GROWING UP DRUG ENDANGERED: UNDERSTANDING IMPACT AND INTERVENTION

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AGENDA

- Definitions
- Unique Issues
- Standard treatments
- Barriers to healing
- Talking points
- Going forward



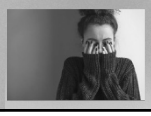
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SETTING THE STAGE

THINK OF THE ADULT AS IF THEY ARE A DRUG ENDANGERED CHILD.



....BECAUSE THIS ADULT IS A DRUG ENDANGERED CHILD WHO NEVER GOT HELP



....AND WE HAVE TO RIP THE SCAB OFF OF THE WOUND FOR HEALING TO OCCUR – WE ONLY HEAL "FROM THE INSIDE OUT"

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WE REPEAT WHAT WE DON'T REPAIR

(NOT TALKING ABOUT SOMETHING DOES NOT MAKE IT GO AWAY)



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DEFINITIONS

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DRUG ENDANGERED CHILD

Children who are at risk of suffering physical or emotional harm as a result of legal and/or illegal drug use, possession, manufacturing, cultivation, or distribution.

The parent/caregiver's substance misuse interferes with their ability to provide a safe and nurturing environment.

(www.nationalctec.org, 2026)

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ADDICTION

A ***chronic***, ***relapsing disorder*** characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is ***considered both a complex brain disorder and a mental illness***.

(National Institute on Drug Abuse. 2026)

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NEGLECT

In Illinois, neglect is defined as the failure of a parent or caretaker to meet "minimal parenting" standards for providing a child's basic physical, emotional, or educational needs (supervision, medical care, food, clothing, shelter). They willfully fail to provide for a child's needs, yet have the means to do so.

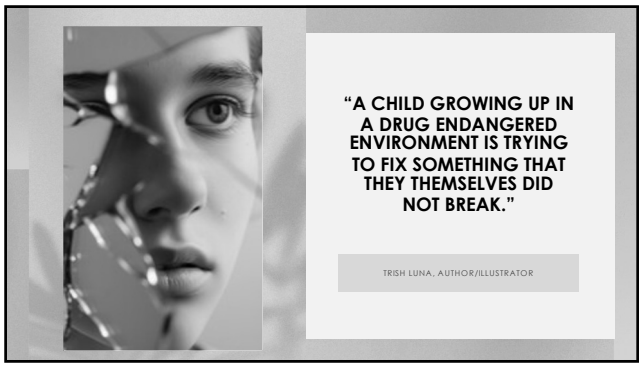
(Illinois Department of Children and Family Services, 2026)

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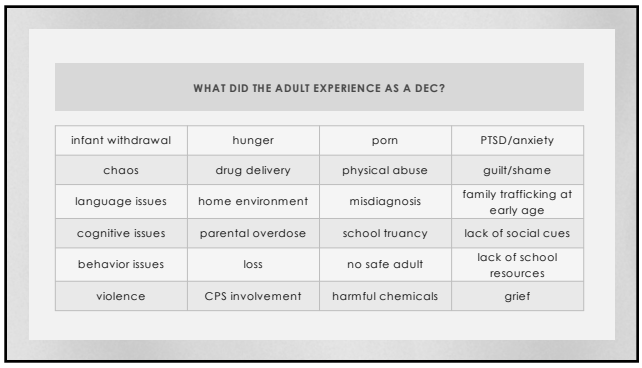
SO WHAT ARE SOME OF THE UNIQUE ISSUES?



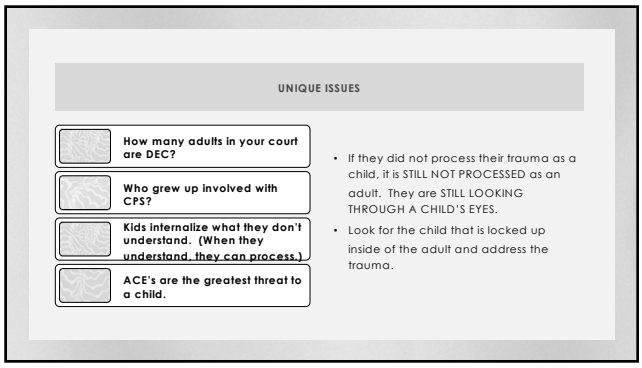
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"A CHILD GROWING UP IN A DRUG ENDANGERED ENVIRONMENT IS TRYING TO FIX SOMETHING THAT THEY THEMSELVES DID NOT BREAK."
TRISH LUNA, AUTHOR/ILLUSTRATOR

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WHAT DID THE ADULT EXPERIENCE AS A DEC?
infant withdrawal
hunger
porn
PTSD/anxiety
chaos
drug delivery
physical abuse
guilt/shame
language issues
home environment
misdiagnosis
family trafficking at early age
cognitive issues
parental overdose
school truancy
lack of social cues
behavior issues
loss
no safe adult
lack of school resources
violence
CPS involvement
harmful chemicals
grief

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UNIQUE ISSUES
How many adults in your court are DEC?
Who grew up involved with CPS?
Kids internalize what they don't understand. (When they understand, they can process.)
ACE's are the greatest threat to a child.
If they did not process their trauma as a child, it is STILL NOT PROCESSED as an adult. They are STILL LOOKING THROUGH A CHILD'S EYES.
Look for the child that is locked up inside of the adult and address the trauma.

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UNIQUE ISSUES

- **Did they have any diagnoses as a child?**
- **What were they exposed to as a child?**
- **What was their school experience- good or bad?**
- **What were they taught/told as a child?**

- If they did not process their trauma as a child, it is STILL NOT PROCESSED as an adult. They are STILL LOOKING THROUGH A CHILD'S EYES.
- Look for the child that is locked up inside of the adult and address the trauma.

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How the adult may think about their childhood:

- Feel like it is their fault ("I do drugs because of you!")
- Broken promises
- Afraid that they will grow up to do the same thing ("You are just like your Mom!")
- It hurts the family
- It is something that must be "hidden" from others (Family Laws of Addiction – don't talk, don't trust, don't feel)
- Am I going to come home and find Mom/Dad gone/dead?
- It makes Mom/Dad really mean – it changes them to someone that I don't like, but…..
- I love my Mom and Dad
- Kids do not know how to identify what they are feeling
- THIS is the way that a family works

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NOW TRANSLATE ALL OF THAT INTO THE ADULT MIND





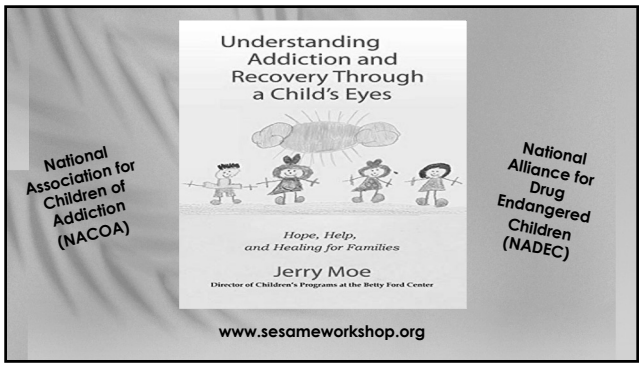
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STANDARD PROFESSIONAL TRAUMA TREATMENTS
• Prolonged Exposure (PE) – gradually facing trauma related events/feelings/memories in a safe environment
• Cognitive Processing Therapy (CPT) – identify, challenge and change distorted beliefs resulting from trauma
• Trauma-focused Cognitive Behavioral Therapy (CBT) – structured approach to target negative thoughts/feelings/behaviors connected to trauma
• Eye Movement Desensitization and Reprocessing (EMDR) – focus on distressing trauma memories while experiencing bilateral stimulation such as guided side-to-side eye movements
• Narrative Exposure Therapy (NET) – helps establish a coherent life story after extensive traumas
• Sensorimotor Psychotherapy – focuses on physical sensations, posture and body-based tension to release trauma that is stored in the nervous system
• Dialectical Behavior Therapy (DBT) – builds distress tolerance and emotional regulation skills
• Medications – for anxiety and depression (used to support first line therapy)

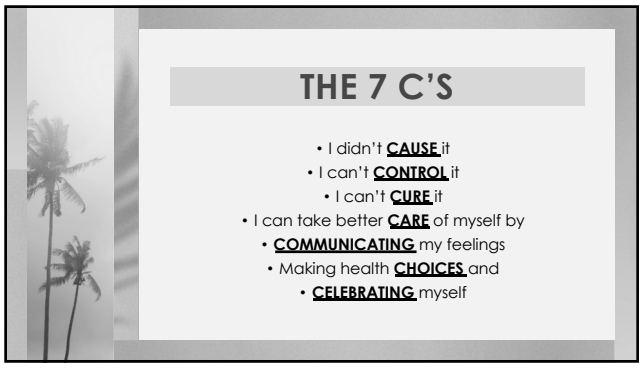
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BUT I AM NOT A PROFESSIONAL LICENSED THERAPIST…..WHAT CAN I DO TO HELP?

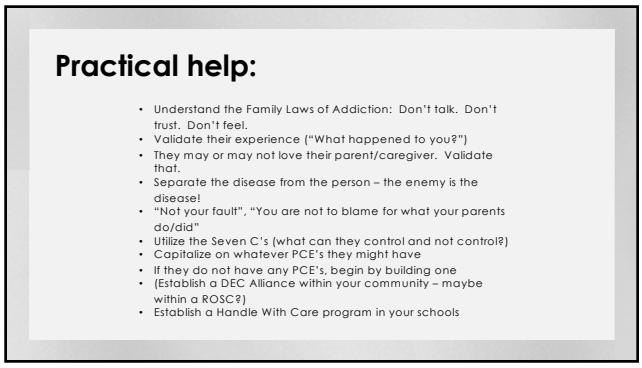
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National Association for Children of Addiction (NACOA)
Understanding Addiction and Recovery Through a Child's Eyes
Hope, Help, and Healing for Families
Jerry Moe
Director of Children's Programs at the Betty Ford Center
National Alliance for Drug Endangered Children (NADEC)
www.sesameworkshop.org

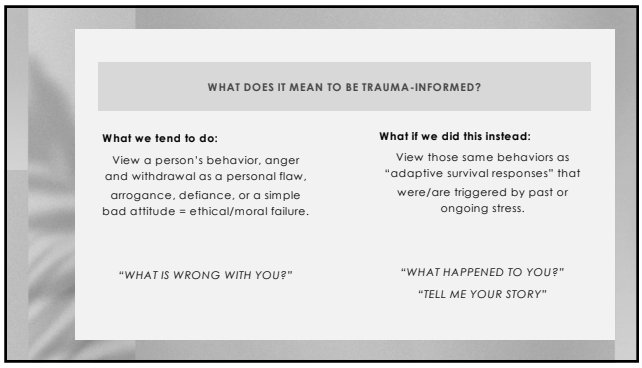
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THE 7 C'S
• I didn't **CAUSE** it
• I can't **CONTROL** it
• I can't **CURE** it
• I can take better **CARE** of myself by
• **COMMUNICATING** my feelings
• Making health **CHOICES** and
• **CELEBRATING** myself

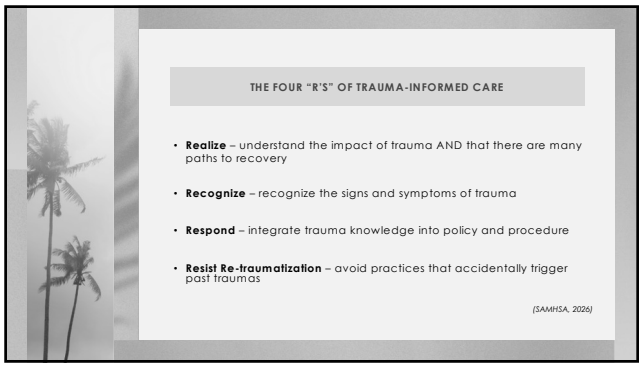
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Practical help:
• Understand the Family Laws of Addiction: Don't talk. Don't trust. Don't feel.
• Validate their experience ("What happened to you?")
• They may or may not love their parent/caregiver. Validate that.
• Separate the disease from the person – the enemy is the disease!
• "Not your fault", "You are not to blame for what your parents do/did"
• Utilize the Seven C's (what can they control and not control?)
• Capitalize on whatever PCE's they might have
• If they do not have any PCE's, begin by building one
• (Establish a DEC Alliance within your community – maybe within a ROSC?)
• Establish a Handle With Care program in your schools

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WHAT DOES IT MEAN TO BE TRAUMA-INFORMED?
What we tend to do:
View a person's behavior, anger and withdrawal as a personal flaw, arrogance, defiance, or a simple bad attitude = ethical/moral failure.
"WHAT IS WRONG WITH YOU?"
What if we did this instead:
View those same behaviors as "adaptive survival responses" that were/are triggered by past or ongoing stress.
"WHAT HAPPENED TO YOU?"
"TELL ME YOUR STORY"

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THE FOUR "R'S" OF TRAUMA-INFORMED CARE
• Realize – understand the impact of trauma AND that there are many paths to recovery
• Recognize – recognize the signs and symptoms of trauma
• Respond – integrate trauma knowledge into policy and procedure
• Resist Re-traumatization – avoid practices that accidentally trigger past traumas
(SAMHSA, 2026)

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THANK YOU
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