

Children of Alcoholics

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This paper will be looking at children of alcoholics (COA) in the United States. More specifically this paper will look at the COA population, the effects of their parent's alcohol abuse on their life, issues with identification, and specific treatment approaches that are available for COA.

Population: Who are Children of Alcoholics?

The purpose of providing the following statistics is to illustrate that the demographics of alcoholics could be generalized to the demographics and experiences of children of alcoholics. The following are statistics taken from the 2011 Alcoholics Anonymous (AA) Membership Survey, which was completed by around 8,000 Canadian and American AA members. This random survey found that 65% of group members are men and 35% are women. AA's survey found that 87% of members are White, 5% are Hispanic, 4% are Black, 2% are Native American, and 1% is Asian or Other. It is notable that the average age of an AA member is 49. To be more specific, 2% of members are under the age of 21, 11% are age 21-30, 15% are age 31-40, 24% are age 41-50, 27% are age 51-60, 15% are age 61-70, and 6% is over the age of 70. Alcoholics Anonymous also asked about the marital status of their members and found that 36% are married, 34% are single, 22% are divorced, and 8% are other. Though there are other statistics that can be found on this report the last important variable is occupation. AA found the following to be the occupational breakdown of their members: Retired (17%), Other (including self-employed)(10%), Unemployed (10%), Manager/Administrator (9%), Professional/Technical (8%), Skilled trade (8%), Disabled (not working) (6%), Health professional (6%), Laborer (5%), Sales worker (5%), Educator (3%), Student (3%), Service

worker (3%), Clerical worker (2%), Homemaker (2%), Transportation (2%), Craft worker (1%) (Alcoholics Anonymous, 2012). It is important to note that these statistics come from the Alcoholics Anonymous population, which means that these individuals have self-identified as alcoholics and in turn the results of this study may not fully represent the alcoholic population. Also the individuals, after being chosen at random to fill out the survey, may not fully represent the demographics of the alcoholic population. Again, the purpose of providing the aforementioned statistics is to illustrate the possible connections between the demographics of alcoholics and of children of alcoholics.

According to the National Association for Children of Alcoholics there is an “estimated 28.6 million Americans who are children of alcoholics; nearly 11 million are under age 20” (“Focus on Children of Alcoholics,” n.d.). It was also said, by Tian Dayton with the National Association for Children of Alcoholics, “one in four children in the United States are exposed to alcoholism or drug addiction in the family” (n.d.). According to the Substance Abuse and Mental Health Services Administration (SAMHSA) report, “10 percent of children age 5 or younger, almost 8 percent of children age 6 to 11, and more than 9 percent of youth age 12 to 17 lived with at least one parent who abused or was dependent on alcohol or drugs” (Substance Abuse and Mental Health Services Administration (SAMHSA), 2003).

What are the effects of Alcohol on Children of Alcoholics?

The Wellness Wheel model is used to define seven different aspect or elements of a human’s life that needs to be attended to. The seven elements include emotional, physical, social, intellectual (academic), environmental, spiritual, and occupational. This model and

its seven elements will be used to help look into the effects of alcohol on children of alcoholics.

According to the American Academy of Child and Adolescent Psychiatry (AACAP) a child can experience a variety of emotions as a result of their parent's alcoholisms. Some of the emotions that the AACAP discuss in the "Children of Alcoholics" article include guilt, anxiety, embarrassment, confusion, anger, depression, and the inability to have close relationships (2012).

The AACAP describe that a child may experience guilt if he sees "himself or herself as the main cause of the mother's or father's drinking" (American Academy of Child and Adolescent Psychiatry, 2012). "The child may [experience anxiety or] worry constantly about the situation at home. He or she may fear the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents" (American Academy of Child and Adolescent Psychiatry, 2012). The child could experience embarrassment because their "parents may give the child the message that there is a terrible secret at home [and that they cannot] invite friends home" (American Academy of Child and Adolescent Psychiatry, 2012). The child could experience confusion because the parent could oscillate "suddenly from being loving to angry, regardless of the child's behavior" (American Academy of Child and Adolescent Psychiatry, 2012). Another point of confusion could be a lack of a regular daily schedule (e.g. mealtime or bed time), which is very important for a child. "The child [could] feel anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection" (American Academy of Child and Adolescent Psychiatry, 2012). "The child [could] feel lonely and helpless to change the situation" (American Academy of Child and Adolescent Psychiatry,

2012). The child could struggle with close relationships because he/she “has been disappointed by the drinking parent many times, he or she often does not trust others”(American Academy of Child and Adolescent Psychiatry, 2012).

Physically, a child of an alcoholic has the potential to experience abuse and or neglect due to their parent’s substance abuse. According to Child Help, “one-third to two-thirds of child maltreatment cases involve substance use to some degree. In one study, children whose parents abuse alcohol and other drugs were three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families” (2013).

A child of an alcoholic will most likely experience social effects due to their parent’s alcoholism. According to Lambie and Sias (2005), “the instability and unpredictability that COA experience in their homes affect their relationships with others” (p.269). The children’s relationships are affected due to an experience of embarrassment about their alcoholic parent, which can influence a child and their comfort with having social engagements at their home or around the alcoholic parent (Lambie & Sias, 2005). This is amplified because commonly alcoholism is seen as a family secret (Lambie & Sias, 2005). “The alcohol-abusing parent's inability to meet the child's emotional needs may lead to insecure attachment, influencing the COA ability to trust others” (Lambie & Sias, 2005, p.269). Furthermore, children of alcoholics may struggle with poor communication skills, trust issues, and, as mentioned above, difficulties with intimate relationships (Lambie & Sias, 2005).

The Wellness Wheel defines one element of the wheel as intelligence but because this article is discussing children of alcoholics it will discuss in reference to academics.

There can be dramatic academic consequences experienced by COA due to the alcoholism in their home. "COA are more likely to have learning disabilities, be truant and delinquent, repeat more grades, and drop out of school. Additionally, many of these students exhibit lower academic achievement and more cognitive deficits with lower intelligence quotient scores and lower arithmetic, reading, and verbal scores than their peers" (Lambie & Sias, 2005, p.269). On top of the aforementioned academic struggles it may also be difficult for the child to get help with homework at home or receive adequate sleep and nutrition in order to focus in school (Lambie & Sias, 2005).

Children of alcoholics can experience a variety of home environments but Lambie & Sias (2005) note that "COAs grow up in an environment of conflict, tension, instability, and uncertainty" (p. 268). A child in the home of an alcoholic could experience abuse or neglect, which could mean a lack of food, water, shelter, or even season appropriate clothing. As mentioned above when discussing academics, parents may be disengaged due to their addiction to alcohol. There seems to be little information or research on environmental factors for children of alcoholics, which makes it a needed topic of research.

The last two elements of the Wellness Wheel include spirituality and occupation, which both lack research. Due to the lack of research these elements cannot be further explored. It can be recommended that more research be conducted on these topics.

Hopefully this section gave a more holistic picture of the lives of children with alcoholic parents. Using the Wellness Wheel model the aforementioned section looked at the emotional, physical, social, intellectual (academic), environmental, spiritual, and occupational elements of a child. Further research could be recommended in order to get a more full picture of the environmental, spiritual, and occupational elements.

What Drug is Abused by This Population?

Though the focus of this paper is to discuss children with alcoholic parents it is also necessary to mention the propensity for children of alcoholics to become substance abusers themselves. According to Doweiko (2010) “both genetic and environmental forces appear to interact to predispose persons to the abuse of entire classes of drugs rather than a specific compound” (p. 335).

In a study by Sher, Walitzer, Wood, and Brent (1991) “a sample of 253 children of alcoholics (COAs) and 237 children of nonalcoholic (non-COAs) were compared on alcohol and drug use, psychopathology, cognitive ability, and personality. COAs reported more alcohol and drug problems, stronger alcohol expectancies, higher levels of behavioral under control and neuroticism, and more psychiatric distress in relation to non-COAs” (p. 427). All of this points to the conclusion that children of alcohols could be more likely to abuse substances due to genetic and environmental factors.

What are Things Getting “In The Way” of a COA Being Identified as in Need of Help?

There are many mitigating factors that get “in the way” of children of alcoholics being identified as needing help.

It is said that all families attempt to maintain a state of homeostasis and that when one member disrupts that balance the other family members will attempt to correct the disparity. “This preservation of homeostasis, functional or dysfunctional, supersedes the needs of any individual and potentially leads to developmental delays in the family members. Thus family members, including children, will make unhealthy modifications to preserve family equilibrium in the presence of alcohol abuse” (Lambie & Sias, 2005, p.

267). The homeostatic balance of a family with an alcoholic could make it difficult to identify the family or family member's needs.

Another thing that can get "in the way" of a child being identified as needing help due to the alcoholism affecting their family could be the families' rules or norms. "An example of a common family rule and norm of an alcohol-abusing family is the "family secret." The family secret is established so members of the family will not openly discuss the family's dysfunctionality (e.g., alcohol abuse, child abuse, and spousal abuse)" (Lambie & Sias, 2005, p. 267). This could dramatically affect a child's willingness to share with other's their familial experience and in turn the alcoholism in the home.

Lambie and Sias (2005) say, "Shame is a powerful feeling that is commonly shared among COAs" (p. 267). Other feelings that may inhibit a child from expressing their experience of their parent's alcoholism are guilt and worthlessness (Lambie & Sias, 2005). These feelings could make it difficult to identify and refer the child to get help for themselves and their family.

The aforementioned ideas are barriers for a child being identified as needing help due to the alcoholism in their family. It is also important to mention the potential behavioral indicators of a COA in order to educate those who could identify a child as needing help. The following indicators came from an article directed toward professional school counselors but could be used with anyone who frequently interacts with children. The indicators include: absenteeism, tardiness, neglected physical appearance, fluctuating academic performance, problem controlling mood and behavior, parental concerns (e.g. difficult to reach, failure to keep meetings, etc), physical symptoms (e.g. stomachaches,

headaches, etc), sad affect, school disciplinary problems, and/or peer cues (Lambie & Sias, 2005, p. 269-270).

In conclusion, the above information describes potential qualities about a family that could make it difficult for a COA to be identified as needing help while also referencing potential behavioral indicators that could help others recognize a COAs.

Treatment Approaches Used with Children of Alcoholics

Children of alcoholics can be treated in many arenas of their lives including both the school and the community, which will both be discussed in this section.

School counselors and school personnel are in an advantageous position to help support and work with COAs. Lambie and Sias (2005) suggest that after educating themselves and other school personnel about substance abuse disorders it is suggested that they educate students on substance abuse disorders and its effects on families. They recommend that this can be completed through classroom guidance with the purpose of normalizing the experience of COAs as well empowering students to talk with an adult if they are concerned about themselves or friends.

Another recommendation is for a school counselor to run a counseling group for COAs. This could help students learn and identify their feelings as well as learn more about substance abuse. Emshoff and Anyan (1991) recommend running groups that discuss "the dynamics of alcoholic families, common social and emotional reactions (e.g., embarrassment, loneliness, guilt, depression, anger), skill building (e.g., problem solving, communication, expression of feelings), coping strategies for living in an alcoholic home, and general social and emotional support" (Emshoff & Anyan, 1991). Emshoff and Valentine (2006) suggest improving social skills and social support along with working on

coping skills and stress reduction. Empirically supported programs that are suggested include Strengthening Families, Stress Management and Alcohol Awareness Program, and Students Together and Resourceful (Emshoff & Valentine, 2006). “Strengthening Families includes parent training, child skill-building, and relationship building exercises” (Emshoff & Valentine, 2006). “The Stress Management and Alcohol Awareness Program (SMAAP) is an 8-week, school based preventive intervention that focuses on self-esteem, alcohol-related education, and emotion and problem-focused coping strategies” (Emshoff & Valentine, 2006). “Students Together and Resourceful is a skill-building program that helps children improve problem-solving, stress-management, and decision-making skills, among others” (Emshoff & Valentine, 2006).

The following is another program that can be implemented in the schools. “The Children's Program Kit was developed by SAMHSA childhood mental health professionals and covers a wide variety of topics and practical teaching strategies for elementary, middle, and high school children. The kit also contains information for therapists to distribute to their clients to help parents understand the needs of their children, as well as training materials for substance abuse treatment staff who plan to offer support groups for children” (Substance Abuse and Mental Health Services Administration (SAMHSA), 2003).

Additionally, it is advised that the school counselor compassionately and empathetically talk with COA students' and support them. That space could be important for the student's to process their current life experiences as a COA while being accepted and understood by the school counselor. As the school counselor meets with the student more and begins to get to know the family it could be beneficial for the counselor to make outside referrals and act as the liaison between the family and the school.

An outside resource that is highly recommended is Al-Anon and Alateen. “Al-Anon is a mutual support group of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives. It is not group therapy and is not led by a counselor or therapist; this support network complements and supports professional treatment. Alateen is a peer support group for teens who are struggling with the effects of someone else’s problem drinking. Many Alateen groups meet at the same time and location as an Al-Anon group. Alateen meetings are open only to teenagers” (Al-Anon Family Groups, 2013).

Play therapy could be a further outside resource that is recommended for a COA. This could be helpful “because of the numerous responsibilities that are often associated with living in a substance-abusing household, COAs typically receive fewer opportunities to engage in this fun than do other children” (Jacobus-Kantor & Emshoff, 2010). After overcoming the initial uncomfortable experience of play therapy a child could experience relief from their daily struggles of being a COA while also addressing risk factors that the child may experience in an approachable, comfortable, and developmentally appropriate forum (Jacobus-Kantor & Emshoff, 2010).

Children of alcoholics can be treated in many arenas of their lives including both the school and the community. The above section goes over options that can be put into place to help COAs including education, groups, and individual counseling in the school and out of the school.

This paper looked at children of alcoholics (COA) in the United States and attempted to paint a holistic picture of their lives. This was done through looking at the COA

population, the effects of their parent's alcohol abuse on their life, issues with identification, and specific treatment approaches that are available for COA.

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