

WORKING WITH CHILDREN AND “ADULT CHILDREN” OF ALCOHOLICS

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SUBSTANCE ABUSE AND FAMILY SYSTEMS

- Alcoholic (or substance abusing) families are behavioral systems in which alcoholism and alcohol-related behaviors have become central organizing principles around which family life is structure. (*The whole is greater than the sum of the parts*).
- The introduction of alcoholism into family life has the potential to profoundly alter the balance that exists between growth and regulation within the family. This alteration most typically skews the family in the direction of an emphasis on short-term stability (regulation) at the expense of long-term growth. (*Homeostasis-morphostasis and transformation-morphogenesis*)
- The impact of alcoholism and alcohol-related behaviors on family systemic functioning is most clearly seen in the types of changes that occur in regulatory behaviors as the family gradually accommodates family life to the coexistent demands of alcoholism (*Equifinality*).
- The types of alterations that occur in regulatory behaviors can in turn be seen to profoundly influence the overall shape of family growth and developmental changes in the normative family life cycle that we have labeled "developmental distortions" (Steinglass et al., 1987, p.47-48) (*Circular causality*).

“Addiction as a Family Affair: The Addiction as an Organizing Principle”
University of Massachusetts, Boston
[http://ocw.umb.edu/counseling-and-school-psychology/
substance-abuse-and-the-family/New%20Folder/topic-3.pdf](http://ocw.umb.edu/counseling-and-school-psychology/substance-abuse-and-the-family/New%20Folder/topic-3.pdf)

ADDICTIVE FAMILY “HOUSE RULES”

- ***DON'T FEEL.*** Due to the constant pain of living with an adult substance user, a child must “quit feeling” in order to survive. In these families, when emotions are expressed, they are often abusive and are frequently prompted by drunkenness. These outbursts have no positive result and, along with the drinking, are usually denied the following day. Thus, children in substance abusing families have had few opportunities to see emotions expressed appropriately, or used to foster constructive change.
- ***DON'T TALK.*** Children of adult substance users learn in their families not to talk about a huge part of their reality – the drinking or substance use. This results from the family’s need to deny that a problem exists and that drinking is tied to that problem. That which is so evident must not be spoken aloud. There is often an unspoken hope that, if no one mentions the drinking, it won’t happen again. There is also no good time to talk. It is impossible to talk when a parent is drunk; but when that parent is sober, everyone wants to forget. From this early training, the children often develop a tendency to not talk about anything unpleasant.
- ***DON'T TRUST.*** In alcoholic families, promises are often forgotten, celebrations cancelled and adults’ moods unpredictable. As a result, children learn not to count on others and often have a hard time believing that others can care enough to follow through on their commitments.

“It Will Never Happen to Me: Growing Up with Addiction as Youngsters, Adolescents, Adults” (2nd edition, revised)
Black, C. (2001)
Bainbridge Island, WA: MAC Publishing

COMMON ADDICTIVE FAMILY DYNAMICS/ROLES

- In an addictive or depressed family system the disease becomes the organizing principle. The affected person becomes the central figure from which everyone else organizes their behaviors and reactions, usually in what is a slow insidious process. Typically family members do what they can to bring greater consistency, structure and safety into a family system that is becoming unpredictable, chaotic or frightening. To do this they often adopt certain roles or a mixture of roles.
- Original work regarding family roles was by Virginia Satir, then adapted by Claudia Black and Sharon Wegscheider-Cruse to fit the addictive family.
- **Common Roles:**
 - Addict (“The Dependent”)
 - Chief Enabler (“The Co-Dependent”)
 - Family Hero (“The Responsible One”)
 - Placater (“The People-Pleaser”)
 - Scapegoat (“The Acting-Out One”)
 - Lost Child (“The Adjuster”)
 - Mascot (“The Jester”)

“Families and Addiction: Interventions”

Black, C. (2010)

www.claudiablack.com

THE ADDICT OR “THE DEPENDENT”

- The person with the addiction is the **center** of the addictive family system.
- Addiction can cause the affected person to act in unpredictable ways. When there is an alcoholic/addict in a family system, the family typically adapts to the chemically dependent person by taking on roles that help reduce stress, deal with uncertainty and allow the family to function within the craziness and fear created by the alcoholic/addict.
- The problem with these roles is that, while they tend to reduce stress, they do not reduce anxiety. **Instead, they allow the alcoholic/addict to continue in his or her behavior.**
- Because these patterns are developed for survival, **family members may continue to act in these roles in other relationships into adulthood.**
- The addicted person’s behavior affects the family system when their compulsions/use impacts daily routines (home, work, school); when they deny the amount of/or frequency of use (hiding); when they ask others to make excuses for their actions (missing work, fighting, etc); when their use causes changes in mood (depression, anger), and/or when they exhibit symptoms of chronic low self-esteem.

“What are addictive behaviors?”

Engs, R. C. (1987)

Alcohol and Other Drugs: Self Responsibility

Tichenor Publishing Company: Bloomington, IN

CHIEF ENABLER OR “THE CO-DEPENDENT”

- The Chief Enabler is the family member, often a spouse, who steps in and protects the alcoholic/addict from the consequences of their behavior.
- The motivation for this may not be just to protect the alcoholic/addict, but to **prevent embarrassment, reduce anxiety, avoid conflict or maintain some control over a difficult situation.**
- The Chief Enabler may try to clean up the messes caused by the alcoholic/addict and make excuses for them, **thus minimizing the consequences of addiction.**
- **“Symptoms” of the Chief Enabler:**
 - Denial (difficulty identifying feelings, deny feelings, projection, perceive self as unselfish/dedicated to the wellbeing of others)
 - Low self-esteem (judge self harshly, difficulty making decisions, value others opinions over own, seek recognition, perceive self as superior to others)
 - Compliance (extremely loyal, difficulty saying “no”, impulsive, hypervigilant in their attention to feelings of others, accept sexual attention when they want love)
 - Control (believe others are incapable, manipulative, need to be “needed”, placate)
 - Avoidance (“push – pull” relationships, judge others harshly, suppress feelings)

“Patterns and Characteristics of Co-Dependency”

Codependents Anonymous

Full list @ www.coda.org/tools4recovery/patterns-new.htm

FAMILY HERO OR “THE RESPONSIBLE ONE”

- These responsible children try to ensure that the family looks “normal” to the rest of the world. In addition, they often project a personal image of achievement, competence, and responsibility to the outside world. They tend to be academically or professionally very successful. The cost of such success is often denial of their own feelings and a belief that they are “imposters.”

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Strengths of the “Hero”

- Successful
- Organized
- Leadership skills
- Decisive
- Initiator
- Self disciplined
- Goal oriented

Deficits of the “Hero”

- Perfectionist
- Difficulty listening
- Inability to follow
- Inability to relax
- Lack of spontaneity
- Inflexible
- Unwilling to ask for help
- High fear of mistakes
- Inability to play
- Severe need to be in control

“Families and Addiction: Interventions”

Black, C. (2010)

www.claudialblack.com

PLACATER OR “THE PEOPLE-PLEASER”

- These “people pleaser” children learn early to smooth over potentially upsetting situations in the family. They seem to have an uncanny ability to sense what others are feeling, at the expense of their own feelings. They have a high tolerance for inappropriate behavior, and often choose careers as helping professionals, which can reinforce their tendencies to ignore their own needs.

- **Strengths of the “Placater”**

- Caring/compassionate
- Empathic
- Good listener
- Sensitive to others
- Gives well
- Nice smile

- **Deficits of the “Placater”**

- Inability to receive
- Denies personal needs
- High tolerance for inappropriate behavior
- Strong fear of anger or conflict
- False guilt
- Anxious
- Highly fearful
- Hypervigilant

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SCAPEGOAT OR “THE ACTING-OUT ONE”

- These people are identified as the “family problem.” They are likely to get into various kinds of trouble, including drug and alcohol abuse, as a way of expressing their anger at the family. They also function as a sort of pressure valve; when tension builds in the family, the scapegoat will misbehave, allowing the family to avoid dealing with the drinking problem. Scapegoats tend to be unaware of feelings other than anger.

- **Strengths of the “Scapegoat”**

- Creative
- Less denial, greater honesty
- Sense of humor
- Close to own feelings
- Ability to lead (just leads in wrong direction)

- **Deficits of the “Scapegoat”**

- Inappropriate expression of anger
- Inability to follow direction
- Self-destructive
- Intrusive
- Irresponsible
- Social problems at young ages (e.g., truancy, teenage pregnancy, high school dropout, addiction)
- Underachiever
- Defiant/rebel

“Families and Addiction: Interventions”

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www.claudialblack.com

LOST CHILD OR “THE ADJUSTER”

- These children learn never to expect or to plan anything, and tend to follow without question. They often strive to be invisible and to avoid taking a stand or rocking the boat. As a result, they often come to feel that they are drifting through life and are out of control.

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Strengths of the “Adjuster”

- Independent
- Flexible
- Ability to follow
- Easy going attitude
- Quiet

Deficits of the “Adjuster”

- Unable to initiate
- Withdraws
- Fearful of making decisions
- Lack of direction
- Feels ignored, forgotten
- Follows without questioning
- Difficulty perceiving choices and options

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Black, C. (2010)

www.claudialblack.com

MASCOT OR “THE JESTER”

- These children are “entertainers,” relying on their sense of humor to distract from or take away the family’s upset. They tend to have difficulty focusing and making decisions, and have a low tolerance for distress.

- **Strengths of the “Mascot”**

- Sense of humor
- Flexible
- Able to relieve stress and pain

- **Deficits of the “Mascot”**

- Attention seeker
- Distracting
- Immature
- Difficulty focusing
- Poor decision making ability

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Black, C. (2010)

www.claudialblack.com

CHARACTERISTICS OF “ADULT CHILDREN” OF ALCOHOLICS

“Many of us found that we had several characteristics in common as a result of being brought up in an alcoholic or dysfunctional household. We had come to feel isolated and uneasy with other people, especially authority figures. To protect ourselves, we became people-pleasers, even though we lost our own identities in the process. All the same we would mistake any personal criticism as a threat. We either became alcoholics (or practiced other addictive behavior) ourselves, or married them, or both. Failing that, we found other compulsive personalities, such as a workaholic, to fulfill our sick need for abandonment.

We lived life from the standpoint of victims. Having an overdeveloped sense of responsibility, we preferred to be concerned with others rather than ourselves. We got guilt feelings when we stood up for ourselves rather than giving in to others. Thus, we became reactors, rather than actors, letting others take the initiative. We were dependent personalities, terrified of abandonment, willing to do almost anything to hold on to a relationship in order not to be abandoned emotionally. Yet we kept choosing insecure relationships because they matched our childhood relationship with alcoholic or dysfunctional parents.

These symptoms of the family disease of alcoholism or other dysfunction made us ‘co-victims’, those who take on the characteristics of the disease without necessarily ever taking a drink. We learned to keep our feelings down as children and kept them buried as adults. As a result of this conditioning, we confused love with pity, tending to love those we could rescue. Even more self-defeating, we became addicted to excitement in all our affairs, preferring constant upset to workable relationships.”

“The Problem” adapted from “The Laundry List”
Adult Children of Alcoholics
www.adultchildren.org

CLINICAL IMPLICATIONS

- Serec, Švab, Kolšek, Švab, Moesgen, & Klein (2012), found „significant health-related inequalities between children of alcoholic and controls. Specifically more emotional and conduct problems, suicidal tendencies and treatments for a mental disorder. Problem drinking may harm children through marital conflict and parenting difficulties along with other family stressors, which affect the emotional status of their children. However, no differences between the groups were observed in symptoms of hyperactivity. One possible reason for this may be the non-responsiveness of the hyperactive children, as they typically get easily distracted, have difficulty maintaining focus and become quickly bored with an activity, such as filling out a questionnaire.” (p. 867)
- Hinrichs, DeFife, and Westen (2011) found five distinct personality subtypes among children of alcoholics in both an adolescent and adult sample. The five subtypes were:
 - Externalizing/angry (similar to Black’s “Scapegoat”)
 - Awkward/inhibited (similar to Black’s “Lost Child”)
 - Hyperconscientious/high-functioning (similar to Black’s “Hero”)
 - Emotionally disregulated (high risk for suicide)
 - Sexualized/self-defeating (high risk of borderline, addiction, & sexual assault)

CLINICAL IMPLICATIONS, CONTINUED

- Acknowledging the “house rules” of an alcoholic home (“Don’t talk, don’t feel, don’t trust”), Tinnfält, A., Eriksson, C., & Brunnberg (2011) conducted a study to explore the disclosure process by children of alcoholics. The findings reveal a process in which COA become more conscious of their situation and decide if, how, and when they will disclose their situation. There are psychological, communicative, and environmental dimensions to the process of being able to narrate and start a dialogue about the situation—to disclose their situation. The child/adolescent makes a risk assessment of adults’ trustworthiness before telling anyone. The study recommended that clinicians:
 - Inquire about the meaning of externalized and internalized symptoms, don’t make assumptions about developmentally “typical” behaviors.
 - Assist client in turning their experience in a story, or narrative.
 - Consider use of indirect narrative (writing a story about a family “like” theirs)
 - Remember ecological systems and the importance of the parent-child dyad; children may require mesolevel support (school, therapy, etc) to repair injuries to that primary relationship.

CLINICAL IMPLICATIONS, CONTINUED

- Kearns-Bodkin and Leonard (2008) found “that there are relationship difficulties among ACOAs across the early years of marriage but that these depend on the gender of the alcoholic parent and the gender of the “adult child”. This pattern was most clearly observed in the appraisal of their marital relationship. Specifically, for both men and women, their appraisal was associated with alcoholism in the opposite gender parent. That is, for husbands, maternal alcoholism was associated with lower marital satisfaction across the 4 years of marriage, whereas for wives paternal alcoholism was related to lower marital intimacy.” (p. 946)
- “Additionally, their findings suggest that both sons and daughters may look toward the opposite-gender parent for information about how to interact with members of the opposite gender in their adult relationships. When the opposite gender parent is an alcoholic, it is likely that the child lacks an adequate model for learning how to engage in these opposite gender interactions.” (p. 947)
- “Finally, consistent with prior research, the current study provided evidence that parental alcoholism impacts both husband’s and wife’s attachment representations. For husbands, a history of paternal alcoholism was associated with less positive views about the self as being worthy of love and support and less positive views of others as generally being trustworthy and available. For wives, no effects were found with regard to views of the self, but an interesting pattern of results was observed for wives’ views of others. At the time of marriage, wives with a maternal history of alcoholism actually reported the most positive views of others as being trustworthy and available, compared with the other ACOA groups. By the first anniversary, however, their views of others had declined significantly, becoming the most negative of the four groups.” (p. 947)

MFT MODELS FOR ADDICTIVE FAMILIES

Bowen family systems therapy (Bowen 1978)

- Reduce levels of anxiety.
- Create a genogram showing multigenerational substance abuse; explore family disruption from system events, such as immigration or holocaust.
- Orient the nuclear family toward facts versus reactions by using factual questioning.
- Alter triangulation by coaching families to take different interactional positions.
- Ask individual family members more questions, so the whole family learns more about itself.

Structural/strategic systems (Stanton et al. 1982)

- Restructure family roles (the main work of this model).
- Realign subsystem and generational boundaries.
- Reestablish boundaries between the family and the outside world.

Cognitive-behavioral family therapy (Azrin et al. 2001; Waldron et al. 2000)

- Conduct community reinforcement training interviews.
- Establish a problem definition.
- Employ structure and strategy.
- Use communication skills and negotiation skills training.
- Employ conflict resolution techniques.
- Use contingency contracting.

MFT MODELS, CONTINUED

Solution-focused family therapy

(Berg & Miller 1992; Berg & Reuss 1997; de Shazer 1988; McCollum & Trepper 2001)

- Employ the miracle question.
- Ask scaling and relational questions.
- Identify exceptions to problem behavior.
- Identify problem and solution sequences.

Family disease model (McCrary and Epstein 1996)

- Looks at substance abuse as a disease that affects the entire family.
- Family members of the people who abuse substances may develop codependence, which causes them to enable the addict's substance abuse.
- Limited controlled research evidence is available to support the disease model, but it nonetheless is influential in the treatment community as well as in the general public).

For more information on treating addictive family systems within special populations, download **FREE** Substance Abuse and Mental Health Services Administration (SAMHSA) publication: **“Substance Abuse Treatment and Family Therapy: A Treatment Improvement Protocol (TIP)”, Volume 39.**
<http://store.samhsa.gov/product/TIP-39-Substance-Abuse-Treatment-and-Family-Therapy/SMA12-4219>

“Substance Abuse Treatment and Family Therapy”
TIP 39

<http://store.samhsa.gov/product/TIP-39-Substance-Abuse-Treatment-and-Family-Therapy/SMA12-4219>

ALATEEN & ADULT CHILDREN OF ALCOHOLICS

- 12 step community support groups, based on the 12 steps of Alcoholics Anonymous, for children of alcoholics and “adult children” of alcoholics.
- **Alateen** is for young people whose lives have been affected by someone else's drinking. Sometimes, the active drinking has stopped, or the active drinker may not live with us anymore. Even though the alcohol may be gone, and the alcoholic gone or recovering in AA, we are still affected. (Alateen website)
- **Adult Children of Alcoholics** is a recovery program for adults whose lives were affected as a result of being raised in an alcoholic or other dysfunctional family. (ACoA website)
- **Local meeting finder:**
 - [Alateen Meetings, Las Vegas](#)
 - [Adult Children of Alcoholics Meetings, Las Vegas](#)

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