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HSC Public Health Agency  
Project supported by the PHA


**Supporting Children, Young People, and Families Affected by Problem Parental Substance Use**



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**Housekeeping**

- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments




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**Course Objectives: Day One**

By the end of today, you will be able to:

- Understand the impact of childhood trauma/Adverse Childhood Experiences
- Identify reasons why people use substances and understand the impact problem parental substance use/hidden harm has on children



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**1 Introduction: Adverse Childhood Experiences and Trauma**

**What are Adverse Childhood Experiences, how are young people affected by trauma, and how do they cope?**

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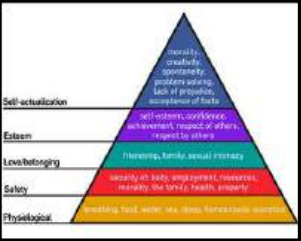

**Exploring Attitudes**

In groups, take a look at the five brief scenarios presented to you. Who would you be the most concerned about and why?

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**What Do All Children Need?**

- Structures that all families have that are often disrupted by substance misuse
  - Rules
  - Roles
  - Rituals
  - Hierarchies
  - Boundaries



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The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relatives
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

Source: Robert Wood Johnson Foundation

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Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

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Substance Abuse and Mental Health Services Administration

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**Examples of Other Potential Sources of Childhood Trauma**



- Direct or intergenerational exposure to war or terrorism, including the Troubles
- Bullying and discrimination
- Life-threatening accidents/injuries
- Unresolved issues associated with being in care (e.g. abuse, poorly handled placements)

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**Examples of Other Potential Sources of Childhood Trauma**



- Frightening/painful medical procedures
- Forced displacement/refugee status
- Natural or man-made disasters
- Illness in the family
- Issues associated with living in poverty

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Source: NI Youth Wellbeing Prevalence Survey (Bunting et al., 2020)

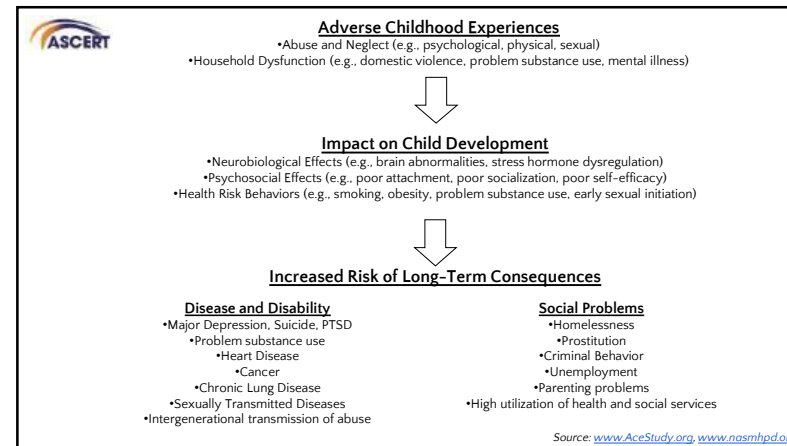
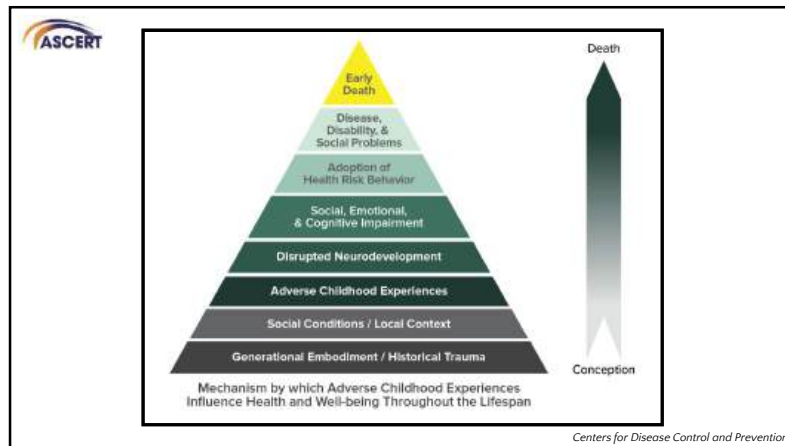
	Male	Female	Total
Emotional/Verbal Abuse	22 (3.3%)	28 (4.4%)	50 (3.9%)
Physical Abuse	27 (4.1%)	17 (2.7%)	44 (3.4%)
Sexual Abuse	13 (2%)	19 (3%)	32 (2.5%)
<b>Emotional Neglect</b>	<b>28 (4.2%)</b>	<b>46 (7.3%)</b>	<b>74 (5.7%)</b>
Physical Neglect	5 (0.8%)	5 (0.8%)	10 (0.8%)
Domestic Violence	23 (3.5%)	34 (5.4%)	57 (4.4%)
Parental Substance Misuse	21 (3.2%)	34 (5.4%)	55 (4.3%)
Parental Mental Ill Health	53 (8%)	85 (13.5%)	138 (10.7%)
Incarceration (Household)	9 (1.4%)	11 (1.7%)	20 (1.5%)
<b>Parental Separation</b>	<b>230 (35%)</b>	<b>230 (36.7%)</b>	<b>460 (35.8%)</b>

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**Potential Health Impact of 4+ ACEs**

- 2 times more likely** to have a chronic illness
- 3 times more likely** to develop coronary heart disease
- 4 times more likely** to be a high risk drinker
- 11 times more likely** to have smoked cannabis
- 16 times more likely** to have used crack cocaine or heroin
- 20 times more likely** to have been incarcerated in their life

Source: Adverse Childhood Experiences and Their Association with Chronic Disease and Health Service Use in the Welsh Adult Population, Bellis (2016)

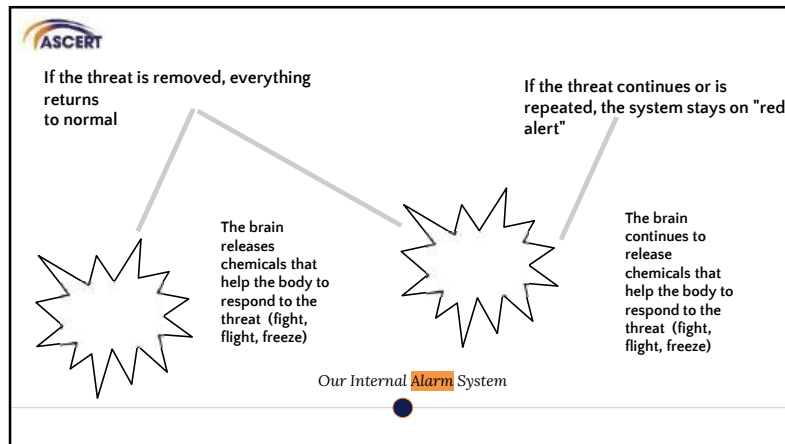


**Adverse Childhood Experiences (ACEs)**

- The most important findings are that Adverse Childhood Experiences:
  - are much more common than recognized or acknowledged
  - have a powerful relation to adult outcomes
  - the cumulative experience of such adversities increases the probability of poor outcomes (Multiples Matter)
- “Traumatic events of the earliest years of infancy and childhood are not lost but, like a child’s footprints in wet cement, are often preserved lifelong.” (Felitti, 2010)

**ACEs/Problem Parental Substance Use - Risks**

- Risk is cumulative but dependent on factors surrounding individual children/families
  - All areas of a child’s life can be negatively affected
- Cyclical and relapsing nature of parent’s problem substance use and related issues
- Barriers to seeking help
  - Stigma
  - Difficulty with understanding/articulating what they’re experiencing/feeling and what they need
  - Feelings of loyalty/protectiveness towards parents



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Three Core Concepts in Early Development

# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child HARVARD UNIVERSITY

Toxic Stress and the **Brain**

Center on the Developing Child at Harvard University; <https://youtu.be/rVwFkcOZH/w>

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## Brain Development and Trauma

- The amygdala (brain centre for the fight/flight/freeze response) is fully functional at birth
  - A baby is capable of a full-blown trauma response
- The hippocampus, where we assess something is threatening or not, is not fully functional until the age of four or five

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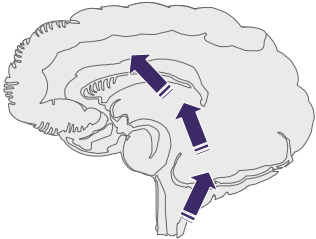
## Brain Development and Trauma

- The prefrontal cortex is not fully mature until much later - a younger child does not have the cognitive capability to understand what's happening or assessing level of threat
- They need an external modulator - ideally a parent or other caring adult - to help them to regulate themselves and calm down

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**Brain Development and Trauma**




- The brain develops by forming connections
- Interactions with caregivers are critical to brain development
- The more an experience is repeated, the stronger the connections become

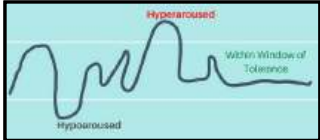


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**Brain Builders**

NSPCC: <https://youtu.be/hMyDFYkZSU?si=UooHXwkjktWnZ6>

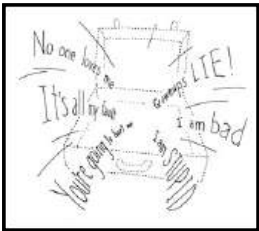
	<b>Hyperarousal</b> Sympathetic Nervous System Response ("Fight or Flight")	
<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Anger</li> <li>• Hypervigilant</li> <li>• Defensive</li> </ul>	<ul style="list-style-type: none"> <li>• Aggressive behaviour e.g. biting, shouting, spitting)</li> <li>• Shaking</li> </ul>	<ul style="list-style-type: none"> <li>• Sweating</li> <li>• Impulsive</li> <li>• Overwhelmed</li> <li>• Racing thoughts</li> </ul>
	<b>Optimal arousal</b> Ventral Vagal Nervous Response ("Window of Tolerance")	
<ul style="list-style-type: none"> <li>• Calm</li> <li>• Empathetic</li> <li>• Feeling safe</li> <li>• Alert</li> </ul>	<ul style="list-style-type: none"> <li>• Open and curious</li> <li>• Able to communicate and problem solve</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible</li> <li>• Present</li> <li>• Can tolerate feelings</li> <li>• Can regulate emotions</li> </ul>
	<b>Hypoarousal</b> Parasympathetic Nervous System Response ("Freeze/Shut Down")	
<ul style="list-style-type: none"> <li>• Numb</li> <li>• Low energy</li> <li>• Withdrawn</li> <li>• Disconnected</li> </ul>	<ul style="list-style-type: none"> <li>• Thinking and moving slowly</li> <li>• Passive</li> <li>• Flat affect</li> </ul>	<ul style="list-style-type: none"> <li>• Sadness</li> <li>• Hopelessness</li> <li>• Lowered defensive responses</li> </ul>



*Adapted from Ogden et al. (2006) & Seigel (1999)*

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**The Invisible Suitcase**



- Trauma shapes children's beliefs and expectations about:
  - Themselves
  - The adults who care for them
  - The world in general

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**2** **Problem Parental Substance Use and Hidden Harm**

What is hidden harm, and how are young people affected by a parent's problematic substance use?

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**Why do people use substances?**  
Think of some reasons why people might use alcohol or other drugs.

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Relieving tension/anxiety/form of escapism

Boredom

Dependency

Availability



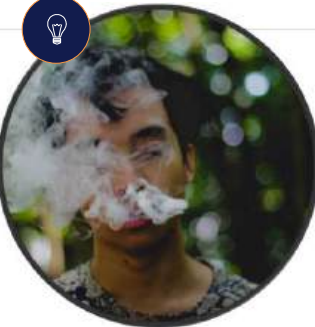
Rituals

Rebellion

Self-medication

Social norms and/or peer pressure

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**How much is too much?**  
In small groups, come up with definitions for "problematic use" and "dependent use", and identify signs of both.

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**Parental Substance Use**

- Impact of PSU on children/young people may not be directly correlated to amount or frequency of the substance use
- Knowing about the amount of substances used can help us understand the impact on the parent as an individual
  - Shouldn't be taken as an indicator of harm without assessing parenting skills



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“Hidden harm” is defined as children/young people with [one or more] parent(s) or carer(s) whose alcohol [and/or] drug use (including over-the-counter and prescribed medication) has a serious negative consequence for themselves and those around them.


“

*Safeguarding Board for Northern Ireland*

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**Hidden Harm in Northern Ireland**

- Limited information on the exact impact of problem parental substance use (PPSU) in NI
- In 2010, the Public Health Agency reported that
  - An estimated 40,000 young people in NI are living with problem parental alcohol use
  - 40% of children on the Child Protection Register and 70% of Looked After Children are there due to PPSU



*Sources: Hidden Harm Action Plan, Public Health Agency (2010)*

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**Hidden Harm in Northern Ireland**

- In 2023/24, 12% of drug use clients\* on the NI Substance Misuse Database said they lived with dependent children
  - SMD only looks at people who present to services (1) for the first time or (2) for the first time in 6 months



*Source: Department of Health (2022)*

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When Harm is **Hidden**

Fixers UK; [https://youtu.be/zzRR\\_5\\_SNb8](https://youtu.be/zzRR_5_SNb8)


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**What is the **experience** of hidden harm?**

Listen to Laura's Story and pay attention to how she describes her experience of living in a household with problem parental alcohol use.

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**Laura's Story**

Steps to Cope - ASCERT


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**What did you hear **Laura** say?**

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**Living with Hidden Harm: Laura's Story**



- Ruined 5<sup>th</sup>/6<sup>th</sup> birthday party
- Does housework most of the time
- Relationship breakdown
- Difficulty with food/eating
- Happy in school but doesn't want teachers to know about the situation - "it's embarrassing"
- Missing school
- Money issues
- Self-harm

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**How might hidden harm affect young people?**




In groups, think about how hidden harm might affect young people in the following age ranges: pre-school, 5-10, 11-15, and 16+.

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**Examples of Possible Effects of Hidden Harm: Up to 10 Years**

- Poor physical growth
- Delayed language development
- Increased risk of neglect and physical injury
- Problematic behaviour in nursery/school
- Inconsistent parental behaviour → anxiety and faulty attachments
- Embarrassment and shame



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**Examples of Possible Effects of Hidden Harm: 11 to 18 Years**



- Coping with puberty without support
- Increased risk of mental health problems and substance misuse
- Education disruption
- Loss/restriction of friendships
- Denial of own needs/feelings
- Increased risk of conduct disorders

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**Examples of Possible Effects of Hidden Harm: 11 to 18 Years**




- Increased risk of pregnancy/teenage parenthood
- Young caring
- Increased risk of self-harm and suicide
- Increased risk of conduct disorders and participation in crime
- Inappropriate role models

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**Risk Factors Associated With Worsened Outcomes: General**


- High levels of family disharmony
- Domestic violence
- Abuse (physical, sexual, emotional)
- Inconsistent, ambivalent, or neglectful parenting



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**Risk Factors Associated With Worsened Outcomes: General**


- Absence of a stable adult figure
- Parental loss
- Material deprivation/neglect
- Family not seeking help



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**Risk Factors Associated With Worsened Outcomes: Substance-Specific**


- Both parents engaging in problem substance use (PSU)
- PSU taking place in the home
  - Child being present during use
  - Child witnessing use/paraphernalia
- Severity of PSU
- Exposure to/awareness of criminal activity (e.g. drug dealing)



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**How Do Family Members Tend to Cope/Respond?**

- Adults tend to cope in 3 ways – is it different for young people?
  - Tolerant
  - Engaged
  - Withdrawn
- “Coping may not mean the same as being resilient. It may just mean doing what you need to do to get by.”
  - Silent Voices Report, 2012



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Fearfulness/Self Protection	Confrontation/Self-Destruction
<b>Fearful Inaction</b> Terrified	<b>Discord</b> Rows arguments
<b>Protective Action</b> Hide money, take special care of own possessions	<b>Emotional Attack</b> “Tried to show him up make jealous”
<b>Fear of the Future</b> Afraid for the family	<b>Action against self</b> Gets drunk, makes self sick, hurts self
<b>Unemotional or Indifferent to Pain</b> Stoicism, put on a brave face, pretend all is well	<b>Detachment/Internalising/ Help Seeking</b>
<b>Involvement</b>	<b>Avoidance</b> Refusing to talk, staying in the bedroom
<b>Anti Drink</b> Pours down sink	<b>Switched off</b> Building shell around self, day dreaming
<b>Indulgence</b> Give him drink, make comfortable	<b>Help seeking</b> Seeking help from neighbour, relative
<b>Self-Blame</b> Felt guilty, blames self	

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**Course Objectives: Day Two**

By the end of today, you will be able to:

- Understand what needs to be considered when approaching cases of PPSU/hidden harm
- Identify some strategies for addressing PPSU
- Understand the concept of resilience and how it can be supported
- Identify sources of support/signposting



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**3 Responding to Cases of PPSU/Hidden Harm: Introduction**

What should we know/consider when approaching cases of PPSU/hidden harm?

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**Approaches to Working With Families**


- Recognise issues of loss and low self-esteem
- Expect a detached engagement style
- Understand ambivalence as a response to loss of control
- Be aware of complex motivational forces involved in relinquishing (or controlling) long-standing dependent behaviour



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**Barriers to Parental Engagement**


- Families becoming insular
- Viewing substance use as a coping mechanism
- Development of problematic types of attachment
- Dependence on substances
- Defensive barriers to protect the family from stigma/social exclusion
  - Can keep professionals away



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**Impact on Children of Parents Receiving Treatment**


- May display symptoms of mental ill health
  - Sleep problems
  - Decline in school work and social activity
  - Anxiety
- Feelings of confusion, worry, and isolation
- Some children don't show obvious signs of distress during treatment, but issues/concerns may arise later



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**Impact on Children of Parents Receiving Treatment**


- One potential stressor = lack of information provided to children when a parent is hospitalised
- In two separate studies, around 40% of children reported that no one talked with them about their parent's illness
- What do you think the similarities and differences are for children when parents are in substance use treatment?



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**Approaching Issues of PPSU - Parents**

- Convey a desire to understand the reasons behind the behaviour
- Resist judgement or trying to change their thoughts about substance use
- Discuss observable facts and substantiated concerns rather than assuming harms or jumping to conclusions
- Help the parent understand the impact their use has on their children



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**Approaching Issues of PPSU - Young People**



- Express curiosity about how life is at home for the young person, but do not judge or criticise their parent's behaviour
- Empathise and reassure
- Speak about other young people that may be similarly affected
- If a young person is not ready to talk about PPSU, suggest they may in the future, or leave further information with them

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**Messages Young People Need to Hear**




- You are not alone
- You are not to blame
- You are not betraying anyone by talking about it
- Your opinion matters
- You can still have a good life despite your parent's continued substance use
- There are people who can help you

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**The 7 Cs**

- I didn't cause it
- I can't cure it
- I can't control it
- I can take better care of myself by:
  - Communicating my feelings
  - Making healthy choices
  - Celebrating being me



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**What Children Say They **Want****




- Don't want to be "different" from their peers
- Consistency
- To keep attachment with their parents
- Stimulation that promotes development
- Certainty about important aspects of their lives (e.g. caregivers, placements, school)
- Friendships

*Thomas, 2011*

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**Can You **Help** Young Children?**


- Pre-school children may not have the language skills to describe what they are experiencing, but can be affected
- They need to be included in conversations about what is happening, using age-appropriate language which is concrete and provides reassurance
  - "Mummy is taking medicine to help her get better"



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**Can You **Help** Young Children?**

- Without this, they may draw their own conclusions, and attribute their parents' illness to something they have done
- It is important to:
  - Let children know that it is not their fault that their parent is unwell
  - Give them information that dispels or reduces worry and feelings of helplessness



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**4 Responding to Cases of PPSU/Hidden Harm: Approaches and Interventions**

**What are some examples of approaches and interventions used to address PPSU/hidden harm?**


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**Approaches and Interventions: NICE Guidelines**

- At a limited level, staff should
  - Offer guided self-help material, typically consisting of a single session with the provision of written material
  - Provide information on self-help groups (e.g. Al-Anon)
- If the above isn't enough
  - Provide info/education on substance use
  - Help identify sources of stress related to substance use
  - Explore and promote effective coping (normally consisting of 5 weekly sessions)

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**Approaches and Interventions: Rory**



- From Alcohol Focus Scotland
- Resource aimed at primary school-aged children
  - Ages 5-7
    - No alcohol-specific discussion; focuses on emotions, friendships, empathy, coping in difficult situations
  - Ages 8-9
    - Focuses more on alcohol/impact of PPSU; where to get support
  - Ages 10-11
    - Key focus is impact of alcohol on Rory and other characters, PPSU, and choices people face in life

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Approaches and Interventions: **Rory**


●

Alcohol Focus Scotland - <https://vimeo.com/125811815>

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**Approaches and Interventions: Steps to Cope**

- 5 Step Method is currently used in the UK and elsewhere
- The evidence of the effectiveness of this model led to Steps to Cope – an adaptation for young people aged 11 – 25 who are living with/affected by problem parental substance use and/or mental health problems

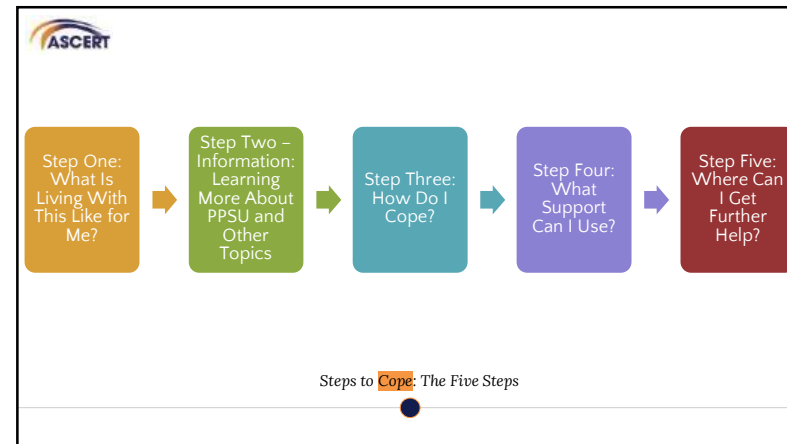


**Approaches and Interventions: Steps to Cope**

- Brief, structured, psychosocial intervention
- Evidence-based:
  - For adult (5 Step Method) or child (Steps to Cope) family members in their own right, regardless of the circumstances of the user
  - Primarily delivered as a one-to-one intervention or online self-help tool



ARE YOU LIVING WITH A PARENT/CAREER WHO IS DRUGS OR ALCOHOL OR DEALING WITH MENTAL HEALTH DIFFICULTIES?  
 VISIT [STEPSTOCOPE.CO.UK](http://STEPSTOCOPE.CO.UK) FOR PEOPLE THEY CAN HELP YOU COPE DURING THIS TIME.



Internal locus of control  
Active agency (making choices)

People actively choosing what information they want  
How they cope  
Support they use

Builds a sense of competence  
A key resilience strengthening factor

How Does Steps to Cope Build Resilience?



**What action(s) would you take?**

In small groups, look at a case scenario and decide what action(s) you would take: do nothing; speak to a line manager/designated CPO, speak with Gateway Team for advice, and/or refer to Family Support Hub.

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## 5 Responding to Cases of PPSU/Hidden Harm: Building Resilience

What is the importance of resilience when it comes to PSM/hidden harm, and how can we support its development?

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*Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress...it means 'bouncing back' from difficult experiences.*

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### Resilience: Risk and Protective Factors

#### Risk Factors

- Factors that add to the likelihood of a child experiencing significant harm; undermine resilience
- Example: social isolation

#### Protective Factors

- Factors that reduce or prevent the impact of a risk factor; support resilience
- Example: close relationship with a stable, sober adult

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### What are some risk and protective factors regarding substance use-related harm?

In small groups, think about risk and protective factors within individuals, families, and communities.


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**Examples of Protective Factors Supporting Resilience in Hidden Harm Situations**

- Presence of a stable adult figure (esp. a parent not using substances)
- Close positive bond with an adult in a caring role
- Wider positive support network (incl. with peers)
- Parenting style and positive family environment
- Individual temperament
- A good repertoire of coping responses
- Ability to cope with change
- Engagement in a range of activities
- Self-efficacy, self-esteem, confidence
- Problem solving skills
- Positive opportunities at times of transition

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**3 Fundamentals of Resilience**




- A secure base (a sense of belonging/security)
- Good self-esteem (internal sense of worth and competence)
- A sense of self-efficacy (sense of mastery and control along with an accurate understanding of personal strengths and limitations)

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**Fundamentals of Resilience: Key Domains**

- Secure family attachments
- Education
- Friendships
- Talents and interests
- Positive values
- Social competencies




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"I have..." Supports/resources around each individual to promote resilience

"I am..." Encouragement in developing the inner strengths of confidence, self-esteem, and responsibility


"I can..." Acquisition of interpersonal and problem-solving skills

*Building Blocks of Resilience: Edith Grotberg's Resilience Model*


 **Basis of Building Resilient Thinking**




- A key issue of being more resilient is feeling that people have choices/control in their lives
  - While we can't control everything in our lives, we can control how we think/respond
- Building skills that build resilience – low-intensity CBT tools
  - Self-calming
  - Self-care
  - Using support
  - Action planning


 **Evidence of Resilience**


- Deliberate planning by a child that they will be different
- Self-efficacy
- A good repertoire of coping responses
- Ability to cope with change
- Problem-solving skills



 **Evidence of Resilience**

- High self-esteem and confidence
- Feeling that there are choices and that the child can be in control
- Skills and values that lead to good use of personal ability
- Previous experience of success and achievement



 **6 Signposting**

**Who's available to help?**

  **NIDACTS**

Northern Ireland Drug and Alcohol Coordination Teams

drugsandalcoholni.info



  **Family Support NI**

familysupportni.gov.uk

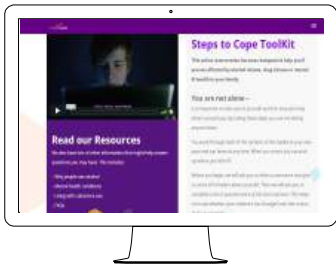
A directory of various support services (e.g. mental health, finances) and registered childcare services in NI





  **Steps to Cope Online Intervention**

A self-guided, evidence-based intervention for young people living with hidden harm

stepstocope.co.uk



  **Thanks!**

**Any questions?**

ASCERT  
0800 2545 123  
[info@ascert.biz](mailto:info@ascert.biz)  
[www.ascert.biz](http://www.ascert.biz)