

Reducing the damage to third parties during treatment of addiction

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- Since the 80-ties Rogaland A-senter has had a en clinical profile marked by early intervention and family therapy with children growing up in families with addicted parents
- The center has an out-patient clinic, a short term in-patient unit, and a detoxification inpatient-unit, and is situated at Stavanger on the south-west coast of Norway.

Treating addiction in Norway

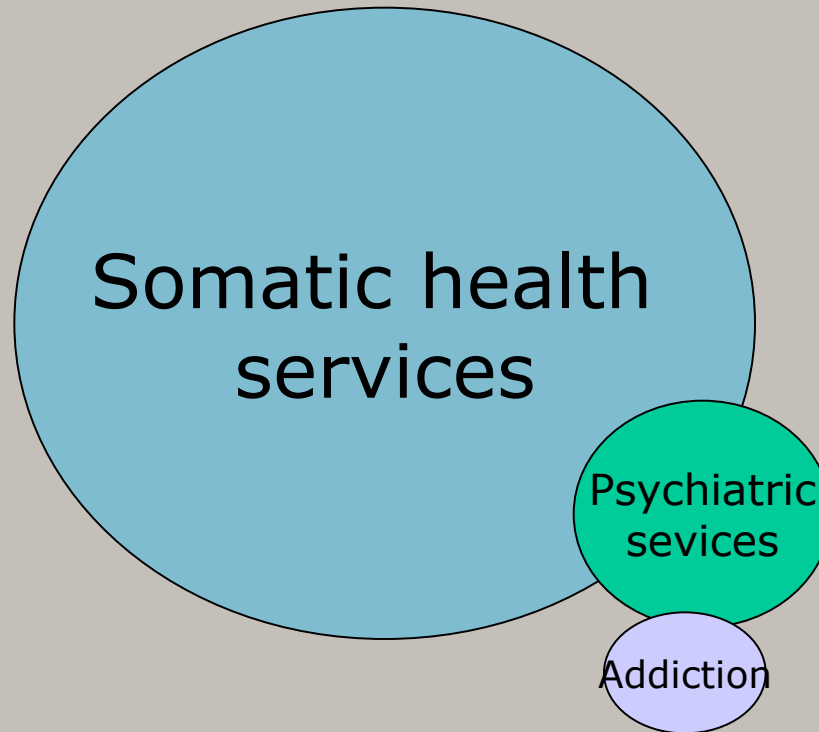
- In Norway treatment of addiction was reformed in (2003 -4) and moved into specialized health services.

The specialized health services now consists of:

- Somatic health services
- Psychiatric health services
- Multi - professional specialized addiction health services



The relative sizes of the different services within specialized health care



Changes in the Norwegian Health personnel law, concerning children of patients

Health authorities i Norway now requires all health professionals:

- To make inquiries about the situation of the children in case of serious somatic, psychiatric and addictive illnesses.
- To seek parental consent to inform children of the parents illness, in case of serious somatic, psychiatric and addictive illnesses.
- Assess the situation of the child with the view to:
- Contact the Child care authorities if the situation is within their domaine (serious neglect or abuse).
- To facilitate contact between patient and children during treatment
- Take the necessary steps to lessen the burden of these young carers
- In case of a suspected acquired child psychiatric condition, to refer the child to a child psychiatric evaluation
- Hospitals are required to appoint “child responsible persons”



Reduction of the number of risk factors affecting the child, is the no. 1 goal

- Children of parents with addiction have an increased risk of developing a problematic use of addictive substances at adult age
- Children of patients with a psychiatric illness have an increased risk of developing after-effects related to the conditions of the parent, in addition to the challenges to a normal development.
- If the parents suffer from ~~one or more~~ of: Somatic illness, addiction, and psychiatric illnesses, and a violent family environment, it can be argued that the impact on the child of these factors probably is not additive, but multiplicative.

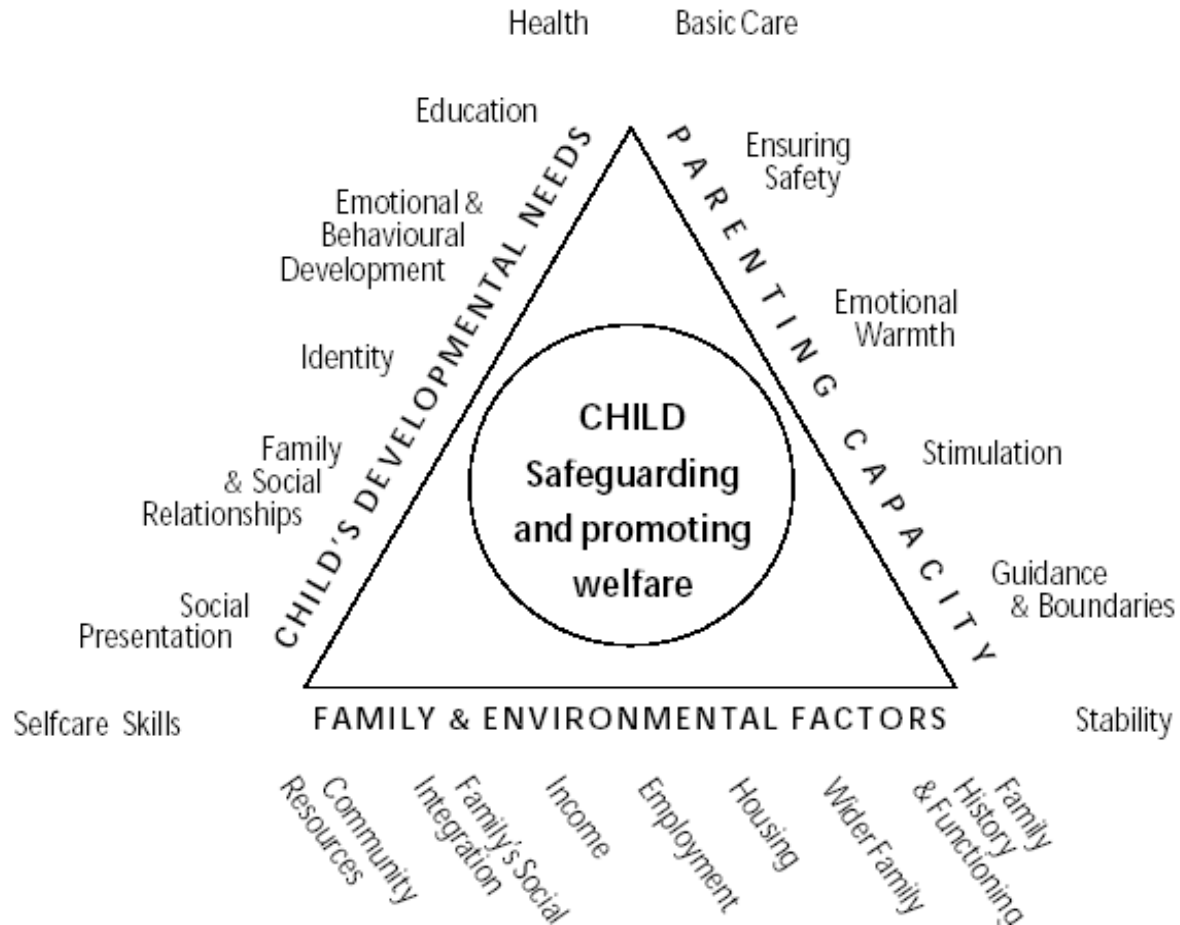


The children of addicted parents

- The needs of children of addicted parents are not noticed by the parents because the addiction is the first priority in the family. Secondly: The crises brought on by the addiction occupies the second parent. Thirdly: the situation is fraught with guilt and blame, spawning denial of the seriousness of the addiction and the children's needs.
- These children are unseen by treatment centers and hospitals because the normal health organization promotes treatment of individual parents for his /her addiction, rather than treating the family and promoting cooperation between agencies.
- In effect these children tend to be doubly forgotten, by the parents and by the helpers.
- A “family-ecological” understanding of the effects of parental illness on children is needed.



A new perspective in treating addiction: Assessing the child's situation



Ref: The Framework for the Assessment of Children in Need and their Families



Children of addicted parents

- **When serious somatic conditions , addiction or psychiatric disorders causes serious stress, chaotic or stressful / violent conditions in the family, children face adversity and run the risk of damage to their development.**
- **In the short run:**
 - **Exposure to sudden and inexplicable separations from parents, unsafe situations, neglect, possible traumatic experiences.**
- **In the long run:**
 - **Attachment disorders**
 - **Lack of adequate socialization and identifications with the attitudes, roles, rules, and expectations that are normally mediated by the family**
 - **Problems in the development of healthy self-esteem and limit-setting that will affect later individuation and separation.**



Patient registration

In 2009 we registered 226 children of patients in treatment at Rogaland A-senter.

- **60 % of the patients with children in the outpatient clinic have full custody, part time custody or regular visits by their children.**
- **Corresponding numbers for inpatients and detox wards are 40% og 16,6 % respectively .**
- **Child care services are in touch with 34,4% of the families.**



Is the child at all informed of what ails the patient?

No = 36.3%

Yes= 45.6%

Patient does not know=6.7%

Patient's abuse of alcohol and other drugs on admission

Alcohol= 43.9%

Drug abuse= 56.1 %

Tranquilizers= 32.1%



Improving the quality of care

- **Treatment planning**
- **Identification of all children and their needs**
- **Assessing the safety of the child**
- **Supporting parent-child interaction**
- **Improving the family situation by providing family therapy, visiting facilities, helping the parents to protect the children from adverse situations, and reducing the severity of the addiction.**







1 To improve the present situation and increase the families mastery, for children facing the adversity of their parents psychiatric – and / or addictive problems.

- Increasing the notority: Identify and make contact with all patients who are parents, in order to gather information on the children's situation
- Achieve 100% compliance with the law on informing child authorities in cases of concern for the child.
- Assess the security of the child and when relevant make a joint plan for the safety of the child, with the view of reducing the risk of the child being exposed to chaotic situations, drunkenness, and violence.
- Prevent damage by constantly “weighing in” the needs of the children in the choices in treatment planning. E.g. avoiding intramural long term treatment, choosing family oriented modes of treatment when appropriate.
- Inform the child in a sensitive and truthful way of their parents treatment.
- To keep and protect the children's positive attachment to their parents by using resource- solution- and resilience-oriented approaches.
- Facilitate the physical conditions and the treatment to promote visits by the children during inpatient treatment of parents.



2 To promote health and prevent sequels for the child in situations where psychic illness or addictions in the parents may represent a risk in the long run

- Reducing risk in the long run
- We aim to be able to give all our patients, children and family members, access to internal services focusing on the parents, children and the family over time, if there are indications for this.
- We aim to have a consistent policy of referral to external family-focusing preventive programs, such as Webster-Stratton, or Parental Management Training, upon indication
- Referral to external universal preventive programs, for example Young carers, groups or camps for children of addicts, and such.



3 Helping the parents with addiction or mental health issues, to give their children an improved situation and development.

- We aim to motivate and inform all patients and family members with alcohol or drug problems on the need to protect their children from exposure of chaotic and traumatic situations, and promote bonding and fun activities for the whole family.
- We offer systemic family therapy within a supportive and appreciative frame, to motivate the parents for positive activities in the family, and to promote positive attachments between children and parents.
- The needs of Family members need to be appreciated in their own right. We provide a group or individual setting for them. In this regard we have appointed a Child and parental contact person to engage the family already at the point of referral to us



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