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The effects of parental problem drinking on children: A review of current RESEARCH FINDINGS and their relevance for practice

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GENERAL REMARKS AND PURPOSE OF THIS PAPER

Research into the effects of parental problem drinking on children tends to be hampered by a number of methodological shortcom-

ings. Studies often lack and hypothesis-testing or control groups. There is a strong reliance on clinical samples and designs are typically retrospective and cross-sectional rather than longitudinal. The terminology and definitions used are imprecise and inconsistent; sampling is selective and small sample sizes tend to be small. The purpose of the present paper is twofold: 1) to provide a brief overview of pertaining research with a focus on "good practice" studies and 2) to discuss the relevance of results for practitioners in the social work area.

TERMINOLOGY

Before reviewing the literature on the effects of parental problem drinking on children, it appears worthwhile to elucidate the meaning of the term "children affected by parental alcohol problems" (ChAPAPs). The members of the European Network for Children Affected by Risky Environments within the family (ENCARE) chose the acronym ChAPAPs as an alternative to the more commonly used term "children of alcoholics" (COA) because it was considered to be a) potentially stigmatizing and b) lacking precision as it is not inclusive of the whole population of children affected by parental alcohol problems. The term ChAPAPs refers to all children, adolescents and adult children who either a) have a biological parent who displayed problem drinking, b) presently live with a parent displaying problem drinking or c) who have had the experience of parental problem drinking at one point in their life.

EPIDEMIOLOGY

In Germany, 2, 4 % of the population (approx. 1.6 m people) is alcohol-dependent and 3,8 % (approx. 2,7 m people) misuse alcohol (Pabst & Kraus, 2008). Approximately 2,65 m children and adolescents under 18 have lived with a parent with alcohol problems or, in others words: in Germany every seventh child meets the definition of ChAPAPs

(Lachner & Wittchen, 1997). On EU level, figures differ greatly per country and as a result of different definitions used. Overall, the share of children living in families adversely affected by alcohol in the European Union is in the range of 6–12 % (4,7 m – 9,1m) (Anderson & Baumberg, 2006).

1 Table
Estimates of number of children with one or both parents with alcohol-related problems in the population aged under 20 years (EMCDDA, 2008)

	Denmark	Finland	Germany	Poland
Children with one or both parents abusing alcohol	140 000 (1)	70 000 (2)	5 000 000-6 000 000 (3)	1 500 000-2 000 000 (4)
% of children with alcohol abusing parents among population under 20	10,5 %	5,7 %	15,4 %	17–23 %

(1) In families with alcohol problems (2) with parents with excess alcohol use (3) with alcoholic parents (4) parents suffering from alcohol addiction or abuse alcohol

CHARACTERISTICS OF PARENTAL PROBLEM DRINKING

In families adversely affected by alcohol the addiction often assumes a central role in family life. Afflicted families more commonly face a number of difficulties compared to "normal" families. These may come in the guise of financial worries (through loss of job), neglect of the child, adverse changes to family rules and rituals and, more generally, to the mood and interaction style within the family. Tensions arise more commonly, leading to conflict both between the parents and between the parents and their children. In a retrospective study, Dube and colleagues (2001), drawing from a community sample of 8629 adults, found a higher likelihood of adverse childhood experiences (ACEs) in ChAPAPs, including abuse and neglect.

For non-ChAPAPS, ChAPAPs with an alcoholic father, ChAPAPs with an alcoholic mother or ChAPAPS with both alcoholic parents, the mean number of ACEs was 1,4; 2,6; 3,2 and 3,8 ($p < .001$). It is conceivable that affected children may be neglected by both parents rather than by the addicted parent alone. For the *addicted* parent the focus is on the addiction and concomitant matters such as procurement of alcohol, and dealing with withdrawal symptoms, "curing a hangover", etc. The *non-addicted* parent typically is overburdened by the situation and has to grapple with the addiction of the addicted partner, look after him and organise life in a way that prevents negative consequences of the addiction to the addict and the family as a whole. This constellation can result in less parental resources being available for the child, both in terms of time and emotional involvement with the child's welfare. When an addicted parent is not able to meet his obligations any longer (or to do so an appropriate manner), this necessitates a re-distribution of responsibilities among family members. For children, these newly assigned obligations may not be age-appropriate. At worst, this may lead to "parentification", a term descriptive of a role reversal: children looking after their parents. Using a retrospective case-control design in a sample of 103 female adult ChAPAPs and 233 non-ChAPAPs, Kelley and colleagues found more parentification, instrumental caregiving, emotional caregiving, and past unfairness in their families of origin than in the non-ChAPAPs controls (2007).

RISK OF TRANSMISSION OF ALCOHOL-RELATED DISORDERS

Children of addicted parents are the largest known risk group for the development of an addiction themselves (Cotton, 1979); with 33 % to 40 % of children affected by parental alcohol problems developing a substance-related disorder themselves (Sher, Grekin & Williams, 2005). ChAPAPs show an up to six-times-elevated risk of alcohol misuse or addiction. They are likelier to consume alcohol earlier in life than children of the same age from unaffected families (Alford,

Jouriles & Jackson, 1991) (Rothman, Edwards, Heeren & Hingson, 2008), to experience their first intoxication earlier in life (McKenna & Pickens, 1981), to engage more in binge drinking (Weitzman & Wechsler, 2000) and to develop an alcohol-related disorder earlier in life (Hussong, Bauer & Chassin, 2008). The risk of transmission of an alcohol use disorder is hypothesised to be mediated by genetic, environmental and cognitive factors and their interplay, with twin studies explaining up to 60 % of the variance (for a review, see Schuckit, 2009). The majority of ChAPAPs, however, do not develop an alcohol problem. But these children do constitute a particularly vulnerable sub-population that warrants selective prevention. The genetic predisposition for alcoholism is not encoded in a single gene (a multitude of genes are involved) and the risk is not specific to alcohol-related disorders. Some genes involved express more general personality traits that are associated with addictive behaviours such as "sensation seeking", whilst others are more specific to physiological constituents of dependence, including ethanol metabolic rate (for a review, see Schuckit, 2009). These genetic factors interact with environmental and cognitive factors. A child with a high-risk genotype may remain phenotypically inconspicuous and not display problem drinking if never exposed to a risky environment in which alcohol is consumed. This, however, should rarely be a real world scenario as exposure to alcohol is likely to occur in most cultures. There is evidence that ChAPAPs show more sensitivity to the stress-response-dampening effect and other objective measures of alcohol consumption, despite being less sensitive in terms of subjective intoxication (for a review, see Sher, 1991). A higher tolerance is associated with a four times higher risk for alcohol-related disorders (Schuckit & Smith, 1996). Environmental factors that contribute to the transmission of alcoholism include stressful family events that ChAPAPs are more commonly faced with (Anda et al., 2002) and model learning of a dysfunctional coping style (Chassin, Pitts, DeLucia & Todd, 1999; Ellis, Zucker & Fitzgerald, 1997). Among the cognitive factors that differentiate ChAPAPs from non-ChAPAPs are overly positive alcohol expectancies (beliefs regarding the effect of drinking). There are indications that raised alcohol expectancies increase the vulnerability

for developing alcohol problems (Brown et al., 1999) and alcohol outcome expectancies can predict current alcohol consumption reliably (Goldman, 2002). At our institute we are presently conducting an online study across a number of European countries that assesses implicit alcohol outcome expectancies with an alcohol-specific version of the Implicit Association Test (IAT). The Alcohol-IAT (Wiers, van Woerden, Smulders & de Jong, 2002) is a computerised reaction-based task that measures the associative strength between two concepts (here: "alcohol"/"no alcohol" and "arousal"/"neutral"). Results from the German sample of 12–24 year olds show that ChAPAPs differ significantly from non-ChAPAPs in this cognitive-behavioural determinant of (problem) drinking (Belles, Budde, Moesgen & Klein, 2009).

PSYCHOPATHOLOGY

ChAPAPs are not only more vulnerable to addictions, but to a whole range of mental disorders and deviant behaviour. With regard to externalising disorders, ChAPAPs show more anti-social and impulsive behaviour and adolescent ChAPAPs show more delinquent behaviour than non-affected youths (Barnow et al., 2002). More generally, ChAPAPs suffer from disorders of social behaviour more often than non-affected children (Reich, Earls, Frankel & Shayka, 1993). Adolescent ChAPAPs more commonly show symptoms of ADHD (Diaz et al., 2008; Marmorstein, Iacono & McGue, 2009). Externalising disorders, in turn, reliably predict substance-related disorders (Chassin, Pitts, DeLucia & Todd, 1999; Marshal, Molina, Pelham & Cheong, 2007; King & Chassin, 2008)

ChAPAPs also display a higher lifetime, yearly and monthly prevalence of internalising disorders. Depressive symptoms can be observed at an earlier age in ChAPAPs than in children from unaffected families and parental alcohol addiction increases the risk of developing a major depressive episode in children (Hill et al., 2008). ChAPAPs also suffer from anxiety disorders more frequently than non-ChAPAPs (Cuijpers, Langendoen & Bijl, 1999). They show

overly anxious behaviour more frequently (Reich, Earls, Frankel & Shayka, 1993) and adult ChAPAPs generally have a more anxious personality and react to situations experienced as threatening with more fear than non-ChAPAPs and at the age of university students, they report more panic attacks (MacPherson, Stewart & McWilliams, 2001).

PROTECTIVE FACTORS AND RESILIENCIES

It is important to remember that, despite the many risks they are faced with; the majority of ChAPAPS do not develop an addiction or other forms of psychopathology. This "immunity" is thought to be an effect of protective factors and resiliencies. Protective factors are conceptualised as relatively stable traits that are to be found in the child's personality, the family and the social environment of the child. These factors support children in becoming resilient. One such factor is the upkeeping of family rituals. The impact of family rituals as a protective factor was first demonstrated by Bennett and colleagues (Bennett, Wolin, Reiss & Teitelbaum, 1987). The authors were able to show that intact family rituals, specifically family supper, lowered the risk of transmission of familial alcoholism. Wolin and colleagues (1980) introduced the terms distinctive and subsumptive family rituals. Distinctive in this context means that the rituals remain unaffected by the alcohol addiction and subsumptive signifies that the alcohol addiction is incorporated into the ritual or that it disrupts it. In an interview study, Bennett and Wolin compared families with subsumptive family rituals to those with distinctive family rituals (Wolin, Bennett, Noonan & Teitelbaum, 1980). The authors found that subsumptive family rituals during the period of heaviest parental drinking constituted a high-risk environment for the development of a substance-related disorder in the offspring.

Resiliencies can generally be thought of as a process that can change rather than a static personality trait or skill. Wolin and Wolin (1995, 1996) conceptualise ChAPAPs as a high-risk-group for a pathological development that can be challenged to act in their favour. This con-

ceptualisation, dubbed "challenge model", acknowledges a chance for positive development and has replaced the earlier "damage model" in which ChAPAPs are viewed as helpless, vulnerable people who are irrevocably exposed to a dysfunctional environment. Using retrospective interview data, they identified the seven distinct resiliencies (Wolin & Wolin, 1995). The significance of this finding for social work with ChAPAPS will be discussed below (for overviews in German, see Klein, 2008; Zobel, 2000).

INSIGHT

If the child becomes aware of the dysfunctionality of the family, this perception should be confirmed and supported by outsiders (e.g. relatives, neighbours, and friends). A social worker should provide the child with information (picture books for younger children) on the parental alcohol problem and its effects on the family. The central message should be: "Your father drinks because he has problems, not because of you." (Zobel, 2000)

INDEPENDENCE

Children show less symptoms when they are not exposed to parental drinking. So distancing oneself from the family emotionally and physically is commendable (e.g. spending time with friends and neighbours, excursions, extracurricular activities etc.) Experiences outside of the family home may foster an inner independence from the family situation.

RELATIONSHIPS

Building meaningful relationships to persons outside of the family is an important skill in ChAPAPs that social workers may want to strengthen. This allows children to experience that family life can be different (parents showing affection and interest) and that alcohol does not play a central role.

INITIATIVE

Taking charge (not seeing oneself as helpless; planning, setting goals, taking action) is an important resiliency because the experience of exerting influence on the environment strengthens a child's self-efficacy. This is often in contrast to ChAPAPs' family of origin in which they tend to be criticised and devalued. The social worker should aim to encourage and support the child in assuming an active coping style.

CREATIVITY

Using imagination (through art, invention, performance, daydreaming, etc.) may be seen as a playful way of conveying thoughts and feelings that may otherwise be difficult for the child to express. Again, the role of the social worker should be to guide and reinforce the child and to provide time and space for artistic expression. In addition, creative activity may provide distraction from everyday life and a sense of achievement.

HUMOUR

Finding what is funny (irony and sarcasm) may be viewed a form of emotionally distancing oneself. Frequently, the family situation is not funny for ChAPAPs and humour a skill that needs to be learned. By offering the opportunity to play funny games with peers or adults, the social worker may support the child in developing this skill.

MORALITY

Doing the right thing creates an inner sense of goodness and keeps people from becoming cynical or giving up. For ChAPAPs, morality (a concept of what is good and bad) may serve as a guidepost in a family environment in which decision-making often is characterised by uncertainty and emotional volatility.

Regrettably, there is still a dearth of empirical data to support the hypothesis of a buffering effect of protective factors in ChAPAPs. The few notable exceptions, however, have been able to confirm certain determinants of resiliency. Amodeo and colleagues (2007), in a community sample of 290 women, demonstrated that an active cognitive coping style (e.g. discussing problems with others) in ChAPAPs was associated with higher self-esteem and avoidant coping with a lower score on score on this measure. In a sub-sample of 267 ChAPAPs in a 3-year longitudinal community study, Hussong and Chassin (1997) found that ChAPAPs with either very low or very high levels of cognitive coping and those with high family organisation were less likely to initiate substance use during the assessment period.

CONCLUSION

In Europe, between 6–12 % of children grow up with the experience of parental alcohol misuse or alcoholism. These "ChAPAPs" are likelier to have adverse childhood experiences and to be burdened by age-inappropriate obligations. Their family environment is a risk factor for the development of an alcohol use disorder, other addictive behaviours, a number of externalising and internalising disorders or anti-social behaviour. Alcoholism runs in families and the transmission of the disorder is mediated by genetic, environmental and cognitive factors. Dysfunctional cognitions, notably positive alcohol expectancies, currently receive increased attention. Despite the many risks they are faced with, the majority of ChAPAPs does not develop pathologically. Current research attempts to identify the underlying protective factors that determine this resilience. A number of studies have provided some evidence that certain cognitive factors such as an active coping style are implicated. The focus of research, however, has been on risk factors. To fully understand what can best be done to exert a positive influence on an affected child's development, research activities should place a greater emphasis on protective factors and resiliencies. This will allow practi-

tioners who develop prevention and intervention programmes for ChAPAPs to pick the most effective. Presently, the strengthening of resiliencies is recommended.

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