

PART TWO

GRAND RESOURCE

*Help for Grandparents
and Kinship Caregivers
Impacted by Opioids
or Other Substance
Use Disorders*



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Understanding the Impact of a Parent's Substance Use Disorder on the Child

“ Growing up with parents who had substance use disorders caused emotional challenges for me. Trauma, anxiety, and constant worry made me grow up fast. I was constantly suspicious of my parents and in “fight or flight” mode all the time. I thought going away to college would be an escape, but the emotions followed me, and I struggled with depression.”

Madison¹, Washington DC



The child of a parent with a substance use disorder (SUD) faces their own complex issues. They may have physical and mental health challenges or have been prenatally exposed to drugs and suffered with [Neonatal Abstinence Syndrome](#) (NAS). They may have experienced abuse or neglect. Early traumatic events, such as exposure to family violence and physical abuse can lead to a greater risk of developing PTSD and, over time, a substance use disorder.² Once out of the home, the children may continue to face challenges associated with their trauma histories and uncertainty about their parents' welfare. Although having a parent with a substance use disorder can put children at increased risk of developing a substance use disorder later in life, many of these children will not develop one, and there are many things you can do to help prevent your relative child from developing a substance use disorder. It is important to understand the child's experience, so they are properly supported.

If you are a grandparent or kinship caregiver of a child who lived in a home where their parent had a SUD, you probably already recognize that this caregiving has different challenges than you may have experienced when parenting your child. Some physical and mental effects on children can be resolved and others may require lifelong supportive measures.

What are examples of experiences that may cause physical or mental health concerns for a child living with a parent with a SUD?

Children living in these situations receive inconsistent parenting and disruption in family routines. Witnessing parent conflict erodes a sense of security and stability. Their home is often unsafe due to exposure to toxic chemicals, open flames, lighters, and criminal behavior such as drug dealing or sex trafficking. Basic needs go unmet when there is a lack of food or unpaid utilities. Separation from the parent may occur with the involvement of child protective services or the parent's incarceration. Children are often exposed to harsh discipline, and are at increased risk of missing school, becoming ill or requiring hospitalization.³

What are some long-term effects of a parent's SUD on the child?

Early on, the SUD of a parent may prevent the parent from seeking important prenatal care and this may lead to developmental problems in the fetus.

Children are likely to witness a parent's drug use and suffer the effects of it when the parent cannot wake up to care for the child or take them to school, leading to falling behind academically. Parental impairment from a SUD use is associated with high levels of family conflict in the form of violence, verbal abuse, and the potential for sexual abuse, all of which can cause lasting emotional challenges. Poor household management of things like paying bills, completing household tasks, and failure to maintain basic cleanliness standards in the home deprives children of learning basic life skills.

Physical and emotional child abandonment that occurs when a parent's SUD leads to incarceration or a constant preoccupation with drug seeking behaviors can cause a myriad of emotional problems ranging from low self-esteem to increased risk of developing a substance use disorder.

Family traditions like family dinners and holiday celebrations that are important to a child's functioning and adjustment may fail to develop or be disrupted because the traditions are absent, or events are unpredictable.

The parent may not be present to oversee homework or fail to recognize psychological issues that require intervention. The reduced parental involvement can reduce the child's performance in school and increase the child's chance of participating in under-age drinking or other risk-taking behaviors. Appropriate parental monitoring, supervision and relationship building with a child are among the most important aspects of effective parenting to reduce risk of substance involvement in children.



The shame or stigma of a parent's SUD causes feelings of isolation. Further strained relationships among the child's family and their extended family can limit the opportunity for intervention on behalf of the child. Therefore, the child's basic needs may be ignored leading to limiting child development. A parent's SUD often continues due to the denial of its existence, and this denial prevents a child from learning how to communicate openly and honestly with others.

A child may cope by taking on the role of the parent to maintain stability for the family including younger siblings. This "parentification" may be difficult to transition from in the future.

What are some basic important messages to convey to the child?

Children process situations differently depending on their age and stage of development. They often don't know how to ask for help. It is important for them to know that you are going to be there for them no matter what.

In general, don't sugar coat, explain at a level they understand. Be honest but respectful when talking about the parent. For example, you can explain that "Mom's (or Dad's) behavior is preventing them from being able to care for you right now instead" instead of saying "Mom (or Dad) is not a good parent. Because the birth parent could not handle the responsibility of the child, it is important to point out that the parent's behavior prevented them from parenting. If you paint the parent as "bad" the child may feel that they are "bad" too. Avoid comments like the parents are too poor to raise children because if money gets tight, they may worry that they will have to go live somewhere else, or they may wonder why the grandparents or kinship caregivers didn't help their parent out.⁴

Children will understand why they are living with you depending on their age and how you explain it. Telling the child "Your parent has an illness that makes it hard for them to do a good job taking care of you." is an appropriate way to explain why they are living with you providing they are old enough to process it.

If the parent is incarcerated, it is important to let the child know that their parent loves them, and the separation is not their fault. Children often blame themselves thinking the parent did something wrong because they were upset with the child. For example, they may wonder if they cried too much and caused the parent to behave inappropriately.

When a birth mother is in recovery and has a new baby, the child may wonder why the parent "kept" the younger child and not them. Be prepared to explain that they are with you because that is the best place for them to receive the care that they need. Although the birth mother loves them just as much as they do the baby, when they were born the parent was unable to care for them due to their illness and so the child came to live with you.

Remember to remind the child of the parent's good qualities, realize that the child may have mixed feelings of loyalty to you and their birth parents.



Your child may worry that family time with the parent may mean they will be leaving your home soon. It's important to communicate openly about situations that may cause confusion.

How can you explain the death of a parent, or the child's living situation based on the child's age?⁵

Preschool age 4-5: A child cannot understand illnesses like substance abuse, mental health problems, incarceration, death, abandonment, or adult immaturity. You could say they lived in Mommy's tummy but then moved in with grandparents who were happy to have a little child move in with them. Be prepared when questions arise. In the case of a parent who has died, simply tell a preschooler that their parent died.

Age 6-12: School age children know where they came from and may be learning about mental illness or that illegal drugs are harmful. They may worry that they contributed to their parent's death or about becoming mentally ill. Reassure them that they are not responsible for the parent's death or illness. Be aware that they may have a fear of dying because of losing their parent.

Teens 13-18: Teenagers may be very critical toward their birth parents or grandparents and ask, "Why didn't they get clean?" or "Why didn't you make them get clean?". They may need to know if they were removed due to abuse or neglect related to the SUD. It's best to remain non-judgmental about the circumstances around their parent's death. Give them the opportunity to ask questions and know that they may feel they need to protect your feelings by not asking. Ask, "Do you ever wonder what happened?" They may think worse things without information.

How can I teach my grandchild or kin important coping skills?

It is important to teach the child how to manage stress in healthy ways. They need to understand that they are not "doomed" to have a substance use disorder because their parent does. Helping them to talk about their feelings, maintaining physical activity and establishing healthy lifestyle habits like getting enough rest and eating properly can go a long way toward maintaining mental health.

Abuse, neglect or other traumatic experiences may have caused the child to be fearful or angry and they may blame themselves. Teach them how to deal with managing anger and other emotions. Children who were physically or verbally abused by their parents need to know this happened because the parent was not in control, not because they were "bad".



My grandchild or kin that I am raising is racially or ethnically different from me. How can I honor their cultural heritage and build their confidence given our differences?

Understand the importance of associating and befriending others who identify with the same racial group as the child. Embrace and affirm their skin color and other physical differences such as hair types. Learn about ways to care for different types of skin and hair. Find opportunities to participate in activities oriented to their race or ethnicity. Attend related arts performances and learn the associated language usage. Include other traditions, celebrate holidays and attend street festivals. The tips sheets below may provide the guidance you need.

More Tip Sheet Resources:

- [African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture](#)
- [Latino Grandfamilies: Helping Children Thrive Through Connection to Culture and Family](#)
- [American Indian and Alaska Native Grandfamilies: Helping Children Thrive Through Connection to Family and Cultural Identity](#)

What are some common mental health challenges that a child may develop due to a parent's SUD?

The children in your care may have been exposed to drugs prenatally, been abused, neglected, or suffered other trauma. Because of the circumstances that led children to leave their parents' care, children in grandfamilies trend toward higher rates of trauma compared to children in the general population.⁶ These factors can lead to anxiety, hyperactivity, depression, or aggressive behaviors. Medications and psychotherapy may be necessary. Keeping track of behavioral patterns can provide important information when you schedule a mental health evaluation for the child. Examples of mental health diagnoses are:

- **ADHD (Attention Deficit and Hyperactivity Disorder)** may cause a child to be inattentive or have difficulty paying attention, or demonstrate impulsive and hyperactive behaviors.
- **ASD (Autism Spectrum Disorder)** may cause reduced eye contact or a lack of response to their name as infants or demonstrate signs of difficulty with social interaction and communicating as they grow older.
- **PTSD (Post Traumatic Stress Disorder)** in children can be caused by severe stress resulting from neglect, abuse or events experienced while living in a chaotic and threatening household.
- **RAD (Reactive Attachment Disorder)** is caused by a failure to bond with the parent or parental figure when their basic needs for loving affection or nurturing are not met.



Disruptive Behavior Disorders are indicated when a child may act out or show unwanted behavior towards others. This may be caused by exposure to violent behavior, maltreatment, or inconsistent parenting. Types of Disruptive Behavior Disorders are:

- **ODD (Oppositional Defiant Disorder)** may be diagnosed when a child is defiant, angry, argumentative, blaming or intentionally annoying around people they know well such as a parent, caregiver, or teacher.
- **CD (Conduct Disorder)** may be identified when a child shows an ongoing pattern of aggression toward others and violates rules or social norms at home, in school or with peers.

How can I help a child when they have lived with a parent with an SUD?

First things is first. Find out as much as you can about the child's experience. Ask questions about the child's experience and remind them that it is safe to talk about their experiences with you. Take the child for a complete physical evaluation, and ask about screening for developmental delays, psychological trauma, or other concerns.

As the child ages there may be times when they have been prescribed pain medications. It is common for Percocet to be prescribed for pain management after wisdom teeth removal or other surgical procedures. It is good practice to teach them to always lock up any drugs that could be tempting for a parent who struggles with their use of substances.

Madison's story

Madison's story demonstrates the important role of grandparents and kinship caregivers.⁷ Providing a stable and supportive home environment when a parent cannot, nurtures a child's development so they may grow to realize their full potential.

Madison, now a young adult, was mostly raised by her great-grandmother, "Gram", because her parents used illegal drugs and drank alcohol excessively. To support his habit, her father began selling drugs and involved Madison and her younger sister in transactions. The household deteriorated and Madison tried to "fix" her father's habits, even after he physically abused her. Although child welfare became involved, she was never removed from her home, but over time she spent more time at Gram's house. Gram was Madison's "safe" person who permitted Madison to stay with her anytime she asked. After her father began breaking into her mother's and other family members' homes for drug money, sleeping in her home made her feel too anxious and she avoided going there. When Madison was in high school, her parents got divorced and her father was incarcerated. Gram helped Madison to see that because of her love of going to school she should head to college, something that Madison never thought would be possible. The sense of peace and permanency she experienced while living at Gram's gave her confidence to move her life in a positive direction and pursue higher education.



Madison has worked hard to overcome the shame, stigma, and trauma that she experienced as a child. Keeping secrets about her homelife made her feel isolated without a sense of what “normal” family life is. A constant state of “fight or flight” living in the chaos of her parents’ home resulted in feelings of hypervigilance as she grew. The stability that Gram’s home provided her with regular routines, meals, structure and a forever “open door” policy gave Madison the peace of mind and feeling of a permanent home base. This stability and permanency Gram provided was a major support behind Madison’s movement toward living her best possible life.

Today, Madison is working in her chosen field and continues to cultivate hobbies that are alternatives to managing stress by using substances or alcohol as she observed with her parents’ behavior. Her father is now six months clean. She hopes that some family therapy in the future can repair some of the relationship damage that occurred in the past, but she knows where the healthy boundary is between loving and saving her father.



Further Resources: Understanding the Impact of a Parent’s Substance Use Disorder on the Child

- [Addiction in Family, Stages of Recovery and Impact on Parenting](#)
- [National Library of Medicine, Substance use disorder Treatment and Family therapy: Chapter 2- Influence of Substance misuse on Families](#)
- [Grandfamily Caregiver Tip Sheet: Youth Mental Health](#)
- [Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies](#)
- [The National Child Traumatic Stress Network](#)
- [African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture](#)
- [Latino Grandfamilies: Helping Children Thrive Through Connection to Culture and Family](#)
- [American Indian and Alaska Native Grandfamilies: Helping Children Thrive Through Connection to Family and Cultural Identity](#)
- [National Center on Substance Abuse and Child Welfare: Neonatal Abstinence Syndrome](#)

Further Resources: Grandfamilies

- grandfactsheets.org
- grandfamilies.org
- GKSNetwork.org
- gu.org
- brookdalefoundation.net/RAPP/rapp.html

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Endnotes

- 1 Name has been changed to protect confidentiality.
- 2 Generations United. *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies*. Washington DC, 2018. www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2016.pdf
- 3 Substance Abuse and Mental Health Services Administration. "Substance Use Disorder Treatment and Family Therapy." 2020. www.ncbi.nlm.nih.gov/books/NBK571087
- 4 Adesman, Andrew and Christine Adamec. *The Grandfamily Guidebook*. Center City, MN: Hazelden Publishing, 2018.
- 5 ibid
- 6 Generations United. *In Loving Arms: The Protective Role of Grandparents and Other Relatives Raising Children Exposed to Trauma*. Washington DC. 2017. www.gu.org/resources/the-state-of-grandfamilies-in-america-2017
- 7 Name has been changed to protect confidentiality.





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About Generations United's National Center on Grandfamilies

Founded in 1986, Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies and programs for the enduring benefit for all. Generations United's National Center on Grandfamilies is a leading voice for families headed by grandparents, other relatives, and close family friends. The Center's work is guided by an advisory group of caregivers, known as GRAND Voices, and organizations that set the national agenda to advance public interest in support of these families. Center staff conduct federal advocacy and provide training to grandfamily practitioners, advocates and caregivers to elevate their voices to improve policies and practices. The Center raises awareness about the grandfamilies' strengths and needs through media outreach, weekly communications, and awareness-raising events. It offers an annual State of Grandfamilies report and a broad range of guides, fact sheets and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports (gu.org and grandfamilies.org). Generations United is also home to the Grandfamilies & Kinship Support Network, the first-ever national technical assistance center for those who serve grandfamilies and kinship families (gksnetwork.org.)