



Sam's OATH

What's Hidden Doesn't Heal.

Talking to Kids About a Family Member's Substance Use or Mental Health

Age-appropriate guidance for parents and caregivers on how to talk to children about a family member's substance use or mental health condition.

They Already Know Something Is Wrong

Here's what every parent and caregiver needs to understand: your kids already know something is wrong. They may not have the words for it. They may not understand it. But they feel it. Children are extraordinarily perceptive. They read the tension in a room, the whispered phone calls, the canceled plans, the tears you thought they didn't see.

Research from the National Association for Children of Addiction (NACoA) estimates that more than 7.5 million children under 18 live with a parent who has an alcohol use disorder alone. When you add other substance use disorders and mental health conditions, that number grows dramatically. These children didn't choose this situation, and they deserve honest, age-appropriate information about what's happening in their family.

The instinct to protect children by keeping them in the dark is understandable. But silence doesn't protect children - it leaves them to fill in the gaps with their imagination, which is almost always worse than the truth. Children who don't receive honest explanations tend to:

- Blame themselves for the family member's behavior
- Develop anxiety and hypervigilance from sensing problems they can't name
- Learn that certain topics are too shameful to discuss, which makes them less likely to seek help if they struggle later
- Feel isolated from peers because they're carrying a secret
- Lose trust in the adults around them when the truth eventually comes out

You don't have to tell them everything. But you do have to tell them something.

Before the Conversation: Preparation

****Get clear with yourself first.**** Before talking to your children, process your own feelings with another adult - a therapist, a friend, a support group member. Children pick up on emotional leakage. If you're panicking, they'll panic. If you're calm and honest, they'll feel safer.

****Decide what they need to know.**** This depends on their age, their relationship with the person, and what they've already observed. They need to know enough to make sense of their experience, but not so much that they feel burdened by adult problems.

****Plan for follow-up.**** This isn't one conversation. It's an ongoing dialogue that will evolve as they grow. Let them know they can always come back with questions.

****If possible, align with your co-parent or other caregivers.**** Children need consistent messaging. If Mom and Dad are saying different things, or if Grandma is contradicting what you've told them, it creates confusion and anxiety.

****Choose a calm, private moment.**** Not during a crisis. Not while the person in question is present and intoxicated. Not at bedtime when fears amplify. A quiet afternoon, a walk, a drive - moments where conversation can flow naturally.

Ages 5-8: Keep It Simple and Safe

Young children think concretely. They don't need (and can't process) complex explanations. They need three things: an honest explanation at their level, reassurance that they're safe, and clear permission to ask questions.

****What to say:****

"You know how sometimes people get sick in their body, like when you had that bad cold? Well, [Name] has a sickness that makes their brain work differently. It makes them act in ways that seem strange or scary sometimes. It's called [alcoholism/addiction/depression/anxiety - use the simplest accurate term]. Doctors know about this sickness and they can help, but it takes time to get better."

****Key messages for this age:****

- ****"It's not your fault."**** Say this explicitly and repeatedly. Young children are egocentric - they naturally believe they caused things. "Nothing you did made this happen. Nothing you do can make it stop. This is a grown-up problem, and grown-ups are working on it."

- ****"You are safe."**** Even if the situation is turbulent, their physical and emotional safety is your job. "No matter what happens with [Name], you are safe. I am taking care of you, and that's not going to change."

- ****"You can always ask me questions."**** Young children process things slowly. The questions may come days or weeks later, at unexpected moments. Be ready. "If you ever wonder about something or feel worried, you can always come talk to me. There's no question too weird or too scary."

- **"Lots of families deal with this."** Reduce the shame by normalizing it. "You're not the only kid whose [parent/uncle/grandma] has this kind of sickness. Lots of families go through this, and there are people who help families just like ours."

Common reactions at this age: - Clinginess and regression (thumb-sucking, bedwetting) - Fearfulness, especially around separation - Acting out or behavioral changes at school - Repeated questions (they're processing, not forgetting) - Magical thinking ("If I'm really good, Daddy will stop drinking")

How to respond: Provide extra physical comfort - hugs, proximity, routine. Maintain consistent schedules. If behavioral issues emerge, let their teacher know (in general terms) that the family is going through a difficult time. Don't punish regression - it's their nervous system coping.

Ages 9-12: More Detail, More Dialogue

Pre-teens and early adolescents understand cause and effect, can grasp that situations are complex, and are developing their own emotional vocabulary. They need more information and more dialogue.

What to say:

"I want to talk to you about something that's going on in our family. You've probably noticed that [Name] has been [specific observable behavior - missing family events, sleeping a lot, acting differently, etc.]. What's happening is that [Name] is dealing with [substance use disorder/depression/anxiety/bipolar disorder - use the actual term]. This is a medical condition that affects the brain and changes how a person thinks, feels, and acts. It's not a choice or a weakness."

Key messages for this age:

- **"This is a brain condition."** Kids this age can understand basic neuroscience. "The substances change how the brain works, especially the parts that control decisions and impulses. That's why [Name] does things that don't make sense to us - their brain is sending them wrong signals."

- **"You might feel a lot of different things, and that's okay."** Name the emotions they might be experiencing. "You might feel angry, sad, embarrassed, scared, or confused. You might feel all of those in one day. Every single one of those feelings is normal and okay."

- **"It's not a secret."** At this age, children are acutely aware of social dynamics. "You don't have to

announce it to the world, but you don't have to keep it a secret either. If you want to talk to a trusted friend or a school counselor, that's okay. There's nothing shameful about this."

- **"You are not responsible for fixing this."** Kids this age often try to take on adult roles. "Your job is to be a kid. It's not your job to make [Name] get better, or to take care of [Name], or to keep the family together. That's the adults' job."

Common reactions at this age: - Anger, sometimes directed at you (you're the safe target) - Anxiety about the future ("Are they going to die?") - Embarrassment, especially about peers finding out - Trying to be "perfect" to compensate for the family chaos - Withdrawal or emotional numbing - Academic changes (either direction - some kids throw themselves into school as an escape, others can't concentrate)

Hard questions they might ask, and how to answer:

"Is [Name] going to die?" "I don't know what's going to happen, and I won't pretend I do. What I know is that there is help available, and we're doing everything we can. I will always be honest with you about what's going on."

"Why can't they just stop?" "That's such a fair question. The reason is that substance use changes the brain so that the brain tells the person they need the substance to survive, like they need food or water. It takes professional help and a lot of time to rewire those brain signals. It's more like recovering from a serious injury than just deciding to do something different."

"Is it going to happen to me?" This one requires honesty. "Research shows that genetics can play a role, which means you might be more vulnerable than some of your friends. That doesn't mean it will happen to you. It means it's important for you to know the facts, to be careful about substances when you're older, and to always talk to someone if you're struggling. Knowing your family history is actually a superpower - it means you can be aware and make informed choices."

"Did they choose this over us?" "No. Absolutely not. [Name] loves you. What happened is that a disease took hold that makes it really hard for them to act on that love the way they want to. You're not in competition with a substance - you're watching someone fight a disease."

Ages 13 and Up: Honesty, Respect, and Partnership

Teenagers are developing abstract thinking, moral reasoning, and a strong sense of justice. They can handle complexity - and they need it. Watered-down explanations will feel patronizing and erode trust.

****What to say:****

"I want to have an honest conversation with you about what's going on with [Name]. You're old enough to deserve the full picture, and I respect you too much to keep you in the dark. [Name] has been dealing with [specific condition]. Here's what I know, here's what we're doing about it, and here's what I don't know."

****Key messages for this age:****

- ****Be real.**** Teens have a finely tuned radar for inauthenticity. Don't minimize, don't spin, don't pretend to have answers you don't have. "Honestly, some days I don't know what to do either. But I'm getting help and learning, and I wanted to include you in that process."
- ****Acknowledge the impact on them specifically.**** "I know this has affected you. The missed games, the arguments, the nights I've been distracted or upset. You deserved better than that, and I'm sorry."
- ****Discuss genetics and personal risk directly.**** Teenagers are either already encountering substances or soon will be. "Having a family member with a substance use disorder means your genetic risk is higher. That's not destiny - it's information. It means being especially thoughtful about alcohol and substances, and knowing that what might be experimentation for your friends could hit you differently."
- ****Invite them into the family's coping strategy.**** "I'm going to Al-Anon meetings. Your [sibling] is seeing a counselor. I'd like you to have someone to talk to as well - a therapist, a school counselor, or a support group like Alateen. What would feel right to you?"
- ****Respect their autonomy.**** "I'm not going to force you to process this my way. But I want you to process it. And I'm here whenever you want to talk."

****Common reactions at this age:**** - Intense anger ("Why didn't you tell me sooner?") - Desire to rescue the family member or confront them - Risky behavior (either identifying with the family member or rebelling against the whole family) - Deep empathy and maturity that surprises you - Distancing from the family - Depression, anxiety, or their own substance experimentation

****Watch for warning signs that they need professional support:**** - Marked changes in mood, behavior, or friend group - Declining academic performance - Expressions of hopelessness - Evidence of their own

substance use - Self-harm - Withdrawal from activities and relationships

The American Academy of Child and Adolescent Psychiatry recommends that children and adolescents who have a family member with a substance use disorder be considered higher-priority for mental health screening and support.

What to Say in Every Conversation, Regardless of Age

Across all ages, certain messages belong in every conversation:

"I love you." Say it plainly and often.

"This is not your fault." Children of all ages internalize family problems as their own failure. Counter this explicitly.

"Your feelings matter." Don't dismiss or redirect their emotions. If they're angry, let them be angry. If they're sad, sit with the sadness. Their emotional experience is valid.

"You can talk to me about this anytime." And mean it. Don't bring it up constantly (that makes it feel like a burden), but always respond warmly when they bring it to you.

"There are other people who can help." Normalize seeking outside support. School counselors, therapists, Alateen, NACoA - these resources exist specifically for kids in their situation.

What Not to Say

"Don't tell anyone." This teaches children that their family situation is shameful and that they must carry the weight alone. Instead: "You don't have to tell everyone, but if you want to talk to someone you trust, that's always okay."

"You need to be strong for [other parent/sibling]. This places adult responsibilities on children. Instead: "It's okay to not be okay. The grown-ups are handling things."

Graphic details about the substance use or mental health crisis. Age-appropriate honesty doesn't mean telling a 7-year-old about overdose attempts. Match the information to what they can process.

****Negative characterizations of the family member.**** "Your father is a drunk." No. "Your father is dealing with a disease called alcoholism." Protect the child's relationship with the person while being honest about the situation.

****"Everything is going to be fine."**** Don't make promises you can't keep. Instead: "I don't know exactly how this will turn out, but I know we'll face it together, and I'll always take care of you."

Getting Them Support

Beyond family conversations, children and teens benefit from professional support:

****Therapy.**** A child therapist experienced with family substance use and mental health issues can provide a safe space for processing. Play therapy works well for younger children; talk therapy and cognitive behavioral approaches work for older kids and teens.

****Alateen.**** A program specifically for teenagers affected by a family member's substance use. Meetings are led by adult Al-Anon members and provide peer support and coping tools. Visit al-anon.org/newcomers/teen-corner-alateen.

****NACoA resources.**** The National Association for Children of Addiction offers educational materials, support programs, and the "Children's Program Kit" used in treatment centers and schools. Visit nacoa.org.

****School counselors.**** Alert the school counselor (with appropriate discretion) so they can provide support during the school day. Many schools have student assistance programs specifically designed for kids affected by family substance use.

****SAMHSA's "Talk. They Hear You." campaign**** offers free resources for parents on how to have ongoing conversations about substance use and mental health. Visit samhsa.gov/talk-they-hear-you.

The Gift of Openness

Talking to your children about what's happening in your family is one of the bravest and most important things you'll ever do. It's the first step of the OATH journey: Openness. You're choosing honesty over silence, connection over secrecy, trust over the illusion of protection.

Your children will remember this conversation. Not necessarily the specific words, but the feeling: that you respected them enough to be honest, that you made space for their emotions, and that they weren't alone.

That memory becomes a foundation. It teaches them that hard things can be talked about, that families can face difficulties with courage, and that love means showing up with the truth, not hiding behind a comfortable lie.

Resources

- **NACoA (National Association for Children of Addiction):** nacoa.org - **Alateen:** al-anon.org/newcomers/teen-corner-alateen - **SAMHSA "Talk. They Hear You.":** samhsa.gov/talk-they-hear-you - **NAMI Kids and Teens:** nami.org/your-journey/kids-teens-and-young-adults - **AACAP (American Academy of Child and Adolescent Psychiatry):** aacap.org - family resources - **988 Suicide & Crisis Lifeline:** Call or text 988 (24/7) - **Crisis Text Line:** Text HELLO to 741741 - **Sam's OATH:** samsoath.org - community, resources, and connection for families navigating substance use and mental health

Sources

1. SAMHSA: Talking to Kids About Alcohol and Drugs
2. National Association for Children of Addiction (NACoA)
3. NAMI: Kids and Mental Health
4. American Academy of Child and Adolescent Psychiatry (AACAP)
5. Substance Abuse and Mental Health Services Administration, TIP 32
6. Jerry Moe, Children's Program, Betty Ford Center

If You or Someone You Know Needs Help Now

988 Suicide & Crisis Lifeline

Call or Text 988

Free, confidential support 24/7 for anyone in suicidal crisis or emotional distress.

Crisis Text Line

Text HOME to 741741

Free, 24/7 crisis support via text message with a trained crisis counselor.

SAMHSA National Helpline

Call 1-800-662-4357

Free, confidential, 24/7 treatment referral and information service.

Emergency Services

Call 911

If someone is in immediate danger, call 911 or go to the nearest emergency room.

You are not alone. Help is always available.

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