

Therapist's Guide to **DRINKING AND DRUGS IN MY FAMILY**

PURPOSE OF THIS WORKBOOK

This workbook is a tool for working with children who have family members or friends who are chemically dependent. The Workbook utilizes images and experiences common to children sharing life with substance abusers. The Workbook exercises give the child permission to express and work through feelings and reactions which may be viewed as unacceptable within the family.

USING THE WORKBOOKS

The Growth and Recovery Workbooks are an adjunct to the therapist's work, and are not meant to provide the whole therapeutic content. Each therapist brings to the process his or her own originality, creativity and successful professional experience. It is hoped that the therapist will freely adapt the tasks and activities in the Workbooks to his or her own style and approach, using other materials and activities whenever appropriate.

Clients should also move at their own pace, and the therapist should pursue those topics and modalities most appropriate for each client without being limited by the Workbook format. For instance, with less verbally-oriented children the use of art therapy or audio or video cassette recorders may be recommended.

Personalizing the approach further ensures that clinical decisions regarding Workbook tasks are dictated by the therapeutic relationship, the individual client's level of development, past history of traumas or conflicts and current circumstances. If a child finds a task too hot to approach, the therapist can choose to return to it later. When something is fruitful it can be pursued with extended tasks and when a task is neutral the work can move on quickly.

The content of the Workbooks should be shared with parents or significant adults only when the child feels ready for it and if it is therapeutically wise.

Although this series of Workbooks is primarily written for school-age children, the tasks are adaptable for use with younger children and adolescents.

DESIGN OF THE WORKBOOKS

Where possible, a pair of facing pages in the Workbook provides the focus for a complete therapeutic "movement." Depending upon the pacing of the therapy, either a single page or facing pages could provide the material for a session. However, according to the needs of the child, more than one such movement could be made in a single session or several sessions may be devoted to a single movement.

The therapist is always free to select activities in an order appropriate to the client. This is especially facilitated in the Practitioner Packs, where the loose cards may be selectively copied and arranged in any desired sequence. However, the succession of exercises through the book follows a therapeutically logical progression:

- The initial exercises focus on building the therapeutic alliance.
- The child is then led to providing an initial assessment of his or her self-concept and begins to get in touch with his or her emotions.
- Opportunities to explore and disclose traumatic experiences or circumstances are given.
- The child is prompted to identify emotions with circumstances. Negative situations are recognized and permitted and positive situations are reinforced.
- Emotions are encouraged, explored and validated.
- Support networks are determined, and inner resources are identified.
- Self-esteem and self-worth are developed through a series of strength-building exercises.

The Workbook facilitates the child's self-understanding and develops constructive approaches to growth experiences. The tasks are process-oriented in that the child's approach to the work, as well as the content information offered, give the therapist important information about the child's defenses, limitations and strengths.

SUMMARY

Feeling and expressing emotional reactions reduces the child's anxiety, allowing the therapist to help correct misconceptions and balance perspective. The Workbook guides the child through introduc-

tory tasks to issues of conflict and concern, and finally to building strengths and skills for optimal adjustment in the future.

The Workbook serves the following functions:

- It is an aid to focusing and directing the therapeutic process, as well as uncovering critical incident stresses and opening avenues for trauma debriefing.
- It is a medium for communication, introducing recall of critical incidents or concerns in a safe, supportive setting.
- It invites the child to explore her or his range of feelings, thoughts and options.
- It serves as an assessment tool for the therapist, to help determine how the child is integrating her or his experiences.
- It can be used as a vehicle for educating the child about the issues surrounding her experiences, and for helping her to develop

the strengths and skills needed for successful mastery of her life situation.

IMPORTANT NOTE

This workbook and all other Growth and Recovery Workbooks from Hunter House are not self-help tools. They are intended to be used in the clinical setting by therapists, counselors, and school psychologists. Successful completion of the tasks in the workbook requires a sense of safety and support provided by the therapeutic alliance. The combination of a safe therapeutic relationship and a structured approach to debriefing provides the optimal opportunity for healing and recovery from trauma.

As such, Growth and Recovery Workbooks are not recommended for guardians or parents to work through with their children in an unsupervised setting, nor is it recommended for children to take home until therapy is completed to the therapist's satisfaction.

PAGE-BY-PAGE

Alcoholic episodes in a child's family can result in frightening or even psychologically traumatizing events including violence, abuse or neglect. These events seriously impact the developing child's sense of safety, trust and self-worth. The child learns that the world is not a safe place and that other people cannot be trusted to be reliable. The child may additionally perceive that violent or neglectful events are directed at himself or herself because he or she is unworthy of being valued and cared for.

For an extended discussion of posttraumatic signs and treatment considerations see *Trauma in the Lives of Children* by Kendall Johnson, Ph.D. (Hunter House, Alameda). In the comments below several tasks are specifically cross-referenced to discussion in that book, which is denoted *TLC*.

Pages 1–3 are introductory and trust-building. They serve to establish and strengthen the therapeutic alliance, as well as to elicit important information regarding the child's frame of reference and self-image. It is important to make sure that this alliance is firmly established before moving on. Additional activities to support trust-building can include drawing a self-portrait, starting a self-identity collage using magazine pictures, reading a story together or playing a trust-building game such as *The Ungame* or *The Self-Esteem Game*. (For information on where to order these and other adjunct materials, call Hunter House.)

Page 1 initiates contact with the child in a non-threatening and personal way, as well as communicating to the child that he or she has uniqueness and value in the therapy environment.

Page 2 focuses on a discussion of self-worth and self-esteem. The child's response to the list of special things is a measure of his or her positive personal feelings. If the child has difficulty with this task, he or she can be encouraged to return to it later. Returning to the task gives information about the child's progress and can be used to validate the good feelings that develop as a result of the therapy.

Page 3 actively opens the discussion of mood and feeling and sets the tone for future therapeutic sessions. Page 3 tells the child that the focus in therapy will be on feelings and the experiences that impact emotions. While more in-depth work regarding feelings is offered later in the book, the therapist may use a general discussion or a game or story about feelings to explore the child's perception regarding permission to feel and to express feelings. Some suggested materials include *One Dozen Feeling Games*, *Ups and Downs with Feelings* or a *How Do You Really Feel Today?* poster.

Pages 4–5 mark the transition from alliance formation to focusing on the issue of substance abuse that has brought the child to therapy.

Page 4 establishes the opportunity for the

child to projectively express his or her sense of family. The tone of the child's picture, who is included, figure placement on the page, and the child's comments about his or her family while completing the task give important information about the child's perspective on family functioning.

Page 5 expands the child's projection of the family constellation. This exercise also provides the child with an opportunity to graphically describe her or his perception of how the family functions as a unit. The child who hesitates or demonstrates difficulty with the task alerts the therapist to the need to explore the family's affectional bonds and working relationship in depth.

Page 6 educates the child about the "normalcy" of family problems. Additional games and related tasks can include playing games such as *My Homes and Places* or *Family Happenings*.

Page 7 explores the child's perspective on the specific substance abuse problems within her or his own family. The child's graphic representations may involve the effects of chemical dependency, such as family alienation, child abuse, neglect, domestic violence or poverty, rather than the drug or alcohol use per se. Whatever the child's representations of the family's problem, the task provides the therapist with a clear picture of how the child is being directly impacted by use of alcohol or drugs by family members.

Pages 8–11 provide opportunity for therapist and child to connect the use of alcohol and drugs with the problems experienced by the family. Additional materials and resources which are available to assist in the successful completion of this task include the books, *An Elephant in the Living Room* and *My Dad Loves Me, My Dad Has A Disease* and the game, *Just Say No*.

Page 8 explores the child's working knowledge of drugs and alcohol.

Page 9 provides the child with age-appropriate information regarding the effects of drugs and alcohol.

Page 10 gives permission to identify frightening or threatening substance-abusing behaviors within the family that may be witnessed by the child.

The therapist must be sensitive to indications of traumatic experiences at this point. Sufficient time and encouragement should be given with this activity to allow the child to fully relive or reexperience the affective responses triggered by trauma. Repressed emotional responses can result in psychosomatic ailments or can blunt the child's ability

to react affectively to subsequent life events, both positive and negative. Reliving or reexperiencing the event dissolves defenses and allows the child to open up a full range of feeling responses (*TLC pp. 115*). More specific sensory unpacking exercises, if called for, may be introduced at this point (*TLC pp. 101–105*).

Page 11 expands the opportunity for the child to connect problems in the family with the use of alcohol and drugs.

Pages 12–13 initiate discussion of attribution of responsibility for the problems associated with substance abuse, and reveal codependent dynamics in the child or in other family members. If the child inappropriately assigns responsibility to himself or herself or a codependent family member, the therapist can use the opportunity to intervene and reframe this attribution.

Page 12 identifies who the child holds responsible for the substance abuse, including revealing any inappropriate self-blame or self-condemnation.

Page 13 elicits additional information from the child to permit exploration of the roles played by various members of the family in supporting or enabling the substance abuser.

Pages 14–15 explore the child's interpersonal interactions with disclosure of family substance abuse.

Page 14 elicits a list of persons to whom the child has chosen to talk regarding the issue of chemical dependency.

Page 15 enables the therapist to ascertain who in the child's world may be trusted to handle tasks necessary for the child's healing. Difficult or unsuccessful disclosure attempts can be uncovered, allowing the therapist the defuse and relieve any associated trauma the child may have experienced.

Pages 16–17 address the range of feelings the child is experiencing in relationship to substance abuse by a significant other.

Page 16 initiates discussion of the emotional reactions the child has experienced in reference to substance abuse by significant others. Permission is given for a range of feelings, including ambivalence.

Page 17 provides an opportunity for the child to graphically display his or her affective response. The value of art therapy in gaining access to unconscious material and releasing unacceptable feelings and perceptions is well-documented (*TLC pp. 96, 107–108*).

Page 18 normalizes the instability commonly experienced by children in substance-abusing families.

Page 19 provides opportunity for disclosure and ownership of the child's own acting out behaviors.

Pages 20–21 return to the issue of culpability for the problems of substance abuse. These tasks measure the child's internal attribution of responsibility and give validation to his wish for control. The cognitive principles which dominate the child's stage of development include egocentrism and magical thinking. These perspectives leave the child in a chemically-dependent family vulnerable to assuming responsibility for the substance abuse and its effects or to feeling responsible for stopping the abuse. This task provides the opportunity for the therapist to help correct inaccurate perceptions and irrational guilt.

Telling the child that the chemical dependency is not his or her fault or responsibility may be reassuring, but some children will have difficulty accepting the reassurance. Additionally, relieving the child of responsibility may leave him or her feeling vulnerable and out of control of events in the future. Tasks designed to provide practical tools and strategies for self-care will help restore the child's sense of control within appropriate boundaries. These tasks may be deepened using rituals of self-forgiveness and self-understanding.

Pages 22 uses letter-writing as a tool for finishing unfinished business or initiating communications with significant others. This can be a powerful, emotional experience which may take more than one attempt to complete.

The therapist does not create the context of the letter, but can play a consulting role to facilitate an accurate expression of the child's feelings and perceptions. Following completion of this task, letter-writing can become a useful tool in the child's repertoire of active responses to interpersonal issues.

Page 23 offers the child an opportunity to graphically express his or her emotional state to the significant other.

Page 24 reemphasizes the guidelines for healthy response to substance abuse by a significant other.

Page 25 introduces the concept of support system building as a constructive tool for dealing with problems. Roleplaying, puppet plays or drawing pictures illustrating scenes where the child asks for support will assist the development of assertive communication skills.

Pages 26–27 provide the child with constructive direction for developing a repertoire of self-help skills and strengths.

Additional support can be gained utilizing card or board games such as *Conversations, Coping and Decisions* or *Play it Straight*.

Pages 28–29 use the analogy of racing to empower the child for a more assertive approach to life's events and challenges.

Page 30 Story writing allows the child to participate in planning and directing events in her or his own future. A happy ending emphasizes positive attitudes toward life experiences. Stories, wishlists and other expressions of future hope can in time become goals for the future, which can actively be pursued.

Page 31 solidifies the child's positive power and direction for the future by giving voice to her or his wishes and hopes.

Page 32 empowers the child by giving voice to his or her rejection of addictions and chemical dependency.

* * *

Keep in mind that the child may recall new memories of old traumatic incidents as recovering ego strength allows, particularly during the latter, empowerment stages. These may be seen as setbacks, because posttraumatic symptoms may temporarily reoccur. The therapist can be particularly helpful at this point by providing perspective and hope.

We welcome comments on this guide and Workbook. To give suggestions for new Growth and Recovery Workbooks, or to order more Workbooks, call (510) 865-5282, fax (510) 865-4295, or write to:

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