White, W. (2015). The vulnerability and resilience of children affected by addiction: Career reflections of Dr. Claudia Black. Posted at www.williamwhitepapers.com.

Vulnerability and Resilience of Children Affected by Addiction:

Career Reflections of Dr. Claudia Black

William L. White

Introduction

It took decades of effort building treatment and recovery support resources for addicted men and women before efforts were expanded to professionally address the needs of children and families affected by addiction. In recent years, I have invited pioneers within this latter effort, including Dr. Stephanie Brown, Jerry Moe, Sis Wenger, Dr. Robert Meyers, and others to reflect on the importance of this work and its current status in the United States. The story of this effort would not be complete without a review of the work of Dr. Claudia Black whose contributions and influence deserve special acknowledgement. I recently (July 2015) had the opportunity to interview Dr. Black about her life's work. Please join us in this engaging conversation.

Early Career

Bill White: Dr. Black, perhaps we can start with you describing how you came to specialize in the area of addiction and in work with children.

Dr. Claudia Black: I graduated from college with a bachelors' degree and my first professional job was in a residential treatment program for girls who were then labeled "delinquents." That work was foundational for all my work that would follow. I loved working with really angry girls, perhaps because I wasn't. Anger was something that was just squelched out of me due to so much anger and violence in my own family. As difficult as life was for these young girls, I quickly learned that they had the ability to speak the truth compared to so many others of us raised in very similar families who had developed an ability to look good to the outside world but were in internal turmoil. This small program was in Seattle, Washington, and my experience there laid the groundwork for my understanding of children's lives in alcoholic homes. I was quite young and it was a time culturally that we didn't talk about alcoholism or other addictions in the family. But these young women spoke the truth about how alcoholism in their families had affected them. Their directness inspired me to speak equally direct about what I was learning. This first program was an important professional influence. I was immersed in group therapy, and we also integrated family therapy, including multiple family groups, in our work with these young girls who were one step away from being put in a state institution. I worked there for three years, part of the time pursuing work on my Master's degree.

Another early position involved collaboration with three other women at a nonprofit agency focused on rape prevention. My time there would strongly influence my early work in the addictions field, in that this was my first experience doing seminars and workshops. We were invited to work with teams within various social agencies. I did presentations about rape where the initial approach by the offender begins with a social dialogue such as "my car broke down,

can you help me?" and how women discount their own perceptions and give men the benefit of the doubt, which sets the perpetrator up to be in a greater position to be able to attack. And then another co-worker would address rape that occurs as a surprise attack. Then we would role-play various scenarios as part of the training. That was my first opportunity to speak professionally. And a lot of what I was learning about the socialization of women was also true for children affected by addiction—issues like giving other people the benefit of the doubt and not trusting your own perception. These were also my first experiences speaking in front of people and liking it. There's always been a comfort in speaking to people, and I discovered that in my early years working.

Bill White: How did these early experiences lead to your entrance into the addictions field?

Dr. Claudia Black: It wasn't a conscious choice. I loved residential work. I loved working with people in groups, I loved working with families, and I loved working with angry people, but I was unsure where this was going to lead me. So I did a 'what color is your parachute' exercise, and I decided that I could continue to work with young girls, but it also occurred to me that I could do these same things within an alcoholism treatment program. When I was in graduate school, I took a course on alcoholism taught by a social worker, Lorie Dwinell at the School of Social Work at the University of Washington. It was very rare at that time to have a full course in a graduate program on alcoholism. It was in that class for the first time in my life that I understood what had happened in my own life growing up. When she talked about personality changes while drinking and blackouts, I understood that my dad was not crazy nor did he have a brain tumor as was once suspected. We did not talk about children of alcoholics. We didn't have that phraseology nor did we have the phraseology of adult children of alcoholics, but I personally got it on a gut level that this was what had occurred and shaped my life. For the first time, this part of my life began to make sense.

I actually made a list of what programs were in the Seattle area that treated alcoholism and what programs worked with juvenile delinquents. I called up an alcoholism treatment program and I convinced them that they needed to interview me. They kept telling me they had no job positions and, I don't know where I got my boldness, but I did convince them to interview me. They hired me after I convinced them they needed somebody under the age of forty and a female on their team. I was not in recovery, which all the other staff members were at that time, but I convinced them I could be an asset particularly working with family members. I think it was a God thing that brought me into the field more than a conscious decision on my part.

Early State of Work with Children

Bill White: As you became acquainted with the alcoholism programs in Seattle and beyond, how would you describe the state of work with children at that time?

Dr. Claudia Black: It did not exist in Seattle, nor did it exist in the country. What did exist was Alateen. I was starting to see articles referencing children of alcoholics, but most of those referred to fetal alcohol syndrome which was quite a focus at the University of Washington at that time. The other reference to children from alcoholic homes was the growing recognition of their disproportionate representation in our juvenile state facilities. Those were the two areas where you would find statements about children from alcoholic homes.

When I began working full-time in the addictions field and began to do my work with young kids, I went on a search to find out what other people were doing in this area. I just assumed that other people were working with these young children at that time. But I could only find four programs listed by NIAAA [National Institute on Alcohol Abuse and Alcoholism] in the entire country working with very young children. When I tried to call all four of them, three no longer existed. I remember talking to a man from Texas who said, "Oh, we did have a program for the little kids, but they didn't have any problems; they were such nice, polite children." I understood what he saw because I was seeing that in front of me at that point.

I had gotten this part-time job as a social worker for CompCare—a major alcoholism treatment provider at that time. Part of why they wanted an MSW at that time in the late 1970s was that JCAH [Joint Commission on Accreditation of Hospitals] had said, "You need to be doing something with families." So, my superiors said to me, "Your job is to start a family program." I assumed when they said a family program that they wanted children in that family program, not just the spouses and the partners. But, in hindsight, that's absolutely not what they were asking of me. What they were asking of me was to have one group a week with the spouses of those being treated, and the goal of that group was to teach those spouses how not to enable their addicted significant other. In my naïvete, I thought, okay, family means children so I need to do a group for young kids. But what I realized quickly was that many of the clients coming in had older children who were no longer living at home. So common sense said, "Then you have a group for these adult-aged kids," and that's what I called them, "my adult kids." Hence, the beginning of the phraseology, "adult children of alcoholics."

So, I suddenly have in front of me literally and metaphorically, young children, teen-aged children, adult-aged children, I've got the spouses and the partners, and I have the addicts. You saw the progression right in front of you. The little children could tell you the truth; they had far less denial. By the time they were nine and ten years of age, you could see the denial system working. "No, it wasn't scary when"; "no, it wasn't embarrassing about"—not necessarily denial around the drinking as much as denial around their own reality and how their parent's drinking was impacting them. When I got to the adult children, they were patting themselves on the back for doing so well, what they knew was their survivorship. But, by the time that they were in their late 20s or early 30s, you began to see them live out the problems in what we then called a delayed stress response. And then you saw the similarities between them and the partner and then you saw the repetition of them often marrying somebody who was or would become an addict. And at the same time, you saw all the emotional similarities between all these family members and the addicted person.

And I have to tell you, my emotions were afire because I had come from this same history. I had never articulated it, but I was operating from a belief that nobody deserves to live with the fear, the shame, and the pain that comes with addiction. My dad didn't deserve to live with it, and he was the addict. My mom didn't deserve to live with it, and she was the wife and daughter of alcoholics. I didn't deserve it; my brother didn't deserve it; my sister didn't deserve it. Nobody deserves to live like that.

The other thing that was really important was that, coming from an addictive home, I was raised on a barstool. My parents owned a bar and I spent a lot of time in the tavern. That's where I'd go to see my dad, to see my mom, and so I spent a lot of time around alcoholic people. It was the only bar in a small town. I truly loved it as a little kid. I loved these people who sat on those bar stools next to me. Yet I also understood at a young age that something was happening to my father.

I'd come into the world when he was early enough in the progression, that I saw the difference between who he had been and who he was becoming. I didn't understand what was happening to him, but I knew something bad was happening to him and to us as a family. My work with the families affected by addiction opened new discoveries about my own experience.

I was doing a lot of play therapy and artwork with little children and I was describing and showing it to a person with whom I was in a romantic relationship and whom also was working in the field at that time. This person said to me, "Claudia, people do not know these things you are sharing with me. You've got to talk about this; you've got to write about it."

Bill White: So that became the inspiration for your early publications?

Dr. Claudia Black: Absolutely, but I began talking long before I began writing. It was just too important. I had an opportunity to speak at a national conference in 1978 due to an unusual circumstance that I think was another God thing. It was a national EAPA [Employee Assistance Professionals Association] Conference in San Francisco. The program was already designed but they had lost a couple speakers and the man I was dating actually worked for Father Martin at the time so they called him and they said they had a couple holes in the schedule and wanted to know if he knew anyone who could possibly speak at the last moment. He said, "Actually, I do. There's a person right here in Southern California doing some really important work with young children." Father Martin agreed to introduce me. But, not being on the agenda, little 3 by 5 notecards were posted all over the hotel with the big letter words, "Father Martin Introducing," and the smaller words, "Claudia Black, Children of Alcoholics."

The room was absolutely packed. I'd never talked about this subject but I talked about what I was seeing in this work with children and showed them pictures of what the kids were drawing. I described differences as kids progressed in age and the whole continuum of experiences within the family system. This being 1978, the audience was totally composed of recovering people who were now professionals in our field. Clearly the topic tapped into emotions that ran so deep for them as parents. The tears flowed that day. That presentation led to an invitation to speak at the Addiction Research Foundation in Canada and numerous other invitations. There was somebody in that audience who asked me if I would talk to her son: he was an adult child who was struggling. He happened to be a Newsweek Correspondent and in '79, they did a whole page Newsweek article about my work with children from alcoholic families. Again, another God thing. And that one act changed the field and my career.

Bill White: How did you transition from speaking to your writings?

Dr. Claudia Black: The requests to speak grew from the Newsweek magazine article and led to my appearance on national television shows—all of which generated more requests to speak. I began to understand that books could reach greater numbers of people than my just speaking and I was also aware from people's requests that there was a need for more tools that could replicate the work I and others were doing. I also felt that what I was saying needed to be written but I felt even more that we needed a tool that could be placed in the hands of children. That's why I did, *My Dad Loves Me* first. When that was completed, I moved to *It Will Never Happen to Me* that provided a framework for what I was saying. The speaking came much more readily to me than the writing. I was still young, in my twenties, and hadn't been out of an alcoholic home all that long. There were no ACA Twelve-Step meetings, but I did start going to Al-Anon meetings, not

because I thought I needed it, but because I was referring partners there. Well, I walked into my first Al-Anon meeting and, for the first time in my life, emotionally felt at home in a safe way. And then ACA Twelve-Step meetings began springing up around the country. So, when I would write *It Will Never Happen to Me*, it was emotionally very, very painful because I was doing my own work and the depth of grief and the depth of sorrow that I had carried was so great and influenced so much of what went into those first two books.

Bill White: Do you think that passion that you brought to those first two books contributed to the enormous response to them?

Dr. Claudia Black: Yes, I think it did. I think readers of those books felt my compassion for their experiences; it was like my heart touching their heart. When you read *It Will Never Happen to Me*, you feel those words. We had such a large number of people out there who were now having the same reaction to the book. Just to have somebody voice the reality that I had seen in my work with children and in the responses to my speeches, as well as the massive number of letters from people who were pouring out their hearts and their stories to me. The books provided a way to validate those experiences and pass them on to others. They gave people a language to now be able to talk about these experiences. What happened is a good example of what is described in the book, *The Tipping Point*.

I think forces were coming from a variety of different influences. There were certainly other people influencing the field. Sharon Wegscheider was one of those and while her work didn't focus specifically on young children or that phraseology of adult children, it was focused on how families experiencing addiction were impacted and her work on family roles was very important. Stephanie Brown was also in the audience when I first spoke. She was the first person I knew who actually used the phrase, "adult child" and who deeply understood what that could mean in somebody's life.

Bill White: Was there communication between you, Sharon, Stephanie, and others at that point in time?

Dr. Claudia Black: No, there wasn't. I hadn't heard about Sharon's work until a few years later, but Stephanie and I, from that day we met in October 1978, stayed in contact. Bob Ackerman would be the first person that was focusing on young children that I would meet in 1980. He had already published a book about what happens for children growing up in alcoholic families within Erickson's developmental stages. There were so few people at the time to engage with, we spent the whole night excitedly talking about our work.

The communication with the others in the field really did not coalesce until the National Association for Children of Alcoholics was formed. Before that, I became aware that there were people developing prevention curriculum and acknowledging children from alcoholic homes and their needs—people such as Pat O'Gorman, Ellen Morehouse, Phil Diaz, and Tarpley Richards. I also heard about work that Barbara Naditch, now Barbara Neren, and Roxie Lerner were doing with young children in school settings. I would not meet Janet Woititz whose book, *Adult Children of Alcoholics* came out the same year as *It Will Never Happen to Me* until after our books came out. I first met Sharon in Palm Springs at a Betty Ford Center event in 1982. Joe Cruse put this panel together of Sharon, Stephanie, Cathleen Brooks, and myself. Cathleen Brooks was the person who shortly after that went to Joan Kroc of the Kroc Foundation and asked Joan if there was a way that she could facilitate a group of people that were paying

attention to the needs of children from alcoholic homes. That first meeting was a preliminary gathering of people who were attempting to make a difference in the lives of affected children.

Bill White: How would you describe that initial meeting?

Dr. Claudia Black: Emotional. I get emotional just talking about it. When people have been so neglected and have had so few recovery resources come together, it can be pretty powerful. We bonded not just because of the work we were doing; we bonded because nine out of ten of us were from alcoholic homes. We were from all over the country and were all leaders at different levels and in different systems. A few of us, Bob, Sharon, and myself were already working at the national level speaking and writing books. In this meeting it was pretty obvious that, "If we can do this much individually, imagine what we could do collectively?" It was probably one of the most selfless groups I have ever worked with. It really was about the mission, and people gave very selflessly to support that. It was a wonderful group of people.

NACOA

Bill White: NACOA eventually emerged out of that meeting. What were some of the most significant contributions that NACOA made during that early period?

Dr. Claudia Black: I think what was most significant is what NACOA did educationally. They were the main educational force at that time. The early education through conferences were critical, but over time NACOA began to see its mission ultimately as that of an advocacy organization. They progressed from consciousness raising and education to influence policies and systems of care—all focused on the needs of children, youth, and adults affected by addiction. And that is what NACOA has continued to do for many years now.

Bill White: NACOA and many of the leaders that you named, including yourself, played a major role in the birth of family programs and children's programs through the '80s into the '90s.

Dr. Claudia Black: Yes. Some people were more directly involved in addiction treatment while others were private practitioners or leaders within other educational or service systems. Sharon, Timmen Cermak, and I were very involved in influencing addiction treatment and its response to the needs of children and adults affected by addiction, and then Jerry Moe's work would play a critical role in children's services in general but also in the addiction field. Jerry came into NACOA a little bit later than that founding group but he certainly was pivotal in the development of children's programs in the addiction treatment field. Beyond those early family and children's programs, much of the speaking and writing that I and others did was aimed at both the lay and professional audiences. We wanted to give clinician tools that would aid their therapy work, but we also had this larger public audience that was clamoring for validation, direction, and education. These venues would be vital in adult children garnering a voice and having a framework in which to talk about their experiences.

Bill White: And that larger audience was captivated by this new information. There was a point in time when COA and ACOA issues moved out of the clinical arena to become a cultural

phenomenon, particularly with the popularization and commercialization of the concept of codependency. How do you recall that period?

Dr. Claudia Black: Painful. I think in time that much of what was being said became trivialized. People attempted to generalize it to every human malady and much was lost in that process. Pretty soon the word codependency was used for everything. If you smiled at somebody, were you being codependent? If you held the door open for somebody, were you being codependent? Jokes were made on television shows about codependency. At that point, the word codependency overshadowed the phraseology of adult children. Initially, codependency became a semantic umbrella, moving from what we were learning about adult children of alcoholics to adult children from other types of troubled and impaired families. That had validity, but the concept became too generalized and highly trivialized.

There were many academically oriented clinicians that certainly trivialized what was being said and the way in which I and others wrote. I wrote primarily for the layperson. I believed that any good clinician could use what I was writing, but that if I wrote for the clinician, then this information would remain a mystery to the client. I think one of the things that the ACOA field did was empower this lay person when they walked into a clinician's office. Oftentimes in the therapy world, there's more of a one up one down relationship. You know, I'm the clinician; I'm the one with the knowledge here and I will distill it to you, and the patient role is one of passive absorption. I don't mean to say that's true for everybody, but it was true far too often. I think that what we did was empower people to become more active in their own therapy. Our presentation and writings were a form of validation, education, and coaching.

The popularization of some of our work also triggered challenges from academia about the lack of research behind what we were describing. I think research is extremely important; I and others were not willing to passively wait and watch a whole generation of children go by before this research was conducted. It takes time to do the longitudinal studies and it takes even more time to get the research published. I was not willing to wait when I saw people able to transform their lives in response to the education we were providing. I thought that the research needed to happen, but I also believed I did not need to stay quiet while that research was being conducted. And without our voices, little research in this area would have been done.

Bill White: On the heels of that trivialization and commercialization, there was a waning of the movement, but there seems to be a resurging interest in families and children. I was wondering how you see the sort of state of that movement today.

Dr. Claudia Black: There's certainly a resurgence in the Twelve-Step ACA world. I'm seeing newly created ACA (ACOA) meetings throughout the country right now. It took twenty years after the first ACA (ACOA) Twelve-Step meetings before development of their own "big book." That book has given the organization a great foundation and new impetus for growth. There's also a resurgence in acknowledging the impact of addiction on children within our mental health and other service organizations. I think the Moyer Foundation's Camp Mariposa is an example of that. They are outside of the addictions and mental health fields, a husband and a wife who feel strongly about children and who had the resources to create a foundation. They started bereavement camps for children throughout the U.S. and ended up with an interest in children affected by addiction. We're seeing people who have influence and affluence boldly stepping up to fill some of the gaps that exist within our service systems. Recently I talked with you about

the "drugs over dinner" conversations now happening in many local communities. These are being led not by people in our treatment field but by interested people who usually have some personal connection to this issue. The emergence of such people is an important trend.

Trauma

Bill White: Claudia, you evolved professionally from a focus on children and family to a much deeper understanding of the issue of trauma and the need for trauma-informed treatment in the addiction context. Could you describe that transition?

Dr. Claudia Black: It was a natural transition. Many years ago I and others recognized that the adult child demonstrated a delayed stress response to their early childhood experiences and we knew that what a child experiences is often traumatic. Timmen Cermak, our first NACoA president in the mid-1980s, actually wrote about adult children of alcoholics experiencing PTSD. But as an emerging group, what we did not recognize was the biological impact and the ramifications of that for treatment. We did not have to be told we were working with trauma. We know addicts and their family members are more likely to experience physical and sexual abuse, they are more likely to experience traumatic events such as fires, accidents, and even shootings. And again, in our field we have been saying very loudly that various forms of neglect and emotional abandonment and the consequential internalized toxic shame have lasting and negative impact on the addicted and the family members, leading to many problems psychologically, relationally, and physically throughout life. The trauma field has its own language and often speaks to blatant and acute traumas as Big T traumas and then the small "t" traumas, that are referred to as developmental traumas.

People often define themselves professionally. In a way, it is as if we are in disparate fields; but in reality, we have much in common. Trauma researchers and therapists have an extensive body of knowledge that is extremely relevant to our field, it scientifically validates much of what we have been seeing, and in some cases not naming. I believe their greatest gift to our field, though, is their understanding of the neuroscience, the biology of trauma, and consequently they have created new treatment modalities and reinforced the use of others that we have not taken so seriously.

Today I personally recognize that all of the cognitive behavioral work in the world, as great as it is, doesn't have the lasting impact, and is not able to be utilized when ones' limbic system is all fired up. I realize this is simply said, but the dysregulated state that chronic trauma produces needs to be regulated. Hence the need for various forms of mindfulness strategies, neurofeedback, expressive arts, equine, music, and the trauma therapies such as somatic experiencing, EMDR [Eye Movement Desensitization and Reprocessing], etc., to give our clients a foundation to respond to our wonderful treatment. I see addiction treatment programs increasingly incorporating trauma informed practices, and recognizing the value of trauma therapies. Not only do these newer therapy practices and, in some cases, older practices that we have not utilized well, have an important place in our treatment field, but are critical to prevention programs. I love walking into a children's program and seeing them use various grounding techniques and learning self-soothing techniques as they are also learning their parent's addiction is not their fault.

Again, as for the transition in my work, I am writing a short piece right now on the issue of power. And found myself saying, I believe when someone gives you a microphone, they empower you. Realizing I have the ear of many, I want to use my influence to do what I think is

appropriate in not keeping the field of trauma and addiction separated, as we have a lot we can learn from each other.

The Meadows

Bill White: In addition to programs you have already noted, much of what you've learned has been drawn from your work at The Meadows. Could you talk about your involvement there and how your work there has evolved over the years?

Dr. Claudia Black: Funny you asked this as we were just talking about trauma. The Meadows™ is the finest trauma /addiction treatment program that exists, and it is because of my involvement with them I have been able to learn from some of the pioneers in the trauma field. I was initially invited to become a Clinical Consultant at The Meadows in 1998, and today am considered both a Sr. Fellow and the architect of the Claudia Black Young Adult Center (CBC) at the Meadows. It has been a wonderful fit for me. They are psychiatrically licensed, and are an addiction treatment program, meaning we treat mental health issues, and addictions and often the combination. But its signature has always been to address underlying codependency within these disorders, and today we recognize that as underlying trauma.

It was such a good fit for me because they were addressing family of origin issues and certainly wanted my input to how that impacts the patients, recognizing that it often fuels relapse, depression, and anxiety. But it was also a fit in that they are committed to strong family programming. Over the years, I have been on campus 4 – 5 days monthly and most often have been in group. I get to work with the staff, patients, and the families, and it is the hands on work that fuels my soul. So it takes me back to my roots, residential, inpatient work and groups –and the very clients I love.

The evolvement for me, both at the upper campus and at CBC has been in witnessing the value of the trauma modalities and in working with the very complex co-occurring disorders that we see there. They do such an excellent job at not just substance abuse but process addictions, and obviously in these years, I have carved out a role in the sex addiction field with two books on that subject. It has also allowed me to tap into my skills in program development, which I love. I have designed various aspects of programming, from their psychoeducational pieces, family work, five-day workshops, and assisting in the development of their intensive outpatient program.

But I need to sit on my hands as I talk about my work literally today. I feel as if instead of looking at slowing down my career, as I have been at this a long time, and other friends are retiring, I am ramping up. In 2014, seeing an increase in the number of patients who were young adults it became apparent that too many of these young people become invisible amidst the older population. The Meadows moved their young adults, ages 18 – 26, to a different campus for their own program. After 15 months, this past winter, they asked me to become more clinically involved, and renamed the program the Claudia Black Young Adult Center. Since January I have had my sleeves rolled up and have immersed myself in the program. I love being able to influence clients at this stage in their life. They are often resistant, as frequently their parents are more motivated than they are for them to be there, yet so very vulnerable. And again, this is another opportunity to use my program development skills. Young people learn differently than their older counterparts and are developmentally at a different stage in life. I'm spending a lot of time in groups. Clinically I am having a great time.

International Work

Bill White: The work you've described was so seminal that it opened up opportunities for you to work internationally. Could you comment on this work?

Dr. Claudia Black: I've loved my international work. I've almost always worked in countries that are predominantly non-English speaking. It's a lot of work to go into another country and manage all of the cultural differences. I'm always concerned that we don't open up a can of worms that can't be brought to closure in settings where so few professional or peer support resources exist. I don't want to educate a mass number of people without there being some kind of infrastructure for ongoing problem-solving and support. What has struck me most in my visits to other countries is the lack of services that exist and the much greater level of stigma and punitiveness attached to alcohol and other drug problems. And yet, wherever you go in the world, you find these wonderful pockets of recovery. David Powell, who died not too long ago, did some very productive work in Asia, and others have done very good work extending what we have been able to achieve in the U.S. to Eastern Europe and Russia. I think that my greatest influence has been in Rio de Janeiro in their children's programs and in Tokyo. My primary role is to influence those who know their own culture and their own system and who can adapt my suggestions to their unique circumstances. I've worked with a wonderful group of people multiple times in both countries. The work I did in Iceland was important. They've had a lot of training over the years due to Hazelden's influence there. They also had a strong infrastructure there which allowed them to incorporate family work into their existing system of care.

Career Reflections

Bill White: In retrospect, what have been the greatest challenges you've faced doing this work?

Dr. Claudia Black: I think it is the trivialization that we discussed earlier. Today, you hear people use the language and hear them say, "Oh, I'm from an alcoholic home," but they've lost the meaning of how that has impacted their lives. That is a particular challenge today. You can pick up any fiction book, and it will touch on some aspect of addiction. You get in a taxicab, and you hear about addiction. Everybody has an opinion about addiction. We've done a wonderful job of educating in some ways, but much of it has become very superficial. People are really missing the depth of how addiction impacts the family, what treatment is about, what recovery can be for individuals and the family. And these challenges are magnified for young people who have fewer resources. As adults, we are more empowered. We can act on our own behalf.

There was a time where I felt I could leave the field and that my work and work of others would continue well into the future, but then our voices became a whisper in the face of the backlash. I think that we will always need a voice speaking for children and young adults. We will always need advocates speaking on behalf of the addicted person and their family members.

Bill White: I'm seeing a new generation of young people coming out of school and coming out of recovery who are interested in re-focusing their careers on children and affected families. Would you have any guidance for this next generation of advocates?

Dr. Claudia Black: I think they need to do what my generation did, which is to follow your passion. Don't sell your soul. Don't always do what's practical. Trust your gut about the

importance of this work and how you can best do it. Don't let the rules of academia, government, or education dictate your path. This field has thrived because of passion, and that passion is what will continue to make a difference.

Bill White: You have created a wealth of resources over the course of your career. What is the best way for readers to access those resources?

Dr. Claudia Black: The easiest way to view or order those resources is at https://claudiablack.com/

Bill White: Claudia, I appreciate your taking this time to reflect on your career and the state of services to children affected by addiction. It has been a pleasure talking with you.

Dr. Claudia Black: Thank you, Bill.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA, or CSAT.