Coping Strategies and Resilience among Children affected by Parental Alcohol Problems

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Part I

Introduction and Overview
The reality of children in families with alcohol problems is full of stress. Many of these children experience severe problems of stress and insecurity. In other cases there also is violence and abuse. The consequences concerning development are serious: There can arise serious, long-lasting psychological problems from living in such families. Living there can be hard stress.
Children living with parents with alcohol problems are the biggest risk group for substance abuse problems in the future.
Direct and indirect effects of alcohol on children

Direct (drug related) effects:
- Impairment through fetal alcohol syndrome (FAS)
- Impairment through alcohol intoxication because of overdose during childhood and youth
- Death and illnesses of close family members

Indirect effects:
- Family violence
- Broken home
- Neglect, maltreatment, abuse
- Social isolation, social descent
- Family distress
- Parental discord
- Negative family atmosphere
- More negative (critical) life events
- Achievement problems in school
- Other adverse childhood effects (ACEs)
Health threats for children affected by parental alcohol problems (ChAPAPs)

- There are 24.3% more hospital admissions
- The average duration of hospital treatments is 61.7% longer
- The overall treatment costs are 36.2% higher (Woodside et al., 1993).
- Subjective health: 35.6% of children from alcohol families report that they often feel sick (control group: 15.9%) [Klein, 2003].
Social and health policies for ChAPAPs


1. All children and adolescents have the right to grow up in an ecology where they are protected against all negative consequences of alcohol use and alcohol advertisements.
2. All citizens with alcohol problems and their relatives have the right of access to therapy and help.

UN-Convention of children’s rights (1989):

The right to be protected against drugs (Art. 33)
Children affected by parental alcohol problems (ChAPAPs)

Essentials about ChAPAPs:

(1) Biggest known risk group concerning the development of addictive disorders
(2) Special risk group for prenatal complications and handicaps Especially risky concerning all forms of mental health problems
(3) Primary relevant group for selective prevention, esp. concerning AOD disorders
(4) In general, group with higher risks for everyday life hazzles, like violence, accidents, injuries
(5) Group with considerable tendencies towards denial and tabooing

All in all: → primary public health problem
Part II: Facts and data
Facts and data

In Germany there are approximately 2.65 Million children of parents with alcohol abuse and dependence and 40,000 children with a parent being drug addicted.

In other words: one in seven children is affected.

Every third child living in a family with alcohol problems suffers from frequent physical violence (> 5 times/month) (Klein & Zobel, 2001).

In addition, there are 2,200 children with FAS born each year.

In EU-27 there are about 10 to 12 millions ChAPAPs affected (estimation).
Main characteristics experienced by children of addicted parents: Increased prevalence of ...

- familial instability
- volatile family life
- uncontrollability of family life
- unpredictability of parental behavior
- violence (physical, emotional, sexual) experienced as victim a/o witness
- child abuse, neglect, and maltreatment
- critical life events (losses, injuries, discontinuities)

Common theme: volatile parental behavior

Maria (5 years) from Finland
Frequency of alcohol problems in parents
(N = 2427; Lifetime, %w; source: EDSP-study; Lieb et al., 2003)

- Either parent: 22.5%
- Both parents: 3.1%
- One parent: 19.5%
- Father only: 15.0%
- Mother only: 4.4%
**Children in Families with Alcohol Problems**

**Familial risk of transmission of alcohol disorders**

Homopathological risk of transmission of alcohol disorders

<table>
<thead>
<tr>
<th>Parent with alcohol use disorder</th>
<th>Diagnosis of descendents</th>
<th>Odds ratio boys</th>
<th>Odds ratio girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>only father</td>
<td>alcohol dependence</td>
<td>2.01</td>
<td>8.69</td>
</tr>
<tr>
<td>only mother</td>
<td></td>
<td>3.29</td>
<td>15.94</td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td>18.77</td>
<td>28.00</td>
</tr>
</tbody>
</table>

(Lachner & Wittchen, 1997)
Is it risky to live in a family with drug and alcohol problems?

There are increased risks among children living with parents with drug a/o alcohol problems for ...

Drug and alcohol use disorders (OR = ca. 4.0 to 6.0)
Anxiety disorders (OR = ca. 2.0 to 3.0)
Affective disorders (depression) (OR = ca. 2.0 to 3.0)
Posttraumatic stress disorders [PTSD] (OR = ca. 5.0 to 16.8)
Parasuicidal tendencies and behaviors (OR = ca. 2.0 to 4.0)

[Sources: Klein, 2005; Lachner & Wittchen, 1997]
# Children in Families with Alcohol Problems. Familial risk of etiology of drug dependence

[Lachner & Wittchen, 1997]

<table>
<thead>
<tr>
<th>Parent with alcohol use disorder</th>
<th>diagnosis of offspring</th>
<th>odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>only father</td>
<td>drug dependence</td>
<td>4.13</td>
</tr>
<tr>
<td>only mother</td>
<td></td>
<td>7.79</td>
</tr>
<tr>
<td>both parents</td>
<td></td>
<td>16.68</td>
</tr>
</tbody>
</table>

N = 3029
Klein et al. (2002): Serious Accidents among ChAPAPs
2,876 girls and boys, 11 to 15 years of age

<table>
<thead>
<tr>
<th>parent with alcohol use problem</th>
<th>child had serious accident</th>
<th>child had no serious accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>20.2%</td>
<td>79.8%</td>
</tr>
<tr>
<td>no</td>
<td>13.8%</td>
<td>86.2%</td>
</tr>
</tbody>
</table>

(representative school sample North Rhine-Westphalia; chi-square <.01)
## Children in Families with Alcohol Problems
(young adult ChAPAPs from clinical samples; N=428)

**Violence experiences and risks (Klein & Zobel, 2001)**

<table>
<thead>
<tr>
<th></th>
<th>N ChAPAPs</th>
<th>% ChAPAPs</th>
<th>N non-ChAPAPs</th>
<th>% non-ChAPAPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily or regular (&gt;5 times/month) violence</td>
<td>68</td>
<td>32.5</td>
<td>20</td>
<td>9.1</td>
</tr>
<tr>
<td>physical violence</td>
<td>122</td>
<td>59.0</td>
<td>48</td>
<td>21.7</td>
</tr>
<tr>
<td>psychological violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Violence in Families with Alcohol and Drug Problems: Parents maltreating Children
(CTSPC-CA; N=19)

During the last year at least one incident of ...

<table>
<thead>
<tr>
<th>Scale (CTSPC-CA)</th>
<th>Father against child</th>
<th>Mother against child</th>
</tr>
</thead>
<tbody>
<tr>
<td>psychological aggression</td>
<td>58 %</td>
<td>68 %</td>
</tr>
<tr>
<td>physical violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>light</td>
<td>37 %</td>
<td>32 %</td>
</tr>
<tr>
<td>heavy</td>
<td>16 %</td>
<td>16 %</td>
</tr>
<tr>
<td>extreme</td>
<td>5 %</td>
<td>16 %</td>
</tr>
</tbody>
</table>

European Project ALC-VIOL (Klein & Reuber, 2007)
Part III: Coping and Resilience
Coping with familial alcohol problems (KIDCOPE)  
[European ALC VIOL study; 2007]

<table>
<thead>
<tr>
<th>Coping strategy</th>
<th>frequency</th>
<th>effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish, the situation never would have been there.</td>
<td>rank 1</td>
<td>rank 8</td>
</tr>
<tr>
<td>I try to feel better by spending time with others.</td>
<td>rank 2</td>
<td>rank 1</td>
</tr>
<tr>
<td>I wish, I could change things.</td>
<td>rank 3</td>
<td>rank 11</td>
</tr>
<tr>
<td>I try to cope with the situation by doing something or talking to somebody.</td>
<td>rank 4</td>
<td>rank 2</td>
</tr>
<tr>
<td>I try to calm myself.</td>
<td>rank 5</td>
<td>rank 4</td>
</tr>
<tr>
<td>I try to do something like watching TV or playing in order to forget.</td>
<td>rank 6</td>
<td>rank 3</td>
</tr>
</tbody>
</table>
Protection (Velleman, 2007)

**Protective Factors**: There are Protective Factors as well as Risk Factors.

In families with parental alcohol problems these include

- the provision of *stability, time and attention* from at least one parent,
- the presence of a *cohesive parental relationship* with overt parental affection,
- the retention of a *cohesive set of family relationships* involving shared family activities and shared family affection,
- the ability of the child(ren) to *disengage* from the disruptive elements of their family lives,
- and the presence of *significant external support systems* which provide the stability which may be absent from their normal family life.
Protection

There is a similar range of protective factors in the research literature on domestic violence: adverse effects on children are less likely when (Werner, 1986; Velleman, 2007):

• parental problems are not associated with family discord and disorganisation;
• do not result in the family breaking up;
• when the other parent or another family member can respond to the child’s developmental needs for security and love (= buffering);
• and when the child has inner resources (such as a positive sense of self esteem and self confidence, feeling in control and capable of dealing with change), and has a range of approaches for solving problems.

These are all traits fostered by secure, stable and affectionate relationships and experiences of success and achievement.
Protection

Are ‘Protective Factors’ the same things as ‘Resilience Factors’? What are the conceptual differences between protective factors, and resilient characteristics?

- Resilience should be conceptualised as a process, rather than a static trait and/or something solely internal to the individual.
- And as a process, it is the product of an interaction between the individual and their social context: hence, it is potentially open to influence.
Protection

It is useful to distinguish between **protective factors** (which make it more likely that a child *will develop* resilience) and evidence that the child *is being resilient*.

- Resilience is self-perpetuating: behaving in a resilient way increases the probability of further resilient behaviour.

- Protective factors and resilience have been identified in a number of studies, both general and specific to parental substance misuse.
Protection

- A good support network in the child's everyday life
- Little separation from the primary carer in the first year of life
- Parents’ positive care style and characteristics
- Being raised in a small family
- Larger age gaps between siblings
- Engagement in a range of activities
- Individual temperament
- Positive opportunities at times of life transition
- Continuing family cohesion and harmony in the face of the misuse and its related effects (e.g. domestic violence, serious mental health problems)
Resilience (Werner, 1986)

Evidence of resilience encouraged by these protective factors

• Deliberate planning by the child that their adult life will be different
• High self-esteem and confidence
• Self-efficacy
• An ability to deal with change
• Skills and values that lead to good use of personal ability
• A good range of problem-solving skills
• Feeling that there are choices
• Feeling in control of own life
• Previous experience of success and achievement
Resilience

• The key issue for resilience is the overcoming of psychological risk.

• Protective factors make it more likely that a child can overcome this risk because they provide a more positive setting.

• Resilience makes this more likely, because it equips the child with a set of skills and feelings that enable him (or her) to be forward-looking and to bounce back from adversity.
Resiliencies of ChAPAPs

Wolin & Wolin (1995) identified seven areas of resiliencies, that can protect from the transmission of addictive and mental health disorders:

- Suspicion, knowledge, insight
- Good relationship capacities, social network
- Independence, autonomy
- Initiative
- Creativity
- Humor
- Morale
Active Coping and Help Seeking Behavior of CHAPAPS (I)

- In our sample, almost all adolescent CHAPAPs have talked to a peer about the parental alcohol problems.
- One in three cases is concerned by parental violent behavior.
- As trustful peers most often:
  - friends from school
  - sisters
  - Other persons, e.g. parents of friends have been mentioned in our sample.
Active Coping and Help Seeking Behavior of CHAPAPS (II)

Especially helpful have been:

- Understanding of the situation by similar experiences reported by siblings and many friends from school
  
  „It was especially good that others (surprisingly) have similar experiences“.

- Basically, relieving function of talking and listening

- Explaining the basic problem in the family, and gaining (by that) more knowledge and insight concerning alcohol dependence as a disease
  
  „At that moment, I realized that we (siblings) were not guilty“.
Part IV: Intervention needs of children living in families with alcohol problems

Parenting ... sometimes children educate their parents instead of the other way around
Structural aspects of the help system

Point of departure (current reality):

ChAPAPs

...do not get reliably and regularly help and support
...are often overlooked, not recognized
...are an unpopular target group because of their behavior and above all their parent’s behavior
Early intervention means:

to reduce the risks and costs of unfavorable developmental processes.

Early intervention necessarily presupposes early detection:

early detection comprises in any case diagnostics. Methods of early detection are for example risk screenings (of persons, in settings) and support from neighbourhoods concerning child protection for endangered children.
Prevention und Intervention

Should happen:

- early
- continuously
- evidence based (= effectively)
- comprehensively
- professionally
- oriented towards everyday life reality
- not stigmatizing
Consequences and improvements

In order to help children affected by parental alcohol problems the following measures are recommended:

(1) Early intervention (start early)
(2) Selective prevention (realize the risk adequately)
(3) Case management (work comprehensively and continuously)
(4) Family counselling and therapy (see the whole family system)
(5) Motivational Interviewing (addicted parents want to be good parents, too)
(6) Resilience orientation (promote and increase resiliencies)
www.kidkit.de

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