

TCOAs: “Teen Children of Addicted Parents”
by Christopher C. Bowers, M.Div, CSAC

Teens with alcoholic or drug-addicted parents (or other adult care-givers) have many characteristics of children of alcoholics, yet also some distinctively their own. At times adolescents display remarkable resilience and it can be difficult to spot their problems in having an addicted parent. “Teen-think” characterizes adolescents, but this is unique in TCOAs. It can show itself in ways and get portrayed in behaviors unhelpful to the teen, especially those needing recovery.

Wishful thinking shows itself as a lot of thought about the problem without much help-seeking, as ‘bargaining behavior’ ending in disappointment, unrealistic hopes about the parent changing, and in repetitively believing the parent’s promises to quit using.

The teen wants the parent to stop drinking or using and searches for a way to get the parent to do so: haranguing, drawing attention from the parent’s use by creating problems to solve (i.e., the teen’s using), or creating a mental story about life at home and telling people this is how it is.

Bargaining behavior often goes like this: the parent is approached with a “deal” - “I’ll quit using if you quit....we can quit together and help each other”. When the parent shows interest, the teen is hopeful. Of course, when the parent doesn’t follow through, neither does the adolescent. Yet, the teen repeats the bargaining, saying: “I think she’s really serious this time”.

Embarrassed thinking - This shows up in avoidance behavior: the teen doesn’t associate with certain people, may identify with “the wrong crowd” (other teens who use to cope with addicted parents), and shrugs off questions about how things are going at home with an “OK”. Also, the addicted parent may be idealized: “My Mom was recognized at her work as the employee of the month.”

“Connect-with-the-addicted-parent” thinking. The teen may start using the same substance(s) abused by the parent, and yet will say, “I don’t want to end up like my Mom”, “I don’t want to be like my Dad”, “I don’t know, I guess I’m just like my Dad”.

Teens get disappointed in themselves because they don’t like doing the same bad things they see in their parents. Yet, many TCOAs tolerate this self-contradiction because they want a deeper connection with the parent they feel disconnected from. So, being like a chemically dependent parent becomes a way to establish a relationship of ‘closeness’ that has been blocked by the parent’s addiction. A teen angrily saying, “I’m not giving up my drugs... you can’t make me!” may mean that the using somehow results in feeling closer to the addicted parent; giving up drugs may mean losing even this feeling connection.

TCOAs have “**signal behaviors**” and conditions that announce their teen-child-of-an-addicted-parent circumstance:

- Alienation: This is from their family but also peers and community; because of this it extends to the teen's school and overall social environment.
- Defensiveness about parents and family: "Don't talk that way about my Mom!" (or sister, brother,...). At center, this is embarrassment about the addicted parent.
- Cynicism about friends and others: Peers who don't use drugs and whose parents don't may be envied yet seen as naive ("dumb about drugs and everything", as one adolescent put it).
- Low self-esteem: This becomes applied by the teen to the family - "I'm not worth much, neither is my family". TCOAs compare-themselves-out regarding other families, which may be idealized.
- Pessimism as an outlook: This is really about the addicted parent ever changing, hopelessness about the relationship with the parent and often with the enabling parent. This leaves the teen with a weakening powerlessness about their life situation.
- Mom and Dad problems: The anger is toward the addicted parent, and the one not. One parent does something that hurts, the other doesn't do anything that helps.
- Put themselves verbally and physically in the middle of family arguments: When Dad and Mom fight, the TCOA may stand up and speak up, trying to:
 - * assert for a solution.
 - * protect the threatened or harmed parent.
 - * be the guardian of younger (and older) siblings.
 - * gain internal control during yet another traumatizing family event.

This is usually the teen child who feels obligated (a 15 year-old's words: "I just feel like I have to do something"). And, it coincides with assumed guilt over the parent's addiction, which sets up the adolescent when the parent says something like..."I wish you were never born!" Said in anger (or when drunk or high), the self-esteem wound to the teen with an addicted parent is potent and lasting because it confirms the teen's self-judgment. This may prompt an easy-fix for the pain of the wound through substance use.

- The teen 'carries around pain': This overshadows good feelings about family and life, is part of unresolved grief, and shows in conflict with the addicted parent. Clergyman and family therapist Myron Madden suggests that this pain and conflict is due to absent approval needed from one parent, an accepting "gleam in the parent's eye" for the child. Madden says the first daughter in the family usually gets this from the father, the second daughter...from the mother. The first son usually gets this from the mother, the second son...from the father. Imagine what happens if the father or mother is addicted.

How clinicians can help:

- See behavior as metaphor: "I'm not giving up my drugs!" could mean....loss of drugs = loss of the barrier against pain = loss of relief and better feelings = "You are asking me to be left with me-and-my-pain-that-I-don't-know-what-to-do-with."
- Normalize the absurd, what the teen says is "stupid" in the parents' behavior: Help the teen to spell-out what is meant by this word. Affirm the teen's "smarts" in recognizing what is labeled "dumb" (in adolescent language) about the family and teen's life circumstance.
- Communicate acceptance of the teen's anger, cynicism, and "hate": "If he died tomorrow, that wouldn't be soon enough" (one 16 year-old's comment). This gives place to the teen's deep pain and makes an opening to talk about how keeping this pain hurts the teen's self-

esteem, relationships with family and friends, and overall behavior.

- Help the teen distinguish which problem belongs to whom, including the parents' marital conflicts, the shaming behavior toward the teen, and the difficulties created by the teen's choices and actions even when the intent is self-care. Work with the TCOA on problem-solving about these issues.
- Assist an understanding of the difference between intention and self-help action about the teen's substance abuse and recovery needs.
- Prompt the teen to use healthy supports (family, friends, activities).
- Help the adolescent to set limits on trying to help the addicted parent (and other family members): This doesn't mean giving up on caring for the parent(s), yet pulling back on experiencing pain due to wrestling with the family situation.
- Assist the teen to see his/her part in the family interaction that keeps the family disruption going.
- Keep the teen's reality and hopefulness out in front in the therapy.
- Wait out and work out the teen's self-esteem problem: Despite support and reassurance, the adolescent will still hold him/herself accountable for the family problems. This isn't a perspective issue, yet an inner self-and-situation-inflicted wound that has developed over years and will take years of healing.
- Help the teen to begin seeing the long run: the reality is that TCOAs will have to learn how to love an addicted parent for years to come.

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