



Iceberg Model trauma-informed guide

Understanding and responding to alcohol and other drug use

Introduction

Children and young people may start experimenting with alcohol or other drugs from an early age. Engaging in alcohol and other drug use can be associated with developmentally appropriate exploration and experimentation, but can also relate to children and young people's experiences of trauma.

Tip of the iceberg (what we can see)

When children and young people use alcohol or other drugs, there can be noticeable changes in their presentation. They may become moody, aggressive, paranoid or withdrawn. Changes in sleeping and eating patterns might emerge. Children and young people who use substances can also have red or puffy eyes, lose or gain weight or exhibit other signs such as track marks on their arms (with intravenous drug use) or stains around their mouths (with paint sniffing). Some children or young people may also develop habitual or regular alcohol or other drug use which puts them at higher risk of substance dependency and serious physical and mental health consequences.

What is happening underneath the surface?

Developmental vulnerability

Some experimentation with alcohol or other drugs may happen during teenage years because it is developmentally typical for young people to engage in risk taking behaviours at this age. However, for some young people alcohol or other drug use can become frequent, prolonged and habitual. In this case, the alcohol or other drug use and associated behaviours are not about 'fitting in', exploring boundaries or learning new things. Rather alcohol or other drug use may become a maladaptive coping strategy in the absence of limited healthy coping skills.

Unmet emotional needs

Children and young people may consume alcohol or other drugs to meet emotional needs. Children and young people may use drugs and alcohol to self-medicate the unpleasant emotions that they live with as a consequence of their trauma experiences. Using alcohol or other drugs can numb emotions or create a false feeling of happiness or excitement which may appeal to children and young people who struggle with difficult feelings. Some may find the process of preparing drugs soothing, like a ritual.

Searching for somewhere to belong

Alcohol or other drug use can be a way of bonding or gaining a sense of belonging within certain peer and social groups. For some children or young people, it may feel like the only way that they can gain acceptance or make a group of friends is through engaging in alcohol or other drug use. Substance use can also be linked with the child or young person's sense of identity. They may be using substances to appear cool, tough, powerful or brave.

Alcohol or other drug use as a learnt behaviour

Some children and young people who use alcohol or other drugs do so because it was modelled to them as an acceptable coping strategy by their parents or other adults. Sometimes maltreating adults may have directly supplied the child or young person with alcohol or other drugs in the past. They may also have seen siblings, friends or people they look up to in the community engaging in these behaviours. Alcohol use in particular is also normalised in the media and during celebrations and special events.

Alcohol or other drug use may be a survival behaviour; an attempt by children and young people to feel safe, accepted and to gain some control over their lives. It is important to understand that alcohol or other drug use does not mean that the child or young person is weak, bad or an 'addict.' It is simply one of many ways children or young people may be trying to cope in their world using the limited skills and abilities they have available to them.

Strategies to promote healing

Work with the team around the child or young person

It is critically important to work closely with the child or young person's care team to ensure that there is a consistency in approach and that all relevant parties are aware that the behaviour is occurring and working together to manage any related risk. If the child or young person is already engaging with a mental health support, they may be able to provide more targeted guidance about appropriate alcohol or other drug use management strategies.

Stay calm and support safety

Finding out that the child or young person has been using alcohol or other drugs can be overwhelming but it is important to stay calm and matter of fact when dealing with the situation. Engaging in blaming or shaming will only undermine your relationship with the child or young person and therefore the likelihood that the child or young person will be open to further conversations about the issue will be reduced. Instead, try using "I" statements and keep the focus on safety. For example, say *"I am worried about you"*. Offer to support the child or young person next time they are thinking about using a substance and invite them to speak with you instead.

If the child or young person is intoxicated

If caregivers discover the child or young person in a state of intoxication (or coming down or withdrawal), it is important to stay focused on their basic needs for safety (physical and emotional) and nourishment (food and beverages). Try to find out what and how much the child or young person has used. Seek medical assistance if required. For example, through a general practitioner, hospital attendance or ambulance). If unsure of what to do, telephone the Alcohol and Drug Information Service on 1300 131 340 for advice. Let go of conversations about other behaviour they might have engaged in when becoming intoxicated for now, such as running away, being aggressive or stealing. This can be addressed later when the child or young person is sober and calm.

If the child or young person is intoxicated and aggressive

If the child or young person is intoxicated and aggressive, it is important to ensure everyone's safety, including your own. Remain calm and verbally try to calm the child or young person. If necessary and safe to do so, give the child or young person some space, (but continue to supervise as best you can). Family based caregivers should also contact the child or young person's case worker and their foster or kinship care support worker for further guidance and assistance in these circumstances.

If the child or young person is intoxicated and threatening to hurt themselves

If the child or young person is intoxicated and threatening to harm themselves, a mental health assessment may be necessary. If there is time, contact the child or young person's case worker for advice. Residential care workers should contact their supervisor. In emergency situations, contact the Women's and Children's Hospital on 8161 7000 and ask to speak with the Emergency Mental Health Team or call for an ambulance on 000.

Avoid punishments

Remember that using alcohol or other drugs may be the child or young person's way of trying to manage unpleasant, stressful feelings. Punishing the child or young person for trying to manage their feelings is only going to make a child or young person feel worse. Instead, remind the child or young person of safety issues and behavioural expectations and then empathise and offer to help. For example, say *"It's not safe for you to inhale glue and I don't want you to be hurt. I know it's hard because you're so used to using glue to help you feel better. Next time, let me know how you're feeling and I'll try to help you."*

Keep bigger discussions about alcohol and other drug use for calm moments

When children and young people are engaging in alcohol or other drug use, their thinking, learning and memory is likely to be impaired. At this time, they are unable to think rationally or learn from what you are saying. Conversations with the child or young person about alcohol or other drug use should occur at a time when they are calm and sober. When the child or young person is calm, they can often tell what they like about using alcohol or other drug and how it benefits them. Some children and young people can also reflect on what they do not like about using alcohol or other drugs, or what disadvantages there are. Caregivers can use these times to help the child or young person weigh up the positives and negatives associated with alcohol or other drug use.

Try to keep the conversation short and light. If it gets too intense, the child or young person may become stressed, and the thinking parts of their brain will 'switch off' (meaning they will again be unable to learn from the discussion). Caregivers might find it helpful to have these conversations about third parties. For example, commenting on the actions of characters in a television show rather than directly in relation to the child or young person.

Help the child or young person make sense of their behaviour

Caregivers can use their own knowledge of the child or young person to understand what could be happening beneath the surface to drive alcohol and other drug use. Narrating the child or young person's behaviour in a compassionate, non-judgmental way can help them to understand their own actions and empower them to make different choices. For example, if a caregiver believes the child or young person is using alcohol or other drugs because of peer pressure and identity concerns, they could say *"I know that you've been hanging out with X a lot lately. I wonder if a lot of those guys drink too?"* or *"I know that you've had a tough time finding your people at this school. I wonder if the dope was your way of trying to fit in?"*

Offer alternative strategies

Offer the child or young person alternative strategies for dealing with the needs you think are hiding underneath their behaviour. For example, if the child or young person uses alcohol and other drugs to help themselves feel more awake and alert, caregivers could offer to do some big body movements or loud and active play together instead. If the child or young person uses alcohol or other drugs to feel calm and secure, caregivers could suggest a warm bath, being rolled up in a big blanket or sitting together and doing an activity. If you think the child or young person is trying to appear cool or searching for belonging, identify other ways they can boost their social network.

It is important to do this without any expectation that the child or young person will accept or that this will change their behaviours in the short-term. Expectations often invite feelings of fear and shame in children and young people who have been harmed because they fear letting their caregivers down and being rejected. Further, young people may be sensitive to attempts from caregivers or others to control their choices which is likely to cause more risk taking.

Practice saying no

Many children and young people struggle to say no to things because they are worried about the consequences. For example, being seen as weak or a 'goody goody'. If you think the child or young person struggles to say no, have some hypothetical conversations about how they could get out of such a situation. These could include:

- practice saying no confidently and comfortably ("*Nope, I'm good*")
- keep it light ("*You do your thing and I'll do my thing, ok?*")
- give a reason ("*Nah, it makes me yak*")
- turn it around on the other person: "*Why do you care so much about what I do?*"
- let them use you as the "bad guy" ("*Nah I can't. X said I can't game if they catch me with it again*").

Help the child or young person assess risk

Assessing risk is a skill which caregivers can help the child or young person develop more effectively. Use of natural opportunities to talk about potential risks others are considering or taking. For example, on television shows you watch together or amongst friends and family can be beneficial. Ask questions like "*What do you think they want? How do you think that could affect their relationships? Finances? Freedom? Can you see any alternatives to what they're planning/doing?*"

Be a good role model

Demonstrate the mature decision making and acceptance of consequences. Given children and young people opportunities to see others saying 'no' to things with confidence and resisting pressure from others. For example, caregivers can model saying no to an alcoholic drink when it is offered.

Keep communication open

It can be hard to communicate with the child or young person when they are engaging in behaviours which place them at risk of harm. At the same time, their relationship with their caregivers are critical in supporting their safety and creating positive change for the future. Resist the urge to blame or shame and stay the calm, compassionate person that they can speak to about their struggles. Remember that the child or young person's behaviour is complex and underpinned by developmental needs as well as what they have learned in the past. It does not define who they are. Keep the lines of communication open by continuing to show an interest in their life, managing conflict and sharing your hope for their future.

Additional considerations when providing care for Aboriginal and Torres Strait Islander children and young people.

In addition to the strategies mentioned above, when considering alcohol and other drug use in Aboriginal and Torres Strait Islander communities it should be understood within the context of historical, social, cultural, and systemic factors at play. Historically, the introduction of drugs and alcohol during colonisation coincided with the dispossession of land, forced removal of children, and cultural suppression. These factors resulted in intergenerational trauma which subsequently endorsed communal coping strategies that may not be adaptive such as Alcohol and other drug use to numb emotional pain, alleviate distress, and/or escape from colonial oppression. Currently, social inequities such as unemployment, inadequate housing, limited access to education and healthcare, and socioeconomic disadvantage exacerbate the cycles of substance misuse in Aboriginal and Torres Strait Islander communities.

Tools and health promotion materials need to be adapted to represent and meet the needs of Aboriginal and Torres Strait Islander peoples. There must be implementation of appropriate community-led initiatives, culturally sensitive interventions, and holistic approaches which address the underlying factors of substance use in Aboriginal and Torres Strait Islander communities.

When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their ability to form and maintain relationships. Therefore, caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship with the child or young person and to continue to offer repair opportunities, including when a rupture occurs.

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported.

Additional considerations when providing care for children and young people from culturally and linguistically diverse backgrounds

Children and young people from culturally and linguistically diverse (CALD) background also may also engage in alcohol and other drug use however this needs to be understood within the context of their life experiences, stressors and cultural factors whereby alcohol and drug use may be considered more acceptable. Therefore, it is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

Caregivers can connect with local CALD organisations to continue to enhance their understanding of the child or young person's cultural background and the impact of it on their worldview.

Iceberg model in action

Max in family based care

11-year-old Max returns home from school late and is intoxicated. He discloses drinking alcoholic beverages that a friend brought from home. Max is coherent but unable to engage in meaningful conversation and just laughs when his caregiver asks further questions.

Max's caregiver responds by staying calm and focusing on Max's safety. They make Max comfortable, feed him and encourage him to drink water. They also monitor Max while he sobers up. The next day Max feels unwell and regrets what has happened. Max's caregiver responds by showing compassion and using "I wonder" statements to help him make sense of his need to fit in with peers and difficulties saying no when he was offered alcohol. They explore what Max already knows about alcohol and provide him with more information. Max's caregiver also works with him to learn some ways he can say no in future.

Rosie in residential care

15-year-old Rosie smokes marijuana every day. When she can't access marijuana, she inhales toxic substances such as glue. Rosie can become aggressive when she can't access substances or when she experiences withdrawal. Rosie's residential care workers know that she experienced physical abuse and was exposed to extensive alcohol and other drug use before coming into care. Rosie has also had multiple placement changes.

Rosie's residential care workers listen to the messages underneath the behaviour – *"When I'm sober, I have thoughts and feelings that are too hard for me to manage. I have to look after myself because nobody else is going to. I need to be bigger, noisier and scarier to get the things that I need in life."*

Rosie's residential care workers respond by working with the team around Rosie to better understand her history of alcohol and other drug use and obtain guidance about how best to support her. Rosie's residential care workers focus on improving communication and their relationship. They use some 'I wonder' statements to try to help Rosie understand her own behaviours and consistently offer her alternative strategies for meeting her needs (even though she does not often accept). Progress for Rosie is slow, but over time she becomes more able to access her residential care workers as sources of support and experiment with alternative ways to feel safe and calm.

If you have any further questions, please do not hesitate to contact your case worker for further support.