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Child Outcomes of Having a Parent with an AUD

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Abstract

Alcohol Use Disorder (AUD) affects not only the diagnosed individuals, but also those around them. This review explores how an AUD can affect parenting styles and, in turn, children's development in four main areas of development (physical health, academic abilities, social development, and mental health). Generally, parents with an AUD negatively impact the child's development (weight issues, poor academic skills, and aggressiveness). Existing limitations of the literature and future research directions are discussed, such as the use of cross-sectional studies and need for more clinical and longitudinal studies. Also, research on this topic extensively covers the situations of children within their nuclear families, but less is known about alternate family structures. Lastly, real-world implications of the findings are discussed.

Keywords: Children of alcoholics; alcohol use disorder

Child Outcomes of Having a Parent with AUD

Alcohol Use Disorder (AUD) can easily be defined as a disease where an individual cannot “stop or control alcohol use despite adverse social, occupational, or health consequences” (“Alcohol Facts and Statistics”) and has become one of the most prevalent mental disorders. When looking at the definition, one might not expect many individuals to match the criteria; however, AUD affects over 15.1 million adults in the United States (Grant et al., 2015; “Alcohol Facts and Statistics”). According to Grant et al. (2015), of those who have AUD, 29.1% of these individuals will have this disorder for their whole life, known as life-long AUD. On the other hand, around 13.9% of individuals with AUD only show a twelve-month prevalence. Although AUD has been increasing in numbers and severity in recent years, a small portion of people seek help for their disorder. Specifically, only 7.7% of individuals with twelve-month-long AUD seek treatment, and only 19.8% of individuals with long-life AUD seek treatment (Cunningham, Sobell, Sobell, Agrawal, & Toneatto, 1993; Grant et al., 2015). In the past, the major reason people failed to seek treatment was insurance reasons, causing many people to attend 12-step programs as their treatment. Currently, most individuals with AUD fail to seek treatment because of the fear of stigmatization, or beliefs (a) that treatment is ineffective, (b) of embarrassment/pride, (c) that they have a problem, and/or (d) that they want to handle their problem(s) on their own (Cunningham et al., 1993; Grant et al., 2015). Without getting the proper treatment for AUD, individuals’ disorders can increase in severity and cause more alcohol-related problems for themselves and those around them. For instance, when an individual’s AUD becomes severe, it can interfere with daily obligations, interpersonal relationships, and physical health (American Psychiatric Association, 2013). Common problems that arise for those with AUD include: marital problems, health problems (high blood pressure, digestive issues, and heart disease),

unemployment, memory and learning problems, increases in risky behaviors (violence, sexually), mental health problems, and family problems. When individuals fail to seek treatment, there is more of a burden on the individuals around them (e.g., friends and family) than if the individual sought treatment (Cunningham et al., 1993). It is shocking to see how many parents with AUD continue to avoid treatment for their AUD when first becoming parents. Specifically, around 7.5 million children (10%) under the age of 18 live with one or more alcoholic parent (“Alcohol Facts and Statistics;” “More Than 7 Million”). When a parent has an AUD, it can negatively influence their parenting style, resulting in developmental issues for their child(ren). In the long term, these children have increased risks of mental illnesses, cognitive and verbal problems, and neglect or abuse (“More Than 7 Million”).

Parental influence during childhood is very important for child development, but, if the parent has an AUD, it can cause negative effects on the child’s development. According to Richter (2004), one of the most influential factors on a child’s development is the behaviors of the caregiver(s). Specifically, “caregiving behaviours are mediators between social, health and caregiver attributes and the child’s survival, growth, and development” (Richter, 2004, p. 7). Caregiving behaviors, such as feeding, psychosocial and cognitive stimulation, hygiene behaviors, and food preparation and storage, can influence the health care and healthy environment in which the child lives. In turn, the child’s overall development, whether it be cognitive, emotional, social or physical, is influenced by such caregiving behaviors. For instance, if a caregiver’s behaviors are warm, the child will develop optimally with respect to self-regulation, cognitive development, language acquisition, and socioemotional adjustment (Richter, 2004). Having a warm caregiver-child relationship can also help with the child’s “intellectual functioning, adjustment, social competence, self-esteem, and social relationships”

(Richter, 2004, p. 37). On the other hand, if a child has a relationship with their caregiver with low levels of warmth, it could cause problems in their development. Past research has shown evidence that parents with an AUD tend to have low levels of warmth, such as aggression, isolation, lack of communication, neglect, and violence. These developmental problems generally include behavioral problems for children, such as disruptiveness, aggression and delinquency, and mental problems including anxiety and depression (Grant et al., 2015; Richter, 2004). It is important that we address the effects of alcoholic parents on children's development to understand better how alcoholism has ripple effects throughout the family unit.

The aim of this review is to analyze the literature's findings on the relation between alcoholic parents and their children's outcomes. In this review we first examine the symptoms associated with individuals' diagnosis of an Alcoholic Use Disorder (AUD) according to the DSM-5. After defining the symptoms of an AUD, the characteristics of an addict are explained, as well as how these characteristics typically affect an individual's family. We then explore how having an AUD can affect an individual's parenting style, and, in turn, a child's development. Specifically, we focus on three main areas of child development: physical health, academic abilities, and psychosocial development. Thereafter, we note the limitations of the existing literature and articulate clear directions for further research. Lastly, we discuss the real-world implications of these findings.

Literature Review

Alcohol Use Disorder

DSM-5 criteria. The criteria for diagnosis of an AUD consist of having at least two of the eleven listed symptoms over the past year. Generally, the criteria focus on alcohol abuse, alcohol dependence, effects on normal functioning/lifestyle/relationships, tolerance, and

withdrawal (American Psychiatric Association, 2013). Specifically, the criteria consist of: drinking more than intended, wanting to stop drinking but being unable to stop, spending a lot of time drinking or getting over the after effects of drinking, wanting to drink so badly you couldn't think of anything else, drinking that interferes with family functioning or interferes with roles, continuing to drink despite it causing problems with family or friends, giving up on activities because they lose importance, getting into a situation while or after drinking that increases your risk of getting hurt, continuing to drink despite mental problems, creating a tolerance to alcohol, and getting physical withdrawal effects (American Psychiatric Association, 2013). With so many criteria listed, we thought it would be hard to be diagnosed with an AUD; however, an individual only needs to match two of the criteria to be diagnosed with a mild AUD. Particularly, the severity of an AUD is as follows: the presence of two to three symptoms is mild, the presence of four to five symptoms is moderate, and the presence of six or more symptoms is severe (American Psychiatric Association, 2013). While most individuals with a 12-month AUD are diagnosed at a mild level, individuals with life-long AUD are diagnosed primarily at a severe level; a diagnosis at the mild level is the second highest behind severe (Grant et al., 2015). Thus, it is very common for individuals to be considered to have an AUD whether it is a 12-month prevalence or a life-long prevalence. Given the prevalence of having an AUD, we next explore how this disorder affects individuals' daily life/activities.

Addicted thinking and behaviors. Individuals who have an AUD exhibit common behaviors that are caused by their disorder. For instance, when individuals are addicted to drinking alcohol, they become powerless over themselves; they fail to control their addictive behavior (Goodman, 1990; Nakken, 2009). With this, individuals with AUD are seen as unmanageable, meaning that they continue to drink despite the negative consequences

(Goodman, 1990). In addition to behavioral problems, addicts typically experience cognitive issues. These cognitive issues are known as addictive thinking, which is defined as “a person’s inability to make consistently healthy decisions in his or her own behalf” (Twerski, 1997, p. 37). This thinking is grounded by distorted thinking, where an individual's thoughts seem completely reasonable to the individual, but to others the thoughts seem illogical (Twerski, 1997). Since addicts have distorted thinking, it leads to individuals having symptoms like schizophrenia, such as delusions, hallucinations, inappropriate moods, and abnormal behaviors.

Distorted thinking is so powerful that individuals become a victim of it, in the sense that they become self-deceptive. For instance, denial is a type of distorted thinking where the addicts themselves might admit to being addicts, but do not believe what they are saying (Nakken, 2009; Twerski, 1997). Along with self-deception, individuals with AUD typically develop low self-esteem, distorted self-image, hypersensitivity, guilt and shame, anger, and manipulation of others (Twerski, 1997), the latter of which increases in frequency and severity when individuals become addicts because of the chemical addiction that alcohol can have (Twerski, 1997). Specifically, when individuals start to drink regularly, they begin to lie, cover up, and manipulate others to explain their drinking behaviors. Manipulating and lying to others is part of addicted thinking and is a shortcut for addicts’ minds so they will not need to discuss the truth (Nakken, 2009; Twerski, 2004). We observed in these studies that, when individuals start to lie to family members and friends, a strain on individuals’ personal relationships, including their family, often occurs. Therefore, it is important to understand not only how having an AUD shapes individuals’ own beliefs and behaviors but how it affects their close relationships.

AUD Effects on Family

Effects on family interactions. When individuals begin to develop addictive thinking and behaviors, they tend to interfere with interpersonal relationships with family and friends. Since individuals with AUD have distorted thinking, their interactions with family become difficult because of their impulsivity, anger, sensitivity, and distorted self-image. Specifically, when individuals exhibit these types of behaviors, it causes the family to have lower levels of cohesion and expressiveness, as well as increased conflict (Rotunda, Scherer, & Imm, 1995). Additionally, individuals with AUD tend to have more negative interactions with their family members, poor organizational skills, seem disengaged, and can even become competitive (Rotunda et al., 1995). With these poor interaction skills, individuals with an AUD have difficulty fulfilling their responsibilities in the family, whether individuals are parents, daughters, sons, sisters, or brothers (Day, 1961). For parents with an AUD, typical behaviors that occur include: lack of communication, lack of support, diminished parental control, and neglect. The inability to fulfill normal obligations and responsibilities can cause anxiety within the relationship to increase, especially for individuals with the AUD (Day, 1961). To manage their anxiety, individuals tend to develop bad defense mechanisms resulting from their distorted thinking, such as drinking more and being in denial (Day, 1961; Rotunda et al., 1995). Having a parent who is in denial and is failing to seek treatment can negatively affect the family dynamic with respect to interaction patterns, meeting family responsibilities, and communication patterns. Given the behavioral correlates of individuals with AUD, we believe it is important to understand how such individuals shape their family environments, which we consider next.

Wet versus dry families. Looking at previous research, families with alcoholics are categorized into *wet* and *dry* families. *Wet* families are families wherein the individuals with an AUD are going through frequent intoxication, and, in contrast, *dry* families are families wherein

the individuals with an AUD are going through sobriety and recovery (Rotunda et al., 1995). Family dynamics are categorically worse when the families are *wet* families because the individuals with the AUD tend to be in denial of their addiction and, consequently, isolate themselves from their families (Rotunda et al., 1995). When individuals deny their disorder, other family members become disengaged and more independent from one another (Rotunda et al., 1995; Steinglass, 1985). These families become “more rigidly patterned and inflexible in their interactive behavior,” and become low in coordination (Rotunda et al., 1995, p. 96; Steinglass, 1985). Not only can these characteristics of the parent establish a poor relationship with their child, but it can adversely affect the child’s development. For instance, parents with AUDs become disengaged, resulting in less supervision, which gives children more freedom in their behaviors (Steinglass, 1985). Given more freedom and less supervision, children’s emotional and cognitive development are not supported as optimally, which can result in children’s display of erratic behaviors, poor social skills, and mental health problems (e.g., higher risk of anxiety, depression, and substance use disorders; Bush et al., 1995; Chassin et al. 1999; Serec et al., 2012; Sher, 1997). On the other hand, *dry* families are typically more functional and are better at communicating due to being more interdependent than *wet* families (Rotunda et al., 1995). These families establish a higher family cohesion and higher coordination, resulting in an emphasis on “togetherness, solidarity, and uniformity” (Steinglass, 1985, p. 166). Thus, parents who do seek treatment have the chance to develop a good relationship with their child. Being able to communicate effectively, provide supervision, and provide positive emotional expression can help to guide the child to develop good social skills and become emotionally and mentally stable. With such a difference in *wet* versus *dry* families, a *dry* family is better for the family dynamic. While we note the value in understanding factors that

result in families being *dry*, as mentioned before, most individuals with AUD do not seek treatment. Thus, most families with an individual with an AUD are *wet* families. Consequently, we focus on how individuals with AUD (i.e., *wet*) affect children's development.

Parenting styles. Parenting styles play a key role in child development, such as the development of self-regulation skills. Parents who do not have an AUD are typically more sensitive and warmer toward their children, which is optimal for the development of self-regulation skills (Eiden, Edwards & Leonard, 2007; Eisenberg et al., 2005). For instance, when parents are warm and expressive towards their children, the children will have low externalizing problems in childhood and adolescence (Eisenberg et al., 2005). Additionally, positive parenting methods, such as “sensitivity, support for exploration, and positivity,” lead to better behavioral and emotional regulation (Feinberg, Kan & Goslin, 2009, p.8). Good regulation skills that have been seen to be effective include: self-soothing, controlling attention, controlling emotions, and managing their own emotions, as well as the emotions of others (Eiden et al., 2007; Feinberg et al., 2009).

On the other hand, individuals with an AUD are disengaged from the family, causing their parenting style to be characterized by low parental warmth and sensitivity (Eiden et al., 2007; Rotunda et al., 1995). Thus, the children of these parents develop poor self-regulation skills, such as low effortful control, guilt, shame, and internalization of distress (Eiden et al., 2007). Furthermore, the parenting styles of alcoholics increase the risk of their children going through adverse experiences of “abuse, neglect, and household dysfunction” (Dube et al., 2001, p. 1636). Specifically, children of alcoholics are more likely to experience emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, having a mother who was battered, having a household member with a mental illness, parental separation or divorce, and

having an incarcerated household member than other children (Dube et al., 2001). These adverse childhood experiences can cause problems in children's physical health, academic abilities, and psychosocial development (Dube et al., 2001), which we will explore next.

AUD Effects on Child Development

The behaviors of parents with an AUD and the stressful family situations caused by the parents' condition can negatively affect children in the areas of health, academics, and psychosocial development from ages 6 to 17 years (Dube et al., 2001).

Physical health. In early childhood, children of parents with an AUD are more likely to be either over- or underweight due to the lack of supervision and possible neglect from the parent (Serec et al., 2012). In addition, these children are often ill with colds and coughs on more occasions than children with parents who do not have an AUD and are also predisposed to conditions such as allergies and anemia (Serec et al., 2012).

Serec et al. (2012) further delineated the effects of having a parent with an AUD on adolescent children, ages 12-18. Such children also have been found to be less healthy in terms of their diet, physical exercise, and substance abuse than children of parents without an AUD. They noted that the diets of children of parents with an AUD tend to be comprised of less fruits and vegetables and more candies, fast food, and soft drinks than children of parents without an AUD. In fact, they specified that children of parents with an AUD are three times more likely to report frequent fast food consumption in comparison to children of parents who do not have an AUD. Serec et al. (2012) also found that children of parents with an AUD are less physically active and report a more sedentary lifestyle due to the increased use of video games, especially for boys. Finally, they found that when children of parents with an AUD get into their teen years, they admitted to higher substance use, especially of cigarettes and marijuana. We find this

outcome to be unsurprising given the modeling of substance use by the parents with an AUD for their children. Overall, parents with AUD are less sensitive to their children's health and often do not provide their children with healthy options for food nor encourage exercise compared to parents without an AUD. Therefore, regardless of the age of the child, children tend to be adversely affected concerning their physical health by having parents with an AUD.

Academic abilities. Extensive research has been completed on the environmental factors that influence children's academic performance. It has been found that the overall lack of parental supervision that children of parents with an AUD experience negatively affects their academic performance (Johnson & Leff, 1999; McGrath, Watson, & Chassin, 1999). More specifically, children of parents with an AUD often are tardy or absent, poorly dressed, and underfed. In addition, Johnson and Jeff (1999) also found that children of parents with an AUD, in line with the overall lack of parental supervision, often do not receive adequate support from parents with schoolwork. This inadequate support in necessities and academics on the part of the parents commonly leads to poor academic performance by children of parents with an AUD. Additionally, McGrath et al. (1999) found that children of alcoholics had lower test scores, specifically on mathematical tests. Therefore, we note that these children are unable to experience the fullness and breadth of their educational opportunities because of their parents' AUD.

Furthermore, while results of past literature have varied, it has been found overall that children of parents with an AUD demonstrate cognitive deficits, possibly due to cerebral dysfunction (Johnson & Leff, 1999). These deficits lead to poor academic performance. Even in children of parents with an AUD who do not demonstrate severe cognitive deficits, studies have shown that the mere perception of poor cognitive function can negatively impact children's

motivation to perform well (Johnson & Leff, 1999). Other studies have also completed specific assessments for vocabulary, learning and memory, non-verbal problem solving, and perceptual-motor ability (McGrath et al. 1999; Sher, Walitzer, Wood, & Brent, 1991). On all these assessments, girls of parents with an AUD performed significantly worse than children of parents who do not have an AUD (Sher et al., 1991). In sum, we observed that due to the parents' poor supervision and support, these children report a range of poor academic and school adjustment outcomes. Therefore, we wonder whether their more constrained opportunities in their school environments are resulting in these worse academic outcomes.

Psychosocial development. Having a parent with an AUD has been associated with adverse psychosocial development. According to Serec et al. (2012), children of parents with an AUD report frequent non-social behaviors, including the use of electronics and more time spent watching television, using the internet, and listening to music. They also note that these non-social behaviors isolate the children and reduce the amount of support that they can receive. Thus, it is evident that these children lack social support due to their non-social behaviors (Berkowitz & Perkins, 1988). These non-social behaviors can develop due to the lack of supervision and lack of relationship a parent with an AUD has with their child.

Children's personalities are also negatively affected by their parents' substance abuse. First, children of parents with an AUD, especially boys, demonstrate characteristics of behavioral under-control such as impulsivity and aggressiveness (Berkowitz & Perkins, 1988; Sher et al., 1991). Children of parents with an AUD are also more likely to experience negative affectivity, including feelings of anxiety, fear, and frustration. Negative affectivity is more common in girls than in boys (Berkowitz & Perkins, 1988; Sher et al., 1991). These personality characteristics can also be influenced by the lack of relationship the child has with the parent and

learned through observation of the parent, as those with AUD often become aggressive, impulsive, and can develop mental health problems.

Children of parents with an AUD also exhibit negative self-perceptions (Johnson & Leff, 1999). Often, when a parent has an AUD, the family dynamic lacks structure and discipline. Since these parents often fail to fulfill basic parental obligations, the children are expected to fulfill the roles the parents are incapable of doing. However, as young children are unable to meet parents' expectations, children internalize a self-perception based in being incompetent or, even, failures (Berkowitz & Perkins, 1988; Johnson & Leff, 1999). Likewise, these children become more critical of themselves because of the negative evaluations of themselves (Berkowitz & Perkins, 1988). Thus, these children develop a lower self-esteem than others (Bush, Ballard & Fremouw 1995; Berkowitz & Perkins, 1988; Post & Robinson, 1998). Therefore, we find that children of parents with an AUD report adverse social, personality, and psychological outcomes.

Children of parents with an AUD have an increased risk of emotional problems and mental disorders (Bush et al., 1995; Chassin et al. 1999; Serec et al., 2012; Sher, 1997). Studies have shown that children of parents with an AUD are likely to have depression and anxiety, and many of them have experienced suicidal tendencies. In fact, Serec et al. (2012) found that many children of parents with an AUD have received treatment for mental disorders.

Finally, the negative impact that parents' substance abuse has on children's cognitive functioning extends to harm their sociocognitive development. Children of parents with an AUD often are unaware of the impact of their behavior on others (Johnson & Leff, 1999). These children also lack empathy and interpersonal adaptability, meaning that they are unable to recognize, initially, the emotions or opinions of another, and then they cannot alter their own

emotions or opinions based on this information (Johnson & Leff, 1999; Sher, 1997). Like the social deficits exhibited by children of parents with an AUD, these sociocognitive deficits can be isolating and limit the amount of support received (Serec et al., 2012). We observed that children of AUD parents experience less than optimal psychosocial outcomes as reflected by adverse nonsocial behaviors, negative self-perceptions, emotional problems, mental disorders, and sociocognitive deficits.

Discussion

Our literature review shows how a parent with an AUD can negatively affect their child's development. Specifically, behavioral effects of having an AUD can influence the parent's parenting style, which in turn results in less optimal child physical, academic, and psychosocial development.

Limitations of Current Research and Future Research

Current research is comprised of many cross-sectional studies and questionnaires. These research methods limit available research. Cross-sectional studies do not allow causal claims to be made. Also, long-term effects of having a parent with an AUD and the characteristics of development at different ages cannot be properly observed in a cross-sectional design (Johnson & Leff, 1999). Therefore, we believe that future research should incorporate longitudinal studies and/or sequential designs to determine within-person changes across childhood and into adulthood. In other words, scholars should explore whether these adverse outcomes for children of AUD parents are short-lived or, rather, do they have long-term effects into adulthood.

The use of questionnaires also limits current research because data may not be completely representative of the real effects of being a child of an alcoholic (Dube et al., 2001).

For example, hyperactivity is a common trait of children of parents with an AUD. This trait may not allow for children to focus on a monotonous activity, such as a questionnaire, and results may be skewed due to rushed responses or lack of responses (Serec et al., 2012). The negative impact of questionnaires could be overcome if clinical interviews or ethnographies were utilized instead of or in addition to questionnaires. Alternately, we encourage researchers to utilize mixed-methods designs to track adjustment levels, while simultaneously capturing more authentically the descriptions of the effects of having a parent with an AUD on these children.

Additionally, in our review of the literature for children of alcoholics, it appears to be a topic where there is a lack of research. Many studies have been used to look at how many children there are of alcoholics, basic developmental problems and the child's likelihood of having an AUD or other mental disorder; however, we found few studies examining specific effects the parent has on the child's development ("More Than 7 Million"; "Alcohol Facts and Statistics;" Johnson & Leff, 1999; Serec et al., 2012). Additionally, there is a lack of research on the direct effects of parenting styles on a child's development (Dube et al., 2001; Eiden et al., 2007; Rotunda et al., 1995); therefore, additional work on the indirect effects of parenting styles on a child's development for those with an AUD parent is needed. In the future, scholars need not only to document correlates of having a parent with an AUD, but also the psychological mechanisms by which that family context is later associated with such adjustment outcomes. For instance, does having a parent with an AUD affect children's (a) self-efficacy in a variety of domains of their life, (b) motivations and expectations that could result in a self-fulfilling prophecy, (c) relationships with all members of their family, which in turn may adversely affect child outcomes?

The current research takes an extensive look into the children of alcoholics but does not consider possible health conditions of the child. Specifically, the research discussed does not consider if the child has fetal alcohol syndrome (FAS). Researchers do not explicitly say that the sample they used did not have FAS, yet none explicitly say their sample does include individuals with FAS. If a child in the sample does have FAS, it could impact the results. For instance, FAS can result in intellectual disability, difficulties with memory, sustained attention deficits, poor focused attention, and problems with interpersonal skills and verbal skills, which all can influence the children's development (Jacobson & Jacobson, 2002). If these studies did have participants with FAS, we could be erroneously concluding that children have developmental problems because of their parents' AUD when the true etiology may be FAS.

Furthermore, the current research has either consistently examined children from the ages of 6-17 or has not revealed the ages of the children that were sampled. In other words, there has been little research discussing a specific-age population of children, such as early and middle childhood. To understand the effects of alcoholic parents on children better, it is important to see how these parents affect their children during each stage of child development (i.e., infancy, early childhood, middle childhood, early adolescence, middle adolescence, and late adolescence). Similarly, most of the research in this topic samples primarily Caucasian parents and children (Dube et al., 2001; Eiden et al., 2007; Eisenberg et al., 2005). To understand the differences in child development better, future research should consider focusing on other racial groups (e.g., African American, Asian, and Hispanic). Likewise, socioeconomic status may be an important factor to investigate because research has shown it to affect the resources that parents have, the schools that children are likely to attend, and the children's neighborhood environment, all of which can affect children's development (e.g., Weininger, Lareau, & Conley, 2015). Other

factors that could be examined in future research include: one parent versus two parents, sexuality of parents, parents' marital status, and number of siblings. Moreover, we encourage future research to adopt an intersectional approach (Santos & Twomey, 2018) to the study of how multiple social identities (e.g., ethnic identity, immigration status, gender identity, religious identity) shape the experiences of the parents with an AUD, and, in turn, the experiences of their children. Lastly, greater research attention is needed to design interventions to support both children whose parents have an AUD and their parents, and to strengthen the relationships between these children and parents. Such interventions will be discussed in detail in the next section.

Real-World Implications

Research regarding the development of children of parents with an AUD is relevant in the real world due to the high prevalence of children living with parents with an AUD. When individuals develop an AUD, it not only affects those individuals, but also the community around them. For instance, their addictive behaviors can negatively affect their relationships with their children, spouses, other extended family, and friends. Since childhood and adolescence are a critical time for individuals to develop physically, academically, cognitively, and psychosocially, it is important to recognize deficits that occur during their development. One of the most influential factors that affect childhood and adolescent development is the behaviors of caregivers, such as those behaviors related to feeding, psychosocial and cognitive stimulation, hygiene behaviors, and food preparation and storage (Richter, 2004). We found that children's physical development is poor due to their parents feeding them fast food, causing them to become overweight and more likely to get sick. There is also a lack of support in academic work which shows direct developmental outcomes related to children's education. Specifically, past

research has shown a range of poor academic outcomes, but it is unclear if the outcomes are directly related to the parents' AUD. Likewise, children of alcoholics often develop mental and emotional problems because of the neglect and lack of support and parental supervision. Lastly, we found that children with lower social skill development tend to engage in non-social behaviors such as excessively watching television and listening to music. Overall, the research shows that these children often have a lack of social support from their parents, families, friends, and teachers.

Due to our findings, it is important to increase the awareness and knowledge of parents, teachers, school counselors and health care professionals regarding the developmental risks of children of alcoholics. It has been found that “the childhood and teenage years are important in creating lifestyle in later life, which makes children and adolescents the most important population group to target for health promotion and protection” (Serec et al., 2012, p. 868). These parents and professionals need to become more aware of developmental risks to these children, and in turn professionals can assist parents in providing children with the help that they need to succeed physically, cognitively, academically, psychologically, and socially. Therefore, this research can be instrumental in developing more effective health care interventions that can assess the needs for this population. For instance, as noted in past research, physicians and school counselors should begin to address and treat the risk factors of having a parent with an AUD. Specifically, health care professionals and school counselors should be educated, aware of the effects, and help the parents and children get the interventions and help they need. Interventions for children of parents with an AUD often include group interventions that help children improve coping skills, receive social and emotional support, enhance self-esteem, control aggressive behaviors, and work on problem solving (Dies & Burghardt, 1991; Emshoff,

1989; Emshoff & Price, 1999; Roosa, Gensheimer, Short, Ayers, & Shell, 1989). These interventions yielded positive results and urged the continuation of such interventions to address the children's needs effectively and could possibly act as a prevention before developmental problems arise for the child (Roosa et. al., 1989). Our research supports the need for these interventions and suggests that these interventions should focus on enhancing emotional regulation and social skills. This is because these developmental problems are most prevalent in these children and prevention strategies should be implemented earlier, rather than later, in the children's development.

In addition to interventions for children, our findings can help create interventions for the parents. First and foremost, it is important that school counselors and physicians have resources to help parents get treatment for their AUD. If parents are able to get help (*dry family*), it can help improve their overall family dynamic and in turn improve their relationship with their children. Similarly, being able to identify the poor parenting styles that are negatively affecting children's development can be used in treatments for the parents. For instance, pinpointing specific behaviors that lead to poor parenting can be targeted in treatment.

Another important intervention that should be looked at in the future, is early interventions for both children and their parents. Specifically, if school counselors and physicians are able to recognize addictive behaviors and developmental deficits, they can provide an early intervention. Providing families with early interventions can help lessen the effects of negative parenting and prevent the negative effects to escalate. Thus, it can be critical not to focus solely on interventions for the child, but also to focus on getting the parents help because both can improve developmental deficits of the children.

Conclusion

An Alcohol Use Disorder (AUD) is a disorder that affects not only the diagnosed individuals but also those around them. Having an AUD can lead to stress and conflict within families. Having an AUD can also negatively impact parenting styles. This influence of AUD on families and parenting styles can presumably have adverse effects on children's development both in the short and long term. Children who have parents with an AUD are likely to experience adverse effects in their physical and mental health, academic abilities, and psychosocial development. Current research is limited by the common use of cross-sectional studies and questionnaires. Also, research on this topic extensively covers the situations of children within their nuclear families, but less is known about alternate family structures. We recommend that scholars utilize more longitudinal designs and clinical interviews to understand the complexity and long-term effects of having a parent with an AUD. Furthermore, an intersectional approach to understanding parents with an AUD and their children would prove beneficial. Lastly, scholars should continue to implement and assess the effectiveness of interventions designed to prevent developmental issues from arising in children or to help offset issues that have already arisen.

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