

## Discussion Paper 21

# Engaging substance dependant parents; supporting these families and their children in the school setting

### Introduction

'Families are the primary institution for raising children who are the future of any society. Family socialization processes are the primary predictors of children's behavior.' (Kumpfer, et.al, 1998, pg.1)

*'Both research and wisdom show us that regardless of the adversity they face, if a child can develop and maintain a positive attachment to school, and gain an enthusiasm for learning, they will do so much better in their lives. The role of teachers in the lives of traumatised children cannot be underestimated.'*

*Sometimes children who have been abused and neglected create disruption and chaos in the classroom. Many will be far behind in their learning, and have problems with their peers. Some may hurt other children, try to hurt teachers, refuse to cooperate, not pay attention, have regular tantrums and generally create disharmony, while others may be silent, withdrawn, inattentive and overly compliant.*

*Children may alternate in confusing ways between these two extremes.' Children may alternate in confusing ways between these two extremes.'* (Downey, 2007, pg.4 & 18)

Traditionally the school environment has been a child's first introduction to their larger community and a cultural hub outside the immediate family.

Providing rich opportunities for play, learning, growth and empowerment to reach one's full potential, school is largely the site at which children are thrust into the world of formal education.

Typically, the early years of schooling is a vehicle that provides children with opportunities for social interaction with peers, with an understanding of moral reciprocity and preparation for lifelong, sustainable skills, resilience and autonomy.

*'Historically, the school environment has moved from providing all children with opportunities for education alone. The focus has shifted from curriculum, pedagogy, and assessment, to more of an emphasis on outcomes. With this outcomes focus the school setting has been forced to have a greater emphasis on student well-being but more significantly 'students at risk'. (Teese, 2011, pg.16)*

## **Understanding Risk**

*'Our children must "Be able to grow up nourished and supported in loving & caring environments; Have time to be children with all the wonder, happiness & innocence that childhood should bring' (National Framework for Protecting Australia's Children 2009-2020 pg. 5)*

What happens when you are growing up in a "vulnerable", "complex", "marginalised", "excluded family"?

Substance misuse, family violence and mental illness are the three major risk factors for child abuse and neglect.

Children who live with one or both parents with at least two if not all three of these risk factors will have experienced Complex Relational trauma, usually as early as infancy and early childhood.

This combination of such risk factors reduces parenting capacity as well as a resistance to seek support and access help from the larger service sector for fear of child removal.

In early childhood alone, children in this cohort will have experienced Child Protection intervention, ongoing monitoring and child removal multiple times and often multiple care placements in Out of Home or more typically Kinship care. Understandably, by the time they reach adolescence they may be at risk of engaging in similar patterns of behaviour as their parents.

The long term impacts for children are usually a combination of layers of trauma such as interruption within relationships with primary caregivers, exposure to cumulative harm, developmental delay and disruption to their developing brain architecture.

The children of substance dependent parents are more likely to have had additional vulnerabilities such as exposure to crime, police interactions and drug raids, the drug culture and its associated paraphernalia, been in dangerous or unsupervised situations, responsibility to care for both parents as well as younger siblings, separation from a parent due to incarceration or abandonment and grief and loss through parental overdose.

This group of children may have experienced periods of time where they have had no food, homelessness, transience, loss of their possessions, have missed prolonged periods of school, have had no access to prenatal and medical care, and have lived in poor or unsafe living conditions.

*“Children with substance dependent parents receive little support and are often nobody’s clients”. (The Nobody’s Client Project, 2004, pg.4)*

School plays a large role in the trajectory for this group. Children spend over a third of their day with significant adults, where their needs can be identified and responded to.

Apart from Early childhood development centres, school is usually the first opportunity for other adults to be involved formally with young children and young people supporting and preventing them from slipping through the cracks and facing exclusion.

## **Engaging Excluded Families**

*“Families with material, social and cultural resources can be seen as triply advantaged, while those without are thrice disadvantaged; these families are vulnerable to becoming excluded families. Excluded Families, are most troubling to services, difficult to engage and have multiple complex problems persisting across generations; their children are at serious risk”. (Tierney, 1976, as cited in Mitchell, & Campbell, 2011. pg. 422-423)*

Excluded Families experience stigma, secrecy, isolation, poverty, homelessness, transience, long term unemployment and poor education, substance misuse, mental illness and family violence, abuse and neglect often across multiple generations (intergenerationally & trans-generationally).

These intergenerational/trans-generational imprints have been laid down and embedded in their own self story, compounded through their own experience of complex relational trauma as children themselves.

Shame and mistrust often makes this group of parents suspicious of help extended by teachers and other educational professionals. This is largely driven by their fear of their child being removed from their care or their “child having the same life as they had”. Sometimes, it is their own personal experience of Child Protection services and “the system” that makes them hyper-vigilant, more reactive than responsive, avoidant or overly compliant, or as behaviourally challenging as their children.

## **Case Study – Aleecia**

**Aleecia is 31 years of age. She has six children, four of whom have been removed from her care, all living in different states in varying out of home and kin placements.**

**Aleecia had a history of substance dependence, poly drug and alcohol use, has experienced prolonged periods of depression and often experienced violence from every partner she has been with; she was first removed from her mother’s care at the age of 8 months.**

**Aleecia’s mother Joy also has a history of substance dependence, chronic alcohol use, low education, has never been employed and has lived with multiple violent partners.**

**Aleecia has four siblings, three sisters and a brother. Her twin Maddie died when they were fifteen years old of a drug overdose. The loss and grief pushed her further into crime to support her addiction which saw her spend most of her 20’s in and out of the adult prison system.**

**All of her siblings are substance dependent and use large amounts of alcohol to escape their childhood trauma of abuse and neglect.**

**Aleecia enjoyed school when she would attend, which was not regularly as the family moved often to escape Joy’s violent partners and overdue rent, fines, and bills – Joy would often tell her children that she was ‘too sick to get out of bed’ and the children would often have to rely on themselves to get their meals and get themselves ready for school. As a consequence they would not go; spending most of their day in front of the television.**

**Aleecia and her sisters were first introduced to Heroin at the age of 11 years by Joy’s partner Ray who sexually abused them until Aleecia and Maddie ran away at the age of 14 years and were homeless.**

**As crime was Aleecia’s only way of supporting herself she entered the justice system and cycled through periods of juvenile detention and residential care placements until her first child Alice was born. At the age of 28 years she entered drug treatment to avoid child removal of Alice.**

**She remained substance free with intensive home based support, re-partnered with Steven who is attentive and appropriate and together they have had Justin. She has managed to keep both her children in their care and Alice attends school regularly as Aleecia can see that education will give her choices that she did not have.**

**Occasionally when Joy visits, Aleecia is vulnerable to lapse's with alcohol use. She says she cannot tell her mum not to visit because she has nowhere to live and Aleecia feels responsible to care for her.**

**Engaging in school activities has been difficult for Aleecia as she has very poor relational templates and often feels she does 'not fit it, that she looks and speaks differently and talks way too much about her history which scares all the other parents'. Aleecia feels that telling the truth is important but feels now she is 'being watched'.**

**Discussion Questions:**

- 1. How can Aleecia be supported in the school environment to develop new relational templates?**
- 2. Whose role will it be?**
- 3. Understanding Aleecia's trauma history helps us gain an awareness of what are some of the possible reasons for her behaviour, how will we respond so she can be encouraged to 'fit in'?**
- 4. What support is Alice going to need so she is not further excluded by her peers and their parents; how can we build inclusion?**
- 5. How can we encourage Aleecia to continue to be honest and help her reduce her suspicion that she is being watched?**
- 6. Thinking about SMART PRACTICE and our understanding of Complex relational trauma, what strategies can we implement for both Aleecia and Alice?**

## **SMART in PRACTICE:**

### **Predictable:**

- Parents like their children need predictability and consistency, in the school environment

Develop consistent ways of communicating with parents, if low literacy is an issue, then communication books and written material may trigger a stress response. Parents will be less likely to identify their needs due to shame and embarrassment and may resort to familiar coping skills such as avoiding the task. Ultimately, the end result is their child misses out.

Start early, if you have a planned excursion, have a reference person ( a familiar connection/teacher) work through the importance of their child attending the experience. Remember, that traumatised parents like their children have had very few experiences of joy and are less likely to prioritise or regard these experiences for their child as valuable.

Supportive staff can also help parents understand what they are signing e.g. consent forms. For many substance dependent parent's, signing forms they do not understand the purpose of will see them avoid the task. Again this is a fear response; it may be that in the past they have signed the custody of their child away without being aware of it or agreed to exchange information with professionals resulting in child removal?

Often understanding the importance of what is required on the day or for a school camp, cost of the activity etc. is difficult as trauma impacts on memory systems; the more fearful a parent becomes about forgetting usually means they will - it may not be intentional but their child may feel failed again. They will need to rely on the cortex of supportive staff to prompt memory.

If planning in advance becomes a new learned template then this is a pattern that will be practised and become more familiar, in turn parents will be more likely to seek out reference people as they are unlikely to have built relationships with other parents therefore less likely to call another parent for support and ask questions.

### **Responding:**

- Respond to behaviours with an understanding that largely the behaviour is driven by unmet feelings/needs or a sense that I do not belong

Substance dependent parents carry guilt, shame, loss and grief that has often driven them to addiction. Largely this has been because there was no reliable, significant adult to protect and keep them safe as children.

Like their children the behaviours such as avoidance or over compliance has served a purpose to help them survive.

Sometimes we may never gain a complete picture of a parents trauma history but their behaviours serve as clues as to why they respond erratically and abusively.

Transforming these templates can be challenging for educational professionals as we see parents as adults and have expectations that they should know how to interact socially and appropriately. It is critical to remember that chronologically they are adults but developmentally they may well be operating at the age at which their substance dependence began.

### **Attuned:**

- Recognize and act upon trauma related cues displayed by the parent

Recognise that establishing relationships with traumatised parents will be as challenging as developing these with their children.

Substance dependent parents will have experienced complex relational trauma in their own self story and will misread or be mis-attuned to the intentions of others.

Often they have had no opportunity or capacity to process their own trauma experience and have missed critical developmental windows. Reference people who can build trust with parents usually have a much better chance of engaging their children. The children of substance dependent parents may have a misunderstood version of authority figures particularly if they have been exposed to crime so until they see that their parents trust you often they may remain oppositional.

### **Connecting**

- Help parents to be more in touch with their feelings as they relate to language, bodily sensations, and behaviours

Being aware of our own tone of voice and body language is critical when engaging traumatised parents. We may trigger parents unintentionally given that their school experience may have been punitive and threatening and an environment where they did not achieve or succeed.

Practising good self-care helps educational professionals to remain regulated and calm, traumatised parents will usually misjudge emotions and facial cues and can respond explosively and defensively.

### **Translating**

- Aid parents to interpret and organize their experiences



Trusting relationships with reference people will aid parents to feel able to hear what is being said rather than what they feel they haven't been able to follow through with.

When substance dependent parents are engaged reference people are more able to name and focus on the behaviour not label the parent, always offer a solution or help the parent process a resolution.

Remember trauma organised experiences will keep a parent trapped in fight, flight, submit responses. Re-integrating their previous experience of shame is crucial.

### **Involving**

- Promote parental participation in relational activities

Start small and then build up to activities that require parental involvement.

Shame and stigma will usually prevent parents feeling like they can participate.

Remember relying on relationships may not have been a positive experience. Sometimes substance dependent parents present to social events substance affected to cope with the disappointment of not feeling like they 'fit in'.

Introduce one on one involvement e.g. can we meet to discuss Alice's progress and build up to group experiences such as working bee's, school concerts etc.

Always have a known and supportive staff member explain the importance of parent teacher interviews but understand that they will be resistant to attend when other parents who they perceive as 'normal' are there. The anxiety of not feeling like they belong again may mean they will avoid.

### **Calming**

- Assist parents to attain a sense of peace and quiet inside

Without established, trusting relationships parents will always see the school setting as threatening.

School well-being staff will be aware of other professionals working with complex families, engage them and use them for support as they may already have developed a safe, stable relationship with parents.

### **Engaging**

- Support parents by building relationships that are respectful, compassionate and sustained

Traumatised parents are more likely to learn to disclose appropriately with a trusted reference person, someone who can be aware of a parent's self-story but can help them understand how to maintain their child's confidentiality.

Substance dependent parents, because they have interfaced with statutory systems, may have told their story over and over- trauma can be re-triggered if they are asked to relive their trauma experience.

Supportive staff relationships are a key determinant of reducing further re-traumatisation as they are able to provide pieces of the complex self-story that traumatised parents are too frightened to tell.

## References

1. Downey, L., (2007) Calmer classrooms, A guide to working with traumatised children. Child Safety Commissioner. Melbourne, Victoria, Australia.
2. Kumpfer, K., Alexander, J., McDonald, L., & Olds, D., (1998) Family-Focused Substance Abuse Prevention: What Has Been Learned From Other Fields. Drug Abuse Prevention through Family Interventions. National Institute on Drug Abuse Monograph Series – 177. Diane Publishing. USA.
3. Mitchell, G. & Campbell, L. (2011) The social economy of excluded families Child & Family Social Work. 16(4), 422–433.
4. National Framework for Protecting Australia's Children 2009-2020. Retrieved from: <http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>. November 13 2013.
5. The Nobody's Client Project, (2004) Odyssey House, Victoria .
6. Tierney, L., (1976) 'Excluded Families' Columbia University D.S.W. Social Work
7. Teese, R, A., (2011) From opportunity to outcomes. The changing role of public schooling in Australia and national funding arrangements. Retrieved from:: <http://apo.org.au/research/opportunity-outcomes-changing-role-public-schooling-australia-and-national-funding> . November 13, 2013.

