

GRAND RESOURCE

*Help for
Grandfamilies
Impacted by
Opioids and Other
Substance Use*



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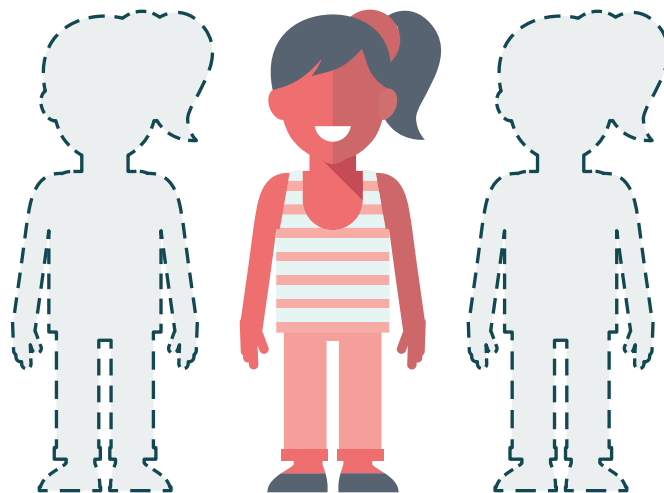
More than **2.6** million children

are raised by grandparents, aunts, uncles, siblings, other extended family and close family friends.



More than 2.6 million children are raised by grandparents, aunts, uncles, siblings, other extended family and close family friends who step forward to care for them when parents cannot.¹ With the rise in heroin and other opioid use, more relatives are raising children because the parents have died, are incarcerated, are using drugs, are in treatment or are otherwise unable to take care of their children. The vast majority of children being raised by relatives live outside the formal foster care system. Yet the child welfare system relies heavily on relatives, so much so that about a third of all children in foster care are living with relatives.²

More than **1/3**
of all children
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because of parental
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placed with
relatives.*



After years of decline in the overall numbers of children in foster care, the numbers began to rise in 2013.³ Experts say the opioid epidemic is responsible for this trend.⁴ Relatives are being asked to care for more children in foster care than ever before. And children placed in family foster care because of parental drug or alcohol use are now more likely to be placed with relatives than non-relatives. In 2016, more than a third of all children who were removed from their homes because of parental alcohol and drug use⁵ were placed with relatives.⁶ Yet the impact of parental substance use disorders on grandfamilies is not a new challenge. Grandparents and other relatives have long provided an essential safe haven for children whose parents have been unable to parent due to alcohol or other substance use and have stepped forward for children during each drug epidemic, including crack cocaine, methamphetamines and opioids.

*Analysis conducted by Children and Family Futures on the public use 2016 Adoption and Foster Care Analysis and Reporting System (AFCARS) dataset. Estimate based on all children in out of home care at some point during Fiscal Year 2016.

Children Thrive in Grandfamilies



Grandfamilies affected by substance use disorders face a range of unique social, financial, physical and mental health challenges. Despite challenges, the growing reliance on grandfamilies is best for children whose parents cannot raise them. Decades of research repeatedly confirms that children who cannot remain with their birth parents thrive when raised by relatives and close family friends.⁷ These children have more stable and safe childhoods than children raised by non-relatives.⁸ Yet relative caregivers often receive less access to supports, benefits and services to help the children, who often come into their care after experiencing significant trauma that brings significant physical, mental and behavioral health challenges.

This resource is designed to provide tips, useful information and a list of additional resources to help grandfamilies both inside and outside the foster care system impacted by opioids or other substance use. Individual tip sheets may be downloaded free of charge from Generations United's website at www.gu.org.

1 Annie E. Casey Foundation Kids Count Data Center. 2013-2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates represent a three-year average. Accessed July 21, 2016. Retrieved from <http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1491/any/14207,14208>

2 Annie E. Casey Foundation Kids Count Data Center. Child Trends analysis of data for 2008-2016 Adoption and Foster Care Analysis Reporting System (AFCARS), made available through the National Data Archive on *Child Abuse and Neglect* (NCACAN).

3 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2014). The AFCARS report: Preliminary FY 2013 estimates as of July 2014 (No. 21). Retrieved from: <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport21.pdf>

4 Examining the Opioid Epidemic: Challenges and Opportunities: Hearing before the Committee on Finance, Senate, 114th Cong. (2016) (statement of Nancy Young, Ph.D., Director, Children and Family Futures, Inc., Lake Forest, CA) | Kamp, J. & Campo-Flores, A. (2016, January 11). Parents' drug abuse strains child-welfare agencies: Growing epidemic puts more children into foster care. The Wall Street Journal. Retrieved from <http://www.wsj.com/articles/parents-drug-abuse-strains-child-welfare-agencies-1452538476>

5 Alcohol or drug abuse, as defined by the AFCARS code book, is at least one of the reasons for removal from the home.

6 Analysis conducted by Children and Family Futures (CFF) on the public use 2016 Adoption and Foster Care Analysis and Reporting System (AFCARS) dataset. Estimates based on all children in out of home care at some point during Fiscal Year 2016.

7 Generations United. (2016). Children thrive in grandfamilies. Retrieved from <http://grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf>

8 Helton, J. (2011). Children with behavioral, non-behavioral, and multiple disabilities, and the risk of out-of-home placement disruption. *Child Abuse & Neglect* 35, 956-964. | Testa M., Bruhn C., & Helton J. (2010). Comparative safety, stability, and continuity of children's placements in formal and informal substitute care. In M.B. Webb, K. Dowd, B.J. Harden, J. Landsverk, & M.F. Testa (Eds.). *Child welfare and child well-being: New perspectives from the National Survey of Child and Adolescent Well-Being* (pp. 159-191). New York: Oxford University Press. | Zinn, A., DeCoursey, J., Goerge, R.M., & Courtney, M.E. (2006). A study of placement stability in Illinois. Chapin Hall. Retrieved from https://www.chapinhall.org/sites/default/files/old_reports/280.pdf | Chamberlain, P., et al. (2006). Who disrupts from placement in foster and kinship care? *Child Abuse & Neglect* 30, 409-424. Retrieved from http://www.mtfc.com/2006_chamberlain_et%20al_a_Who_Disrupts.pdf | Testa, M. (2001). Kinship care and permanency. *Journal of Social Service Research* 28(1), 25-43. | Public Children Services Association of Ohio. (2012). Ohio's fostering connection grant: Enhanced kinship navigator project- Final progress report. Retrieved from <http://www.kinshipohio.org/Resources/2012/OhioKinshipFinalProgressReport.pdf> | Winokur, M., Crawford, G., Longobardi, R., & Valentine, D. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society* 89(3), 338-46. | Johnson, K. (2005). A retrospective support assessment study of foster and relative care providers. Madison, WI: Children's Research Center. Retrieved from http://www.nccglobal.org/sites/default/files/publication_pdf/fcrp_support_assmnt_sept05.pdf

Practicing *Self-Care*



// Because my grandson was in so much pain after my daughter left him all my focus was on helping him. I never had the chance to heal from my own loss, even though she was still alive"

Jan Wagner, Grandparent Caregiver

When a grandfamily forms, every member must adapt to the new dynamic. As a grandfamily caregiver, you may have stepped into your caregiving role unexpectedly, instantly becoming responsible for children and putting their needs before your own. It is common for grandfamily caregivers to put the needs of the children they are raising before their own, and while this is done out of love and concern for the child, it often comes at the expense of the caregiver's health and wellness. Neglecting your own needs can also impact your ability to care for the child. Because the nature of caregiving is demanding, you will want to make sure you are practicing self-care. By caring for yourself, you are also ensuring better care for the child you are raising.

What is self-care?

Self-care is identifying your needs and taking steps to meet them.¹ Think of self-care as an oxygen mask on an airplane: you have to put yours on first in order to help others.² Self-care is taking care of yourself so you can be the best caregiver possible.

What isn't self-care?

Self-care is not selfish.³ Self-care does not have to be expensive. It does not require you to add more to your busy life.⁴ There is no one-size-fits-all approach to self-care. It is individualized to what works best for you and can be brief but satisfying and replenishing.

Why is self-care necessary?

Caregiving can be extremely stressful and emotional, especially when the parent of the child you are caring for has a substance use disorder. Many caregivers report being sleep deprived, having poor eating and exercising habits, not taking time off when they are sick, and not making medical appointments for themselves.⁵ Caregivers typically have significant stress and too much stress can be harmful to your health and overall wellness. It is not surprising that caregivers face increased risks of depression, chronic illness, and a decline in quality of life.⁶ Self-care is necessary to find balance and find effective ways of coping.

How do I practice self-care?

Practicing self-care requires thinking about your physical, emotional, intellectual, and spiritual needs and taking steps to meet them but usually not all at once! As a caregiver whose time and energy may already be stretched thin, “adding” self-care to your to-do list may feel overwhelming, but there are many ways that do not require adding more to your schedule. Self-care can take the form of reducing personal stress by saying no to things you do not want to or cannot do, and by communicating effectively about your needs and feelings. By learning to ask for help, stand up for yourself, and find healthy outlets to release your emotions, you can reduce significant stress.

Examples of Self-Care

- Saying no to things you cannot or do not want to do
- Taking time off (or time to yourself) without feeling guilty
- Giving yourself space to grieve
- Talking with a loved one or trusted friend
- Sleeping regularly and for long enough
- Taking naps
- Eating well
- Going to the doctor when you are sick
- Going to the doctor for regular check-ups
- Going to counseling when needed
- Attending a support group
- Stretching
- Going on a walk or run
- Using stress-reducing techniques
- Listening to calming music
- Deep breathing
- Journaling
- Taking a hot bath or shower
- Meditation and/or prayer
- Enjoying nature
- Sitting in the sun
- Reading a good book
- Buying yourself something special like a candle or flower
- Going to a movie, dinner or another outing with a friend
- Hugging and receiving hugs from your children, friends and family members



How do I ask for help?

Asking for help can be one of the best forms of self-care for caregivers, but it can be very difficult, especially when you are overwhelmed. It is important to remember that asking for help does not mean that you are an inadequate caregiver. In fact, it is a sign of strength and resourcefulness. If you can, ask for help before getting overwhelmed. By learning to ask for help before you think you need it, you can avoid added stress and burnout.

When asking for help, be prepared for the person to say yes or no or hesitate with a response. Give them time to think about your request and if they say no, keep them in mind for helping you in the future. When people offer to help, give them concrete tasks and let them choose what they can do. Be as clear and specific as you can about what you need. Instead of saying things like "I would like to go to this" or "it's okay if you can't help me," communicate directly by saying exactly what you would like help with, "I want to go to my grief group, can you watch Billy for me then?" It's also helpful if you think about what a potential helper likes and dislikes when asking for help, for example, if you know they love cooking ask them if they could drop off a meal every other week.



Where can I find support if I cannot afford therapy or traditional counseling?

Insurance companies and Medicare will typically cover a significant amount of the cost of therapy or counseling. If you call in or go online, you can find what options are available to you. If you have Medicaid, it usually will cover all the costs.

If those are not options for you, many hospice groups have free grief groups for the general public. Places of worship also offer grief groups or different support groups. There are an increasing number of support groups for grandparents and other relatives raising children and groups for people impacted by someone else's drug use.

A list of programs that may offer support groups like these can be found at www.grandfactsheets.org.

Further Resources - Self-Care

- Carezare "5 Self Care Tips for Caregivers with Limited Time"
- ARCH National Respite Network and Resource Center "9 Steps to Respite Care for Grandfamilies"
- Family Caregiver Alliance "A Guide to Taking Care of Yourself"
- Family Caregiver Alliance "Caregiver Self-Care: Caring for You"
- National Alliance on Mental Illness "Taking Care Of Yourself"

Further Resources - Grandfamilies

- grandfactsheets.org
- grandfamilies.org
- gu.org
- www.brookdalefoundation.net/RAPP/rapp.html

1 Taking Care of YOU: Self-Care for Family Caregivers. Family Caregiver Alliance National Center on Caregiving. Retrieved from: <https://www.caregiver.org/taking-care-you-self-care-family-caregivers>.

2 Ibid.

3 Fact sheet nine: What is self-care? Retrieved from: https://static.virtuallabschool.org/atmt/self/PS.Self_3.Environment_A1.WhatIsSelfCare.pdf | Taking Care of YOU: Self-Care for Family Caregivers. Family Caregiver Alliance National Center on Caregiving. Retrieved from: <https://www.caregiver.org/taking-care-you-self-care-family-caregivers>.

4 Fact sheet nine: What is self-care? Retrieved from: https://static.virtuallabschool.org/atmt/self/PS.Self_3.Environment_A1.WhatIsSelfCare.pdf

5 Taking Care of YOU: Self-Care for Family Caregivers. Family Caregiver Alliance National Center on Caregiving. Retrieved from: <https://www.caregiver.org/taking-care-you-self-care-family-caregivers>.

6 Ibid.



Addressing Childhood **Trauma**

// I thought because my grandkids were babies (6 months, 1 ½, 2 ½) they were not going to have any problems. Boy was I wrong! They had problems with separation anxiety; it was so painful to see them go through this. I had to tell them a hundred times a day how much I loved them and was never going to leave them"

Delia Martinez, Grandparent caregiver, Texas



Most babies, children, and youth have traumatic experiences¹ before going to live with their grandparents, aunts, uncles, or other relatives in grandfamilies.² More than half of children involved with the child welfare system³ have experienced at least four adverse childhood experiences (ACEs), leaving them 12 times more likely to have negative health outcomes than the general child population.⁴ Fortunately, research shows that grandparents or other relatives who step in to care for a child whose parents cannot, play a protective role in the child's life that can help reduce trauma and mitigate its impact. Compared to children in foster care with non-relatives, children in foster care with relatives have more stability, better mental and behavioral health and are more likely to report always feeling loved.⁵ Yet, grandparents and other relatives raising children are less likely to have access to many important resources and supports that children in foster care with non-relatives receive.

This fact sheet is designed to explain how trauma impacts children, the important role grandfamily caregivers play in helping address a child's trauma, and resources to help.

What is trauma?

Trauma is an emotional shock that follows a stressful event or a physical injury, which may lead to long-term mental health issues.⁶

What types of events cause trauma?

Any event, series of events, or set of circumstances that is physically or emotionally harmful can cause trauma.⁷ Traumatic experiences include abuse, neglect, serious accidents or illness, community or school violence, experiencing or witnessing domestic violence, commercial sexual exploitation, and sudden or violent loss of a loved one.⁸ Traumatic events can be especially damaging when they happen in childhood. Research shows that people who have had multiple adverse experiences in childhood have a greater risk of negative health outcomes in adulthood. Known as ACEs, adverse childhood experiences that have a demonstrated connection to trauma include child abuse and neglect, parental substance use, or death of a parent. These experiences are common among children before they come to live in a grandfamily.

How common is trauma in children?

More than two-thirds of children experience at least one traumatic event by age 16.⁹ More than eight million children younger than 18 years old live with at least one adult who has a substance use disorder.¹⁰ This is more than one in 10 children in the United States. While not all children living with a person with a substance use disorder experience trauma, many do.

How common is trauma among children who come to live in grandfamilies?

While there is no national data on the prevalence of childhood trauma among children in grandfamilies, research shows that more than half of the children in the child welfare system have had four or more adverse childhood experiences (ACEs) compared to 13% in the general population. About one-third of children in foster care are in foster care with relatives.¹¹

What are the impacts of childhood trauma?

Traumatic experiences can have a lasting impact on a child.¹² Many will not experience life-long effects of their trauma, but some do have difficulties and experience traumatic stress reactions.¹³ Children who have experienced traumatic events may have learning problems, increased involvement with child welfare and juvenile justice systems, and other long-term health problems.¹⁴ Trauma can also cause children to act out or misbehave. Trauma is a risk factor for the majority of behavioral health and substance use disorders, but that does not mean children who have experienced trauma will necessarily have these challenges.¹⁵ Grandfamilies can help mitigate the impact of trauma on children by playing a protective role in their lives, providing stability and building their senses of self-worth and self-esteem.



Crisis Hotlines

Child Sexual Abuse: Stop It Now! 1-888-PREVENT (1-888-773-8368)

Crime Victims: National Center for Victims of Crime 1-855-4VICTIM (1-855-484-2846)

Dating Abuse: Love is Respect 1-866-331-9474 TTY: 1-866-331-8453, or Text LOVEIS TO 22522

Domestic Violence: National Domestic Violence Hotline 1-800-799-SAFE (1-800-799-7233), TTY: 1-800-787-3224

Missing and Abducted Children: Child Find of America, Inc. 1-800-I-AM-LOST (1-800-426-5678); OR National Center for Missing & Exploited Children 1-800-THE-LOST (1-800-843-5678)

Rape and Sexual Abuse: Rape, Abuse & Incest National Network (RAINN) 1-800-656-HOPE (1-800-656-4673)

Runaway and Homeless Youth: National Runaway Safeline 1-800-RUNAWAY (1-800-786-2929), or Text: 66008

Suicide Prevention: National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255), TTY: 1-800-799-4889



What does trauma look like?

Trauma varies based on the age and developmental stage of the child, but regardless of age trauma may cause behavior issues.

Preschool-aged Child¹⁶

- Scared of being separated from their caregiver
- Excessive crying and/ screaming
- Poor eating habits
- Loss of appetite or weight
- Nightmares

Elementary School Child¹⁷

- Easily become anxious or fearful
- Hard time concentrating
- Difficulties with sleep
- Feel guilt or shame

Middle and High School Child¹⁸

- Feel depressed or alone
- Eating disorders
- Self-harm
- Misuse alcohol or other drugs
- Engage in risky sexual behaviors

While these are common examples, it is important to recognize that trauma impacts each child differently. If you are concerned that the child you're raising is experiencing trauma, it is important that you speak with a professional to help identify it and work collaboratively to help the child heal.

What can I do to help a child who has trauma?

Identifying and then addressing a child's trauma is a vital part of the healing process, but know that you do not have to work to address their trauma on your own. Talk to the child's pediatrician about what the child has been through and how they have been reacting.¹⁹ Talk with their teachers, school administrators, and school counselors about services the school offers for students who have experienced trauma.²⁰ These counselors will not typically provide therapy or individualized counseling, but they can connect you to resources. Additionally, you can reach out to the child's health insurance provider to explore the services they offer and ask for a referral to trauma-informed services. By making sure the child has a supportive caregiving network and access to any treatment or service systems, you can help address their trauma and reduce the risk for lasting health effects.

You can also help by talking with them about their fears and worries to reduce distress and open communication about these difficult events. It's advisable to talk with a professional first to ensure the conversation is safe, supportive, and does not trigger additional trauma.

People who have experienced trauma may have certain "triggers" that can prompt them to recall a traumatic experience. These triggers may take a variety of forms and can often be subtle and difficult to predict. Examples might include smelling a scent, being asked about a specific event, seeing a particular object or going to a certain location. Try to learn your child's triggers and how to reduce their impact. A therapist can be a helpful resource in this process.

What is traumatic grief?

Children who have lost a parent or other loved one may experience traumatic grief. Regardless of how a loved one died, children may experience traumatic reactions. When grieving children have ongoing difficulties that impact their daily life and/or make it difficult for them to recall positive memories of their loved one²¹ and if these responses are severe or prolonged, the child may be experiencing childhood traumatic grief.²²

How can I help a child experiencing traumatic grief?

Consider what is age appropriate to tell them about how their loved one died, let them know their feelings are okay, and remind them the death was not their fault.²³ It is also common for children to worry that other people in their life will die. Do not make promises that their other loved ones will not die. Instead, talk with them about how you will take care of yourself and practice safe habits.²⁴



It may be challenging for young children to identify how they feel so you may want to model feelings and also describe how our bodies and behaviors show feelings.²⁵ You can help them get back to their routines and activities, so they can have some stability and a sense of normalcy. They may not understand death, so you may need to remind them gently that their loved one cannot come back.²⁶ You can talk with the child about how they can keep their loved one in their hearts by remembering the good times and sharing pictures of the child with the loved one when they were young. You'll want to be cautious about what's said in front of children even when you think they are not listening, so they don't overhear frightening or overwhelming information.²⁷

For school-aged children, their feelings may come out as negative behavior. If this is the case, be patient and help them process their feelings in healthy ways and find constructive outlets. Help them get back to their routines. Listen to them when they want to talk. If they do not want to talk, let them know it is okay, and you will be there when they feel ready. Be selective about information shared with educators. You do not want negative labels attached to your relative child, but you do want them to be safe and to get the supports they need.

For teens, share your feelings and invite them to do the same when they are ready to talk. Offer to find a counselor if they would rather talk to someone other than you. Help them find ways to practice self-care and relax. Set limits on inappropriate behavior while remaining calm and being patient with them. For serious, risky, or harmful behaviors seek professional help immediately.



// One thing I know to be true, you can't love away the effects of trauma from neglect and abuse. Our children need the same amount of intensive therapy and services as a traditional foster placement and we, as their caregivers, desperately need the same to help them heal"

Jan Wagner, Grandparent Caregiver

Further Resources - Trauma

- Generations United Publication, In Loving Arms: The Protective Role of Grandparents and Other Relatives in Raising Children Exposed to Trauma
- National Child Traumatic Stress Network

Further Resources - Grandfamilies

- grandfactsheets.org
- grandfamilies.org
- gu.org
- www.brookdalefoundation.net/RAPP/rapp.html



1 Sampson, D. & Hertlein, K. (2015). The experience of grandparents raising grandchildren. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 2(1), 75-96. Accessed August 10, 2017. Retrieved from: <http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1020&context=grandfamilies>.

2 Grandfamilies or kinship families are families in which children reside with and are being raised by grandparents, other extended family members, and adults with whom they have a close family-like relationship such as godparents and close family friends.

3 Child Welfare System refers to the network of state and federally supported agencies in the U.S. that focus on ensuring children are in safe, stable, permanent environments that support their well-being. Children and families may be involved in the child welfare system without the children entering foster care.

4 Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). Adverse childhood experiences in National Survey of Child and Adolescent Well-Being (OPRE Report #2013-26). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Accessed August 10, 2017. Retrieved from: https://www.acf.hhs.gov/sites/default/files/opre/aces_brief_final_7_23_13_2.pdf. | The ACEs study is an ongoing collaboration between Kaiser Permanente and the U.S. Centers for Disease Control and Prevention (CDC). In this description the phrase "general child population" refers to thousands of adult members of Kaiser Permanente who responded to a retrospective survey.

5 Children Thrive in Grandfamilies. Generations United. Retrieved from: <https://www.gu.org/app/uploads/2018/05/Grandfamilies-FactSheet-ChildrenThriveinGrandfamilies.pdf>.

6 Trauma. Oxford English Dictionary. Retrieved from: <https://en.oxforddictionaries.com/definition/trauma>.

7 Trauma. Substance Abuse and Mental Health Services Administration - HRSA Center for Integrated Health Solutions. Retrieved from: <https://www.integration.samhsa.gov/clinical-practice/trauma>.

8 Understanding Child Trauma. Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.samhsa.gov/child-trauma/understanding-child-trauma>.

9 Ibid.

10 Lander, L., Howsare, J., and Byrne, M. (2013) The Impact of Substance Use Disorders on Families and Children: From Theory to Practice. National Institutes of Health Public Access. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725219/pdf/nihms-496858.pdf>.

11 Annie E Casey Foundation Kids Count Data Center. Analysis of data for 2008-2016 from the Adoption and Foster Care Analysis System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect (NDACAN). | Smith, S. (2018). Setting the Data Context for FFPSA [PDF Document]. Casey Family Programs. Retrieved from: https://www.eiseverywhere.com/file_uploads/e7880c3b9f93d25e1798b6759c3867e6_GeneralSession-settingthedatacontextforFFPSA_SSmith.pdf.

12 Trauma and Violence. Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.samhsa.gov/trauma-violence>.

13 Ibid.

14 Understanding Child Trauma. Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.samhsa.gov/child-trauma/understanding-child-trauma>.

15 Ibid.

16 Ibid.

17 Ibid.

18 Ibid.

19 Ibid.

20 Ibid.

21 Traumatic Grief. The National Child Traumatic Stress Network. Retrieved from: <https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief>.

22 Traumatic Grief. The National Child Traumatic Stress Network. Retrieved from: <https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief>.

23 Helping Young Children with Traumatic Grief: Tips for Caregivers. The National Child Traumatic Stress Network. Retrieved from: <https://www.nctsn.org/resources/helping-young-children-traumatic-grief-tips-caregivers>. | Helping School-Age Children with Traumatic Grief: Tips for Caregivers. The National Child Traumatic Stress Network. Retrieved from: <https://www.nctsn.org/resources/helping-school-age-children-traumatic-grief-tips-caregivers>. | Helping Teens with Traumatic Grief: Tips for Caregivers. The National Child Traumatic Stress Network. Retrieved from: <https://www.nctsn.org/resources/helping-teens-traumatic-grief-tips-caregivers>.

24 Ibid.

25 Ibid.

26 Ibid.

27 Ibid.

Preventing Harmful Drug Use by Children

“ We don’t hesitate to tell to our children that the stove is hot or about running in the street with cars but sometimes we think that they are too young to talk to them about sex and drugs. Drugs are showing up in elementary school as young as third grade. When the children are young they listen to us”

Victoria Gray, Grandparent Caregiver

If you are raising your grandchild, niece, nephew or another relative child because the child’s birth parents are struggling with a substance use disorder, you may be concerned or unsure about ways to talk about drugs and alcohol with the child. Although having a parent with a substance use disorder can put children at increased risk of developing a substance use disorder later in life, many of these children will not develop one, and there are many things you can do to help prevent your relative child from developing a substance use disorder.

What is a substance use disorder?

It is important for you to know what a substance use disorder is, so that you can take reasonable preventative measures with the child.

Many people know substance use disorders by their stigmatized name, “addictions.” The National Institute on Drug Abuse defines a substance use disorder as “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.”¹



Substance use disorders often start with a person using drugs recreationally in a social setting or, particularly with opioids, with medications prescribed to the user or someone they know.² The rate at which a person becomes physically addicted to a drug varies greatly by the type of drug, the method by which the drug is used, and by the person using the drug.³ The human body very easily creates a dependence on opioids. Over time, regardless of whether opioids are taken as prescribed or recreationally, the body will build up a tolerance for the drug and need more to achieve the same effect.⁴ This tolerance can create a physical dependence on the drug.⁵

In addition to the physical dependence, many people use drugs to self-medicate underlying emotional challenges. This self-medicating, combined with the physical dependence and painful withdrawal symptoms, may make drug users do anything to get the drugs they are dependent on.

Talking with the child about alcohol and other drugs:

How do I prepare to talk with the child I am raising about drugs and alcohol?

First, educate yourself by reading up on the topic. Some of the best places to get accurate information are government agencies including the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health. Many state and local governments also have forums or events on the topic, as do local schools, churches, and libraries.

You will need to determine what is appropriate information to share with the child based on their age and maturity, but you should also recognize that you will not be able to control all aspects of how they learn about this topic. These issues are talked about much more than they used to be, so children are exposed to information in school, on television, and online. It's important to never lie to your relative child and to try and be as factually accurate as possible. If you do not know the answer to their question, let them know that and offer to look it up.

If you are not comfortable having this conversation with your relative child, you should find a professional or someone the child trusts to have this conversation with them.

When should I talk with the child about drugs and alcohol?

You should talk about alcohol and other drugs frequently in a normal conversational way, whatever that means for you and the child. If you already have established routines where you tend to talk about more serious topics, like bedtime or dinnertime, talk then. You should directly tell the child that they can come to you at any time for help and that you will not judge them. You may think the child knows this, but stating it verbally is crucial.

You should talk to the child before you think you need to. Many children start learning about drugs in elementary school and may be exposed to them before they start middle school. It's important to start these conversations before your relative child is exposed to alcohol or other drugs.



What should I say when I talk with the child about drugs and alcohol?

Have ongoing and normalized conversations with them about alcohol and other drugs and talk about their increased risk for developing substance use disorders. Start these conversations by asking open-ended probing questions periodically to see what they know, what they are thinking about alcohol and other drugs and what their feelings toward them are. Try not to focus on their parent(s) drug use and instead talk about the general risks of drinking alcohol or using drugs (including prescription drugs and over-the-counter drugs that are easily misused). State your disapproval of underage drinking and recreational drug use. While talking with them about alcohol and other drugs, do not lecture them. Talk with them and let them know that if they ever do use drugs or alcohol they can always come to you with any issues.

What else can I do to prevent the child from developing a substance use disorder?

Build a warm and supportive relationship with them while setting clear boundaries and limits so they learn to be responsible for their actions. Have reasonable consequences for when they disobey the boundaries and rules you set to teach them about personal responsibility. Discuss their interests, do things together, strive for honest and direct communication with them, offer encouragement for small and large achievements, and allow appropriate degrees of independence. When you build a sense of connectedness and trust with them during the routine parts of life, they are more likely to come to you when they need to talk about more difficult or stressful decisions and experiences.

Safe Storage or Disposal of Prescription Medication

If prescription medications in your home are not properly stored or disposed of, children or adults with substance use disorders may access and be harmed by them. The national “Lock Your Meds” campaign of the National Family Partnership recommends adults take a pledge to do the following:

- Secure medication to prevent children and guests from accessing it.
- Take regular inventory of your medicine to make sure nothing is missing.
- Safely dispose of unused or expired medication.
- Teach the children in your life the difference between helpful medicine and harmful drugs - and to only take medicine that is prescribed to them by a doctor and given by a parent or caregiver.
- Spread the word and encourage family and friends to take a stand against prescription drug misuse

Learn more at lockyourmeds.org



Affirm the child. Help them build self-esteem by telling them often that they are valuable and loved. Sometimes drugs and alcohol are used to self-medicate when sad, depressed and not feeling valued. Children who perceive that parents have chosen drugs over them may feel this more so than other children.

Be a good role model when it comes to drinking, taking medication, and handling stress. Children watch the behavior of those they look up to. Modeling desired behavior for a child is a powerful prevention tool. If you choose to drink, only drink small amounts and do not become intoxicated. If you have a history of substance use challenges, be sure you are connected to a strong support system. If you choose to talk with the child about it or if they ask you questions, be honest but concise, explain what it cost you and how your life is different now. If you are using prescription medications read the instructions carefully, safely store your current medications, and dispose of unused medications. Don't save them for later. Practice self-care and talk to them about doing the same.

Know the child's risk level. Consider family history and the child's history with mental health and behavioral disorders, past trauma, and any issues with impulse control. Talk with the child's doctor or other professional about their risk levels and what you can do to best help them.

Know the child's friends. Have conversations with your relative child about their friends and ask questions about them. Have conversations with their friends whenever possible to get to know them and whether they are good influences. Talk to your relative child about how it's normal to want to be accepted by others but it's best to find and focus on friends who accept you for who you are. Emphasize the importance of having supportive, healthy friendships and how to be a good friend.

Be present and aware of what the child is doing. Know where your relative child is and who they are with. Help them with homework and projects. Be present and involved during recreational activities and parties or ensure another responsible adult is.

Be familiar with the child's progress and setbacks. Monitor academic performance, successes and challenges in extra-curricular activities. Be aware of any challenges they are having, or sudden, significant changes.

Set firm, reasonable, and age-appropriate boundaries with your relative child. Boundaries can be things like setting bedtimes when younger and curfews when older, notifying you when plans change, and letting you know who is driving them around. Explain that you set boundaries because you love them and want them to be safe. Setting boundaries for children can help them build life skills such as responsibility, problem-solving, patience and self-discipline.⁶ It also provides an opportunity to affirm them when they succeed in following the boundaries. Have consequences if they do not stick to the boundaries, but do not make them overly harsh.



How do I tell the difference between experimental drug use and a substance use disorder?

While it is not uncommon for some teens to experiment with alcohol and other drugs, and it can be upsetting, most children will not develop substance use disorders.

It is helpful to be aware of signs of a substance use disorder in order to distinguish it from experimental drug use. Signs of a substance use disorder may include:

- Loss of control over using
 - » Using more than they wanted
 - » Using for longer than they wanted
 - » Using despite not planning on doing so
- Neglecting other activities
 - » Spending less time on activities that used to be important (example - hanging out with friends or family, exercising, and hobbies)
 - » Missing more work or school
- Risk taking
 - » Taking serious risks to obtain drugs
 - » Engaging in other risky behaviors that are out of character
- Relationship issues
 - » Acting out against those closest to them
 - » Complaints from coworkers, supervisors, teachers or classmates
 - » Change in friends
- Secrecy
 - » Hiding the amount they are consuming
 - » Hiding their actions or activities
 - » Unexplained incidents, injuries, or accidents
- Changing appearances
 - » Changes or deterioration in hygiene or physical appearance (example - not showering or wearing unclean clothes)
- Continued use despite negative consequences
 - » Despite the problems their drug use is causing, they continue using
- Problems at school or work - changes in quality of work
- Physical health issues
 - » Changes in energy levels
 - » Gaining or losing weight suddenly
- Financial issues
 - » Increased or sudden requests for money
 - » Stealing money or other items⁷

If the child is exhibiting some of these signs, it may be time to get help from a doctor, counselor, or therapist.



Further Resources - Prevention

- Center on Addiction “What is Addiction”
- Addiction Policy Forum “How do you really keep your kids safe from addiction?”
- Child Mind Institute “How to Talk to Your Teen About Substance Use”
- Parents.com “Talking to Your Child About Drugs”
- SAMHSA “Tips for Talking to Your Kids About Underage Drinking”

Further Resources - Grandfamilies

- grandfactsheets.org
- grandfamilies.org
- gu.org
- www.brookdalefoundation.net/RAPP/rapp.html



1 The Science of Drug Use and Addiction: The Basics. The National Institute on Drug Abuse. Retrieved from: <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics>.
2 Drug Addiction (Substance Use Disorder). Mayo Clinic. Retrieved from: <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>.
3 Ibid.
4 Signs and Symptoms. National Council on Alcoholism and Drug Dependence, Inc. Retrieved from: <https://www.ncadd.org/about-addiction/signs-and-symptoms/signs-and-symptoms>.
5 Drug Addiction (Substance Use Disorder). Mayo Clinic. Retrieved from: <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>.
6 Innis, G. (2012). Boundaries and expectations are important parenting tools. Michigan State University. Retrieved from: https://www.canr.msu.edu/news/boundaries_and_expectations_are_important_parenting_tools.
7 Signs and Symptoms. National Council on Alcoholism and Drug Dependence, Inc. Retrieved from: <https://www.ncadd.org/about-addiction/signs-and-symptoms/signs-and-symptoms>.

Engaging with Birth Parents

// The most challenging part of managing my granddaughter's relationship with her father is dealing with the long periods of time he was unavailable to communicate due to actively using or being in a residential treatment program. I also struggle with the fact that I put much more effort into keeping him engaged with his daughter than he does"

Joanne Clough, Grandparent Caregiver

Engaging with the birth parents of the child you are raising can be complex especially when one or both parents have a substance use disorder and you are related to them. Whether they are currently using or not, it can be difficult to manage their relationship with the child for a variety of reasons. For example:

- As a relative to the child, you are also a relative to the child's parents. You may feel a sense of commitment or obligation to try to help the child's birth parents while also protecting the child. It may feel like managing these two priorities conflict with one another.
- There may be a history of broken trust between you and the child's parents because of issues related to substance use.
- If you do not have legal custody of the child, you may be fearful that the child's parent will come and take the child away if they are unhappy with the way you interact with them.
- You may struggle with how, when, where or whether to give the child opportunities to safely connect with their birth parents.
- Other family members may have strong opinions about how you should manage the relationships, which may be different than your opinion.



- You may find it difficult to both respect important traditions of the child's experience with their birth parents while also creating new healthy traditions as a grandfamily.
- You may find it difficult to separate your feelings about the birth parents treatment of their child and the child's desire to see them.

You are not alone. These challenges are common among grandfamilies. This tip sheet is designed to help you manage these challenges by helping you understand the impact of substance use disorders on someone's ability to care for their child and providing insights and resources for managing that relationship.

It is very important to note that you should always follow what you are required to do legally through any custody orders, placement orders, or guidance from any government agency or court. If you are unsure what you are required to do, you should seek legal advice. Most states have a free legal assistance hotline.

How does a substance use disorder impact someone's ability to care for their child?

Many people know substance use disorders by their stigmatized name, "addictions." Experts now know that substance use disorders are diseases. They change the way a person's brain functions and impact their decision making, impulse control, and basic survival instincts.¹ Substance use disorders can make it very difficult for someone to take care of their own basic needs, let alone the needs of their child.

Additionally, substance use disorders are a relapsing disease which means returning to use after a period of sobriety is common.² Rates of relapse are very similar to relapse rates for other chronic diseases like hypertension, asthma, or type I diabetes.³ This can be difficult for everyone who is involved in the life of the drug user, especially children. It is important to remember that a person with a substance use disorder is sick and not a bad person. In fact, many people with substance use disorders have histories of past trauma and/or co-occurring mental health disorders that need to be addressed in addition to their substance use disorders.

How do I best manage the relationship between the child I am raising and their birth parent?

Modeling efforts to have a healthy relationship with the child's parents is important for both the child and the parents. It is also important to let the parents know you want and seek to help them to have a healthy relationship with their child. At the end of a visit, ask the child if they want to give the parent a hug or kiss goodbye. Then talk with the child about the visit afterward.

Setting boundaries is a key part of managing the relationship between the child and their birth parents. This helps ensure the child is safe physically and emotionally and can help parents who are working on recovery. If there are legal boundaries set in relation to visits, follow them.



If there are no legal boundaries, seek to set firm but fair boundaries. Create a written agreement with the parent about what is appropriate and inappropriate behavior for visits. Have written consequences (for example a three-strike system) in case the parent does not abide by the agreement. If you cannot come to an agreement, consider talking with a mediator or neutral third party who can help you come to one.

If the child is in therapy or seeing a counselor, consider talking with the counselor at the end of the session about the best ways to conduct safe visits with the parents. The child should not be present for this conversation. The counselor should be able to factor in what the child is sharing and provide helpful ideas.

How do I talk to the birth parents about their behavior?

Be open and honest with the parents in a way that is respectful and supportive. Talk with them privately - not in front of the child or anyone else. Explain the reason behind your decisions. "I do not feel comfortable leaving Sarah alone with you because the last visit you upset her." Acknowledge the parents' successes and growth, "I am so proud of you for working on your recovery" and "I am so happy to see how patient you are becoming with Juan, I know that isn't always easy!" Let them know what you are doing to better support their relationships with their child, "I know it's upsetting you that I am having difficulties trusting you right now. I hope one day I will trust you more, and I have been seeing someone to work on that."

If you are present during a visit and see the parent having difficulty managing the child's behavior, model positive parenting with the child to the birth parent or share what you have found works for you. Try something like, "When he acts like this, I make cleaning up a game to make it fun."

How do I manage my own feelings and relationship to the child's birth parents?

Being aware of your own feelings about the birth parents will help you manage the relationship in a way that is more helpful to you, the child and the parents. Emotions may range from sadness, anger, and fear for their safety to joy in their successes.

Issues of trust also impact the relationship. It may be difficult to feel you can trust parents with a substance use disorder, especially if they have lied to you in the past. Try to be cautiously optimistic. Give parents the benefit of the doubt, while doing what you can to make sure the child is as safe as possible.

How do I prepare for visits?

Visits between the child and their birth parents are often stressful for everyone involved. Being aware of the emotions each family member may be experiencing, can help you prepare for and manage the visit. As a caregiver, you are concerned about managing the child's expectations and protecting their physical and emotional health. You may be concerned about the well-being of the parents and whether they are seeking or engaging in recovery. The child may be simultaneously managing feelings of excitement, anger, and sadness before, during and after the visit. Birth parents also come with a set of stressors related to their struggle with drug and alcohol use, their own feelings of inadequacy because they are not able to safely raise their child, and concern about how the child may react to them during the visit.



Depending on the child's age and maturity, consider seeking their input on planning the visit. Make sure to tell them that keeping them safe is your priority. If the child does not want to visit their parents but is legally required to, tell them you understand that they are upset or hurt and remain positive about the visit.

Let the child know when the visit is planned if they need time to emotionally prepare for the visit. Find out what the child would like to do on the visit. Try to arrange an activity if it is reasonable or work with the child to come up with a similar activity. Consider the impact of the location on the child and parents' visit.

If the parents have missed visits in the past and you are worried that they might not show up, hold the visit somewhere where you could do a fun activity with the child if the parents do not make it.

Provide extra emotional support before the visit. If the child is seeing a counselor, let the counselor know when a visit is planned so they can help you and the child prepare for the visit.

Many communities will have supervised visitation centers where these visits can take place. If you are having trouble finding them, consider asking your local child welfare agency, community nonprofit organizations or the court that ordered the visits.

How do I manage visits?

Try your best to help make visits between the child and their parents go smoothly. This is important even if you have concerns about whether the birth parents will be able to parent the child again. Do not talk about the parents negatively in front of the child, model appropriate parenting behavior to the birth parents, treat the birth parents with respect and talk positively about the visits.

As time progresses, have more flexibility with the visits. If the parents and child handle supervised visits well consistently, move to supervised visits where you are not in the same room. After they handle those well consistently, you can consider further types of visits including unsupervised ones.

What if I have concerns about parental behavior during a visit?

If you are worried that the parents may currently be using drugs, you may consider making arrangements for the parents to participate in a drug test before each visit or randomly. If parental visits are arranged through a child welfare agency, ask the agency about this option. If you are arranging the visits yourself, have a conversation beforehand with the birth parents about plans to start doing drug tests before the visits. If you are working with a therapist for yourself or the child, it may be helpful to talk with him or her in advance to plan for this conversation. Drug tests can be purchased at most pharmacies, online, and in grocery stores. They can be expensive especially if used before every visit. You may want to discuss who will cover the costs or set up an arrangement to share the costs. One example of sharing the costs could be you purchasing the tests and having the parent reimburse you if they test positive for drugs. Some medications can lead to false positives including certain antidepressants, antipsychotics, and decongestants, so it is good practice to ask if the parent is currently taking any medications. Drugs.com has an informative chart about this in the article "Can a Drug Test Lead to a False Positive?" Have firm guidelines in place for what to do if there is a positive result. This could be canceling the visit or changing the supervision level.



Establish beforehand that you have the right to end the visit if the child's safety (physically or emotionally) is called into question.

What do I do if the birth parents are using drugs?

First and foremost, try not to panic. Relapses can be scary and can change many aspects of your life, but panicking will not help the situation. Try your best to remain calm, it will help you and the child.

Make sure you are keeping yourself and the child safe. This may mean discontinuing or changing how you conduct visits or changing how you communicate with the birth parents. Safety should be your priority.

Connect with your support system so they know what is going on in your life and can find the best ways to support you.

Be prepared to talk to the child about their birth parents. For more information on this topic see Talking with a Child about their Birth Parent.

How do I manage the child's behavioral changes surrounding visits?

Some children react negatively to visits with their birth parents. These negative reactions can happen before, during, or after a visit. They can include things like nightmares, anxiety, acting out, sadness, crying, anger, and withdrawal from social interactions. To manage these changes, provide extra emotional support to the child before and after the visits. Consider creating special rituals for the child like a special hairdo, wearing a favorite outfit, or having a movie night after the visit.

On the other hand, some children may not want to leave the visit or may want to leave the visit with the birth parents. Visitation centers usually have established ways of dealing with this and can help if the visit is there. If the child is in counseling or seeing a therapist, talk with them about the child's reactions and how to best manage them. Before the visit, establish with the child what will happen after. Make a plan to do something special together or if they are older perhaps give them space to process their feelings on their own.

// You have to eventually decide whether to concentrate on blaming/feeling guilty about your adult child's addiction or showing your grandchild what a healthy family and personal life looks like"

Joan Callander Dingle, Grandparent Caregiver



Ask the child what the best and worst part about the visit was, letting them know that you are happy about the best part.

How do I manage the situation if the parents have canceled a visit?

Birth parents canceling visits can be extremely difficult for children to handle especially when they happen frequently. When telling the child about the canceled visit, reassure the child that they are not the reason the visit was canceled. Do not blame or talk negatively about the parents. Comfort the child and remind them that you love them. Ask if they want to talk about it and listen to how they feel. If possible do the activity with the child that was planned with the birth parents.

If it becomes a pattern, consider not telling the child about the visit far in advance or waiting to tell them until you are on the way.

What do I do if a parent threatens to take the child and I am concerned about the child's safety?

If you are the one managing visits between the child and their parent, you may want to consider switching to a professionally-supervised location, or a service that will come supervise at a location of your choosing. There are services available in many locations that will supervise visitation for a fee. You may also check local non-profit organizations serving grandfamilies to see if this is a free service they provide. A list of those programs is available at grandfactsheets.org.

It is also good practice to keep a recent photo of the child and the parents. Help the child memorize your legal name, phone number, and address. Have a password known only to the kids, you, and anyone who would pick them up in case of an emergency. Tell them not to go with people who do not know the password. Make sure their school knows who is and who is not allowed to pick the child up and any changes in any legal custody agreement.

Further Resources - Engaging with the Birth Parent

- Addiction Policy Forum "What is Addiction?"

Further Resources - Grandfamilies

- grandfactsheets.org
- grandfamilies.org
- gu.org
- brookdalefoundation.net/RAPP/rapp.html



1 What is Addiction? Addiction Policy Forum. Retrieved from: <https://www.addictionpolicy.org/what-is-addiction>.

2 What to do when someone you love relapses. The Collaborative Counseling Center. Retrieved from: <https://www.thecollaborativecounselingcenter.com/someone-love-relapses/>.

3 Ibid.

Talking with a Child about their Birth Parent

// I would always tell him I am here with you, for you, I am not going anywhere. This gave him the security he needed. I would tell him every day how much I loved him and show him affection with a hug as often as he wanted one. A kiss good night after a story read from a book of his choice. It's not just a talk but backing up the words you tell your child. That is the most important"

Tim, Grandparent Caregiver

As the primary caregiver for your relative child, you will most likely be the person they come to with questions about their birth parents. It is important to have honest and age-appropriate responses to their questions about why they live with you and what their birth parents are doing. These can be emotional and difficult conversations especially when the child's parents are struggling with a substance use disorder. This fact sheet is designed to help prepare you to respond to the child's questions and consider the impact that their questions may have on your own emotions.

How do I talk with my relative child about his birth parents in general?

Be honest, fair and non-judgmental when talking about the parents. Try to focus on the positives of the parents. For example, "Your dad loves you so much" and "Your mom works hard to get better so she can see you more often."

Do not talk disrespectfully about the parents if there is any possibility the child will hear it or if it could get back to them. It is good practice not to talk disrespectfully about the parents at all, but occasionally venting to a trusted person is okay. Remember that the child still loves their parents and may want to have a good relationship with them.



How do I talk with my relative child about her parent having a substance use disorder?

Many children of people with substance use disorders are taught to be secretive and not talk about certain things from a young age. Because of this, it is especially important to be honest with them about their parents. Be age appropriate and use language that is easy to understand. Do not hide things from them. For example, if their parent is in the hospital or back in treatment let the child know if it is appropriate given their age and relationship. This helps model honest communication for the child and helps the child know they can trust you.

Let the child know that their parent is sick and not a bad person. Say something like "Mommy is sick and trying to get better." Above all, remind the child that this is not their fault and that they are loved.

When talking about the parent's substance use disorder, keep conversations focused on the parent's use and how it makes the child feel. Reserve conversations about the child's own alcohol and drug use for separate conversations, if age appropriate.

How do I let my relative child know there are other families like ours?

Your relative child may feel like they are the only child living with someone other than their birth parents. Let them know that families are incredibly diverse and that many families look like yours does. Read books about diverse families with them. Look for support groups for children who are living with their grandparents, other relatives or foster parents and/or for children with parents who have substance use disorders. Check in with their school's assistance program to see if there are any resources or groups within the school. If you go to a grandfamily support group, see if any of your group members want to have playdates.

How do I manage my own feelings about the birth parents in relation to their relationship with the child?

Managing your own feelings about the birth parents is not easy. Your feelings are valid no matter what they are. As the caregiver, it is important to be aware of your own feelings, how you share them and how they impact the child. Identify a trusted friend or professional to talk with about these feelings when there is no possibility the child could overhear the conversation. Look into different support groups that can help you find people in the same situation who can give you advice or just listen to you.



How can I respond about my own feelings in a healthy way if my relative child asks?

It is okay to share your feelings about their birth parents if you can do it with love and respect. Be honest about how you feel. Say something like, "I am upset with how Mommy acted. It makes me feel sad, angry, and confused, but she is still my daughter. I love her just like I will always love you."

It is important for the child to understand that the birth parent has a disease. Assure the child that their birth parent loves them but may not show that love due to how drugs affect their brain.

// Talking to my grandchildren about their parents was really hard because in my mind I failed as a parent"

Victoria Gray, Grandparent Caregiver

How do I talk to my relative child about the death of their birth parent?

It can be very difficult to talk to a child about the death of their parent, let alone when you are grieving yourself. It is important to know that young children most likely will not understand death or how to process their feelings. It is common for them to be confused or feel deep sadness, fear, or anger. They may or may not want to talk about the loss and how it makes them feel. Processing their feelings may come out in the form of crying, screaming, bedwetting, or acting out in some way.

Many grieving children can benefit from counseling, a support group, or another program for children experiencing grief. Check with your local hospice organizations, mental health programs, and insurance company to see what they offer.

Find age-appropriate ways for them to express their feelings. Some options include drawing, writing letters, a memory book, a picture book, and a notebook or journal of their own. It may be difficult for the child to remember positive memories of their parent. You can help by reminding them of the good times they had together and how much their parent loves them.

How do I talk with my relative child about their parent in prison?

It is always important not to lie to the child you are raising. Explain to them gently and honestly that the birth parent broke the law and is now in jail or prison. Share that this does not mean their parent is a bad person. Let the child know that they can write letters, draw pictures, send photos or visit their parent if the prison allows it. Some prisons have programs to make family visits easier, so you can call the prison and ask about visitation and correspondence.



Further Resources - Talking with A Child about their Birth Parent

- National Association for Children of Addiction (NACoA)
- American Society of Addiction Medicine "What The Heck Is Opioid Addiction?"
- Amazon's Best Selling Children's Books on Substance Abuse
- An Elephant in the Living Room by Jill M. Hastings and Marion H. Typpo

Further Resources - Grandfamilies

- grandfactsheets.org
- grandfamilies.org
- gu.org
- brookdalefoundation.net/RAPP/rapp.html



generations united®

Because we're stronger together®

Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies and programs for the enduring benefit of all. Generations United is home to the National Center on Grandfamilies, a leading voice for issues affecting families headed by grandparents and other relatives.

Generations United's National Center on Grandfamilies leads an advisory group of organizations and caregivers that sets the national agenda to advance public will in support of these families. Center staff conduct federal advocacy, provide technical assistance to state-level practitioners and advocates, and train grandfamilies to advocate for themselves. The Center raises awareness through media outreach, weekly communications and events. It provides a range of information and resources available at www.gu.org and www.grandfamilies.org.



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