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Abstract

Alcohol has many functions for different people, for some it is an agent of socialization, while for others it is the cause of destruction in their lives. Many families are affected by alcohol abuse and many children are exposed to its devastating effects. Children of alcoholics make up a large number of the population, and are at risk for several developmental problems throughout their lives. Several studies have been conducted on the negative effects an alcoholic parent has on their children. Many of these studies share the harmful side effects which plague children of alcoholics, including anxiety, depression, and the increased risk of alcohol abuse as an adult. Several of literature reviews are presented, sharing the issues associated with parental alcoholism, the effects on the children, and steps which have been taken to understand and treat problems associated with alcoholism in the family.

THE EFFECTS OF PARENTAL ALCOHOLISM ON CHILD DEVELOPMENT

A Research Paper
Submitted
In Partial Fulfillment
Of the Requirements for the Degree
Masters of Arts

Randi Burns

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May, 2010

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Abstract

Alcohol has many functions for different people, for some it is an agent of socialization, while for others it is the cause of destruction in their lives. Many families are affected by alcohol abuse and many children are exposed to its devastating effects. Children of alcoholics make up a large number of the population, and are at risk for several developmental problems throughout their lives. Several studies have been conducted on the negative effects an alcoholic parent has on their children. Many of these studies share the harmful side effects which plague children of alcoholics, including anxiety, depression, and the increased risk of alcohol abuse as an adult. Several of literature reviews are presented, sharing the issues associated with parental alcoholism, the effects on the children, and steps which have been taken to understand and treat problems associated with alcoholism in the family.

Introduction. Alcohol has many implications for many people. Not only is it readily available, but it is readily used. For some as entertainment, socialization or relaxation. For others, it is more of a necessity, a way to cope or self-medicate for the issues they find too painful to face sober. Yet, for others, alcohol is responsible for the destruction of their lives and relationships. As Joyce Rebeta-Burditt (1938) said, “Alcohol isn’t a spectator sport, eventually the whole family gets to play.” In fact alcoholism is often called a family disease because of the impact it has on family members (Bauman, 2008). All too often children are exposed to negative drinking habits and the devastating effects which accompany parental alcoholism.

Children of alcoholics make up a large number of the population and are at risk for numerous psychological and developmental problems throughout their lives. The purpose of this literature review is to guide therapists and addiction counselors in the therapy of children of alcoholics, based on the known developmental risks these children face as a result of their parent’s alcoholism. Several research studies have been conducted on these effects and many share the specific harmful consequences which plague children of alcoholics. Several of the studies share the treatment efforts which have been researched in order to understand the addiction and to help treat the problems associated with alcoholism in the family.

Rationale. Alcoholism is considered the number one health problem in the United States (Bauman, 2008). Statistics have shown the large number of children whose lives have been and are currently being affected by alcoholism. “Somewhere between 20% and 40% of adults who participate in treatment for alcohol and drug abuse are also parents of one or more children (Kelley & Fals-Stewart, 2008). Results of several studies

have supported the suggestion that parental alcoholism is a risk factor in a child's overall adjustment and development. Children of alcoholics are also at risk for neglect and abuse and emotional damage (McWhirter et. al., 2007). Alcoholics are more likely to react aggressively in difficult situations, as well as they are more likely to have decreased self-control when under the influence of alcohol (Graham, Wells, & West, 1997). As a result, when their child acts in a way that is not in compliance with what the alcoholic parent desires, they may be harshly disciplined (Windle, 1996). Children of alcoholics often suffer from emotional and social adjustment problems, it has been found that they often show increased incidence of depression and anxiety than non children of alcoholics (NIAAA, 1990). Other emotional and social adjustment problems parental alcoholism puts the children at risk for include: hyperactivity, relationship difficulties, aggression, school absenteeism, and drug use (McWhirter, et.al., 2007).

The family system is also affected by alcoholism. When alcohol consumption is the main objective for the parent, the focus is taken off the needs of the family, resulting in dysfunction. Marital stress creates an environment which can be emotionally unhealthy for the children (Windle, 1996). Alcohol can also cause an inconsistency in parenting; when a child does not receive consistent responses to their behavior, they may not feel safe to try new behaviors, which can stunt emotional growth (Lang, Pelham, Atkeson, & Murphy, 1999).

Future use of alcohol. The most disturbing research supports the idea that children of alcoholics have an increased chance of using and abusing alcohol themselves as they get older, either as a result of genetics or of modeled behavior. It may be very easy for a child to assume that the use of alcohol is the best way to solve problems, and

they usually have no other modeled coping strategies to learn from (Tomori, 1994).

Often dysfunctional families are formed out of dysfunctional families, the cycle is passed down through generations because functional coping mechanisms are never learned. In addition to being at risk for future alcohol abuse, children of alcoholics are also more likely to engage in relationships with others who abuse alcohol which would support the idea that the dysfunction continues (McWhirter, et. al., 2007).

Literature Review. Several researchers have completed studies on the psychological and developmental effects that children of alcoholics suffer. A longitudinal study was conducted by Andreas and O'Farrell (2006), to examine the association between the fathers' heavy drinking patterns and the psychosocial adjustment of their children. Participants included 301 married or cohabitating men who were participating in outpatient treatment. Of these 301, 144 had children in their home ranging in age from 4-16 years. Of these participants, 125 men completed the four necessary assessments for the study, the baseline, the post-treatment, and the two follow up assessments. The children of these men had their psychosocial development assessed before the fathers' treatment. Psychosocial problems include such things as the child fighting with others or worrying a lot. The alcoholic fathers were required to attend 26 sessions over a 12 week period for their assessment information to be included in the study. These 26 sessions included eight individual sessions, 16 group sessions, an intake and a physical.

Three drinking patterns were obtained through cluster analysis, the first pattern being the "stable low" pattern, in which the fathers' mostly refrained from heavy drinking post-treatment. The second pattern was the "low and increasing" pattern, in which the

fathers' mostly refrained from heavy drinking within the first six months post-treatment, only to start again. The third and final pattern is the "high and increasing" pattern which was the fathers' whom continued to drink in treatment and even increased their drinking in the last six months of the study (Andreas and O'Farrell, 2006).

The children of the "stable low" and the "low and increasing" patterned fathers' seemed to improve their adjustment (getting along with others and decreased worrying) as well as to maintain this improved adjustment while their fathers' drinking was decreased. However, the children of the "high and increasing" patterned fathers' did not seem to show any substantial improvements during the fathers' treatment, because the drinking never fully stopped during the study. Although, these children did actually show some significant increases in their adjustment problems when their fathers' drinking patterns returned to the pre-treatment level of heavy drinking (Andreas & O'Farrell, 2006). Results of this study supported the idea that parental alcoholism is a risk factor in the children's' overall adjustment, as previous research in this area had suggested.

A study was completed by K. Alford in attempt to find the relationship between parental alcoholism and the development and maintenance of roles in adult children of alcoholics. Often in family systems, children will adopt certain roles to fit in. In dysfunctional families, including families with parental substance abuse, the roles previously adopted often have to change in order to accommodate the dysfunction. A dysfunctional family does not support the emotional or psychological growth for the children, because the focus is taken off of the family needs. It was previously thought

that adult children of alcoholics have pathological issues and rigid roles, which emerged early on to help emotional survival, despite the dysfunction (Alford, 1998).

The study examined 748 college undergraduate's roles in their family, using the Children's Roles Inventory and Characteristics of Self and Family Forms, to compare adult children of alcoholics and non-adult children of alcoholics. Participants were put in one of four roles: the hero, the scapegoat, the lost child, or the mascot. The hero's role is to make them family look normal by overachieving in areas such as school, being perfectionist and people pleasers. They tend to be the first born. The scapegoat's role is to take the attention away from the dysfunction by acting rebelliously, they are often the identified patient in therapy. The lost child's role is to adapt to the chaos by denying their own feelings, and require less amount of the caregiver's attention, they are often overlooked. The mascot's role is to take the attention away from the dysfunction by using humor, they also try to make others in pain laugh. Results showed that dysfunctional families had more of the scapegoat and lost child roles, and less of the hero role (Alford, 1998).

After discovering the results of the study, Alford wanted the focus of the study to be of application for therapist working with families with substance abuse issues. The suggestion for therapists was to concentrate more on the effect of the dysfunction on the family than specifically on the alcoholism, because the rigid roles seemed to be more a result of the overall chaos. It was also suggested for therapists to allow the adult children of alcoholics to externalize their experiences and to try to understand them, because it was not only the family, but other outside influences that determined what role a child would take in their family. A final suggestion was to see the family members as

“fallible” and not label them as “alcoholic”, “co-dependent”, or “enabler”, but to see them as in a time of pain rather than as dysfunctional (Alford, 1998).

Another study was completed by Chassin, Pitt, DeLucia, and Todd, predicting substance abuse disorders in children of alcoholics. Previous research to this study supports the idea that children of alcoholics have an increased chance of becoming an alcoholic as an adult. Using an adoption study, the hypothesis that the alcoholic parent would have a direct effect on their child’s future substance abuse was supported. Even at a young age, children of alcoholics have been shown to have more problems with their conduct than non-children of alcoholics. They are at risk for problems regulating emotions, negative emotions, and internalizing their bodily symptoms (Chassin, Pitt, DeLucia, & Todd, 1999).

Research has shown that this internalization of symptoms has lead many adolescents to self-medicate. In addition these early conduct problems often turn into increased substance use problems later in life (Chassin et al., 1999). Researchers have even gone as far as to predict substance use problems by age twenty-one by monitoring behavior at the young age of three. With this knowledge, it may be possible to predict which children need extra attention early on dealing with regulating their behaviors in the social context, when the conduct problems first emerge.

Another study examines a treatment program that attempts to treat substance abuse, called Learning Sobriety Together. The program offered two types of counseling to those who had substance use problems, or the women who were in a relationship with those who had substance use problems. These two types include behavioral couple’s

therapy and individual therapy. Research has found that most alcoholic parents who have made the decision to enter a treatment program usually do not allow their children to receive treatment (Kelley & Fals-Stewart, 2007). This may seem counterproductive for the parents receiving treatment to be hesitant in allowing their children to receive treatment also, because research has shown that substance abuse treatment for the parents and children has positive effects on the children (Kelley & Fals-Stewart, 2007). In this study, 131 alcoholic fathers were assessed for seventeen months, the children were also assessed by their fathers, non-alcoholic mothers, and their teachers.

Results showed the effects of the father's frequency of drinking and the couples functioning, as a result of treatment, on the children were much stronger for the child who had not yet reached adolescence. In the follow-up assessments, it was shown the adolescents' adjustment was not correlated with the parents' post treatment functioning. Although, the parents' post treatment functioning did affect the adjustment of the preadolescent children. (Kelley & Fals-Stewart, 2007). These results showed that post treatment changes in the alcoholic parent were correlated with externalizing behavior in the preadolescent children. However, the adolescent children were less likely to alter internalizing or externalizing behaviors because of changes in the alcoholic parents' post treatment (Kelley & Fals-Stewart, 2007). Internalizing behaviors means that the child possesses a conscious, a major goal of socialization (Eiden, Edwards, & Leonard, 2006).

One specific type of counseling which has been shown to be effective in treating substance abuse, is Multidimensional Family Counseling. It helps to promote positive functioning in numerous areas of life. This therapy encourages pro-social behaviors, by creating adaptive events. These pro-social behaviors include the following: positive peer

relationships, formation of healthy identity, autonomy, creating healthy relationships with parents, and creating a connection to the school or other pro-social environments (Liddle, 1999). Also, in this form of counseling, the parents are able to be involved in the treatment and are taught communication and positive parenting skills, which will help to ensure the effectiveness of rehabilitation (Bauman, 2008).

Discussion. The previous literature offers beneficial information for therapists working with children of alcoholics and their alcoholic parents, as well as explaining how the alcoholism affects the child's behavior, growth, and development. Each suggests its own unique viewpoint and valuable information of how parental alcoholism affects the child.

Results of Andreas and O'Farrell (2006) showed that when fathers mostly refrain from drinking, their children seemed to improve adjustment, shown by getting along with others and decreasing worrying. (Andreas & O'Farrell, 2006). The results of Alford's (1998) research showed that of the different roles children often take on when the family is affected by dysfunction, such as substance abuse, they are more likely to take on the roles of a scapegoat or of the lost child. Of all four roles, these two were the less desirable roles for the child to take on because of the harmful consequences (Alford, 1998).

Nearly all of the literature supports the idea suggesting children of alcoholics are at an increased risk of developing a drinking problem and dependency on alcohol. With such a startling amount of families dealing with parental alcoholism, it is alarming to

think of how many children are at risk of developing a drinking problem themselves, and how many generations may continue to be affected by this disease and dysfunction.

Results from Kelley and Fals-Stewart (2007) found using the Learning Sobriety Together treatment program, a family oriented intervention, was beneficial if the child involved was preadolescent. However, if the child was an adolescent, the parent's treatment for alcoholism was less effective in changing the child's negative behaviors. These results may suggest early work with children may be more productive in changing the outcome of the child's behaviors. It seems best for the alcoholic parent to receive treatment early on in their addiction, and for the child of the alcoholic to receive help as soon as the parent's alcoholism is identified (Kelley & Fals-Stewart, 2007).

Parental alcoholism often has lifelong effects, even if the parent is able to give up alcohol use at some point, the damage may already be done to the children. This is a frightening finding for those entering a career in substance abuse treatment. Although the idea of getting the alcoholic parent help early on and working with the child of the alcoholic simultaneously is enlightening, this is not always easy. Alcoholism is often a hidden, embarrassing secret, which the family will attempt to protect at all costs, even at the expense of the child and their future.

Conclusion. With all of the findings on parental alcoholism and the negative consequences the children suffer as a result, along with the suggestions of Alford, it is important for counselors to intervene early on and to be aware of the risk factors of future substance abuse (Bauman, 2008). Treatment for alcoholic can also be beneficial, but is more beneficial for the child if treatment takes place when the child is preadolescent.

With all this knowledge, it is possible for substance abuse counselors and family counselors to recognize signs of parental alcoholism and to take necessary steps to assisting those involved in the vicious cycle that alcoholism is responsible for.

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