

THE EFFECTS OF ALCOHOLISM ON CHILDREN

The Effects of Alcoholism on Children: Does Treatment Help?

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Introduction

Currently, I work with male clients who are recovering alcoholics and substance abusers. I was intrigued by the similarities between of my client's family history and preadolescent/adolescent behavior patterns which later fueled alcohol abuse. The most disturbing pattern that stood out to me is that adult siblings from homes where a parent (usually the father) was an alcoholic, are very distant in their relationship with one another. Additionally, some of the siblings aren't even on speaking terms while others only communicate to acknowledge birthdays or holidays. Another pattern I noticed was the client's reckless disregard for their own safety. Many engaged in risky daredevil feats, violent activities or life-threatening indulgence in illegal substances. There was also reports of child abuse, verbal abuse, neglect or the unavailability of the alcoholic parent. This propelled me to find out what effect an alcoholic home environment has on children and does therapeutic treatment of the parents benefit the children. Perhaps the outcome of these studies would offer additional insight as to how I can provide therapy to my current clients.

Method

The first article used in this critique was written by Patrick Johnson and entitled "Predictors of Family Functioning Within Alcoholic Families". This study assessed 173 volunteer college students, who were raised in homes where alcoholism existed. All participants had related experiences where child abuse, spousal abuse, parental divorce, length of time living with alcoholic parent, parental marital status, and parental availability/ predictability affected the

family functioning in significant ways. Single-item questions related to their experiences was used to identify which participants would be assessed by Berkowitz and Perkins (1988) (as cited in Johnson, 2002). The instrument used to assess was the Self-Report Family Inventory Version II (SFI)(Beavers & Hampson, 1990)(as cited in Johnson, 2002) and is made up of 36 items that are rated on a 5-point scale. This instrument assesses an individual's perceptions of their family's competence and style. It also measures consistent themes of the family across various samples which enable subscales to be developed. The subscales include:

Health/Competence, Conflict, Cohesion, Leadership and Emotional Expressiveness.

[CITATION Joh02 \l 1033]

Predictor Variables

The focus of this study was to examine and assess the effects of these predictor variables on the functioning within an alcoholic family. [CITATION Joh02 \l 1033] Reportedly, more negative messages between family members are exhibited (Sheridan & Green,1993)(as cited in Johnson, 2002). Another study revealed that these families engage in greater levels of anger that is openly expressed, but reduced amounts of warmth, cohesion and direct communication in comparison to non-alcoholic families(Garbarino & Strange,1993; Johnson, 2001; Rojas, 1993; Senchak, Leonard, Green, & Carrol, 1995) (as cited in Johnson, 2002). In addition, other research discovered that parental alcoholism is linked to role confusion, role reversal and distortion in the family hierarchy (Chase, Deming, & Wells, 1998; Goglia, Jurkovic, Burt, & Burge-Callaway, 1992; Sheridan & Green, 1993) (as cited in Johnson, 2002). It was also noted that there are significantly higher number of parental divorce, spouse abuse, child neglect and sexual abuse than in non-alcoholic families (Hall, Bloen, & Webster, 1994; Johnson, 2001; Kerr & Hill, 1992; Sher, Gershuny, Peterson & Raskin,1997)(as cited in Johnson, 2002).

Results

The outcome corresponded with what the predictors found in previous studies. The length of time the alcoholic parent spent in the home reportedly was not viewed differently than frequency of drinking. Being able to predict the behavior of an alcoholic parent brought more cohesion and health/competence to the family. When the family was not able to predict behavior there was more conflict and emotional expressiveness. Child abuse also lowered the health/competence of the family while the cohesion, emotional expressiveness and conflict appeared to increase. Spousal abuse reduced the family's overall health/competence and significantly increase conflict. Which means that the latter two, specifically lowers the overall health/ competence of the family, closeness of the family decreases, warmth/caring among family member decreases and unresolved conflicts, fighting , blaming and arguing all increase.

[CITATION Joh02 \l 1033]

However, there were limitations starting with the method of identifying volunteers. The single question method failed to reflect on those who experienced or witnessed multiple forms of violence and abuse. The study goes on to highlight a few others. First, the participants were comprised of mainly Caucasian/Anglo Americans. Second, the reliability and internal consistency of the SFI leadership scale exhibited low test-retest. Third, SFI scores that were above the average, reportedly, according to Beavers & Hampson (1990) "can be viewed as suggestive of less competent family"[CITATION Joh02 \l 1033].

Does Treatment Work?

The second article used for this critique is entitled, "Treating Paternal Alcoholism With Learning Sobriety Together: Effects on Adolescents Versus Preadolescents" by Michelle L.

Kelley and William Fals-Stewart. The purpose of this study was to determine if couples therapy and individual therapy combined in a behavioral format called, Learning Sobriety Together would be beneficial to the internal and external behaviors of adolescents versus preadolescents. Another motivator for this study stemmed from the fact that married couples seeking treatment for an alcoholic spouse rarely wanted the children to be present. So, the benefits, if any would be secondary. This study asserts that there is evidence that suggest that children living with alcoholic fathers demonstrated more overall symptomatology than children from the demographically matched sample however, these children did showed significant improvement following their father's treatment (Andreas, O Farrell, and Fals-Stewart, 2006) (as cited in Kelley, 2007).

Method

The participants in this study were 166 heterosexual couples. The men were entering an outpatient abstinence treatment program for alcohol abuse and had to meet the criteria for alcohol abuse disorder according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., or DSM-IV; American Psychiatric Association, 1994) (as cited in Kelley, 2007). Couples were excluded if the women had met the DSM-IV criteria and they had to have one preadolescent between the ages of 8 and 12 years old and one adolescent between the ages of 13 and 16 years old. The children were also required to be the biological children of both parents. A 120-item questionnaire was used for parents of children ages 4-18. This questionnaire is called The Child Behavior Checklist (CBCL; Achenbach, 1991a)(as cited in Kelley, 2007). This method yields broadband scores: Internalizing and Externalizing. The test-retest, internal consistency and interrater reliability were considered to be good. The study also used the Teacher Report Form (TRF; Achenbach, 1991b)(as cited in Kelley, 2007).

Results

After receiving the Learning Sobriety Together treatment, children did display a great amount of improvement in psychosocial functioning after treatment and at the 12-month follow-up.[CITATION Kel07 \l 1033]. The results also suggested changes in children's behaviors despite the severity of the symptoms. The reduction of drinking and the improvement of the couple's relationship strengthened the children's internalizing and externalizing behaviors. There are also some limitations that may impact the validity of the study. Eleven (8%) couples dropped out during follow-up failing to provide necessary data, and twenty-six couples(20%) missed at least one observation during the scheduled assessments. In addition, 89 (34%) of the children had one or more teachers missing ratings. To compensate for the missing information, a procedure for data imputation was used to address the information by correcting the factor when fixed and random parameter were estimated (Goldstein, 2003)(as cited in Kelley, 2007). Another limitation is that the participants were selected from an out-patient treatment program and treated specifically with LST which may not reflect those who chose to utilize other forms of treatment[CITATION Kel07 \l 1033].

Despite the limitations, the findings in both articles is encouraging as a therapist working with this population. The desire is to help my clients maintain sobriety successfully but also to help heal the wounds of the children and spouses that have been subjected as victims of alcoholism. Even when the parents are not comfortable bringing the children in for sessions, knowing that the children can still benefit from the treatment that their parents are receiving is inspiring. The goal is to help the client but also, I aspire to stop the cycle of alcoholism in these families, build cohesion, effective communication, and bring good health/competence back to the families.

References

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