Children affected by parental alcohol problems – some basic considerations

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Numerous studies from the last decades describe the situation of children affected by parental alcohol problems in detail. Research underlined the potential negative consequences of parental alcohol misuse or alcoholism: children from alcoholics are characterized by a 4–6 fold elevated risk to develop an addiction disease as well and an increased risk for other negative outcomes, like affective disorders, anxiety disorders, behavior problems, physical problems, etc.

Heterogeneity of children affected by parental alcohol problems

Often all problems observable in children of alcoholics are simply attributed to their parents’ alcohol problems. Studies comparing children of alcoholics with parents affected by other psychiatric disorders (e.g. affective disorders or schizophrenia) show many similarities between those children. This implies that not the addiction per se, but risk factors associated with the parental addiction; create a risky environment for children growing up in these families. Parental alcoholism is often linked to other developmental risk factors like

As professionals working in the health or social sector we are naturally mostly concerned with those children in families with alcohol problems who show manifest problems and as a result focus on problematic aspects/consequences related to parental alcohol problems. This supports the belief that (1) all children in families with alcohol problems are significantly affected and (2) that they all are affected in a similar way. A closer inspection shows quite a broad spectrum of consequences though: On one extreme are resilient children developing very well despite of these risk factors and on the other extreme there are children developing severe mental, physical and social problems. In recent years publications increasingly focused on resilience and pointed out that approximately 60 % of children in families with alcohol dependent parents show “hardly any” or “only” temporary problems. Naturally this does not mean these 60 % are not affected at all, but that they do not show any significant, i.e. clinical relevant symptoms.

The heterogeneity of children affected by parental alcohol problems is due to the influence of a variety of alcohol-specific and non-alcohol-specific factors. Relevant factors influencing the impact of such risk factors on the child development are e.g. intelligence and temperament.

Important factors to mention in this context are age and development of the child: (1) If a child is still young when parental alcohol problems start to manifest and if the addiction remains untreated for a long time, the child is exposed to this risky environment much longer than in cases where parental alcohol problems evolve in his teenage years already and/or where the affected parent seeks treatment fast. (2) A teenager is normally integrated in a social system offering more options to compensate family deficits compared to a toddler who is still primarily dependent on his parents. Young children are more dependent on their parents’ ability to fulfill their
basic needs. (3) Similarly due to the cognitive development children at older ages have better cognitive abilities to help them cope with the familial situation. E.g. younger children tend more to interpret problematic behaviors of addicted persons as result of their “wrong” doing – as their fault – and less as behavior produced by an addicted person independently.

It could be demonstrated that the gender of a child plays a major role in dealing with stressful environments as well. Boys tend to show more externalizing symptoms, e.g. hyperactive and/or aggressive behavior whereas girls tend to show more internalizing symptoms, like anxiety of affective disorders.

ICD-10 (International Classification of Diseases) lists several factors that have been identified as risk factors for child development. Some of them e.g. familial disharmony, scape-goating, emotional and/or sexual abuse, psychopathology of the parents, lack of parental control, isolation of the family and acute frightening experiences (like observing withdrawal symptoms or unconsciousness) are very common in families with parental alcohol problems.

Other risk factors are co-morbidity of the alcohol dependent parent and the psychopathology of the non-addicted parent. Alcoholics on average show higher co-morbidity, like antisocial personality disorder, misuse/addiction disorder, anxiety disorders or affective disorders than non-alcoholics. For the affected children this means that they are commonly indirectly confronted with risk factors associated to alcohol disorders.

Another factor contributing to heterogeneity in affected children is the gender of the alcohol dependent parent. The highest risk is associated with both parents being addicted, followed by maternal and at last by paternal addiction. If both parents show a manifest alcohol addiction, a lack of a compensatory support by a healthy parent aggravates the children’s problems. Several factors account for the higher risk of maternal alcoholism: (1) In most families mothers are the primary care takers of the children; if addicted mothers are not able to fulfill the basic needs of their children, the impact on daily life situations of these children are more severe. (2) Among female
alcoholics we find more single parents, and lacking a healthy parent constitutes a risk factor. (3) The higher level of co-morbidity in alcoholic women is an additional risk factor, since co-morbid disorder adds to the addiction problem.

Besides many similarities between persons with alcohol disorders there is much heterogeneity in several aspects; e.g. different consumption patterns like the gamma or delta type according to Jellinek (1960). These differences impact on the affected children. E.g. the behavior of a parent who is not sustaining a constant blood alcohol level but gets commonly drunk (gamma type) is usually much more unpredictable for a child than a constant consumption pattern with constant blood alcohol levels (delta type). Another important factor in this context is the density of alcoholism in the family, with an increasing risk to develop alcohol problems if more family members show an addiction.

IMPLICATIONS FOR PRACTICE

These considerations have several practical implications:

Before organizing specific support for children affected by parental alcohol problems we should realize that not all affected children are in need of professional support. Roughly 60% of the children affected by parental alcoholism develop quite well despite their risky family situation (Werner, 1986). Supporting all affected children by offering them explicit professional support, independent of the question whether they have developed manifest problems, requires extensive screening to identify them and possibly creates more problems through stigmatization, than can be reduced by intervention effects. We have to consider, despite all efforts to de-stigmatize addiction disorders, ongoing stigmatization does not only affect the alcoholic himself but other family members as well, as a study by Burk & Sher (1990) could demonstrate.

It is commonly assumed, that supporting children affected by parental alcohol problems is useless as long as the addicted parents do
not undergo treatment and eventually abstain from alcohol and that support is no longer necessary if treatment was successful. Neither the conviction that (1) children do not have any chance for a positive development until the problematic family situation changes, nor the idea (2) that all children need no further support after their parents manage to abstain from alcohol, can be upheld in the light of the existing evidence. Experience shows that it is important to provide support for some children independent of the state of treatment / non-treatment of their parents due to several reasons: (1) In most cases it takes several years from the onset of addiction until the alcoholic is willing to opt for treatment. (2) Only a minority of alcoholics undergo treatment, (3) treatment does not guarantee permanent abstinence, and (4) even in dry alcoholics some co-morbid disorders prevail more or less severe.

Since the duration of exposure to an alcohol dependent parent and the associated risk factors has been proven to impact significantly on likelihood and magnitude of problems in affected children, motivating the addicted parents to undergo treatment is naturally an important element in supporting the affected children – but realistically speaking neither a imperative necessity nor a definite solution in itself.

Accessibility of children affected by parental alcohol problems

Several experts estimate that approximately 10 % of all children in western industrial counties are confronted with at least one alcohol dependent parent. If we extend the criterion to “alcohol dependence or misuse” and “other relevant family members”, like e.g. stepparents or grandparents, we may conclude that roughly 50 % of all minors are affected (Uhl, 2008). Even though not all of these children need professional support (as mentioned before), there is undoubtedly a large number of children in demand for explicit measures. The most important question in this context though, is how to reach those in need for professional support.

In this context several factors have to be considered:

1. Identification of the target group

Beside considering which children we want to reach (Not all children
are in need of professional support just because one parent or both parents is/are alcoholics.) we have to find out which children we can reach with our measures. The two standard conditions where children affected by parental alcohol problems can be reached are: (1) when an alcohol dependent parent is in treatment, and (2) when a child behaves problematically and/or is in treatment, and a parental alcohol disorder is detected. In both cases support often comes relatively late and children with less conspicuous behavior (e.g. children with depressive symptoms) face a reduced likelihood to receive any support.

2. No direct access to the children

Except for some extreme cases, we cannot address affected children directly and therefore need to cooperate with parents. To be successful we must aim at (1) motivating parents for a first contact, (2) motivating them to continuously support the chosen measures, and (3) preventing loyalty conflicts within the child (parents should give their children an explicit permission to talk openly about their experiences at home). This cooperation requires an empathic attitude of the expert towards the alcohol dependent parents; an attitude that must not focus primarily on the parents deficits. Essential in this context is to create appropriate sensibility for the issue in the public opinion but also in professionals.

3. Lack of awareness

A precondition to provide professional support for the affected children is the parents’ awareness that due to their addiction disorder negative consequences on the development of their children are likely. This idea is often not sufficiently developed in the parents or even denied being a very shameful and painful aspect.

4. Negative emotions

Various negative emotions constitute a handicap to accept professional help as well: Shame and fear of the consequences, like loss of parents from the perspective of the child and loss of custody from the perspective of the parents. For children loyalty to their parents
often constitutes a major problem, because they have learned not to talk about what is happening at home. To avoid this conflict it is important to include parents whenever possible.

REFERENCES


