Rotterdam 2023, AFINet Conference

Children affected by parental addictive problems:
research, experiences and interventions

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June 15th, 2023

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Children affected by parental addictive problems: research, experiences and interventions

Overview:
(1) Background, History
(2) Clinical impressions
(3) Prevalences
(4) Transmission effects
(5) Support, prevention

Children affected by parental addictive problems: research, experiences and interventions

Overview:

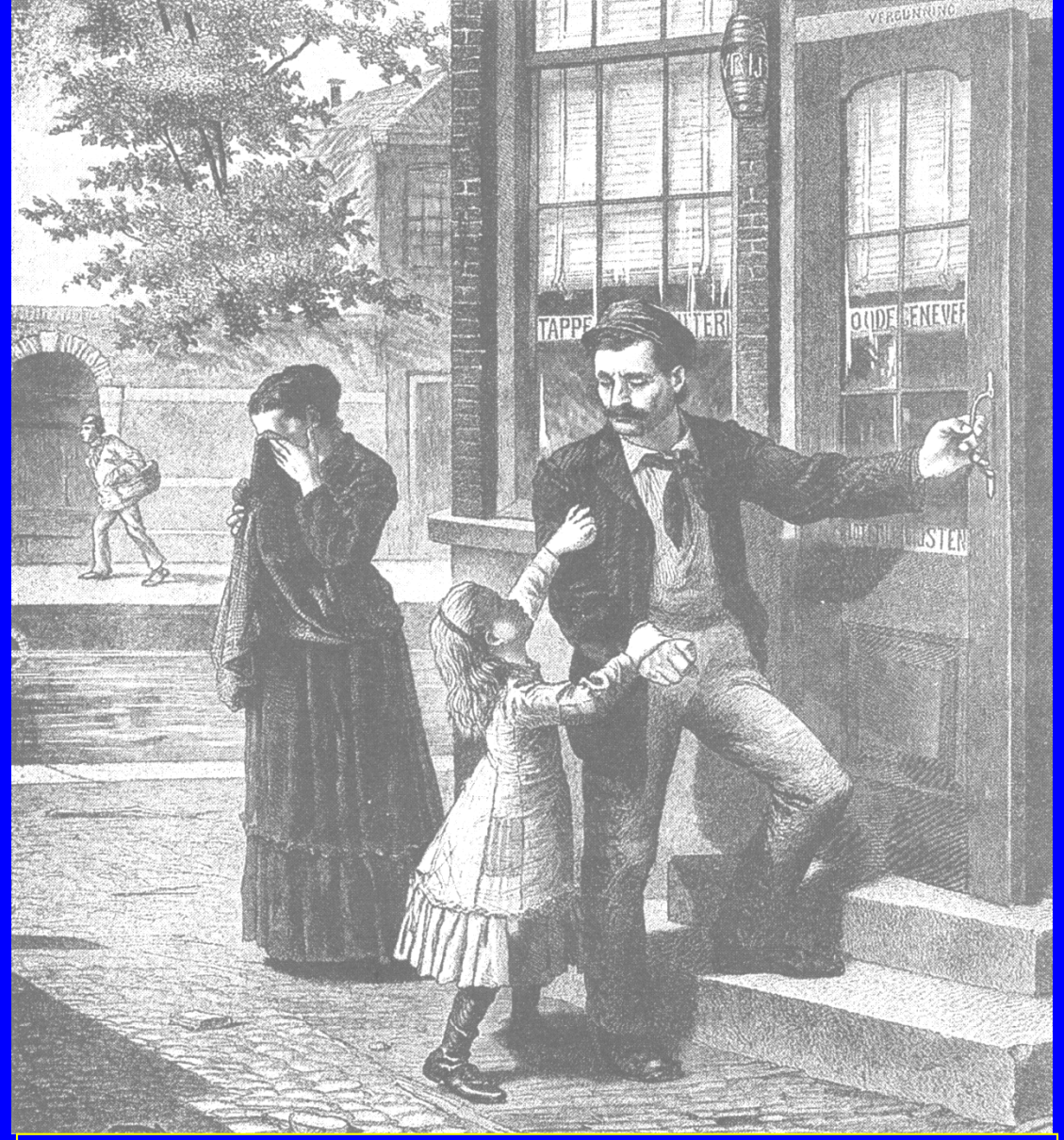
(1) Background, History

Preliminary remark:

Addiction disorders are among the most important and most common mental disorders, alongside affective disorders, anxiety disorders and personality disorders.
Especially in men, addiction disorders are the most common single mental disorder, with a lifetime prevalence of up to 24% (Zucker et al., 2006) – questioning their impact (e.g. **parentification**) on families, especially children, should be the rule and not the exception.

Gin Lane (William Hogarth):
Early addiction prevention, ca. 1745

„Addiction runs in Families“ :
Possible results: Parentification, high level of family stress, shame, transgenerational effects on mental health and substance use



Temperance movement, Amsterdam, ca. 1880

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(2) Clinical impressions

Overview

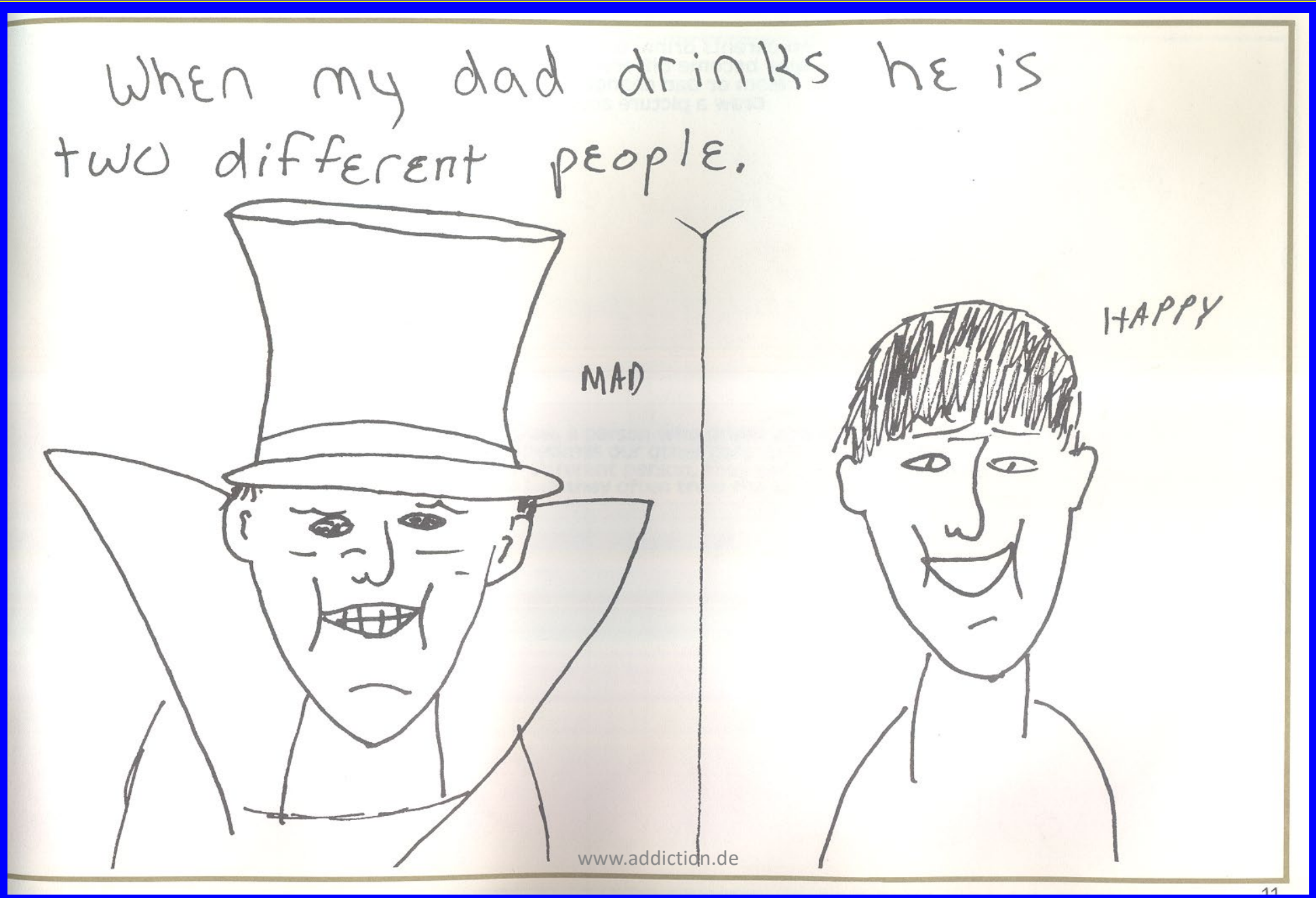
Mental disorders in families have a strong influence on family climate and everyday behavior of all family members (Schneewind, 2010; Reupert et al., 2015; Bodenmann, 2016) and can leave negative and lasting marks on the mental health of the children affected (Lenz & Wiegand-Grefe, 2017).
→ Traumatization (Dube et al., 2001); internalizing and externalizing problems in childhood, stigmatiziation and social isolation.

Parental mental disorders in the areas of depression, addiction and personality are considered to be particularly serious, and they often occur in comorbid combinations
(Klein, Thomasius & Moesgen, 2017; Wiegand-Grefe & Lenz, 2017).

In more than a third of all cases (ca. 38%), children of alcoholic parents develop an addictive problems themselves (Klein, Moesgen, Bröning & Thomasius, 2013). In the following, the focus will be on parental alcohol disorders, in particular because of the better research situation. Sometimes the results can also be transferred to other parental addiction disorders, especially in the area of illegal drugs,
In addition, **parental behavioral problems („behavioral addictions“)** in the field of excessive behaviors (e.g. gambling, gaming, buying) have to be considered (Dowling et al., 2017; Klein & Fischer, 2021)

Nina, 12 years, both parents addicted to alcohol

Children`s drawings: Parental behavioral volatility (Claudia Black, since 1969)



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(3) Prevalences

Prevalences

It is known since 20 years that in Germany **about every seventh child** lives with a parent who has an alcohol-related disorder, at least temporarily (dependency or abuse) (Lachner & Wittchen, 1997).

In this respect, a total of up to 2,65 million children and adolescents up to the age of 18 years in Germany have the problem of a **parental alcohol diagnosis** at times or permanently in the course of their lives (Klein, 2005). This means that **15.4% of children and minors** have at least one parent with relevant alcohol problems.
Up to 0,28 children are living with parental gambling problems (Klein & Fischer, 2021).

According to more recent estimates by the European Monitoring Center for Drugs and Drug Addiction (EMCDDA, 2008), 5-6 million children and adolescents under the age of 20 in Germany are affected by parental alcohol **problems**.

Transgenerational risks: ORs for alcohol use disorder among daugthers and sons of parents with alcohol use (EDSP-study; N = 2,427)
→ Homopathological risks

Parents with AUD	OR sons with AUD	OR daughters with AUD
Only father	2.01 **	8.69 ***
Only mother	3.29 ***	15.94 ***
Both parents	18.77 ***	28.00 ***

**: p<.01; ***: p<.001.
aus: Lachner & Wittchen (1997, 69); Lieb et al., (2006).

Prevalences

New health insurance data study by Greiner et al. (2018):

2.7-fold risk in children of parents with alcohol use problems for substance abuse problems.
N = 587,000 children (0-17 years); N = 426,000 parents (69% female)

Parental gambling problems

- **Family conflicts**
  - 56.7% report conflicts in the family often or very often
  - 44.8% report verbal fights with the gambling parent themselves during childhood/adolescence
- **Family violence**
  - 12.2% physical violence experienced often or very often; 31.1% never experienced violence
- **Dysfunctional behavior**
  - **Parental lying:** 59.7% reported lying of parents towards them (often/very often)
  - **Lying themselves:** 31.3% report habitual lying towards others, esp. Because of financial problems or to protect parents
  - **Irrational thinking** of gambling parent annoying the child (often/very often): 55.5%
  - **Parental unpredictability and unreliability**(s. fig. 1)

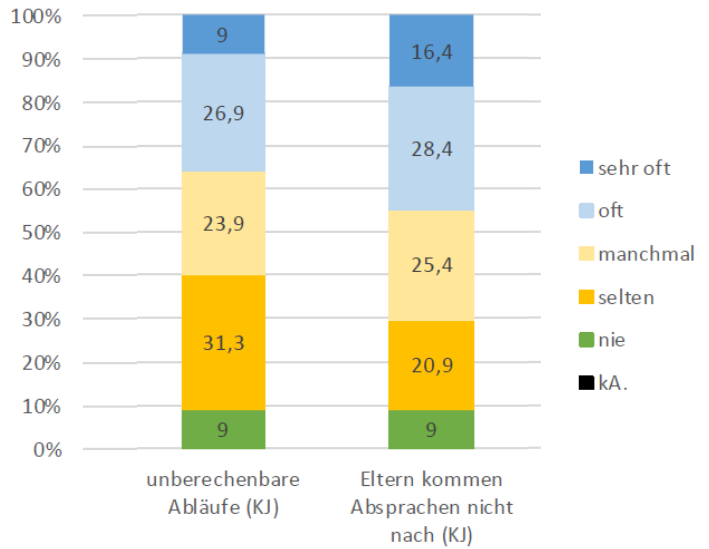


Abbildung 1. Übersicht der Häufigkeiten erlebter Unberechenbarkeit und Unzuverlässigkeit in der Familie.

Klein, M. & Fischer, L. (2021). Children from families with parental gambling disorder. N=69

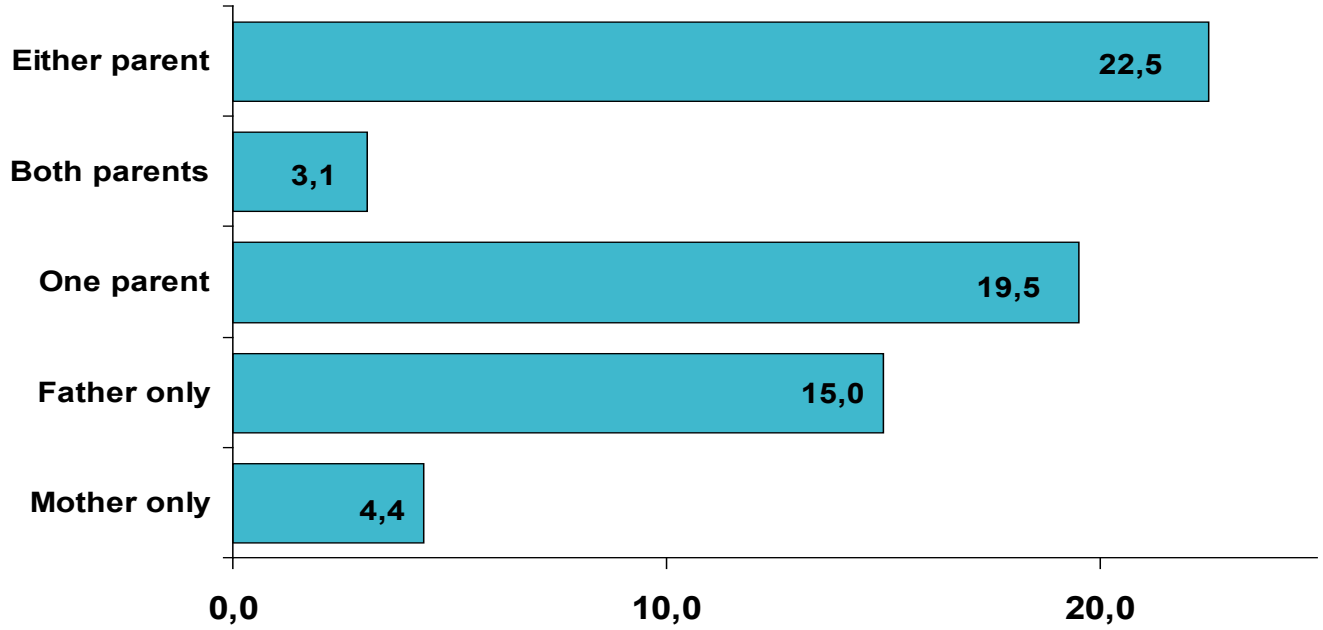
Up to every seventh child concerned

Every seventh child who lives at least temporarily in this family constellation.

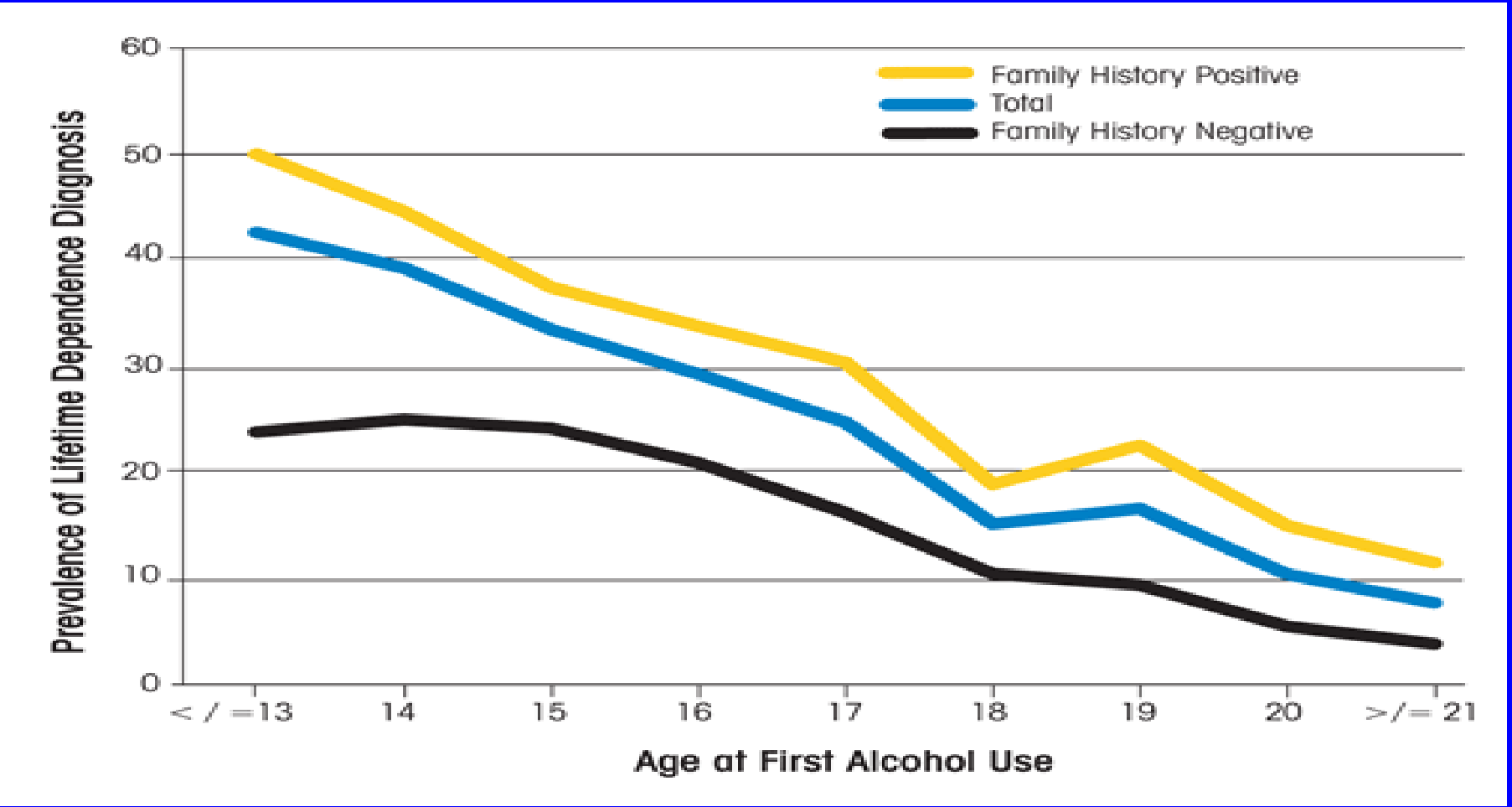
The duration of exposure to the parental problem can vary greatly. Long periods of exposure to parental mental disorders are considered to be particularly critical and risky for the child's mental development (Lenz & Wiegand-Grefe, 2017).

Results based on the population-wide study "Gesundheit in Deutschland aktuell" (Health in Germany nowadays) shows **that 22% of parents who live with at least one underage child in the household have a risky alcohol consumption** (Manz, Varnaccia & Zeiher, 2016).

Frequency of alcohol problems in parents
(N = 2.427; Lifetime, %w; source: EDSP-study; Lieb et al., 2006)



„Family History Matters“: the younger, the more



(Masten, 2009)

Parental mental health comorbidites

Addicted parents with mental health comorbidities (alcohol dependence: ca. 45%; drug dependence ca. 85%)

A not to be neglected, mostly complicating problem situation for children are mental comorbidities in families. These can be:
(1) different addictions in one parent (e.g. alcohol and drug addiction = **internal comorbidity**)
(2) different mental health problems in one parent (e.g. drug addiction and BPD = **external comorbidity**)
(3) alcohol disorder in both parents (**horizontal comorbidity**)
(4) addiction disorder in one parent and another mental disorder in the other parent (e.g. alcohol addiction in the father and depression in the mother = **crossover comorbidity**).

Adverse Childhood Effects

Children in families with parental alcohol and drug problems experience more

adverse childhood effects, all forms of violence, traumatization, social marginalization, and stigmatization

than children from families without addiction problems (Felitti et al., 2001; Anda et al., 2006; Klein et al., 2013)

Categories of adverse childhood effects

(adverse childhood experiences; ACE; Dube et al., 2001)

category	Parental alcohol abuse	daughters %	Odds Ratio	sons %	Odds Ratio
emotional abuse	No parent	9.0	1.0	5.9	1.0
	Only father	20.2	2.3	14.7	2.5
	Only mother	21.9	2.4	11.4	1.8
	both	30.5	3.7	21.6	3.9
physical abuse	No parent	20.8	1.0	24.7	1.0
	Only father	35.3	1.9	38.6	1.8
	Only mother	43.8	2.6	43.0	2.1
	both	49.1	3.3	52.2	3.1
sexual abuse	No parent	20.2	1.0	15.8	1.0
	Only father	35.1	2.0	21.7	1.5
	Only mother	35.1	1.8	29.1	2.2
	both	47.5	3.1	19.8	1.3

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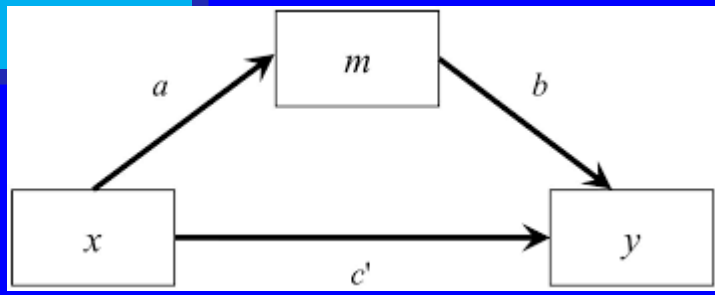
(4) Transmission effects

Children can be affected directly or indirectly by substance abuse in the family



Direct effects (substance driven)

Disabilities and retardation caused by FAS(D) and prenatal drug effects
Neonatal Abstinence Syndrome
Retardation due to other substance effects (e.g. prenata tobacco smoking)
Harm from drug and alcohol intoxication in parental household and early in childhood and adolescence

Indirect effects (changed parental behavior)

family violence, accidents and , injurie
broken home effects
neglect, child abuse,
social isolation, stigmatization
social decline
family disharmony, negative family atmosphere
partner problems
numerous negative (critical) life events
performance problems in school

Parental addictive diseases: non-specific risk factors

Higher rates of parental unemployment (Serec et al., 2012)

Worse achievement in school because of poorer parental supervision and higher internal stress of children (Wolfe, 2016)

Families with addictive disorders more often live in disadvantaged neighbourhoods (Wolfe, 2016)

Risk of marginalization and stigmatization of children (Haverfield & Theiss, 2016; Klein, 2018)

Increased numbers of parental separation, divorce, and premature death (Waldron et al., 2013)

Unforeseen breakups of close relationships (Schäfer et al., 2015)

Increased familial instability (inpatient treatments, incarceration)

→ conclusion: accumulation of life stress, more tolerance stress and catastrophe stress

Problematic parental behavior

In general: more dysfunctional parental behavior (Forrester & Harwin, 2011; Haverfield & Theiss, 2016)

esp.

More verbal violence (shouting, screaming, humiliating, blaming)

Less monitoring (Forrester & Harwin, 2011)

More violent behavior (Klein, 2018)

More parental neglect (Forrester & Harwin, 2011)

Less positive emotions and warmth (Hill, 2013)

Parentification, esp. of older siblings (Pasternak & Schier, 2014)

Volatile parental behavior, esp. concerning education (Templeton, Velleman, Hardy & Boon, 2009)

More often early problematic substance abuse (Klein, 2022)

The Family Stress Model (Schneewind, 1991, 2006)

Living in a psychologically dysfunctional family means above all psychological stress for the exposed children: everyday and permanent stress. Dysfunctional coping patterns often develop.

Forms of family stress (Schneewind, 1991, 2006):

(I) Dysfunctional stress

(1) Tolerance stress (“I can’t avoid the pressure and stress, but I can’t stand it”)

(2) Disaster stress ("I never know what's going to happen. It scares me so much I keep thinking about it")

(II) Functional stress

(3) Coping Stress ("Even though it's hard, I'll make it and survive")

Main symptoms of psychologically dysfunctional families: hyperstress, parentification and volatility

In detail:

stability of instability
The unpredictable behavior of the mentally ill is compensated by the partner taking on too much responsibility.
Overall, homeostasis usually prevails for a long time
Compulsive control, control escalation vs. loss of control
Excessive frequency of emotional, physical and sexual violence
Chronically negative family atmosphere (“creeping poison”)
Multiple experiences of loss, discontinuities, break-ups

transmission risk factors

(Cleaver et al., 2011; Hussong, 2008; Klein, 2018nter; Zobel, 2015)

(1) Duration and intensity of exposition
(2) Strength of parental mental health problem
(3) Genetic risk of the child (vulnerability; alcohol reagability)
(4) Age of the child
(5) Competences for coping with chronic stress, resiliences
(6) Model persons in the family (Umfeld) with o without mental health problems
(7) Intermittently occurring life events
(8) Deficits in parental competencies (e.g. empathy, warmth, secure attachment)

Odd ratios for adolescents in families with parental alcohol problems [EDSP-study; Lachner & Wittchen, 1997; Lieb et al., 2006]

Parent with alcohol use disorder	Problem diagnoses in descendants (N = 3021)	Odds ratio
Only father	Drug dependence	4.13
Only mother		7.79
Both parents		16.68
Only father	Eating disorder	2.12
Only mother		2.95
Both parents		2.87

Note: The risks for all ICD-10 mental health disorders are significantly enhanced for children of substance abusing parents.

Are you afraid of your father? (sometimes, often)

Parent with alcohol diagnosis	ja	nein	gesamt
father	75 (59.5%)	51 (40.5%)	126
Step-father	8 (66.7%)	4 (33.3%)	12
Control group	4 (6.6%)	57 (93.4%)	61

N= 251;11- to 16-years old children from non-clinical representative school sample (Klein, 2018)

Domestic disharmony and violence

Children from families with addiction problems often experience chronic disharmony in the parental partnership (Rounsaville et al., 2014) and accordingly repeated witness parental disputes and severe conflicts(Templeton et al., 2009).

Children from families with alcohol problems are also often involved in conflicts with their parents themselves (Barber & Gilbertson, 1999) and become more often direct victims of violence (Klein, 2008). Disputes in families with addiction problems are not only carried out verbally, but can also involve physical violence (Conners-Burrow et al., 2013).

Affected children often experience ambivalence as a result, especially towards their addicted parent (Klein, 2005) – e.g. in the form of hatred and contempt vs. concern and love for the parent at the same time. These experiences develop into ambivalence conflicts that become chronic and subsequently increase the level of stress experienced.

Drug-specific risk factors

In addition to the many indirect risk factors (e.g. the personality traits of the parents), substance-typical intoxication symptoms can also appear as risk factors: e.g. increased aggressiveness and affect lability in alcohol abuse, apathy and sedation in opioid intoxication or prolonged wakefulness, restlessness and confusion due to withdrawal symptoms, and agitation or "punding" (repetitive/stereotyped acts such as compulsive sorting of objects or compulsive cleaning) in methamphetamine addicts.

→ Parental **multiple drug abuse** seems to be an especially important risk factor

Conclusion on stressful family conditions and everyday life

The components of unfavorable to traumatizing behavior are multiple in the context of **parental alcohol disorders** and affect all relevant levels of family psychological events. **Parental drug addiction** represents an accumulation and intensification of these risk variables.

However, many addicted parents are aware - sometimes only retrospectively - of their unfavorable parenting behavior and its negative effects on their children (Fraser, McIntyre & Manby, 2008; Haight, 2009). This **self-reflection ability** is usually the result of therapeutic or self-help interventions. Parental behavior under the chronic influence of alcohol later leads to strong **feelings of shame, guilt and worry** in the parents, whereby raising children also represents **a particularly strong and primary motive for abstinence** for the parents concerned, and here primarily for the **mothers** (Fraser et al. , 2008; Klein et al., 2016). This abstinence motivation of the addicted parents, then, can be used therapeutically without the children being functionalized for the therapy process.

Health effects of parental alcohol addiction on children I

Prenatal exposure to alcohol or illicit drugs

Already during pregnancy, the unborn child can be occasionally or permanently exposed to the toxic and psychosocial consequences of maternal substance use. In general, prenatal exposure to alcohol or drugs carries various risks (Calhoun et al., 2015), such as acquired physical and mental disabilities, prematurity, miscarriage, low birth weight, smaller head circumference, early feeding disorders, increased irritability of the newborn and delayed cognitive, physical and/or emotional development at different ages (Lester & Lagasse, 2010).

Especially with regard to prenatal alcohol exposure, the unborn child is also at risk of developing fetal alcohol syndrome (FAS) or fetal alcohol spectrum disorder (FASD) (Landgraf & Heinen, 2013).

Health effects of parental alcohol addiction on children II

More unfavorable health effects have been observed in children from families with an alcohol problem than in children from families with no problems (Forrester & Harwin, 2011).

Affected children spent more time with electronic media (television, smartphone or computer), exercised less and had an overall unhealthier diet. In this respect, in addition to the prenatal dangers described, there are a particularly **large number of postnatal health risks due to unfavorable behavior, malnutrition, early eating disorders** (above all because of parental role model behavior or as emotion regulation attempts; see Baltruschat at al., 2009)**, lack of exercise and possibly also physical neglect**.

Model learning effects in substance abuse development

In general, there is a close connection between the alcohol use of parents (but also siblings and friends) perceived by youngsters and their own drinking behavior: e.g. 57% of girls (and 62% of boys) with high alcohol exposure in their family and social environment practice binge drinking, but only 11% of girls who perceive little substance use in their social environment (or 16% of boys; Bezinovic & Malatestinic, 2009).

Capaldi and colleagues (2009) describe that parental (and peer) alcohol consumption is related to children's initial drinking behavior. In addition, Shih and colleagues (2010) emphasize the influence of older siblings' alcohol consumption on adolescents' alcohol consumption.
(Wurdak & Wolstein, 2015, p. 10)

Development of substance abuse problems

Children from families with addiction problems are considered a high-risk group for developing addictive problems on their own (Klein, 2005, 2008; Serec et al., 2012). They represent **the greatest risk group for the development of addiction disorders**.

Early alcohol consumption is the most frequently examined variable in the subject area "Children from families with addiction problems" (Rossow, Felix, Keating & McCambridge, 2016). Numerous studies have repeatedly shown that children from families with addiction problems are more likely to a) **start consuming substances earlier** (Waldron et al., 2014), b) **experience their first alcohol intoxication earlier** (Wong et al., 2006) , c) **show more binge drinking** (Weitzmann & Wechsler, 2000), and d) **make a faster transition from first alcoholic beverage consumption to alcohol-related problems** than children from clean families (Hussong, Bauer & Chassin, 2008). This faster transition has also been observed in the context of illegal drugs.

Development of internalizing and/or externalizing behavioral problems

In addition to own addiction disorders, children from families affected by alcohol often also develop other mental illnesses and behavioral problems (Klein, 2008; Moesgen, 2014; Thomasius & Küstner, 2005). For children from families with addiction problems, e.g. an increased probability of occurrence of externalizing abnormalities esp. in boys such as social behavior disorders (Molina, Donovan & Belendiuk, 2010; Waldron, Martin & Heath, 2009) or hyperkinetic disorders (Kendler et al., 2016; Parvaresh, Mazhari & Nazari-Noghabi , 2015).

Externalizing disorders can manifest themselves in all ages of childhood and adolescence and later in adulthood (Park & Schepp, 2015). The symptoms mainly consist of hyperaggressiveness, impulsiveness and hyperactivity. In addition, sons of alcohol-dependent fathers in particular have lower self-control and self-regulation strategies (Adkison et al., 2013), which can favor the later development of externalizing disorders (Eiden et al., 2016).

Children affected by parental addictive problems:
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(5) Support, prevention

(1) Intrapsychic protective factors for Children and adolescents: Discovering **resilience** (Werner, 1986):

A child's **temper** that draws positive attention
Average **intelligence** and sufficient **communication skills**, including writing.
Stronger general **achievement orienta**tion
A **responsible, caring attitude**
positive self-esteem
nternal locus of control
Believe and competence in **self-help**

(2) Social protective factors: interactive resiliences:

A lot of **attention** and no longer separations during infancy
continuously loving and caring person
No further births in the first two years of life
No severe parental conflicts until age two

Psychological Resiliences of Children of Addicted Parents I (Wolin & Wolin, 1995)

(1) **Perception and cognition**: Intuition, knowledge, insight, e.g. that something is wrong with the drug-addicted mother

(2) **Emotional autonomy and independence**, e.g. no longer being influenced by moods in the family

(3) **Social competence**: Ability to relate, e.g. building relationships with mentally healthy people on one's

(4) **Being active**: e.g. in the form doing sports and social activities

Psychological Resiliences of Children of Addicted Parents II (Wolin & Wolin, 1995)

(5) **Creativity**, e.g. artistic expression in art, music, dance, writing

(6) **Humour**, e.g. also in the form of irony and self-referential as a method of distancing

(7) **Morality**, e.g. in the form of a stable value system independent of the parents.

(8) **Keeping hope**, e.g. that everything will get better finally.

Note: In addition to individual resiliences (e.g. of children), family resilience should be promoted.
This affects stress resistance of the entire life system (e.g. by promoting healthy and healing rituals).

The identified core **dimensions of childhood resilience** can be summarized as follows (Velleman & Templeton, 2016):

(1) internal locus of control;
(2) active, functional coping;
(3) personal qualities (eg, self-efficacy, self-reflection, emotion regulation, pleasant temperament);
(4) social skills; sports and hobbies;
(5) talents or commitments that provide rewarding experiences outside of the nuclear family;
(6) ability to self-control;
(7) problem-solving skills;
(8) positive future outlook and corresponding plans; intellectual abilities;
(9) sense of humor; ability to distance oneself emotionally with regard to parental addiction problems;
(10) understanding and insight regarding the parental addiction problem;
(11) no personal substance use;
(12) healthy balance between parental support and self-care;
(13) religion, spirituality, or trust in a higher power.

Klein, Bröning, Moesgen & Thomasius (2008-2013); established at 120 outpatient counselling centers in Germany

Trampoline Program

Modular group program for affected children from 8 to 12 years

One person as course leader

group size: 6-8 children

weekly meetings for 9 weeks

Includes 10 modules of 90 minutes each: 9 group meetings with children 1 parent module, divided into two meetings (one before, one after the childrens` program

Trampoline: Module Contents

10 A. Motivating and strengthening parents

9. Positive farewell

8. Asking for help and support

7. Learning healthy behavior patterns in the family

6. Improving problem solving capacity and self-efficacy

5. Managing negative emotions

4. Psychoeducation about substance abuse and addiction

3. Speaking about the family problem (alcohol, drugs)

2. Strengthening self-worth and self-esteem

1. Creating a trustful group atmosphere

10B. Counselling and strengthening parents

Aims of the intervention

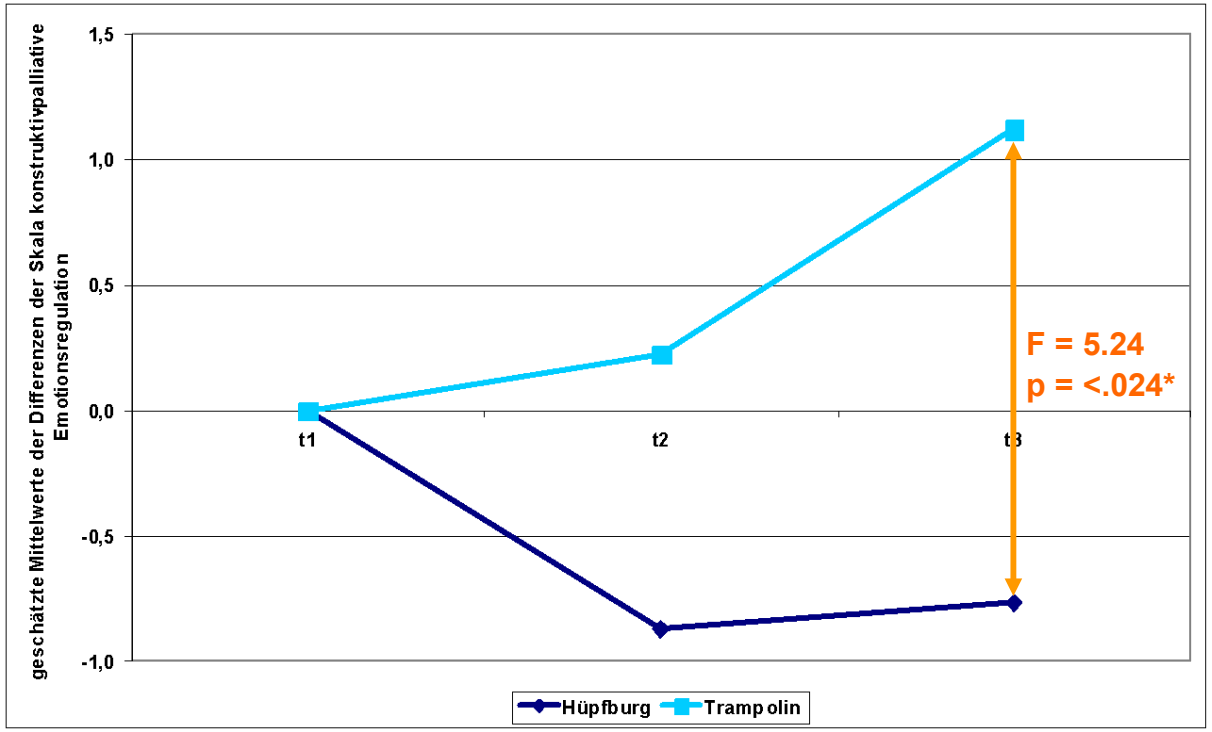
Children:

- Improve and apply effective stess reduction strategies (emotion regulation, problem solving, seeking support and getting help on your own)
- Reduction of mental health load by dissolving familal addiction as a taboo
- Enlarging knowledgs about alcohol and drugs; psychoeducation concerning substance abuse and addition in the family
- Increase in self-worth and self-efficacy; buidling up of a positive self-concept

Parents:

- Improve motivation to reduce or give up substance, e.g. abstinence
- Reduce cognitve defense mechanisms towards negative effects of own addictive problems
- Be more sensitive towards children`s needs
- Improve parental capacities in everyday life

Effects of TRAMPOLINE vs. control group: constructive emotion regulation (N=231; Klein et al., 2013)



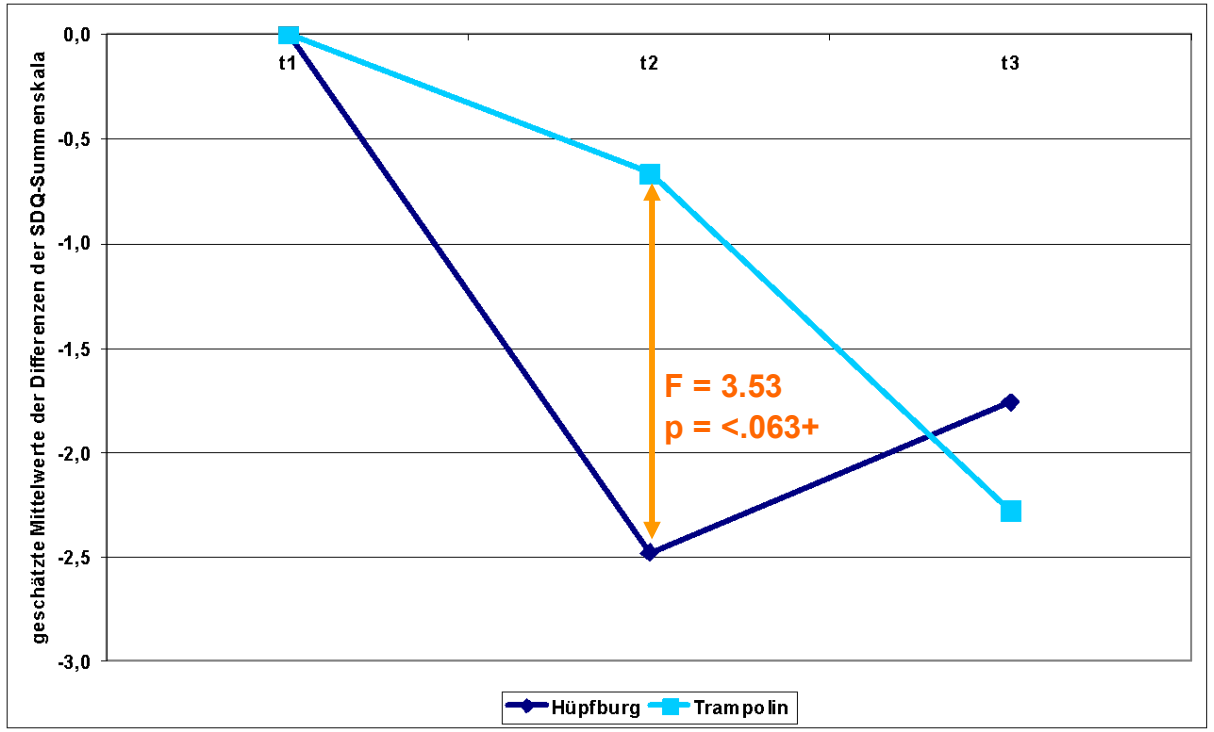
Beispielitem: „Ihr Kind hat sich mit einer guten Freundin total gestritten. Wenn ihm/ihr so etwas passiert…

…dann versucht sie, etwas zu ihrer Entspannung zu tun“.

Effekte	df	F-Wert	Signifikanz p-Werte
Gruppe	1	4.94	.028*
Zeit	1	1.38	.243
Gruppe * Zeit	1	0.90	.344

*** p < .001; ** p < .01; * p < .05
auch nach Kontrolle für Alter und Geschlecht

Effects of TRAMPOLINE vs. Control group: SDQ-sum score (N=231; Klein et al., 2013)



SDQ-Problemskalen:
Emotionale Probleme, Verhaltensprobleme, Hyperaktivität, Probleme mit Gleichaltrigen

Effekte	df	F-Wert	Signifikanz p-Werte
Gruppe	1	0.74	.392
Zeit	1	0.64	.424
Gruppe * Zeit	1	4.37	.039*

*** p < .001; ** p < .01; * p < .05
auch nach Kontrolle für Alter und Geschlecht

Whole family approach…

Many paths, important goals, little realization

motivating parents, caring for children → as early as possible
single, sub-system and whole-system approaches
therapy of parents should be combined with selective prevention for children
promoting family resilience

Dimensions of family resilience

(Walsh, 2006, 2009; Klein et al., 2019)

(1) Familial belief systems (subsumptive vs. disruptive)

(2) Organisational patterns of the family (cohesion and change)

(3) Familial communication patterns and problem solving skills (open, transactional, constructive)

Children affected by parental addictive problems:
research, experiences and interventions

(6) Summary, consequences

Consequences for the child care system

For children living in familes with parental substance abuse and addictive problems the following principles are necessary

(1) Help as early as possible (**early intervention**)

(2) perceive the given risks adaquately and prevent them (**selective prevention**)

(3) consider transgenerational effects (**transgenerational prevention**)

(4) Support comprehensively and continuously (**case management**)

(5) Include the entire family (**family counselling and family therapy**)

(6) Enhance the motivation for successful parenthood and coping addiction (**motivational interviewing**)

(7) Enhance and foster resiliences (**resource orientation**)

(8) act regional and living environment oriented (**community of responsibilty**)

Areas of neglected research and action

Role of addicted fathers, fatherhood as a motivational factor for treatment, transgenerational aspects of fatherhood

Effects of single parents on children

Prevention in high density families including child custody

Different risks and behavior patterns of boys and girls in respect to addicted fathers and mothers

Consideration of psychiatric comorbidity (incl. personality disorders)

Enhancement of resilience in childhood is the best way to prevent addictive problems

[…]

Consequences and improvements

In order to help children affected by parental alcohol problems the following measures are recommended:

(1) Early intervention (start early to recognize and to suppport)

(2) Selective prevention (realize the risk adequately)

(3) Case management (work comprehensively and continuously)

(4) Family counselling and therapy (see the whole family system, even if not all are present)

(5) Motivational Interviewing (addicted parents want to be good parents, too, but they are ambivalent because of their substance abuse problem)

(6) Resilience orientation (promote and increase stress coping competences)

Tahe-home messages

Children of substance abusing/dependent parents…

Are high-risk group for mental health problems in childhood, adolescence and adulthood, esp. addicitive problems

Late intervention and no intervention are risky, esp. in the face of traumatization, lack of resilience, and complex behavioral and mental health problems

Prevention for children should be combined with intervention measures for parents with substance abuse problems where ever possible

Michael Klein · Diana Moesgen
Sonja Bröning · Rainer Thomasius

Kinder aus suchtbelasteten Familien stärken

Das „Trampolin“- Programm

Trampolin

mit CD-ROM

HOGREFE

Michael Klein

Kinder und Suchtgefahren

Risiken
Prävention
Hilfen

Mit einem Geleitwort von
Sabine Bätzing

Schattauer

Thank you for your attention

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