



Happy Fall!



Family treatment court receives grant of nearly \$2 million to support two services, Circle of Security and *Celebrating Families!™*, for families affected by substance abuse and trauma. The court helps parents abstain from drug and alcohol use, create safe, stable homes for children, reduce the length of time children are in out-of-home placements and increase family reunification. (Jessica Prokop, Columbian Courts Reporter. July 27, 2017)

How diverting mothers from prison may break the cycle of incarceration *Celebrating Families!™* program is an integral part of an Oklahoma program to keep pregnant women out of prison, providing opportunities for them to work on recovery and learn how to be a mother while breaking the cycle of addiction and prison in the next generation. (<http://www.pbs.org/newshour/rundown/diverting-mothers-prison-may-break-cycle-incarceration/>)



I recently created a **summary of Prevention Partnership International's work** (PPI), which I decided was worth sharing. PPI's mission is to break the cycles of addiction and related child abuse/neglect and violence in families by increasing knowledge and use of healthy living skills. Our major accomplishments since 1999 include:

Development of

- *Celebrating Families!™(CF!)* for families with children 4-17
- *iCelebrando Familias!* for Spanish-speaking families
- *Wellbriety Celebrating Families!* with White Bison for Native American families
- *Celebrating Families!™* supplement for families with children ages birth through three (0-3).
- *Keys to Healthy Living* in partnership with Family Resources International
- Additional materials:
 - For Parisi House on the Hill (Santa Clara County's only residential treatment facility for women with children): lessons for mothers complementing *CF!*, offered to families, and supplemental lessons for weeks *CF!* is not offered.
 - 0-3 booklet series: *Tips For Parenting Young Children*.

Implementation of these programs in Santa Clara County at Uplift Family Services for families receiving services from the Dept. of Children & Family Services; Catholic Charities of Santa Clara County and ConXion for families in their communities and referred by Differential Response; and Parisi House on the Hill. Programs are implemented nationally by over 125 sites in 30 states through National Association for Children of Addiction (NACoA). (In order to expand national replication PPI partnered with NACoA in 2005, transferring *CF!* copyrights.)

Current research continues to support *Celebrating Families!™* to quote from a presentation I'm making for SAMHSA:

- Adverse Childhood Experiences (ACE) Study Provides Population-Based Clinical Evidence That Unrecognized ACEs Are A Major, If Not The Major, Determinant Of Who Turns To Psychoactive Materials And Becomes 'Addicted' (Felitti, 2003)
- Growing Up With Alcohol Abusing Parents Is Strongly Related To The Risk Of Experiencing Other Categories Of ACEs (Anda, 2010).
- Parental Substance Use And Family Violence Are Major Risk Factors Included Under The Description Of Toxic Stress (Barry Lester, Ph.D. Director Brown Center For The Study Of Children At Risk).

Updates:

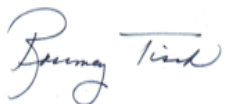
- The new *Celebrating Families!*™ Adolescent Supplement is being piloted by Uplift in schools this fall and by Uplift and ConXion this winter with participants from the Juvenile Court system. Uplift staff has been critical in helping to create this new material.
- Evaluation project with Uplift is continuing into 2017-18 in order to increase numbers in cohorts.
- At Parisi House on the Hill, Mary Gardner and I mentored Erica Lara and Rachel Fortenberry to train all staff on 0-3 Critical Parenting skills. PPI also provided a special training of a new *CF!* team to offer classes on Saturday mornings.
- Spanish translation of the *Celebrating Families!*™ 0-3 Supplement will be completed by January. The program was piloted by Catholic Charities this spring with significant behavioral changes in parents talking, playing/singing, reading, and affirming their children.



Toni Welch Torres, Uplift Family Services Addiction Prevention Manager, received the Hope Tribute at Consolation Health's Miracle Breakfast for her years of commitment to helping families dealing with substance use disorders and mental health challenges. Toni's team has provided *Celebrating Families!*™ for over 1200 families during the past 10 years in Santa Clara and Alameda Counties. Evaluation of Uplift Family Services continue to indicate that families experience significant improvements in parenting skills, family strengths and resilience, and parent social and cognitive skills. Recent evaluation of one parent/caregiver cycle showed that of parents/caregivers receiving the program

- 87% increased their skill level more than 75%
- 62% have safe people to ask for help
- 100% play with their children
- 86% read to their children
- 100% talk with their children daily.
- 87% remain in control when they discipline their children
- 67% help others each week
- 85% eat meals together as a family
- 100% encourage their children
- 100% cuddle their children

Thank you again for your support! **We continue to develop and share these innovative services with your help and support** serving children, adolescents and families impacted by substance use disorders.



Rosemary Tisch, Director PPI
Program Developers *Celebrating Families!*™

Please refer to the next page for Research Updates.

***Celebrating Families!*™ and ¡Celebrando Familias! are programs of NACoA (National Association for Children of Alcoholics) offering curriculum materials, technical assistance and training services. For more information please contact: www.celebratingfamilies.net**

Research Updates



“Adversity early on- malnutrition or neglect of an infant’s physical and emotional needs– can leave cognitive deficits that persist for life.” Scott Rozell, Ph.D. (Stanford University) working in rural China originally focused on nutrition to help improve children’s mental and physical health – it wasn’t enough. “At that point, Rozelle says, the team began to think, ‘Maybe it’s a parenting program’.... And started asking about parenting practices. Only 11% had told a story to their children the previous day, fewer than 5% had read to their children, and only a third reported playing with or singing to their children.” Dr. Rozelle is now in the middle of study to test how best to provide these skills. (These are skills specifically addressed by *Celebrating Families!*™ 0-3 Supplement.)
www.sciencemag.org/news/2017/09/one-three-chinese-children-faces-education-apocalypse-ambitious-experiment-hopes-save

Remarkable Increases in Alcohol Use Disorders. “The root problem of the ‘overdose crisis’ is not opioids, but addiction in general, which can also manifest with alcohol: The September issue of JAMA Psychiatry makes a compelling case that the **United States is facing a crisis with alcohol use. Alcohol use disorders (AUD) shot up by 49.4%.** Data already indicate increases in alcohol-related cirrhosis and in hypertension, as well as a levelling off of previous decreases in cardiovascular and stroke-related deaths. I am especially concerned about the increase in

- AUDs for **older individuals** because they are likely to carry multiple preexisting medical disorders that can be exacerbated by heavier drinking.
- The 16% increase in the proportion of **women** who drink alcohol, the 58% increase in their high-risk drinking, and the 84% higher 12-month prevalence of AUDs among women which are likely to foreshadow future increases in lost time at work, **suboptimal child-rearing practices, and children** with fetal alcohol spectrum disorders, with potential lifelong impairments in functioning.

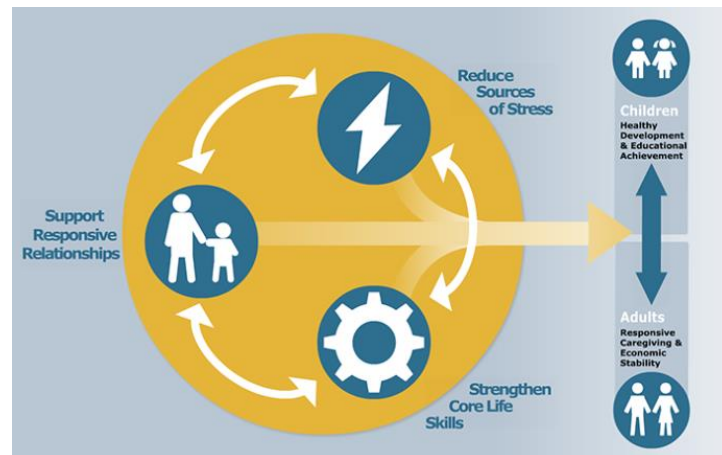
My view is **that** if we ignore these problems, they will come back to us at much higher costs through emergency department visits, impaired children who are likely to need care for many years for preventable problems, and higher costs for jails and prisons that are the last resort for help for many.” (Marc A. Schuckit, MD, Department of Psychiatry, University of California, San Diego in JAMA Psychiatry, September 2017, volume 74, number 9)

A recent national British survey found that **Adverse Childhood Experiences (ACEs)** negatively impact mental and physical health throughout life, **but**

- The support of an **adult “someone you trust in childhood”** had a very significant effect on outcome.
- **Early parent-child support programs** that foster supportive adult-child relationships can help develop resilience, as well as prevent ACEs.
- Interventions that **build self-control and adaptive** skills strengthen resilience, protect the brain and other body systems development from disruption and support growth in the coping skills of the child.
- Individuals exposed to ACEs develop poorer executive control over impulses, lower tolerance for stress and difficulties with trust and are physiologically predisposed to “health-harming behaviors” and development of lower mental well-being, often with alcohol, tobacco and high calorie eating functioning as short-term coping mechanisms. (Bellis MA, Hardcastle K, Ford K, et. al. printed in BMC Psychiatry, 2017 Mar 23;17). There are intriguing charts with this study, attached on page 2.

Lifetime Prevalence of Investigating Child Maltreatment Among US Children. Using the National Child Abuse and Neglect Data System Child Files (2003-2014) and Census data, researchers determined that **37.4% of all US children experience a child protective services investigation by age 18.** “Child maltreatment investigations are more common than is generally recognized when viewed across the lifespan.” Child maltreatment is associated with a

wide range of child, adolescent and adult mental health and health outcomes, including increased risk of mortality. Investigated reports, not limited to substantiation, are increasingly used as a proxy for the presence of maltreatment in economic, health, and social science research. Despite this, there is no national estimate of the cumulative prevalence of maltreatment investigation for children. This means that cost estimates as well as estimates of the need for services are severely limited. (Am J Public Health. 2017 Feb;107(2):274-280. PMID: 27997240)



Three Principles to Improve Outcomes for Children and Families “Recent advances in the science of brain development offer us an unprecedented opportunity to solve some of society’s most challenging problems, from widening disparities in school achievement and economic productivity to costly health problems across the lifespan. Understanding how the experiences children have starting at birth, even prenatally, affect lifelong outcomes—combined with new knowledge about the core capabilities adults need to thrive as parents and in the workplace—provides a strong foundation upon which policymakers and civic leaders can design a shared and more effective agenda. The science of child development and the core capabilities of adults point to a set of “design principles” that can be used to improve outcomes for children and families. That is, to be maximally effective, policies and services should:

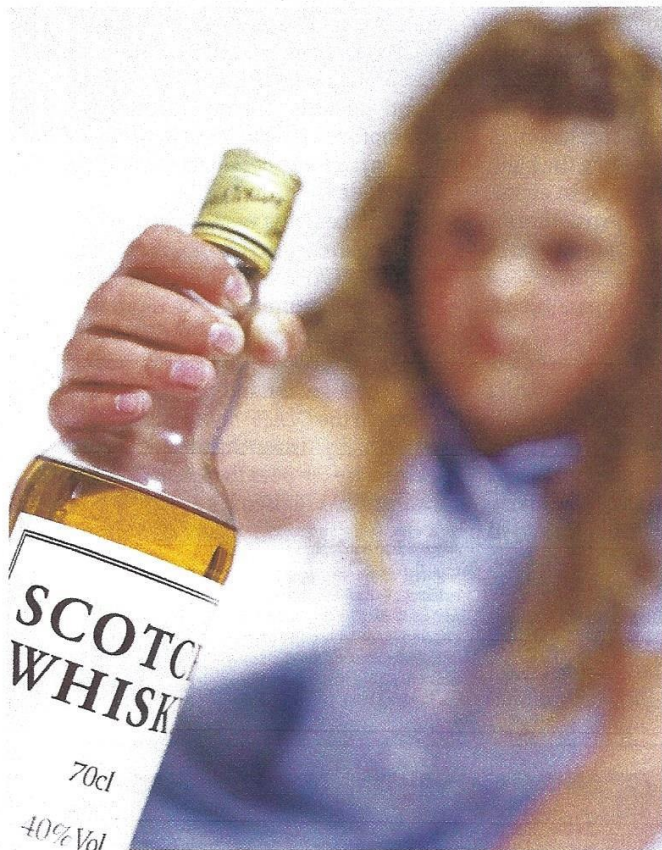
1. Support responsive relationships for children and adults.
2. Strengthen core life skills.
3. Reduce sources of stress in the lives of children and families.

“Scientists have discovered that the experiences children have early in life – and the environments in which they have them – not only shape their brain architecture, but also affect whether, how, and when the developmental instructions carried in their genes are expressed.....This is how the environment of relationships young children experience with adult caregivers, as well as early nutrition and the physical, chemical, and built environments, all get “under the skin” and influence lifelong learning, behavior, and physical and mental health.” (Center on the Developing Child at Harvard University)



What's Missing in the Surgeon General's Report on Alcohol, Drugs, and Health?

Robert Denniston



From time to time the US Surgeon General issues reports that synthesize health research and public policy in a way intended to reach the public and generate support for needed improvements. Having been involved in the development of two such reports—including the paradigm-shifting “Surgeon General’s Workshop on Drunk Driving” several decades ago—and as a member of the NACoA board of directors, I paid close attention to the latest report, issued last fall, titled “Facing Addiction in America: the Surgeon General’s Report on Alcohol, Drugs, and Health.”

First of all, this is a splendid report, chock-full of statistics, illustrations, definitions, program profiles, research and practice recommendations, and a perspective that I believe significantly advances our understanding and forthrightly identifies our challenges, yet gives us reason for hope and optimism. In its more than four hundred pages it covers research, prevention, intervention, recovery, and a “vision for the future” that I hope we can all subscribe to. I recommend it highly.

But something important is missing. In its comprehensive coverage of the issue, the report has neglected to include children of addiction. There is no mention of these innocent victims, either in the section on impact of alcohol and drug problems, in the prevention or intervention sections, in statistics, in the report’s compilation of proven and promising programs designed to address the problem or in recommendations for further research and practice.

For example, in the section “Costs and Impact of Substance Use and Misuse,” the consequences on the individual user, on pregnancy, and on the risks of communicable disease are well documented, followed by specific subsections on DWI, overdosing, intimate partner violence, sexual assault, and rape (US Department of Health and Human Services, 2016). Yet not a word on the one in four children exposed to alcohol addiction in the family, which can create health, social, legal, and economic problems over a lifetime, as well as the more acute problems of child abuse and neglect.

More than twenty-eight million Americans are children of alcoholics; nearly eleven million are under the age of eighteen. Drinking is the primary factor in family conflict and disruption, and the home environment of children of alcoholics is typically characterized by a lack of parenting; poor home management; lack of family communication skills; emotional or physical violence; and increased family stress including work problems, illness, marital strain, and financial problems.

Why is this important? Because unless we break the cycle of addiction—and the many problems associated with substance use disorders—these children will be at high risk of drug and alcohol disorders themselves, as well as many other health issues, from depression to heart disease to cancer. As the body of research known as Adverse Childhood Experiences (ACE) documents, the risks to the array of problems of growing up in a household afflicted by parental substance dependence and addiction is substantial and is transmitted intergenerationally.

Understandably, the current focus on the opioid epidemic—with some seventy-eight people dying each day of overdose and the need to get more people into treatment, with

only ten percent of those in need of treatment actually receiving it—absorbs our attention and our all-too-meager resources. However, children in the midst of parental dependence and addiction are in harm's way, and we as a society have for far too long averted our eyes.

While we support expansion of treatment as a means to recovery for individuals as well as reduced risks for children in their care, we must also support children of addiction to help them cope with their conditions and improve the means for recovery of the whole family.

Yet in the Surgeon General's report, there are no research, practice or policy recommendations related to children of addiction. In the concluding chapter, "Vision for the Future: A Public Health Approach," there is a section entitled "Specific Suggestions for Key Stakeholders" including individuals and families, health care professionals, professional associations, and health care systems, but readers will find nary a word about children of addiction (US Department of Health and Human Services, 2016).

Early during the report drafting stage, Sis Wenger, the president and CEO of NACoA, and I, along with other constituent groups, met with the Surgeon General, Dr. Vivek H. Murthy, and were impressed with his attentiveness and sincerity as we all made our points about what the report should include. Some of our colleagues pushed hard for inclusion of sometimes controversial yet well-researched interventions such as increased alcohol taxes and regulation of alcohol outlet density, and those measures were thoughtfully included and well documented. That's brave of Dr. Murthy. Yet looking out for the welfare of young victims of addiction did not make the cut. That's regrettable.


But does it really matter that children of addiction are left out of this report? Absolutely, for several reasons. First, reports from the Surgeon General—the chief health official of the federal government—often set priorities for research, funding, and public policy. To be left out has great potential for harm, as such reports confer status on an issue and often help set an agenda for research and public policy.

But there is another reason for concern; this report was developed with the direct involvement and support of NIAAA, NIDA, SAMHSA, professional societies, addiction researchers, and policy experts across the country. That this group of experts, steeped in research and policies, could miss or plainly avoid the consequences of parental alcohol and drug misuse and addiction on their children is quite troubling.

Compounding the problem is that the Affordable Care Act, including Medicaid expansion, which has provided increased support for treatment, might be replaced by the new administration's American Health Care Act, so it is likely that there will be a higher priority placed on treatment availability and even less attention to other funding needs.

But we have some good news: we have proven interventions. For example, *Celebrating Families!* is an evidence-based, skills-building program designed for families who have been affected by addiction. This program uses an intergenerational approach, engaging parents with substance use disorders, their children through age seventeen, and the children's caregivers. The program's focus is to prevent children's future addiction while also improving their mental and physical health. The *Celebrating Families!* curriculum is coordinated by NACoA and has been implemented in over one hundred jurisdictions.

Further, SAMHSA is reissuing its proven effective *Children's Program Kit*, introduced in this column in the February issue of *Counselor*, and is making it available to education, prevention, and treatment programs as a tool for providing educational support groups for children of addiction.

In his preface, Surgeon General Murthy observes that how we respond to this crisis is a moral test for America. He asks, "Are we as a nation willing to take on an epidemic that is causing great human suffering and economic loss? Are we able to live up to that most fundamental obligation we have as human beings to care for one another?" (US Department of Health and Human Services, 2016). Tough questions, and the answer must be yes, but the true test will be whether we will protect the youngest and most vulnerable among us. Who will march for the children who are devastated by their parents' addiction and do not have the power to march on their own? 

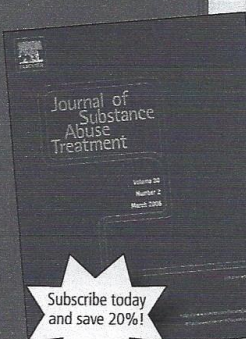
About the Author

Robert Denniston is the vice chair of NACoA's board of directors.



References

US Department of Health and Human Services. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Retrieved from <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>



Subscribe today
and save 20%!

Offer your patients GREATER CARE.

Eight times a year, the **JOURNAL OF SUBSTANCE ABUSE TREATMENT** presents specific guidance tailored to a wide range of substance abuse problems, with an emphasis on techniques and treatments you can immediately apply to enhance the recovery of your patients.

Individual Domestic: \$218 less 20% = **\$174**
Individual International: \$236 less 20% = **\$188**

For more information or to order:

- Visit: www.elsevierhealth.com
- Call 1-800-654-2452 (US and Canada) or 1-407-345-4000 (other countries)
- Fax 1-407-363-9661

Mention D11100 when ordering

NEW

From

PREVENTION PARTNERSHIP INTERNATIONAL

Tips for Parenting in Recovery

“Early Childhood”





We are pleased to announce the publication of our first booklet series
Tips for Parenting in Recovery - Early Childhood

TOPICS INCLUDE

<i>How to Strengthen Attachment</i>	<i>How to Discipline with Love & Respect</i>
<i>How to Communicate with Young Children</i>	<i>How to Show My Love</i>
<i>How to Help Children Express Their Feelings</i>	<i>How to Play With Young Children</i>

Continuing our commitment to offer affordable materials: one set of six printed booklets and one CD with reproducible files are being offered for just \$35.

Send Your Order Today to:
Prevention Partnership International
1401 E Summerheights Drive
Meridian, Idaho 83646
OR
Call in you order to 805.614.2824

NAME				PHONE		
ORGANIZATION						
ADDRESS	Street					
	City	State	Zip			
CREDIT CARD						
	Card Number					
	Expires : ____/____ Security Code :					

For further information or questions contact Rosemary Tisch— rstisch@gmail.com or 408.406.0467

