Children of Alcoholics with Anxiety: Therapy Treatment Assessment

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I propose a study to examine children of alcoholics with anxiety and see which treatment method is most effective. Children of alcoholics (COAs) are more likely to suffer anxiety. Some research completed indicates that there can be an environmental or genetic factors involved. Therapy for children of alcoholics is severely under researched. I am proposing to examine four different types of therapy including talk, art, music, and the 5-step method. In this proposal, I believe that the most effective on children (ages 8-15) will be the 5-step method.

According to the National Center on Addiction and Substance Abuse (2005), there are 17 million children who have parents with alcohol problems. Children of alcoholics are more likely to suffer anxiety (Alegría, et al., 2010; Hale, Engels, & Meeus, 2006; Sartor, Lysney, Jacob & True, 2007; Diaz, et al., 2008; Corte, 2007), conduct disorder (Eisenburg et al., 2010), and to become an alcoholic themselves (Finneran, Laux, Seymore, & Thomas, 2010; Pearson, D’ Lima, & Kelley, 2011). Some researchers believe that adult children of alcoholics are more likely to have an alcohol misuse problem resulting from both genetics and environmental familial factors (Finneran, Laux, Seymore, & Thomas, 2010; Pearson, D’ Lima, & Kelley, 2011). Other researchers are suggesting that children, who had the idea that they were more prone to becoming an alcoholic, will abstain from or consume very little alcohol (Vaught & Wittman, 2011; Heller and Chassin, 2010). Recent researcher propose that a father with to alcoholism strongly predicts a son’s alcohol use more so than a daughter’s (Eisenburgh et al., 2010; Boynton, Arkes, Hotle, 2012). It is unclear if this relation results from observations, genetics, or both.

Genetics have a large impact on alcohol addiction and other addictions as well. Researchers concluded that there is a gene that shows susceptibility in the development of conduct disorder, which is associated with alcohol dependence. Similarly to other research that was done, there is a genetic relationship to addiction (Dick et al., 2004; Eisenburg, et al., 2010). Fortuna (2010) has shown that there was a link between sugar consumption and alcohol addiction. He believed that people with a history of parental alcoholism were three times more likely to be addicted to sugar solutions. Through his research, he had the ability to link genetics and a bad endorphin system, with alcohol addiction. Controversially, other research pointed out that there might be less of a genetic influence and more of a behavioral or environmental influence on alcohol dependency (Boynton, Arkes, & Hotle, 2012). Researchers found a link between how parents act when addicted, and how adult children spoke about drinking; this may indicate a greater significance to addiction as an environmental factor (Haller & Chassin, 2010). Addictions have a significant genetics basis.

Recent research suggests that children of alcoholics are more likely to engage in reward seeking behaviors due to the neurotransmitter dopamine. (Fortuna, 2012; Belles, Budde, Moesgen, & Klein, 2011). Fortuna (2012) believed that there are fewer then normal amounts of dopamine receptors in the brain that may

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increase the risk for developing alcoholism or misuse of drugs. Different research by Belles et al. (2011) reported that children of alcoholics were likely to find drinking rewarding, which results in an increase in dopamine. Belles et al. (2011) found that there was a direct correlation between the higher amounts of parental drinking and the greater arousal a child of an alcoholic gets from drinking meaning there is an increased amount of dopamine in the brain.

Childhood stress predicts whether a COA will become an alcoholic or not. Previous research looked at the effect that family stressors had on the overall development of the child. Amodeo et al. (2011), Fineran et al. (2010), and Boynton et al. (2012) found that a greater amount of stress within the family, the more increased the risk for a child drinking problem. Self-image, which is how we feel about ourselves (Cleveland Clinic Foundation, 2009) may also cause stress in children with an alcoholic parent. Not only are they concerned about their own self-image, but that of their parents. Many of the participants in one study use projection, which is a defense mechanism, stating that they did not have the drinking problem rather it was another person in their life that had the alcohol problem. Projection was used to preserve self-image (Boynton, et al., 2012). Adult children of alcoholics are always trying to maintain their parents’ self-image (Boynton, et al., 2012).

Another stressor can be a lower socioeconomic status. Research has shown that the lower the income or socioeconomic status, the greater likelihood of COAs having an alcohol abuse problem (Boynton, et al., 2012). Vaught and Wittman (2011) showed that women who grew up with an alcoholic parent wouldn’t change parents but they were curious to know what it may have been like to grow up in a home without an alcoholic. In contrast, other research has shown adult children of alcoholics are more likely to desire and achieve better occupations (Belles, Budde, Moesgen, & Klein, 2011). Stressors play an important role; however there is a direct link to alcoholics and their children’s susceptibility to alcoholism.

Not only are children of alcoholics at risk for developing an increased risk of alcoholism themselves; they are at greater risk for other mental illness. Anxiety is the most common mental illness in the United States, and affects one in eight children (Anxiety and Depression Association of America, n.d.). Generalized anxiety disorder is a common anxiety disorder defined as having constant tension that limits everyday functioning; they often worry relentlessly (American Psychological Association, 2012). Corte and Becherer (2007) examined the effects of alcoholism from both maternal and paternal sides and four different mental illnesses, major depression, generalized anxiety disorder, obsessive-compulsive disorder, and social phobia. They predict that the higher density of familial alcoholism the higher amounts of psychopathy.

Corte and Becherer (2007) found that there was a significant link to maternal alcoholism to men developing generalized anxiety disorder. In contrast to that completed research, Hale, et al. (2006) stated that generalized anxiety disorder is more present in females. Similarly, research done in Spain determined that children of alcoholics are high in phobias, and had subclinical symptoms of generalized anxiety disorder, which proved to have negative outcomes regarding health, school achievement, and cognition (Diaz, et al., 2008, Mathew et al., 1993). Past research shows that there is a risk with comorbid mental illness and both substance abuse and alcohol dependency. Having generalized anxiety disorder and a comorbid substance abuse disorder put a child at a higher risks than any other anxiety disorders (Alegria et al., 2010; Corte & Becherer, 2007). Anxiety associated with alcoholism can be aided from conduct disorder, parental divorce, and/or nicotine dependence (Sartor et al., 2007; Dodd & Roberts, 1994).

Therapy plays an important role in children with alcoholic parents. Research suggests that a strong support system can positively affect COAs with coping (Amodeo, Griffin, & Paris, 2011). Templeton (2010) proposed that the 5-step method, the steps are as follows: Step One is where the therapist is listening to the child (this may be helpful in children with he use of drawings or art therapy), Step Two is providing information (finding age appropriate information), Step Three is exploring coping (exploring coping resources for the child), Step Four is exploring social supports (finding a support network for the child at the right age), and lastly, Step Five is considering further needs of the child (possibly inviting the child’s parents into some sessions). This method was designed for adolescents and adults, and should be modified for children. Templeton specifically recommends to make it more child-friendly with the use of art and talk therapy, to facilitate communication at their level (Templeton, 2010). Templeton (2010) stated that when method was used with adults they were better able to identify their own need and others needs rather then focusing on the addiction itself. Therapy for anxiety at the level of children is under researched. Thus, it is important to study the effectiveness of traditional therapies, such as talk therapy, but also alternative therapies. In this study, it is expected that the 5-step method will be most effective in the treatment of children’s anxiety related to having an alcoholic parent. I will also be examining the effectiveness of the 5-step method against more traditional types of therapy such as talk therapy, art therapy, and music therapy.

Research Question
Will the 5-step method be the most effective treatment for children of alcoholics with anxiety?

**PROPOSED METHOD**

**Study Design**

This is a longitudinal study including children of alcoholics, and four different types of therapy to determine which is more effective in treating this population.

**Participants**

I will recruit 100 children ages eight to fifteen years old. I recruit the children from support groups for families of alcoholics (i.e. Al-Anon), by asking parents who are in recovery if their children would participate in the study, and by referrals from pediatricians and therapists. Any child who is not qualified as of a child of an alcoholic will be eliminated from the study.

**Procedure**

The data will be collected over a period of 10 years, in which the children will be in a designated in one type of therapy for one year. Each child will take the SCARED before starting the designated therapy. There will be four groups of 25 children, talk therapy (one-to-one), art therapy, music therapy, and 5-step method. Talk therapy is composed of sitting down with a qualified therapist or addiction counselor for duration of 45 minutes in one session. Art therapy, which is where a qualified art therapist sits down with the child and draws and the therapist will interpret the drawings with the child present to further understand what the child means by the art. Music therapy is where music is used to develop a therapeutic relationship that promotes a client to address the emotional, physical, cognitive, and social needs of a client; once these needs are assessed a licensed music therapist helps the person create, sing, move to, and/or listen to the music (American Music Therapy Association, n.d.). Lastly the 5-step method, which was proposed in a article by Templeton (2010). After the year of therapy, the children’s anxiety will be measured using the SCARED for the next nine years every six months.

**Measures**

**CAST survey** To determine if the children collected for the study are in fact children of alcoholics they will take the CAST survey which is a 29-question survey (Center on Addiction and the Family, n.d.).

**Screen for Child Anxiety Related Emotional Disorders (SCARED)** This scale will be administered to determine the amount of anxiety present in the child’s life (Birmaher et al., 1997).

**CONCLUDING REMARKS**

**Significance**

Anxiety is a real problem in the COA population. It is important to learn the best treatment for this specific population. By doing this, not only will children of alcoholics benefit, but so will other children who fall victim to their parents addiction, such as children whose parents are addicted to narcotics, or gambling.

**Limitations**

Because this is a longitudinal study, there may be morbidity. Since this is a study conducted over 10 years, there is a possibility for children to move away and/or drop out of the study.

**REFERENCES**


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