answer | A: No | A: You can't |
| 200 | question | Q: Can every drug be harmful if used improperly? | Q: What item comes with every item bought in a store but never with a street drug? |
| | answer | A: Yes | A: A receipt (or, a guarantee) |
| 300 | question | Q: Name four reasons why teens experiment with unsafe drugs | Q: What are two common "gateway drugs"? |
| | answer | A: Curiosity, peer pressure, the desire to fit in, boredom, uncomfortable feelings, want to experience "high," advertising (alcohol and cigarettes), want to celebrate | A: Alcohol and marijuana |

| Drugs | | Legal Drugs | Illegal Drugs |
|--------------|----------|---|--|
| 400 | question | Q: What organ of the body do all illegal drugs quickly effect? | Q: What is a gateway drug? |
| | answer | A: The brain | A: One commonly used early in the use-abuse-addiction cycle |
| 500 | question | Q: What is a drug? | Q: What's the difference between a "hard drug" and a "soft drug"? |
| | answer | A: Anything we put in our body that changes the way we feel, think, or the way our body works | A: Nothing—so-called "soft drugs" lead to the same problems as "hard drugs," including addiction |
| Daily Double | question | Q: What are the 3 Stages of Dependency? | Q: If a person abuses street drugs, what kind of friends do they have? |
| | answer | A: Learning, Seeking, and Loss of Control (Addiction) | A: Using friends |

| Marijuana | | Alcohol | | Tobacco | |
|-----------|----------|---|---|---|--|
| 100 | question | Q: Is marijuana addictive both physically and psychologically? | Q: What is the name of the disease when someone can't stop drinking? | Q: What is the addictive drug in tobacco? | |
| | answer | A: Yes | A: An alcohol use disorder | A: Nicotine | |
| 200 | question | Q: Name two effects on a person's body or mind who regularly smokes marijuana? | Q: What can you do to sober up someone who has been drinking? | Q: Name two ways tobacco can be used | |
| | answer | A: (1) Loss of short-term memory (2) Loss of ambition | A: Nothing—only the passage of time makes a person sober | A: Chewed or smoked | |
| 300 | question | Q: One marijuana joint has as many cancer-causing agents as how many cigarettes? | Q: What is binge drinking? | Q: What do we call it when people breathe in other people's exhaled smoke? | |
| | answer | A: In the three to four range | A: Drinking five or more drinks in one sitting | A: Second-hand smoke | |

| Marijuana | | Alcohol | | Tobacco | |
|--------------|----------|---|---|--|--|
| 400 | question | Q: How many chemicals are in a marijuana joint? Is it (a) about 10 (b) about 50 (c) over 400? | Q: What should we do if someone passed out? | Q: Name two diseases caused by tobacco | |
| | answer | A: Over 400 | A: Call 911 | A: Cancer, heart disease, emphysema | |
| 500 | question | Q: What are five negative consequences that happen to someone who uses marijuana? | Q: What are two dangers to a baby if the mother drinks alcohol while pregnant? | Q: Name two risks for a baby of a mother who smokes during pregnancy | |
| | answer | A: Possible answers: family, school, work, or legal problems; car crashes; short-term memory loss; loss of outside interests; impaired decision making; impaired coordination; addiction | A: (1) Birth defects (2) Fetal Alcohol Syndrome | A: (1) Lower birth weight (2) increased risk of infant death (3) increased risk of childhood cancer | |
| Daily Double | question | Q: T/F can marijuana cause psychosis for those at risk? | Q: Why is someone who begins using alcohol before the age of 25 more likely to have an alcohol use disorder? | Q: T/F tobacco use killed approximately 100 million people in the 20th century? | |
| | answer | A: True | A: Their brain is not fully developed | A: True | |

Family Sculpture

Skill Builder: Be able to identify safe people who will understand and support you.

Treatment and Recovery Session:

Elementary School

Materials: Play dough or other materials to diagram a family

Description:

1. Explain to children that each family is different. Some families include a mom, dad, and children; some include grandparents; some include pets; some include partners. Some children live with foster parents. There is no one family constellation.
2. Explain to children that they have an opportunity to make a diagram, using play dough or clay (or anything else such as cups), of their families.
3. Explain that everyone needs to use the material to make a family. IT IS NOT TO BE USED FOR ANY OTHER PURPOSES.
4. Give children a wad of clay or play dough and instruct them to make a symbol for each family member.
5. Suggest they place figures who spend time together close to one another.
6. Allow children to be creative.
7. Encourage each child to tell something about his/her family.
8. Explain that recovery allows family members to change so the family design may not look the same in the future. With change, there may be as much stress as existed earlier; however, individuals may have gained new skills to handle the stress.

Family Self-Care Map

Skill Builder: Be able to identify safe people who will understand and support you.

Treatment and Recovery Session:

Elementary School, Middle School, and High School

This activity helps children understand what they can do to take care of themselves and what their family members can do to take care of themselves. In other words, they need to understand the difference between the adult's recovery jobs and their recovery jobs.

Materials:

- Copies of family self-care map worksheet
- Pencils
- Nontoxic markers
- Chalkboard/flipchart

Description:

The facilitator explains to the children that recovery from addiction takes work. The addicted person in treatment needs to do certain things to stay well. The other adults in the family also have to take care of themselves. The children do not have to take care of the adults; their only jobs are self-care, having fun, and being kids.

The facilitator explains the many resources for children and adults to take care of themselves such as support groups and mutual aid groups including 12-step programs of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon, and Alateen. Many people need additional counseling, treatment, and continuing care.

Explain to the children the concepts of anonymity at meetings, using first names only, and 12-step service work. Explain that when parents go to meetings, it does not mean the children are not important; the parents need to do this for their own recovery.

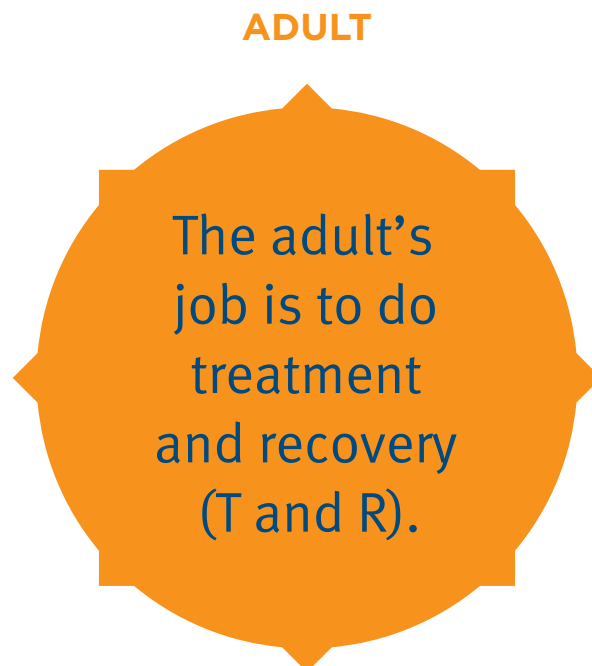
Children need to remember to reach out to other safe people when parents are busy with recovery work. Be prepared to answer questions the children may have about these concepts and resources, such as “Why do people in recovery have to keep doing these things after treatment?” and “When do they get better?”

The facilitator writes on the chalkboard/flipchart the areas to be covered in the activity: Body, Mind, Spirit, Feelings, and Being a Kid. If the group has done this activity under the Jeopardy Self-Care Game, they can just review the areas. If the group has not done the activity before, have the children brainstorm things they can do in these areas for self-care.

The facilitator can then give out copies of the Family Self-Care Map worksheet. Have the children list things the adults can do for themselves under the adult section. Then, have the children list things they can do for themselves under the child section. Make sure children understand how their jobs are different from the adult jobs.

Note: If the adolescent in the family is the one who is addicted, put that person's job as treatment and recovery.

Family Self-Care Map



Feelin' and Healin' Game

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: High School

This activity introduces young people to the concept of helpful and harmful ways to express feelings. It encourages them to develop positive ways to share their feelings on a daily basis.

Materials:

- Chalkboard/flipchart
- Nontoxic markers

Description:

The facilitator introduces the group to the concept of helpful and harmful ways to share feelings. This notion gets beyond the “all feelings are OK” construct to guide teens with specific strategies to share their feelings in healthy ways. While this exercise can work well with any feeling, it is particularly effective with the emotion of anger.

Using a mini-lecture format, the facilitator teaches the group about the three harmful ways to express anger. Even though anger is a normal feeling these young people experience on a regular basis, it is not OK to express it by:

- Hurting other people
- Hurting themselves
- Destroying property

The facilitator engages the group to brain storm examples of each harmful category. Teens might come up with “saying mean words to others” as an example of hurting others, “putting themselves down” as a way to hurt themselves, and “graffiti” as a means of destroying property. The facilitator lists these on the chalkboard/flipchart and a rich discussion ensues.

The facilitator then introduces the group to the helpful ways to express anger:

- Respecting others
- Respecting themselves
- Respecting property

The group discusses how it's OK to express anger to safe people by just telling them or writing them a note. It isn't necessary to yell, threaten, or hit the person to share anger. The discussion continues as the group brainstorms helpful ways to express anger. Reinforce to the young people that it's OK for them to get angry as many of them have lots of things to be angry about. What's essential is to learn safe ways for them to express it.

Introduce young people to the idea of taking a time-out when they get really angry. Doing so will help prevent them from doing or saying something that can be very harmful and potentially dangerous.

Feelings Box

Skill Builder: Be able to communicate feelings using "I Messages."

Feelings Session: Elementary School, Middle School, and High School

This activity helps children to recognize and accept their feelings and to use positive/safe ways to handle their feelings.

Materials:

- Feelings box with phrase cards inside (on page 175)*

**Facilitators may want to laminate the phrase cards for use in the future.*

Description:

The facilitator places a number of cards in a box with statements such as "I feel angry when ...". Each child draws a card and supplies the answer to the question. Give children the option to pass on the first card and select another one. Explain that feelings may come out as headaches, stomachaches, or just being "upset," rather than a "real" feeling. Sometimes people try to ignore their feelings, but our bodies give us signals or clues to our feelings through such things as stomachaches, headaches, and sleeping problems. Sometimes our feelings get locked into our bodies and can't get out easily. We can feel a tightness in our stomach when we are nervous or jittery. Sometimes we have a tightness in our chest and we have difficulty breathing. We cannot sleep at night when we are worried, and

sometimes we do not want to eat when we have upset feelings.

Facilitator reviews the following "rules" for handling feelings: We *should* handle feelings in a way that you:

1. **Respect yourself.** Sometimes people start taking drugs to feel happy or believe it will solve problems if they are sad. That doesn't work for long, and it becomes hard for them to feel OK when they are not taking drugs.
2. **Respect other people.** When we're angry with someone, hitting is not OK, but telling someone we feel that way may be OK.
3. **Respect property.** It is not OK to break something.

After we recognize our feelings, we can learn to accept them, which means to admit to ourselves that we are feeling something.

We may learn that we can change our feelings by doing something, maybe talking about them with someone who cares, or by doing something we enjoy such as biking or playing. For example, if we wake up in the morning and it is raining, and we planned to play outside, we may feel sad. We can learn that we can change our feelings perhaps by inviting a friend over. We don't have to feel sad all day. Addiction is called the "feelings disease" because people sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away for a little while.

- To expand and add depth to this activity, facilitators can ask participants to add how they have handled a specific feeling , e.g., being angry or sad, or how they could handle the feeling in a safe and healthy way in the future. If used with high school students, facilitators may want to add additional phrases to the feeling.

Conclude with “all feelings are OK.” Feelings are signals to us that we are having a reaction to something. What is important is that we remember to handle our feelings in safe ways, which means that we do so by respecting ourselves, others, and property.

Feelings Box

PHRASES

Write these phrases on index cards and place them in the Feelings Box.

- » I feel angry when ...
- » I feel happy when ...
- » The most embarrassing thing that has happened to me was ...
- » The feeling we don't talk about in my family is ...
- » The feeling most difficult for me to talk about is ...
- » I felt sad when ...
- » I was excited when ...
- » I felt silly when ...
- » I was proud when ...
- » It hurts my feelings when ...
- » I was really upset when ...
- » I was glad when ...
- » I was so scared when ...
- » I feel mad when ...
- » I feel calm when ...
- » I get frustrated when ...
- » My happiest family memory is ...
- » I feel angry at my sister/brother when ...
- » I feel confused when ...
- » I felt discouraged when ...

Feelings Face Case

Skill Builder: Be able to communicate feelings using "I Messages."

Feelings Session: Middle School

This activity introduces young people to a wide variety of feelings and reinforces the concept that all feelings are OK.

Materials:

- Copies of Feelings Face Case worksheet (on page 179)
- Pencils

Description:

The facilitator reminds the children that people have many different emotions on a daily basis. Children will be given a chance to share their own experiences as they write captions for each of the faces.

After a brief discussion on feelings, the facilitator passes out the Feelings Face Case worksheets to each group member. The children are instructed to write a caption for each facial expression. The exercise is designed to help children discern the feeling each face represents and then write an appropriate caption. They can work in pairs if desired. (This option can help facilitate the socialization process for them.) The facilitator should move about room and offer any assistance the children need to complete the assignment.

After everyone has finished writing, the children are asked to volunteer to share a caption they wrote for one of the facial expressions. A discussion follows in which group members relate an occasion when they have had a similar expression, describing the circumstances and the feelings that accompanied that expression. The activity is concluded by talking about the freedom that comes from letting go of feelings by sharing them with safe people.

Feelings Face Case Worksheet

What feelings do you suppose each person is experiencing? Why do you suppose they are having those feelings?



Feeling _____



Feeling _____



Feeling _____



Feeling _____



Feeling _____



Feeling _____



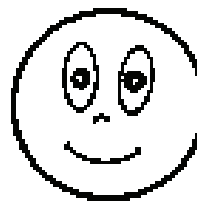
Feeling _____



Feeling _____



Feeling _____



Feeling _____

Feelings Wheel

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Elementary School

Promotes the expression of emotions and helps young people to communicate in new and exciting ways.

Materials:

- Feelings wheel spinner divided into eight feelings (on page 183)
- Metal fasteners

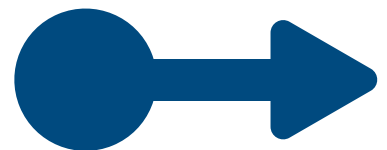
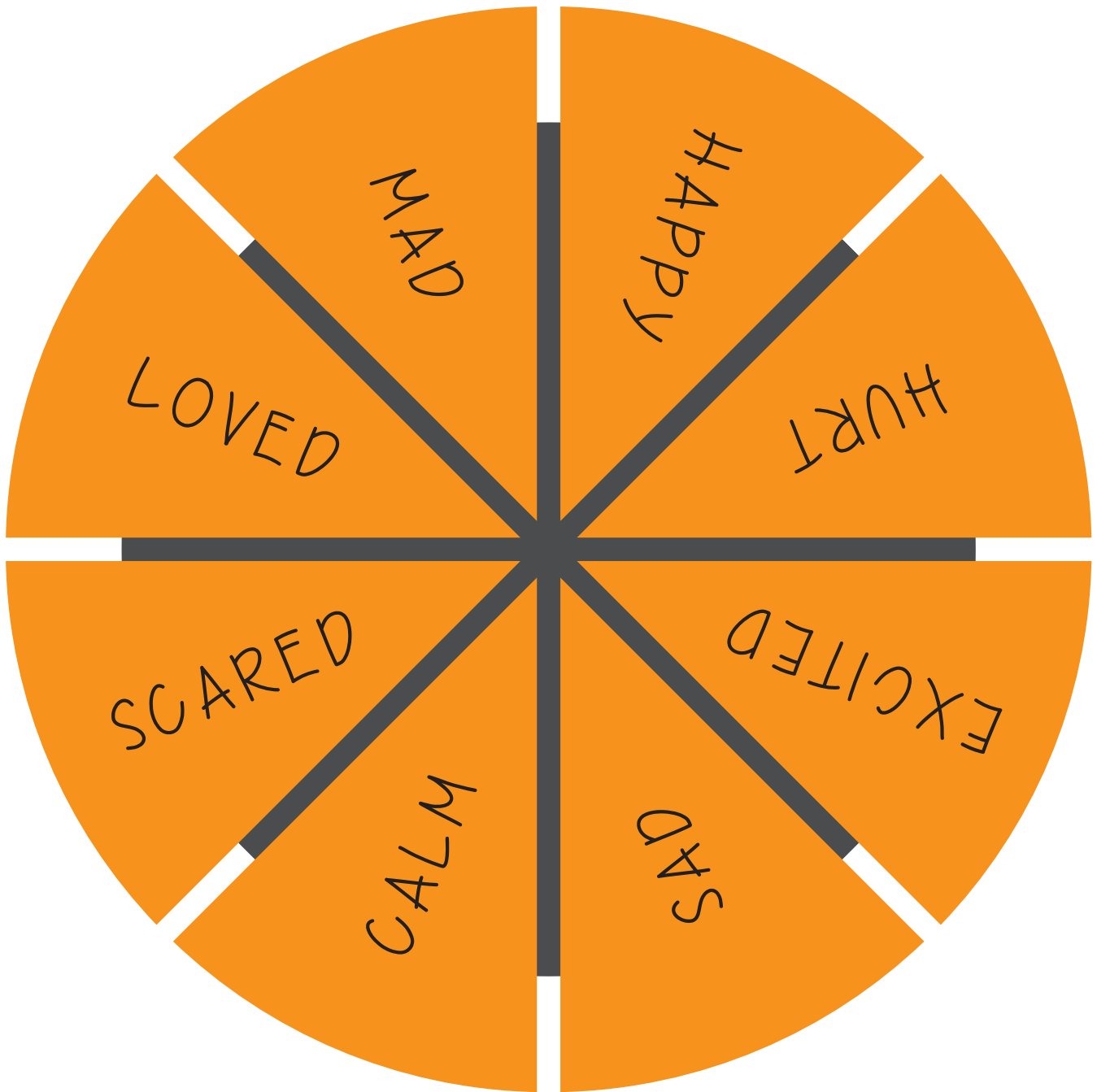
Description:

The facilitator has the children sit in a circle on the floor with the feelings wheel spinner in the middle. Using the template provided, cut the wheel out of cardboard and attach the spinner in the middle with a metal fastener. The wheel is divided into eight spaces, each with a different feeling. Four of the feelings are comfortable ones and four are uncomfortable ones. Explain to the children that with a spin of the wheel, they will find themselves in the land of feelings. The facilitator should also participate in this activity to point out its value and importance for the group.

One by one the children spin the wheel and then share a time they experienced the feeling on which the spinner stops. After a child shares a particular feeling, others may also tell about a time that they felt the same way. After two or three rounds the facilitator begins a discussion about how people experience many different feelings each day and how we often feel better when we share our feelings with others.

This activity not only validates young people's feelings but also helps them to realize they are not alone. Along the way comes the realization that feelings are OK and that sharing them with safe people is healthy.

Feelings Wheel



Fill in Your Feelings

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Middle School and High School

This activity helps young people identify people, things, and situations that can affect their feelings.

Materials:

- Copies of fill in your feelings worksheet
- Pencils

Description:

The facilitator gives each participant a copy of the worksheet and explains that this exercise can help teens identify those people and situations that tend to affect their feelings the most. It can reveal much about their feelings, as well as information about their relationships. Tell the participants to take a few minutes to fill out the worksheet.

After participants have completed the worksheet, the group can discuss responses, one item at a time. The facilitator asks if people in the group want to share what they wrote down but should not demand more self-revelation than participants are comfortable giving. Other participants can then share their responses, noting if they are

similar to or different from the others.

The facilitator should explain to the young people what it means to “stuff” feelings and not deal with them. Explain that it is like carrying around a bag of rocks. Fill a backpack (or a small suitcase) with water bottles or books.

1. Have a participant walk across the room holding the backpack or suitcase using one hand/arm.
2. Ask participant if he/she wants to lighten their load of feelings.

Suggest they could remove a book or water bottle which represents a feeling by sharing with the group.

The young people can share feelings they stuff and discuss them in the group. All are amazed at how sharing feelings, especially ones they usually stuff, makes them feel better.

Fill in Your Feelings Worksheet

1. I feel good when _____

2. I am angriest when _____

3. In school I am happiest when _____

4. In school I get angry when _____

5. In school I get sad when _____

6. Some of the feelings I “stuff” are _____

7. At home I am happiest when _____

8. At home I am saddest when _____

9. I feel happy with friends when _____

10. I am sad when my friends _____

Give Myself a Positive Message

Skill Builder: Be able to affirm oneself.

Treatment and Recovery Session:

Elementary School, Middle School, and High School

Materials:

- Plain paper or index card
- Construction paper or magazines
- Non-toxic markers

Description:

Begin by discussing how each person is unique and special. Emphasize that we all have strengths and weaknesses and all have potential for reaching our goals. Explain that in stressful situations, we often forget that we are worthwhile, valuable, and deserve to be respected. Often, children who grow up in stressful situations lack a positive self-image. We develop our self-image both from what others say to us, from our own self-talk, as well as from factors such as spirituality. Sometimes family members are so preoccupied by stress that they do not give this support. Other times, family members may have not received positive feedback; therefore, they may not know how important it is and/or do not know how to give positive feedback. Sometimes, we give ourselves negative messages such as “I’m stupid,” “I shouldn’t have done that,” “I’m ugly.” Remind students that our rules include no put-downs, and that not only applies to others but to ourselves.

Have children write down three positive things they like about themselves. Suggest that children practice giving themselves these messages in a mirror or at other regular times.

Ask children to draw an advertisement for him/herself which reflects positive traits. These pictures may use words, magazine pictures, construction paper, etc. Ask students to share after completing picture.

Guess My Feeling

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Elementary School

This activity assists children in identifying and expressing their feelings while at the same time developing congruency between their inner feelings and outer appearances.

Materials: None

Description:

The facilitator begins the game by asking a volunteer to come forward and whisper a feeling in the facilitator's ear. The child then turns his/her back to the group. The facilitator directs the group to chant the magic chorus, "Turn, turn, turn in place, with a feeling on your face." As the group chants, the child slowly turns around and silently shows the feeling. After the other children correctly identify the expression, the child shares a time he/she experienced that particular feeling. The facilitator helps children use "I Messages" in sharing feelings (see Phrases for the Feelings Box, page 175).

This game works best when enough time is allotted to give each group member at least two chances to show a feeling to be guessed. The facilitator follows up this exercise with a brief discussion about how we all have many similar feelings every day and that it's OK to talk about them with people we trust.

An option here is to have children look in a mirror after they put their feeling faces on. This is a powerful way for them to develop congruency on the outside for the feelings they experience on the inside. Assist shy children in doing this exercise by offering to do it with them. After they've tried it once, they are usually ready to go solo the next time. Sometimes it's necessary to give a child some assistance, not only in picking a feeling but also in creating the facial expression that can go along with it.

HALT: Three Steps of Managing Feelings

Skill Builder: Be able to identify several ways to cope with stressful situations.

Problem-Solving Session: High School

Description:

Say: One of the first steps in managing our anger in order to make good decisions is knowing when we are becoming overloaded. Excess stress is unhealthy and can lead to hurting ourselves or others—we are likely not to sleep well, have lots of negative self-talk, and not be able to concentrate well in school.

Ask: What are some signs we are getting stressed out? Depression, fighting/irritability, sleep problems, panic attacks. What are some effects of stress? Headaches, stomachaches, back aches, get sick a lot, sleep problems, out of control emotions, depression, rage, inability to make good decisions, fear and phobias. What do you do now to manage your stress? Allow students to share.

HALT is one way to help manage stress and allow us to keep ourselves centered so that we can make healthy choices in stressful situations. HALT stands for:

- **Hungry:** We need to eat healthy meals on a regular basis; don't skip meals or substitute junk food for healthy food.
- **Angry:** What can you do if you are feeling angry? Think about the ways to express our feelings safely.
- **Lonely:** What is something you can do if you are feeling lonely? Call or visit a friend, use "I Messages" to share what you are feeling.
- **Tired:** What if you are feeling tired? Take a nap. It is very important to get a full night's sleep each night. This is because of our brain chemistry. Scientists have learned that one of the ways to keep our brain chemistry levels normal (especially dopamine) is to make sure we get enough rest. This can be difficult! However, if you are starting to feel overwhelmed or stressed and it is getting late—go to bed. Things do feel better in the morning, even if they have not changed in reality.
- **Ask:** What are some other ways we can reduce our feelings of stress? Exercise, meditate, talk with a friend, go to your faith community or house of worship, pray, relax—stop, laugh, and have some fun.
- **Say:** It is important to remember when we feel stressed out, we are more likely to become angry and make poor choices.

Healthy Decisions

Skill Builders: Identify possible consequences for chosen behavior.

Be able to make safe choices that respect self, others, and property.

Problem Solving Session: Middle School

This activity helps children identify how feelings are associated with decisions they make and how they can make decisions to take good care of themselves.

Materials:

- Poster board or chalkboard/flipchart to write out formula
- Situation Cards (See pages 199 and 201)
- Nontoxic markers
- Basket, bag, or other small container in which to put cards

Description:

The facilitator writes each step of the decision-making formula on a large writing surface (poster board for a reusable lesson aid or a chalkboard/flipchart for a temporary aid). Explain the directions to the children:

Today we will learn to use a decision-making formula that can help us make healthy decisions. The formula is up on the board. It is Feelings + Good Choices = Healthy Decisions. Let's go through an example of how this formula works. You use this formula when you have a decision you need to make. For example, let's say you've found out that a friend has told other people something you shared in confidence that you wanted to be a secret. We'll call this "the situation."

Next, think about how you feel about the situation. What might some of your feelings be? (Wait for

answers. Put answers in the squares of the model.) What are some choices you could make based on your different feelings? (Wait for answers. Put answers in the squares of the model.) Let's go through each of the choices to see what might happen? (Wait for answers for each choice and record.) If each of these things happened, what feelings would you have? (Wait for answers and record.) Finally, think about which choice works best for you. That choice is usually the best decision.

Let's try the formula using the Situation Cards or our own situations. Pick a Situation Card or write down a problem you are dealing with that you would like some help on. Drop your card into this container. Who would like to draw a situation from the container? (Select a volunteer, if no one responds.) Now let's use the Healthy Decisions Formula to solve the problem. (Point to the appropriate step of the formula as you ask the following questions.) Who can tell the group what the problem is in their own words? (Situation) How might you be feeling in this situation? (Associated Feelings) What are some choices for this person? (Choices)

If a person were to do this or make this choice, what could happen as a result? (What Might Happen)

How might a person feel if he/she made each choice? (Associated Feelings)

If this were you, what would you do? (My Decision)

Let's try another one. Who would like to draw the next situation?

Repeat the process until the Healthy Decisions Formula (See chart on page 197) has been used for all situations/problems.

Feelings + Good Choices = Healthy Decisions

| Situation | Associated Feelings | Choices | What Might Happen | Associated Feelings | My Decision (Choice that feels right and safe for me) |
|-----------|---------------------|---------|-------------------|---------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Situation Cards

Note: All Situations are appropriate for Middle School children

Your friend has started shoplifting.

Your sister is not old enough to drink, but you find empty beer cans in her closet.

Your dad beats up your mom.

Your older brother hurts you physically when he gets mad.

Your mom left you alone all weekend while she was out drinking.

Your friends are teasing a kid who is different. They want you to join in.

Your sister keeps coming into your room.

Your mom wants you to come and live with her. You don't want to hurt her feelings, but you want to stay with your dad.

A new friend asked you over and you said "yes." Now your best friend calls and asks you over. You would rather go with your best friend.

You're not sick, but you don't feel well.

Your big sister destroys your property and blames it on you.

Your babysitter is drinking and doesn't want you to tell your parents.

A group of boys always threatens you in the bathroom at school.

You and your friend are bored.

Your dad left you and your sister in the car for a long time while he was in the bar.

The person sitting next to you in math wants to see your answer sheet to the test you are both taking.

Situation Cards (continued)

Your mom hits your older sister.

Soccer and football practice are at the same time.

Kids make fun of you because you're poor and don't have nice clothes.

You've been asked to go to two different places at the same time.

The kids on the bus are teasing you.

Your brother keeps beating you up.

You are sleeping overnight at a friend's house. Your friend suggests that you drink some of his/her parent's wine.

Your friend asked you to go to a party, but you're not allowed to go.

Your friend asks you to go to a place where you won't get caught and smoke a cigarette.

A bully picks on you every day at recess.

Your friend took \$5 from someone's purse and wants you to promise not to tell.

There is a new kid at school you would like to be friends with, but your best friend doesn't like you to be friends with anyone else.

Your friend's mom picks you up from school in her car. You can tell that she is drunk.

You're afraid to go home from school because your mom has drugs at home.

Your parents are getting divorced.

The children on the bus are threatening you.

Every weekend when you are at your dad's house, he gets drunk.

Helpful vs. Hurtful Scramble

Skill Builder: Be able to communicate using “I Messages.”

Problem Solving Session: Middle School

Materials:

- Painter’s tape
- 1 paper with the words “A Little Angry”
- 1 paper with the words “More Angry”
- 1 paper with the words “Really Angry”

Description:

Anger is a very natural and normal feeling. People experience anger frequently during any given day. This may include feeling annoyed when your little brother messes with your prized possessions, irritated when a friend tells others something you told him in confidence, or really, really mad when you realize how much addiction has hurt you and your family. It’s OK to feel angry; it’s what you do with it that matters the most.

There are both helpful and hurtful ways to express anger. Let’s start with the harmful because it’s the most obvious. There are three harmful ways to express anger:

1. Hurt others.
2. Hurt yourself.
3. Destroy property.
 - » We can hurt others by hitting, kicking, and making fun of them. Often it’s the mean words we say that bother people the most.
 - » We can hurt ourselves by put-downs and not treating ourselves well.
 - » It’s just not OK to destroy or deface property.

You are probably asking yourself “So what can I do when I get angry?” There are three important guidelines to remember when sharing anger:

1. Respect others.
2. Respect yourself.
3. Respect property.
 - » You can tell someone you are angry without hurting them or others. It’s often a good idea to take a “time-out” to calm down. You may settle down and then speak to them without yelling or name-calling. It often helps to share your feelings with one or two other people first. It may be scary to tell a parent, teacher, or counselor you are angry. You could write the person a note about your feelings and discuss it at a later time.
 - » People often get mad at themselves when they make mistakes or hurt others. Please be gentle with yourself. You can learn and grow from your mistakes.
 - » Even though you might get so mad that you really want to, it’s never a good choice to destroy property in any way.

Use the “Helpful vs. Hurtful Scramble” on page 205 to help you think about helpful ways to express angry feelings.


Then review the three guidelines for handling anger. In pairs or individually ask each participant to create a mini-skits to show their understanding of the guidelines for respecting others, respecting themselves, and respecting property. Continue until everyone has had a chance to act out all three.

Helpful vs. Hurtful Scramble


Read each sentence. Decide if this is a harmful or helpful way to express anger. Write your responses in the spaces provided. Solve the secret message from the letters with the circles.

Example:

Call someone mean names H A R M F U L

1. Break things that don't belong to you _____  _____

2. Take time to calm down first _____


3. Talk to someone you trust  _____

4. Spread rumors about the person you are mad at _____

5. Exercise _____

6. Draw a picture _____  _____

7. Scream and yell at others _____

8. Take a time-out  _____

9. Call yourself names like "stupid" or "ugly" _____

10. Steal from others _____

Secret Message _____

High-Risk Me

Skill Builder: Be able to decide if a specific behavior is low-risk or high-risk.

Substance Use Disorders Session: Middle School and High School

Teaches young people about various risk factors for alcohol use disorders and drug addiction.

Materials:

- Option 1
 - » Bibs
 - » Tape
- Option 2
 - » Three poster boards
 - » Three Velcro figures: one large, one medium-sized, and one small

There are two ways to play this game. One is using bibs with tape. The other way is to use three poster boards with Velcro figures to represent the risk factors. One figure is large, one medium-sized, and one small.



Description:

The facilitator explains that the group will be playing a game that empowers them to make healthy choices when it comes to using alcohol and drugs, especially in terms of reducing their own risk factors. Explain the biological risk for addiction and discuss their risk of becoming addicted based on family history.

Using special bibs made from foam squares and Velcro-covered ping-pong balls, have the children form a circle. Everyone practices throwing the Velcro balls across the circle to one another. After a time the facilitator chooses one person to wear one of the squares. The person puts on the small square and runs through the circle while the others attempt to hit him/her with the balls. They should attempt to hit the Velcro square, which symbolizes biological risk(s) for alcohol problems. Note that the squares can be connected front and back to make a vest or bib.

When the Velcro square on the bib is small, explain that there is lower biological risk for addiction; however, there is always some risk for problems or addiction if people use alcohol or drugs. Continue with the other size squares, explaining the greater biological risk people have of becoming addicted when the people in their families have addiction. It is important to acknowledge that a family history does not mean that everyone in the family will develop alcohol or drug problems; however, depending on the choices they make, they are more likely to develop problems if they use alcohol or drugs when they have a high risk.

With a family history of alcohol or drug problems, the low-risk guidelines for adults are to abstain, not to drink daily, or to drink no more than two drinks in any one day, and no more than one drink an hour. For anyone under 21, abstinence is the only low-risk guideline given the greatly increased risk for addiction for anyone whose brain is still not fully developed even if they do not have a family history. You cannot get this family disease if you never drink alcohol or use any mood-altering drug. In addition to family history, there are laws, policies, and other physical issues that can increase risk. Obviously, if people abstain from alcohol and mood-altering drugs, they will not develop alcohol and drug problems. If someone says, “I can run through the circle and not get caught, by dodging and really working hard to protect the Velcro,” point out that they indeed are working very hard at staying safe and then discuss other ways to help avoid alcohol and drug problems. Talk about their choices.

How Do Substance Use Disorders Affect Families?

Skill Builder: Be able to explain that substance use disorders are a disease.

Addiction Session:

Elementary School, Middle School and High School

Materials: None

Description:

1. Remind participants how addiction often affects the way family members relate to one another and others, how problems are handled, and how the family members communicate with each other.
2. Remind participants that, like many other diseases, family members may be born with an increased risk—likelihood—of developing the disease. Many people have grandparents and parents who have heart disease or cancer. Family members can inherit the genetic disposition that increases the risk of the disease developing.
3. Assure participants that people often feel uneasy or scared knowing that their grandparents and/or parents of other family members have a disease (heart disease, cancer, or substance use disorder).
4. Remind children that just because a disease runs in the family, it does not mean that every family member will develop the disease. You are simply genetically predisposed to the disease.
5. Remind participants that one drink = one ounce of alcohol, whether it is one bottle of beer, or one 6-ounce glass of wine, or one cocktail. If a drink has 2 ounces of alcohol in it, that equals two drinks, the maximum safe number of drinks in a day for an adult with a family history.
6. Emphasize that there are often things people can do to prevent the likelihood of developing the disease. To avoid a substance use disorder, the No. 1 thing you can do is never drink any alcohol or use drugs.
7. To expand on topic, do Stages of Dependency, Pepper, or Tangles activities

Keep on Lettin' Go

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Elementary School, Middle School, and High School

This exercise introduces the discussion of anger and ways for children to deal with it.

The facilitator explains that individuals experience a wide range of feelings on a daily basis. All feelings are OK. There is no such thing as a good or bad feeling. Some feelings are much more comfortable to have than other feelings. Living in a family with addiction or with other highly stressed situations, family members often experience lots of uncomfortable feelings. It is important to learn how to handle feelings in healthy ways and avoid handling feelings in harmful ways. There are three harmful ways to handle feelings. Although everyone experiences anger as well as other uncomfortable feelings on a daily basis, it is not okay to express it by:

- Hurting other people
- Hurting yourself
- Destroying property

The facilitator engages the students to brainstorm examples of each harmful category. This could include teasing and bullying others, putting ourselves down and using automatic negative thoughts, and graffiti as a means of destroying property. The facilitator lists these on a white board/flip chart.

The facilitator then explains that there are helpful ways to handle feelings. Helpful ways are those

that:

- Respect others
- Respect themselves
- Respect property

Students discuss how it is okay to express uncomfortable feelings with safe people by just telling them or writing them a note. It isn't necessary to yell, threaten, or hit the person to share anger. The students brainstorm various helpful ways to express anger & other uncomfortable feelings. The facilitator adds these to the white board/flip chart. Reinforce that it is okay for them to get angry as many of them have lots of things to be angry about. What is essential is to learn safe ways for them to express it.

Introduce the students to the idea of taking a timeout when they get really angry. Doing so will help prevent them from doing or saying something that can be very harmful and potentially dangerous.

Elementary Children: Students are to think of a time when they felt frustrated, mad, angry embarrassed or another uncomfortable feeling. Ask the students to draw a picture of that situation. Help students name the feelings. Then direct students to wad up the paper. Place a basket, box or clean trash receptacle a few feet away from the children. Ask each student to briefly describe the picture. Then ask each student to identify one way he/she could safely handle it. Then offer the student an opportunity to "let go" of the feeling by tossing it to the basket. "Letting go" of a feeling is learning to find safe way to release the intensity/pressure/

stress related to the situation. Emphasize that sometimes it takes time to “let go” of feelings, but the goal is to demonstrate there are ways to handle feelings in safe ways and avoid dwelling on feelings/situations. Students may try more than one time from a different location in the room or ask someone for help.

Middle & High School: Students may not want to draw a picture, but they could simply write the name of a feeling on a sheet of paper, then wad, and try to toss it into box, basket or clean trash receptacle. Follow the preceding process. Students may try more than one time from a different location in the room or ask someone for help. Explain that it is not always easy to “let go” of a feeling, but with time, and sometimes with help from a safe person, one usually can let go.

Anger Management Skills Poster

STEP 1: STOP

RECOGNIZE BODY CUES

RECOGNIZE ANGER TRIGGERS

USE REDUCERS

STEP 2: THINK

IDENTIFY SAFE WAYS TO EXPRESS IT

STEP 3: ACT

HANDLE IT IN A SAFE, HEALTHY WAY

Learning the Mood Swing “Rope”

Skill Builder: Be able to decide if a specific behavior is low-risk or high-risk.

Substance Use Disorders Session:

Middle School and High School

Materials:

- A rope

Description:

Pain _____ Normal _____ Euphoria
(This represents the rope. Have one person hold each end and represent the feelings)

Choose a person to be the STAR.

STAR stands at the center of the rope, where there is a large knot, which is the “Normal” position.

I would like to introduce you to our STAR, who is 14 years old, goes to school and earns good grades, STAR also attends a church youth group and has a nice group of friends.

Turn to STAR: Would you use alcohol or other drugs? (STAR stays on same place on the rope.)

STAR: NO!

STAR gets invited to a party with all the popular kids. She/He really wants to go—there happens to be a really cool, cute girl/guy that is going to be there that she/he wants to see.

STAR’s parents ask: Will the parents be home? (STAR stays at the center of the rope)

STAR: Yes

Of course, it isn’t known at this time that the parents will be upstairs, and the party downstairs in the basement and the parents are not going to interfere with their child’s party—after all, they are home!

STAR’s parents ask: Will there be alcohol or drugs?

STAR: No, of course not.

STAR’s parents ask: What would you do if there were?

STAR: I would come home.

STAR goes to the party.

While she/he is there, she/he meets the neat girl/guy.

Neat girl/guy: Hey, it’s great to see you here—how about a beer?

STAR: No, I don’t want one, thanks.

Neat girl/guy: Come on—one won’t hurt.

STAR continues to say no and the neat girl/guy disappears.

The next party comes up.

STAR has gained trust with her/his parents so they say sure you can go to the party. After all, the first party wasn’t a problem.

At this party, STAR feels that she/he will just “hold” a beer and that will not make her/him feel so self-conscious. (STAR moves off center)

The next party.

Trust is still going strong with the parents—all the requirements on their end are being met.

STAR starts to have a few sips of beer. (STAR moves from the knot toward Euphoria.)

STAR wakes up the next day—no problems. She/He thinks there is no problem having a little to drink. No problems.

The next party.

STAR decides that she/he can have a few more drinks. (Move from Normal way over toward Euphoria.)

In the morning, she/he is waking up in pain. (Move from Euphoria back toward Pain.) Not only

does she/he have physical pain, but emotional pain. It is breaking her/his parents’ rules, getting frightened by how much alcohol she/he needs to enjoy the party.

The “nice” friends are no longer around.

After a bit of time in the morning he/she can still move to normal.

What happens is that it takes more and more alcohol to help our STAR to feel Euphoric. (Move the STAR way over to Euphoria.)

She/He wakes up in real pain and it may take all day to get away from the pain.

(Move STAR all the way over to Pain)

She/He may have to drink to feel normal.

She/He can’t reach Normal on her/his own. He/she needs the alcohol to feel normal.

Letters to Addiction

Skill Builder: Be able to identify and write feelings about addiction and recovery.

Treatment and Recovery Session: Middle and High School

Addiction Session: Elementary Gr. 4-5

This exercise allows young people to express deep-seated feelings about the disease that has created many of their families' problems.

Materials:

- Copies of Dear Addiction worksheet (on page 221)
- Pencils

Description:

The facilitator gives each group member a copy of the "Dear Addiction" worksheet. The facilitator instructs the participants to write a letter to the disease that has hooked their loved ones so completely. Writing a letter facilitates the process of helping children realize their powerlessness over family addiction. It also provides a gateway for them to initiate their own recovery by taking good care of themselves. (See the sample letter on page 219.)

Reassuring the young people that no one outside the group will ever see these letters, the facilitator tells them to find a comfortable spot in the room to do their writing. The facilitator moves around

the room and offers support and encouragement as they complete this task.

Young people quite often express anger, hurt, sadness, fear, guilt, and shame. They describe the problems that have overwhelmed their loved ones, and their families.

The group members can be given the option of sharing their letters, if they would like. Even if participants choose not to read their letters to the group, a general discussion of the feelings that surfaced during this exercise may reassure them that they are not alone and that others share similar problems and feelings. Help children make the connection between sharing feelings and then letting go of them by ripping up and/or throwing away their letters. This helps them understand that they can share anger without hurting themselves or others.

Dear Alcoholism + Drugs

Why did you pick my family?
Why won't you let go of my dad?
My dad will probably die because of
you! He has already lost his drivers
licence from drunk driving. He can't
come to see me unless he is lucky
enough to get a ride.
I can't live with my mom because
of you! I hardly get to see my
parents. I can't even call my mom
because she can't afford a phone.

I Hate You!

signed

A VERY ANGRY Kid

Example of letter to the disease

Dear Addiction Worksheet

Dear Addiction:

Letters to Recovery

Skill Builder: Be able to identify and then write feelings about addiction and recovery.

Treatment and Recovery Session:

Elementary Gr. 4-5, Middle and High School

Similar to the Letters to Addiction activity, this activity is a thank-you to “recovery” for giving the young person hope.

Materials:

- Copies of Dear Recovery worksheet (on page 225)
- Pencils

Description:

The facilitator gives a brief overview of what “recovery” is and why it is important for young people and their families. Give each group member a copy of the “Dear Recovery” worksheet.

The facilitator instructs the young people to write a letter to recovery from the disease that has hooked their loved ones so completely. Reassuring them that no one outside the group will see the letters, the facilitator tells them to find a comfortable spot in the room to do their writing. The facilitator moves around the room and offers the young people support and encouragement as they complete the task.

In writing these letters, the young people are able to make a commitment to “recovery” and describe what they will and will not do to take good care of themselves.

Dear Recovery

Dear Recovery,

Let's Pretend

Skill Builder: Be able to communicate using “I Messages.”

Problem Solving Session: Elementary School and Middle School

Using sock puppets or paper bag puppets, ask group members to put on a mini-play or skits that involve one or more family members who are alcohol/drug dependent. Suggest specific scenarios, including mealtime and bedtime. Allow time for discussion about feelings, roles and behaviors.

Materials:

- Sock puppets or paper bag puppets

Description:

1. Every weekend when you are at your dad's house, he gets drunk.
2. You're afraid to go home from school because your mom has drugs at home.
3. Your friend's mom normally picks you up from school in her car—you can tell she is drunk.
4. Your parents are getting divorced because one of them uses drugs.
5. Your friend asks to you go to a place you can hide and smoke cigarettes.
6. You are at a sleepover and your friend asks to you try beer.
7. Your babysitter sneaks alcohol or drugs when she sits for you.
8. Your father beats your mother when he has been using drugs.

Line and Chair Game

Skill Builder: Be able to communicate what you need when asking for help.

Problem Solving Session: Elementary School, Middle School and High School

This game could be used to open the discussion on problem solving.

Materials:

- Masking tape
- Chair

Description:

- Put masking tape on the floor in an “L” shape (about 5 feet by 3 feet). Put a chair in the middle of the L. Instruct participants to walk and follow the line. Do not give any other instructions. If there is a very large group (over 8) tape another L to decrease crowding.
- Observe.
- Some participants will walk around the chair problems, some crawl over the chair and some may move the chair away.

DISCUSSION: Explain there are many ways to handle a problem or a challenge. The chair represents problems we face in our lives. Discuss the solutions people used to follow the instructions. Explain that, whatever the solution we choose to solve a problem, it needs to be a safe and healthy choice that doesn't 1) hurt them, 2) hurt others, or 3) break things.

Magic Shop

Skill Builder: Be able to affirm oneself.

Safe People Session: Elementary School, Middle School, High School

Materials: None

Description:

1. Ask young people to get themselves into relaxed physical position, and to begin deep breathing.
2. Take a deep breath in and out. Do it again, a bit more slowly. Breathe in and out ... allow your muscles to relax. Uncross your legs and arms. As you relax, if it feels comfortable, gently close your eyes.
3. Taking a deep breath in and out, let your mind wander and visualize a place, house, playground, city, town, or village that is your most favorite place in the entire world. Or create a place that feels safe to you. What does it look like? What color, shape, size?
4. See yourself walking down the main thoroughfare and notice it is a fine day, the weather is as you like it, and you are in one of your favorite places.
5. As you walk along, you will notice a small shop tucked away back between other buildings; its windows are dusty and you do not remember seeing it before.
6. As you approach it and peer inside, you see all kinds of things you have never imagined being in one place. It is a wonderful junk shop, flea market, and antique shop all rolled into one. You can feel anticipatory in a positive way about opening the door and when you do you notice

that in the back of this store behind a counter is a very wise person who feels most familiar to you.

7. As you approach, the wise person tells you this is a place where you can realize your dreams. You are going to get the opportunity to take with you something that will give you greater choices and options and leave behind some part of yourself that gets in the way of how you deserve to live your life. Because this is a magic shop, anything can be taken in exchange for anything you wish to leave. Take as much time as you need wandering around the shop looking at all of the items.

FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS CONTINUE THIS STORY; FOR YOUNG CHILDREN ASK THEM TO OPEN UP THEIR EYES WHEN READY

1. Begin looking around for just the right object or symbol that represents something you would like more of, such as courage, strength to set limits, greater playfulness, creativity, greater self-confidence. After you select the item look for an object or symbol that you would like to leave behind. It may be an old habit, painful feeling, or personality trait you no longer wish to carry. It may be something such as anger, fear, hurtful relationships, negative self-talk, or the inability to trust.
2. When you are ready, place your unwanted item on the shelf and take in its place the item you want to take with you. Tell the wise person what it is you are leaving behind and what it is you are taking and what they both mean to you.

3. Carrying your new item, you leave the shop to find yourself outside again in your favorite place. Continuing to breathe deeply, allow yourself to slowly and easily come back to the present reality.

Gently open your eyes.

Discussion: The group members discuss what they considered letting go of, what they ultimately chose, and how they made that decision.

Managing Stress/Feelings

Skill Builder: Be able to identify several ways to handle stressful situations.

Coping Session: High School

Materials:

- Healthy Responses to Stress poster (whiteboard or newsprint; consider making permanent poster)

Discussion: Tell participants that learning to identify what stresses them will help them manage their feelings and how they react to situations.

Read the following fictional statements and ask if it is a **fact** or **fiction**. Let them react.

Example:

Statement: **(Fiction)** Stress is only a concern for adults.

Discussion might include: Can kids have stress? What would it look like?

Statement: **(Fact)** Stress can affect humans of all ages, including teenagers.

Discuss: Healthy Responses to Stress Poster

- Include in the discussion that managing their stress also helps them to manage their feelings and make healthy decisions.

HEALTHY RESPONSES TO STRESS POSTER

Below you will find a list of common situations, followed by some negative responses. Next to each negative response is a positive response that is a more effective and healthy way to react to the stressful situation.

| Situation | Negative Response | Positive Response |
|--|---------------------------------------|--|
| Being too busy to eat lunch | Eating candy for quick energy | Making time to eat earlier or later |
| Cramming for a test all night long | Not getting enough sleep | Start to study earlier |
| Feeling nervous before a date | Drinking alcohol to “relax” | Calling a good friend to gain confidence |
| Feeling angry at a friend | Overeating to handle your feelings | Sharing your feeling directly with your friend |
| Feeling down when your team loses a game | Yelling at family members | Taking a walk to cool down |
| Feeling tired and overworked at your job | Drinking cola or coffee to keep going | Reassessing your school and work schedule |
| Handling a troubling situation at home | Taking drugs to escape | Talking with an adult you trust |

Many People Can Help Me

Skill Builder: Be able to communicate what you need when seeking help.

Safe People Session: Elementary School, Middle School, and High School

This activity helps young people identify people they can turn to for help when they are experiencing uncomfortable feelings and has them develop a list of important phone numbers that they can use when they need help.

Coping Session: Elementary School, Middle School, and High School

Helps young people identify those persons who can guide them in processing their concerns.

Materials:

- Copies of People Who Can Help Me worksheet (on page 237)
- Local telephone books or internet access
- Pencils
- Index cards

Description:

The facilitator begins by explaining that many children live in families with addiction. Having a list of people and their phone numbers can help. Compiling the list in the company of other children emphasizes the importance of having such a list. It's fun to work on this activity while everyone is sprawled on the floor with a lot of space for legs and elbows. Play some of the children's favorite music softly in the background. This activity works best with children over the age of 9. Younger children require additional support and assistance from the facilitator.

Place telephone books, pencils, and People Who Can Help Me worksheets on the floor. Encourage the children to find a comfortable place on the floor with plenty of room. Give each child a worksheet and stress that there are many people who can help them when they need it. The group brainstorms a variety of people they could turn to for help: Aunt Betty, the police, family doctor, their group leader, Grandpa, and others.

When many possibilities have been mentioned, the children take pencils and complete their worksheets. They list people they would feel comfortable calling if they needed help. If they don't know the person's number, they look it up. The facilitator assists children individually by suggesting other people the children might call and helping them use the phone book or Internet. The activity is over when everyone has at least two names and telephone numbers on their worksheet. Facilitators encourage children to keep their worksheet in a safe, easily accessible place in case they ever need it in a hurry. For middle and high school, you may want to use index cards for the exercise.

People Who Can Help Me

Name

Phone Number

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Neighbors: _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Teachers: _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Relatives: _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

PHONE NUMBERS TO CALL IF YOU NEED HELP

Remember that these calls won't cost you anything because they have an area code of "800." Be sure to dial "1" first.

Boys Town National Hotline 1 (800) 448-3000

CHILDHELP USA Child Abuse Hotline 1 (800) 422-4453

(Insert Trusted Local Helpline) 1 (xxx) xxx-xxxx

Keep these numbers in a place where you can get to them easily, such as in your book bag.

My Rules for Safe Communication

Skill Builder: Be able to identify safe people who will understand and support you

Coping Session: Elementary School, Middle School, and High School

Helps children learn better ways to communicate and share things with their family and friends.

Materials:

- Copies of “I Feel” messages worksheet (on page 241)
- Pencils

Description:

The facilitator leads the children in a discussion about the fact that many families do not get along well, because they have a hard time talking to each other. Explain that many families do not talk to each other as much as they should so that they can understand each other.

If you do not talk to your family and friends and tell them how you feel about things, what can happen? What are some of the reasons families have a hard time talking with one another?

Possible answers include:

- There is not enough time together because family members stay away from home a lot.
- Time together is often spent in activities that do not allow for much talking, such as watching TV.

- Some parents do not feel children should be listened to; they should be “seen and not heard.”
- Sometimes family talks become arguments.
- Some parents may be drinking and kids are afraid to talk to them.

The facilitator reviews the rules for safe talking and explains to the children that to be a good speaker with your family and friends you need to know more rules. What are some rules to know when speaking to others, especially family members? Introduce the following:

- One person talks at a time.
- Everyone gets a chance to talk.
- Do not talk while another person is talking.
- Do not say that another person’s ideas are dumb.
- Use “I Messages”

The children talk about how to have good conversations, which gives them an opportunity to practice some of these skills. Have the children complete the “I Feel” Messages worksheet on the next page and discuss how to practice these skills.

"I Feel" Messages

Complete the messages below by changing the "you" messages into "I feel" messages:

1. You make me mad when you take my pencil. _____

2. You make me sad when you say those things. _____

3. You make me happy when you smile. _____

4. You made me do that. _____

5. You make me angry when you do that. _____

6. You make me sick when you throw food. _____

7. It's your fault I have to stay after school. _____

8. You made me get in trouble. _____

Negative Thoughts That Prevent Effective Action

Skill Builders: Be able to communicate what you need when seeking help. Identify possible consequences for chosen behavior.

Safe People Session: Middle School and High School

Participants identify feelings and attitudes that might prevent them from getting help when they feel unsafe at home, at school, or on the streets.

Materials:

- Chalkboard/flipchart
- Nontoxic markers/chalk
- Copies of Alateen Worksheet (on page 245)

Description:

The facilitator explains to the group that when they feel unsafe at home, on the streets, or at school, they should not keep it to themselves but tell someone. The purpose of talking to someone else such as a counselor or school faculty person, minister, neighbor, or family member is to help figure out what to do to be safe. The intent is not to get someone else into trouble.

Here are some beliefs that might keep you from getting help when you need it. (Write the following statements on a chalkboard/flipchart as you read them.)

- Feeling ashamed to admit to problems at home or elsewhere.
- Fear of reprisal from parents, bullies, or strangers.
- Being locked into a role or view of self that keeps you from taking action.

- Believing that “I deserve what I get.”
- Believing and accepting that it is normal to feel vulnerable and afraid at home, at school, or on the streets.
- Believing that you must live in a state of risk and fear in order to keep your house together or to protect someone else.

Facilitator(s) can then have a discussion with the young people by asking:

- Which of these beliefs, attitudes, or feelings apply to you?
- What can you do to remind yourself that these are faulty beliefs that can get you into trouble?

Concerning Suicide: If any of the children in the group seem especially “down” or hopeless, be prepared to speak immediately with the program supervisor and/or agency staff and let them know of your concern. Do not let the student leave the building until you are sure that the appropriate supports are in place for the child.

You should have on hand the phone numbers for local suicide prevention agencies. If you cannot find these resources, you may call the **National Suicide Prevention Hotline at**

800-273-8255

They will direct you to the closest suicide prevention facility in your area.

Distribute the Alateen worksheet after the exercise. Review the questions, discuss as time permits, and stress the value of Alateen as an ongoing resource.

Alateen Worksheet (adapted)

Is someone's drinking or use of drugs getting to you?

| YES | NO | QUESTIONS |
|-----|----|---|
| | | 1. Do you have a parent, close friend, or relative whose drinking or drug misuse upsets you? |
| | | 2. Do you cover up your real feelings by pretending that you don't care? |
| | | 3. Are holidays and gatherings spoiled because of drinking or drug misuse? |
| | | 4. Do you tell lies to cover up for someone's drinking or drug misuse or to hide what's happening in your home? |
| | | 5. Do you stay out of the house as much as possible because you hate it there? |
| | | 6. Are you afraid to upset someone for fear it will set off a drinking or drug use bout? |
| | | 7. Do you feel nobody really loves you or cares what happens to you? |
| | | 8. Are you afraid or embarrassed to bring your friends home? |
| | | 9. Do you think the addicted person's behavior is caused by you, other members of your family, friends, or rotten breaks in life? |
| | | 10. Do you make threats such as, "If you don't stop drinking, using drugs, or fighting, I'll run away"? |
| | | 11. Do you make promises about behavior, such as getting better school marks, going to church, or keeping your room clean in exchange for a promise that the fighting, using, and drinking will stop? |
| | | 12. Do you feel that if your mom or dad loved you, she or he would stop drinking or using drugs? |
| | | 13. Do you ever threaten or actually hurt yourself to scare your parents into saying "I'm sorry" or "I love you"? |
| | | 14. Do you believe no one could possibly understand how you feel? |
| | | 15. Do you have money problems because of someone else's drinking or drug misuse? |
| | | 16. Are mealtimes frequently delayed because of someone misusing alcohol or drugs? |
| | | 17. Have you considered calling the police because of the drinker's or drug misuser's abusive behavior? |
| | | 18. Have you refused dates out of fear or anxiety? |
| | | 19. Do you think your problems would be solved if the drinking or drug misuse stopped? |
| | | 20. Do you ever treat people (teachers, schoolmates, teammates, etc.) unjustly because you are angry at someone else for drinking or misusing drugs? |

If you answered yes to some of these questions, Alateen may be able to help you. Visit Alateen online at www.al-anon.alateen.org or call toll-free at 1-888-4AL-ANON.

Paper Cup Team Towers

Skill Builder: Be able to communicate that you understand the feelings and problems of group members.

Problem Solving Session: 4th/5th grade, Middle School, and High School

Description:

Divide group into two-person teams. Give each team a set number of large paper/plastic beverage cups. Instruct the teams to build a tower with the cups with the goal of using all the cups. Observe the team-building activity while participants are building towers. After activity, discuss what helped the team succeed. Emphasize that when people work together, particularly when they communicate clearly, respect one another, and share responsibilities, they are more likely to successfully complete their task.

(Note: the key to building a tower is to alternate tops/bottoms of cup to stabilize the tower.)

After the discussion, let them try again—time them for more challenge.

Problem and Solution Game

Skill Builder: Be able to identify several ways to handle situations.

Problem Solving Session: Middle School and High School

This activity helps young people integrate basic problem solving skills into their everyday lives.

Materials:

- Three or four index cards with problem scenarios
- Chalkboard/flipchart
- Nontoxic markers
- Drawing paper (Elementary)

Description:

The facilitator develops and presents three or four problem scenarios on index cards and uses the STARR Problem Solving Model (below) as a guide to teach problem solving. The game provides an atmosphere of teamwork and cooperation conducive to building such skills. Children also have fun in the process of practicing these important life tools.

STARR Problem Solving Model

- **Stop** (What is the problem? Name it.)
- **Think** (How do I feel? How can I solve this problem? Identify options.)
- **Act** (Choose the best option that helps me stay safe and allows me to take good care of myself.)
- **Resources** (Who can help me? Where can I find assistance? Find safe people and places for help.)
- **Review** (Would I try to solve this problem the same way again? What would I do differently next time?)

A discussion follows about the best two or three solutions to the problem. Here the facilitator again emphasizes the concept of choice, as there are many choices to make when solving problems. Ask younger children to draw the different options and possible consequences in resolving their dilemmas. This will facilitate the process of choosing the best solutions. Allow the children to do the work in the brainstorming phase. Provide comments and feedback only when necessary. The facilitator's most important function is to guide the children through the process. The key is enabling young people to master the STARR method and thereby build their self-confidence. Teens won't require the level of assistance that younger children will need for this activity.

Problem Box, Solution Box

Skill Builder: Be able to identify several ways to handle stressful situations.

Problem-Solving Session: Elementary School

This activity helps young children see that their problems, especially addiction in the family, are not unique.

Materials:

- Two wooden or sturdy cardboard boxes
Placards saying “problem box” and “solution box”
- Nontoxic colored markers
- Crayons
- Index cards

Description:

The facilitator explains to the children that they are going to be able to share their own problems with the group, the feelings involved, and the ways they can deal positively with their problems.

This activity is best done in a wide, open space where children can sit comfortably on the floor. Spread colored markers, crayons, and index cards on the floor. Allow children to find a space for themselves with lots of room. The facilitator first has a brief discussion about the problems children face when growing up in a family with alcohol or drug addiction, and then he/she passes out index cards. Using colored markers or

crayons, children draw or write about problems in their own lives on the index cards. The facilitator emphasizes that they don’t have to write their names on the cards. Children can thus draw or write about a problem that they might not otherwise have been willing to share.

When all are finished, the children put their cards into a large wooden “problem box.” After the box is shaken well, each child pulls out a card. In turn they read or describe the problem on the card they have chosen. The group brainstorms ways to solve the problem. Children tell how they’ve solved similar problems in their own lives. The child who pulled out the card writes or draws a couple of possible solutions on the back of the card based on the discussion. Once thoroughly discussed, the card is placed in the “solution box.”

Problems, Problems

Skill Builder: Be able to identify several ways to handle stressful situations.

Problem Solving Session: Middle School and High School

This activity helps young people see the ways they are affected by addiction in the family and that the group members share many similar problems.

Materials:

- Problems, Problems worksheet (p.255)
- Pencils

Description:

The facilitator reviews what the young people know about the myths of substance use disorders. Then the facilitator explains that instead of just talking about the problem of addiction, the goal is to talk about how it has affected them. Facilitators should ask participants to think of a person whose alcohol or drug use has affected them. The Problems, Problems worksheet lists common problems for teens from addicted families.

Pass out a worksheet to everyone in the group. Have each group member read the list and mark ones they agree with. The facilitator says, “Check the statements that apply to you. The examples may not always fit your situation exactly. You can check one, though, if it is something like your own situation. If you want, you can write down your own examples.”

When participants have finished, the facilitator says:

“Go down the list of effects. Share examples of when you have been in situations like these.”

“How do you feel about what you see?”

“Were you surprised by any of your answers? Are these things you have thought of before?”

Facilitators can look for how open or guarded participants are at this stage in the process. Usually, sharing this information will create its own momentum of honesty. When one participant hears another’s story, he/she may open up and offer examples, as well.

The statements in this exercise focus on the effects on youth, not the specific family problems that led to these effects. Facilitators should guide the discussion away from detailed descriptions of parental behavior.

Problems, Problems Worksheet

- **A parent disappears:**
“They’re just NOT THERE. He/she doesn’t even look up when I talk to him/her.”
- **Kids have to act as parents:**
“I have to plan the shopping and take care of my little brother. Sometimes I even go to parent meetings at school with him.”
- **Confusion:**
“When he/she’s drinking you can’t always tell what’s going to happen. Sometimes he/she’ll be laughing and joking and then start screaming at us.”
- **Losing sleep:**
“I can hardly sleep in my house because my parents are fighting and I’m worried.”
- **Worrying:**
“I’m always afraid my mom/dad will get killed in an accident.”
- **Arguments and fighting:**
“I sure have a lot of arguments with him/her when he/she’s drinking or hung over.”
- **Staying away from home:**
“After school I stay in the park as long as possible. I don’t go home until it’s dark.”
- **Fear of losing the nondrinking parent:**
“I love my mom/dad, but I think she/he’s gonna leave if the drinking doesn’t stop.”
- **Violence:**
“One night, he was getting so mad that I thought he was going to hit my little sister.”
- **Embarrassment:**
“I’m afraid that if my friends come over, they’ll see my dad drunk.”
- **Moving around too much:**
“We had to move because my dad had so many problems in the town we lived in.”
- **Broken promises:**
“My father says he’ll teach me how to fix my bike, but he never has.”
- **Riding with a drunk driver:**
“If there’s anything I hate, it’s when my mother drives me somewhere after she’s been drinking. That’s just too scary.”
- **Sickness:**
“My stomach hurts so much I had to see the doctor.”

Puppet Role Play

Skill Builder: Be able to identify possible consequences for a chosen behavior.

Coping Session: Elementary School

Materials:

- Paper bag puppets or sock puppets

Description:

Have participants brainstorm healthy ways to problem solve how they would cope with a given problem.

Review that before you make a decision (from Problem Solving Lesson).

Provide possible situations that participants would need to cope in a healthy way. See pages 199 and 201 for Situation Cards.

Also could include:

- You are walking home from a friend's home and become lost.
- Your friend broke your favorite video game.
- Your brother threatened to hurt you if you told your mom you saw him smoking cigarettes.
- You forgot to do some homework and realized it when you got to school.
- Your dad told you not to tell your mom that he bought some beer at the store.
- You will be in a play at school and you are nervous.
- The girl's at the lunchroom table won't let you sit next to them.
- Your parents are fighting.
- Your best friend won't talk to you.
- You don't have lunch money.

Quiz on Alcohol and Drug Addiction

Skill Builder: Be able to recognize/discuss information about alcohol and drug use.

Addiction Session: Middle, High School

This activity helps young people to identify any misunderstandings regarding alcohol use disorders and drug addiction.

Materials:

- Copies of True/False Quiz on Alcohol and Drug Addiction (on p. 261)
- Pencils

Description:

The facilitator starts the activity by saying, “Everyone growing up today has heard at least something about alcohol and drug addiction. Sometimes we hear very clear and truthful messages. Sometimes, however, we hear some false information or half-truths.”

The facilitator then hands out copies of the True/False Quiz on Alcohol and Drug Addiction. The facilitator says, “Let’s look at our own beliefs regarding drug use. Take some time now to give your opinions on whether some use of alcohol and mood-altering drugs is OK or not OK.” Have the young people complete the quiz and then review the answers.

Go through the list of questions and ask participants why they believe each statement is true or false. Ask participants to give any supporting data or observations they have. Quiz questions and

appropriate responses are as follows:

1. “You can’t have an alcohol use disorder if you just drink beer.” False. People can get just as drunk on beer as they do on mixed drinks. The alcohol content in a can of beer is approximately equal to a mixed drink.
2. “No one can help an alcohol or drug-addicted person. Only the alcohol or drug-addicted person can help him/herself.” False. Sometimes addicted people seek treatment and recovery when their spouses and other caring adults encourage them to do so. Sometimes a group of adult family members and close friends, with the guidance of a skilled professional counselor, will meet with the addicted person, express their concerns and ask the person in a caring way to agree to accept treatment; however, it’s still the addicted person’s choice and responsibility. This is called “intervention.”
3. “Alcohol addiction is the most common drug problem in the country.” True. Far more people are addicted to alcohol than to marijuana, cocaine, heroin, or other drugs.
4. “People who are addicted are usually Skid Row bums.” False. Alcohol and drug addiction cross all lines in a community. Doctors, lawyers, ministers, priests, moms, and dads all can have substance use disorders.

5. “Very few women have alcohol use disorders. Almost all are men.” False.
One-third of all people with alcohol use disorders and alcohol misusers are women.
6. “Most alcohol- and drug-addicted people could stop drinking or using if they just used their willpower and really decided to stop.” False. Addiction to alcohol or drugs is a disease. Willpower alone will not work. Medical treatment and programs like Alcoholics Anonymous are ways that many people find sobriety after they have tried and failed to do it on willpower alone.
7. “Very few alcohol- and drug-addicted people have jobs.” False. Millions of alcohol- and drug-addicted people are able to drink or use drugs heavily and still maintain a job. It is the family that feels the effects of the addiction most strongly, usually long before the effects are seen on the job.
8. “There is nothing you can do for an addicted person until he or she hits bottom. They have to realize for themselves that they need help and do it on their own.” False. Experts have found that when people are confronted with the effects of their addiction on others, and people stop “enabling” them, that is, covering for them, taking over their responsibilities in an effort to lessen the stress on them, making it possible for them to continue drinking or using drugs without consequences, they seek and accept treatment for their problem much sooner. It is not your responsibility to try to get people to stop enabling; your responsibility is to help take care of yourself to support your own recovery.

Enabling helps an addicted person dodge the consequences of their problem behavior. For example, someone is enabling when they do things around the house that the addicted person is supposed to be doing, like cooking dinner. It temporarily covers up the problem and makes it easier for the addicted person to continue using harmful substances, such as alcohol.
9. “People who are addicted to alcohol drink because they really love the taste of alcohol.” False. They drink because it makes them feel good and because they have developed a disease that makes it almost impossible for them to stop on their own once they start to drink. The taste has very little to do with it.
10. “Alcohol is not physically addicting.” False. Alcohol use disorders and drug addiction are brain-based diseases, and people become physically dependent on alcohol and other drugs.
11. “People become addicted when there is too much pressure on them. Being nervous about their jobs or their families can cause them to become addicted to alcohol.” False. People become addicted because they build up a tolerance for alcohol and they cannot stop craving it. There is a genetic component as well. People whose parents or grandparents have an alcohol use disorder are at increased risk of having one themselves.
12. “Because alcohol and drug addicted people have a disease, they are not responsible for their behavior when they are drunk or using drugs.” False. People with substance use disorders have learned that when they drink, they have serious behavioral problems. They know that there are serious consequences if they drink or use drugs and they are responsible for their actions, even when they are intoxicated.

True/False Quiz on Alcohol and Drug Addiction

| TRUE | FALSE | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. You can't be addicted to alcohol if you just drink beer. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. No one can help a person with a substance use disorder. The person is the only one who can help him/herself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Alcohol use disorders are the most common drug problem in the country. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. People with alcohol- or drug-addiction are usually Skid Row bums. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Very few women are addicted to alcohol. Almost all are men. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Most people with alcohol and drug use disorders could stop drinking or using if they just used willpower and really decided to stop. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Very few people with alcohol- and drug-use disorders have jobs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. There is nothing you can do for a person who is addicted to alcohol or drugs until he or she hits bottom. They have to realize for themselves that they need help and do it on their own. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. People with alcohol use disorders drink because they really love the taste |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Unlike heroin, alcohol is not physically addicting. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. People become addicted when there is too much pressure on them. Being nervous about their jobs or their families can cause them to develop an alcohol use disorder. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Because people with substance use disorders have a disease, they are not responsible for their behavior when they are drunk or using drugs. |

Rad Ads

Skill Builder: Be able to decide if a specific behavior is low-risk or high-risk.

Addiction Session: Middle, High School

This activity helps teens come to a deeper understanding about alcohol, drugs, and addiction.

Materials:

- Sample advertisements for alcohol and drugs
- Drawing paper
- Tape
- Nontoxic markers or crayons

Description:

The facilitator tapes a variety of advertisements for alcohol and drugs on the group room walls. Teens stroll around the room and closely scrutinize the ads, which stress the good life, beautiful people, fun, excitement, instant relief, and pleasure. A brief discussion takes place as teens comment on what they see in each ad, what the ad appears to be promising, and what makes it so appealing that people want to try the product.

Following this discussion, the facilitator asks the young people to think about what is missing from the various ads, specifically the negative side of alcohol and drug addiction. Drawing largely from their own experiences, teens then create advertisements about the perils of substance use disorders. They draw scenes about parental fighting, family violence, broken promises, child abuse, and family members relapsing. Sometimes

they draw pictures of people in hospitals, jails, or actually dying as a result of their addiction.

The teens have the option to share their pictures with the group. In reviewing these rad ads, the facilitator stresses that addiction isn't the teens' fault and that they can't make it better, either. The ads help them see that they all have similar problems and feelings. Through their creativity and shared experiences, teens describe a side of this powerful disease that rarely gets alluded to in any advertising. Along the way, they again realize that the disease is not their fault and that they are not alone.

An optional follow-up is to tape the rad ads on the walls to use for further reference in discussing addiction.

Safe People Circle

Skill Builder: Be able to identify safe people who will understand and support you.

Safe People Session: Middle School and High School

Materials:

- Circle of friends handout
- Pen or pencil

Description:

Sometimes, especially when we are an adolescent, we consider our friends as the safe people to talk to about problems. However, it is important to seek adult help if you feel like you want to hurt yourself, (such as any suicidal thoughts), hurt someone else (abuse someone) or vandalize property. It is also important to seek adult help if a friend talks about hurting him/herself, others, or vandalizing property. Under these circumstances, getting help is more important than a friendship; getting help is being a real friend.

Part of living a healthy life is being able to recognize how our friends influence us and discern whether our friendships are healthy or unhealthy. Distribute the Circle of Friends handout.

1. Ask the participants to write in the first (A) circle, the names of friends—not family members—who are closest to them and the most important in their lives.
2. Ask the participants to write in the B circle the names of friends who are important to them, but not as close as those listed in the A Circle.
3. In the outer circle have the participants list the names of casual friends with whom they interact but are not as important in their lives

as those listed in the other circles. Allow time for this step.

4. Look at all of the names in the circles and place stars next to the names of any who use tobacco. Allow time for this step.
5. Look at all of the names in the circles and place an “X” next to those who use alcohol and any illegal drugs or who take prescription drugs without a doctor’s order.
6. Look at all of the names in the circles and circle the names of anyone who is in recovery. Allow time for this step.

Discuss the following questions:

1. How many of your friends have similar attitudes toward tobacco, alcohol or other drugs? How many have different attitudes?
2. How do your friends’ attitudes affect what you do?
3. Do you ever feel unwanted pressure from your friends? How do you typically handle these situations?
4. Do your friends ever pressure you to do things that would be helpful? What kinds of things?
5. From which group of friends do you feel the most pressure—inner or outer circle?
6. Does it differ with circumstances?
7. Does your inner circle help you stand strong in your values/beliefs or do they draw you away from them?
8. Do you see any need to make changes in your friends to maintain a safe and healthy life?
9. How difficult would that be for you?

Brainstorm strategies for making these changes, if necessary. Is there a safe person who could help you with these decisions?

Safe People Maps

Skill Builder: Be able to identify characteristics of safe and unsafe people.

Safe People Session: Elementary School, Middle School, and High School

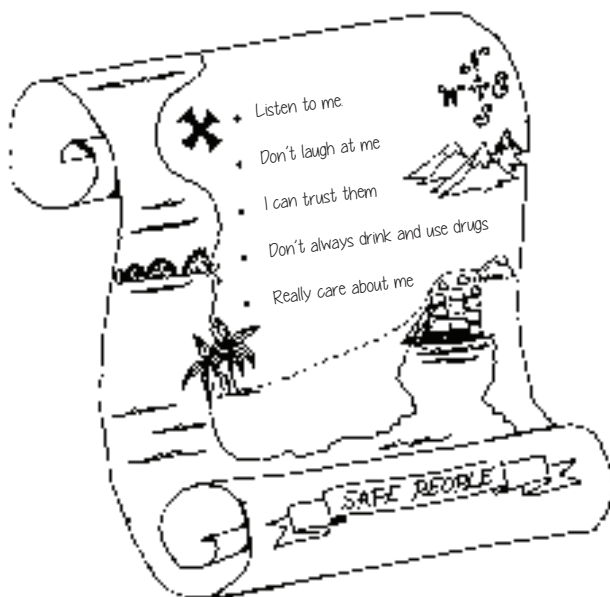
This activity helps young people search for characteristics of safe people so they can have maps to determine whom they can turn to in times of need.

Assists youngsters and teens in deepening their awareness and understanding of what makes certain people safe and others not so safe.

Materials:

- A sheet of newsprint with “Safe People” written at the top
- Masking tape
- Nontoxic markers
- Copies of Safe People Maps worksheet (on page 269)

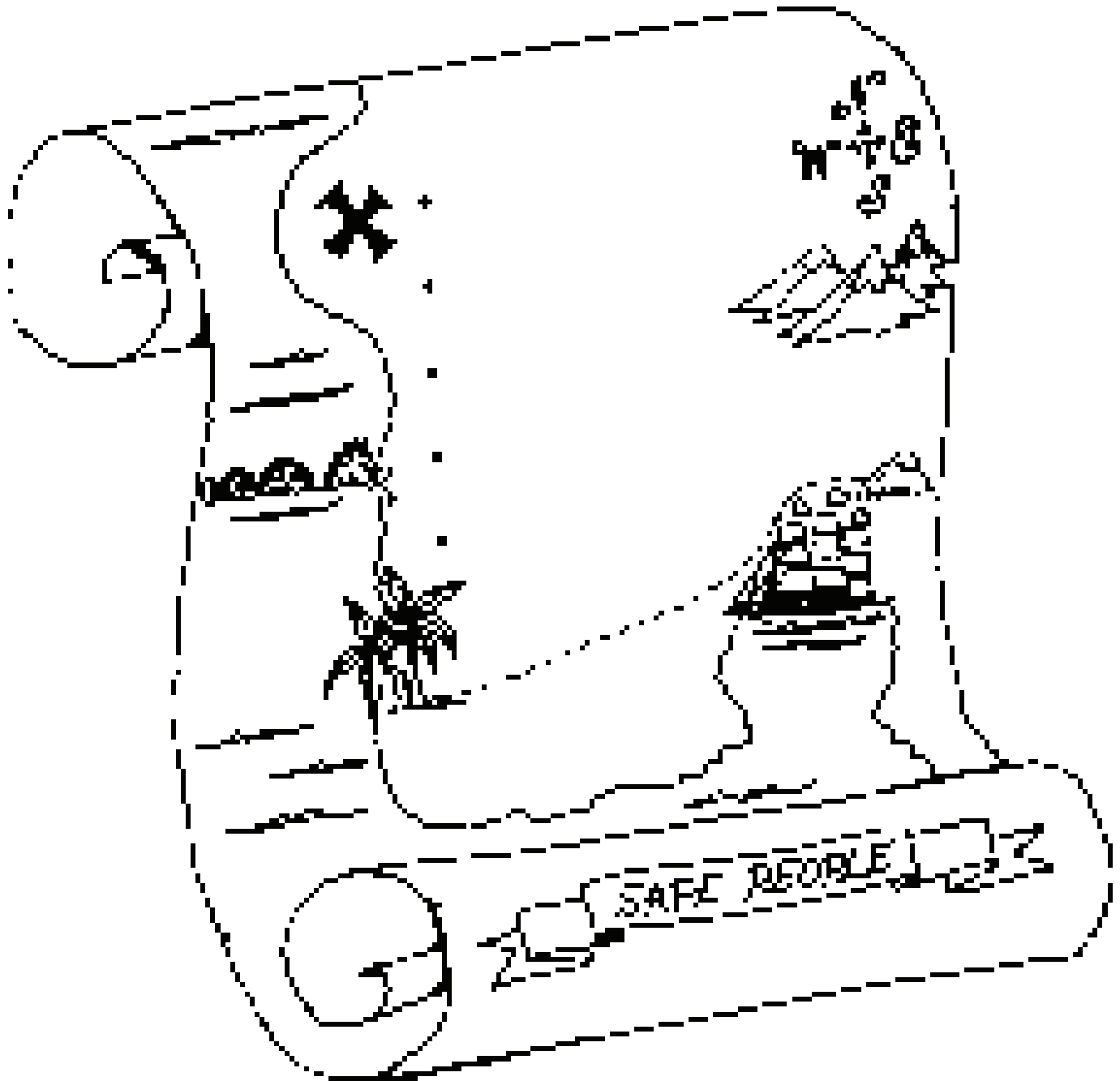
Description:



The facilitator introduces the concept of safe people. Participants discuss whom they turn to when they need support and guidance. More important, they begin to ponder what it is that makes that person safe. Taking a large piece of newsprint with “Safe People” written on the top and tape it to the wall at the beginning of the session. Have a brief discussion about characteristics that help make someone safe and encourage the children to yell out their suggestions of characteristics of safe people. If this process bogs down at all, do it in conjunction with the Safe/Unsafe People Game (on page 271); the latter activity spurs several thoughts and ideas about safe people and their many characteristics. The facilitator may guide the process by helping the young people touch upon any important points that escape them about safe people. The list should have numerous characteristics.

Take ample time to have the youth brain storm who in their lives have many of these gifts and skills (probably no one has them all, because no one's perfect). This exercise helps young people identify the safe people in their lives. The facilitator provides extra support for those who have trouble translating the list into people in their lives. Finally, all group members get a copy of the Safe People Map worksheet (see example) and are encouraged to fill in what they have learned about safe people.

Safe People Maps Worksheet



Safe/Unsafe People Game

Skill Builder: Be able to identify characteristics of safe and unsafe people.

Safe People Session: Elementary School

This activity helps children learn specific information on what makes certain people safe and others unsafe.

Materials:

- Chalkboard/flipchart
- Nontoxic markers

Description:

The facilitator explains that the children are going to discuss how to seek out people who can provide support, guidance, and assistance. Explain why this important life skill can serve young people for many years to come.

With the group sitting in a circle in the middle of the room, the facilitator initiates a brief discussion about safe people, describing characteristics that make someone safe and others that make someone unsafe. The facilitator writes the words “Safe People” on a chalkboard/newsprint and asks the group to brainstorm exactly what behaviors make someone safe.

To reinforce the concepts about safe and unsafe people the facilitator explains that he/she will be role-playing a variety of people over the next several minutes. The facilitator will walk outside the room and then come back into the room playing someone else, either a safe person, an unsafe person, or someone in-between. After a

few minutes in character the facilitator will say “Stop” and the children will guess if that person was safe, unsafe, or somewhere in between. A brief discussion follows as the group attempts to list other characteristics of safe people. The facilitator plays five or six different characters, running the whole spectrum from safe to really unsafe (exhibited by such behaviors as yelling, being disrespectful, touching inappropriately by grabbing a child’s shirt, and not really listening).

If time allows, a group member may volunteer to role-play another character and then the group decides if that person was safe or unsafe. The facilitator completes this activity by reviewing the Safe People list and seeing if the group can make any final additions to it.

During the role-plays, use a variety of characters, some clearly safe and unsafe, as well as others in between. Doing so will facilitate a rich group discussion.

Safe Way Role Play

Skill Builder: Be able to name the Seven Cs and explain them.

Safe People Session: Elementary School

This activity gets children actively involved in the learning process and lets them demonstrate their burgeoning problem solving and self-care skills.

Materials:

- Assorted props for the role plays (a bag of clothes, wigs, and assorted items)
- Situation Cards (see Healthy Decisions on p. 199 and 201)

Description:

The facilitator divides the group into two teams and asks each one to demonstrate a safe solution to a problem they just discussed. The facilitator makes sure each team works on a different problem scenario and stresses that there are different safe choices in resolving each dilemma. (Situation Cards from the Healthy Decisions activity could be a source of scenarios.)

The teams huddle at opposite ends of the room to prepare their role-play solutions. The facilitator, offering support, suggestions, and enthusiasm moves back and forth between the two groups, giving the children 20 minutes, or more, to come up with their skits. Once ready, each team presents its skit to the other group. A discussion follows on how each team arrived at its particular solution, as well as on other safe solutions that could work. Emphasis is on safe people and places that could assist in problem resolution.

Many children especially enjoy practicing these skills in the context of skits. Role plays enable young people to demonstrate the many new skills they've learned as well as to practice them.

Searchin' Serenity

Skill Builder: Be able to make safe choices that respect self, others, and property.

Coping Session: Middle School and High School

This activity helps young people to see the Serenity Prayer in an entirely new light and helps them to understand the importance of taking good care of themselves.

Materials:

- Copies of Searchin' Serenity worksheet (on page 277)
- Chalkboard/flipchart
- Nontoxic markers

Description:

The facilitator hands out Searchin' Serenity worksheets to all group members. It's often quite helpful for young people to work in small groups so they may learn from one another. The facilitator proceeds by reading the first part and asking the teams to quietly brainstorm what things in their lives they can't change. After 5 minutes or so, a large group discussion ensues and the facilitator writes the various teams' responses on a chalkboard/flipchart for all to see and comment on.

Next the facilitator reads the middle section and asks the teams to brainstorm those things in their lives they can change. After a few minutes the large group re-assembles and the facilitator records the various responses on the chalkboard/flipchart. If the group doesn't do so, the facilitator emphasizes that the most important things young people can change are themselves.

Then the facilitator reads the last part and asks each team to come up with plans to take good care of themselves. Again the group comes together and the responses are recorded for all to see. The facilitator stresses that a wise person is someone who truly takes good care of him/herself. A discussion follows that pulls all the ideas together.

The Serenity Prayer also can serve as a valuable frame of reference in handling tough problems while staying safe.

Searchin' Serenity Worksheet

God, grant me the serenity to accept the things I cannot change

Here are some things I cannot change (others):

1. _____
2. _____
3. _____
4. _____
5. _____

Courage to change the things I can

Here are some things I can change (me):

1. _____
2. _____
3. _____
4. _____
5. _____

And the wisdom to know the difference

Here is a plan to take good care of me:

1. _____
2. _____
3. _____
4. _____
5. _____

Self-Care Game/Bags

Skill Builders:

Be able to make safe choices that respect self, others, and property.

Coping Session: Elementary High School

Safe People Session: Elementary School and High School.

This activity combines the fun and excitement of a familiar television game show with learning basic self-care concepts.

Teaches young people a variety of ways to take good care of themselves.

Materials:

- Poster board or chalkboard/flipchart
- Nontoxic markers/pencils
- Paper
- Lunch bag per participant
- Clipboards

Directions:

- Divide the children into small groups. Introduce the categories by writing the following headings on the board (poster board for a reusable lesson aid or a chalkboard/flipchart for a temporary aid):
- Body, Mind, Spirit, Feelings, Being a Kid, Goals
- The facilitator explains that these are the areas for children to focus on when taking good care of themselves.
- Give each group paper, pencils, and a clipboard to write on. Each group brainstorms ways to do self-care in each category.

- Small groups return to the large group and each group answers the question, “What have you come up with?” for each category. Write the children’s answers on the poster board or chalkboard/flipchart.
- An alternative for younger children is to have them brainstorm ways to take care of themselves in each area such as the following:

Body: Wash hands, brush teeth, exercise.

Mind: Do homework, read, think about decisions.

Spirit: Go to church/synagogue/temple, read spiritual materials, pray, or meditate.

Feelings: Talk with someone you trust.

Being a Kid: Play with friends.

Goals: Make plans to get something done (learn something new, do homework, do life planning)

This game is played in a context of team work and cooperation where everyone wins.

It is not necessary for the activity to be competitive; just see how many ideas can be generated. Reward both teams. Stress the importance of learning from and helping one another in this game.

Seven Cs

Skill Builder: Be able to name and explain the seven Cs.

Substance Use Disorders Session:

Elementary School, Middle School and High School

This activity helps young people further deepen their understanding that they're not responsible for their parents' problems.

Materials:

- Chalkboard/newsprint
- Nontoxic markers
- Copies of Alateen Worksheet (on page 285)
- 7 Cs song

Description:

The facilitator writes the Seven Cs (see page 283) on a chalkboard/flipchart. As a review, children read one "C" at a time and the group discusses what each means and how it applies to their lives. After this process, the facilitator draws a line between the third and fourth "C" to differentiate between what young people can't (take care of parents' problems) and can (take care of themselves) do. Once this is clearly established, the game is ready to begin. This role-play exercise solidifies specific skills children can use to take good care of themselves. Children get up and move around as they tap into their creativity, have some fun along the way.

The facilitator demonstrates how this activity works. He/she pretends to leave the room for a moment and reenters, role-playing a scene illustrating one of the seven Cs. After a 1-minute skit, the group guesses which "C" was being portrayed. After performing a few role-plays for the group as examples, the facilitator asks for volunteers to role-play the various Cs. While some young people go solo, others work in small groups. Learning by doing helps to deepen group members' grasp of this important information. After each scenario, a brief discussion takes place to make sure everyone understands what has just transpired.

The initial scenarios that the facilitator performs should be simple and obvious. This allows young people to build confidence in their abilities, giving them more motivation to volunteer to do their own role-plays. If necessary, the facilitator can help group members plan possible role-play situations. Allow adequate time to discuss each scenario to make sure everyone is on the right track. For the middle school and high school age group, distribute the Alateen worksheet after you have finished the exercise. Review the questions, discuss as time permits, and stress the value of Alateen as an ongoing resource.

To wrap up the session, the facilitator may choose to introduce and teach the 7 Cs song, which is on the flash drive.

The Seven Cs

I didn't Cause it.

I can't Control it.

I can't Cure it.

but

I can help take Care of Myself by

Communcating my feelings

Making safe Choices and

Celebrating Me.

© Jerry Moe

Alateen Worksheet (adapted)

Is someone's drinking or use of drugs getting to you?

| YES | NO | QUESTIONS |
|-----|----|---|
| | | 1. Do you have a parent, close friend, or relative whose drinking or drug misuse upsets you? |
| | | 2. Do you cover up your real feelings by pretending that you don't care? |
| | | 3. Are holidays and gatherings spoiled because of drinking or drug misuse? |
| | | 4. Do you tell lies to cover up for someone's drinking or drug misuse or to hide what's happening in your home? |
| | | 5. Do you stay out of the house as much as possible because you hate it there? |
| | | 6. Are you afraid to upset someone for fear it will set off a drinking or drug use bout? |
| | | 7. Do you feel nobody really loves you or cares what happens to you? |
| | | 8. Are you afraid or embarrassed to bring your friends home? |
| | | 9. Do you think the addicted person's behavior is caused by you, other members of your family, friends, or rotten breaks in life? |
| | | 10. Do you make threats such as, "If you don't stop drinking, using drugs, or fighting, I'll run away"? |
| | | 11. Do you make promises about behavior, such as getting better school marks, going to church, or keeping your room clean in exchange for a promise that the fighting, using, and drinking will stop? |
| | | 12. Do you feel that if your mom or dad loved you, she or he would stop drinking or using drugs? |
| | | 13. Do you ever threaten or actually hurt yourself to scare your parents into saying "I'm sorry" or "I love you"? |
| | | 14. Do you believe no one could possibly understand how you feel? |
| | | 15. Do you have money problems because of someone else's drinking or drug misuse? |
| | | 16. Are mealtimes frequently delayed because of someone misusing alcohol or drugs? |
| | | 17. Have you considered calling the police because of the drinker's or drug misuser's abusive behavior? |
| | | 18. Have you refused dates out of fear or anxiety? |
| | | 19. Do you think your problems would be solved if the drinking or drug misuse stopped? |
| | | 20. Do you ever treat people (teachers, schoolmates, teammates, etc.) unjustly because you are angry at someone else for drinking or misusing drugs? |

*If you answered yes to some of these questions, Alateen may be able to help you.
Visit Alateen online at www.al-anon.alateen.org or call toll-free at 1-888-4AL-ANON.*

Snow White and the Seven Defenses

Skill Builder: Be able to make safe choices that respect self, others, and property.

Coping Session: Elementary Gr. 4-5 Middle School

Note: Elementary can be audience.

Materials:

- Posterboard name tags with characters' names written on front (can be enhanced with fun pictures representing the character's title)
- Strings to put through the name tags (characters can wear the tags around their necks while presenting)
- Scripts highlighted for each of the character's parts on pages 289-291.

Description:

This is a skit designed to encourage discussion about the roles people often take in families where there are substance use disorders in order to have some predictability and control in their lives. It is also about asking group members to volunteer for various roles. It requires a substantial number of participants and should have a large enough group involved to allow for playing the parts and watching. Some volunteers may have to take more than one role.

SNOW WHITE AND THE SEVEN DEFENSES

CHARACTERS: MODERATOR, BLAMING, PERFECT, CLOWNING, REBELLING, QUIET, CRYING, TALKS A LOT
SNOW WHITE AND THE SEVEN DEFENSES

MODERATOR: Welcome to our skit about defenses. Our players are about to enter the stage.

CAST: Enter in a line whistling or singing: (to the tune of “It’s Off To Work We Go”, from Snow White and the Seven Dwarfs)

“Oh no, oh no, the alcohol woes (whistle) oh no, oh no, oh no.

Oh no, oh no, the drug misuse woes (whistle) oh no, oh no, oh no.

Oh no, oh no, the alcohol woes (whistle) oh no, oh no, oh no.”

MODERATOR: Let me introduce our cast: (Using a “magic wand” to wave over each person changing them into their character)

BLAMING, PERFECT, CLOWNING, REBELLING, QUIET, CRYING AND TALKS-A –LOT.

Watch and see what defenses can do.

BLAMING: Just look at this house. It’s a garbage dump. Dirty dishes, plates and newspapers are all over the place. Snow White is using alcohol and cocaine again. She really doesn’t care about the house. She doesn’t care about us! That lady is destroying my life. It’s all her fault.

PERFECT: Now just calm down. I’ll take care of picking up this mess. We can all help. Don’t get so upset. We just have to be strong. It’s like the straight “A’s” I got on my last report card. You just have to keep working very hard and never, never give up. Here, let me take over. I’ll fix things.

CLOWNING: Hey what about this Miss/Mr Perfect? How many feet in a yard? Give up? No not three— It depends on how many people are in the yard? Get it—yuk, yuk, yuk—gotcha! (Make a funny face)

REBELLING: You’re nuts if you expect me to clean up this dump. Hey man, it’s not MY mess. With the way Snow White always treats us, drinking and using drugs, why should I care. I’ll fix her—I’m not going to try in school anymore. Getting bad grades—that will hurt her. I’ll get even. Hey, Quiet, are you with me?

QUIET: (Frowns and hides behind other kids)

PERFECT: You CAN'T do that! You must get good grades so you can go to an excellent college. If you are having problems in school, I'll tutor you—just let me take care of it. I'll fix everything for you. I know exactly what to do.

REBELLING: Hey—stuff it bookworm!

BLAMING: You guys wonder why Snow White drinks and uses drugs. And you wonder why this house looks like a dump. It's all YOUR fault! You guys are always fighting. You are always yelling and screaming. You MAKE Snow White do drugs.

CRYING: **(Make a crying sound—be dramatic)**

BLAMING: Oh stop your crying. It's your fault too! Just shut up!

TALKS A LOT: (speaking very fast and loud)

Hold it, did you know that Mt. McKinley is the tallest mountain in the western part of the United States? Also did you know that Jimmy Smith puked this morning during math class? We had mashed potatoes and gravy for lunch and there is a cartoon special on TV tonight and OH I almost forgot Jimmy Smith puked AGAIN after he ate the mashed potatoes and gravy and

CRYING: **(INTERRUPTING TALKS A LOT)**

(Make a crying sound—a little louder)

BLAMING: Great! Now look what you've done, motor mouth. She/He is crying all over again. It's all your fault. What's wrong with you? You KNOW that Jimmy Smith is her/is best friend. It's all your fault!

CLOWNING: And now for this late-breaking news flash—crying boy/girl kills self by drowning in his/her own tears. Four other are stranded, they floated away in the flood. Film at 11:00 Yuk, Yuk, Yuk (Make a funny face)

TALKS A LOT: (speaking very fast and loud)

Did you know that every 20 minutes someone in the United States dies of drowning. Most of these people weren't wearing life jackets. Did you know that this winter we may have the most snow ever in the history of weather. Next Friday our class will be going a special field trip. Also tomorrow night we get to have PEPPER pizza, I can't wait.

PERFECT: No, not PEPPER pizza. The correct name is PEPPERoni pizza, but that’s ok. I could still understand what you meant. I’ll help you practice saying PEPPERoni—it’s Pep—er—o—ni—you’ll get it you’ll see.

REBELLING: Why don’t you just BUZZ OFF? I’m tired of listening to you and all your garbage. This is not school and you aren’t the teacher. EVEN school isn’t this Boring!

CLOWNING: (Making fun of Perfect) He’s boring, he’s boring, he’s got us all snoring.

Yuk, Yuk, Yuk Boring and Snoring **(Make a loud snoring noise)**

QUIET: (Frowns and hides behind others)

TALKS A LOT: Hey—look at this! Here’s a pint of Snow White’s booze. Alcohol is not a good thing for you. It was invented back in Egypt around 3000 B.C. Jimmy Smit once drank alcohol and it made him puke. Each state has laws against drunk driving, and it is not good for kids to drink, but I really think that

PERFECT: Wait, what should we do? I know! Let’s pour all the Vodka down the sink. Then we’ll fill the empty bottle with water. We can put it right back where we found it. Everyone will pretend like nothing has happened.

REBELLING: I have a better idea. Let’s drink the booze. We’ll show Snow White. We can get drunk instead of her. Let’s do it!

CRYING: (Make really loud crying sounds)

BLAMING: Now look what you have done. He/she’s crying all over again. It’s all your fault. Again! You scared him/her.

TALKS A LOT: Did you know that Suzie and Billy had a big fight at school yesterday? Mrs. Robin sent them to the Principal’s office. Have you noticed more kids getting in trouble lately? Why do you suppose...?

PERFECT: Shhh... Here comes Snow White.

REBELLING: Let’s get out of here!

MODERATOR: The End.

Let’s meet our cast. (Direct the cast members to respond in the following way: I am not (BLAMING...), I am _____ (real name) until all cast members have introduced themselves.

Stages of Dependency Play (Addiction Game)

Skill Builder: Be able to explain that substance use disorders are a disease.

Treatment and Recovery Session:

Elementary School, Middle School, and High School

This exercise helps young people come to a new understanding of addiction. Using both a visual and kinesthetic format, this activity enables young people to differentiate between the person they love and care about and the disease that consumes and overtakes that person. An extremely powerful exercise, it demonstrates that addiction is not the children's fault and that they are powerless to make it all better.

Materials:

- Stages of Dependency script (pages 295-303)
- Cards with names of characters
- Cue cards with names of acts/audience responses (included below after script)
- Cape (for Recovery character to wear)

Description:

Feel free to have fun decorating the props.

The facilitator chooses a cast to present the Stages of Dependency Play. The characters will include STAR (addicted person), Alcohol, Drugs, Recovery, Moderator, Crowd, and Cue Card Carrier.

Alcohol and Drugs make all kinds of promises to the STAR if only that person would drink or use a little. Addiction makes promises such as "I'll make all your problems go away. I'll get rid of all your uncomfortable feelings. I'll make you more popular, funny, strong, and better looking." The STAR gradually gives in and begins using alcohol and drugs. It appears that alcohol use disorders and drug addiction are becoming a good friend to our STAR.

After a short while, the disease sneaks up on the person and quickly grabs him or her by the arms. Despite repeated struggling and pleading, the person is hooked and the disease simply won't let go. A discussion ensues about how the disease is now totally in charge of the person's life. The group talks about how none of the promises ever come true, how the person is trapped, and how problems and uncomfortable feelings accumulate instead of going away. The STAR shares how he/she feels to be so stuck. Through this activity, children can understand that alcohol use disorders and drug addiction are not their fault. Families can get help. Perhaps for the first time they can separate the person they love from the disease they've come to despise and hate.

STAGES OF DEPENDENCY PLAY

INSTRUCTIONS: This activity visually demonstrates the progression of substance use disorders. Use the following script marked with parts highlighted. Select participants to play each part. Use construction paper signs hanging around each person's neck to depict the part. Discuss following demonstration.

Explain that the older children volunteers often present this play to younger children.

Background Information

Substance use disorders are diseases with signs, symptoms, and a progression (i.e., gets worse). The play includes the following stages of the progression.

***The Learning Stage:** the stage where individuals may believe that alcohol and/or drug use is fun and that they can make people feel better. Alcohol and drugs may numb feelings; they sometimes help people temporarily forget their problems.

***The Seeking Stage:** the stage where an individual looks forward to using alcohol and/or drugs having learned that they may affect how she/he feels.

***The Loss of Choice Stage:** Until a person reaches this stage (point in the progression of the disease), the individual can still choose whether he/she will use alcohol and/or drugs or how much she/he will use. Also, the person can still handle her/his feelings in ways other than using alcohol or drugs. At this point, a chemical change in the body is occurring; the individual begins to crave the alcohol and/or drugs.

***Illness, Insanity, or Death:** Addiction, if untreated, may cause serious medical complications to various body organs, insanity, or even death.

Moderator: ACT I The Learning Stage

Cue Card: Carry card with Act 1 on it across the stage.

Moderator: Many adults drink alcohol at some point in their lives. Others even try other drugs besides alcohol. There are many reasons why they try alcohol.

(Turn to the audience and ask)

Can you think of some of the reasons why they do?

(let the audience give some reactions).

I would like you to meet our STAR. He/She is a parent to 3 children, ages 8, 10, and 14. Until now our Star has never tried alcohol or other drugs.

Our Star makes a decision to give alcohol and drugs a try for the very same reasons you have stated. Listen to all the promises that alcohol and drugs make to our Star.

Alcohol: I'll make you stronger, happier, cooler, a better person, everyone will like you.

Drugs: Don't be a fool, be cool. Like it or not, I'll help you relax. I'll make everything so, so, so much better for you.

Star: No, I don't want any of you. You guys cause lots of problems and suffering for people.
(Alcohol and Drugs start circling around the star)

Moderator: Notice how alcohol and drugs keep walking around the STAR, pushing, shoving, poking a finger at him/her and yelling taunts like...

Alcohol

Drugs: No, we don'tNO WAY ...You're such a CHICKEN...Don't be such a BABY ...BE COOL

Moderator: *(turn to audience and ask)* What do we call this?

Wait for audience to respond.

Crowd: "PEER PRESSURE"!

Star: Well, maybe I'll have a little bit, but just a little bit.
(The Star acts like he/she is taking a drink and trying some drugs)

Alcohol: Now that's more like it.

Drugs: C'mon, let's be friends.

Star: This isn't so bad, but I've had enough. GET LOST.

Alcohol: Catch you later.

Drugs: I like you a lot better when you're with us.

Alcohol/Drugs: *(Walk off)*

Moderator: *(to the Star)* What was that like?

Star: Not too bad. It was really fun. And I didn't lose control; NO PROBLEM.

Moderator: *(turn to the audience)* Many people believe that alcohol and drugs will not cause problems for them.

Moderator: ACT 2 The Seeking Stage

Cue Card: Carry card across stage with Act 2 on it.

Alcohol/Drugs: *(Alcohol and drugs come back into the scene and surround the Star by putting their arms around him/her.)*

Alcohol: Remember me? I'll make you feel better. I'll make you forget all your problems. I'll be your friend.

Drugs: Yeah, don't forget about us. We'll make it all OK, just be friends with us. You don't need anyone else.

(Alcohol and Drugs link their arms through Star's arms)

Moderator: *(turn to the audience)* Notice how alcohol and drugs get close to the Star and tell him/her how great, wonderful, strong, brave, talented, and good looking our Star is.

Star: WOW, you make me feel better. I'm really glad you're my friends. Stick around with me.

Alcohol/Drugs: *(Get even closer now lock arms with the Star and hold on tightly. The Star looks scared.)*

Star: You can let me go now. You're hurting me. Get lost like before. GO AWAY!

Drugs: NO WAY! You're going to stick around with us for awhile. You don't tell us what to do.

Star: Come on, let me go. I've got things to do.

Alcohol/Drugs: (The Star struggles, yet Alcohol and Drugs hold on)

Alcohol: You belong to us now.

Drugs: We're in control of your life. You'll do exactly what we want you to do.

Star: No, I can get away any time I want to. You guys aren't so tough.

(The Star struggles to get away, but CAN'T

Finally the Star pulls away)

See, I told you you're not in charge.

Moderator: Act 3 The Loss of Choice

Cue Card: Carry card with Act 3 on it across the stage.

Moderator: *(turn to the audience and wait for responses)*

Who is in control now?

What do we call it when a person who is addicted to alcohol or drugs doesn't believe he/she has got a problem?

Denial! This is what denial looks like.

Alcohol/Drugs: *(Alcohol and drugs holds on to the Star)*

(The Star is struggling to get away but is not successful in doing so, yet continues to say.)

Star: I don't have a problem. I'm in control. I think I'll get home early today to play with my kids.

Alcohol: Forget that noise.

Drugs: No way. You're gonna spend time with us instead. Forget the kids.

Moderator: *(To the audience)*

Who is in control of our Star's life?

What do we call this?

Crowd: ADDICTION-Our Star is stuck on alcohol and drugs.

Moderator: *(turn to the audience)*

Is it her kids' fault? NO WAY!

(very dramatic) Only ONE thing can help.

(make entrance noise for Recovery's grand entrance)

Recovery: *(Recovery comes running into the room with a cape on.)*

Recovery: *(to the audience)*

Hi, I'm Recovery. I help people get better from being stuck on alcohol and other drugs. I am AA meetings, Treatment Programs, Recovery Hospitals. Recovery Community Support Programs. I help people learn how to be honest, take good care of themselves, and live without drugs and alcohol. I help people start to love themselves again. I'm an addicted person's best friend.

(Alcohol/Drugs stand right next to the Star and try to hang on to him/her.)

Recovery: *(To the Star)*

It's hard to get rid of alcohol and drugs when you're stuck. But I'll help you.

(Recovery walks toward alcohol and drugs and they run away. Recovery stands next to the Star and spreads out arms and allows this person to visualize the "safety net" effect.)

Moderator: *(to the audience)*

Recovery helps her stay away from alcohol and drugs. Recovery is a safety net. Alcohol and Drugs will try to get our Star again, but recovery will make them stay away.

Alcohol/Drugs (try to sneak back and grab the Star, but Recovery is there to fend them off.)

(Star and Recovery are linked arm and arm, smiling)

Moderator: This is what recovery looks like.

Star: Hey Recovery, I'm tired of you. Get lost. I'm OK now. I don't need to go to any more meetings. I can do it without you.

Recovery: No one can do it alone. Please let me help you.

Star: Get lost. *(Recovery walks away head down, looking sad.)*

Alcohol/Drugs

(Alcohol and Drugs slowly sneak up and hook onto the Star again.)

Moderator: *(to the audience)*

Oh, No! Alcohol and drugs are in control again. What do we call this getting stuck all over again?

Crowd: RELAPSE!

Moderator: *(to the audience)* We are going to ask you, the audience, to play a part. Could you please pretend to be our Star's children?

Families and kids get hurt by addiction. Our Star really loves his/her kids, yet Alcohol and Drugs run our Star's life. Just watch how our Star talks to his/her children.

Star: *(Looking at the audience, talking to his/her kids.)*
Hey kids, I'll take you to the movies on Saturday. We'll have such a fun day.

Alcohol: *(to the audience)*
No way kids. He/She's gonna spend the day with us. He/She'll break the promise.

Drugs: He/She doesn't have time for you. He/She cares about me lots more. You can forget about going to the movies, you're not going. He/she won't remember the promise.

Star: *(looking at the audience)*
I love you kids. You are so, so special to me.

Alcohol: *(Pointing at the group)*
Hey you stupid kids, you're so dumb. Can't you do anything right? Boy are you clumsy!

Drugs: You kids just shut up. You're always fighting with each other. What's wrong with you. You can't be my kids.

Star: *(to the audience)*
No kids, I haven't been drinking. I wouldn't lie to you. I always tell the truth.

Alcohol: *(talking to the Star)*
You can fool the kids. They're stupid. Don't tell them you've really been drinking.

Drugs: It's OK to lie to your kids. They'll never know. You can trick them.

Moderator: *(Make a fan fare for Recovery's entrance)*

Recovery: *(Comes back into the scene. Alcohol and drugs slink off)*

Star: *(to the audience)*

I'd really like to spend time with you kids, but ...

Recovery: He/She needs to contact a person who can help them or go to meetings or to counseling. Come with me. I'm here to help you.

I am going to get you the help you need!

Moderator: RECOVERY IS BEGINNING ...

Cue Card: Hold up sign that says: The End

Cue Cards and Name Cards for STAGES OF DEPENDENCY PLAY

Make Cue Cards with one of each of these words or phrases per page—printed in large bold letters. (*Feel free to be creative in the design of these cards.*)

ALCOHOL

DRUGS

STAR

MODERATOR

RECOVERY

ACT ONE - THE LEARNING STAGE

ACT TWO - THE SEEKING STAGE

ACT THREE - THE LOSS OF CHOICE STAGE

PEER PRESSURE

DENIAL

ADDICTION

RELAPSE

THE END

STARR

Skill Builder: Be able to say “No” and set limits.

Problem Solving Session: 4th/5th Grade, Middle School, and High School

Introduces young people to a basic and simple problem solving model to take good care of themselves.

Materials:

- Chalkboard/flipchart
- Nontoxic markers
- Newsprint or white board to create STARR poster
- Situation Cards sheets (pages 199 and 201)
- Copies of Refusal Skills worksheet (page 307)

Description:

The facilitator begins by asking the group to help create a list of situations that have caused problems for them. Examples are being bullied, someone stealing from their locker, etc. The Situation Sheets will be a resource if the participants have difficulty coming up with a list of problems. Explain they will be learning a problem–solving model that can help them make healthy choices for solving their problems. Introduce the STARR Problem Solving Model using the poster. Remind the participants that when a problem happens we can’t always think fast, so by practicing ways to help ourselves we may find it easier to make a safe choice in the heat of the moment.

STARR Problem Solving Model

STOP. What is the problem? Name it.

THINK. How do I feel? How can I solve this problem? Identify options

ACT. Choose the best option that helps me stay safe and allows me to take good care of myself.

RESOURCES. Who can help me? Where can I find assistance? Find safe people and places.

REVIEW. Would I try to solve this problem the same way again? What would I do differently next time?

The facilitator names and describes the five basic steps while writing them on a chalkboard/flipchart in the front of the room. The facilitator encourages group discussion throughout the steps, especially resources to help. The facilitator emphasizes that not only is it wise to get help from others in solving problems but it’s also very smart to find a safe place to hang out when a problem becomes too dangerous or difficult to handle.

The group will divide into teams of two (or more) to role play practicing the STARR Problem Solving Model. Have them look back at the list of problems they shared at the beginning of the activity. Have each team choose a problem to demonstrate the STARR Problem Solving Model. **Point out to the participants that the THINK portion of the model is reflected in the REFUSAL SKILLS.** Such practice helps the young people feel more comfortable with this particular model and increases their confidence in successfully applying it. The facilitator explains that when a young person feels peer pressure he/she must think about making good decisions that take into account choices and consequences. Give each young person a copy of the worksheet and discuss common peer pressure problems and refusal skills.

Refusal Skills Worksheet

1. **Ask questions**

“You mean you want me to do *what?*”

2. **Name the trouble**

“That’s illegal.”

3. **State the consequence**

“If we do that, we could get arrested.”

4. **Suggest an alternative**

“Why don’t we go and do something else?”

5. **Leave and leave the door open**

“I am going to do this instead. I hope you will join me.”

Stop, Think, Act

Skill Builder: Be able to say “No” and set limits.

Problem Solving Session: Early Elementary School

Materials:

- Red construction paper
- Popsicle sticks
- Octagonal shape that can be traced to make a “Stop” sign

Description:

Participants will discuss the importance of not jumping into a situation. When we have feelings that make us upset, mad, etc., we might act without thinking and then we may have consequences for our actions. Discuss situations that could occur: An example would be that someone bumps into you and you hit them.

Participants each make their own stop signs.

Using the stop sign, help the participants process what could have happened: Before they hit someone, STOP, THINK maybe it was an accident, then ACT. Even if it was on purpose what could you have done besides hitting. Remind them that taking a minute to use this imaginary STOP, THINK, ACT idea allows them to slow down and find an acceptable action for dealing with their feelings.

Role play situations (or read to entire group), statements that allow them to practice this idea. Have a prepared list of situations to use with the participants. Examples are: *It is cold outside and you decide to wear shorts to school; Someone tells you to take something from your neighbors desk, etc.*

Hold up the stop sign. Process the situation.

Switch to Think, and then discuss Act.

The participants will use their “stop” signs to practice ways to stop and think before they act.

Tagalong

Skill Builder: Be able to communicate feelings using “I Messages.”

Feelings Session: Elementary School

This activity helps children to identify feelings and share them.

Materials: None

Description:

The facilitator chooses a child to be the Star. Identify five children who will play feelings. Ask the Star what feelings he/she has had today. (Prompt, if necessary: happy, sad, angry, excited, etc.) Assign each of five children one of the feelings. Have all of the “feelings” hook arms*, with the Star in the middle. Then say to the Star, “Take a walk ...”

Tell the “feelings” to apply some resistance (e.g., hold firmly in place). Ask the Star, “How does that feel?” Ask the Star if he/she would like the walk to be easier. If yes, then tell him/her to share a specific feeling and then the “feeling” will let go. If children are comfortable, they may share why they are feeling a particular feeling. After the child releases a feeling, again tell him/her to walk. Tell the child that he/she may share as many feelings as he/she likes. Repeat until the child has shared as many feelings as he/she desires.

If there are more than six children in the group, it is important to keep those children watching engaged in the overall activity. The facilitator may want to turn to the other children and ask: What is a safe way for the Star to handle the feeling? Before the Star lets go of the feeling. It is very important that the facilitator does not have his/her back to group participants—both the participants representing the Star and specific feelings as well as the other group members.

***Note: Some people do not like to be touched. An alternative would be to hold hands. Allow children to withdraw from activity if they do not want to touch another person or be touched by another person.**

Repeat this activity as time allows so that other children have a chance to be the Star.

Tangle

Skill Builder: Be able to communicate what you need when seeking help.

Problem Solving Session: Elementary School, Middle School, and High School

You need at least 8 participants.

Description:

Form a circle shoulder-to-shoulder. Reach across the circle with your right hand and take the hand of someone there.

Next, take your left hand and join hands with someone who is not adjacent to you and not the person you just joined right hands with.

Object:

Without letting go you are to untangle and form a circle with hands still joined.

Safety Reminders:

You can position your hands by twisting and turning them so you don't let go—but also don't hurt the other person. Have fun.

Discussion:

This “Tangle” game is like living in our families. All families have problems that they have to work out. Living in a home where a substance use disorder is present can feel as frustrating and challenging as you felt in trying to untangle in this game.

Life in a family with substance use disorders often can feel like a big tangled mess. The unspoken rules that operate in the family (don't talk, don't trust, and don't feel) are blocking the ability to make sense of life in that family. If I am not allowed to talk about this, how do I get out of this mess? If I can't trust anyone to help me, chances are my feelings are not going to be very important to anyone but me. I am not going to feel validated, or very important.

How do we get untangled?

Ask participants what worked in the exercise. Emphasize communication, cooperation, seeing a way that others might not see.

We want children to learn that as a family member is getting trapped by addiction, losing control, and starting to have problems, the child is not responsible for either the actions or correcting the consequences caused by the family member. Explain that part of their untangling in this family is to learn survival skills, including decision making and communication skills so they can seek help.

Alternative way to play:

Have participants do the exercise with no talking. Have discussion afterwards about how that feels. This activity is a good illustration that communication may help us to make our feelings known.

Traffic Light

Skill Builder: Be able to identify and express feelings appropriately by respecting self, others, and property.

Feelings Session: Elementary School, Middle School, and High School

1. Learn that all feelings are OK.
2. Learn to express feelings appropriately while respecting self, others and property.

Materials:

- Anger Management Traffic Light Poster (p. 317) (include copies for elementary group)
- Anger Reducers Poster (include copies for middle and high school groups) (p.319)
- Crayons

Description:

There are two versions of Traffic Light. The first version is for Middle School and High School and the second version is for Elementary School children. The Elementary School version does not include the Anger Reducers Poster. Based on your knowledge of the children in your group, use your judgment about which version to use and whether or not to include Anger Reducers. Some younger children would benefit from it.

Middle School and High School

3. **Discuss** ways to control anger.
4. **Display** the Traffic Light poster.
5. **Distribute** copies for children to color if appropriate. Yes, some older kids like to color.
6. **Suggest** that the traffic light can remind us how to stay in control when we are feeling angry by listening to our body.
7. **Suggest** that traffic lights signal when it is safe to go and when to stop.
8. **Ask** what a red light signals?
9. **Suggest** that the first step to handling anger is to stop.
10. **Remind** participants that we can tell we are becoming angry by listening to our body.
11. **Ask** children to stand and use their bodies to show anger. If necessary, suggest they clench their fists and teeth, tighten muscles, and breathe faster.
12. **Explain** that when we begin to feel angry, we need to think of a stop sign and stop before we become out of control. Sometimes, if we are very angry, we may not be able to think clearly. We may need to calm down. We can do that by using “Anger Reducers.”
13. **Show** Anger Reducer Poster.
14. **Demonstrate** and explain each alternative such as:
 - » Breathe Deeply. This can change the way your brain works and help calm you down.
 - » Positive Self-Talk. Say words to help yourself regain control. These words might be: Just relax. Don’t let this get to me. This is not worth fighting over. I’m not going to lose my temper over something like this.
 - » Count Backwards. Counting from 10-1 can take your mind off something else and gives you time to cool off.
 - » Walk Away. Sometimes, we need to take a time out by walking away. You can come back later and talk about the problem.
 - » Stop Talking. What we say when we are angry can get us into big trouble. We need to give ourselves time to cool down by closing our mouth and stopping to think.

15. **Say** “It is important to find safe people to talk with about our anger.” **Brainstorm with the children who might be their safe person.**
16. Close the session by writing the following on the flipchart or white board and having the group read out loud:

**I can express my feelings in safe ways!
That means ...**

- » **I will not hurt myself.**
- » **I will not hurt others.**
- » **I will not hurt things.**
- » **I will not say anything hurtful to others.**

Elementary School

1. **Distribute** Traffic Light Poster copies and crayons.
2. **Discuss** ways to control anger.
3. **Point** to the Red light and ask what a RED light means. Most will know that red means stop.
4. **Explain** that the second step of Anger Management is choosing a safe and healthy way to express our anger.
5. **Point** to the YELLOW light and ask What does a YELLOW light mean? If children hesitate, explain that yellow lights mean slow down and use caution. We need to slow down when we feel anger. Losing control happens when we act without thinking. By taking time to think, we can choose a safe and healthy way to express our feelings in safe ways.
6. **Ask** for ideas on ways to handle anger safely. This could include sports, music, ...
7. **Introduce** the third step in Anger Management. Point to the GREEN light on the poster and ask what does the GREEN light mean. Again if the children hesitate, explain it means Go. Once we choose a safe way to express our anger, we need to do it. Our anger will not go away until we express it safely.

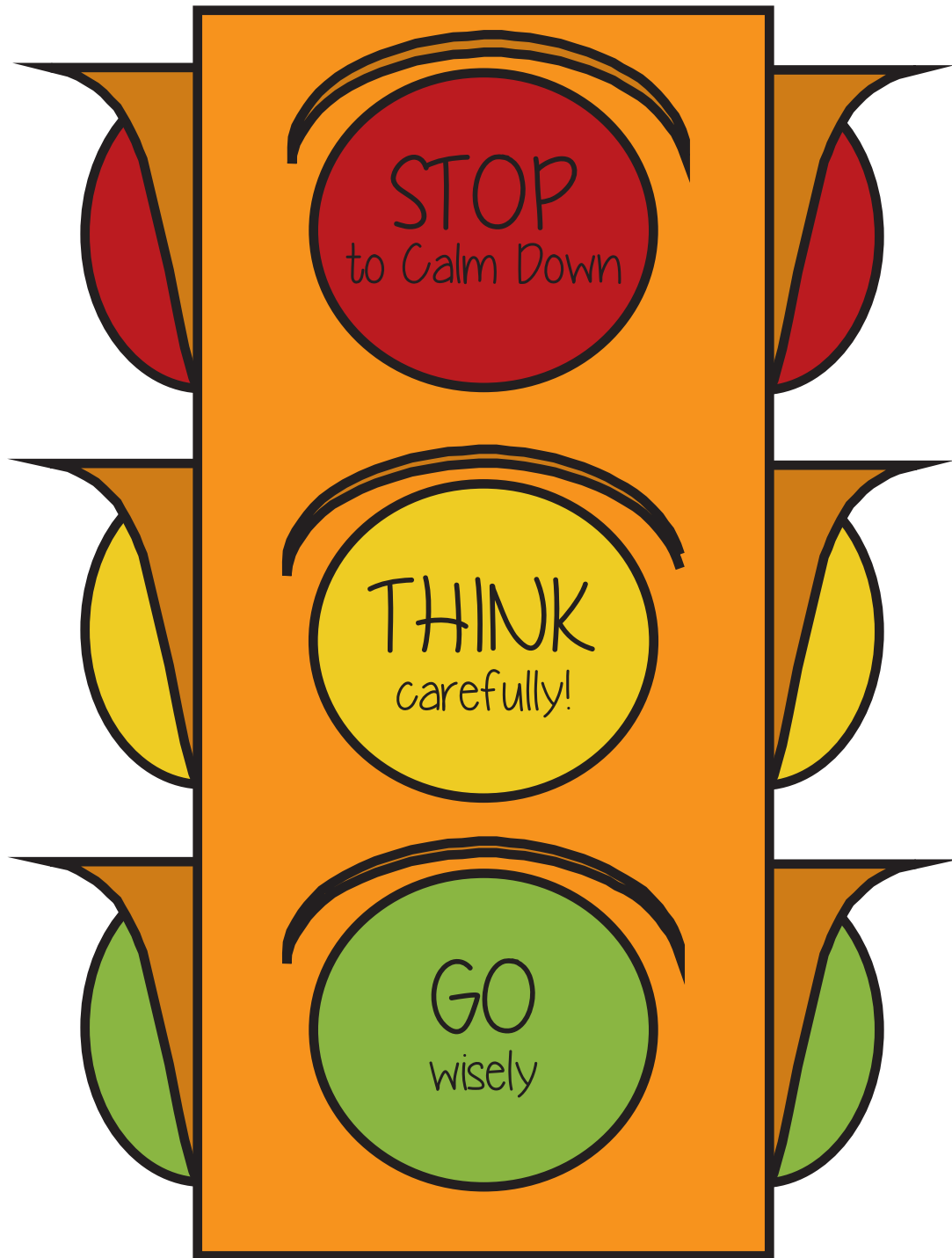
8. **Summarize:** The Traffic Light can help you remember how to express your anger safely. Ask the children what they will do if their body tells them that they are angry.
 - » RED light! I will STOP and calm down.
 - » What are you going to do after you calm down?
 - » YELLOW light! I will slow down and think about what to do.
 - » What are you going to do after you calm down?
 - » GREEN light! I will go and express my anger safely.
9. **Write** the following on the flipchart or white board and have the group read out loud:

**I can express my feelings in safe ways!
That means ...**

- » **I will not hurt myself**
- » **I will not hurt others**
- » **I will not hurt things**
- » **I will not say anything hurtful to others**

Conclude by saying, it is important to find safe people to talk with about our anger. Brainstorm with the children who might be their safe person.

Anger Management Traffic Light



Anger Reducers Poster

**REDUCERS HELP YOU
COOL OFF WHEN YOU
ARE ANGRY.**

- 1. BREATHE DEEPLY**
- 2. POSITIVE SELF-TALK**
- 3. COUNT BACKWARDS**
- 4. WALK AWAY**
- 5. STOP TALKING**

Treatment and Recovery Ask-It Basket

Skill Builder: Be able to identify several ways to handle stressful situations.

Treatment and Recovery Session: Middle School and High School

This activity provides an opportunity for young people to ask any questions they have about the treatment and recovery process.

Materials:

- Package of 3" x 5" cards
- Pencils
- Shoebox

Description:

The facilitator gives each young person a 3" x 5" card. Ask them to write down any questions they have about treatment and recovery. They can write sentences or just a few words that will be explained.

The facilitator may want to write on index card(s) questions which they hope youth will ask to insure that comprehensive information on treatment and recovery is discussed at the session.

When everyone is finished writing, the facilitator puts all the cards in the shoebox. The young people sit in a circle and pass the box around the circle. Each chooses a card and reads one of the questions and allows the group and/or facilitator to answer or address the questions.

Treatment-n-Recovery

Skill Builder: Be able to recognize that the only person you can change is yourself.

Treatment and Recovery Session:

Elementary School, Middle School, and High School

This activity helps children gain a new and deeper understanding of treatment and the recovery process as they come to see that they are not responsible for their parents' or other family members' recovery, but that they are responsible for taking care of themselves.

Description:

The facilitator can refer to the “Stages of Dependency” activity, where the addicted person eventually gets hooked by the disease of addiction. If the group has not done the game yet, review the process of addiction and how a person gets hooked. The disease grabs the person by the arms and won't let him/her go, thus symbolizing how that person has been hooked, trapped, and consumed by addiction. After a brief discussion about how addiction now runs that individual's life, young people try different ways to get the person unstuck, all to no avail. Group members not only see that the addiction is not their fault, but also that they can't make everything better. But how do people get better from addiction?

While the disease still firmly has a grasp on the addicted person, the group brainstorms ways in which the person can get better. When someone

yells that the addicted person needs to ask for and get help, the addicted person yells out, “Help. I need help. Please help.” Role-playing Treatment-n-Recovery, the other facilitator or child volunteer goes to the person asking for help. When Treatment-n-Recovery gets close, the disease runs away out of fear. Treatment-n-Recovery introduces itself to the addicted person and shares how it can help. “I'll help you learn to love yourself, be honest, share feelings, and learn how to take care of yourself and be free.” The addicted person learns that Treatment-n-Recovery stays around only if the person really wants to get better. Treatment-n-Recovery demonstrates that it is a safety net that protects the person from alcohol and drugs. The disease lurks on the other side of the room, waiting to pounce on the addicted person, but it can't do so while Treatment-n-Recovery is around.

All group members get the opportunity to role-play the addicted person and ask Treatment-n-Recovery for help. A discussion follows on all the things that comprise Treatment-n-Recovery: treatment, aftercare, counseling, and Self-help or mutual aid groups like Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon.

The facilitator explains what relapse is and emphasizes that relapse also is not the child's fault. It occurs because the addicted person doesn't stay with Treatment-n-Recovery.

What Can You Control? How?

Skill Builder: Be able to name and explain the Seven Cs

Coping Session: Elementary School and Middle School

Description:

Using the Seven Cs as a reference, discuss what you think you can or cannot do about each one (see page 283 for Seven Cs):

- A flooding river
- A forest fire
- The amount of junk food you eat
- Someone who asks you for help with a school problem
- Someone who has a drug problem
- A fight between two adults
- Someone who is doing something against the law
- How you spend your free time

What's the Big Deal about Communicating?

Skill Builder: Be able to communicate that you understand the feelings and problems of group members.

Feelings Session: Middle School and High School

Materials:

- Paper and pencil for each participant

Description:

This activity helps youth learn that communication is complex. It includes words, actions, and involves factors in the environment as well as the relationship between people.

The facilitator should explain to the youth that we will do an activity which presents different ways of communicating.

- **Ask** participants to pair up and sit back to back (preferably in a chair). Then **ask** the pair to converse about something (e.g., what they like to eat, sports, ...) for one minute. **Call time.**
- Then give each pair a sheet of paper and a pencil. Sitting back to back, one will write a note and pass it to the other. Continue writing notes without looking at each other for one minute. **Call time.**
- Then **ask** the pair to sit or stand face to face and carry on a conversation. This time, they may communicate in any way they wish. **Call time** when a minute is up.

An alternative way to do this is to have students pair up and sit back to back. Each student is

to draw a picture using 3 shapes. One person describes his/her picture without using the names of the shapes (e.g., do not say triangle...). Then the other person describes his/her picture with the same guidelines. The person drawing is NOT allowed to ask questions except "what did you say?" When finished sharing, all students can have a general discussion on what was challenging and helpful in doing this activity.

Explain that there are three forms of communication:

1. **Indirect:** When you are talking but can't see the other person, such as talking on the phone or when you are in another room, or in the backseat of the car.
2. **Written:** When you send someone a note, letter, or email.
3. **Face-to-Face:** When you are talking and can see each other's gestures and facial expressions.

Ask which type of communication seemed the easiest or most comfortable. Discuss why.

Ask which type of communication was the most difficult or uncomfortable? Discuss why.

Discuss the strengths of each type. Written communication allows participants time to think about exactly how they want to say something. You may feel more comfortable writing what you want to communicate than trying to communicate indirectly by phone or face-to-face; however, face-to-face gives one the benefit of seeing

expressions and body language cues.

Discuss the drawbacks. In indirect or written, people can't hear your tone of voice; see your body language or facial expressions. It may be difficult to say what you are thinking or feeling in a face-to-face conversation.

Ask why body expressions and tone of voice are important. Sometimes how a person's face looks or what they are doing with their body (e.g., stomping their feet or clenching their fist) tells us more than their words. The same is true of the tone of voice a person uses.

Demonstrate the preceding by sharing and doing the following:

- **Ask** "What might I be thinking and feeling when I look like this?" (look angry)
- **Ask** "If I look like that, do I need to say any words to let you know that I am angry?" The answer is NO.
- **Say** "Watch my body and listen to my words." Say "I'm NOT angry!" using body language that expresses anger (e.g., clenched feet, angry tone of voice).
- **Ask** "Did my words and my body give you the same message?" The answer is NO, my words said I was not angry, but my body said I was.
- **Ask** "Which did you believe—my words or my body?" Allow students to respond. They should say they believe your body.
- **Ask** if they would have believed my words if I had written them in an email. Suggest that they would most likely have believed the words because you would not have had the added information from the body language and tone of voice.
- **Ask** what happens during the time gap of writing a message, receiving it, and then responding. **Suggest** that one can become frustrated at having to wait for a response we may think of other things we wanted to say. We may regret we said something and wish we could get the note back! Someone may pass our writing on to others without our permission. We may have calmed down since we sent the note, but the person who reads it may react as if the situation was still a concern to us. In essence, we need to be careful what we write, especially on social media.
- **Discuss** which form of communication is most common in the family.
- **Ask** each participant which form of communication he/she prefers.

Wheel of Misfortune

Skill Builder: Be able to make safe choices that respect self, others, and property.

Problem Solving Session: 4th/5th Grade, Middle School, and High School

This activity helps children solve the real-life problems found in families with an alcohol- or drug-dependent member and to see that they have choices and options in handling tough situations.

Safe People Session: Elementary School, Middle, and High School

This activity prepares them to handle any similar real-life crisis in the future.

Materials:

- Large cardboard version of the wheel; print the answers/solutions on the wheel
- Painter's tape
- Situation Cards (page 199 and 201)

Description:

Place cardboard wheel on the floor. Use painter's tape to extend the radials so that the participants can walk around the wheel to the solution they would try.

- Read the problem and have the participants walk to the solution they would choose.
- Have the participants discuss their choices.

The facilitator divides children into teams of three, and each group selects a team name. With a spin of the wheel (see example of spinner in "Feelings Wheel"), each team lands on a particular letter of the alphabet. The team looks at the Wheel of Misfortune game board (see page 333) to identify

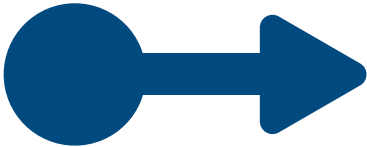
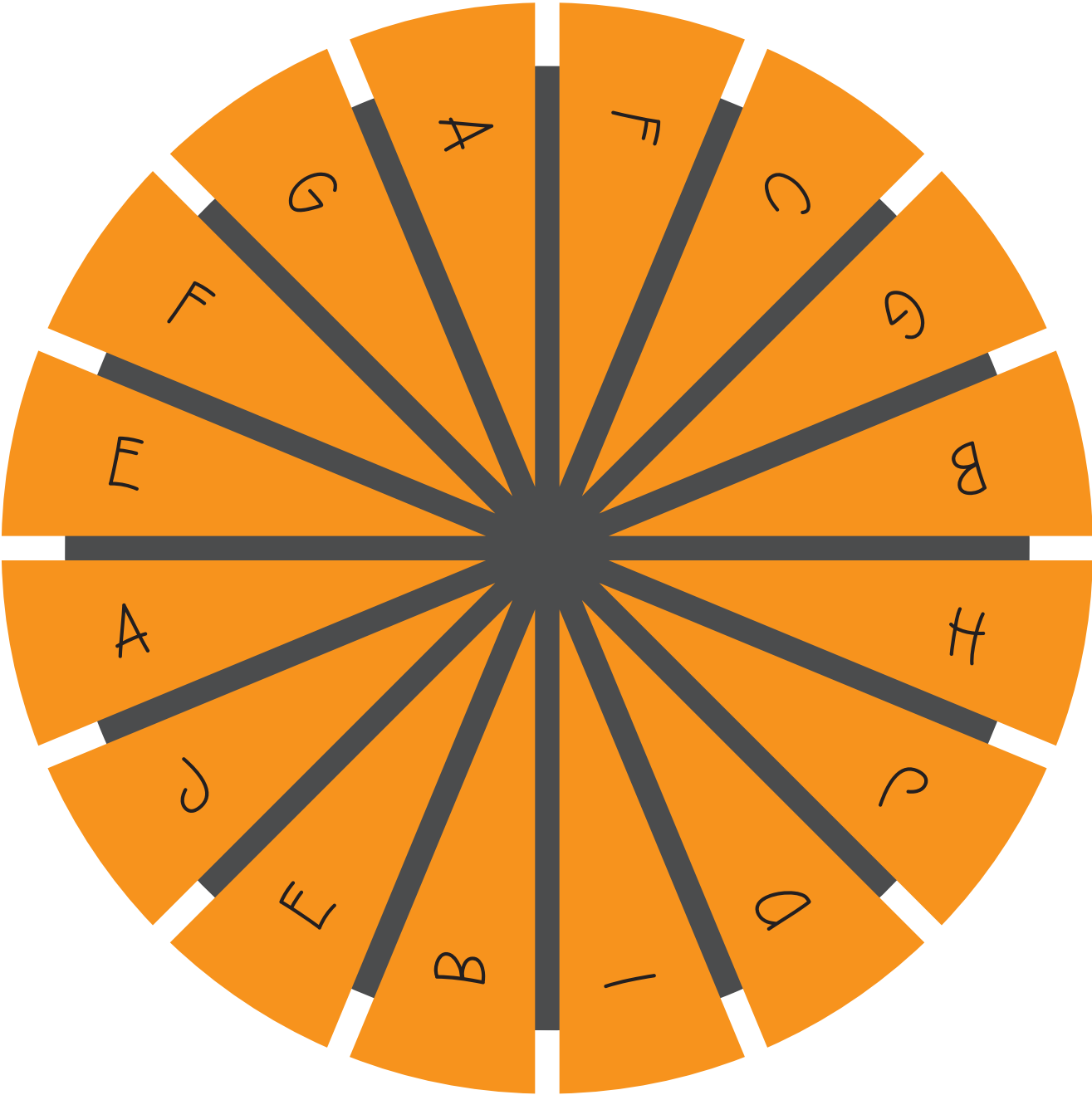
its problem; for example, riding in a car with a drunk driver or being embarrassed by a drinking or drug-abusing parent in the presence of one's friends. The team brainstorms a variety of ways to solve the dilemma.

Play the game over and over to allow each team to brainstorm ways of handling a variety of problem situations. This helps children believe they truly have choices in their lives. Above all, this is an activity that stresses trust and cooperation among the children. The key here is teamwork. Everyone wins. Children come to see that they have choices and options in handling tough situations. Facilitators emphasize the importance of taking good care of oneself and always staying safe. When all are ready, each team presents its findings to the large group. Discussion ensues. The facilitator reviews the following self-care safety tips to remind children of ways to stay safe:

- Walk with a group when going to school, recreational events, and other activities and always avoid empty lots, vacant buildings, and alleys.
- If you feel threatened by someone outside the school, go back into the building and find a counselor, teacher, maintenance worker, or office worker to help you.
- Notice and try to remember places on your school-to-home route that you could go to if you needed to get away from someone you felt threatened by; places like stores, post offices, police stations, recreation centers, and service stations can serve as temporary places of safety.
- Don't show off money or valuable possessions. Keep them out of sight if possible.

- Don't wear obviously valuable jewelry, like gold chains, at school or on the streets. Don't make a habit of talking about money or other valuables you or your parents have at home. Even if you are telling a friend you trust, that person may tell someone less trustworthy.
- Don't hitchhike.
- Don't email personal information to people you don't know.
- Don't invite people into your house unless you know them very well.
- If at all possible, don't ride with a driver who has been drinking or using drugs;
- have a plan for safe transportation and confirm it ahead of time with those you might call.
- When the drinking or drug use at home becomes a problem, try to remove yourself to your room, a neighbor's house, or other safe place. If you have younger siblings, take them along. (Do not engage in angry dialogue or storm out. Go quietly and calmly.)

Wheel of Misfortune



Wheel of Misfortune Game Board

- A. Embarrassed with friends**
- B. Stuck in the middle**
- C. Blamed unfairly**
- D. Yelled at for no reason**
- E. Passed out on the floor**
- F. Driving with a drunk parent**
- G. Mom or Dad not coming home**
- H. Watching parent getting beaten up**
- I. Brother or sister getting hit**
- J. Asked if you want alcohol or drugs**

Your Timeline

Skill Builder: Be able to affirm oneself.

Treatment and Recovery Session: Elementary School, Middle School, and High School

Materials:

- Construction paper or plain paper
- Markers or pencils

Description:

- Ask children and youth to think about how younger children’s lives are different than their own.
- Then encourage them to think about key milestones/events in their lives.
- Explain to children that they will use a blank sheet of paper to draw a timeline for their lives.
- At some point as they are working, suggest children add events, things or goals they aspire to do. (This could include learning to play soccer, joining a club, etc.)
- Conclude the activity by reminding children that recovery takes time just like other personal health/growth.

ALL THE FOLLOWING ACTIVITIES CAN BE USED IN CONJUNCTION
WITH VIDEOS THAT CAN BE FOUND ON THE KIT'S DVD AND ON
THE FLASH DRIVE



Michael's Journey Video

Substance Use Disorders Session: Middle School and High School

Feelings Session: Middle School and High School

Coping Session: Middle School and High School/Substance Use

Michael's Journey is a video that focuses on family alcohol problems as they affect youth. It follows two African-American boys who exemplify different coping styles of children of addicted parents. The video does not offer pat answers. The goals are to help young people realize the importance of bonding and the need for trust, and to provide insight into the far-reaching effects of family addiction through the comments of adult children of alcohol addicted parents. It confirms that a child can express love for an addicted parent and that parents do love children even when the household is affected by parental substance use disorders.

Materials:

- *Michael's Journey* video
- A computer

Description:

Before viewing *Michael's Journey*

The facilitator tells the group that they will view a film about two young men with similar problems who find different ways to live with their situations. Challenge the young people to discern the common problems, available solutions, and the different strategies and solutions that each boy chooses. Invite them to identify individuals who can provide help as Michael and Bruce journey through the videotape.

After viewing *Michael's Journey*

The following questions may be used to stimulate discussion:

1. How are Michael and Bruce the same? How are they different? How do you know they are good friends?
2. Who else in the video could help Michael and Bruce? How did they show their concern? Did they do all they could to help the boys? How did the boys respond to these people? What will Michael or Bruce have to do to receive help from these people? Are there other people who could help them? How could they help each other?
3. If you knew Bruce or Michael, how could you help them?
4. Did Michael go to the Discovery Club? Why or why not? Did Bruce go to the Discovery Club also? Why or why not?
5. Why is the videotape entitled *Michael's Journey*? What makes it a journey?

PEPPER Story and Video

Substance Use Disorders and Treatment and Recovery Session: Elementary School

Helps children gain an understanding of substance use disorders, especially that it's not their fault. Depending on the group and availability of a computer, read the story or show the video.

Materials:

- *PEPPER* story (on following pages) and/or video
- A computer
- copies of the story cover page and crayons

Description:

Before reading the story or viewing *PEPPER*:

The facilitator explains that *PEPPER* is a story about a puppy named Pepper, who loved to have fun, except when his friend, Mr. Jones, would neglect him. Mr. Jones was very forgetful at times and would not walk, feed, or even pet Pepper. Feeling alone and very sad, Pepper became curious about Mr. Jones' behavior. Whenever Mr. Jones was sick and irritable, Pepper would notice many bottles in the house. He knew there was a problem and sat in on an Alcoholics Anonymous meeting with his friend and listened to other

people talk about being sick and irritable after they drank. Someone then said that it was the alcohol that changed their mood and made them feel ill. Pepper then learns the term "alcohol" and its effect on the body.

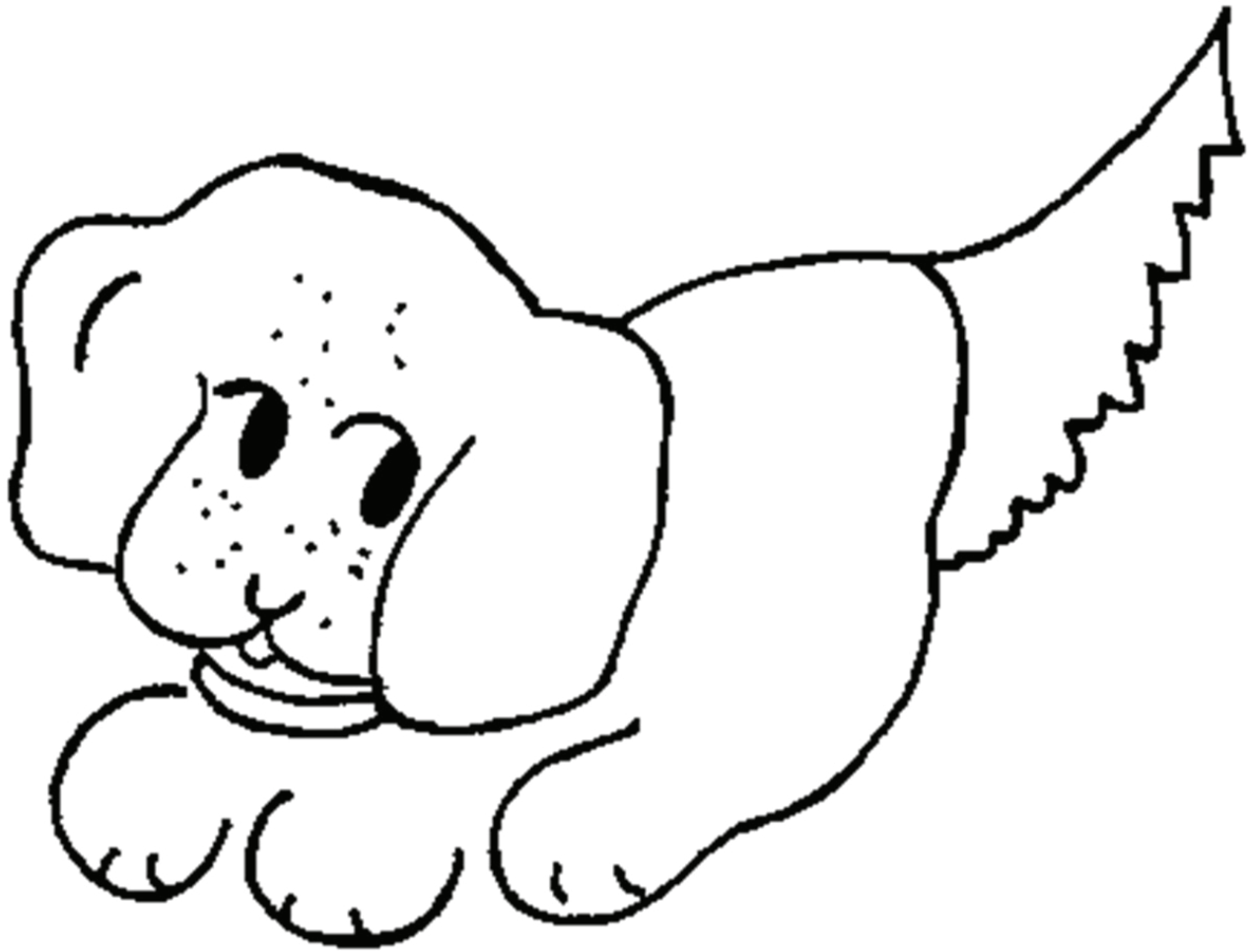
After reading the story or viewing *PEPPER*:

Remind children that throughout the story, feelings that are experienced by children of addicted parents were presented. Ask whether they have had similar feelings. Using *PEPPER* is an excellent way to help children understand the circumstances of a family faced with addiction and the confusion and feelings of rejection felt by the children in such families. The facilitator may discuss these topics with the children and allow them to share.

Facilitators may want to make copies of the cover page available to the participants during or after the activity.

PEPPER





PEPPER

Pepper was a puppy who had fun things to do—like chasing sticks, chewing bones, or sleeping in his little home.

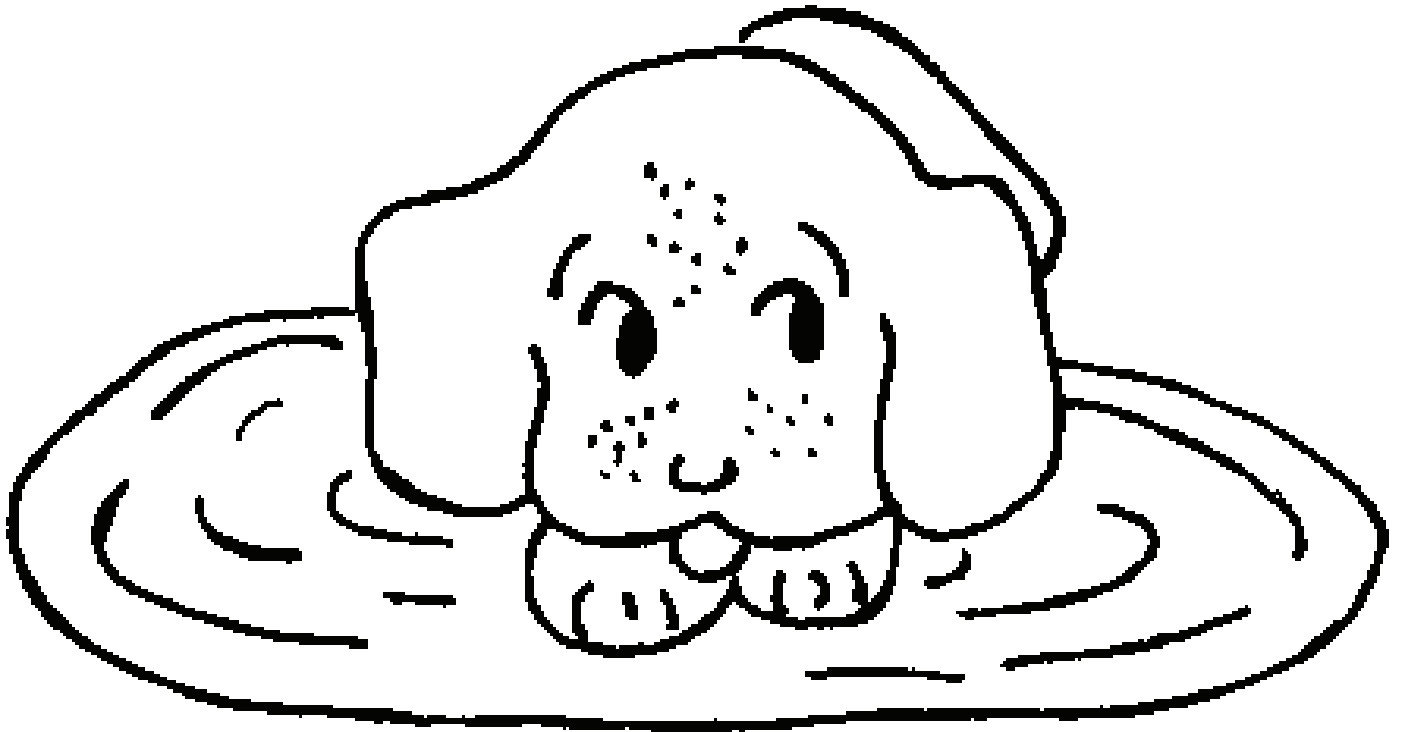
Sometimes Pepper didn't have much fun—like when it rained or when his friend, Mr. Jones, forgot to feed him.

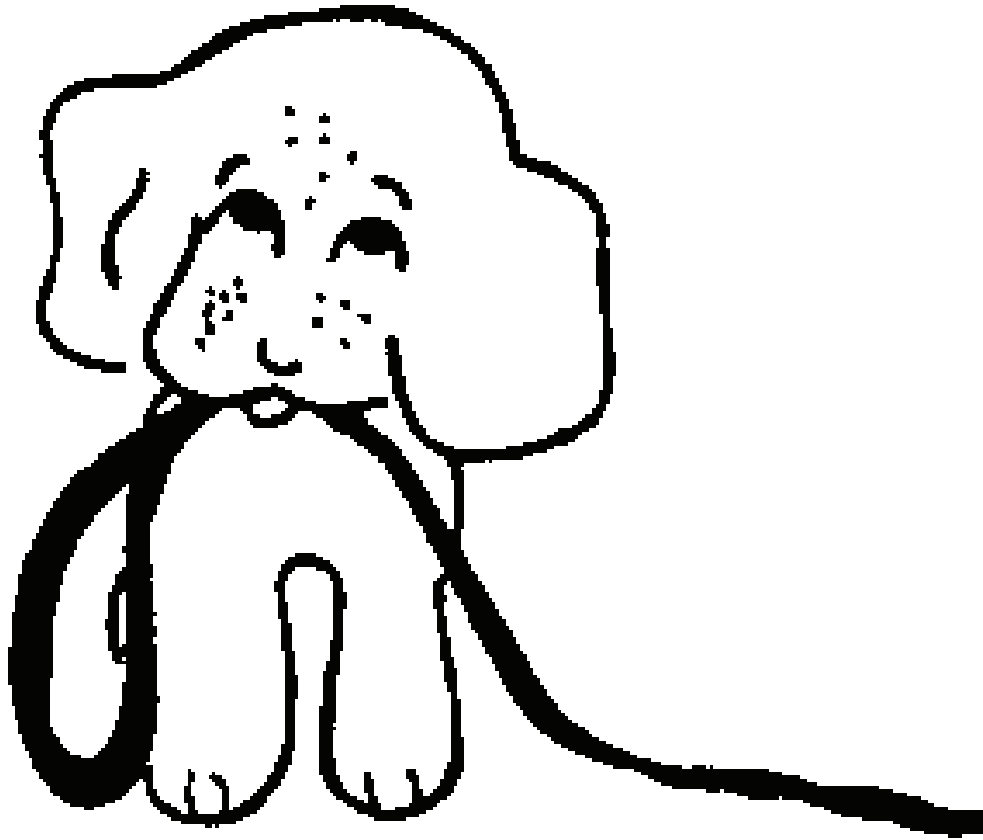




One day Mr. Jones forgot many things. He didn't take Pepper for his walk. He didn't put meat in his dish. Mr. Jones even forgot to pet Pepper.

By night time Pepper was very hungry and very lonely. He thought he had better let Mr. Jones know what he had forgotten to do.





First, Pepper took his leash and looked hopefully at Mr. Jones. Mr. Jones didn't see Pepper. Pepper whined,

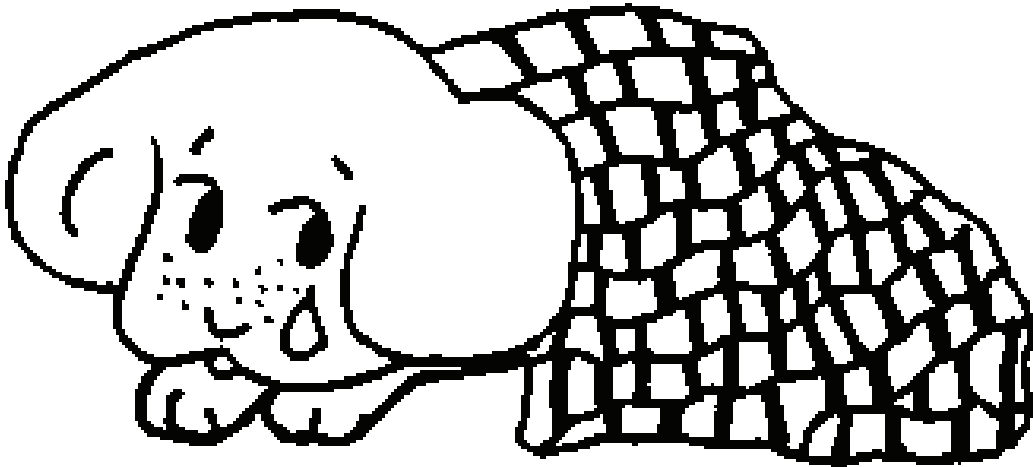
“Remember our walk?”

Mr. Jones didn't hear him.

Pepper jumped up against Mr. Jones' leg. Mr. Jones did something he had never done before. He slapped Pepper.

“Go away!”

Pepper felt very bad. He picked up his blanket and lay down in a corner. A tear rolled down his cheek.



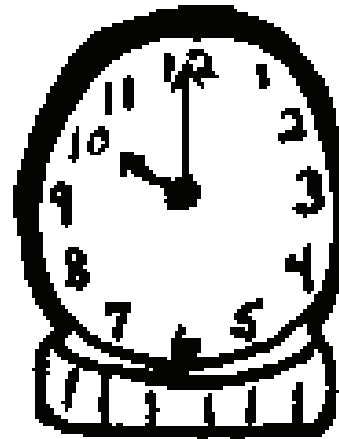
“I wonder why Mr. Jones is mad at me. I must have done something bad.”

But Pepper could not think of WHAT he had done that was bad. All the while Pepper felt more and more hungry.

“Woof! Woof! It’s time to eat,” he barked.

Mr. Jones was in his chair and had a hard time waking up. Pepper barked a long time. Finally Mr. Jones was awake. He looked at the clock. He looked at Pepper.

He said, “I’m sorry. I forgot to feed you. I’m sorry. It won’t happen again.”



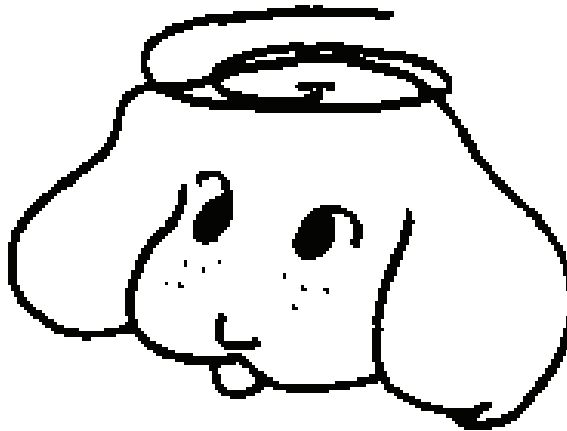
For a while Mr. Jones did remember. Then one day he forgot again. He forgot the walk. He forgot the food dish. He forgot to pet Pepper.

The next day Mr. Jones felt very bad and said he was sorry. Then he forgot again. More and more days he forgot the walks, the food dish, and Pepper.

Pepper saw that when Mr. Jones forgot things, he felt sick. Pepper also saw that when Mr. Jones forgot things, there were many bottles in the house. They smelled funny.



Pepper tasted what was inside the bottles Mr. Jones drank from. It made him dizzy.



Pepper felt very bad,



very sad,

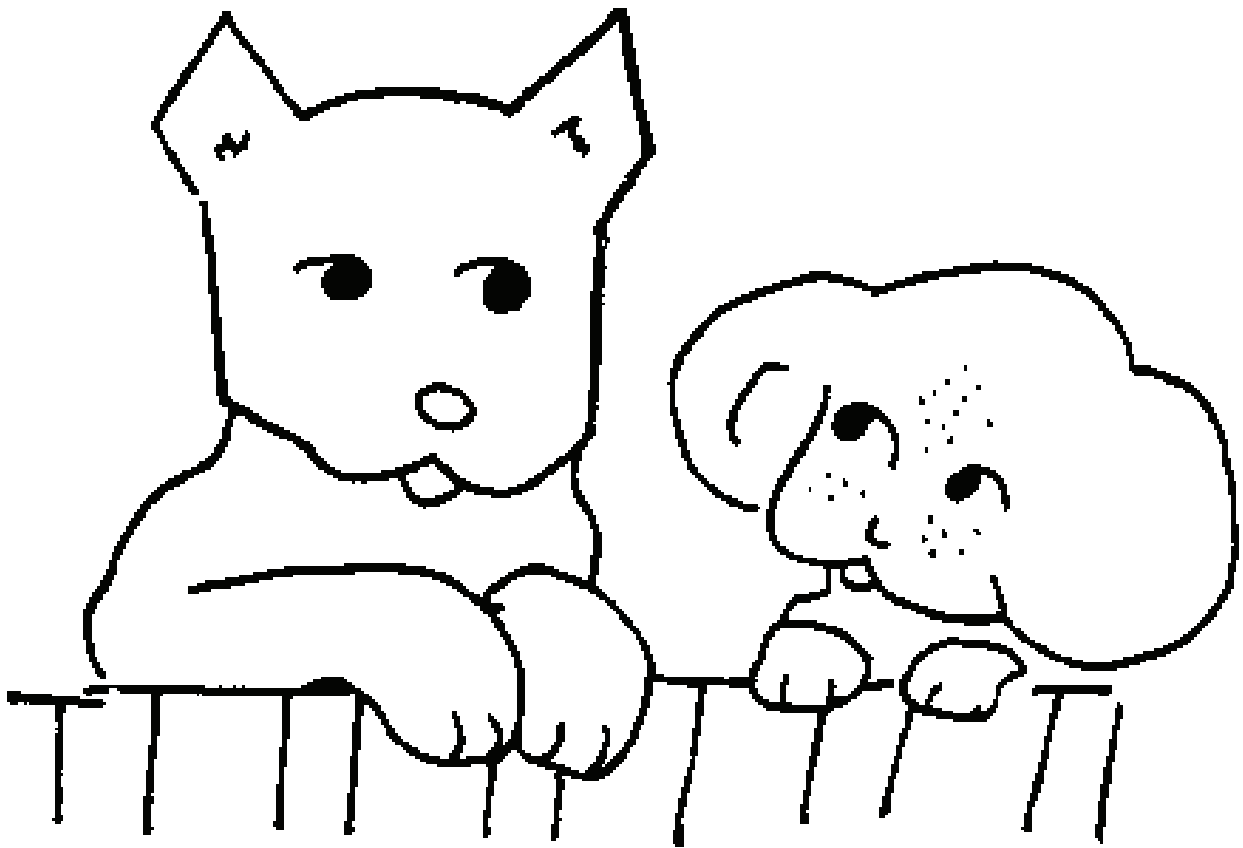


very mad,



and wondered what to do.

The next time Mr. Jones forgot, Pepper went for a walk by himself. He met another dog who said maybe Mr. Jones was sick. Sometimes when people are sick they forget things. Sick people should see a doctor.

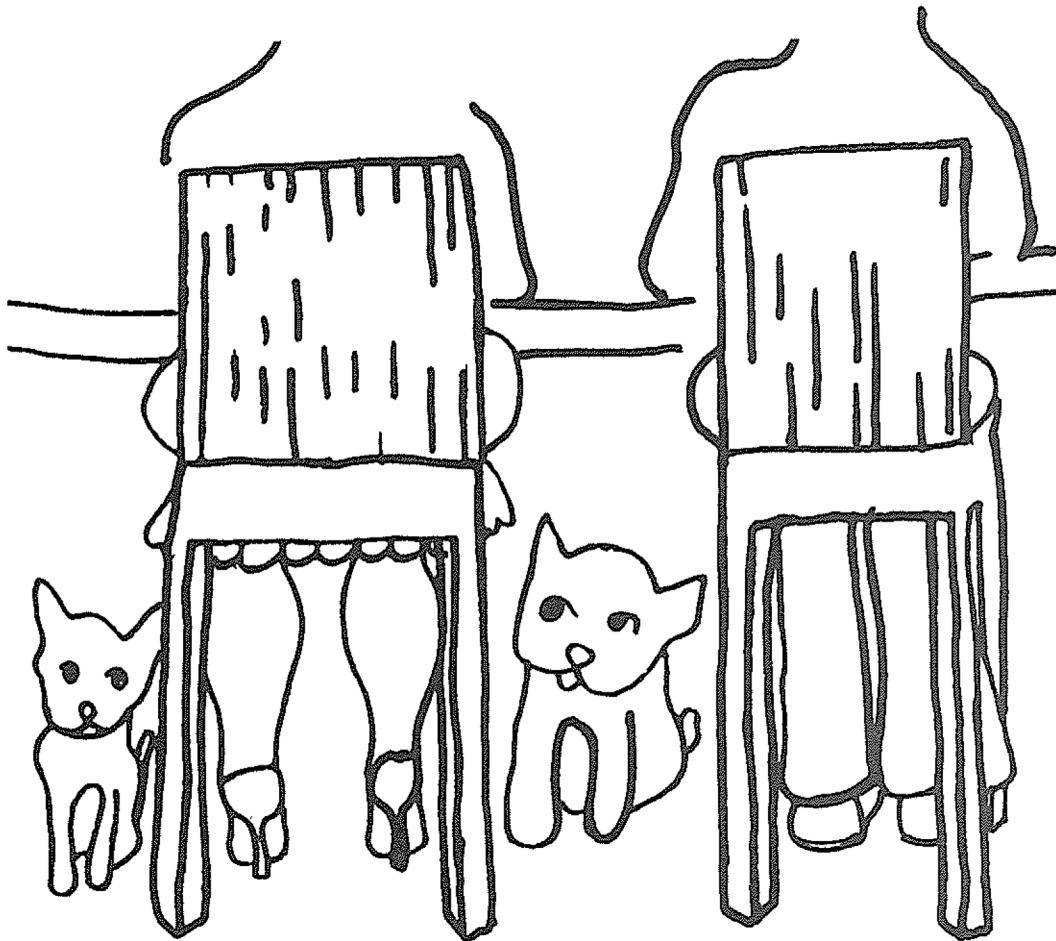


Mr. Jones didn't understand Pepper when Pepper tried to tell him to see a doctor. So Mr. Jones kept getting sicker and sicker. Pepper felt sadder and sadder. Until one day Pepper found some new friends.

He found his new friends at a meeting some people were having. The people all sat on chairs around a big table.

“What’s going on here?” asked Pepper.

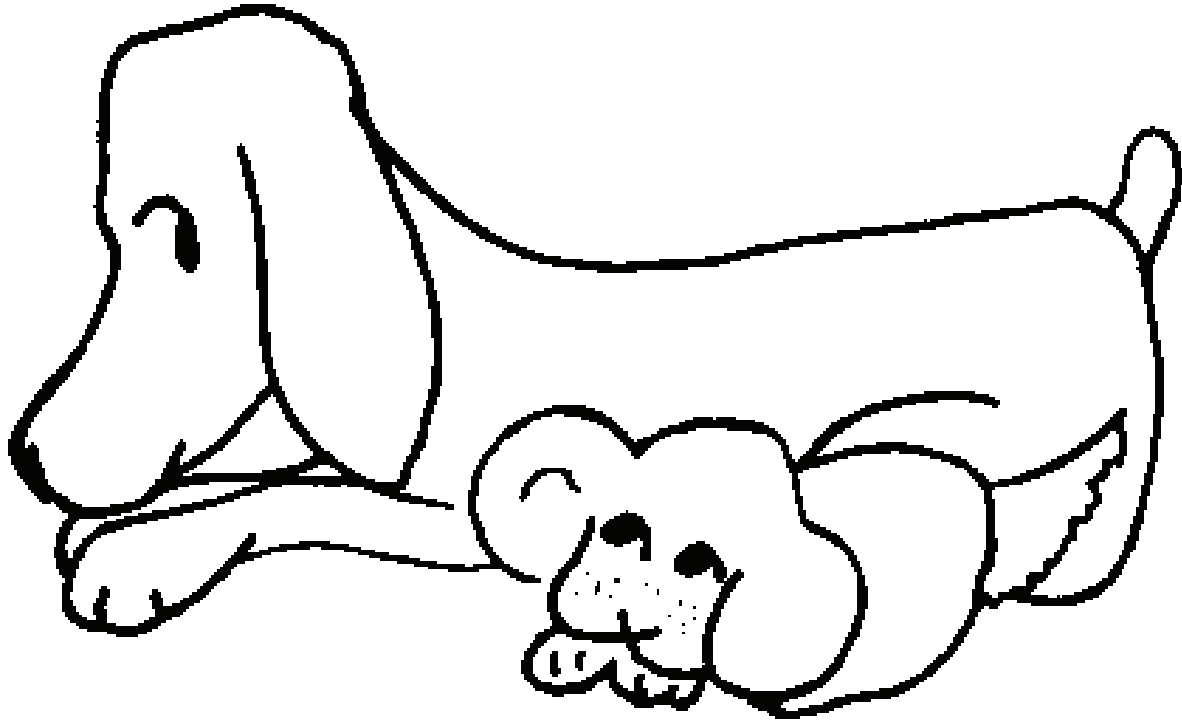
“Shhh,” said a dog named Fred.



“Listen!”

Pepper listened. A man was talking about being sick and needing help.

“I know someone who is sick and needs help,”



said Pepper.

A lady talked about being sick, too, and having many bottles in the house.

“I know someone with many bottles,” said Pepper.

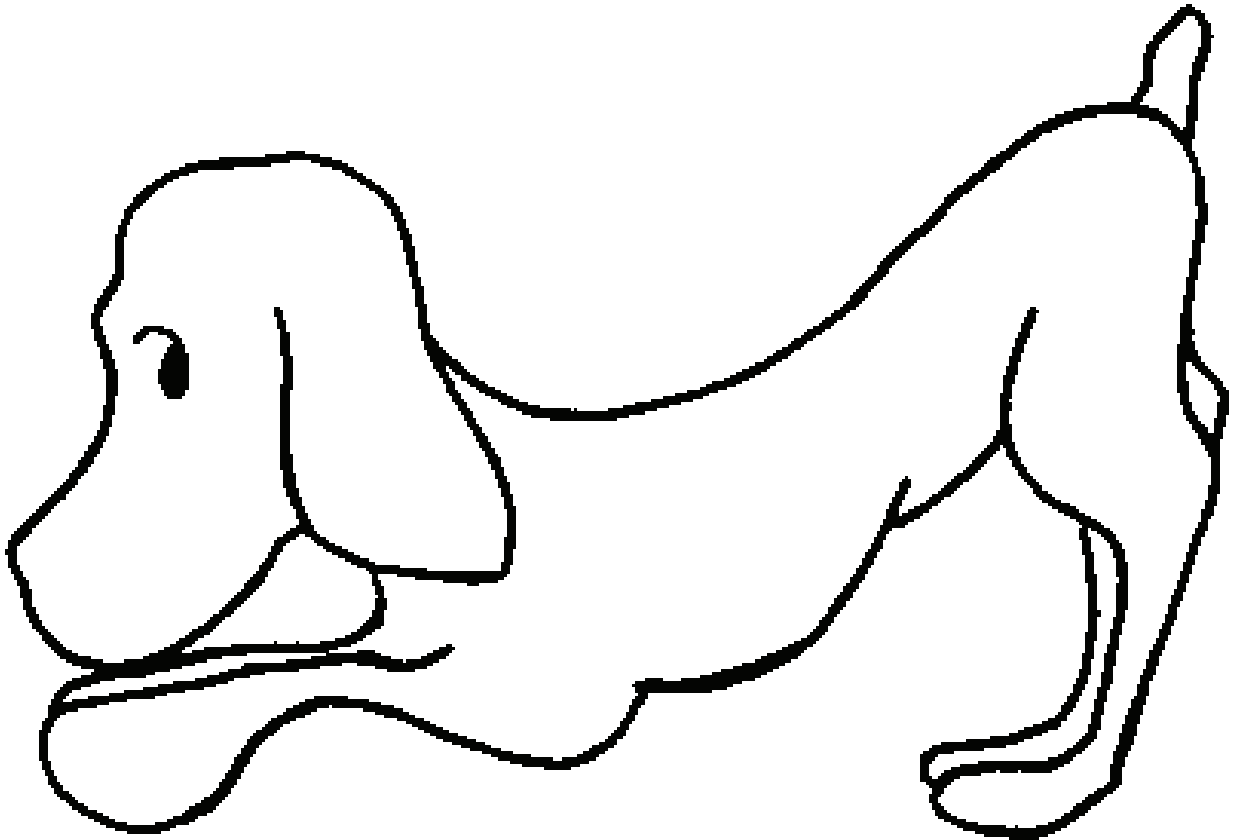
“Shhh,” said Fred. “Listen!” Another lady said that she got well when she stopped drinking what was in the bottles. She used a big word that Pepper had never heard before. She said it was alcohol that was in the bottles.

“What is alcohol?” Pepper asked Fred.

Fred whispered back, “Alcohol is what some people drink. It makes some people feel funny. It makes some people sick when they drink too much.”

“Is that why Mr. Jones forgets to feed me,
and take me on walks, and forgets to pet me?”

“Uh huh,” said Fred, stretching.



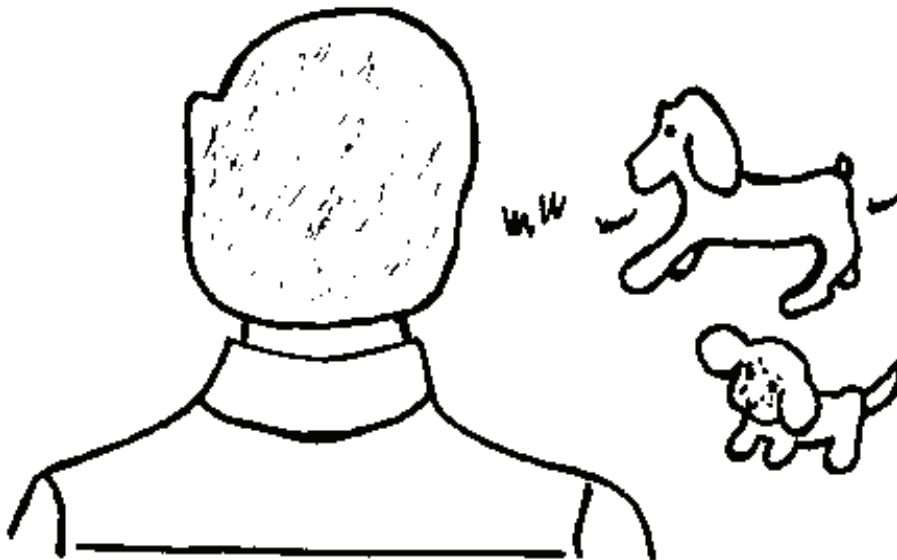
“Oh,” said Pepper. “I thought he was mad
at me.”

“No,” said Fred, “Mr. Jones is not mad at
you. Mr. Jones forgets because he drinks too
much.”

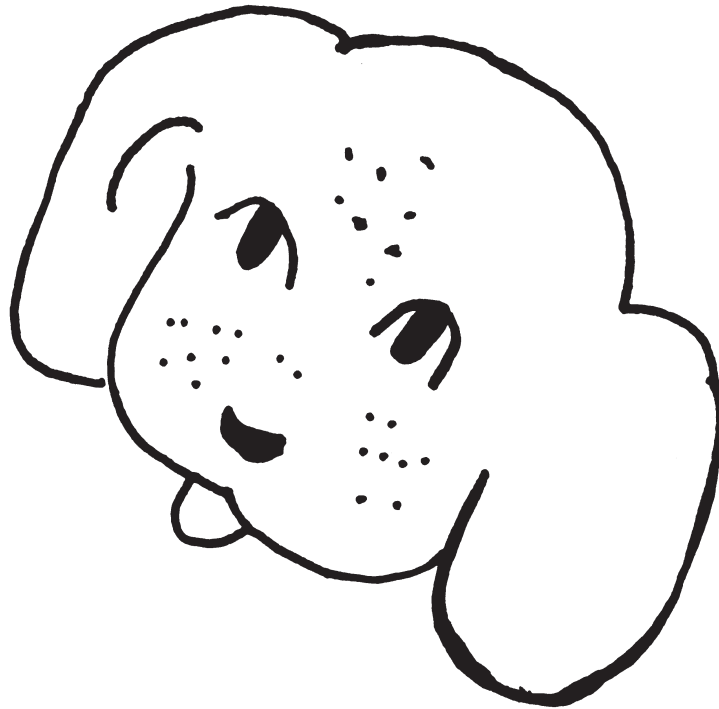
“Now I don’t feel so bad, so sad, or so mad, “said Pepper, “because I know it’s not my fault.”

“That’s good,” Fred told him. “Some day Mr. Jones will feel so sick he may see a doctor. Then maybe he won’t forget so much. Maybe he’ll join a meeting like this one.”

“Hey!” Pepper barked. “Let’s be friends and play together. Race you to that fence!”



Mr. Jones saw them playing. He wondered what had happened at the meeting. He wondered what had made Pepper feel happier.



You're Not Alone Video

Substance Use Disorders Session: Elementary School

Problem Solving Session: Elementary School, Middle School, and High School

Safe People Session: Elementary School, Middle School, and High School

This 9-minute video features Jerry Moe, national director of The Betty Ford Center's Children's Programs, and children who have benefited from participating in educational support groups for children of addicted parents. It speaks to children in families with addiction or other high-stress and emotionally painful living environments.

Materials Needed

- *You're Not Alone* Video
- A computer

Description:

Before viewing *You're Not Alone*

The facilitator explains that they will view a film that speaks directly to children from addicted families. It also contains important messages for all children and youth as it prepares them to respond more appropriately and comfortably to friends and classmates who live in families where someone is suffering from an alcohol use disorder or drug addiction.

After viewing *You're Not Alone*:

The facilitator guides a discussion with the young people. Suggested topics are as follows:

For the Addiction Session

- What is addiction?
- Loss of control
- People not controlling their behavior
- Family stress/challenges
- Getting help

For the Problem Solving Session

- How can children living with addiction help to take care of themselves?
- What to do to stay safe
- Ways children can positively cope
- Why it's important to stay out of harm's way

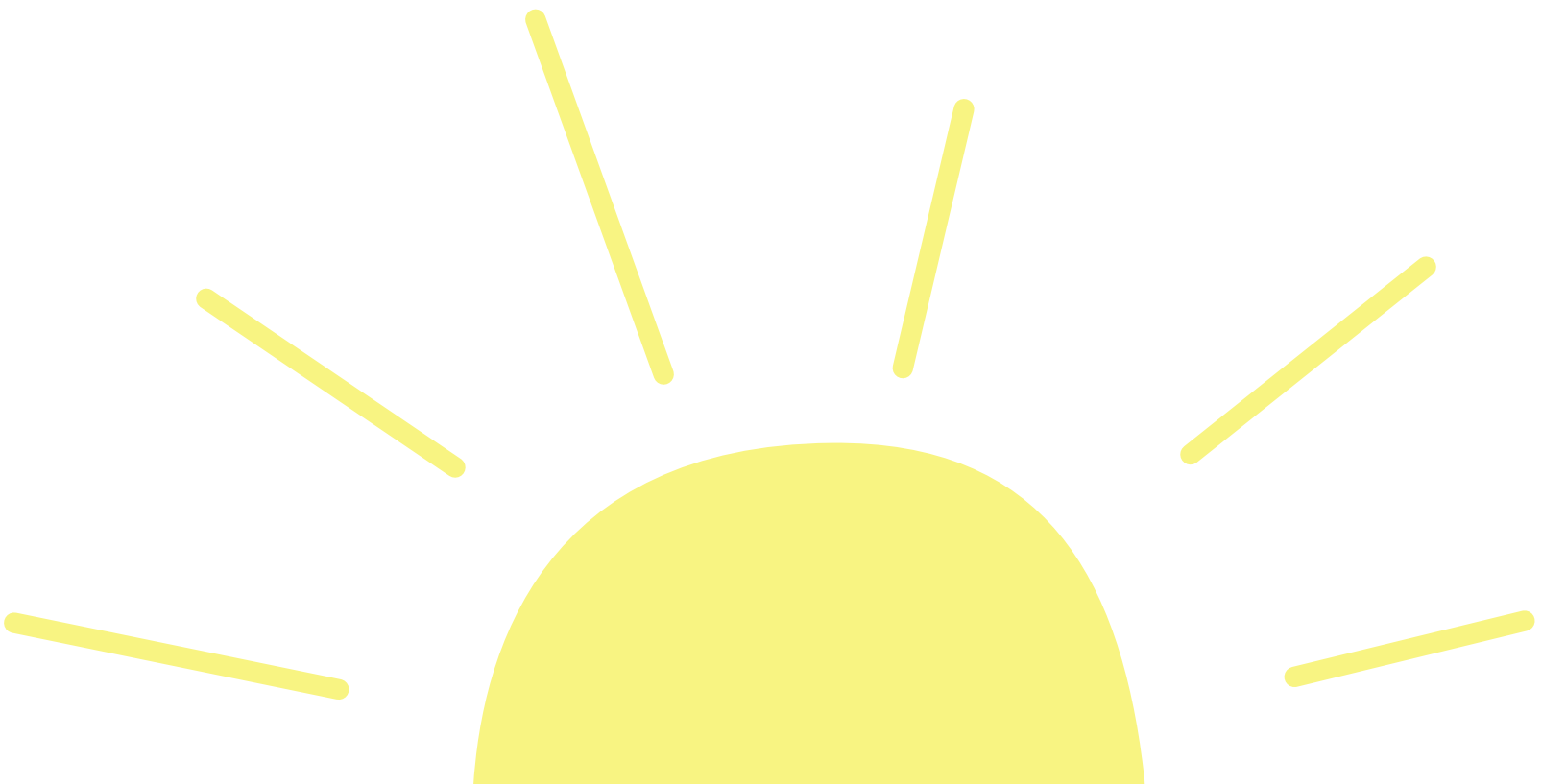
For the Safe People Session

- Who are the safe people in your life?
- What makes them safe?
- Who else could be safe for you?
- When is it helpful to reach out to safe people?



5. EVALUATION

5. EVALUATION



Evaluation

Program funders are always interested in whether they should continue to fund any given program. In order to make this decision, they need to know if the program works or not.

To find out if the program works, agencies must implement some type of evaluation that will show that the participants change from the beginning of the program to the end of the program. This is typically known as a pretest/post-test change. To assess participant changes, the program administers the pretest to the participant at the beginning of the intervention and then administers the same test at the end of the intervention. By doing so, a change score can be calculated that will indicate how much the participant has changed in knowledge, and skills from Time 1 (the pretest, or the beginning of the intervention) to Time 2 (the post-test, or the end of the intervention).

Through this type of evaluation, the program facilitators can monitor the progress of the program, the program developers can change or enhance program materials that may not be working as expected, and funding agencies can determine program funding strategies for the future.

Program evaluation also provides the added benefit of enabling the agency to collect data for its own purposes. These data are useful for writing future grants that would fund the program continuation. They are also useful internally to monitor the program's progress and its helpfulness to children and families. To help you in this process, we have provided some very simple program evaluation questionnaires here.

First, administer the questionnaire at the beginning of each session as a pretest to each participant; then, administer it at the end of the session as a post-test to each participant. To ensure confidentiality, names should not be used on the questionnaires. Each participant should be assigned a number to use on the questionnaires. A participant/identification number list should be developed and kept in a locked place for confidentiality reasons. This will keep the information secure and only allow the intended agency staff to see the results.

The questionnaires below are basic and do not have the standardized data necessary to compare them to other populations across the country.

Finally, we have provided a questionnaire for the facilitator to use so that process data can be collected from the staff as well (page 379). This process data is essential to our understanding of how well the program works overall.

Note: The evaluation forms on pp 365-403 are also on the flash drive for easy download.

Purpose of Evaluation

WHY EVALUATE YOUR PROGRAM?

Evaluation can serve many purposes. First, it lets you know if what you taught the children was actually received by them. Second, evaluation lets you know if what you taught the children was useful to them. Knowing whether they intend to use this information in their daily lives is valuable for program planners. Third, evaluation lets you monitor the progress of your program so that you can change it if necessary to make it more relevant to the needs of the participants.

REASONS FOR PRETEST AND POST-TEST

It is important to give the evaluation to the participants both before and after each session. You can measure their changes in knowledge and skills, by measuring what they knew at the beginning of the session and what they learned by the end of the session. Make sure that skills are rehearsed during the sessions and participants who may need additional help and practice are assisted. This will help in measuring skill acquisition, which is done by observing behavior.

ONE SIZE DOES NOT FIT ALL

The pretests and post-tests provided in the manual serve as a model for evaluating participant acquisition of knowledge and skills based on a standard presentation of the six topic areas: Addiction, Feelings, Problem-Solving, Treatment and Recovery, Safe People, and Coping. It is understood that specific groups may need more information and some will be able to manage less information. Feel free to customize

the pretests and post-tests to accommodate the specific content and skills presented.

FORMAT OF THE INFORMATION QUESTIONS

The questions are not phrased as true/false questions because it would seem like taking a test. Testing situations provoke anxiety for most people, and this evaluation was designed to minimize the sense that participants are being tested. Therefore, questions are phrased in such a way that they merely ask for the participants' opinions.

EVALUATING SKILL ACQUISITION

There are 16 specific "Skill Builders" in the Children's Program, with one skill highlighted at the top of each activity page under the title of the activity. On pages 377 and 378, the skills are presented alphabetically in a chart with the evaluation demonstration to the right of each skill. Find the skill that matches the activities that you plan to present in the session and make arrangements to have the participants demonstrate the skill. This can be a fun review and/or a chance to help a participant learn a skill that they have not quite mastered.

Pretests and post-tests for the skill areas are somewhat different from those measuring knowledge acquisition. To find out if a student has learned a skill, it must be demonstrated and observed. This can be done formally or informally. For an informal evaluation, the facilitator or assistant may notice, in the course of the session, that a specific member has

mastered a skill. For a more formal evaluation, each child would be asked privately to demonstrate a specific skill, perhaps during a break or after the session.

One way to approach it is to assume that the skills presented in the Children’s Program are new to the children, so the facilitator would have the students demonstrate the skills as a post-test only. Another way to approach a pretest would be as an entrée to learning. For example, the facilitator asks the group or individual if they have a specific skill, such as “How many of you know the Seven Cs?” Probably few hands will go up. The facilitator could say something like, “The Seven Cs are really important and we are going to learn them today.” After the session comes to a close, the facilitator can privately ask individuals to try to repeat the Seven Cs from memory. This presumes that the skill of reciting the Seven Cs has been well practiced during the session.

WHEN THE CHILD DOES NOT READ

An adult may need to review the questions with the child and fill out the form if the child does not have the ability to read.

Pre/Post-Evaluation: Addiction

Date: _____

Age: _____

Circle one: male female

Please circle your answer to each question.

1. Do you think substance use disorders are a disease? Yes No
2. If you started to drink at your age now, would you be more likely to have problems with alcohol when you grow up? Yes, I would. No, I wouldn't.
3. When a father or mother has a substance use disorder, does it affect the whole family?
Yes, it does. No, it doesn't.
4. Children should be able to solve their parents' problems.
Yes, they should. No, they shouldn't.
5. Did you learn anything today? Yes No

If yes, what did you learn? _____
6. Did you enjoy the session today? Yes No
7. Do you think you will use what you learned today in your daily life? Yes No

Pre/Post-Evaluation: Feelings

Date: _____

Age: _____

Circle one: male female

Please circle your answer to each question.

1. Are all feelings okay? Yes, they are. No, they aren't.
2. It is important to handle feelings in safe ways that respect self, others, and property.
Yes, it is. No, it isn't.
3. People sometimes call substance use disorders a "feeling disease."
Yes, they do. No, they don't.
4. There are about five or six main feelings in life.
Yes, there are. No, there aren't.
5. Recovery from substance use disorders happens very fast.
Yes, it does. No, it doesn't.
6. Did you learn anything today? Yes No

If yes, what did you learn? _____
7. Did you enjoy the session today? Yes No
8. Do you think you will use what you
learned today in your daily life? Yes No

Pre/Post-Evaluation:

Problem Solving

Date: _____

Age: _____

Circle one: male female

Please circle your answer to each question.

1. Most people don't have problems. Yes, this is true. No, it is not true.

2. Asking for help is a sign of weakness. Yes, it is. No, it isn't.

3. There is a right way and a wrong way to solve problems.
Yes, there is. No, there isn't.

4. There are very few kids who live in families with substance use disorders.
Yes, this is true. No, this isn't true.

5. Did you learn anything today? Yes No

If yes, what did you learn? _____

6. Did you enjoy the session today? Yes No

7. Do you think you will use what you
learned today in your daily life? Yes No

Pre/Post-Evaluation:

Treatment and Recovery

Date: _____

Age: _____

Circle one: male female

Please circle your answer to each question.

1. Recovering from substance use disorders may take a lot of help and a long time.
Yes, it does. No, it doesn't.

2. Your parents' problems are your fault.
Yes, sometimes they are. No, they aren't.

3. When people are in recovery from substance use disorders, they never relapse.
Yes, sometimes they do. No, they don't.

4. It's okay to ask for help even if your family member doesn't get help.
Yes, it is. No, it isn't.

5. Most people don't really need to get treatment for substance use disorders.
Yes, this is true. No, this isn't true.

6. Did you learn anything today? Yes No

If yes, what did you learn? _____

7. Did you enjoy the session today? Yes No

8. Do you think you will use what you
learned today in your daily life? Yes No

Pre/Post-Evaluation:

Safe People

Date: _____

Age: _____

Circle one: male female

Please circle your answer to each question.

1. It's okay to ask for help with problems. Yes, it is. No, it isn't.

2. It's important to identify safe people in your life. Yes, it is. No, it isn't.

3. You can control your parents' drinking or drug use.
Yes, I can. No, I can't.

4. You caused most of your parents' drinking or drug use.
Yes, I did. No, I didn't.

5. Did you learn anything today? Yes No

If yes, what did you learn? _____

6. Did you enjoy the session today? Yes No

7. Do you think you will use what you
learned today in your daily life? Yes No

Pre/Post-Evaluation: Coping

Date: _____

Age: _____

Circle one: male female

Please circle your answer to each question.

1. Staying safe is important. Yes, it is. No, it isn't.

2. People who want to live a healthy life ask for help.
Yes, they do. No, they don't.

3. A parent's substance use disorder does not affect his/her children.
Yes, it does. No, it doesn't.

4. Riding with a drinking driver is safe if you're in the passenger seat.
Yes, it is. No, it isn't.

5. You can't have an alcohol use disorder if you just drink beer.
Yes, you can. No, you can't.

6. Did you learn anything today? Yes No

If yes, what did you learn? _____

7. Did you enjoy the session today? Yes No

8. Do you think you will use what you
learned today in your daily life? Yes No

Skill Builders

| SKILL NUMBER | SKILL | SKILL EVALUATION |
|--------------|--|---|
| 1 | Be able to affirm oneself. | The facilitator or assistant will ask a group member to say two positive things about themselves. |
| 2 | Be able to communicate your understanding of the feelings and problems of group members. | The facilitator or assistant will make a statement and the group member will check to make sure he/she understands by telling the facilitator or assistant what they heard them say. The facilitator or assistant will agree or disagree that they were understood. (Adjust complexity for age.) |
| 3 | Be able to communicate using “I Messages.” | <ul style="list-style-type: none"> • Ask a group member to explain how they feel, using an “I Message.” • Ask a group member to tell what they want, using an “I Message.” • Ask a group member to tell what they need using an “I Message.” |
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play a group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |
| 5 | Be able to decide if a certain behavior is low risk or high risk. | <ul style="list-style-type: none"> • Give the group member a scenario of having one drink at a party. • Then give a scenario of riding with a friend who has been drinking. • Give a scenario of turning down a drink at a party. |
| 6 | Be able to identify and express feelings appropriately by respecting self, others, and property. | Give the group member a scenario where someone is calling them names. Ask the group member to <ol style="list-style-type: none"> 1. Identify the feeling; and 2. Give three examples of what he/she could do to express their feeling appropriately, respecting self, others, and property. |
| 7 | Be able to identify characteristics of safe and unsafe people. | Ask a group member to list two characteristics of an unsafe person and two characteristics of a safe person. |

| SKILL NUMBER | SKILL | SKILL EVALUATION |
|--------------|---|---|
| 8 | Be able to identify safe people who will understand and support you. | Ask a group member to list three safe people who understand and support them. |
| 9 | Be able to identify several ways to handle stressful situations. | Ask a group member to list two ways to handle stressful situations by giving them the scenario of coming home to find their room messed up or finding a parent crying. |
| 10 | Be able to identify and then write feelings about substance use disorders and recovery. | Provide paper and pen or pencil and ask the group member to write two things they would like to say to substance use disorders and two things they would like to say to recovery. You may have to help them come up with the items and/or you may have to help them write them. |
| 11 | Be able to make safe choices that respect self, others, and property. | Ask a group member to give an example of a time they had an opportunity to make a choice that wasn't safe and didn't respect self, others, or property. |
| 12 | Be able to name the Seven Cs and explain them. | Ask a group member to others, or 1. Name the Seven Cs; and 2. Give real-life examples of the meaning of at least two of them. |
| 13 | Be able to recognize/discuss important information about alcohol and drug use. | Ask a group member to list three facts they have learned about alcohol and discuss how that might impact their life. |
| 14 | Be able to recognize that the only person you can change is yourself. | Ask a group member to recall a situation when they wanted to blame someone for something and explain how they were in charge of how they reacted. |
| 15 | Be able to say "No" and set limits. | Ask a group member to explain STARR by • Turning down an offer of alcohol or other drugs; and • Setting limits with a friend who wants to use their homework. |
| 16 | Be able to explain that substance use disorders are diseases. | Ask a group member to list at least 2 of the 4 characteristics of substance use disorders: 1. It is a disease. 2. It is a progressive disease. 3. It is a family disease. 4. It is a treatable disease. |

Facilitator Evaluation

Date: _____

Please mark your answer on the scale:

1. Did you enjoy delivering this program?

| | | | | |
|----------------------------|---|----------------------|---|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <i>didn't enjoy at all</i> | | <i>in the middle</i> | | <i>really enjoyed</i> |

2. Do you think the participants will use the information in this program?

| | | | | |
|------------------|---|----------------------|---|-----------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <i>never use</i> | | <i>use sometimes</i> | | <i>use most of the time</i> |

Please answer the following questions as noted.

3. Is the information in this program relevant to the children in this center? (Circle one)

Yes No

4. Please rank the usefulness of the sessions, with the most useful session being ranked as 1, the second most useful session ranked as 2, etc.

_____ Addiction

_____ Treatment and Recovery

_____ Feelings

_____ Safe People

_____ Problem Solving

_____ Coping

5. Would you change anything? (circle one) Yes No

If yes, what would you change? _____

Evaluation Sheet

ADDICTION—ELEMENTARY SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 12 | Be able to name the Seven Cs and explain them. | Ask the group member to name three of the Seven Cs and tell how they change how they feel. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 5 | Be able to decide if a certain behavior is low risk or high risk. | Ask the group member to tell how they know if something is good for them or not good for them. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 13 | Be able to recognize and discuss important information about alcohol and drug use. | Ask the group member to tell three things they have learned about alcohol and say whether or not it affects their life. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

Evaluation Sheet

ADDICTION—MIDDLE SCHOOL AND HIGH SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 12 | Be able to name the Seven Cs and explain them. | Ask the group member to (1) name the Seven Cs and (2) give real-life examples of the meaning of at least two of them. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 5 | Be able to decide if a certain behavior is low risk or high risk. | (1) Give the group member a scenario of having one drink at a party. (2) Then give them a situation when they might be riding with a friend who has been drinking. (3) Give a situation in which they turn down a drink at a party. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 13 | Be able to recognize and discuss important information about alcohol and drug use. | Ask the group member to list three facts they have learned about alcohol and discuss how that might impact their life. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

FEELINGS—ELEMENTARY SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 6 | Be able to identify and express feelings appropriately by respecting self, others, and property. | Give the group member a situation where someone is calling them names. Ask the group member to (1) identify the feeling (2) give three examples of what he/she could do to express their feeling appropriately, respecting self, others, and property. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 2 | Be able to communicate your understanding of the feelings and problems of group members. | The facilitator or assistant will make a statement and the group member will check to make sure he/she understands by telling the facilitator or assistant what they heard them say. The facilitator or assistant will agree or disagree that they were understood. (Adjust complexity for age.) |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role play a group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

FEELINGS—MIDDLE SCHOOL AND HIGH SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 6 | Be able to identify and express feelings appropriately by respecting self, others, and property. | Give the group member a scenario where someone is calling them names. Ask the group member to (1) identify the feeling (2) give three examples of what he/she could do to express their feeling appropriately, respecting self, others, and property. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 3 | Be able to communicate using "I Messages." | (1) Ask a group member to explain how they feel, using "I Messages." (2) Ask a group member to say what they want, using "I Messages." (3) Ask a group member to say what they need using "I Messages." |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 2 | Be able to communicate your understanding of the feelings and problems of group members. | The facilitator or assistant will make a statement and the group member will check to make sure he/she understands by telling the facilitator or assistant what they heard them say. The facilitator or assistant will agree or disagree that they were understood. (Adjust complexity for age). |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play a group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

PROBLEM SOLVING—ELEMENTARY SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play a group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|-------------------------------------|--|
| 15 | Be able to say “No” and set limits. | Ask the group member to explain STARR by setting limits with a friend who wants to use their homework. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 9 | Be able to identify several ways to handle stressful situations. | Ask the group member to list two ways to handle stressful situations by describing a time when they might be coming home to find their room messed up or finding a parent crying. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

PROBLEM SOLVING—MIDDLE SCHOOL AND HIGH SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play a group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|-------------------------------------|--|
| 15 | Be able to say “No” and set limits. | Ask the group member to explain STARR by (1) turning down an offer of alcohol or other drugs and (2) setting limits with a friend who wants to use their homework. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 9 | Be able to identify several ways to handle stressful situations. | Ask the group member to list two ways to handle stressful situations by giving them the scenario of coming home to find their room messed up or finding a parent crying. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

TREATMENT AND RECOVERY—ELEMENTARY SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|----------------------------|---|
| 1 | Be able to affirm oneself. | The facilitator or assistant will ask a group member to say two positive things about themselves. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 10 | Be able to identify and then write feelings about substance use disorders and recovery. | Provide paper and pen or pencil and ask the group member to write two things they would like to say to substance use disorders and two things they would like to say to recovery. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 14 | Be able to recognize that the only person you can change is yourself. | Ask the group member to recall a situation when they wanted to blame someone for something and explain how they were in charge of how they reacted. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 6 | Be able to identify and express feelings appropriately by respecting self, others, and property. | Give the group member a scenario where someone is calling them names. Ask the group member to (1) identify the feeling and (2) give three examples of what he/she could do to express their feeling appropriately, respecting self, others, and property. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

TREATMENT AND RECOVERY—MIDDLE SCHOOL AND HIGH SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|----------------------------|---|
| 1 | Be able to affirm oneself. | The facilitator or assistant will ask a group member to say two positive things about themselves. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 10 | Be able to identify and then write feelings about substance use disorders and recovery. | Provide paper and pen or pencil and ask the group member to write two things they would like to say to substance use disorders and two things they would like to say to recovery. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 14 | Be able to recognize that the only person you can change is yourself. | Ask the group member to recall a situation when they wanted to blame someone for something and explain how they were in charge of how they reacted. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 6 | Be able to identify and express feelings appropriately by respecting self, others, and property. | Give the group member a scenario where someone is calling them names. Ask the group member to (1) identify the feeling and (2) give three examples of what he/she could do to express their feeling appropriately, respecting self, others, and property. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

SAFE PEOPLE—ELEMENTARY SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 7 | Be able to identify characteristics of safe and unsafe people. | Ask the group member to tell how they know a person is safe and how they know a person is unsafe. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 8 | Be able to identify safe people who will understand and support you. | Ask the group member to list three safe people who understand and support them. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play a group member asking for what they need when they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

SAFE PEOPLE—MIDDLE SCHOOL AND HIGH SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|--|
| 7 | Be able to identify characteristics of safe and unsafe people. | Ask the group member to list two characteristics of an unsafe person and two characteristics of a safe person. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|--|---|
| 8 | Be able to identify safe people who will understand and support you. | Ask a group member to list three safe people who understand and support them. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play the group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

Evaluation Sheet

COPING—ELEMENTARY SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|-------------------------------------|--|
| 15 | Be able to say “No” and set limits. | Ask the group member to explain how they would say “No” if someone asked to copy their homework. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 11 | Be able to make safe choices that respect self, others, and property. | Ask the group member to give an example of a time they had an opportunity to make a choice that wasn't safe. Have the group member tell how they handled it and what he or she did to find safety. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play a group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

The group member was... (Circle one)

Able to
demonstrate the skill

NOT able to
demonstrate the skill

Partially able to
demonstrate the skill

Evaluation Sheet

COPING—MIDDLE SCHOOL AND HIGH SCHOOL

Group Member Name _____

Facilitator Name _____

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|-------------------------------------|---|
| 15 | Be able to say “No” and set limits. | Ask the group member to explain STARR by (1) turning down an offer of alcohol or other drugs and (2) setting limits with a friend who wants to use your homework. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|---|
| 11 | Be able to make safe choices that respect self, others, and property. | Ask the group member to give an example of a time they had an opportunity to make a choice that wasn't safe and didn't respect self, others, or property. |

The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

| SKILL NO. | SKILL | SKILL EVALUATION |
|-----------|---|--|
| 4 | Be able to communicate what you need when seeking help. | The facilitator or assistant will role-play the group member communicating what they need as they ask for help. It may be necessary to help the group member identify what he/she needs. |

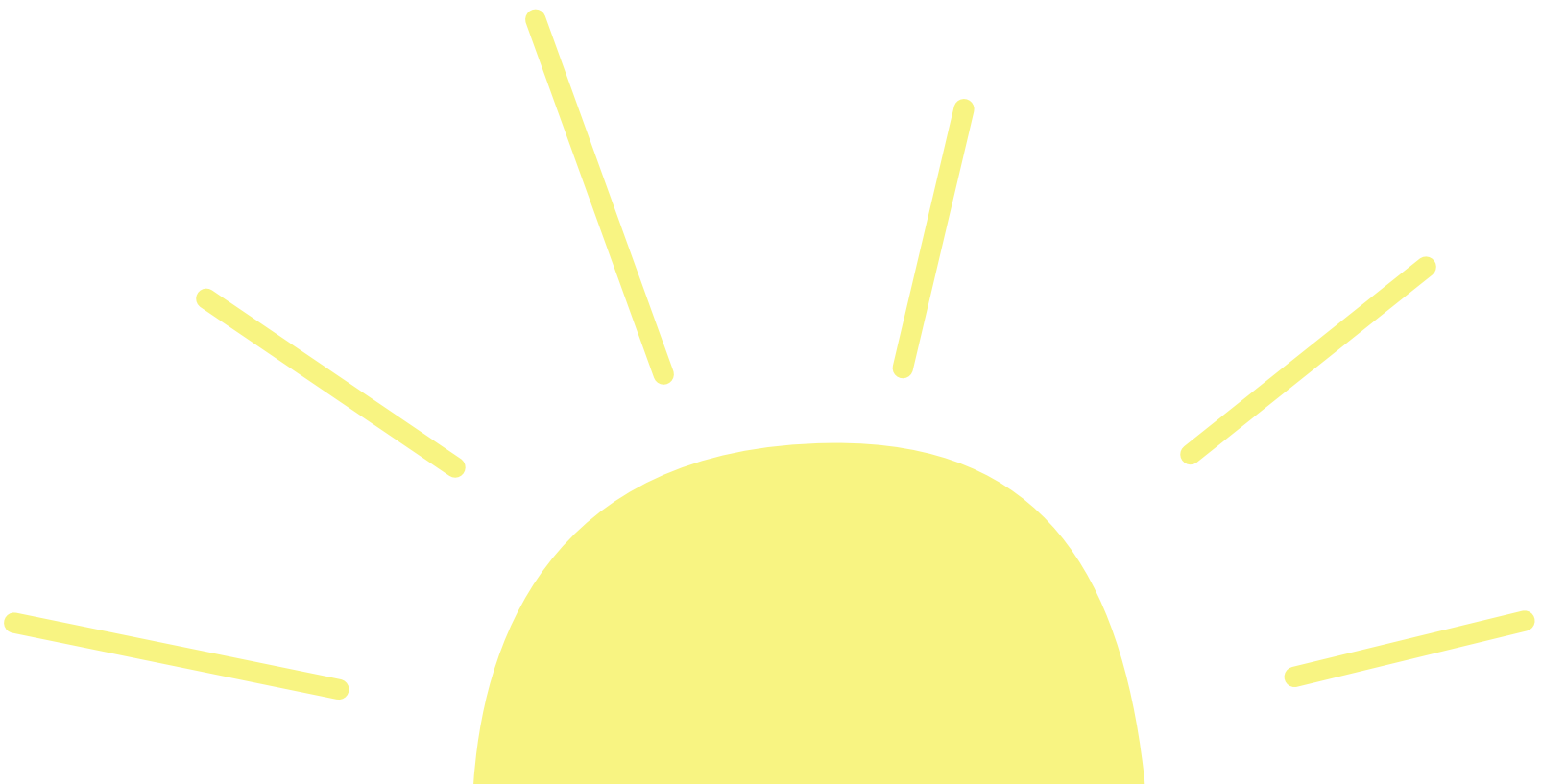
The group member was... (Circle one)

Able to demonstrate the skill

NOT able to demonstrate the skill

Partially able to demonstrate the skill

FLASH DRIVE CONTENTS



FLASH DRIVE CONTENTS

POWER POINT PRESENTATIONS

Educational Support Groups in School and Community Settings
Student Assistance Program Supplement for Educational Support Groups In School and Community Settings
Facilitator Training and Orientation for Using the Children’s Program Kit

REGISTRATION, FAMILY QUESTIONNAIRES AND REFERRAL FORMS

Children’s Program Referral Form
Children’s Program Family Questionnaire
Emergency Contact and Transportation Form
Children’s Program Referral Form for Clinical Settings
Children’s Program Family Questionnaire for Clinical Settings

PLANNING GUIDE

Children’s Program Facilitator’s Planning Sheet

EVALUATION TOOLS

Evaluation Pre/Post

Pre/Post Evaluation: Addiction
Pre/Post Evaluation: Feelings
Pre/Post Evaluation: Problem Solving
Pre/Post Evaluation: Treatment and Recovery
Pre/Post Evaluation: Safe People
Pre/Post Evaluation: Coping

Skill Builders

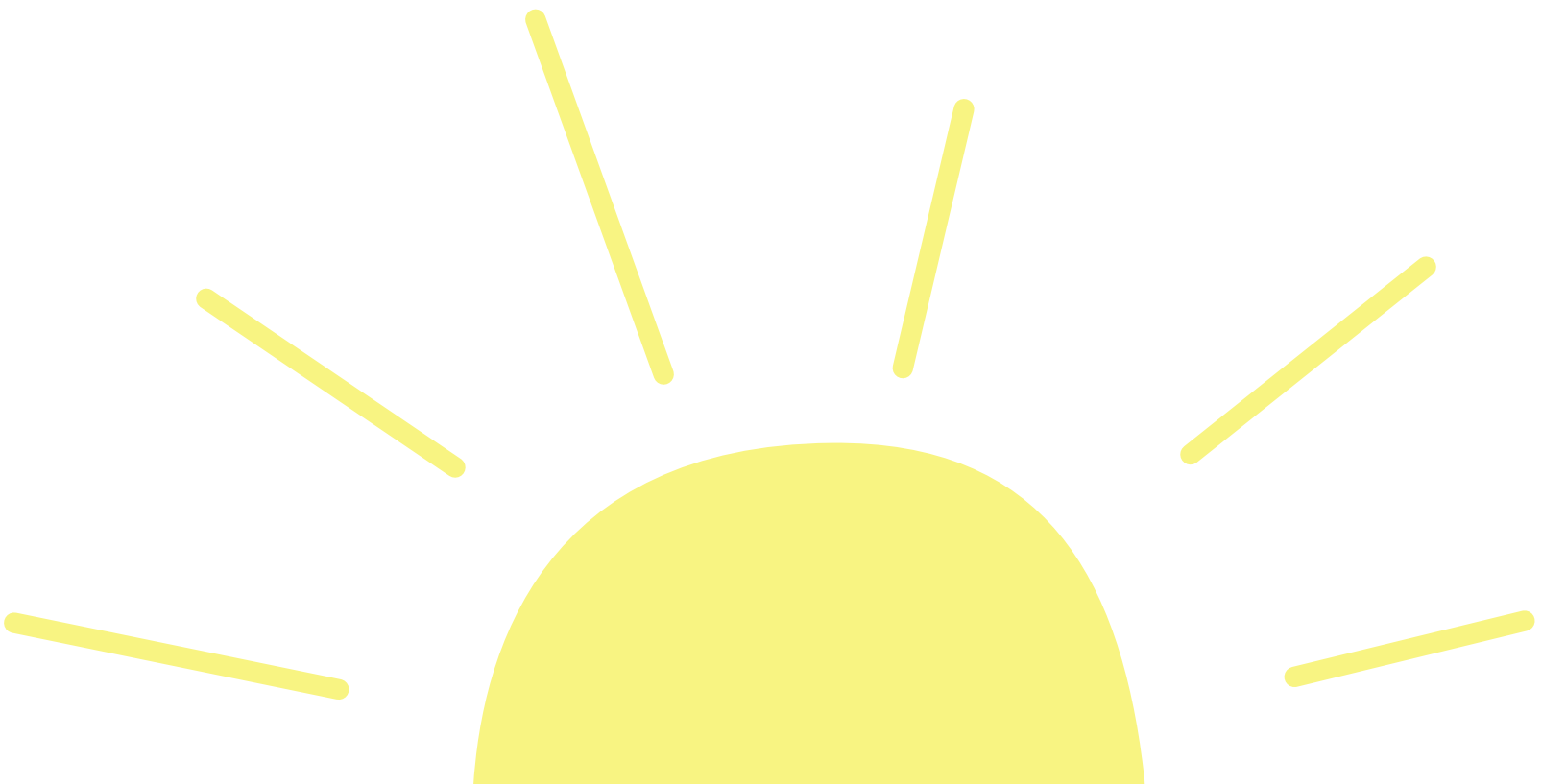
Evaluations Sheets

Facilitator Evaluation
Evaluation Sheet: Addiction – Elementary School
Evaluation Sheet: Addiction – Middle School and High School
Evaluation Sheet: Feelings – Elementary School
Evaluation Sheet: Feelings – Middle School and High School
Evaluation Sheet: Problem Solving – Elementary School
Evaluation Sheet: Problem Solving – Middle School and High School
Evaluation Sheet: Treatment and Recovery – Elementary School
Evaluation Sheet: Treatment and Recovery – Middle School and High School
Evaluation Sheet: Safe People – Elementary School
Evaluation Sheet: Safe People – Middle School and High School
Evaluation Sheet: Coping – Elementary School
Evaluation Sheet: Coping – Middle School and High School

VIDEOS (Also on separate disk)

End Broken Promises/Mend Broken Hearts
PEPPER
You’re Not Alone
Michael’s Journey

SUPPLEMENTAL MATERIALS



PLEASE NOTE: This list is not intended to be completely inclusive of all resources available.

Parental Addiction - a Program of Sesame Street in Communities

A focus on Parental Addiction and the sadness, fear and confusion it causes the children at a very young age is warmly and clearly presented to the children in this Sesame Street in Communities project to enlighten and provide support to pre-school and elementary age children seeking answers. They want to know why they are homeless sometimes, in foster care at other times, too often hungry and, for some, fortunate enough to have a parent in treatment for addiction. This educational project providing tools to caring adults to help children struggling with addiction in the family teaches the lessons NACoA has promoted since its inception. When children get good honest answers to their silent questions, and have caring adults who support and encourage them, they can find the hope and strength to thrive.

Sesame Street begins the introduction to troubles in the family with a project on Homelessness as it developed a new Muppet, Karli, who found herself and her mother in a homeless shelter. Over time Karli's mother's addiction was identified and she entered a residential treatment center, and Karli was placed in foster care with her "For Now" parents.

When Sesame Street introduced Karli to the program and to the nation, the reason for Karli's homelessness and time in foster care become clear. Her mom has a disease called addiction, and she needs grown up people to help her get well so that she can take care of Karli again.

Many examples are offered to address questions to young children facing addiction in their homes. Brief videos share important topics, such as meetings her mother attends every day after she finishes her treatment. Karli talks about the groups she attends for kids where they learn they are not alone and that there are lots of kids

just like her with a mom or dad who uses drugs and is hurting the family. There she learns how to address the "big ideas" in recovery support for the children, and Karli then can explain to other young children that there are grown up people who will help her mom with her "grown-up problem." Kari becomes relieved to learn that her mother is getting support to take better care of herself now, so that she can then take care of Karli again.

There are multiple brief videos, each touching on a different aspect of the impact of addiction on children when a parent suffers from it or is struggling in early recovery. There are easy-to-use lesson plans to follow up after each video, and there are webinars for the adults who can learn how to help, such as a parent, grandparent or teacher.

<https://sesamestreetincommunities.org/topics/parental-addiction/>

Alateen—Hope for Children of Alcoholics, Al-Anon. Available through Al-Anon at 757-563-1600 or www.al-anon.org/alateen-literature.

The Beamer Series, Tom Drennon and Jerry Moe. In this series of four books, each containing three stories, Beamer, the bulb boy, faces many challenges due to addiction in his family. When the characters experience different feelings, the color of their light bulb changes. For example, when Beamer is sad, his bulb turns blue and when Beamer is happy, his bulb turns yellow. Beamer's struggles and various feelings open up rich discussions on the very sensitive and often painful topic of addiction. Children readily identify with and relate to Beamer as they begin to realize they are not alone and addiction is not their fault. Beamer teaches children various ways to cope positively with family addiction by finding safe people who can help. Intended for use by counselors, teachers, prevention specialists, recovering parents, and

other caring adults, this series is used by the Betty Ford Children's Program as an essential part of the continuing care process for children and their families. It may also be considered in a 12-week group context, leading each session with a story followed by a group discussion and emotional exploration. Available by contacting Jerry Moe at the Betty Ford Center, a part of the Hazelden Betty Ford Foundation: 760-773-4103 or JMoe@Hazeldenbettyford.org.

Conducting Support Groups for Elementary Children K-6: A Guide for Educators and Other Professionals, Jerry Moe and Peter Ways. This clear and easy-to-use guide helps teachers and other professionals give children the guidance and structure they need to develop healthy living skills and deepen their resilience. It is packed with practical information for developing programs and working with children in a small group setting. Available through Amazon.com and the Betty Ford Center at 800-854-9211.

Courage to Be Me: Living With Alcoholism, Al-Anon. Educates about alcoholism as well as how Alateen functions. For ages 11 to adult. Available through Al-Anon at 757-563-1600 or www.al-anon.org/alateen-literature.

Discovery...Finding the Buried Treasure: A Prevention/Intervention Program for Youth From High-Stress Families, Jerry Moe. Provides a step-by-step prevention and intervention program for youth from high-stress families. It includes more than 55 games and activities that impart healthy living skills so children can talk openly, share feelings, and learn about family problems. Available through Amazon.com and the Betty Ford Center at 800-854-9211.

Elephant in the Living Room, The Children's Book, Marion Typpo and Jill

Hastings. A program designed to help children from age 7 to early adolescence cope with the problems of living with a problem-drinking or drug-abusing parent or sibling. The children's book uses a workbook format with line drawings. There is also a leader's guide entitled *Elephant in the Living Room: A Leader's Guide for Helping Children of Alcoholics*. The leader's guide is primarily for adults working with children in groups. Both books are available through Amazon.com.

The Family Recovery Guide, Stephanie Brown and Virginia Lewis, with Andrew Liotta. A step-by-step map of the normal addiction recovery process for the entire family. Based on data from The Family Recovery Research Project, this is a resource guide for each member of the family—the addicted person, the partner, and the children. It outlines what happens from the beginning of abstinence into long-term recovery, with exercises to help each person develop and deepen his/her own “story” of addiction and recovery. Available through New Harbinger Publications at www.newharbinger.com or Amazon.com.

Helping Teens Cope: When Personal Problems Become School Problems, Joseph A. Muldoon. A guide that describes a model to help students whose personal problems become problems for the school. It includes support group techniques and life skills for teens. The exercises give guidance and support for young people whose school performance, relationships, or emotional development are adversely affected by the lack of caring, competent adults in their lives. Available at Amazon.com.

Kids Power: Healing Games for Children of Alcoholics, Jerry Moe and Don Pohlman. This book presents games and activities designed specifically for children from alcoholic and drug-addicted families. All games and activities

have been kid-tested with young people in a safe atmosphere where everyone wins. Available through Amazon.com and the Betty Ford Center at 800-854-9211.

Kids Power Too: Words to Grow By, Cathey Brown, Betty LaPorte, and Jerry Moe. This affirmation book helps young people live one day at a time. It helps children take better care of themselves, stay safe, and move toward a more balanced life. An excellent tool for adults to use with children, or for young people to use on their own. Available through Amazon.com and the Betty Ford Center at 800-854-9211 .

Kit for Kids, National Association for Children of Addiction. Written specifically for children and youth, this 8-page booklet includes information about alcoholism and strategies to cope for children of alcohol or drug-addicted families. Available through NACoA at 888-554-2627.

Kit for Parents, National Association for Children of Addiction. This 14-page booklet offers facts about alcoholism and how parents can support their children and get help for themselves and their spouses. Available through NACoA at 888-554-2627.

Kit for Early Childhood Professionals, National Association for Children of Addiction. This 20-page booklet is built on the Core Competencies for Early Childhood Professionals and provides basic and practical information about children of parents with substance use disorders and strategies for those working with young children. Available through NACoA at 888-554-2627.

Kit for Educators, National Association for Children of Addiction. This 34-page resource kit provides essential information about children of alcoholics for teachers and school counselors. Available through NACoA at 888-554-2627.

My Dad Loves Me, My Dad Has a Disease: A Child's View: Living with Addiction, Claudia Black. A workbook designed to help young children learn about themselves, their feelings, and the disease of addiction in their families through art therapy. Children between the ages of 6 and 14 share what it is like for them to live in a family afflicted by addiction. Available at 206-842-6303. Also, see www.claudiablack.com.



BABES

Program Title:

BABES, Beginning Awareness Basic Education Studies

Modules:

Lessons in Living Life Skills: Specific to grade in school level, preschool through grade 12

Author:

Lottie Jones, Ed.D.

Organization/Sponsor:

United Way

Publication Date:

1990, 2014

Format(s):

BABES is a multi-media curriculum presently including 29 stories covering real-life problems.

Length of Program:

6–9 sessions, 45–60 minutes each

Topics:

Self-image and feelings, decision-making and peer pressure, coping skills, alcohol, and other drug information

Mode of Delivery/Program Facilitators:

Trained paid staff and volunteers

Target Audience:

Preschool through high school

Settings:

Schools, churches, treatment facilities, and communities

Language:

English

Facilitator Training:

Yes

Train-the-Trainer:

Yes

Program Description:

A P–12 curriculum, broad-based, and designed to teach general life/coping skills with a wide range of applications—as well as situation and problem-specific approaches—is the basic element of BABES. There are four modules, each a series of seven lessons in story form, illustrating basic living skills, enlivened by seven puppet characters with clearly defined personalities representing various prevention concepts. By utilizing storytelling enhanced with puppets, “the child with” every student is reached immediately.

How to Order:

Contact via BABESWORLD.org

Celebrating Families!

Program Title(s):

Celebrating Families!™, ¡Celebrando Familias!, and Wellbriety/Celebrating Families! 0–3 Supplement

Modules:

Family meal facilitated by group leaders guiding families in use of skills, followed by age-appropriate, skill-building groups for children ages 0–18, parents/caregivers, and families, with additional pre-meal component for parents with infants/toddlers.

Author(s):

Rosemary Tisch, M.A., and Linda Sibley, M.A., with significant contributions from pilot sites and Judge Leonard Edwards' Dependency Drug Court team

Organization/Sponsor:

National Association for Children of Addiction, (NACoA)

Publication Date(s):

2003, revised in 2005, 2008, 2010, 2013, and 2016

Format(s):

Weekly groups for parents/caregivers, children ages 0–18, and families with weekly take-home pages for parents/caregivers and foster parents

Length of Program:

16 2.5 hour sessions consisting of a 30-minute meal, 90-minute age-appropriate groups, 30-minute family skill building component, and additional 30-minute parent-child interaction activity for families with children ages 0–3

Topic(s):

The curriculum has fully scripted lessons and take-home caregiver handouts for each age group with background information on risk and protective factors, learning disabilities, domestic violence, Fetal Alcohol Spectrum Disorder (FASD), and conflict resolution.

- **Children learn and practice:** centering/meditation, four components of healthy living (physical, psychological, social, spiritual—especially sleep), benefits of helping others (Acts of Kindness), knowledge that we are part of something larger than ourselves (Wonder of the World Moments), personal values clarification, each person's uniqueness, and personal power. Children also learn the importance of nutritious meals, communication skills (use of "I" messages, active listening, nonverbal communication), appropriate expression of feelings and defenses, anger management, keeping out of fights, avoiding conflict, problem solving, and saying no. Children's groups are curriculum-based and teach facts about alcohol, tobacco, prescription and illegal drug use, addiction, brain chemistry, the influence of media, facts about how families are affected by addiction, truth statements for chemical dependency and domestic violence, bullying and power/control and learning differences, and FASD.
- **Parents/caregivers with children 0–3 learn and practice:** baby cues, baby sign language, "sports casting" (promoting language communication), turn taking interactions (supporting healthy brain development), "time-ins" (teaching how to appropriately express feelings), how to "read" books (and the importance of reading), how

to follow children’s lead, the importance of giving children choices, and repetition. Participants also learn the importance of attachment and playing with children.

- **Parents/caregivers learn and practice the same skills as children**, plus how to be a nurturing parent, become a safe family—including dealing with relapse and dangers of children and adolescents’ use of alcohol, tobacco, and other drugs—the importance of affirmations, reading to children, and skills needed to strengthen family relationships through meals, family time activities, and family nights. Parents also learn the importance of and how to choose safe and trustworthy friends, “time-ins,” risk and resilience factors combined with family goal setting, attachment-based limit setting, family values clarification, and family rules setting.

Mode of Delivery:

Celebrating Families! is a multi-family, strength-based, trauma-informed, healthy-living skill building program serving the whole family: children ages 0–18 and their parents/caregivers.

Target Audiences:

Originally developed for families in dependency drug courts, it is now implemented as a prevention and/or recovery support strategy in a variety of settings.

Setting(s):

Dependency drug courts, treatment centers, schools, churches, community-based organizations, mental health centers, mother/child residential treatment programs

Language(s):

English and Spanish

Readability:

Fifth grade

Current Use:

Local, national, and international: successfully implemented in a variety of cultures, including African-American, Hispanic, Native American, Russian, rural, and urban settings

Program Description:

Celebrating Families!™ is one of the few programs that engages all family members while addressing addiction, recovery, and healthy living skills in every session.

Program Outcomes:

1. Increase long-term mental, emotional, physical, and spiritual health of youth and families;
2. Decrease rates of future addiction in the children; and
3. Increase parental rates of recovery and successfully reunify families, when appropriate, by:
 - (a) giving addicted parents skills to stay sober, to begin to heal, and to build healthy, non-violent relationships with their children;
 - (b) decreasing risks of child abuse and of children repeating the family cycles of addiction and related violent lifestyles of their parents; and
 - (c) increasing awareness of the correlation between abuse and addiction.

Evaluation outcomes from multiple sites show significant positive results, with very large effect sizes in parenting skills, family dynamics, and children’s mental health. Sites have found the curriculum effective with diverse cultural, racial, and socio-economic groups. Independent evaluators have documented that the curriculum:

- Significantly increases growth for youth in knowledge and use of resources, coping skills, and ability to stay out of trouble.

- Significantly increases family cohesion, communication, strengths, resilience, and organization.
- Significantly impacts positive parent involvement, supervision, efficacy, and positive parenting style.
- Doubles the rate of reunification, while decreasing time of reunification for families in Dependency Drug Court.

Who Facilitates the Program:

Paid staff include part-time coordinator and two group leaders for each age group offered.

Facilitator Training Component:

Yes

Train-the-Trainer Component:

Yes

Availability:

English and Spanish versions available at NACoA (888-554-2627)

How to Order:

Ordering information is available on the CF! website (www.celebratingfamilies.net) and through: NACoA 888-554-2627.

Contact Person:

Mary Beth Collins
Program Director
NACoA
10920 Connecticut Avenue, Suite 100
Kensington, MD 20895
301-468-0985 (phone)
301-468-0987 (fax)
mbcollins@nacoa.org
www.nacoa.org

Creating Lasting Family Connections

Program Title(s):

Creating Lasting Family Connections (CLFC)

Modules:

Developing Positive Parental Influences, Raising Resilient Youth, Getting Real, Developing Independence and Responsibility, Developing a Positive Response

Author:

Ted N. Strader

Organization/Sponsor:

Council on Prevention & Education: Substances, Inc.

Publication Date:

Original 1998, revised and reprinted in 2002, 2007, and 2015

Format:

Curriculum

Length of Program:

15–18 sessions

Topic(s):

Substance use, abuse, and dependency; refusal skills; communication skills; personal and family enhancement skills

Mode of Delivery:

A combination of lecture, discussion, group exercises, role-plays, and reading assignments. The program can be implemented as a whole or in modules (three modules for parents and three separate modules for youth). Each module is 5–6

sessions in length.

Target Audiences:

Fifth to tenth grade (or 9- to 17-year-olds) school children, adolescents, and parents

Setting(s):

Schools, churches, recreation centers, service organizations, etc.

Language(s):

English and Spanish

Readability:

Fifth grade

Current Use:

Throughout the United States, the territories, and several other countries

Program Description:

The Creating Lasting Family Connections Program is a structured opportunity for family members to improve their ability to provide a nurturing environment for each other in a more effective and meaningful way. Participants are encouraged to improve their personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Participants are taught social skills, refusal skills, and appropriate alcohol and drug knowledge and beliefs, which provide a strong defense against personal, societal, and environmental risk factors. This program also provides parents and other caring adults with family management and enhancement training. All participants have opportunities to practice these skills in a safe group setting.

Who Facilitates the Program:

Paid staff and volunteers (anyone certified as a CLFC trainer)

Facilitator Training Component:

Yes

Train-the-Trainer Component:

Yes

Availability:

All modules currently available

How to Order:

Contact:

The Resilient Futures Network
PO Box 6319
Louisville, KY 40206
Phone: 502-897-1111

Contact Person:

Ted N. Strader, Executive Director
COPEs
845 Barret Avenue,
Louisville, KY 40204
502-583-6820 (phone)
502-583-6832 (fax)
tstrader@sprynet.com
www.copes.org

*Results of evaluation have been published in several peer-reviewed journals.

Families Facing the Future

Program Title:

Families Facing the Future

Modules:

Curriculum and Checkpoint Choice Workbook

Authors:

Kevin P. Haggerty, Elizabeth Mills, and Richard F. Catalano

Organization/Sponsor:

Social Development Research Group, University of Washington, funded by the National Institute on Drug Abuse

Publication Date:

1993

Format(s):

Each group of sessions follows a similar format and includes the following: practice exercises, involvement activities, developmental issues appropriate to the topic, family meeting activities, relapse issues, and motivation to use the skill.

Length of Program:

Sessions are conducted twice a week over a 16-week period.

Topic(s):

Specific content covered includes family goal setting, relapse prevention, family communication skills, family management skills, creating family expectations about drugs and alcohol, teaching children skills, and helping children succeed in school.

Mode of Delivery:

Group sessions, parent training sessions, case management

Target Audience:

Most appropriate for parents enrolled in methadone treatment with children ages 3–14. Parents are encouraged to have at least 90 days of methadone treatment prior to beginning the program.

Setting(s):

Community agencies

Language:

English

Readability:

Eighth grade or below

Current Use:

The curriculum has been sold internationally (Spain, Australia, Canada, United States). The curriculum is still being conducted at Therapeutic Health Services in Seattle, WA.

Program Description:

The Families Facing the Future curriculum was developed to address the needs of families whose parents are addicted to drugs or alcohol. The curriculum has been field tested at two methadone clinics in Seattle with funding from a grant from the National Institute on Drug Abuse. As with previous curricula, home-based services accompany the delivery of this curriculum. A home-based service delivery manual is available. The Families Facing the Future parent training curriculum consists of one five-hour family retreat and 32 hour-and-a-half parent training sessions. Sessions are conducted twice a week over a 16-week period. Children attend 12 of these sessions to practice the skills with their parents. Session topics are targeted at specific risk and protective factors, including

family goal setting, relapse prevention, family communications skills, family management skills, creating family expectations about drugs and alcohol, and teaching children refusal skills and problem-solving skills.

The goals are to strengthen family bonding between all family members, prevent future drug use by anyone in the family, and have fun together as a family. Follow-up home-based case management is provided to all families involved in the parent training program.

Who Facilitates the Program:

Two master’s-level therapists conduct the parent training sessions and two other master’s-level therapists conduct the home-based case management services.

Facilitator Training Component:

Yes, it can be provided on a consultant basis.

Train-the-Trainer Component:

Yes, it can be provided on a consultant basis.

Availability:

The program can be implemented by purchasing the curriculum and case management materials.

How to Order:

Contact Tanya Williams at the Social Development Research Group 206-685-5388 at the University of Washington or an order form can be found on the program website.

Contact Person:

Kevin Haggerty
Project Director
Social Development Research Group
University of Washington
9725 3rd Avenue NE, Suite 401
Seattle, WA 98115
206-543-3188 (phone)
206-543-4507 (fax)
haggerty@u.washington.edu

Project SUCCESS

Program Title:

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)

Developer:

Ellen Morehouse, LCSW, CASAC, CPP

Organization Sponsor:

Student Assistance Services Corporation

Publication Date:

1999, updated 2018

Format(s):

Curriculum, individual and group counseling, school-wide awareness activities

Length of Program:

Curriculum is four topics delivered in 6-8, 40 minute lessons; 40 minute individual counseling and group sessions vary; school-wide awareness activities are monthly

Topic(s):

Curriculum: Being an Adolescent; Alcohol, Tobacco/Nicotine, and Other Drugs; Relationships: Friends and Family; Skills for Coping (problem solving, decision making, resistance skills, anger management) Group Sessions: Family Stress; Newcomers; Non-users; Parents, Peers, & Partying; Assessment & Education; Seniors; Substance Abusers

Mode of Delivery:

Interactive classroom teaching and activities to increase knowledge and teach skills; individual counseling; small weekly group sessions of 4-10 students participating in role plays and discussions to change attitudes and behaviors.

Target Audiences:

Middle school and high school students

Setting:

Schools

Language:

English

Readability:

Designed for professionals with materials for middle and high school students

Current Use:

In many schools in 20 states

Program Description:

Project SUCCESS is a comprehensive multi-component tiered substance abuse prevention program delivered by a trained professional. The program includes three levels of prevention strategies. The monthly universal strategies provide student involved activities to raise awareness among the entire school population and their parents. The selective strategies provide information and skills individually and in small groups for students who are at higher risk for substance abuse such as students who have a sibling or parent with a substance use disorder, students who are new to a community, and students who have drug using friends. The indicated strategies provide screening, education, time limited individual or group counseling, and when needed, referral to other professionals in the school or community for students who are already using substances. School staff receive consultation and training on supporting healthy attitudes and behaviors, providing accurate information to students, and identifying and referring high risk students.

Parents regularly receive information through regular electronic and print communications that support prevention. This unique combination of strategies and activities reduces risk factors and enhances protective factors related to substance use. The program is currently included in the Pew-MacArthur Results First Clearinghouse, received an exemplary award from the Center for Substance Abuse Prevention, and was highly rated by SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP).

Who Facilitates Program:

A full or part time paid professional

Facilitator Training Component:

Yes (strongly recommended but not required)

Train-the-trainer Component:

No

Availability:

Implementation Manual and USB available for purchase. Implementation Manual, Resource Manual, and power point included in the cost of facilitator training.

How to Order:

Contact Christine D'Annibale, by email: cdannibale@sascorp.org, at Student Assistance Services Corp., 660 White Plains Road, Tarrytown, NY 10591. Phone: 914-332-1300, website: www.sascorp.org

Contact Person:

Ellen Morehouse, Student Assistance Services Corp., 660 White Plains Road, Tarrytown, NY 10591. 914-332-1300. Email: sascorp@aol.com

****Two experimental studies within school designs are available in federal SAMHSA and Dept. of Ed. grant final reports. One quasi-experimental study comparing schools with and without the program has been submitted for publication. All three studies documented positive outcomes.

Rainbow Days Curriculum-Based Support Group (CBSG[®]) Program

Program Title(s):

Curriculum-Based Support Group (CBSG[®])
Program

Modules:

Different modules for different age groups and settings:

- CBSG[®] Program for Schools & Community-based Settings, also available under the titles:
 - » Kids' Connection (ages 4–12);
 - » Youth Connection (ages 10–17);
- CBSG[®] Program for Homeless Shelters, Group Homes, & Transitional Settings (also known as Kids' Connection, Too—Ages 4–15); and
- CBSG[®] Program for Christian Faith-Based Settings (also known as Faith Connection—Ages 4–15).

Author(s):

Cathy Brown, M.Ed.

Organization/Sponsor:

Rainbow Days, Inc.

Publication Date:

Revised editions in 2008

Format:

Children's facilitated support groups based on a formal, research-based curriculum

Length of Program:

10–12 weekly sessions in schools and in the community. Sessions are ongoing for children in residential settings.

Topic(s):

Self-concept, anger, other feelings, dreams, goal setting, healthy choices, friends, peer pressure, life challenges, family chemical dependency, and a commitment to staying drug free and true to life goals

Mode of Delivery:

Small groups, grouped by developmental age/ stage and needs

Target Audience:

Ages 4–17

Setting(s):

School, community, shelter, public housing, group home, juvenile justice

Language(s):

English; activity pages in Spanish

Current Use:

Nationwide; in 40 states

Program Description:

The CBSG[®] Program is an evidence-based preventive intervention for selective and indicated populations. It is listed on the National Registry of Evidence-based Programs and Practices (NREPP), and designed for youth whose

adverse childhood experiences (ACEs) and/or attitudes and behaviors place them at elevated risk for future substance abuse, delinquency, and violence. The CBSG® Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations: resisting peer pressure; setting and achieving goals; refusing alcohol, tobacco, and other drugs; and reducing antisocial attitudes and rebellious behavior.

Who Facilitates the Program:

Trained adults—includes educators, counselors, shelter staff, community volunteers, detention staff, etc.

Facilitator Training Component:

Yes. A one-day training is required.

Train-the-Trainer Component:

No

How to Order:

Call 800-899-7828

Cost:

Curriculum is available only with training. Call for latest information on training costs and availability in your state, or schedule your own training customized to your needs.

Contact Person:

Sandi McFarland, Office/Trans 4m Center
Manager
Rainbow Days
8150 N. Central Expressway, Suite M-1003
Dallas, TX 75206
800-299-7828 or 214-887-0726 (phone)
214-887-0729 (fax)
www.rainbowdays.org
www.trans4mcenter.org
sandim@rainbowdays.org

Initial evaluation has shown measurable results.

Strengthening Families Program

Program Title(s):

Strengthening Families Program (SFP)

Modules:

Parent Skills Training, Children's Skills Training, Family Life Skills Training

Author(s):

Karol Kumpfer, Ph.D. & Henry O. Whiteside, Ph.D.

Organization/Sponsor:

Lutra Group for SFP 3–5, 6–11, 12–16 and Strengthening Families Foundation for SFP 7–17 class curriculum and SFP 7–17 Home-Use DVD

Publication Date(s):

Originally SFP 6–11, 1984; SFP 3–5, 2003; SFP 12–16, 2004; SFP B-3, 2009, with many subsequent revisions including SFP 6–11, 2015; SFP 12–16, 2015; and SFP 7–17, 2012

Format:

Separate one-hour groups for parents and children after a meal, then a 45-minute family skills practice group

Length of Program:

14 consecutive weekly sessions for high-risk level of families, but 10 to 14 sessions for SFP 7–17, DVD version for universal prevention for low-risk families, or selective prevention for high-risk families

Topic(s):

Parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance abuse education, problem-solving, and limit

setting. Children learn effective communication, understanding feelings, coping with anger and criticism, stress management, social skills, problem-solving, resisting peer pressure, consequences of substance use, and compliance with parental rules. Families practice structured family activities, therapeutic child play, family meetings, communication skills, effective discipline, reinforcing positive behaviors in one another, and jointly planning family activities.

Mode of Delivery:

Structured lessons are taught by group leaders with group interaction. SFP 7–17 also can be delivered in home with self-delivery on DVD or in discussion groups or individually in clinics.

Target Audience:

SFP has been found effective for families with children ages 0–3, 3–5, 6–11, and 12–16 with multiple risk factors. It has been delivered for populations involved with substance abuse treatment and prevention, child abuse, mental health issues, juvenile delinquency, adult criminal justice, and corrections. Multiple ethnic replications include African-American, Native American, Hispanic-American, Asian-American, and Haitian. It has also been culturally adapted and translated into many languages for use in 36 countries.

Setting(s):

Family services agencies, schools, churches, substance abuse treatment centers, mental health centers, housing projects, homeless shelters, drug courts, prisons, and jails

Language(s):

English, Spanish, French, German, Italian, Swedish, Dutch, Thai, Chinese, Burmese

Readability:

Fifth grade

Current Use:

SFP is implemented throughout the world, including North America, Europe, Asia, Australia, the Middle East, and Central America.

Program Description:

The Strengthening Families Program (SFP) is an evidence-based family skills training program designed to increase resilience and reduce risk factors for problem behaviors in children from birth to 17 years old at high risk for behavioral, emotional, academic, and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and the youth's social and life skills. Originally developed for children of substance abusers, SFP is now widely used with non-substance-abusing parents. SFP consists of three courses: parent skills training, children's skills training, and family life skills training delivered together in 14 weekly sessions. The program received the Exemplary Substance Abuse Prevention Program award from CSAP, OJJDP, DOE, ONDCP, and NIDA. The United Nations Office of Drugs and Crime (UNODC) is disseminating SFP to developing countries. SFP is now in 36 countries.

Who Facilitates the Program:

Staff include a part-time program coordinator and four (or six) group leaders (two for parent group, two for children's and/or teens' group) who share family group delivery.

Facilitator Training Component:

Yes; two-day group leader trainings. See SFP website or contact Dr. Henry Whiteside at hwhiteside@xmission.com, or go to www.strengtheningfamiliesprogram.org

Train-the-Trainer Component:

No

Availability:

Master sets on CD with permanent license to copy SFP course materials as needed for agency's own use are included in training fees and available on SFP site.

How to Order:

For SFP B-3, 3-5, 6-11, and 12-16, contact Lutra Group or go to:

www.strengtheningfamiliesprogram.org

Order SFP 7-17 DVDs online and contact Jaynie Brown at SFP Foundation (801-694-0119) for SFP 7-17 group leader trainings.

Contact Persons:

- For SFP B-3, 3-5, 6-11, and 12-16 training, contact Hope Heffernan, at 812-226-1668 or strengtheningfamiliestraining@gmail.com
- For SFP 7-17 trainings and materials, contact Jaynie Brown, Executive Director, Strengthening Families Foundation at 385-226-3396 or strengtheningfamiliesprogram1@gmail.com
- For SFP 7-17 and SFP 0-16 evaluations, contact SFP Developer, Karol Kumpfer, Ph.D., Director of Alta Institute, at 801-583-4601 or kkumpfer@xmission.com

***Program has multiple ages, language, and cultural replications and has been evaluated with 12 randomized experimental designs (most by independent university research teams) and hundreds of quasi-experimental research designs (having comparison groups).

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane
Rockville, MD 20852
samhsa.gov

877-726-4727 (phone)
800-487-4889 (TTY)

SAMHSA (samhsa.gov) is a resource that provides a wide variety of Federal Government publications dealing with alcohol and drug misuse. SAMHSA's Store provides prevention and treatment information and materials.

National Association for Children of Addiction (NACoA)

10920 Connecticut Avenue, Suite 100
Kensington, MD 20895
nacoa.org
888-554-2627 (phone)
301-468-0987 (fax)

NACoA is a national membership and affiliate organization that provides professional-specific training and educational materials to support children of addicted parents. It offers supportive materials to impacted children and families directly and through its local and international affiliates.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

niaaa.nih.gov

For general inquiries, please e-mail niaaaweb-r@exchange.nih.gov or call 301-443-3860.
888-696-4222 (publications)

NIAAA makes free information and research materials available on many aspects of alcohol use, alcohol abuse, and alcoholism.

National Institute on Drug Abuse (NIDA)

National Institute on Drug Abuse
Office of Science Policy and Communications
Public Information and Liaison Branch
6001 Executive Boulevard
Room 5213, MSC 9561
Rockville, MD 20852
nida.nih.gov
301-443-1124 (phone)
877-643-2644 (publications)

NIDA supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction. NIDA provides a variety of free publications for use by health care providers, researchers, educators, and the general public. All publications are available in online formats, and some are also available in print.

Contributions to the Development of the Children's Program Kit

Guidance in developing these materials for the original Children's Program Kit was provided by Treatment Resource Panel members Jim Becker, Montgomery General Hospital Addiction Treatment Center; John Boston, Montgomery County Department of Health and Human Services, Outpatient Addiction Services; Jim Brennerman, Allegheny County Health Department; John Hickey, Quarterway House, Inc.; Beth Kane-Davidson, Suburban Hospital Addiction Treatment Center; Shirley Lamb, Charles County Health Department; David MacLeod, Worcester County Health; Peggy McNally, Johns Hopkins Hospital Outpatient Alcohol and Drug Program; Gale Saler, Second Genesis; Frank Satterfield, Glenwood Life; Bonnie Sides, Fairfax County Substance Abuse Services; and John Soffe, Mountain Manor/Safe Harbor.

Further expert guidance was provided by Stephanie Abbott, National Association for Children of Addiction; Frances Brisbane, State University of New York; Don Coyhis, White Bison Inc.; James Crowley, Community Intervention, Inc.; Ruth Davis, Revere Public Schools; James Emshoff, Georgia State University; Catherine Herzog, Waterford School District; Deborah Jones-Saumty, American Indian Associates; Brenda Miller, University of Buffalo School of Social Work; Jerry Moe, Betty Ford Center Children's Program; Ellen Morehouse, Student Assistance Corporation; Patricia O'Gorman, Berkshire Farm Center/Services for Youth;

Stephania O'Neill, COMPASS; Cynthia Peck, WestEd; Iris Smith, Emory University; Naomi Weinstein, Children of Alcoholics Foundation; Steven Wolin, George Washington University; and Robert Zucker, University of Michigan Medical Center.

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Development of this enhanced Children's Program Kit—including new information on developmental skills and attachment needs of young children as well as expanded support group activities in each age group and enhanced parent information—was directed by Sis Wenger, NACoA, and Catherine Herzog, PhD, with the expert guidance of Betty Conger, MSW; Jerry Moe, MA; and Kathy Walton, MA.

Many of the activities in this Kit can be used in regular classrooms. All children can benefit from such lessons; for the 1 in 4 who especially need the hope and healing that can come from understanding, they are particularly helpful.

