National Association
for Children of Addiction

TOOLS
FOR EARLY CHILDHOOD PROFESSIONALS



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1 A MESSAGE TO EARLY CHILDHOOD PROFESSIONALS

You, as an early childhood professional, are uniquely positioned to make a significant contribution to the lives of children impacted by substance use disorders (SUDs) and addiction-related trauma. You're often the first to notice signs of distress as these young ones enter your classroom or nursery at the beginning of the day. You frequently observe the challenges their parents face during pick-up time.

The nurturing relationship you offer these children can profoundly affect their lives—now and in the future. As experts have noted:

- Early environments matter and nurturing relationships are essential.
- Human relationships and their effects are the building blocks of development.
- Effective interventions in early childhood can alter development by changing the balance between risk and protection.
- Both biology and experience matter: nature and nurture.

(Center on the Developing Child, Harvard University, 2021)

Your caring interactions with the young children in your care matter – more than you may ever realize.

BOX TIP

Your role is pivotal in shaping the lives of children affected by SUDs. Your nurturing presence can be the stable foundation these children need to thrive.

2 INTRODUCTION



THE SCOPE OF THE PROBLEM

The research is staggering. An estimated 8.7 million, or 1 out of every 8 children under 18 in the United States, live in households where at least one parent has a substance use disorder (SAMHSA, 2021). Last year, nearly 50 million people had substance use disorder, but fewer than 15% received the necessary treatment and support services. (SAMHSA, 2024) This means that many children across the nation are living in homes where a parent is struggling with addiction and not receiving the help and support they need.

According to NIDA Director Nora Volkow, from 2011 to 2021, almost half of the overdose deaths in the United States involved people who had at least one child. This means there are an estimated 321,566 children now living without a parent due to substance use. (Jones CM, Zhang K, Han B, et al., 2024) (NIDA, 2011)
And from 2010 to 2017, the estimated rate of Neonatal Abstinence Syndrome significantly increased 82%.
(Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW., 2020)

Children raised in families affected by SUDs have different life experiences than those raised in families without these challenges. These children often face greater challenges with academic, social, and family functioning and are at a heightened risk of developing mental health disorders and experiencing maltreatment. (Lipari, R.N. and Van Horn, S.L., 2017) The chaos and uncertainty that often characterizes homes affected by SUDs can cause increases in stress as well as conflict in parental and marital relationships, disrupting the young child's development.

IMPACT ON CHILD DEVELOPMENT

The development of young children in families impacted by SUDs may be particularly affected because brain growth during early childhood sets the stage for a lifetime of learning, and for grappling with developmental gaps created by family stress. It's not surprising that children living with a parent struggling with SUD often score lower on measures of family cohesion, intellectual-cultural orientation, active-recreational orientation, and independence.

PURPOSE OF THIS RESOURCE

This kit aims to provide awareness and skills to the early childhood community that often serves as the back-up family for young children when their own family is not emotionally or physically available.

BOX TIP | Understanding the prevalence and impact of SUDs on families equips you to better support the children in your care.

3 BRIEF OVERVIEW OF SUDS, ADDICTION, & ADDICTION-RELATED TRAUMA

DEFINING SUDS AND ADDICTION

Substance Use Disorders (SUDs) are complex conditions characterized by problematic use of alcohol or other substances, leading to significant impairment in daily life and health risks. When parents or caregivers struggle with SUDs, it can profoundly impact family dynamics and children's well-being.

Substance use disorder (SUD), and addiction refer to the same condition, but are used in different contexts. Substance use disorder is a medical term that emphasizes the condition as a chronic, treatable illness. Addiction on the other hand is a more universal term and is better referred to as "the disease of addiction." When talking with younger children, it is an easier term for them to understand in its simplicity and concreteness. Just as we use the term heart attack rather than myocardial infarction, use addiction when it is appropriate to reference the disease with children.

Regardless of term, it is more sensitive and respectful to utilize person-first language which encourages more empathetic, supportive responses. So rather than referring to a person being an addict, instead say "an individual has a substance use disorder." This is a condition a person has, like cancer or diabetes; it does not define the person. This attitude is extremely important when working with children, as it helps them tease apart the disease from the parents they love.

DEFINING ADDICTION-RELATED TRAUMA

Addiction-related trauma refers to the emotional and psychological harm experienced by individuals due to the effects of substance use, either their own or a loved one's. This trauma can result from unstable environments, neglect, abuse, or unpredictable behaviors linked to addiction, leading to long-term impacts like anxiety, depression, and trust issues. It often affects children of those with substance use disorders, contributing to ongoing emotional difficulties and strained relationships. In summary, addiction-related trauma reflects the adverse experiences children may face as a result of living with a caregiver who has a SUD. These experiences can include:

- Inconsistent care and neglect
- Emotional, physical, or sexual abuse
- Witnessing substance use or its effects
- Disrupted attachment and family relationships
- Financial instability
- Chaotic and unpredictable home environment



IMPACT ON FAMILY DYNAMICS

The impact of SUDs and addiction-related trauma on families can be far-reaching, affecting children's emotional, social, and cognitive development. As an early childhood professional, understanding these dynamics is crucial for providing appropriate support and creating a nurturing environment for affected children.

BOX TIP | Recognizing the complex interplay between SUDs and childhood trauma is crucial for providing informed, compassionate care.

4 GETTING STARTED

As an early childhood professional, you have a unique opportunity to make a real difference in the lives of children affected by substance use disorders and addiction-related trauma. You might be wondering, "Where do I start?" Don't worry - we're here to help you take those first important steps.

OBSERVE, LISTEN, AND DOCUMENT

Your keen eyes and ears can be powerful tools. Pay attention to changes in a child's behavior, appearance, or mood. Does Jamie seem extra tired on Mondays? Does Ava become anxious before pick-up time? Pay attention to what the child says to you, to their peers, and to others. Does Johnny tell peers he is afraid or sleepy? Does Sammy say more aggressive and hurtful things on Fridays before he goes back to his dad's house?

Keep a simple journal of your observations, focusing on facts rather than interpretations. Over time, you might start to see patterns that can help you better support the child.

CREATE A SAFE HAVEN

For a child living with the chaos of addiction at home, your classroom can be a much-needed oasis of calm and predictability. Try to establish consistent routines - children find comfort in knowing what to expect. A visual schedule with pictures showing the day's activities can be especially helpful. Consider creating a cozy "calm corner" where children can go when they're feeling overwhelmed. A few soft pillows and some books about feelings can work wonders. Any opportunity to use soft lighting or lamps versus overhead fluorescent lamps makes it universally more comforting.

BUILDING TRUST, ONE INTERACTION AT A TIME

This resource aims to provide awareness and skills to the early childhood community that often serves as the back-up family for young children when their own family is not emotionally or physically available.

BUILDING TRUST, ONE INTERACTION AT A TIME

Trust is like a delicate plant - it needs consistent care to grow. Be reliable in your interactions with the children. If you say you'll do something, make sure you follow through. Show empathy without judgment. Remember, the child isn't choosing to live in a difficult situation. Your consistent, caring presence can be a lifeline for them.



THE DO'S AND DON'TS

DO:

- Listen attentively when a child speaks to you. Sometimes, being heard is the greatest gift we can give.
- Maintain consistent expectations and consequences. This helps children feel secure.
- Focus on and praise the child's strengths, behaviors, and efforts. They need to know they have value beyond their family struggles.
- Model good manners. Always face them when engaging, smile, be gracious, say thank you and please. Be present and keep the cell phones out of sight when working.
- Be conscious of positive, welcoming, non-verbal communication; maintain good posture; pay attention to your own grooming; use handshakes when meeting new family members (unless culturally inappropriate to do so)
- Take opportunities to provide positive feedback as often as possible; daily if reasonable.

DON'T:

- Criticize or say negative things about the child's parents, no matter how tempting it might be. Remember, the child loves their parents despite the challenges.
- Make promises you can't keep. It's okay to say, "I'm not sure, but I'll try to find out."
- Try to be a therapist if you're not trained as one. Your role as a supportive, caring adult is invaluable just as it is.
- Question or investigate the child or parent if you suspect child maltreatment. If you feel something is going on, call the child abuse and neglect hotline to report it.

MESSAGES OF HOPE

Here are some powerful messages you can share with children, adapting the language to suit their age:

"You are safe here." "It's not your fault." "Your feelings are okay." "You can't make your parent stop using substances, but you can help take care of yourself." "There are people who can help you and your family."

These simple affirmations can be a beacon of hope for a child navigating difficult waters.

DEVELOPING YOUR SKILLS

As you work with children affected by SUDs and addiction-related trauma, you'll find yourself developing some crucial skills:

ACTIVE LISTENING

This isn't just hearing words, it's truly tuning in to what a child is communicating, both verbally and non-verbally. Getting down to the child's level, looking them in the eyes, and nodding your head are non-verbal cues that show the child you are listening, and they have your attention. It's amazing how much children will share when they feel genuinely heard.

NON-JUDGMENTAL, STRENGTH-BASED COMMUNICATION

This is the art of focusing on feelings and behaviors without attaching labels or making judgments. Instead of saying, "That's a bad thing to do," try, "I see you're feeling angry. Let's figure out a better way to show those feelings."

RECOGNIZING SIGNS OF TRAUMA:

As you gain experience, you'll become more attuned to signs that a child might be experiencing trauma. This could be anything from being overly jumpy, not wanting to be surprised, withdrawing from activities they usually enjoy (or not experiencing any joy at all), to creating chaos in the classroom to make themselves feel more like home.

KNOWING WHEN TO REACH OUT

Remember, you're part of a team. If you ever feel in over your head, it's okay - essential, even - to ask for help. Talk to your supervisor if you're concerned about a child. If you suspect abuse or neglect, follow your state laws for mandatory reporting. Your role isn't to solve every problem, but to be a consistent, caring presence in the child's life.

BOX TIP

Start with observation, create a safe environment, and build trust. Remember, small, consistent actions can make a significant difference.

You're making a difference, even when you can't see it. Your patience, understanding, and consistent care are powerful influences for a child living with the challenges of SUDs and addiction-related trauma.

5 CORE KNOWLEDGE & COMPETENCIES FOR EARLY CHILDHOOD PROFESSIONALS

The following section outlines core knowledge and competencies essential for early childhood professionals working with children affected by SUDs and addiction-related trauma. It covers understanding SUDs, child development in this context, observation skills, interpersonal competencies, cultural competence, and self-care. Each subsection provides practical strategies and evidence-based information to enhance your ability to support these children effectively.

UNDERSTANDING SUDS AND ADDICTION-RELATED TRAUMA

Understanding SUDs and addiction-related trauma is fundamental to supporting affected children. Familiarize yourself with how SUDs impact family dynamics and the various forms of trauma children may experience. Oftentimes the question isn't whether parents love their children, but rather is the engagement with their children consistent and healthy. These parents often grew up in homes impacted by SUDs as well, and lack the development of healthy communication skills, a vocabulary to discuss emotions, or the ability to identify conflicts and resolve them effectively. The ongoing, unresolvable stress that is ever-present in these homes, over time, may create an unhealthy, toxic environment that fractures foundational development for children. For instance, a child might witness erratic behavior, experience neglect, or face financial instability due to a parent's substance use. This is confusing when compared to the backdrop of parents who laugh and play with these children at other times, promising that things will be better. Attending workshops or completing online courses on trauma-informed care can improve your appreciation of the disease of addiction and its impact on families.

Understanding the importance of early intervention is key. Timely support can make a significant difference for both children and families affected by SUDs. Learn about local early intervention services and how to access them. You might create a resource list of these services and keep it updated, making it easier to connect families with the help they need when the time comes.

A strength-based approach is vital when working with these children. Learn to identify and build upon their strengths. A child from a chaotic home environment might show remarkable resilience or problem-solving skills. By recognizing and nurturing these strengths, you can help build their self-esteem and coping abilities.

Stay informed about current research and information on children affected by SUDs and addiction-related trauma. Understanding the prevalence and impact of these issues in your community can help you better prepare to meet the needs of the children in your care. Set aside time regularly to read current articles or research papers on the topic. **Subscribing to NACoA's monthly newsletter** is an easy way to receive regular updates, new resources, and educational opportunities.

CHILD DEVELOPMENT IN THE CONTEXT OF SUDS

Recognizing developmental impact is crucial. You'll need to identify behaviors that differ from typical early childhood development and understand how SUDs and addiction-related trauma can affect a child's growth. For example, a child exposed to chronic stress might struggle with emotional regulation or show delays in language development. Keeping a developmental milestone chart handy and noting any significant deviations can help you track these differences.

PRENATAL SUBSTANCE EXPOSURE: NEONATAL ABSTINENCE SYNDROME (NAS) AND FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

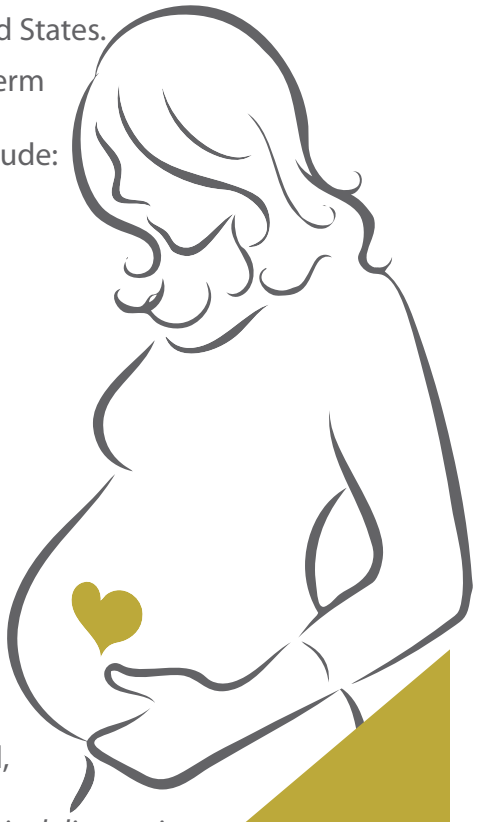
Children exposed to drugs or alcohol in utero are affected in various ways. It's important to recognize that prenatal substance exposure not only influences the fetus's growth and development during pregnancy but can also have lifelong effects. These effects can inevitably impact the ability to function in classroom, social, or family settings.

Neonatal Abstinence Syndrome (NAS) refers to a broad range of signs and symptoms in infants experiencing withdrawal from substances they were exposed to in the womb.

An infant with NAS is born every 24 minutes in the United States.

Babies born with NAS experience both short- and long-term effects, but additional research is necessary to fully understand the long-term impacts. These effects can include:

1. Seizures
2. Vision problems
3. Developmental delays
4. Sleep disturbances
5. Learning and behavioral problems
6. Motor issues



Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual prenatally exposed to alcohol. Recent studies suggest that 1-5% of children in the United States may have an FASD. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. *The term FASD is not intended for use as a clinical diagnosis.*

FASD is the leading known cause of developmental disabilities that is 100% preventable. It's important to note that there is **no known safe amount of alcohol use during pregnancy or while trying to get pregnant.**

Children with FASD may face various challenges that can impact their experiences in your classroom or care facility. These might include:



1. Difficulty with attention and hyperactivity
2. Problems with memory and learning
3. Trouble with impulse control and decision-making
4. Challenges in social interactions
5. Delays in speech and language development

As an early childhood professional, you may need to adapt your teaching strategies to support these children effectively. For instance, you might use more visual aids, break instructions into smaller steps, or provide a quiet space for children who become easily overstimulated.

Remember, each child with FASD is unique. What works for one child may not work for another. Patience, consistency, and a willingness to try different approaches are key.

It's crucial to understand that some parents may have undiagnosed FASD. Adults with FASD might struggle with organization, planning, and decision-making, which can affect their parenting abilities. They may also be at higher risk for substance use problems themselves.

When working with parents, be mindful that challenges you observe might be related to undiagnosed FASD rather than a lack of care or effort. Approach these situations with empathy and focus on providing practical support and connections to resources when possible.

Your role in these situations is to provide a supportive, nurturing environment for all children, regardless of potential prenatal exposures. If you have concerns about a child's development, follow your organization's protocols for developmental screening and referral.

> ***Prenatal cannabis is growing more concerning as research begins to document concerns. Caution is deserving as more will be revealed in further scientific studies.***

LEARNING DIFFERENCES AND DISABILITIES

As an early childhood professional, it's crucial to understand that children affected by SUDs and addiction-related trauma may be at higher risk for learning differences and disabilities. Research has shown that prenatal exposure to substances can impact brain development, potentially leading to cognitive and behavioral challenges (Behnke & Smith, 2013).

Children exposed to SUDs may experience difficulties with attention, memory, and executive functioning. For instance, a study by Fried et al. (2003) found that children with prenatal alcohol exposure showed deficits in visual-spatial functioning and planning abilities. These challenges can manifest as struggles with following instructions, organizing tasks, or remembering sequences. Some research also suggests a higher risk of dyslexia in families impacted by SUDs.

It's important to note that not all children affected by SUDs will develop learning disabilities, and those who do may present with a wide range of symptoms. Your role is to be observant, provide supportive interventions, share observations with parents/caregivers, and collaborate with specialists when necessary. Look to **additional guidance to assist in the process of early identification and intervention** critical for our young children.

Some strategies to support children with learning differences include:

1. Providing clear, step-by-step instructions
2. Using visual aids and hands-on learning experiences
3. Offering extra time for task completion when needed
4. Creating a structured, predictable environment
5. Collaborating with special education professionals for individualized support

Remember, each child is unique, and what works for one may not work for another. Patience, flexibility, and a willingness to try different approaches are key in supporting these children's learning journeys.

DEPRESSION AND ANXIETY IN YOUNG CHILDREN

Depression and anxiety can affect children at surprisingly young ages, and those exposed to SUDs and addiction-related trauma may be particularly vulnerable. A study by Anda et al. (2006) found that adverse childhood experiences, including living with a parent with SUDs, significantly increased the risk of depressive disorders in adulthood.

Signs of depression in young children might include:

- Persistent sadness or irritability
- Persistent sadness or irritability
- Changes in sleep or appetite
- Difficulty concentrating
- Physical complaints without apparent cause



Anxiety in young children might manifest as:

- Excessive worry or fear
- Reluctance to separate from caregivers
- Physical symptoms like stomachaches or headaches
- Avoidance of certain situations or activities
- Sleep disturbances

It's crucial to understand that these symptoms may look different in young children compared to adults. For instance, depression in young children often presents as irritability rather than sadness (Luby et al., 2003).

As an early childhood professional, your role includes creating a supportive, nurturing environment that can help mitigate the effects of stress and trauma. Strategies might include:

1. Establishing predictable routines to provide a sense of safety
2. Teaching and modeling emotional regulation skills
3. Providing opportunities for creative expression
4. Offering plenty of physical activity and outdoor time
5. Collaborating with mental health professionals when needed

Remember, while you play a crucial role in supporting these children, diagnosing and treating mental health conditions is outside your scope of practice. If you have concerns about a child's emotional well-being, follow your organization's protocols for referral to appropriate mental health professionals.

OBSERVATION AND ASSESSMENT SKILLS

TECHNIQUES FOR OBSERVING AND DOCUMENTING CHILD BEHAVIOR

Effective observation goes beyond just watching; it involves systematically recording what you see and hear. Consider keeping a daily journal where you note specific behaviors, interactions, and patterns. For instance, you might observe that a four-year-old child becomes particularly agitated during transition times. By documenting this consistently, you can begin to identify triggers and develop strategies to support the child.

When documenting, be as objective as possible. Instead of writing "The child was bad during clean-up time," you might note "The child threw toys and yelled when asked to clean up." This factual approach helps in identifying patterns and discussing concerns with parents or other professionals.

RECOGNIZING SIGNS OF POTENTIAL NEGLECT OR ABUSE

While it's not your role to diagnose abuse or neglect, being aware of potential signs is important. Physical signs might include unexplained bruises, poor hygiene, or constant hunger. Behavioral indicators could include extreme withdrawal, aggression, or age-inappropriate sexual knowledge.

Remember, the presence of these signs doesn't automatically indicate abuse or neglect. However, if you consistently observe concerning behaviors or physical signs, it's important to follow your organization's protocols for reporting concerns.

AGE-APPROPRIATE DEVELOPMENTAL ASSESSMENT

Regular developmental check-ins can help you track children's progress and identify any areas of concern. Many early childhood settings use standardized screening tools appropriate for their age group. These might include questionnaires about a child's skills or structured activities to observe specific abilities.

If you notice a child consistently struggling in certain areas, it may be appropriate to recommend a more comprehensive evaluation by a specialist. Always discuss your observations with your supervisor and follow your organization's procedures for making referrals.

Your role in observation and assessment is to support children's development, not to diagnose conditions. Always work within your professional boundaries and seek guidance when you're unsure.

TRAUMA-INFORMED OBSERVATION

When observing and assessing children, it's important to consider the potential impact of trauma, especially for children from families affected by SUDs. These children are at a higher risk of experiencing trauma, which can manifest in various ways in their behavior and development (Lander et al., 2013).

Be attentive to signs of trauma in young children, which may include hypervigilance, difficulty with emotional regulation, or developmental regression (National Child Traumatic Stress Network, 2020). When documenting your observations, focus on describing behaviors objectively without interpretation.

This approach can help you identify patterns over time and inform trauma-informed interventions. Remember, your role is not to diagnose trauma but to provide supportive care and refer to appropriate professionals when necessary. Your careful observations can play a crucial role in ensuring these children receive the support they need.

INTERPERSONAL COMPETENCIES

Gauging appropriate support levels for each child is a delicate balance. Every child's situation is unique, and what works for one might not work for another. You'll need to learn how to provide support without overstepping professional boundaries. Regular check-ins with your supervisor can help you navigate these complex situations.

Sensitive communication is essential when working with children affected by SUDs an addiction-related trauma. You'll need to develop skills in discussing concerns without stigmatizing or overreacting. For example, instead of saying, "Your mom drinks too much," you might say, "I notice you seem worried when it's time to go home. Do you want to talk about it?" Practice using "I" statements and reflective listening in your daily interactions to hone these skills.

Setting consistent and safe boundaries is particularly important for children from chaotic home environments. They need the security of knowing what to expect. You might create a visual representation of classroom rules and expectations, referring to it consistently. This predictability can be comforting for a child whose home life is unpredictable.

Modeling healthy social skills is a powerful tool. Children from homes affected by SUDs might not see healthy interactions modeled consistently. By demonstrating appropriate problemsolving and conflict resolution skills, you provide a valuable example. You might narrate your own problem-solving process out loud when facing challenges in the classroom, giving children a template for handling difficulties.

Providing ongoing support is crucial, as the effects of SUDs and addiction-related trauma don't disappear overnight. You'll need to learn how to offer consistent support over time. Keeping a journal to track your ongoing interactions and support strategies for each child can help you maintain consistency and monitor progress.

CULTURAL COMPETENCE

As you develop your interpersonal competencies, it's crucial to consider cultural competence when working with diverse families affected by SUDs. Every family brings its own cultural background, which influences their perceptions of substance use, mental health, and childrearing practices (Alegría et al., 2019).

Approach each family with curiosity and respect, avoiding assumptions based on cultural stereotypes. Be aware that cultural factors may impact a family's willingness to seek help or engage with early childhood programs (National Center on Substance Abuse and Child Welfare, 2021). You may need to use culturally and linguistically appropriate communication strategies, which could involve working with interpreters or using translated materials (Office of Minority Health, 2018).

In your classroom, strive to create an inclusive environment by incorporating culturally diverse materials and activities. This not only supports the children from diverse backgrounds but also enriches the learning experience for all children (National Association for the Education of Young Children [NAEYC], 2019).

Remember, cultural competence is an ongoing journey of learning and self-reflection. Regularly assess your own biases and seek opportunities to expand your cultural knowledge and skills. This continuous growth will enhance your ability to support all families effectively (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

PROFESSIONAL CAPACITY AND SELF-CARE

Self-awareness is a critical competency. Recognize your own biases about SUDs and the disease of addiction and understand how your personal experiences might influence your approach. For instance, if you grew up in a home affected by SUDs, you might find certain behaviors particularly triggering. Regular reflection on your reactions to challenging situations, perhaps through journaling or discussions with a supervisor, can help you maintain objectivity.

Understanding professional boundaries and when to seek help is vital. Learn to recognize when a situation is beyond your expertise and the importance of seeking supervision and additional support. You might develop a personal "red flag" list that signals when you need to seek additional help, such as if a child discloses abuse or if you're feeling overwhelmed by a particular situation.

Knowledge of community resources is essential for supporting families affected by SUDs. Familiarize yourself with local support services, treatment centers, and family counseling options. Learn how to make appropriate referrals. You might create and maintain a directory of these resources, making it easier to connect families with the help they need.

Remember, developing these competencies is an ongoing journey. **Celebrate your progress and be kind to yourself as you grow in these areas.** Your dedication to supporting children affected by SUDs and addiction-related trauma can make a profound difference in their lives.

Some specific strategies for self-care and professional development include:

- Develop a personal self-care plan, including regular exercise, healthy eating, and adequate sleep.
- Practice mindfulness or meditation techniques to manage stress.
- Establish a support network of colleagues for peer support.
- Attend regular supervision sessions to discuss challenging cases.
- Engage in hobbies or activities outside of work to maintain work-life balance.
- Seek professional counseling if you're experiencing secondary trauma or burnout.
- Regularly assess your emotional state and stress levels.
- Set realistic goals and boundaries in your work.

BOX TIP

Developing key competencies in knowledge, interpersonal skills, and cultural awareness is an ongoing journey that enhances your ability to support affected children.

6 FAMILY ENGAGEMENT

Building strong partnerships with families is essential in supporting children affected by SUDs and addiction-related trauma. Here are some strategies to enhance your family engagement efforts:

STRATEGIES FOR BUILDING PARTNERSHIPS WITH FAMILIES AFFECTED BY SUDS

Approach families with empathy and without judgment. **Remember, parents struggling with SUDs often feel shame and fear.** Your supportive, non-judgmental approach can make a significant difference.

For example, instead of saying "Your child is always tired on Mondays. Are you drinking on weekends?" you might say "I've noticed Sarah seems tired on Mondays. Is there anything going on at home that might be affecting her sleep?"

Establish clear, consistent communication channels. This might involve setting up regular checkins, using communication notebooks, or utilizing secure messaging apps. The key is to find a method that works for both you and the family.

Focus on the child's needs and progress. Frame your discussions around how you can work together to support the child's development. For instance, "I've noticed Alex is having trouble sharing toys. What strategies do you use at home when he needs to share with siblings?"

CULTURALLY SENSITIVE APPROACHES TO FAMILY COMMUNICATION

Be aware that cultural backgrounds can significantly influence how families view substance use, mental health, and early childhood education. Some cultures may have strong stigmas around these topics, while others may have different perspectives on child-rearing practices.

When possible, learn about the cultural backgrounds of the families you serve. Consider hiring early childhood professionals reflective of your community ethnicity to help provide appropriate guidance to staff and may have nurtured a stronger bond and trust with the family to make delicate conversations more supportive. Staff can attend cultural competency training or ask families about their traditions, values and how you can best incorporate these variations in your messaging with their children. Remember, showing genuine interest and respect for a family's culture can go a long way in building trust.

If language barriers exist, utilize interpreters when necessary to ensure clear communication. It's crucial that families fully understand any concerns or recommendations you're sharing about their child.

SUPPORTING FAMILY INVOLVEMENT IN EARLY CHILDHOOD EDUCATION

Invite families to participate in classroom activities and events. This could be as simple as asking a parent to read a story to the class or help with an art project. For families affected by SUDs, these positive interactions with their child in the school setting can be particularly meaningful.



Provide resources and information about child development and parenting. This might include handouts, links to reputable websites, or information about local parenting classes. Be sure to offer these resources to all families to avoid singling out those you suspect might be struggling with SUDs.

Offer flexible scheduling for parent-teacher conferences and meetings. Families dealing with SUDs may have unpredictable schedules or transportation challenges. By offering options like phone conferences or early morning meetings, you increase the chances of successful engagement.

RESOURCES FOR FAMILIES/CAREGIVERS

NACoA provides key resources for caring adults who work with families impacted by SUDs. These materials are extremely helpful to provide to parents and caregivers who need to better understand the issues and how to help, as well as valuable guidance for the children themselves.

SEVEN Cs

This resource, created by Jerry Moe, MA, outlines for children that they can let go of the responsibility for what they assume to be theirs and spotlights what they can do to help themselves while their family is dealing with a substance use disorder.

TOOLS FOR KIDS

This guidance is perfect for families to read with their children together. It explains the disease of addiction, important things for kids to keep in mind, and reminds them that the addiction is not their fault. It includes the Seven Cs, a letter from an adult who grew up in a similar family, and some recommended books for children to read.

TOOLS FOR PARENTS AND CAREGIVERS: HELPING FAMILIES IMPACTED BY SUBSTANCE USE DISORDERS

This comprehensive resource details how parents/caregivers can help children affected by SUDs in their families and provides a variety of resources to learn more.

BOX TIP

Building partnerships with families requires empathy, cultural sensitivity, and a focus on the child's well-being. Your approach can bridge crucial gaps in support.

7 BUILDING A COLLABORATIVE PROFESSIONAL SUPPORT NETWORK



Effective support for children affected by SUDs often requires collaboration with other professionals. This collaboration can be a very beneficial piece in being able to help and support the child and the child as they go through a difficult period. As an early childhood professional, you are part of a larger support network that may include social workers, therapists, healthcare providers, and child welfare specialists (Renner et al., 2020). Effective collaboration multiplies your impact. Embrace your role in the wider support network while maintaining professional boundaries.

EFFECTIVE COMMUNICATION STRATEGIES

Understanding the roles of the various professionals you're collaborating with can help you navigate this collaborative landscape more effectively. Similarly, ensuring that other professionals grasp your role will also be beneficial. This mutual understanding can reduce frustration and barriers between different disciplines, enhancing the overall effectiveness of your work. Work with your organization to develop clear communication protocols for sharing information with other professionals involved in a child's care, always keeping in mind legal and ethical boundaries (Institute of Medicine and National Research Council, 2015).

PARTICIPATING IN MULTI-DISCIPLINARY TEAMS

You may have opportunities to participate in multi-disciplinary team meetings. These can provide a holistic view of a child's needs and help coordinate support efforts (Stein et al., 2016). In these settings, your unique perspective as the child's early childhood educator can provide valuable insights. Keep in mind the effective communication strategies from above around legal and ethical boundaries when engaging in multi-disciplinary teams.

ADVOCATING FOR COMPREHENSIVE SERVICES

Don't hesitate to advocate for comprehensive services for the children and families you work with. You're often in a position to identify needs early and can play a crucial role in connecting families with appropriate resources (Center on the Developing Child, 2021).

MAINTAINING PROFESSIONAL BOUNDARIES

While collaboration is important, it's equally crucial to maintain professional boundaries. Stay within your scope of practice and don't hesitate to refer to specialists when necessary (NAEYC, 2020). Remember, your role as an early childhood professional is vital in this collaborative effort, providing consistent, day-to-day support and observations that inform the wider support network.

COLLABORATION WITH COMMUNITY RESOURCES

Familiarize yourself with local support services and resources for families affected by SUDs. This might include treatment centers, support groups, or family counseling services. Also be familiar with healthcare and mental health resources for the children and families which might include early intervention services, pediatric mental health specialists, or community health clinics. Other resources that families might need assistance with are domestic violence services, food pantries and clothing closets, and after school programs.

While it's not your role to refer families directly to these services, having this knowledge can be helpful if families ask for resources. Understand the basic role of each service and the process for accessing them. This knowledge allows you to be a valuable resource for families and enhances your ability to provide comprehensive support.

BOX TIP

Effective collaboration is key to providing comprehensive support for children affected by SUDs. Build strong relationships with other professionals and community resources, but always maintain clear boundaries. Your unique perspective as an early childhood educator is invaluable in this collaborative effort.

8 CURRICULUM ADAPTATION AND CLASSROOM STRATEGIES

While you may not have the authority to completely overhaul your curriculum, there are many strategies you can implement within your classroom to support children affected by SUDs and addiction-related trauma. These strategies support all children in a caring, fundamental way, but are essential and nurture resilience in children impacted by SUDs:

CREATING A TRAUMA-INFORMED CLASSROOM ENVIRONMENT

Creating a trauma-informed classroom environment can significantly benefit children who have experienced trauma, including those affected by family SUDs. Start by establishing predictable routines and clear expectations. Children who experience chaos at home often thrive on consistency in the classroom.

Consider creating quiet, calming spaces within your classroom where children can go to selfregulate when feeling overwhelmed. These areas might include soft furnishings, calming visual elements, or sensory tools (Bartlett et al., 2017).

In your interactions with children, use trauma-informed communication. This means avoiding punitive language and instead focusing on understanding the underlying needs behind challenging behaviors (SAMHSA, 2014). Remember, a child's disruptive behavior is often a communication of an unmet need or an attempt to cope with overwhelming emotions.

Incorporate strategies to help children develop self-regulation skills. This might include teaching and modeling techniques such as deep breathing, mindfulness exercises, or use of sensory activities. These tools can help children manage overwhelming emotions and develop crucial coping skills (Perry & Szalavitz, 2017). Use visual cues to support transitions. For instance, you might use a sand timer to show how much time is left before clean-up or play a specific song to signal it's time to line up for lunch.

By implementing these trauma-informed practices, you create a more supportive and healing environment for all children, especially those affected by SUDs and addiction-related trauma. This approach can help children feel safe, build resilience, and engage more fully in learning and social interactions.

INCORPORATING SOCIAL-EMOTIONAL LEARNING

Implement daily activities focused on identifying and expressing emotions. This could involve reading books about feelings, using emotion cards, or having a "feelings check-in" during morning circle time. **Sesame Workshop** provides a hearty collection of resources on a variety of topics that could be utilized in fun activities relating to emotional intelligence and wellness.

Teach coping strategies and self-regulation techniques. Simple breathing exercises, like "smell the flower," or "blow out the candle," can be effective even for young children. You might also introduce sensory tools like stress balls or glitter jars.

Promote positive peer interactions and problem-solving skills. Use role-play or puppet shows to demonstrate how to share, take turns, or resolve conflicts. Encourage children to practice these skills during play time.

STRATEGIES FOR MANAGING CHALLENGING BEHAVIORS

Use positive reinforcement and praise for desired behaviors. Be specific in your praise, such as "I like how you used your words to ask for a turn" rather than just "Good job."

Implement consistent, fair consequences for inappropriate behaviors. Make sure the consequences are related to the behavior and developmentally appropriate. For example, if a child throws toys, they might lose the privilege of playing with that toy for a short time.

Teach and model appropriate social skills and conflict resolution. When conflicts arise, guide children through the steps of problem-solving: identifying the problem, brainstorming solutions, and choosing one to try.

These strategies benefit all children in your care, not just those affected by SUDs and trauma. Creating a supportive, nurturing environment helps every child thrive.

BOX TIP Tailoring your approach to accommodate the needs of children affected by SUDs can create a more inclusive, supportive learning environment for all.

9 SELF-CARE & PROFESSIONAL DEVELOPMENT

Supporting children affected by SUDs and addiction-related trauma can be emotionally demanding. Prioritizing your own well-being and ongoing learning is crucial for maintaining your effectiveness and preventing burnout.

IMPORTANCE OF SELF-CARE

As early childhood professionals, we often focus so much on caring for others that we neglect our own needs. However, self-care isn't selfish—it's necessary for providing the best care to the children in your charge. Here are some strategies to consider:

- **Practice stress-reduction techniques.** This might include mindfulness meditation, deep breathing exercises, or yoga. Even a few minutes of deep breathing during your break can help reset your stress levels.
- **Maintain work-life balance.** It's easy to bring work worries home with you, especially when you're concerned about a child. Try to establish clear boundaries between work and personal time. This might mean having a specific after-work ritual to help you transition, like changing clothes or taking a short walk.
- **Seek support when needed.** Don't hesitate to talk with colleagues, supervisors, or a professional counselor if you're feeling overwhelmed. Remember, seeking help is a sign of strength, not weakness.

NACoA provides some **basic self-care guidance** for professionals. In areas where adverse childhood experiences are high however – families may experience combinations of SUDs, domestic violence, incarceration, poverty, etc., and the strain on early childhood professionals can be significant. Professionals supporting families with such adversity can develop compassion trauma, otherwise known as secondary trauma or vicarious trauma. It is more than burnout; it combines the busy pace many early childhood professionals keep with the emotional toll when intimately working with highly stressed families and the potential for triggering past events from your own childhood experiences. At times, the need to **cope with compassion fatigue** is bonafide healthcare for professionals with big hearts committed to help the families they serve.

ONGOING EDUCATION ABOUT SUDS AND THEIR IMPACT ON FAMILIES

The field of early childhood education is constantly evolving, especially when it comes to understanding the impact of SUDs on families. Stay current:

Attend workshops and conferences on trauma-informed care. Many organizations offer training specifically geared towards early childhood professionals working with children affected by SUDs.

Stay updated on current research. Set aside time each month to read articles or reports from reputable sources like the **National Association for Children of Addiction (NACoA),** the **Substance Abuse and Mental Health Services Administration (SAMHSA),** or **Addiction Policy Forum.**

Participate in online courses or webinars. These can be a convenient way to learn new strategies and connect with other professionals in the field.

REFLECTIVE PRACTICE AND SELF-EVALUATION

Engaging in reflective practice can help you continually improve your skills and approach. Consider these strategies:

Keep a reflective journal. Take a few minutes at the end of each day to jot down your thoughts about challenging situations, successful interventions, or questions that arose during the day.

Engage in peer supervision or mentoring relationships. Regular discussions with colleagues can provide fresh perspectives and emotional support.

Set professional development goals. Regularly assess your skills and knowledge and set specific goals for areas you'd like to improve.

BOX TIP

Taking care of yourself isn't selfish—it's essential. You can't pour from an empty cup. Prioritizing your own well-being allows you to be the best support for the children in your care.

10 ADVOCACY SKILLS

As an early childhood professional working with children affected by SUDs and addiction-related trauma, developing advocacy skills is crucial. Your role extends beyond the classroom – you can be a powerful voice for these children and their families.

UNDERSTANDING YOUR ROLE AS AN ADVOCATE

Advocacy in this context means speaking up for the needs and rights of children affected by SUDs and addiction-related trauma. This can take many forms, from advocating for the care of individual children; improving overall support through your agency, center, or facility; educating others in the community about the impacts of SUDs on children; striving to work with other community partners to collaborate on programming for this age group of children; to pushing for policy changes that better support these families.

STRATEGIES FOR EFFECTIVE ADVOCACY

Educate yourself and others: Stay informed about the latest research on SUDs and their impact on children. Share this knowledge with colleagues, families, and community members to raise awareness.

Collaborate with others: Build relationships with other professionals who work with children affected by SUDs, such as social workers, healthcare providers, and mental health professionals. Working together can amplify your advocacy efforts.

Engage with policymakers: Learn about local and national policies that affect children and families impacted by SUDs. Write letters, make phone calls, or attend community meetings to voice your concerns and suggestions.

Use your professional platform: If you're part of a professional organization or attend conferences, look for opportunities to present on the needs of children affected by SUDs.

Support families in self-advocacy: Empower families to advocate for their own needs by providing them with information and resources.

ADVOCATING WITHIN YOUR ORGANIZATION

Look for ways to improve support for children affected by SUDs within your own workplace:

- Suggest staff training on trauma-informed care and working with families affected by SUDs.
- Propose changes to policies or procedures that could better support these children and families.
- Advocate for resources that could enhance your ability to support these children, such as additional classroom materials or access to mental health consultants.

Remember, advocacy is an ongoing process. Every small step you take can make a difference in the lives of the children and families you serve.

BOX TIP

Your voice matters. As someone who works directly with children affected by SUDs, you have valuable insights to share. Don't underestimate the power of your advocacy efforts.

11 LEGAL & ETHICAL CONSIDERATIONS

As an early childhood professional working with children and families affected by SUDs, it's important to be aware of certain legal considerations that may impact your work.

CHILD ABUSE AND NEGLECT MANDATORY REPORTING LAWS

First and foremost, familiarize yourself with your state's specific laws regarding mandatory reporting of known or suspected child abuse and neglect. As a professional working with children, you are likely a mandatory reporter, which means you have a legal obligation to report known or suspected abuse and neglect to the appropriate authorities (Child Welfare Information Gateway, 2019).

CONFIDENTIALITY AND PRIVACY

Confidentiality is another crucial legal and ethical consideration. Understand the requirements for maintaining family privacy while ensuring child safety (U.S. Department of Health and Human Services, 2020). This can sometimes feel like a delicate balance, but clear organizational policies and open communication with your supervisors can help navigate these situations.

AMERICANS WITH DISABILITIES ACT (ADA) CONSIDERATIONS

Be aware that children affected by prenatal substance exposure may be protected under the Americans with Disabilities Act (ADA) and entitled to reasonable accommodations (U.S. Department of Justice, 2020). The ADA is built upon the foundation laid by Section 504. Any agency receiving federal funding is legally obligated to provide reasonable accommodations and support to children with disabilities, ensuring equal access to childcare services without discrimination based on their disability. This might influence how you structure your classroom or individualize your teaching strategies.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is another important law to understand, as it applies to educational records and sharing information with other professionals (U.S. Department of Education, 2020). This law protects the privacy of student education records and provides guidelines for when and how information can be shared.

STATE-SPECIFIC LAWS AND REGULATIONS

Be aware of any state-specific laws regarding drug-exposed infants or parental substance use that may impact your work (National Conference of State Legislatures, 2021). These laws can vary significantly from state to state.

ETHICAL DECISION-MAKING

In addition to legal requirements, you may face ethical dilemmas in your work. Some key ethical principles to consider include:

- Respecting the dignity and worth of each child and family
- Maintaining professional boundaries
- Ensuring equitable treatment and avoiding discrimination
- Striving for cultural competence in all interactions
- Upholding the confidentiality of families while ensuring child safety

When faced with an ethical dilemma, consider:

1. Identifying the problem and gathering all relevant information
2. Reviewing applicable laws, regulations, and professional guidelines
3. Considering all possible courses of action and their consequences
4. Consulting with supervisors or colleagues
5. Making a decision and reflecting on the outcome

Remember, these legal considerations can be complex. Always consult with your supervisor or organization's legal counsel if you have questions about legal matters related to your work with children and families affected by SUDs. Your role is to provide the best possible care and support for the children in your classroom while operating within the bounds of the law and ethical practice.

BOX TIP

Understanding your legal responsibilities protects both you and the children you serve. When in doubt, always consult with your supervisors or legal counsel.

12 EXAMPLES & CASE STUDIES

Let's look at some real-world scenarios that illustrate the concepts we've discussed. These examples can help you apply the strategies in your own work.

CASE STUDY 1: SARAH'S STORY (OBSERVATION AND FAMILY ENGAGEMENT)

Sarah, age 4, has recently started showing signs of anxiety and aggression in your preschool class. Her mother, who usually drops her off, has been erratic in her behavior - sometimes overly friendly, other times irritable. You've noticed Sarah often comes to school in unwashed clothes and without breakfast.

One morning, Sarah's grandmother brings her in, explaining that Sarah's mother is "sick" and she'll be caring for Sarah for a while. Sarah seems both relieved and worried.

How you might respond:

- Document your observations of Sarah's behavior and appearance.
- Create a consistent, predictable routine for Sarah in the classroom.
- Offer Sarah extra emotional support, perhaps by assigning her a "buddy" or giving her special jobs to boost her confidence.
- Reach out to the grandmother to offer support and resources, while maintaining appropriate boundaries.
- Consider whether a referral to the school counselor or social worker might be appropriate.

CASE STUDY 2:

MIGUEL'S TRANSITIONS (CURRICULUM ADAPTATION AND CLASSROOM STRATEGIES)

Miguel, age 3, often becomes overwhelmed during transition times, resulting in tantrums. His father, who is in recovery from substance use, is trying to create a more stable home environment but struggles with consistency.

Your approach might include:

- Recognize that Miguel's behavior may be related to the unpredictability he experiences at home.
- Document the specific triggers and patterns of Miguel's tantrums.
- Implement a visual schedule to make transitions more predictable for Miguel.
- Teach Miguel simple coping strategies, like taking deep breaths or squeezing a stress ball.
- Have a compassionate conversation with Miguel's father about the challenges Ethan is facing and strategies that work at school.
- Connect MIguel's family with a local early intervention program for additional support.



CASE STUDY 3:

MAYA'S DEVELOPMENT (FASD AND COLLABORATION)

Maya, age 2, was prenatally exposed to alcohol. You observe that she has difficulty following simple instructions, struggles to engage in pretend play with peers, and shows delays in language development.

Your approach might include:

- Document your observations in detail.
- Share your concerns with Maya's caregivers sensitively, focusing on Maya's strengths as well as areas where she might need extra support.
- Recommend a developmental assessment with a specialist.
- Adapt your teaching strategies to support Maya's learning needs, such as using more visual cues and breaking instructions into smaller steps.
- Collaborate with Maya's caregivers and other professionals (e.g., speech therapist, occupational therapist) to ensure consistency between home and school strategies.
- Advocate for Maya to receive appropriate services and accommodations.

CASE STUDY 4:

THE RODRIGUEZ FAMILY (CULTURAL COMPETENCE AND FAMILY ENGAGEMENT)

The Rodriguez family, recent immigrants, have enrolled their 4-year-old son, Carlos, in your program. You suspect that Mr. Rodriguez might have a substance use issue, but the family seems reluctant to discuss any problems or accept offers of help.

Your approach might include:

- Learn about the Rodriguez family's cultural background and how it might influence their views on substance use and seeking help.
- Use culturally sensitive communication strategies, possibly involving a translator if there's a language barrier.
- Build trust gradually by focusing on Carlos's strengths and progress.
- Provide information about child development and local resources in a non-judgmental way.
- Respect the family's privacy while remaining vigilant about Carlos's well-being and safety.
- Consult with colleagues or supervisors about culturally appropriate ways to address your concerns.

CASE STUDY 5:

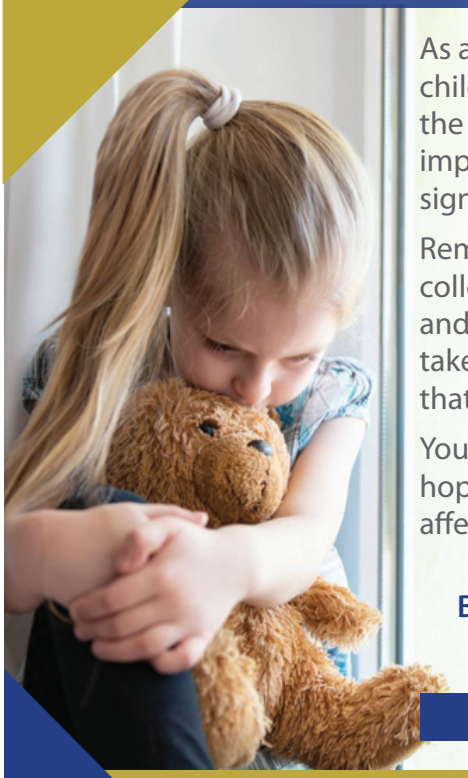
PROFESSIONAL BOUNDARIES (LEGAL/ETHICAL CONSIDERATIONS AND SELF-CARE)

You've been working closely with a family affected by SUDs for several months. The mother, Lisa, has made significant progress in her recovery and often expresses gratitude for your support. One day, Lisa invites you to her sobriety celebration and asks if you can be her emergency contact for her treatment program.

Your approach might include:

- Recognize the ethical dilemma this situation presents.
- Reflect on your professional boundaries and the importance of maintaining them.
- Consult your supervisor or organization's policies about attending client events.
- Respond to Lisa with empathy, congratulating her on her progress while gently explaining why you can't attend personal events or be an emergency contact.
- Suggest appropriate alternatives, such as peer support groups where Lisa might find suitable emergency contacts.
- Use this experience as an opportunity for self-reflection and professional development.
- Engage in self-care practices to manage any emotional stress from this situation.

13 CONCLUSION



As an early childhood professional, you play a crucial role in the lives of children affected by SUDs and addiction-related trauma. By understanding the impact of these experiences, developing key competencies, and implementing supportive strategies in your classroom, you can make a significant difference in these children's lives.

Remember, you're not alone in this important work. Seek support from colleagues, supervisors, and professional organizations. Continue to learn and grow in your understanding of this complex issue. Most importantly, take care of yourself so that you can continue to provide the nurturing care that these children so desperately need.

Your compassion, understanding, and skilled support can be a beacon of hope for children navigating the challenges of growing up in families affected by SUDs. Thank you for your dedication to this vital work.

BOX TIP

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."
- Margaret Mead

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GLOSSARY OF KEY TERMS

- **Addiction:** A more universal term for substance use disorder (SUD), better term for the disease that is plaguing parents when having discussions with children affected in the family.
- **Addiction-Related Trauma:** Adverse experiences resulting from living with a caregiver who has a substance use disorder.
- **Adverse Childhood Experiences (ACEs):** Potentially traumatic events that occur in childhood, including experiencing violence, abuse, or neglect.
- **Advocacy:** The act of pleading for, supporting, or recommending a cause or course of action.
- **Attachment:** The emotional bond between a child and their primary caregiver(s).
- **Cultural Competence:** The ability to understand, communicate with, and effectively interact with people across cultures.
- **Developmental Milestones:** A set of functional skills or age-specific tasks that most children can do at a certain age range.
- **Early Intervention:** Services and supports available to babies and young children with developmental delays and disabilities and their families.
- **Executive Functioning:** A set of mental skills that include working memory, flexible thinking, and self-control.
- **Family Engagement:** The systematic inclusion of families in activities and programs that promote children's development, learning, and wellness.
- **FERPA (Family Educational Rights and Privacy Act):** A federal law that protects the privacy of student education records.
- **Fetal Alcohol Spectrum Disorders (FASD):** An umbrella term describing the range of effects that can occur in an individual prenatally exposed to alcohol.
- **HIPAA (Health Insurance Portability and Accountability Act):** A federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
- **Mandated Reporter:** An individual required by law to report suspected child abuse or neglect to the appropriate authorities.
- **Prenatal Substance Exposure:** When a fetus is exposed to alcohol and/or other drugs used by the mother during pregnancy.
- **Reflective Practice:** The ability to reflect on one's actions so as to engage in a process of continuous learning.
- **Resilience:** The ability to recover from or adjust easily to misfortune or change.
- **Self-Regulation:** The ability to manage your emotions and behavior in accordance with the demands of the situation.
- **Strength-Based Approach:** A perspective that focuses on the inherent strengths of individuals, families, groups and organizations, deploying personal strengths to aid recovery and empowerment.
- **Substance Use Disorder (SUD):** A complex condition in which there is uncontrolled use of a substance despite harmful consequences.
- **Trauma-Informed Care:** An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.