

**Art Therapy and the Treatment of Children of Parents Struggling with Addiction**

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### **Abstract**

Children of parents struggling with addiction often face significant psychological, developmental, and emotional risks that persist into adulthood. Despite a widespread impact of parental substance abuse, treatment models still continue to prioritize the addicted individual instead of the family as a whole. This paper reviews current and past literature on the effects of parental addiction on children of various ages, including various risks such as mental disorders, stigma, parentification, academic difficulties, and the potential for intergenerational substance abuse. This research, grounded in family systems theory and trauma-informed care, highlights the importance of family-focused interventions. In addition, this paper will present the development of an art therapy-based curriculum designed to compliment the already existing Alateen framework. Art therapy is discussed and explored as an option that is nonverbal, trauma-informed, and accessible, and promotes resilience, coping skills, and emotional expression. Findings of this research supports the need for better integrated and family-centered approaches that address addiction and its impact on children.

*Keywords:* addiction, shame, guilt, family-system, Alanon

### **Section I: Introduction**

An estimated 1 in 4 children in the U.S. live or has lived with a caregiver struggling with addiction, suggesting that a more comprehensive and family centered treatment approach is of increasing importance. Children of parents struggling with addiction experience a wide range of long-term consequences that often persist into adulthood. These children can experience hindered academic progress and increased vulnerability to mental health disorders. Research shows that these children face significant risks, including twice the likelihood of developing mood disorders, and increased susceptibility to developing a substance use disorder of their own due to genetic and environmental factors. Parental addiction can have a lasting and profound impact on their children; however, treatment still focuses on the affected individual instead of their families. The unique experiences of these children will be discussed, while also examining the role of various treatment options. These treatments will include art therapy as an option that is accessible, trauma informed and allows for safe emotional expression and healing in ways that traditional talk therapy does not.

#### **Problem to be Investigated**

Children whose parents struggle with addiction frequently face life-long consequences, including those that are psychological, emotional, and developmental. These children can be exposed to various levels of instability, fear, neglect, and even abuse. These can happen because parents struggling with addiction may prioritize their substance use over caring for their children. Research shows that being raised in that type of environment can hinder normal development for children (Tinnfält et al. 2018). Children from homes with a substance use disorder (SUD) caregiver tend to struggle academically in areas such as reading, math, and spelling (Solis et al., 2012). These children also face emotional challenges such as depression, various behavioral

disorders, or anxiety. Some research indicates that these children experience double the rate of mood disorders compared to their peers by young adulthood, no matter what the parent's addictive substance was. Environmental and genetic factors contribute to the likelihood of these children developing substance disorders themselves, which would be another issue that this population faces. Families dealing with addiction can also face various issues such as dysfunction, potential domestic violence, distorted or skewed parental values and beliefs. Children in these families can also develop negative self-perceptions and various unhealthy coping mechanisms that will stick with them for life. All of these issues and consequences highlight the importance of addiction treatment to include the entire family, especially when children are involved, no matter their age.

### **Purpose Statement**

The purpose of this research is to discuss the ramifications of having an addicted caregiver when there is a child in the home and potential support service options. The experience of these children is unique and requires further attention as addiction treatment, even when families are involved, often tends to focus on the addicted individual and pays less attention to family members whose lives are also being affected.

### **Justification**

As of 2023, around 1 in 4 children in the U.S. has lived with at least one primary caregiver, parent or other guardian, who had a substance use disorder of some kind with alcohol use being the most prevalent (U.S. Department of Health and Human Services, 2025). Having such a high occurrence of children living with parental substance use disorder highlights the need to help them better connect to effective treatment, reduce the risk of using substances, and increase early intervention for these children. Currently, most SUD treatment programs focus on

the adult with the disorder, not their children. These children do not receive support services as much as this information would suggest is necessary. This lack of support services could be due to lack of awareness or access. Support services should ideally be family focused, and could be in an alternative form such as creative arts therapy. Art therapy specifically can be especially beneficial for children by providing them a way to express themselves non-verbally. Art therapy can allow them to process their feelings and emotions in a safe and non-verbal way, that traditional talk therapy doesn't allow for. This alternative form of therapy is also trauma informed, by providing empowerment, safety, and self-determination while using creativity to foster resilience in these children.

### **Terms Related to the Study**

**Addiction** - Chronic or relapsing disorder characterized by compulsive and frequent substance use despite negative consequences.

**Shame** - Painful feeling of distress or humiliation from consciously doing something wrong or foolish

**Guilt** - Feeling bad about committing a specified or implied offense or crime (doing something you know was wrong in some way)

**Family System** - Interconnected emotional unit where each member's choices, emotions, and behaviors affect the entire group

**Alcoholics Anonymous (AA)** - A support group for individuals struggling with alcohol abuse where they can share their experiences, strength and hope with one another, and is open to anyone with a desire to stop drinking.

**Al-Anon** - Support group for loved ones of individuals struggling with alcoholism that is based on the 12-Steps of AA, where they can share experiences and learn how to cope with the effects

of another person's drinking

### **Conclusion**

In summary, children who grow up with parents struggling with addiction face various challenges that are persistent and multifaceted and can shape their psychological and emotional development. The long-term consequences such as instability, disrupted caregiving, and unmet emotional needs, emphasize an urgent need for treatment interventions that extend to the entire family of these struggling individuals. To address the complex needs of these families and their children, approaches that are trauma informed and accessible is required. Art therapy is an option that can offer interventions that are developmentally appropriate and offer valuable, non-verbal means of expression. This form of therapy can also foster emotional processing, resilience, and empowerment through creativity. Prevalence of parental substance abuse is still high in the U.S., highlighting the importance of incorporating alternative therapies such as art therapy into family centered treatment models for addiction. Supporting these families and children using innovative and comprehensive treatment approaches will promote healing, strengthen these families, and reduce intergenerational risk.

## **Section II: Review of Literature**

Addiction is very complex, and its effects extend beyond the individual struggling with substance use into families, and even communities. Addiction is defined as engaging with an addictive substance, regardless of the negative consequences involved, and it is recognized as a disease that alters brain chemistry in areas of motivation, self-regulation, and reward. There has been plenty of research on neurobiological mechanisms that contribute to addiction; however, a frequently overlooked dimension of addiction, the impact it has on families, deserves more attention. The experience of individuals dealing with addiction, as well as their families, is explored in this literature review, highlighting the importance of a holistic understanding and approach to treatment. The literature presented explores the various ways in which addiction can impact individuals, their families and communities, through various topics such as family systems and therapeutic interventions. This discussion will begin with an explanation of the neurobiology behind addiction, as well as other important aspects such as shame and guilt, and how they are involved with addiction. The following section will then take a look at potential long-term effects of parental addiction on children in areas such as their mental health, development of various kinds, potential substance use of their own, and the influence of stigma. This review will also discuss the importance of trauma-informed and family-focused therapies, how they can be combined with alternative treatments such as art therapy, and how the two can be used in addiction treatment. This review aims to reinforce the importance of treating addiction as not an individual, but instead a familial disorder.

### **Neurobiology of Addiction**

Addiction affects all areas of life and contributes to large health and economic burdens for those struggling with addiction, and their communities. It can also negatively impact their

families, especially children. Before discussing the impact addicted individuals have on their families, there must be an understanding of the neurobiology behind those behaviors. While there are a variety of treatment options for people struggling with addiction, no treatment or intervention is effective for all individuals, and results tend to be more modest (Uhl, Koob & Cable, 2019). Addiction is more than just behavioral, we now know that changes in the brain occur when someone switches from use of a substance to abuse. Individuals struggling with addiction have overwhelming feelings of wanting to perform certain behaviors or partake in certain substances, and those behaviors in turn affect the brain's reward system leading to cycles of intoxication, withdrawal, and intense cravings. These individuals will also continue these behaviors regardless of negative consequences. Research has revealed characteristics that can increase someone's risk of addiction as well, both behavioral and neurobiological, such as impulsivity, early exposure to the addictive substance, mental health disorders, and having a parent struggling with addiction.

Dopamine plays a big role in addiction, because addictive substances are rewarding, that is an inherent part of what they are and how they affect our system. These substances interact with the brain's dopamine system in a way that increases dopamine levels, which is a "key focal point for reward neurocircuitry in the brain" (Uhl, Koob, & Cable, 2019, p. 7). Another aspect of addiction is the underlying learning mechanisms, which are either goal directed or habitual behaviors. Often, someone will use substances in order to attain a high or gain a certain reward. For some people, those behaviors become compulsive and are no longer connected to just receiving a reward. According to the neurobiology of addiction, this is because there is an actual "shift in circuitry within the brain" (Uhl, Koob & Cable, 2019, p. 7).

Brain structures such as the basolateral amygdala and nucleus accumbens become

decreasingly important as these problematic behaviors become established (O'Tousa & Grahame, 2014). That would be because these two structures work together to regulate reward-seeking behavior. This connection is important in learning to associate certain cues with rewards, such as the rewards someone looks to gain from using an addictive substance. The activation of the pathway between these two brain structures promotes motivation in an individual to partake in more behaviors leading to those desired rewards. The interaction between these two pathways might link rewarding effects of the addictive substance with certain environmental factors such as places to obtain the substance or other specific locations. The link between these two brain structures can also lead to an enhancement of the craving associated with an addiction. When an addicted individual is a parent, these cravings could conflict with how they parent their children, potentially leading to long-term consequences in their children's development. When an individual struggling with addiction is in an addictive state, activation of the basolateral amygdala might become more inflexible, leading to inappropriate drug or substance seeking behavior. This connection can also promote relapse of the addiction due to potential triggers from environmental cues, especially during periods of time where the individual has been abstinent. As well there are various genetic predispositions, and risk factors that are both psychological and environmental, which will be further discussed later, and can make children of these individuals at greater risk of various negative outcomes. When the individual was exposed to the substance, it also plays an important role. Substances that are abused and used in an unhealthy way, as mentioned above, act on the brains' reward system, by changing in a way that produces activation that is more intense.

### **The Role of Shame and Guilt**

Before discussing the impact addicted individuals have on their families, there must also

be an understanding of the roles that shame and guilt play in addiction. People who struggle with addiction often have lots of feelings of guilt and shame stemming from their behaviors and how their behaviors affect those around them. Research suggests guilt might help some overcome their addiction, but that shame does not help in that regard (Snoek et al. 2021) Snoek et al. (2021, p. 2) suggests that therapeutic interventions for addiction should focus to “up-regulate guilt and down-regulate shame”. Both shame and guilt can, however, be just as counterproductive or productive. Per Snoek et al. (2021) it really depends on the individual's shame and whether it is retributive, meaning they feel they are fixed and unchanging, or scaffolding, meaning they feel they are capable of self-change. It has been suggested that therapy for these individuals should ideally be tailored according to their degrees of guilt-proneness versus shame-proneness.

Individuals who are more guilt-prone tend to make amends for past misdoings, by avoiding or overcoming dysfunctional behavior patterns. Those who are more shame-prone on the other hand, are more likely to persist in those dysfunctional patterns and instead avoid responsibility.

Literature supports the general consensus that guilt focuses on the person's actions, while shame focuses on themselves.

For example, someone who is shame-driven would be more likely to consider themselves unreliable, after missing an important work meeting due to a terrible hangover. Whereas someone guilt driven might focus on the people inconvenienced as a result. In that type of situation, feelings of guilt are “in connection with a perceived violation of socially endorsed norms or principles” and shame is more associated with “a perceived violation of one's own values or ideals” (Snoek et al., 2021, p. 2). Those two ways of thinking can be very detrimental for someone struggling with addiction and can inhibit their healing and treatment in various ways. Shame in particular can also lead to various types of social interactions. Someone

struggling with an addiction who has a shame focused mindset might want to withdraw from others; this could be family, friends, others in the community, to hopefully avoid any type of situation that would bring them shame. They could also become more aggressive towards others around them, in an effort to try and put the blame on someone else in these shame-inducing situations.

### **Importance of Family Focused Treatment for Addiction**

Although there is not a lot of research on addiction affected families, the research that has been done shows that the primary focus is still on the addicted individual. However, it is just as important that the family is cared for and supported as well, because the entire family is affected when even just one member struggles with addiction. It is well known that family members can, and often are, greatly affected by the addiction. These family members can endure quite a bit of pressure from the addiction and its consequences, which can affect their personal and social lives in various ways. A systematic review conducted by Mardini et al (2023) found five main themes in the studies they reviewed. Those themes would be initial shock from the family, family in the fog, sequence of disorders, internal family chaos, and self-protection. A family might feel initial shock when they find out their family member(s) are addicts. This could lead to feelings of trying to figure out why, what happened, what went wrong, or wondering what they did wrong, feeling it is somehow their fault and experiencing shame and guilt. The theme of family in the fog refers to the social isolation felt by the family, as others find out about the addiction; they might also face stigma and negative labeling as a result of one member struggling with addiction. That stigma and labeling can unfortunately affect the entire family.

The third theme mentioned was a sequence of disorders (Mardine et al, 2023). Having a family member with an addiction can lead to a great burden being put on the family, potential

emotional decline, or the start of negative behaviors being used as a way to cope or from finding out about the addiction. The last two themes mentioned in the article include internal family chaos and self-protection. Having an addicted family member can lead to lots of internal family chaos creating instability in relationships between all individuals, erosive confrontation of the addicted individual, or potential financial decline, to name a few examples. Lastly, having a family member who is an addict can lead to increased use of self-protection in an effort to reduce negative impacts the addiction has on the family. While the use of self-protection does not necessarily lead to negative outcomes, the family can still struggle for various reasons. The non-addicted family members might attract more information to better help the family member who is struggling. They might also seek support from their community and protective services. All the mentioned themes go to show how important incorporating the entire family into addiction treatment is, especially when children are involved.

### ***Effects of Addiction Felt by the Whole Family***

Therapists in the past 20 years have increasingly considered addiction from a family system perspective because families are completely warped by substance abuse. There is potential for many inconsistent behaviors in these families as well as a sense of lack of rules. This may be observed in a situation such as the spouse of the addicted family member calling the addict's work and claiming they are unwell; but then also teaching their children, as plenty of parents do, that they should never lie (Crnkovic & DelCampo, 1998). That would be one instance of children living with an addicted parent and growing up with conflicting information being taught to them, whether explicitly or not. Children of addicts also display hypervigilance to some degree, where they are constantly watching cues from the adults in the family to see what types of subjects can be talked about, and what subjects should be avoided. Such learned

hypervigilance may lead to anxiety and generalized insecurity about the environment they live and are growing up in. Children of addicts might even embrace the addiction, as a normal part of the family system they belong to, as a way to survive the disease (Crnkovic & DelCampo, 1998). Another big area that would be affected in a family system would be boundaries. Families affected by addiction of any kind struggle with having boundaries that encompass both extremes, with the possibility of being either too rigid and strict, or lacking entirely. Such extreme boundaries are unhealthy for children, providing them with unpredictable and conflicting information. Such information can create lots of isolation between family members, or even the opposite extreme of having relationships that are too close, in an unhealthy way. As stated by Crnkovic and DelCampo (1998), three primary rules of addicted effected families often are “don’t feel”, “don’t talk”, and “don’t trust.”

Unfortunately, families struggling with addiction are often at an increased risk for child maltreatment and potential involvement of child welfare services. Roughly one out of five children live in a household with an adult who is an addict of some kind (McCarthy et al, 2022). These children are also twice as likely to be at risk of maltreatment. According to the child welfare system “parental substance use is increasingly implicated in substantiated allegations of abuse and neglect” and that “about 40-80% of parents on their [child welfare caseworkers] caseloads have problems with substance use” (Shockley McCarthy et al, 2022, p. 2).

To better understand families struggling with addiction, family context can provide important information as to how certain disorders will develop in the family, how they are or will be maintained, and what can influence treatment for the family. Each member in a family struggling with addiction is affected uniquely, in areas such as unmet developmental needs, impaired, or otherwise affected attachment, potential legal problems, and emotional distress.

Therefore, treating only the addicted individual and not the family as a whole will be less effective.

How addiction impacts the family system will differ depending on which member is the substance user. The family will be affected differently if a parent is an addict, as opposed to an adolescent, or a senior member of the family. As the clinician treating, understanding the role of the addicted individual within the family system is crucial as it will influence treatment and recovery. That should be considered, especially when thinking about how the family members view the addiction compared to the model of addiction the therapist works from. A family is very mobile, when one individual starts to change their behavior or thinking, it will affect the rest of the family one way or another.

The developmental stage of a family refers to which stage of the family life cycle they are in. There have been eight stages identified that have corresponding developmental tasks. Having a family member struggling with addiction can interrupt and disrupt those various developmental tasks, especially depending on which family member is the addict, and again, what stage the family is in. The eight stages are married without children, childbearing families, family with preschool children, families with school age children, families with teenagers, families launching adults, middle-age parents, and aging family members (Carter & McGoldrik, 1989). In the stage of families with preschool children, some developmental tasks would include adapting to the needs of those young children to help them grow and develop. Families at this stage would also be working on coping with lack of privacy and greater energy usage. The struggle of an addiction, while at this stage, could contribute to issues such as inconsistent parenting, or even extremes such as neglect or abuse and the removal of children from Child Protective Services. In the stage of families with teenagers, some developmental tasks would include parents helping

their teens balance freedom with responsibility, helping them establish healthy relationships with their peers, as well as educational and career goals. Children could be especially affected at this stage. They could potentially follow and model the addicted individual, especially if it is their parent. They might also have trouble forming healthy relationships. Teens in a family dealing with addiction could also struggle with their mental health in the form of anxiety, or depression.

Some forms of treatment that could specifically benefit families in those two stages, would include assessing safety for the children and spouse, couples counseling, and referral to AA, NA, Al-Anon, or Nar-Anon. Al-Anon could especially benefit teens, as children at that age could be more likely to feel their parent's addiction is somehow their fault. The structure of Al-Anon is similar to the 12-steps of AA, with a primary focus on how loved ones of individuals struggling with addiction did not cause the addiction, they cannot control it, and they cannot cure it. By focusing on these statements, an adolescent can work to change their thinking in a way that removes the blame they feel is on them, for their parent's addiction. Another guiding statement that some might focus on in Al-Anon would be that the loved one does not have to contribute to the addiction. Contributing to the addiction in this way could look like doing things for the addicted individual that they can and should be able to do for themselves, or trying to cushion them from the negative consequences of their unhealthy choices. Using Al-Anon in combination with an alternative form of therapy, such as art therapy, could enhance the healing of these loved ones and ability to detach from their parent's addiction.

### ***Bronfenbrenner's Theory***

One framework used when considering and treating families struggling with addiction is Bronfenbrenner's ecological systems theory. The structure of Bronfenbrenner's theory can allow one to consider other factors in the child's (child of an addict) life, beyond their immediate

environment. This theory includes four systems; Microsystem (immediate environment), Mesosystem (wider family, neighborhood, social networks), Exosystem (community resources), and Macrosystem (wider political systems) (Todman & McLaughlin, 2024). Regarding a child's microsystem, this can include some things that have been mentioned already, such as neglect where these children are not receiving their day-to-day care. These children might need to be resourceful to meet their needs on their own, in ways they should not have to as children, as a result. A child's environment, their mesosystem, is also affected. Their environments can be very inconsistent and unpredictable.

Participants in this study by Todman and McLaughlin (2024) mentioned concerns that professionals might not always include other family members, such as grandparents and others outside the family, in their assessments and care plans for the children. Those added people outside the home could, and likely are, also affected by the addiction. But they can also be a great help for children whose parents are struggling. When it comes to a child's exosystem, there is an increased risk of harm when one of their parents is an addict, such as the potential to be exploited, for example. Lastly, a child's macrosystem can be affected, as well as incredibly beneficial. This level can include community support in the form of youth and children's centers or potential changes in the welfare system (Todman & McLaughlin, 2024).

Using Bronfenbrenner's model, Brankenhoff and Slesnick's (2015) study, focused specifically on mothers struggling with addiction and their children, and the fact that they are often understudied and underserved. According to this article, these mothers are likely to have grown up in a similar family situation, also involving substance abuse of some kind. This could lead to poor or lack of knowledge about proper parenting, as well as trouble understanding their children's needs, especially emotional and developmental needs. This article also touches on

another important topic regarding children of addicts, that will be touched on further later. That would be parentification, where the child must take on more adult responsibilities and expectations, due to their parents' addiction. Once again, “the whole family suffered, so the whole family needs to recover” (Brakenhoff & Slesnick, 2015, p. 1).

### ***Family Systems and Other Theories***

Some other theories used in the treatment of families dealing with addiction include social control theory, behavioral economics/behavioral choice theory, social learning theory, and stress and coping theory. Social control theory focuses on strong bonds between others in areas such as family, work, and religion. In this theory, it is thought that these strong bonds help to motivate people to “engage in responsible behavior and refrain from substance use and other deviant pursuits” (Moos, 2007). It is also thought that these bonds monitor, supervise, and direct behavior towards what is more acceptable. Behavioral economics/behavioral choice theory is similar to social control theory as it focuses on the involvement of protective activities. The key here would be focusing on activities other than substance use that can still provide rewards, but in alternative ways. In turn, individuals who might be struggling with addiction could then be protected from exposure to the substance they are addicted to and chances to use it.

Social learning theory focuses on specific attitudes and behaviors related to the substance, from adults and peers who are the individual's role models. Through the lense of this theory modeling effects begin with observation and imitation of substance-specific behaviors, continue with social reinforcement...and culminate in substance use and misuse (Moos, 2007). Lastly, is stress and coping theory, which proposes that stressful life events relating to family, friends, and work can “lead to distress and alienation and eventually to substance misuse” (Moos, 2007). Various family stressors, especially when they are continual, can lead to an

individual feeling alienated and distressed. This theory says that these stressors are more likely to lead to substance misuse in those who are more impulsive and lack self-confidence, and that these individuals use their substance as a form of avoidance coping.

In general, all family counseling approaches reflect principles of family systems theory, which sees the individual as an integral part of many systems, not just the family but also their community, culture, and society as well. That is why Bronfenbrenner's Ecological Theory, previously mentioned, is sometimes used. This framework is very important to keep in mind, because "when family members change their thinking about and responses to substance misuse, the entire family system changes" (U.S. National Library of Medicine, 1970). Some core principles demonstrating the importance of using a family systems approach would include incorporating a non-blaming approach that is instead collaborative, expanding the idea of "successful treatment" to include the well-being of the family as a whole, as well as "appreciating the importance of adapting family counseling methods" to fit values and cultures of the family being treated as well (U.S. National Library of Medicine, 1970)

When it comes to treating families struggling with addiction, whether the therapy is structural or strategic matters as well. That is because, a basic premise in the field of addiction is that an individual is "more likely to continue chemical use/abuse if fundamental family functioning does not readjust to the dynamics of recovery" (Crnkovic & DelCampo, 1998). From a structural point of view, role reversals can happen between parents and their children. For example, as mentioned previously, children might have to take on more adult roles by taking on parental roles. A therapist working from a structural perspective would want to focus on taking a more direct role in helping parents regain "their position of setting and maintaining rules regarding treatment and enabling behaviors" (Crnkovic & DelCampo, 1998, p. 30). A therapist

who utilizes a strategic approach would look at the situation differently. They might consider it as something that was survival behavioral in the past. But they would also acknowledge that said behavior is now undesirable, hence the family is getting treatment. This type of therapist would also consider enabling behaviors and how they are ultimately detrimental. In general, a structural approach would challenge the family organization in a way that can hamper addictive behaviors, while a strategic approach would work to cause disequilibrium in the family system, to promote and lead to positive change.

Some final approaches to addiction treatment for families include family disease models, and family prevention models. The disease model of addiction, when used to treat families struggling, is often focused on abstinence and 12-step programs. As previously mentioned, addiction affects the entire family and is often thought of as a family disease. This theory suggests that “parental addiction leads to secrecy, shame, codependency, and isolation” (Usher et al 2015, p. 3). This can, as a result, lead to dysfunction of various types. Treatment interventions that utilize this theory and this philosophy tend to focus on breaking down patterns of secrecy, often by providing information to family members about the effects addiction can have on children. On the other hand, family prevention models view addiction as one of many risk factors that characterize dysfunctional families (Usher et al, 2015). This theory has the idea that having a parent struggling with addiction can lead and contribute to poor function in the family in areas such as family cohesion, parenting, and emotional regulation. In turn, children are likely to have or develop psychosocial problems, and are more likely to struggle with delinquency, or eventual substance abuse themselves.

### **Effects of Addicted Parents on Children**

Being the child of an addict can have many long-term effects, that “do not reduce as they

get older”, meaning they will likely be affected into adulthood and for the rest of their lives (Todman & McLaughlin, 2024, p. 1). Many children dealing with parental substance misuse or abuse live through things that children should not have to deal with; fear, danger, unpredictable behavior from the adults who are supposed to be taking care of them, or even absent parenting. These parents are generally fighting the decision to satisfy their addiction, meaning less time is spent nurturing their children in the way parents are supposed to. The developmental needs of these children are not consistently nurtured, with various degrees of severity. As previously mentioned, this negative impact can be worsened by possible abuse of some kind as well. Research done in the UK by Roy (2021), that included a profile of 299 children living with parents struggling with abuse, looked at the complexity of their lives in relation to concerns about their physical safety, potential significant mental health struggles, and the impact of potential deprivation. This research indicated the importance of support for these children and their families, alongside other research.

Numerous studies have found that having a parent struggling with addiction, specifically alcohol addiction, is associated with lower academic functioning. An article by Solis et al (2012) focuses on three primary areas; academic and cognitive functioning, mental health functioning, and substance involvement. This can include lower grades, or failure to pursue secondary education. For younger children, on average, those with parents who struggle with alcoholism tend to “show weaker performance in reading, spelling, and math... compared to their peers” (Solis et al, 2012, p. 3). Some potential reasoning for these connections could be that these children could have cognitive deficits. Regarding mental health functioning, these children, compared to their peers, are often more likely to, and have higher rates of disorders such as depression, conduct problems, and anxiety to name a few. These children also often have lower

self-esteem and social competence on average.

By the time these children are young adults, “mood disorders... are nearly double those of their peers” (Solis et al, 2012, p. 5). It has also been found that, whether the addiction is related to drugs or alcohol does not matter, as it seems both are just as predictive of behavioral issues and disorders in these children (Marmostein et al. 2009). There are some studies stating that these children showed higher rates of these disorders if their parents struggled with some of these things themselves; meaning the parents also struggled with depression or antisocial problems, to name a couple examples (Marmostein et al. 2009). Lastly, these children are also at risk of substance involvement. This could look like the child struggling with the addiction themselves, to some degree. There is a genetic component as well as children of addicts are more likely to become addicts themselves, simply because their parents have a history of substance abuse. Children with parents struggling with addiction are also likely to start using substances themselves earlier and increase how often they use it more quickly as well (Solis et al, 2012). This risk is even greater when both parents are addicted.

Families struggling with addiction tend to have some degree of dysfunction. This can look like children of struggling parents, as well as other family members, constantly feeling anxious. Unfortunately, in many cases, “there is no possibility in the family for the autonomous development of an individual, and their self-image is distinctively negative” (Simonič & Osewska, 2023, p. 66). Addiction can also negatively affect the marriage of the struggling individual. According to this article as well, 55% of families struggling with addiction also deal with domestic violence, and in 90% of these families that are also dealing with child abuse, alcohol is a big factor. In general, parents struggling with addiction will likely use a different approach in how they parent their children that could conflict with how the non-addicted parent

chooses to parent. Parenting in this way can “pass on different values and thus also give a picture of reality that is completely distorted” to their children (Simonič & Osewska, 2023, p. 66). This will, in turn, affect how the children learn to see and interact with the world around them, which will likely stay with them in adulthood.

### *Experience of Younger Children*

An article by Tinnfält et al (2018) states that there is plenty known about children of parents struggling with alcoholism, but not as much research looking at the experience of the younger of these children. The researchers in this article interviewed 18 children ages 7-9, and a major finding was that a lot of these children “took a great responsibility for their alcoholic parent, and the family” (Tinnfält et al, 2018, p. 538). Some themes that came up from these interviews were feeling sad when their parents are fighting, trying to control the situation, and wishing for change. This study advocates for further research in this age group of children of parents struggling with alcoholism, as these children were still very “well aware of the connection between the parent’s alcohol abuse and [their] feelings of sadness, leading to feelings of disappointment towards parents” (Tinnfält et al, 2018, p. 538). That being said, it is just as important to provide support for these children, in a way that is developmentally appropriate.

Also mentioned in this study is the idea of parentification: when children must take on more adult roles which can look like parenting their parents. In this specific study, this was seen through some of these children trying to hide money from their parents or hide car keys so as to prevent them leaving the house to buy alcohol. Children who struggle in this way, and must deal with parentification, can have a much higher risk of feeling ashamed of themselves as an adult (Wells & Jones, 2000). Which reiterates the fact that being the child of an addict can have lasting effects that can, and likely will, stay with them into adulthood. This study suggests that more

attention should be paid to listening to children of addicts of all ages, and that children even this young still “knew a great deal about their situation and were very aware of what this meant for the family” (Tinnfält et al, 2018, p. 537), despite a common thought that children don’t understand adult topics such as addiction.

### *Family as Codependents*

Family members of addicts can become codependents, and according to Baker (1990) they can potentially become sicker than the addict. Baker states this is because “the addict can drug his problems away, while family members must act out their frustrations.” This is why family members and other loved ones of someone struggling with addiction can also struggle. They might have to take on more roles to help the addicted individual, in ways that they should not necessarily have to, especially if they are children. They might unintentionally encourage addictive behavior by becoming an enabler as well. This could be due to a feeling of wanting to avoid conflict or actively trying to ignore their addiction by acting like it does not exist.

Loved ones of addicts, especially children of all ages, can sometimes feel the addiction is somehow their fault. This pattern of thinking can be harmful for the development of these children, no matter what age they are. It can lead to maladaptive thinking patterns about themselves and the world around them, and might even affect their relationships going forward, even into adulthood. This is one reason groups such as Al-Anon and Nar-Anon exist. These types of groups are for loved ones of addicts where they are able to change the way they think about the addiction, learning that they are not at fault, that they are absolutely not alone in their struggle, and that there are ways for them to detach from the addiction. These groups and programs are often modeled after common 12-step programs and tend to be nonjudgmental, which can allow these family members and other loved ones to work through any guilt that they

might have.

### *Experience of Teens*

Adolescence is a time of many changes that are psychological, social, and biological. During this time, even though adolescents tend to value their independence, parents continue to play a big role in their development. Parental drinking during this time, same as with children of any age, can negatively affect adjustment and development. Poor or mismatched parenting skills interfere. Parents who are struggling with addiction might even model, perhaps without even realizing it, ineffective coping skills. This can be especially problematic during adolescence when teens are especially vulnerable and easily swayed by those around them, friends, and family. This time in a child's life might be considered a time of storm and stress (Windle, 1996) when it comes to their relationships with their parents. They often prefer to deal with various challenges that come with being a teenager on their own, but often still consider parents very important confidants in their lives. Parents and teen children often disagree on a lot of things from curfews to dating and whether it should be allowed, but parents are still just as important in the development of their children, even as teenagers. Some big areas that could be affected by parental addiction, for teens especially, would be parenting skills, marital and family functioning, and role modeling.

Parents who are addicts can negatively influence parenting skills in many ways. Primarily, their problem drinking can contribute to parenting that is more inconsistent or unpredictable. This potential inconsistency can "undermine a child's sense of order, control, and stability in the family environment, reducing feelings of self-esteem and perceptions of self-competence" (Windle, 1996, p. 181). A parent struggling with addiction might also be likely to monitor their adolescent child's behavior more poorly than they should. Parents monitor their

children to establish rules such as curfews and household responsibilities to name a couple, all in an effort to establish a more orderly structure. These parents might also have lower levels of nurturing and emotional availability for their children. This could increase the risk for their adolescent children to start drinking themselves. Parents who struggle with alcohol can be more likely to use harsher discipline, as well as more likely to provide implicit approval for their children's alcohol use if that is happening.

Another area that can be affected within the family system of an addicted individual would be marital and family functioning. Parental addiction can contribute to marital conflict between parents, which can lead to the use of alcohol and aggression by the children themselves. When parents are in conflict, other family members can feel threatened, and the family as a whole can feel destabilized. Children in these families might express worry about the family unit breaking up, or even for their own personal safety. If this type of parental conflict continues for an extended period of time, children might be more likely to attempt to “escape these adverse conditions through personal alcohol use with peers...,” among other forms of unhealthy coping (Windle, 1996, p. 182). Marital conflict can also contribute to physical abuse, as previously mentioned in this review. Overall, parental drinking can lead to marital conflict, which can in turn influence how an adolescent views their family and families in general. Adolescents could be influenced by the way they perceive families are supposed to function. This view on families creates a blueprint for how they view other relationships in their life as well.

Parents struggling with addiction can also model maladaptive and harmful behaviors to their adolescent children, through processes such as socialization. Children exposed to alcohol specifically might be more likely to view alcohol consumption as a positive activity (Gaines et al. 1988). This is because many children, including adolescents who are becoming more

independent, view their parents as “powerful figures to emulate” (Windle, 1996, p. 183). Parents who struggle with an addiction are also modeling a negative coping strategy, especially when done in response to various life stressors. Adolescents and other children may view this behavior as an effective coping strategy for stress and would therefore be more likely to adopt the behavior themselves. For adolescents specifically, relying on a substance such as alcohol to cope with their various life stressors could “contribute to more frequent and serious alcohol use and associate problems” (Windle, 1996, p. 183). Life stressors could be escalated as a result, creating a harmful cycle centered around unhealthy and maladaptive coping.

### **Stigma**

A big part of addiction is the stigma that can, and often does, surround it. Stigma can negatively affect the individual struggling with the addiction, as well as their loved ones including friends and family. Children of addicts can experience stigma, that carries into adulthood. Children who have parents struggling with substance abuse tend to have a higher chance of developing a substance use disorder themselves (Meulewaeter et al, 2025). The three main themes that emerged from the interviews done by Meulewaeter et al, (2025) are the role of social connection in substance use and recovery, loneliness and neglect in childhood, and stigma and the self.

Most adults interviewed in this study stated that they felt completely alone as a child, feeling like they never had a family because of the addiction, or feeling that way because they always had to try and hide their parents’ addiction. In addition, all participants in this study felt shame as a child due to the environment they were in. Some even felt shame from trying to reach out for support. That is because, as research shows, these “feelings of shame and self-blame... may hamper help-seeking in children, with implications for long-term mental and physical

health” (Meulewaeter et al. 2025, p. 10). A child growing up in this type of environment can also experience a lack of positive self-esteem, as evident by those interviewed in this study. This influenced how they navigated social life outside their home “which further influenced perceptions of social isolation and stigma” (Meulewaeter et al. 2025, p. 5).

Unfortunately, loved ones of individuals struggling with addiction can experience stigma even after the death of the struggling individual. Dyregrov and Selseng (2022) explain how there is still little knowledge relating to individuals grieved by drug related deaths and that this group still tends to be marginalized from the stigma they experience. Important themes that came from this research include stigma once again, dehumanizing remarks and labeling, and blaming the deceased by claiming that “death was the only and best outcome” (Dyregrov & Selseng, 2022). Some of the comments these respondents received are related to stereotypes about individuals struggling with addiction, highlighting thoughts by some who do not believe people struggling with addiction can or are able to solve their own problems. These individuals might be likely to consider death as the better and only choice. When expressing that thought to someone dealing with the death of a loved one who struggled with addiction, their grief and validation of their feelings can be undermined in a way that will be harmful instead of supportive. These harmful comments and thoughts regarding the deceased individual can pose a barrier to healthy grieving for their loved ones. Someone grieving the death of a loved one who struggled with addiction will likely avoid or withdraw from those who share these hurtful and negative comments, even if they are friends and family. As a result, these grieving individuals could experience prolonged grief, complicated grief, or potential trauma reactions. Each of those outcomes can create an entire host of psychological health issues for these grieving individuals.

### **Potential to Become Addicts Themselves**

Children of addicts are more likely to become addicts themselves, as previously mentioned, because genetic factors account for about 40-60% of someone's susceptibility to substance use disorders (Wandler, 2025). For example, the ADH1B gene is associated with alcohol use disorder. An individual's genetic predisposition can be combined with various environmental factors as well, which can increase their risk of developing a substance use disorder even further (Wandler, 2025).

The potential to become addicts themselves is just one of the many negative developmental, social, and emotional outcomes these children can face. Family focused interventions for children of addicts can help prevent and lessen those negative influences. Two primary models of addiction in a family would be family disease models, and family prevention models. Family disease models consider addiction as a disease that affects the entire family. Its goals and focus are often on abstinence from addictive behavior and the inclusion of 12-step programs. When a family struggling with addiction is considered from a disease perspective, it is clearer that the parent's addiction can lead to dysfunction in the family as a result of the isolation, shame, and secrecy that comes from the addiction. Children in these families would then need very specific interventions within the context of their families that help disrupt the cycle of addiction (Usher et al. 2015). On the other hand, there are family prevention models, which would consider addiction to be just one of many risk factors that can characterize a dysfunctional family. A family prevention model would suggest that children in these families experience delinquency and psychosocial problems due to poor parenting skills, family cohesion, and emotional regulation. Family prevention models tend to emphasize skills and target parents primarily, while someone taking a disease-oriented perspective will emphasize knowledge and target the children.

Each model has its own strengths when treating families struggling with addiction. Family prevention-based programs evaluated in this study seem to be effective when they are attuned to client engagement, encourage positive parent-child interactions, and facilitate supportive peer relationships. Important mechanisms triggered in those situations would be trust, hopefully enjoyment, and validation. Programs backed by the family disease model seem to be effective because of their facilitation of supportive peer relationships as well, but also the way they harness the power of knowledge regarding addiction and how the family is affected by it. Some important mechanisms in this case would be trust as well, children relinquishing responsibility for parental addiction, and validation. That to say, more research still needs to be done on addiction affected families, as a lot of the research that has been done still focuses primarily on the addicted individual, while not providing enough attention to the family.

### **More Research Needed on Addiction Affected Families**

Plenty of research on addiction-affected families still seems to center more on the addicted individual as opposed to the family as a whole. These families need special support, and that support can be most effective when services are tailored to their unique conditions; their voices are heard, and their needs are noticed and provided for. Mardani et al. (2023) Conducted a systematic review of addiction affected families and found five main themes specific to the challenges these families face: initial shock, family in the fog, sequence of disorders, internal family chaos, and self-protection. Families face initial shock when they find out about their loved one's addiction, and they are stuck in a place of potential lack of knowledge and uncertainty in the next steps. The family can put themselves in a process of mourning that is profound, long, and reoccurring, in a way that is very specific to this population. Some family members might even consider this the hardest experience in the entire process of treating addiction.

When families are in the stage of being “in the fog,” their biggest challenge is likely being willing to get help. They might be unwilling to do so as a type of defense mechanism, feeling it is better to keep the addiction a secret. They might even prefer to figure it out on their own, to avoid potential judgement, stigma, and labeling. These feelings can be mitigated by policymakers and service providers working to eliminate misconceptions about these families and provide support to help remove the effects of social stigma. The themes of sequence of disorders and internal family chaos indicate, in a way, the extent of harm on the family from the addiction. That is because addiction affects families on emotional, psychological, behavioral, and physical levels. Some interventions that can help with these two stages of families dealing with addiction include increasing social support, modulating stress and pressure, reducing symptoms of any mental disorders, and training families in areas of social acceptance and emotional support, to name a few. Mardani et al (2023) also notes the importance of paying attention to those “under the shadow” of the drug-abusing people, such as children. That would be because members in these families, especially parents, might tend to neglect others due to problems caused by addiction, intentionally or not. Lastly, the fifth theme identified is self-protection, and is the primary factor in starting the recovery process for these families. This process can include moral support, seeking help in various forms such as financial and information, and trying to reduce negative effects of addiction in various ways as well.

### **Art Therapy; Including How it is Trauma Informed**

Art therapy is an expressive therapy that is also trauma informed. Art therapy can activate neural networks that can also be affected by trauma, which is why it is thought to be useful in treating something such as addiction, as addiction is often tied to trauma of some kind (Quinn, 2025). Quinn also explains how art therapy activates the reward system involved in addiction.

This can make art therapy especially beneficial and useful for the stress and inhibition aspects of addiction. Art therapy has been found to be beneficial in many ways, such as augmenting learning and motivation, and in other ways that can enhance and add to traditional talk therapy. Individuals who have struggled with addiction for quite some time have existed and functioned in altered states of consciousness that greatly impact their perception, and how they related to those around them, including their children and other family members. This could also be due to potential dissociation from past trauma. Art therapy, which engages creativity, can help anchor individuals in the present feeling or experience through the art materials chosen to work with. Art therapy is also visual as well as tactile, which can help an individual process traumatic memories in a way they might not be able to with words in traditional talk therapy.

Art therapy can allow an individual to become more aware of trauma and reduce denial, which can help large-scale brain networks involved in trauma and addiction work better together. Brain imaging conducted during art therapy provides evidence that activation of these large-scale networks can help an individual with self-regulation, cognition, and memory when processing trauma that could be related to their addiction. Someone dealing with addiction could also be struggling with PTSD (post-traumatic stress disorder). One negative outcome of PTSD is a reduced capacity for goal attainment and socialization. Art therapy can help in that area by helping increase self-efficacy, among other things, in an experiential format. Combining trauma informed art therapy and addiction treatment in this way can help mediate traumatic memories. Per Quinn (2025), “a major hurdle in addiction treatment is reducing the euphoric recall of substances during withdrawal cravings that lead to relapse” (p. 2). Art making could help in restoring the brain’s ability to anticipate more natural rewards, as opposed to those from the addictive substance. This can be done through novel sensory experiences, experienced during art

making that can activate production of acetylcholine and stimulate dopamine release, for more natural rewards not involving chemicals.

Children of parents who are addicts are at a great risk of becoming addicts themselves, as previously mentioned, as well as a host of other mental disorders and deviant behaviors such as externalizing behavior (Barnow et al. 2002). This is another reason why treatment for addiction should focus on the addicted individuals as well as their families, especially when there are children involved. It is recommended that programs focus on skills enhancement, family functioning and coping, include self-care, and interests building, among other things (Chan et al. 2016). Art therapy can be incorporated into a more varied treatment program for these individuals, as it can help them better narrate their life experiences, and become better able to reveal emotions (Leung et al. 2018). Art therapy can be especially beneficial for children in these families by allowing them to take ownership of their therapeutic process, while also giving them motivation needed to take part in the therapy regularly. Regular participation alone can positively affect their treatment outcome. (Leung et al. 2018). Participation in an expressive therapy, such as art therapy, can change children's and adolescents' beliefs about addiction in a positive direction. This approach to addiction treatment can, for adolescents especially, strengthen intra- and interpersonal and psychosocial competencies such as identifying personal strengths, and being better able to express their emotions. Parents discussed in this research by Leung et al (2018) had positive outcomes and also felt helped in areas such as building positive identities and improving problem solving skills. Another important finding was that children and adolescents in this study were able to better realize that even though their parents were addicts, they may still have positive self-perception, Leung et al. (2018).

An art therapy approach specific to families, Family Art Therapy, is a form of

psychotherapy created by Hana Kwiatkowska. It can utilize many types of artistic media, including visual and those derived from different artistic disciplines such as writing, and other types of expressive therapies such as dance, play, or music therapy. It is also backed by many psychotherapeutic theories and trends such as classical psychoanalysis, the ideas of Carl Rogers, or narrative therapies. Art is used with families in this way to provide another means of communication for the family, allowing for greater and freer self-expression in the family (Nieduziak, 2021). Engaging a family in this way through art making together engages all family members in ways that cannot be done through traditional talk and psychotherapy-based therapy, while also leveling the playing field for all involved. The art being made can present non-verbal communication in a symbolic way that allows feelings and thoughts to be made known in alternative ways. Family art therapy can also allow therapists and researchers the ability to observe the family and how it functions and get a better picture of the family's dynamics. This type of family therapy can be used as the only treatment, as a form of evaluation, or supplementally as part of a more comprehensive treatment plan.

### **Combining Art Therapy with Existing Treatment Programs**

There has been a lot of research done on evidence-based practices in the treatment of addiction, such as 12-step programs. Little attention has been given to alternative and complementary forms of treatment, such as art therapy. According to Aletraris et al. (2014), the use of complementary and alternative forms of treatment for addiction is growing in importance. Art therapy can fit into existing treatment programs such as Motivational Interviewing and Motivational Enhancement Therapy. Some goals of those two therapies would be promoting client engagement, seeking to enhance client's intrinsic motivation to change, and addressing any ambivalence clients may have. Art and other expressive therapies can be used to work towards

all of those goals. That would be because they use mind-body strategies that are more active and fit well with the already established principles of those two therapies. Art therapy also complements those two by utilizing cognitive processes such as allowing clients to decide what to create, choosing the art materials they use, and valuing their work and how it's created. Art therapy can also be combined with traditional 12-step programs by helping better facilitate the First Step, "we admit we are powerless..." (Alcoholics Anonymous) This is done by fostering a creative spark that can break down any resistance to change and treatment, as well as by facilitating acceptance of the addiction as a disease

Family Art Therapy can be used in combination with many other forms of treatment for families and for addiction as well. It can focus on many areas in the lives of families who are struggling with addiction such as how the family is affected by the health condition of the struggling individual, how the family can be affected by various external factors, and disturbances in parent-child relationships, all of which have been previously discussed. Those would be the three main issues discussed in research done on specific art therapy interventions for families (Nieduziak, 2021). Family Art Therapy can come in various forms and have various types of structure.

When this form of therapy was originally created, it had a six-stage structure and evaluation procedure that was more standardized. The client and their family would work together for a one-to-two-hour session, while the therapist and a psychiatrist or social worker would take on a more observational role. After the evaluation was done, treatment would continue accordingly depending on how the family responded and the overall treatment program. Therefore, as previously mentioned, art therapy could be very easily incorporated into a previously started treatment program for a family struggling with addiction, that has potentially

already been very successful. Art therapy could add another layer of processing for the family that they might not be able to obtain with other forms of therapy. For example, art therapy is considered very communicative and can allow individuals to express themselves by exploring the relationship between their thinking and emotions, in a way that non-expressive therapies do not allow for.

Finally, when treating addiction and how addiction affects families, the fostering of remission for the struggling individual and their family is just as important, if not more important. As previously mentioned by Moos (2006), there are various theories regarding substance use disorders and helping individuals foster remission. These would be social control theory, behavioral economics and behavioral choice theory, social learning theory, and stress and coping theory. Social control theory focuses on strong bonds with religion, work, and family and friends that an individual might have in their life. These strong bonds can help motivate an individual to engage in healthier behaviors and refrain from their unhealthy substance use. These types of bonds and relationships involve monitoring each other's behavior towards important pursuits and goals. Individuals might be less likely to adhere to and follow more conventional and traditional standards, making them more likely to engage in these unhealthy behaviors, contributing to addiction. Weak bonds could include families lacking cohesion, friends engaging in disruptive behaviors, or even lack of supervision in work and social settings.

Behavioral economics or behavioral choice theory, closely related to the previous, focuses on involvement in what would be considered protective activities. What is important for this theory is the social context of rewards that can be acquired through other healthier means, through activities other than using the addictive substance. Moos (2006) suggests that an individual's choice of substance use could be due to the lack of other, alternative rewards

through avenues such as education or religion. An alternative option could be engaging in physical activity, which could connect the individual with others who do not use or abuse alcohol or other substances. Lastly, social learning theory focuses on an individual's role models, other adults, and peers around them. Individuals model behaviors of those around them, and certain behaviors will be socially reinforced for various reasons. This theory would suggest that unhealthy substance use might be a result of positive norms and expectations about substances and family members and friends who engage in these unhealthy behaviors. This could look like children copying unhealthy behaviors they have observed from their parents, such as abusing alcohol or another substance.

### **Conclusion**

The literature discussed shows that parental addiction often leads to significant long-term consequences for children and their families, including parentification, role reversal, potential neglect, and abuse, all of which can disrupt health development and contribute to challenges. Some of these challenges include low self-esteem, depression, and impaired interpersonal functioning; these outcomes are intensified by environmental instability and inconsistent parenting. Tinnafält (2018) indicates that children exposed to these conditions are at heightened risk of developing addictions themselves. Stigma surrounding addiction further compounds family distress by fostering shame, self-blame, and barriers to seeking help, while addiction related deaths can create especially complex grief. Because addiction is influenced by both genetic and environmental factors and often perpetuates intergenerational cycles, the literature strongly supports trauma-informed, family centered treatment approaches. Models that conceptualize addiction as a disease, prevention-focused frameworks, and expressive modalities like art therapy all contribute valuable strategies that enhance communication, emotional

regulation, and engagement when integrated with established interventions such as 12-step programs. Together, these findings underscore the need for a multidisciplinary approach that prioritizes the entire family system to support more comprehensive and sustainable recovery.

### **Section III: Methodology**

The following curriculum is created for master's level art therapy clinicians to use with adolescents affected by a parent's addiction and is intended to be used alongside the Al-Anon framework, including its teen focused version, Alateen. This curriculum is built around the 12-step structure of Alcoholics Anonymous (AA), and it includes art therapy interventions that coincide with each step. These interventions will help participants process their experiences, build coping skills, and gain new perspectives on their parent's addiction. Al-Anon and Alateen are community based, which allows clinicians using this curriculum to provide support. This structure also allows participants to move at their own pace, engaging in creativity designed to foster resilience and emotional growth.

#### **Target Audience**

This curriculum is designed for master's level art therapy clinicians to use in working with children of parents struggling with addiction, alongside an Al-Anon framework. Alateen is a specific Al-Anon program for teens and is open to those aged 11-19 who feel their lives have been affected by someone else's drinking. That could be a parent, another loved one, or a friend. Participants can attend even if the addicted individual is no longer in their life or sober. Alateen tends to follow the general structure of AA, which does have a religious backing, however no specific belief system is required for participants to attend. The focus in meetings is on the teenagers' experience only, not the addicted individual who has affected them. Individuals are not allowed if they themselves are struggling with addiction of some kind, as this program is not meant to be used as therapy or counseling. This program may take place in a community setting, such as a community center, and is should be open to anyone interested who meets the above criteria.

### **Curricular Structure**

This curriculum will include art therapy interventions that coincide with the 12 steps, adopted from AA, that Alateen also follows. Participants are able to work through the steps as quickly or slowly as they need to and can work through all 12 multiple times if needed as well. The primary intention of an Al-Anon program, and similar programs for other substances, is to help participants develop or strengthen new or existing coping skills and help give them a new perspective on dealing with addictive substance affecting their loved one. Each of the 12 steps will have two or three art interventions that should be used alongside existing programming, under the leadership of a master's level art therapist. Multiple interventions will be included with each step, as some participants might take longer than others to work through some or all of the steps. Paired with each intervention will be an explanation of the activity alongside required materials and rationale. Participants can take as many sessions as they need to work through each step, and sessions will be an hour long and meet at least once a week.

### **Curricular Outline**

This curriculum is intended to be used alongside the 12-steps adopted from AA. There will be two or three interventions per step, and the steps can be cycled through multiple times as needed. There is no set timeline for how slowly or quickly participants should work through each step; they can move at their own pace and use as many art interventions per step as they feel they need. This curriculum will start with a brief introduction explaining its intended purpose, why art therapy is being included, and brief explanation of the 12 steps that the art therapy interventions will be accompanying. It will then move into brief sections about requirements for those facilitating these sessions, as well as of individuals participating. This curriculum will end with a longer section listing each of the 12 steps and their accompanying art therapy interventions. Each

intervention will be described in greater detail with step-by-step instructions for those facilitating and participating.

### I. Introduction

- a. Purpose of curriculum and intended audience
- b. Why inclusion of art therapy
- c. 12-Steps (adopted from AA)

### II. Facilitator Requirements

- a. Must be Master's level art therapy clinician leading art therapy part of sessions
- b. Experience in addiction treatment preferred

### III. Participant Requirements

- a. This curriculum will be used alongside Alateen, Al-Anon for teens, so participants must be between the ages of 11 and 19 per Alateen guidelines.
- b. NOT intended to be social hangout, open to teens who feel they have been impacted by a loved one or friends alcohol use.
- c. CANNOT be dealing substance or alcohol use of their own, as Al-Anon is not therapy or counseling.
- d. Individuals can participate even if addicted individual is no longer in their life.

### IV. Accompanying Art Therapy Interventions

- a. Step #1 – I admit that my life has become unmanageable as a result of another person's substance use, and that I cannot control or fix their behavior.
  - i. What I Can/Cannot Control Collage
  - ii. Visual Metaphor Drawing
- b. Step #2 – I came to believe that healing and stability were possible through

support, insight, and personal growth.

- i. Hope Symbol
  - ii. Before and After Image
- c. Step #3 – I have committed to focusing my energy on my own well-being, values, and choices rather than trying to manage someone else’s addiction.
- i. Energy Pie Chart
  - ii. Self-Portrait with Boundaries
- d. Step #4 – I took an honest and compassionate look at myself, examining how my loved one’s addiction has affected my relationships, behaviors, and thoughts.
- i. Life Timeline with Symbols
  - ii. Mask Making
- e. Step #5 – I shared this self-reflection with a trusted person to reduce shame and isolation.
- i. Witness Art Sharing
  - ii. Paired Drawing
- f. Step #6 – I became willing to release patterns that no longer serve me such as people pleasing, self-blame, or avoidance.
- i. Pattern Mapping
  - ii. Tear-and-Transform Art
- g. Step #7 – I practiced self-compassion and actively worked to build healthier coping strategies and boundaries for myself.
- i. Compassionate Letter and Illustration
  - ii. Soothing Texture Art

- h. Step #8 – I identified ways that my actions may have impacted others including myself.
  - i. Relational Map
  - ii. Ripple Effect Drawing
- i. Step #9 – I made amends when appropriate, except when doing so would cause harm to myself or others.
  - i. Unsent Letter
  - ii. Symbolic Repair Art
- j. Step #10 – I continued regular self-reflection, noticing when old patterns would return and addressing them with awareness instead of judgment.
  - i. Visual Check-In
  - ii. Pattern Alert Symbol
- k. Step #11 – I sought clarity, balance, and resilience through reflection, mindfulness, creativity, or other grounding practices that support emotional health.
  - i. Mandala
  - ii. Breath-Based Art
- l. Step #12 – Having experienced personal growth and healing, I shared what I learned with others and continued to apply these principles in my daily life.
  - i. Personal Recovery Notebook
  - ii. Legacy Piece

### **Conclusion**

This curriculum provides a structured and flexible way to integrate art therapy into the

Al-Anon, specifically Alateen, framework. It can offer participants an alternative means of working through the 12-Steps in a way that is creative and supportive. Each step is paired with developmentally appropriate and intentional art interventions that can help participants better understand the impact that parental addiction has on their lives, while strengthening coping skills and exploring emotions. Using an alternative therapy such as art therapy in addition, the already supportive framework of Al-Anon is enhanced by giving participants additional tools they can use to navigate their experiences with greater resilience.

### **Section IV: Curriculum**

This curriculum (see Appendix) was inspired by a desire to add to existing supporting services for children of parents struggling with addiction, specifically teenagers. It was designed to follow the already existing model of the 12-steps used with those struggling with addiction, as well as accompany supporting services for their loved ones such as Alanon for teens, Alateen. Each of the 12 steps has been slightly modified, while maintaining the same themes and purpose, in a way that is non-religious, to help reduce any harm being caused to participants who may have experienced religious trauma. The curriculum (see Appendix) is intended to be used in tandem to the already existing structure of Alateen meetings. The art therapy sessions accompanying these Alateen meetings will be separate from the meetings as they require a licensed art therapy clinician to lead, and Alateen meetings are only peer led. These additional activities can be completed after meetings for those who feel they could use more support. The curriculum (see Appendix) promotes greater focus and attention on teenage children of those struggling with addiction, emphasizing their ability to receive supportive services just as important as that of their parents.

The curriculum (see Appendix) provides guidance on its intended purpose, how it is meant to be used, as well as requirements for those participating and those leading these sessions. The interventions outlined are intended to be used alongside each of the 12-steps adopted by AA. Since Alateen meetings are peer led, these art therapy interventions will be used in additional sessions, immediately following already scheduled Alateen meetings. They are required to be lead by a licensed art therapy clinician, which is not the case with Alateen meetings. Each of the 12 steps is accompanied by two art therapy interventions. Both can be used or just one for each step, depending on what participants feel they need. Each intervention is

tailored to fit with the themes and goals of each of the 12-steps, in a way that provides an additional non-verbal form of processing.

This manual begins with an introduction explaining what it's intended to be used for and with, along with a brief explanation of what the 12-steps are and why art therapy is being included. It then goes on to explain participant and facilitator requirements, as there are specific requirements for those who participate in Alateen as well as those who are able and qualified to lead the art therapy interventions. Following the introductory section, a table of contents is included listing each of the 12 steps as well as each intervention. Each step includes a brief title that summarized the main topic of the step in a few words, the step fully written out with the adapted wording explained above, as well as a few keys terms that highlight main themes for each step. Immediately following each step are two additional pages detailing the included interventions. Each intervention lists recommended materials, instructions that are easy to understand, and some suggested processing questions for participants to consider while sharing their art, if they choose to.

### **Conclusion**

This manual was created to support existing support services for adolescents impact by a parent, or other caregiver's addiction, by integrating art therapy with Alateen. It follows a modified 12-step model, which utilizes adapted non-religious language to be more inclusive. The program is designed to be used alongside regular Alateen meetings, offering clinician-led art therapy sessions directly after peer-led Alateen meetings. This approach helps emphasize how adolescents of caregivers struggling with addiction deserve developmentally appropriate support that is dedicated to them, and how it should be just as important as support offered for the individuals struggling with substance use. This program utilizes a structured manual that outlines

its purpose, how it will be implemented, and participation requirements for both adolescents and facilitators. Again, each of the 12-steps uses adapted non-religious language, key themes that will be focused on, and two art therapy interventions that can be used flexibly depending on what participants feel they need. Each intervention includes recommended or required materials, instructions, and optional processing questions created to promote reflection and sharing. Overall, this manual offers an approach that is structured but still flexible, and nonverbal in way that allows for enhanced emotional processing, while complementing the existing peer support of Alateen.

### **Section V: Discussion**

Research presented in this paper highlights addiction as a condition that is complex and multifaceted, and one that extends beyond the individual in ways that significantly impact families, especially children. The literature discussed highlights neurobiological and psychological aspects of addiction, explaining changes in brain function, reward and self-regulation, as well as the important roles of shame and guilt in supporting or maintaining recovery for struggling individuals. A prominent theme across this research is the importance of understanding and treating addiction as a family-centered issue, as it often disrupts many areas of a family including boundaries, roles, and emotional functioning. It also puts children at increased risks for various challenges including the potential for generational patterns of substance use where the children develop substance use disorders as well. Literature reviewed strongly supports the need for care that is trauma-informed and family-focused, suggesting art therapy as a beneficial approach due to its expressive nature that allows for non-verbal processing supporting resilience and emotional processing. There are some limitations however including the evaluation of the included manual as well as issues of accessibility, highlighting the need for more research. Some future research could include testing the manual's effectiveness, exploring more long-term outcomes of its use, increasing accessibility, and further examining the role of family-inclusive art therapy approaches supporting these children of parents struggling with addiction.

#### **Brief Summary of the Research**

The literature discussed in this paper demonstrates how complex and multifaceted addiction is as well as how its effects extend beyond the struggling individual, in a way that can and often does significantly impact their families, especially any children they may have.

Various factors play a role in addiction and how it affects someone and those around them. Neurobiological research emphasizes how addiction changes how the brain functions in areas such as motivation, reward, and self-regulation, by reinforcing the addictive behavior or substance use, despite negative consequences. There are also various psychological factors as play such as shame and guilt in the struggling individual's life, as well as the lives of their families and children. These two factors play important roles in how the addiction is maintained, as well as influencing how recovery happens for the struggling individual. Shame in particular can often perpetuate maladaptive behaviors, while as guilt on the other hand can sometimes supported necessary reparative change in the struggling individual's life.

A primary theme in the above review of the literature, is an emphasis on the importance of conceptualizing addiction as a family-centered issue, and not solely individual. Family system theory and other frameworks discussed place an emphasis on addiction disrupting roles, boundaries, and communication patterns in families. These disruptions often lead to various degrees of secrecy, instability, and dysfunction. Families can often experience stigma, emotional pain, and chaos to some degree as well. Children in families of an individual struggling with addiction might adopt maladaptive roles such as parentification, or maladaptive ways of thinking and interacting with the world around them due to the unpredictable environments they've experience because of their parent or other loved one's addiction. Research strongly suggests that children of parents struggling with addiction of various kinds face significant risks in developmental, behavioral, and emotional areas. These risks can include higher rates of anxiety and depression, academic difficulties, and lower self-esteem. These children have a greater risk of developing addictions themselves due to a mix of environmental and genetic factors. This risk contributes to the potential for intergenerational cycles of addiction. These factors worsen with

the presence of stigma, discussed earlier, and it's ability to contribute to isolation and shame being felt by these families.

The literature emphasizes various developmental differences in how children experience having a parent struggling with addiction. Younger children experience it differently than older children by internalizing responsibility or trying to control family dynamics. Adolescents on the other hand are more vulnerable to substance use themselves, and developing maladaptive coping behaviors modeled after their parents. The literature emphasizes the importance of family focused interventions that are trauma informed, in response to these various challenges.

Traditional treatment programs often still focus on the struggling individual, and they are viewed as not sufficient in treating these individuals and their loved ones. Integrated approaches can be of a greater benefit by including the entire family, which is why these programs would be recommended instead. Some valuable perspectives in treating addiction can come from family disease models and prevention-based models. These models offer interventions that can help promote coping skills, supportive relationships in the family, and emotional regulation for everyone.

Art therapy can be a promising alternative treatment for addiction. It's nonverbal and trauma informed which allows individuals, especially children of all ages, an outlet to express and process complex emotions, and engage in self-expression in ways that traditional therapies simply would not allow for. This form of expressive therapy has been shown to support many areas of treatment including enhancing self-efficacy and activating pathways associated with reward and healing. This type of therapy can be integrated with other already existing treatment modalities and programs, such as 12-step programs, by offering strengthened engagement and therapeutic outcomes. The discussed literature underlines the importance of approaches that are

not only multidisciplinary but also holistic, in order to address the various dimensions of addiction in neurobiological and psychosocial areas. This literature strongly supports integrating family centered care with expressive therapies, such as art therapy, to better and more effectively meet the needs of families affected by addiction in way that best promotes long-term resilience and recovery.

### **Discussion**

This paper aimed to underscore an important change in how addiction should be understood and treated, as something that is not isolated and only an individual problem, but instead a systemic issue that greatly affects entire families, especially children. The literature that has been reviewed makes it quite clear that treatment often focuses only on the individual struggling with substance use, which overlooks the harm experienced by their children, which can persist into adulthood. This would ultimately indicate that current treatment models for addiction are incomplete. An approach that is more effective is one that recognizes that these children aren't only passive bystanders, but that they have their own complex needs and need their own support that is developmentally appropriate. It also emphasizes the importance of addressing both dimensions of addiction, psychological and neurobiological, as well as the roles of guilt, shame, and various disrupted family dynamics.

The integration of alternative therapies such as art therapy would be a meaningful and important evolution in treatment approaches for this population. It's trauma-informed and primarily non-verbal, which can offer a way for children and adolescents to process experiences that are difficult to articulate with words, in ways that are developmentally appropriate. This suggests that healing and treatment for this population should focus on education and coping strategies, as well as creating spaces for safe expression, emotional regulation, and identity formation. More

broadly, this paper points toward the need for interventions that are more accessibly, holistic, and family-centered once again. These interventions can bridge the current gap in existing support services and treatments. The curriculum proposed in this paper offers an approach that is still theoretical, but implies that integrative approaches, especially those that focus on children, are incredibly important for promoting and supporting long term resilience while also breaking cycles of addiction often within families.

### **Limitations**

There are some limitations that should be acknowledged regarding the proposed manual. There is a limited ability to draw conclusions about the effectiveness of the manual, as no empirical research was done. Literature discussed strongly supports using both art therapy and family centered approaches as interventions that can be quite beneficial. However, there still seems to be more limited research on the use of art therapy with children of parents struggling with addiction. This proposed manual also has not yet been implemented or evaluated in a real-world setting, so its practical effectiveness and impact on outcomes such as emotional regulation and coping skills is unknown at this time. Another potential limitation would be regarding accessibility and generalizability. Experiences of the children mentioned in this paper vary in many areas such as cultural and environmental factors, which might not be fully accounted for in the literature review. The manual also needs to be used and facilitated by a master's level art therapy clinician, which may limit accessibility, especially in areas that have less access to resources.

### **Suggestions for Future Research**

Future research should focus on evaluating the effectiveness of the manual through various methods. Implementing the use of this manual in a real-world setting, while assessing

outcomes such as coping skills development, and emotional expression would provide very valuable data supporting its use. Longitudinal studies might also be recommended to examine more long-term impacts of using art therapy with children of parents struggling with addiction, especially in areas such as improving mental health outcomes for those children into their adulthood. Studies could also be done that explore and compare differences between the use of art therapy interventions with standard more traditional approaches such as typical Alateen participation. Comparing these two treatment types could further emphasize the unique benefits of nontraditional therapies, such as those that are art-based.

It is also suggested that future research explore ways to expand and adapt these interventions to better meet needs of diverse populations. This could include increasing accessibility through programs that are more community or school based, or exploring more options for implementing this manual and its use with limited resources. Some valuable research could also be done further examining family inclusive art therapy models, since involving the entire family as explained previously can benefit communication in the family and overall functioning. Lastly, as previously explained, there is often a strong connection between addiction and trauma. Future studies could also focus on the impact of art therapy on trauma-related symptoms, in the children discussed in this paper. These directions for future research, as well as others not mentioned, can help strengthen support for the development of interventions for this population that are more effective, comprehensive, and accessible. **Conclusion**

This paper explores addiction as a condition that is quite complex and multifaceted, and one that impacts family systems, extending beyond just the struggling individual. The literature discussed highlights both psychological and neurobiological aspects of addiction, including how it disrupts important brain functions such as those related to motivation, and self-regulation. It

also highlights the important roles of shame and guilt. A primary theme in this research is the importance of understanding and treating addiction as a family-centered issue as it can lead to disrupted roles in the family, varying degrees of instability, and poor boundaries. Children of parents and other caregivers struggling with addiction are especially vulnerable facing various risks of their own including increased risks of academic difficulties, depression, and future substance use. These risks are often shaped by genetic and environmental factors, and the experiences related to them can vary developmentally. Younger children might be more likely to internalize responsibility for the addiction, while adolescents might be more likely to utilize maladaptive coping behaviors.

In response to these various challenges and risks, this paper has proposed an art therapy curriculum designed to support Alateen and it's peer support for adolescents affected by parental addiction. It's grounded in a modified version of the 12-step model that is non-religious, and utilizes art interventions that are trauma-informed and structured in a way to promote identity development, emotional expression, and coping skills for this population. The literature discussed promotes the importance of both art therapy and family centered treatments, this paper still acknowledges some limitations. These would be a lack of direct assessment of the effectiveness of the proposed curriculum, and potential barriers to accessibility. Future research should therefore assess this curriculum's effectiveness, explore long-term outcomes of it's use, and expand accessibility to be better used in diverse populations. This paper overall highlights the importance and need for addiction treatment approaches that integrate family focused care and expressive, or other alternative, therapies to better support children and families affected by addiction.

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## Appendix



## Introduction

### Purpose and Intended Audience

This manual is intended to be used alongside the already existing framework of Al-Anon, specifically Alateen as it's focus is primarily on kids of alcoholics. This manual can be adapted and used alongside similar programs for other addictions as well.

### 12 Steps

Alateen and similar programs for other addictions (such as Nar-Anon), utilize the 12 Steps outlined in Alcoholics Anonymous. These 12 Steps will be outline in more detail later in this manual and slightly modified to better reflect a non-religious stance.

### Why Include Art Therapy?

Art Therapy is a wonderful form of non-verbal expression and is beneficial for all ages, especially children and teens. Art Therapy is also trauma informed through it's use of a safety, stabilization, and self-regulation based approach.

## Facilitator Requirements

Facilitator of the art therapy interventions used in these sessions **must** be a Master's level art therapy clinician.

### Why does this matter?

This matters because Master's level clinicians have completed the necessary education to recognize any psychological distress that may come up during sessions, ensuring that the art making utilized during the session is not triggering and instead therapeutic and safe. Clinicians with this level education also have the necessary knowledge of how different art media interact with various client needs such as fostering resilience, or managing anxiety. Art therapist who have received a Master's degree have also been trained in interpreting and recognizing the non-verbal aspects of art therapy such as metaphors and other non-verbal cues that are often a part of art making.

2

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## Participant Requirements

As explained previously, this manual is to be used alongside Alateen which is Al-Anon for teens specifically, meaning participants should be between the ages of 11 and 19. This manual can be adapted for use with children as well if needed.

Individuals can absolutely participate even if the addicted individual is no longer in their life or is currently sober.

Participants cannot be dealing with substance or alcohol abuse of their own, as this manual and the program it accompanies is not intended to be used as personal addictions counseling for those participating.

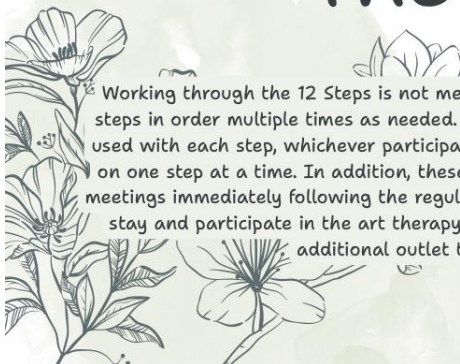
4



## Art Therapy Interventions and The 12 Steps

Working through the 12 Steps is not meant to be a one and done, participants can work through the steps in order multiple times as needed. Each step includes two interventions, only one or both can be used with each step, whichever participants feel is necessary for them. Each Alateen meeting will focus on one step at a time. In addition, these art therapy interventions will be used in optional, additional meetings immediately following the regularly scheduled Alateen meetings. Those who are interested can stay and participate in the art therapy portion if they feel they would like additional support or an additional outlet to process and work through these steps.

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## Acknowledging Unmanageability

Step 1 - I admit that my life has become unmanageable as a result of another person's substance use, and that I cannot control or fix their behavior.

Main Themes: awareness, letting go of control, reality

8



### Intervention #1 What I can/cannot Control Collage

#### Materials

- Any collage materials you would like such as magazines or pre-printed images
- Scissors
- Adhesive
- Collage background (poster board or construction paper for example)
- Optional: paint, markers

#### Instructions

1. Divide your paper into two sections, however you would like. One side will represent what you can control, the other side will represent what you cannot control.
2. Choose images, words, symbols, or colors from the provide collage materials for each side of your paper
3. Think intuitively while choosing, don't over think! Stick with what you feel and choose what feels right for each side of your paper.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What was your thought process while choosing items for each side?
- Were there any items that you felt were difficult to place on one side or the other?
- How has trying to control uncontrollable things affected you emotionally or physically?
- Is there anything else you would like to share about your artwork?

9

## Intervention #2 Visual Metaphor Drawing

### Materials

- Drawing paper
- Coloring materials such as colored pencils, markers, or oil pastels
- Optional: watercolor or paint

### Instructions

1. Create an image with your drawing materials that represents how addiction has affected your life. (some metaphor prompts that could be offered....?)
2. Try and focus on more of an emotional expression when creating your drawing. Don't worry about artistic skill!

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- What story does this image tell (your image)?
- What are some strengths you see in your image?
- What are some weakness you see?
- Do you see any areas of change or hope?
- Is there anything else you would like to share about your artwork?

10



## Believing Healing is Possible

Step 2 - I came to believe that healing and stability were possible through support, insight, and personal growth.

Main Themes: hope, support

11



### Intervention #1 Hope Symbol

#### Materials

- Clay of some kind - (could be air dry or Model Magic to give a couple examples)
- Decorative materials such as feathers, beads, or collage materials
- Brushes and paint

#### Instructions

1. What does hope and stability mean to you personally? (Allow individuals to take time to think then share with group if they feel comfortable doing so.)
2. With the materials you've gathered, create a symbol that you feel represents healing (your personal healing or healing in general if that's more comfortable for you)
3. Consider where you would like to place this symbol, a location that is meaningful to you in some way.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What qualities does your symbol represent?
- What stands out to you in the symbol you created?
- When do you feel you might need this symbol the most?
- Is there anything else you would like to share about your artwork?

12

### Intervention #2 Before and After Image

#### Materials

- Two surfaces to draw on, could be pieces of paper or canvases for example
- Drawing or painting supplies, or a mix of both

#### Instructions

1. Create two images, one on each surface. One will represent your life right now, and the other will represent where you would like to be, your life with healing and support
2. While creating your two drawings, really focus on paying attention to the colors you are using, as well as the space and emotional tone used in each image.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What stands out to you most in your images?
- What differences do you notice?
- Do you notice any similarities between the two?
- What supports do you feel could help you move towards the "future support and healing" image.
- Is there anything else you would like to share about your artwork?

13



## Refocusing on Self

Step 3 - I have committed to focusing my energy on my own well-being, values, and choices rather than trying to manage someone else's addiction.

Main Themes: identity, boundaries, autonomy

14



### Intervention #1 Energy Pie Chart

#### Materials

- Paper plates or some other circular template
- Coloring materials such as markers, colored pencils or paint

#### Instructions

1. Divide your circle into sections. Each section will represent an emotion, you can decide which emotions to choose on your pie chart.
2. The size of each section will depend on how much energy you feel is given to each emotion you choose
3. Create a second pie chart showing the energy you would like to be given to each emotion you've chosen
4. Compare the two

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- Which areas take the most of your energy?
- What differences do you notice between the two pie charts?
- Which changes, from actual to the energy you would like to give, feels realistic?
- Is there anything else you would like to share about your artwork?

15

## Intervention #2 Self-Portrait with Boundaries

### Materials

- Mixed media paper
- Various collage materials
- Various drawing materials

### Instructions

1. Create a self portrait. This can be literal or symbolic, whichever you feel in the moment.
2. Add boundaries. These boundaries can look however you would like them to. Add them visually with the provided materials. These boundaries can be symbolic (examples if asked: circles, shields, colors they feel are protective).

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- What do these boundaries protect for you?
- How strong or flexible do they feel?
- Is there any way you feel these boundaries need to change?
- Is there anything else you would like to share about your artwork?

16



## Honest Self-Reflection

Step 4 - I took an honest and compassionate look at myself, examining how my loved one's addiction has affected my relationships, behaviors and thoughts.

Main Themes: insight, self-awareness

17

### Intervention #1 Life Timeline with Symbols

#### Materials

- Long piece of paper or poster board
- Markers or other drawing materials
- Collage materials

#### Instructions

1. Draw a timeline, however you'd like, representing life experiences relating to your loved one's addiction
2. Use symbols (drawn, made with collage materials, or a mix of the two) to represent emotions during important turning points along your timeline.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- Invite participants to share about the turning points they added to their timelines, if anyone feels comfortable doing so
- Do you notice any patterns?
- If so, what are they?
- Do you see any moments of hope or resilience?
- Is there anything else you would like to share about your artwork?

18

### Intervention #2 Mask-Making

#### Materials

- Mask templates on paper or blank masks
- Decorate materials of participants choosing - could be collage materials, paint, or yarn to name a few examples

#### Instructions

1. Decorate inside of your mask to show any emotions you keep hidden from others and the outside world
2. Decorate the outside of your mask to reflect the opposite, your public self, emotions that you do show others and the outside world.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What differences do you notice?
- Do you notice any similarities?
- How does this mask serve to protect you?
- Are there any changes you would like to make when comparing the two sides? (such as: anything kept on the inside that they would like to be on the outside)
- Is there anything else you would like to share about your artwork?

19



## Sharing with Others

Step 5 - I shared this self reflection with a trusted person to reduce shame and isolation.

Main Themes: reduced shame, connection

20



### Intervention #1 Witness Art Sharing

#### Materials

- Any completed artwork

#### Instructions

1. Choose artwork you would like to share with the group
2. Share what you would like to about your piece
3. When responding to what a group member has shared, remember to respond with reflections about what they have chosen to share rather than give advice, now is not the time for that.
4. Art therapist leading this intervention should focus on modeling respectful witnessing.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What was it like sharing your artwork?
- What felt validating or vulnerable?
- Is there anything else you would like to share about your artwork?

21

## Intervention #2 Paired Drawing

### Materials

- Large paper, big enough to share space on
- Any drawing materials you'd like such as markers or pastels of some kind

### Instructions

1. Get into pairs
2. One partner will start off by drawing an emotional expression of their choosing
3. The other partner will observe what the other is drawing, then reflect on what they have observed either verbally or visually by creating another drawing
4. Now switch roles and try it again!

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- How did it feel to be witnessed while you created your emotion drawing?
- Did you feel understood (or misunderstood)?
- How did it feel to observe your partner create their emotion drawing?
- Is there anything else you would like to share about your artwork?

22



## Releasing Unhelpful Patterns

Step 6 - I became willing to release patterns that no longer serve me such as people pleasing, self-blame or avoidance.

Main Themes: readiness for change, letting go

23



### Intervention #1 Pattern Mapping

#### Materials

- Paper of your choosing
- Markers or other drawing materials
- Sticker visuals such as arrows for example

#### Instructions

1. Using the drawing materials, illustrate recurring patterns related to addiction (emotional patterns and relational patterns for example)
2. Use the stickers to add symbols representing interruptions in the patterns that you depicted, or alternative choices to those being made leading to those patterns

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What triggers this pattern/these patterns?
- Where do you feel change could occur in the emotional and relational patterns you depicted
- Is there anything else you would like to share about your artwork?

24

### Intervention #2 Tear-and-Transform Art

#### Materials

- Paper of your choosing
- Drawing materials of your choosing
- Glue
- Decorative materials

#### Instructions

1. Create an image representing a harmful pattern related to the addiction affecting your life (this could be a pattern of behavior, for example)
2. Tear the artwork or alterate in some other way, however you do so is up to you. Consider how you feel in the moment.
3. Reassemble your artwork to create new imagery representing growth and whatever that looks like and means to you.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- How did it feel altering the image?
- Allow them to share why they altered their image the way they did, if they would like
- What does the new image represent for you?
- Are there any other changes you would like to make or feel need to be made?
- Is there anything else you would like to share about your artwork?

25



## Building Self-Compassion

Step 7 - I practice self-compassion and actively worked to build healthier coping strategies and boundaries for myself.

Main Themes: repair, nurturing, kindness

26



### Intervention #1 Compassionate Letter + Illustration

#### Materials

- Decorative paper or journal, or a combination of the two
- Collage materials
- Drawing materials

#### Instructions

1. Write a letter to yourself showing compassion
2. Add imagery that you feel is supportive
3. Add colors that you feel are calming

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What messages were the hardest to write in your letter?
- What were the easiest to write?
- What imagery and colors did you choose? (allow them to elaborate on why they chose those images and colors if they'd like)
- What will you do with this letter after today?
- How might you revisit it later?
- Is there anything else you would like to share about your artwork?

27

## Intervention #2 Soothing Texture Art

### Materials

- Fabric, felt, yarn, other art materials you find soothing
- Sewing supplies or glue - you can use either or both together
- Clay of some kind
- Textured materials

### Instructions

1. Create an object to bring you comfort or one that focuses on texture. You can create both, or combine the two if you would like
2. Consider your art making time to be a time of mindfulness. This can be done by considering what you are currently feeling in your body (if an example is asked for)

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- Which textures feel the most calming or safest for you?
- When might you use this calming object going forward?/When do you feel it would be most helpful for you?
- Is there anything else you would like to share about your artwork?

28



## Identifying Impact

Step 8 - I identified ways that my actions may have impacted others including myself.

Main Themes: responsibility without shame

29



## Intervention #1 Relational Map

### Materials

- Paper
- Drawing materials such as markers or colored pencils

### Instructions

1. Put yourself in the middle of your paper. This can be written or visual.
2. Add significant relationships around you on the paper as well
3. Use various colors or physical distance on the paper to show emotional closeness or strain for each relationship.
4. While you are creating your artwork, consider relational patterns in your life

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- Which of these relationships feel supportive?
- Which feel strained?
- Do you notice any patterns or similarities in the relationships you've chosen?
- Is there anything else you would like to share about your artwork?

30

## Intervention #2 Ripple Effect Drawing

### Materials

- Paper
- Ink or water color

### Instructions

1. Draw a central experience or behavior (can be yours or the person in your life struggling with addiction)
2. Create ripples around the central experience or behavior you chose showing its effects on yourself and others.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- Where there any ripples you added that felt unexpected?
- Where do you see opportunities for healing in what you've depicted in your artwork?
- Is there anything else you would like to share about your artwork?

31



## Making Amends (when safe)

Step 9 - I made amends when appropriate, except when doing so would cause harm to myself or others.

Main Themes: closure, boundaries, repair

32



### Intervention #1 Unsent Letter

#### Materials

- Paper or journal
- Mixed media materials of your choosing

#### Instructions

1. Write a letter expressing unresolved thoughts and feelings
2. Add illustrations with your chosen art materials
3. When complete, you can choose what you do with your letter. You can keep it, destroy it, or transform it in some way if you'd like, whatever you feel is needed.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What emotions came up while writing and illustrating this letter?
- Does closure for you require you to share this letter with someone?
- If so, how does that make you feel?
- If you aren't choosing to share your letter, what did you decide to do with it instead (and why if they feel comfortable sharing why)?
- Is there anything else you would like to share about your artwork?

33

## Intervention #2 Symbolic Repair Art

### Materials

- Torn paper or broken images
- Paint or metallic markers of some kind
- Glue of some kind

### Instructions

1. Using a previously made symbolic image, break it or tear it apart in some way (consider the image chosen, don't choose something you do not want to destroy)
2. Reassemble the peices in whatever way feels right to you
3. Highlight the repaired areas with the metallic markers or paint

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- How does repairing this peice of artwork change it's meaning for you?
- What emotions came up for you while working on this?
- What does healing look like for you?
- Is there anything else you would like to share about your artwork?

34



## Ongoing Self-Reflection

Step 10 - I continued regular self-reflection, noticing when old patterns would return and addressing them with awareness instead of judgment.

Main Themes: awareness, maintenance

35



### Intervention #1 Visual Check-In

#### Materials

- Sketchbook or journal
- Variety of art supplies of your choosing

#### Instructions

1. This is an intervention that should be introduced ahead of time, to allow for regular entries to then be discussed during the group.
2. Encourage participants to create entries in their sketchbook or journal that represent emotions or experiences of theirs throughout the time in between group meetings
3. Encourage them to consider a consistent color theme or system of symbols

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What patterns have you noticed in your visual journals, if any?
- What stands out to you the most?
- Did you find this easy or difficult to do?
- What do you find helps you support emotional balance?
- Is there anything else you would like to share about your artwork?

36

### Intervention #2 Pattern Alert Symbols

#### Materials

- Small cards or papers
- Drawing supplies of your choosing

#### Instructions

1. Using the cards or pieces of paper, create symbols representing what you would consider early warning signs of unhealthy coping
2. Using the cards or pieces of paper, also create symbols representing healthy coping strategies
3. Pair your early warning sign symbols, with healthy coping strategy symbols

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What warning signs do you feel appear first?
- What helps interrupt these warning signs?
- How did you choose to pair up your cards and why?
- Is there anything else you would like to share about your artwork?

37



## Grounding and Balance

Step 11 - I sought clarity, balance, and resilience through reflection, mindfulness, creativity, or other grounding practices that support emotional health.

Main Themes: inner calm, regulation, clarity

38



### Intervention #1 Mandala

#### Materials

- Circular template of some sort
- Any drawing materials such as colored pencils or markers
- Paint if desired

#### Instructions

1. Add designs to the inside of your circle, starting from the center going outward
2. Consider using slow and rhythmic movements, making this a time of mindfulness and meditation while you design your mandala

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

#### Processing Questions

- What emotions came up while creating your mandala, if any in particular stood out to you while working on this?
- Did you notice any shifts in your mood or were there any sensations in your body that stood out to you?
- Is there anything else you would like to share about your artwork?

39

## Intervention #2 Breath-Based Art

### Materials

- Paper of any kind
- Ink or water color

### Instructions

1. While working on this artwork, practice slow and even breathing
2. Create marks on your paper each time you exhale and inhale
3. Try to stay mindful and focus on your breathing. If any distracting thoughts pop up into your mind, acknowledge them and allow them to leave your mind, returning your focus to your breath.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- How do you feel your breathing influenced your artwork?
- Do you feel different after completing this meditative artwork?
- If so, in what way?
- Is there anything else you would like to share about your artwork?

40



## Integration and Sharing

Step 12 - Having experienced personal growth and healing, I shared what I learned with others and continued to apply these principles in my daily life.

Main Themes: empowerment, meaning-making

41



## Intervention #1 Personal Recovery Notebook

### Materials

- Sketchbook, handmade book, or binder (these are just examples, other similar objects could be used)
- Previous artwork from previous steps in this program
- Decorative art supplies of your choosing

### Instructions

1. Compile the artwork you created from the other 11 steps, in whichever way makes sense to you
2. Add reflections or captions to each artwork as you feel is necessary
3. Consider continuing to add to this collection going forward. Each step can be worked through as many times as needed, and these interventions can be used on their own as well if you ever feel they could help you in your day to day life.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- Do you notice any themes or commonalities in your artwork?
- What else stands out to you in the artwork you've created over the course of this program?
- Is there anything else you would like to share about your artwork?

42

## Intervention #2 Legacy Piece

### Materials

- Canvas or heavy paper
- Mixed media materials of your choosing

### Instructions

1. Create artwork using the canvas or heavy paper that you feel portrays wisdom or messages you would like to share with others regarding this program. Consider what you have learned from it and how you feel you have grown.
2. If anyone feels comfortable doing so, they are more than welcome to share with the group. However much time you feel is needed can be allowed for group discussion as this will be the last intervention if only working through this program and these interventions once.

Expected time: up to 45 minutes to allow at least 15 minutes for sharing at the end of the session.

### Processing Questions

- What is something you would like to share with someone in a similar situation to yours?
- What strengths do you feel helped you get here?
- Is there anything else you would like to share about your artwork?

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