CHEMICAL DEPENDENCY
A MULTI-GENERALTIONAL FAMILY DISEASE

> After supper pap took the jug, and said he had enough whisky there for two drunks and one delirium tremens…I judged he would be blind drunk in about an hour… all of a sudden there was an awful scream and I was up. There was pap looking wild, and skipping around every which way and yelling about snakes. He said they was crawling up his legs' and then he would give a jump and scream, and say one had bit him on the cheek—but I couldn't see no snakes… By and by he rolled out and jumped up on his feet looking wild, and he see me and went for me. He chased me round and round the place with a clasp-knife, calling me the Angel of Death, and saying he would kill me, and then I couldn't come for him no more. I begged, and told him I was only Huck' but he laughed such a *screechy* laugh, and roared and cussed, and kept on chasing me up. .. (Mark Twain 1912)

For centuries we have known from our literature, and in our souls, the impact of chemical dependency on children and families. Today parental substance abuse commonly involves alcohol in combination with other drugs (prescribed and illegal) as well as mental health problems, poverty, and violence. Addiction runs in families on one or both sides, from generation to generation. For families seen in Dependency Drug Courts and Child Welfare, the adult addict/alcoholic often will be the child or grandchild of an alcoholic/addict. Thus, it is likely they did not experience nurturing or a healthy family and probably have few innate parenting skills.

Addiction can have strong negative effects on marital relationships, including a high correlation with separation, divorce and family violence - adding to the impact on children. Addiction affects every member of the family, although each member may be affected differently. Think about a family sitting outside around a wood fire. There's a strong wind blowing from one side to the other. Children sitting with their backs to the wind love the smell of burning wood and are looking at the stars. Children sitting with the wind in their faces have tears running down their faces from the smoke. Same place, same fire, but a very different experience!

Parents with the disease of chemical dependency love their children, but may not have the skills or abilities (even when sober) to express this love appropriately. Their parenting often is inconsistent, chaotic, and unpredictable. Multiple caregiving placements for a child are the norm. Consequences for children can include: lack of attachment to a significant adult; physical and emotional abuse or neglect; inadequate supervision; multiple separations and changes in residence; toxic substances in the home (meth labs and marijuana grow houses); interrupted and unsupported education; poverty; and exposure to criminal and inappropriate adult behavior. Parental substance abuse can compromise children's development, as well as their mental, emotional and physical health at every stage from conception onwards.

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Prenatal Exposure

Fetal alcohol spectrum disorders (FASD) are the leading cause of preventable mental retardation in the United States (Centers for Disease Control and Prevention, 2009). Yet, prenatal exposure to alcohol and other drugs has many significant harmful effects that may not rise to the level of mental retardation. Research shows impact on children's

- Language skills, impulse control, visual attention (Pulsifer, Butz, O'Reilly Foran, Belcher, 2008).
- Memory deficits (Richardson, Ryan, Willard, Day, Goldschmidt, 2002)
- Cognitive deficits and altered brain structure, with shorter attention span, delayed memory, poorer long-term spatial memory and visual/motor integration (Chang, Smith, LoPresti, Yonekura, Kuo, Walot, Ernst, 2004).

Prenatal exposure to tobacco is particularly concerning, as many expectant mothers smoke—by one estimate, over 10 percent in the United States (Hamilton, Hamilton, Minino, Martin, Kochanek, Strobino, Guyer, 2007). In utero exposure to tobacco by-products has been linked to:

- cognitive deficits (Dwyer, Broide, and Leslie, 2008)
- greater visuospatial memory deficits (Jacobsen, Slotkin, Westerveld, Mencl, Pugh, 2006).
- attention deficit hyperactivity disorder (ADHD) (Pauly and Slotkin, 2008).

Childhood

SAMHSA (Substance Abuse & Mental Health Services Agency, 2003) found that younger children are slightly more likely than older children to live with a parent with substance-abuse or substance-dependence. Why? Is the rate of addiction increasing? Are adults of child-rearing age more likely to be addicted? Have older children been removed from the families due to abuse/neglect? Have older children run away? Have parents entered recovery as they (and their children) age?

Having parents active in their addiction during a child's development can have long term impact, as the basic, biological organization of the brain occurs principally between the ages of 0-5 (Commission on Children at Risk, 2003). At its peak the cerebral cortex creates an astonishing two million new synapses every second (Zero to Three, 2011). Brain development continues throughout our lives, proceeding to keep the synapses that are used and pruning away those that aren't. All of these processes, critical to the emotional, physical and mental health, need to occur in the context of a relationship with another human, another brain. Some researchers now say that neglect can be more damaging to brain development than abuse (Randall, 2010).

> "This relational context can be growth-facilitating or growth-inhibiting imprinting into the developing brains either resilience against or a vulnerability to later forming psychiatric disorders." (*Hardwired to Connect,* Commission on Children at Risk, 2003).

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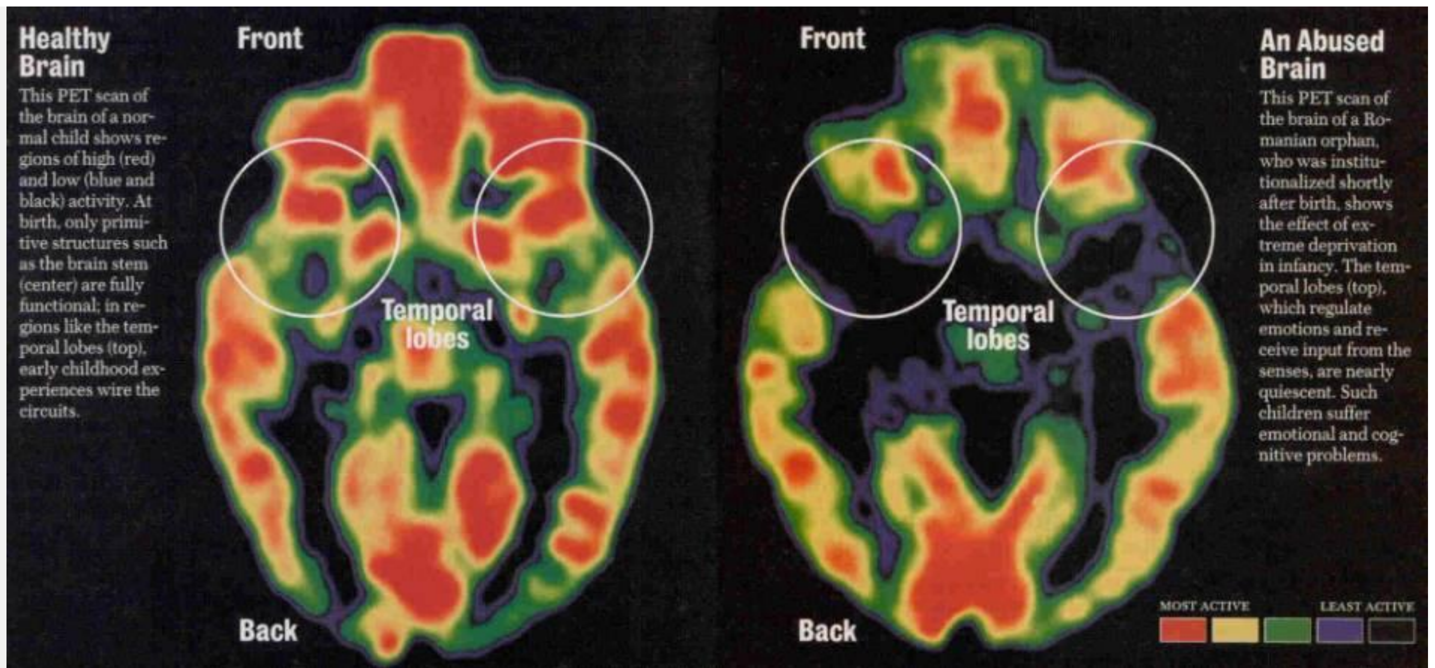

(Anda & Felitti, 2002).

Children of alcoholics are four times more likely than other children to develop addiction due to environmental and genetic factors. Children of alcoholics/addicts (and grandchildren and great-grandchildren) are more likely to:

- exhibit symptoms of mental health disorders including depression, anxiety, attention (Attention Deficit Hyperactivity Disorders), compulsivity, and panic attacks more than children of nonalcoholics/addicts. (National Association for Children of Alcoholics, NACoA, 1999).
- experience greater physical and mental health problems, 1.5 times more injuries, and have a rate of total health care costs 32% greater (NACoA, 1999).
- have difficulties with learning, memory and language, believe they will fail even if they are doing well, and score lower on tests measuring cognitive and verbal skills than children of nonalcoholics/addicts(NACoA, 1999).
- have greater difficulty with abstraction and conceptual reasoning (important in problem solving), requiring very concrete explanations and instructions, especially if prenatally exposed to alcohol (NACoA, 1999).
- are highly distrustful of others (NACoA, 1999).
- tend towards dangerous play, early sexual promiscuity (and related teenage pregnancy), engage in delinquent or criminal behavior (NACoA, 1999).

Parents with chemical dependency focus on their alcohol or drug, not their children. They too are more likely to have poor cognitive abilities and provide environments lacking stimulation. Some studies have found that learning disabilities are genetically linked with addiction, occurring on the same allele (Blum, Cull , Braverman, Cummings, 1996). Hence parents cannot (not will not) provide supportive environments.

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Yet somehow, some of these children bounce back resilient, learning to cope with life's difficulties. Why? How?

Teens

By the time a child of alcoholic/addict (COA/A) becomes a teen, the consequences of their childhood can include depression, hopelessness, suicide, and self-mutilation (NACoA 1999). Often teen COA/As join gangs (to gain a sense of family), become sexually active and pregnant (in order to find relationships or love), drop out of or do poorly in school, have friends that smoke and use, or become involved in crime. One study found that two thirds of juveniles arrested reported a member of their family was abusing substances (Pritchard & Payne 2005).

Adolescence is a tough time when one comes from a healthy family! It is a period of significant brain growth, maturation, and remodeling. Maturational changes are occurring in the prefrontal cortex and regions of the brain critical for cognitive functions such as judgment and insight. Adolescent risk-taking and novelty-seeking are connected to these changes in brain structure and function. 85% of all deaths among US adolescents resulting from homicides, suicides and accidents (Commission on Children at Risk, 2003).

Adolescents need family values, limit setting, structure, lots and lots of communication, mentors, along with models for having fun that are safe and don't involve the use of alcohol and drugs. Parents active in their addiction have great difficulty providing these essentials.

Abuse, Neglect & Foster Children

Violence and child abuse are tightly related to substance abuse:

- Perpetrators are often under the influence of alcohol and other drugs with alcohol being a key factor in 68% of manslaughter, 62% of assaults, 54% of murders and attempted murders, 48% of robberies, and 44% of burglaries (At Health, 2011).
- Parental substance abuse is an underlying factor in as high as 80% of child abuse/neglect cases (CASA, 1999).
- Dept. of Justice found that 61% of domestic violence offenders had substance abuse problems and that 36% of victims in domestic violence programs also had substance abuse problems (Collins & Spencer, 2002). Individuals with an alcohol or drug addiction and a problem with violence need treatment for both issues. Even if they become sober, the violence will not automatically stop (Center for Substance Abuse Prevention, 2004).

Studies indicate that youth who had ever been in foster care had higher rates of any illicit drug use than youth who had not (33.6% vs. 21.7%) (National Survey on Drug Use and Health, NSDUH, 2005).

- Older youths were more likely than younger youth to use alcohol or any illicit drug in the past year (NSDUH, 2005).

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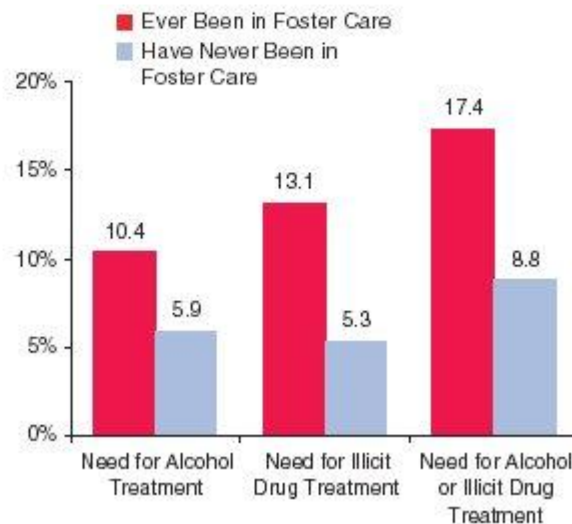
- White youth who have been in foster care were more likely than their black counterparts to have used alcohol (41.4% vs. 29.8%) or any illicit drug (36.2% vs. 26.7%) in the past year(NSDUH, 2005).
- There was little difference in past year alcohol or any illicit drug use by gender (NSDUH, 2005).
- Youth who have ever been in foster care had higher rates of need for substance abuse treatment compared with youths who have never been in foster care: 17.4% versus 8.8% (NSDUH, 2005).

Figure 2. Percentages of Youths Aged 12 to 17 in Need of Substance Abuse Treatment, by Foster Care Status: 2002 and 2003. (National Survey on Drug Use and Health, NSDUH, 2005). Latest available data.



- 81% of youth in foster care in 2003-04 needing treatment did not receive it, although foster care youth were more likely to have received treatment: 19.1% received treatment in the past year versus 7.2% of youth who have never been in foster care (NSDUH, 2005).

Currently, child welfare professionals working with youth from alcohol and drug abusing environments are seeing more respiratory distress (allergies, asthma), sleep disturbances, auditory and visual disturbances, seizures, and eating concerns (over/under eating and other food and trauma presentations). They urge professionals working with children of alcoholics/addicts, exposed in utereo, and in the child welfare system to be cautious about:

1. The use of aggregate scores (averages) for reporting testing results for cognitive disabilities, as they may give misleading results due to the "swiss cheese" profile of these children (Randall, 2010).
2. The generalization of testing results into the indefinite future, as child outcomes can be affected by the child's development and other mediating factors referenced elsewhere in this chapter. Generalizing results can

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lead to the misinterpretation that findings are predictive into the indefinite future (Randall, 2010).

Links between childhood maltreatment and later-life health and well-being are well documented in a study by the Center for Disease Control and Kaiser Permanente's Health Appraisal Clinic. This study identified key traumatic events which affect children's neurodevelopment and social, emotional, and cognitive impairments:

- Abuse: emotional, physical, and sexual
- Neglect: emotional, physical
- witnessing domestic violence
- growing up with parental substance abuse
- mental illness
- discord or crime in the home.

The researchers labeled these experiences "Adverse Childhood Experiences" or "ACEs" (Anda, 2010*).* ACEs were found to lead to increased risk of unhealthy behaviors of violence or re-victimization, disease, disability and premature mortality. Related to addiction and families:

- The likelihood of injection of street drugs increased strongly and in a graded fashion with the ACE Score: a male child with an ACE Score of 6, when compared to a male child with an ACE Score of 0, has a 4,600% increase in the likelihood of becoming an injection drug user sometime later in life. (Felitti, 2003).
- The likelihood of adult alcoholism increased 500% in a strong, graded manner to adverse childhood experiences (Felitti, 2003).

> *Our findings indicate that the major factor underlying addiction is adverse childhood experiences that have not healed with time… The ACE Study provides population-based clinical evidence that unrecognized adverse childhood experiences are a major, if not the major, determinant of who turns to psychoactive materials and becomes 'addicted'* (Felitti, 2003).

Court Services, Child Welfare & Social Services

Foster children and children "at risk" for abuse/neglect are primarily children of alcoholics/addicts with environmental exposure and greater genetic vulnerability for cognitive deficits, mental and physical health problems, substance abuse, and other acting out behaviors (teen pregnancy, breaking the law). Research now shows a clear relationship of preschool age children's cognitive delays, abnormalities in brain systems, neurological development and abuse/neglect (Commission on Children at Risk, 2003 & Chasnoff, 2010).

Dependency Courts, Child Welfare Agencies and Departments of Social Services are in a unique position to make a significant contribution in the lives of children with parents with substance abuse disorders. Although research has clearly shown the relationship of abuse/neglect and alcohol and other drugs, Family Court judges note it is often <u>not</u> included in the allegations contained in the neglect petition (New

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York State Office of Children & Family Services, 2008). Not identifying substance abuse/chemical dependency hampers service providers' ability to provide essential needed services for parents and children. Left unserved,

- parents continue their addiction
- parents relapse
- children continue to be abused/neglected
- children become addicts and addicted teenage parents
- families continue to suffer
- chemical dependency continues to progress and spread.

So, What Can Be done?

> *"We know that COAs are at greater risk in their lives. But we also know what to do to help them avoid repeating their families' problems. We can break the generational cycle of addiction" Charles G. Curie, former Administrator of SAMHSA* (SAMHSA 2003).
>
> *"Attachment may be the key to breaking the multi-generational cycle of addiction and abuse" (Felitti, 2003).*
>
> *New scientific findings are teaching us to marvel at how nature and nurture interact…. Social contexts can alter genetic expression…. Even neuronal regeneration is possible given the right 'environment'*
> (Commission on Children at Risk, 2003).

Addiction is a brain disease with environmental and genetic components. Although children may be pre*disposed* by their family environment and genetics, they are not pre*destined* to become alcoholics or addicts. Environmental strategies can make a difference.

All work with children and families needs to be done with respect and collaboration, validating their experiences without judgment or discrediting statements. (Remember parents are likely adult children of alcoholics/addicts.) Offer alternatives and provide coaching, while being careful to avoid telling participants what is best for them to do. Punitive approaches and shaming are not appropriate.

First provide a safe, nurturing and consistent (structured and predictable) environment, free from violence, threat of violence, and substance abuse. Minimize the number of placements children experience, as several studies show the importance of minimizing the number of placements for children. Help families create Family Safety Lists covering various emergency situations, including parental relapse. These lists can be posted wherever the family is living. Work with families, helping them to learn how to create their own solutions.

Second, help families identify the addiction and develop the ability to talk about it. This alone could lead to recovery for the parent(s). If not, it is imperative for

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children to know that their parent's addiction is a disease that they (the children) did not cause, cannot cure, and cannot control. All family members need to learn:

- The characteristics of a "safe person".
- What is appropriate touch; what are their personal boundaries.
- How to ask for help. How to say "no".

Third, identification of one or more safe people is critical for each family member. A safe person is someone they can turn to for support, nurturing (relationship, unconditional love), help, and safety. This may be a sponsor, relative, neighbor, social worker, coach, a Sunday school teacher or neighborhood's "cookie lady". Guide children and family members to identify their safe person by asking questions: What happens when they are angry? Can you talk with them about your friends? Do they judge you? Does this person use drugs or drink alcohol?

My Kind and Loving Grandfather

> *My name is Rob. I'm 75 years old. When I was two and three years old, I lived a few blocks from my grandpa. He loved me with a devotion and a consistency like no one else I ever knew…. Grandpa took me to the duck pond; he took me to the roundhouse to climb into a train locomotive. In late 1939, when I was three and a half, he had a bad heart attack, and had to lie in bed all the time. That's when he taught me the 23rd Psalm and the Lord's Prayer. Most of all, every single time he saw me, Grandpa said,*
>
> *"Robbie, I love you up to the skies and back again."*
>
> *He loved me and I loved him!   Always!!   In 1939, my world darkened. We moved to Berkeley. Grandpa died. The Japanese bombed Pearl Harbor. My dad was a Regular Army officer. He was sometimes really nice, but a lot of times got really mad, really fast. Living with him was like living in a minefield. When I was a grown-up, married and had my own kids, my mom blew her brains out. I didn't see it happen, but I saw her a little while later.*
>
> *Many years later, I was able to heal my heart and soul. Some people say I am strong and wise. I have two younger brothers. They have never healed. They never will. Neither of them ever knew my grandpa. I could always feel my Grandpa's love and kindness. His love and kindness convinced the Little Boy in me that I was lovable (Lancefield, 2011).*

Resiliency research has shown that having one person that a child can turn to can make a difference (Henderson, 2007), Don't ever underestimate the impact that one person can have in the life of a child.

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Critical Family Factors
The United Nations Office on Drugs & Crime (UNODC 2009) identified the following critical family factors that may help protect children from substance abuse:

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

Professionals can make the difference
You can help your families succeed by providing:

1. Family skill building programs that serve the whole family (parents, caregivers, and ALL children), not just the identified alcoholic/addict and their partner. The entire system around a child needs to reinforce the same behaviors (skills) and be able to talk about addiction, family violence and abuse/neglect. Include any significant caregivers or adults in the child's life, such as foster families or extended relatives that are raising the children. Family skill building programs have been found to be effective in preventing many risky behaviors and to change family functioning and parenting practices in long-term positive ways. Parent education programs have not been found as effective (UNODC, 2009).

2. Services utilizing multi-modal, interactive teaching strategies. Most family members in your programs will have some level of cognitive deficits due to chaos, stress, detoxing, in-utereo exposure, or abuse. Programs need to be appropriate for individuals with limited cognitive abilities and learning disabilities or differences. Many of the individuals you are working with cannot (versus will not) comprehend what you are asking them to do.

3. Services teaching basic social skills. Instructional techniques need to utilize specific skill steps, role plays, practice and feedback with everyone in the family learning the same skills in developmentally appropriate ways. (It is critical that staff, in sober living environments, group homes, juvenile hall or prisons, also learn these skills in order to reinforce individuals' attempts to use the skills.) As chemical dependency can impact up multiple generations, programs need to teach basic social skills, including:

- Simple centering or stress reduction –taking four deep breaths when feeling overwhelmed or before attempting difficult conversations or situations.
- Communication and listening.

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- What are healthy and abusive relationships/friendships; how to make friends; and understanding of the impact friends have on our values and behavior.
- Social competencies of anger management/ conflict resolution, decision making, goal setting, and the ability to say "no" (refusal skills).
- Individual and family values or norms, family rules and consequences.

4. Programs reducing families' risk factors, enhancing their protective factors, and increasing Developmental Assets. Curricula need to specifically address Risk Factors (Hawkins, Lishner, Catalano, and Howard, 1986):

- availability of alcohol, tobacco, prescription and illegal drugs at home
- parental drug use (role modeling)
- permissive parental attitudes towards use (limit setting with consequences)
- child's early mental health needs
- peers who use drugs
- child's favorable attitudes toward drug use
- social isolation of families
- family management problems (lack of supervision, severe or inconsistent discipline)
- lack of family rituals and dinners
- poor family management and communication

Family Rituals may be a part of their daily routine (meals, weekend sports, church) as well as holidays and occasions that are special in the culture of the family:

- Christmas, Easter, Passover, Independence Day.
- Birthdays, graduations, weddings, funerals, baptisms, bar mitzvahs.
- Family holiday trips, community or school events.

> *"One simple way for parents to be engaged in their children's lives is to sit down to dinner with them frequently. CASA's research consistently shows that the more often teens have dinner with their parents, the less likely they are to smoke, drink or use drugs. Teens who eat dinner with their families five or more nights a week are almost 50 percent less likely to try alcohol compared to teens who have dinner with their families two nights a week or less"* (CASA, 2005).

Establishing safe, drug/alcohol free, family rituals is not easy for families riddled with addiction. Relatives may have to be told not to come or that they must not be under the influence. (Sometimes a family has to disconnect from other family members.) Parents may *never* have before eaten a quiet meal or played with their children. Services need to help parents learn how to talk with their children and model meal times free of phones, texting, television/internet, and chaos.

Even if the addiction continues, if families can safely continue traditions it makes a difference for the children

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> …..On Christmas Eve, Dad took each of us kids out into the desert night one by one… I was five that year and I sat next to Dad and we looked up at the sky. Dad loved to talk about the stars. He explained to us how they rotated through the night sky as the earth turned. He taught us to identify the constellations and how to navigate by the North Star. Those shining stars, he liked to point out, were one of the special treats for people like us who hiked out in the wilderness. ….
>
> "Pick out your favorite star," Dad said that night. He told me I could have it for keeps. He said it was my Christmas present. "You can't give me a star!" I said. "No one owns the stars." "That's right," Dad said. "No one else owns them. You just have to claim it before anyone else does…" (Walls, 2005 Pg. 39-40).

While addressing Risk Factors, programs also need to increase Protective Factors, many of which have already been discussed. The development of strong bonds between parents and children, critical to children's healthy brain development, is risky, difficult, and essential. Skills helping to establish bonds that can be taught and nurtured are:

- development of parents and caregiver's ability to set clear, nurturing limits/rules with consistent enforced consequences
- clear, honest respectful communication.

SEARCH Institute has identified 40 Developmental Assets critical for young people to thrive (SEARCH Institute 2002, 2006). Thankfully many are similar to Protective Factors. Unique is the emphasis on providing a "reason to be"

- Sense of purpose, hope, self-esteem, and a positive view of personal future and power
- Purpose (being of service to others and valued; having high expectations and values of integrity, honesty, restraint, respect)
- Ability to see beauty in the world
- Connection with caring and religious communities.

5. Help children develop attachment to their parent, who may have lacked (or still lacks) the ability to care for them due to their disease. Children need to believe their parent loves them (no matter what) and that they can depend on the parent to keep them safe. Steps in this process for parents are:

1. Learning how to tell each child "I love you" at least once a week (to begin). Service providers need to work with parents about their feelings of fear and rejection. (Remember they too are probably children of alcoholics and may never have heard these words from their parents.) Help them identify a safe time to share with their children and talk about their expectations. (Children may not respond or may respond with anger when they hear these words.)
2. Developing "parting rituals" – how to say good-bye whether for a short time (a meeting) or when their child returns to the foster family after a

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visit. (There is a lovely book called *The Kissing Hand* by Audrey Penn that may be helpful.)

3. Learning skills to build consistent, safe, predictable relationships. Utilizing strength-based, empowering models, service providers need to teach the importance of consistent schedules (bedtimes, mealtimes), and limit setting with consequences, based on children's developmental stage. Consistency helps build trust and brains!
4. Developing their own relationships with safe individuals, which increases their chances of staying clean and children's chances of living a safe, healthy, addiction free life.

6. And, if your role allows, help individuals develop empathy and to expand their world view by learning to give to others and to see beauty in the world:

- Provide opportunities to be of service to others (doing a kind thing for someone else: helping a neighbor carry groceries, washing dishes when not your turn, reading a story to a younger child).
- Help each family member see the beauty of the world around them. Share about something that touched you. Ask about an experience that "touched" them – cookies baking, wildflowers in bloom, a caterpillar moving up their arm. Do this regularly.
- Be a model: be of service yourself, regularly see beauty in your world.

These skills seem abstract, but with guidance and modeling, professionals and other safe people can draw children and adults to these assets. It may seem strange for a judge or social worker to be asking or sharing at this level. Drug court judges know the importance of developing a relationship with the individual. (The relationship between judges and offenders is central to Drug Courts' success (Tauber & Huddleston, 1999.) Addiction is about the brain (dopamine reward systems), which need to re-calibrate in recovery. These activities and observations are small steps in this process.

Conclusion

Although children of alcoholics/addicts are at extremely high risk both environmentally and genetically, they are not pre*destined* to repeat the cycles of substance abuse and family violence. Child Welfare Agencies, Departments of Social Services, and the Courts are critical players in helping children develop the skills that protect and repair their brains and their lives. There are simple things you can do to make the difference for a child's future mental, physical, and emotional life:

- Practice acts of kindness and compassion: be available to listen, discuss their feelings, share interests and support children's efforts to make friends. Let them know they matter to you.
- Encourage children to ask for help: Assure them that getting help is a sign of strength. Ask whether they have a safe adult to talk with. Explain there are

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responsible adults available to help. Offer your own examples and be prepared to help them connect with caring, trustworthy adults.
- Observe clues about their friendships, achievements, and their home situation.
- Validate that they are not alone: one in four children grow up with a parent that abuses alcohol and other drugs. There are lots of people with similar life experiences who grow up to lead happy, healthy, satisfying lives.
- Share what you know about the disease of addiction.
- Help them understand that their parents have a disease. Explain their parents love them, although they may not be able to appropriately show it due to the disease. Repeatedly share that their family's problems are neither their fault nor their responsibility to solve.
- Remind them their job is to be a child; to learn the facts about alcohol, tobacco and other drugs; to recognize their own risks; to learn how to avoid repeating their family disease of addiction; and to understand the 4 C's: You didn't cause the disease (of addiction), you can't cure it, you can't control it, but you can help take care of yourself.

Resources

Addiction Series – a feature length documentary available from www.HBO.com/addiction. Click on the far right link "The Films" to view online or purchase through the HBO Shop link at HBO.com.

Al-Anon Family Groups. *What's "Drunk" Mama*? Al-Anon Family Group Headquarters, Virginia Beach., VA 1977.

Amen, Dan. Has a number of DVD's and books that are valuable including *Which Brain Do You Want?* - Mindworks Press: www.mindworkspress.com.

Anda, Robert. MD, MD. Health and Social Impact of Growing Up with Alcohol Abuse and Related Adverse Childhood Experiences. Available at www.celebratingfamilies.net/pdf/RobertAnda_article.pdf

Black, Claudia has a number of books and CD's, including It Will Never Happen To Me, My Dad Loves Me, My Dad Has a Disease. 3rd Edition & Straight Talk. Order from: www.claudiablack.com.

Brooks, Cathleen. The Secret Everyone Knows. Hazelden Educational Materials, Center City. MN, 1981.

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Celebrating Families! www.celebratingfamilies.net . *Celebrating Families*! is an evidence based cognitive behavioral, support group model written for families in

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which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect.

Chasnoff, Ira, J., MD The Mystery of Risk: Drugs, Alcohol, Pregnancy, & the Vulnerable Child. NTI Upstream, Chicago. 2010

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Dayton, Tian, Ph.D, TEP. *The Set Up: Living with Addiction* available at www.celebratingfamilies.net/pdf/TianDayton_article.pdf

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Join Together - http://www.jointogether.org/

Krull, Kenny, Kevin and Helen. Sometimes My Mom Drinks Too Much. Raintree Children's Books, Milwaukee, WI, 1980.

McCloud, Carol. Have You Filled A Bucket Today? , ISBN # 978-0-9785075-1-0 (Paperback). 2006

National Association for Children of Alcoholics (NACoA) www.nacoa.org

National Center on Addiction and Substance Abuse at Columbia (CASA) www.casacolumbia.org

National Center on Substance Abuse and Child Welfare (NCSACW) www.ncsacw.samhsa.gov

National Clearinghouse for Alcohol and Drug Information (NCADI) www.ncadi.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA) www.nida.nih.org

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