Promoting the Welfare of Children of Problem Drinkers

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The Forgotten Children

- Margaret Cork (1969), *The Forgotten Children: A study of children with alcoholic parents* (Toronto: The Addiction Research Foundation)

- This is a frequently cited, seminal report – usually seen as the first research report to suggest that
  - health and social services are consistently remiss insofar as they fail to identify and provide a coherent response to the needs of children of problem drinkers

Variations on a Theme

- Ann Hope (2011), *Hidden Realities: Children's exposure to risks from parental drinking in Ireland* (Letterkenny: North-West Alcohol Forum)

- HSE/Tusla (2019), *Hidden Harm Practice Guide: Seeing through hidden harm to brighter futures*

- Alcohol Action Ireland (2019), *Silent Voices: Living with Parental Alcohol Misuse – an initiative of Alcohol Action Ireland*

- *Untold Damage: children's accounts of living with harmful parental drinking* (Scottish Health Action on Alcohol Problems, 2009)

Ireland: a drinking society

- Historically, by virtue of the influence of Roman Catholicism, Ireland did not have a 'temperance culture' - that is a culture in which alcohol was seen as inherently bad or problematic

- Major changes in Irish drinking habits began in the 1960s:
  - The Catholic Pioneer Total Abstinence Association went into decline
  - Irish women began to drink, bars turned into 'lounges' and drinks companies started to make and market products aimed at women drinkers
  - Since the millennium home drinking has become more common

Levels of Consumption

- In 1960 annual per capita consumption (for people over the age of 15) was 4.9 litres of pure alcohol

- By 2001 annual consumption had trebled to 14.3 litres

- Consumption dropped during the recession but has been creeping up – in 2016 it was 11.46 litres

- It also is significant that about 20% of Irish adults are total abstainers

Policy Developments

- From the 1990s onwards, Irish researchers recorded increases in a range of social and health problems linked to alcohol consumption

- Public mental health services for adults largely disengaged from involvement with problem drinkers, and within HSE a new addiction service was created as part of its Social Inclusion programme

- The Public Health (Alcohol) Act, 2018, represented an attempt by public health lobbyists to reduce consumption by making alcohol:
  - less affordable
  - less available
  - less attractive

Exposure of Irish Children to Risks Associated with Parental Drinking

- Establishing the prevalence of children's problems attributable to parental drinking is a complex process, involving:
    - primary epidemiological research with community samples of adults and/or children
    - secondary analysis of data on various aspects of child welfare and protection – e.g. Tusla statistics, data from Child Care Law Reporting Project
    - *Hidden Realities* (Hope, 2011) reported from the North-West that 56% of adults living with children surveyed for this project described 'hazardous' drinking; and one third of child abuse referrals in this area involved parental drinking problems
    - ISPCC National Children's Consultation (2010) that one in eleven children in Ireland are negatively affected by parental drinking

The Main Questions

- How different, or unique, are alcohol-related difficulties experienced by children – relative to other familial problems affecting children?

- How are alcohol-related problems conceptualized – in formal diagnostic terms and in popular cultural terms?

- What role can child and family workers (who are not addiction specialists) play in engaging with parental drinking problems?

- How well, or how badly, do child and family services work in partnership with addiction services in responding to the problems experienced by children of problem drinkers?

Disease Concept of Alcoholism

Normal/social drinkers

Alcoholics

Disease Concept

- Alcoholism is a discrete disease, and alcoholics are categorically different from other drinkers

- Alcoholism is caused by individual vulnerabilities (biological or psychological) of a minority of consumers rather than by alcohol per se

- Alcoholism has a fixed prevalence which is unaffected by changes in population drinking habits

- Alcoholism is best treated within specialist health facilities – with residential rehabilitation often seen as the ideal start to recovery

International Promotion of Disease Concept

- Promoted by World Health Organisation as a 'new scientific' approach to drinking problems from early 1950s till mid 1970s

- Popular with drinkers who liked its suggestion that most of us can drink with impunity – because we don't have the deficits that alcoholics have

- Popular with drinks industry

- Popular with specialist alcoholism treatment professionals because it provided a rationale for increased funding of treatment facilities

Abandonment of Disease Concept by Health Authorities

- From the late 1960s, empirical research disproved every major tenet of the disease concept

- It became apparent that this concept had no scientific basis and was merely a social construct – explicable in terms of its origins in post-Prohibition USA

- The WHO gradually moved to an alternative public health model of alcohol-related problems

- In Ireland, where the disease concept had been officially endorsed as part of mental health policy in 1966, it was dropped in very strong, critical terms by *The Psychiatric Services: Planning for the Future* in 1984

A Spectrum of Problems

Harm free   Hazardous   Harmful   Dependent

Alcohol Use Disorders

- This approach (e.g. in the WHO's AUDIT – Alcohol Use Disorders Inventory Test) sees alcohol-related problems as being dimensional rather than categorical

- Problems are conceptualized as being on a spectrum or continuum in terms of their severity

- Problems are 'disaggregated' - alcohol does not cause or contribute substantially to just one disease state but is involved in a host of health and social problems: e.g. physical and mental illnesses, family discord and children's problems, industrial absenteeism, public order offences, road traffic and other accidents

- Many serious problems occur at the hazardous or harmful parts of the spectrum and don't necessarily involve dependence

The Public Health View of Alcohol

- In the words of the World Health Organisation, alcohol is 'no ordinary commodity'

- It is a drug which is: toxic, addictive and an intoxicant

- It creates risk of health and social problems for all its consumers

- For individuals risk is related to consumption levels and patterns

- For whole populations consumption levels are a good predictor of prevalence of problems

Preventing Alcohol Use Disorders

- The new public health approach argued strongly (and with convincing research evidence) that the most effective preventive measures were those aimed at reducing levels of consumption within drinking populations by use of control measures – price controls, restrictions on availability at retail level and regulation of advertising and promotion

- Softer preventive measures, such as school-based or community level educational campaigns, were consistently shown to be ineffective

Managing Alcohol Use Disorders

- The public health approach draws on outcome research to challenge the idea that specialist (and particularly residential) interventions deliver better outcomes

- It encourages generalists (in health and social care) to develop greater 'therapeutic commitment' to working with drinking problems

- It encourages such generic workers to train and implement 'brief intervention' strategies aimed at helping problem drinkers to initiate and maintain change

However!!

- This new 'public health' conceptualization of drinking problems, despite its strong evidence base, is not always popular or even well understood by human service professionals

- The alcoholism idea survives in popular cultural terms and in the commonly held belief that specialist residential treatment is best

- In relation to children's experiences, the idea of *adult children of alcoholics* (ACOAs) has contributed to the survival of the special category or labelling of alcohol problems

- Some American-based services have also promoted the idea of the 'alcoholic family'

Shaw et al. 1978

- An English empirical research project explained the reluctance of generic health and social service professionals to become therapeutically engaged with drinking problems by using a sociological framework based on role theory:
    - Role legitimacy
    - Role adequacy
    - Role support

Role Legitimacy

- This refers to the tendency of non-specialist human service professionals (e.g. social workers, family support workers and other community care personnel) to say – 'This is not a legitimate or appropriate job for us; it's job for the specialists – the addiction counsellors, the rehabilitation specialists, the psychiatrists ….'

Role Adequacy

- This refers to the fears of generalist workers that they lack the necessary knowledge, skills and overall competence to deal directly and effectively with alcohol-related problems: 'We're not up to this kind of specialist work'

Role Support

- This refers to the practical management issues surrounding generalist involvement with drinking problems

- Even if persuaded that such problems are a legitimate part of their professional activities, and even if convinced about the needless mystique surrounding work with problem drinkers, generic workers will not undertake such work unless they are encouraged and supported by their own line management to do so

Assessing for Negative Impact of Parental Drinking on Children

- Any of the standardized assessment frameworks used by child and family services can be used in this context – no necessity for a special assessment tool

- Assessments should look for strengths or 'moderators' (those factors that soften the blow and build on resilience) as well as for risk factors, e.g.
  - if it's a two-parent family is there one parent who is not drinking problematically?
  - what extended family (grandparents, aunts, uncles etc.) or other friendship networks exist to support children?
  - what other extra-familial supports (schools, youth services, religious institutions, sporting and recreational systems etc.) are available as potential moderators of stresses caused by parental drinking?

Alcohol –Related Risk Factors

- Abuse of children does occur in families where there is problematic parental drinking – but it is usually verbal or psychological rather than extreme physical abuse – the Roscommon Case was exceptional!

- Financial problems – resulting in household budget difficulties – can occur where an excessive amount of family finance is being spent on alcohol

- Neglect – inadequate nutrition, poor parental supervision, difficulties with hygiene and clothing – is commonplace

- Quite young children may have to assume an inappropriately heavy parental role with younger siblings

- Inconsistent behavioural norms / boundaries create confusion and distress for children

Marital Disharmony

- A very strong and consistent finding that has emerged from the research literature makes it clear that:
  - Children are much more distressed by **conflict between their parents*** than by the level or frequency of heavy drinking or the severity of an alcohol dependence

  - *J. Orford and R. Velleman, *Risk and Resilience in Adults Who Were the Children of Problem Drinkers.* (Harwood Academic Publishers, 1999)

Preserving Family Rituals

- American research from the 1970s and 1980s* showed that families vary greatly in how they cope with parental drinking problems

- Where the entire fabric of family life is allowed to be overcome by or absorbed into the chaos of the problem drinker children are more badly distressed than in families which manage to preserve their family rituals

- * L. Bennett, S.J. Wolin & D. Reiss (1988), 'Deliberate family processes: A strategy for protecting the children of alcoholics', *British Journal of Addiction,* 83, 821-829.

Family Rituals

- **Daily rituals**: mealtimes, bath-times, bedtimes, nursery / school pick-ups, family playtimes

- **Annual rituals**: birthdays, holidays, Christmases

- **Lifetime rituals**: christenings, First Communions, Confirmations, weddings

Helping Families to Preserve Rituals

- If the non-drinking parent (in a two-parent family) can be helped to preserve these various rituals, this allows children to do relatively well emotionally despite the presence within a family of a problem drinker

- This, for instance, can be facilitated through participation in Alanon (the mutual help group for relatives) or through use of some specific counselling approaches such as the Five-Step Method

Addiction Specialists

- Specialist addiction services have traditionally been slow to engage with child welfare issues

- Some of this reluctance is attributable to a fear that focusing on children's problems might damage their therapeutic relationship with adult 'patients'

- Addiction specialists from a medical background also worry that cooperation or information sharing with child welfare services could violate the usual ethic of patient confidentiality

Hidden Harm Practice Guide (2019)

- The publication of this guide, as a joint venture between the HSE Addiction Service and Tusla, earlier this year is a welcome sign of better collaboration between these two service systems

- If it is used, it promises to end the situation where children of problem drinkers fall between two service system stools

In Summary

- Problem drinking by parents creates additional risks for children

- Children's problems related to parental problem drinking are not unique or radically different from the wide range of problems encountered by family support workers

Role Legitimacy

- Engaging with parental alcohol problems, given the prevalence of such problems, is obviously a legitimate function of family support and child welfare agencies and professionals

Role Adequacy

- Child and family workers (who are not addiction specialists) should not be put off by the mystique of specialist addiction work

- Generic knowledge and skills are all transferrable to working with alcohol-related issues

- Additional training and education on alcohol-related issues is now available – e.g. Motivational Interviewing, Community Reinforcement Approach, the 5-Step Method of working with relatives/family members

Role Support

- Unless family support and child welfare bodies agree at management level to support front-line workers in this area of children's problems, nothing will change

- In another fifty years, we might still be talking about 'forgotten children' and 'hidden harms'!