School-Aged Children of Alcoholics: Theory and Research

by

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Theory and Research of Alcoholism: School-Aged Children

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are more likely to respond to treatment. However, there is also enough evidence to identify those people who seem to respond to treatment. In conclusion, we might also be able to identify those people who are more likely to benefit from treatment. This is important because it helps us to focus our efforts on those who are most likely to respond to treatment.

First, we would be able to identify biological, psychological, and environmental factors that predict better treatment outcomes. Second, knowing these factors would help us to design more effective treatment programs. Finally, we would be able to identify the mechanisms of action of the treatment. These mechanisms of action could be different for different types of treatments.

Understanding how a child's early behavior contributes to school failure remains an important area of research. However, there is no single measure that can distinguish those at risk for school failure. Multiple factors, including cognitive, emotional, and environmental factors, contribute to school failure. Some studies have shown that children with specific cognitive or emotional problems are at increased risk for school failure. However, recent research has also shown that these factors interact in complex ways. Some children may have a genetic predisposition to school failure, while others may be more vulnerable due to environmental factors. Despite these differences, there is a need to develop effective interventions to prevent school failure.

The Need for Research on School-Aged Children of Alcoholics

Coming and publishing reports and guidelines on the management of alcoholics and their children is urgently needed. We will present some guidelines and recommendations for treating and preventing alcoholism and its consequences. The study of childhood alcoholism is of increasing interest to psychologists, pediatricians, and other health professionals. The research findings on the effects of alcoholism on children are developmental. In these pamphlets, our goal is to provide you with an overview of alcoholism in school-aged children. We will review the literature on alcoholism in school-aged children. In the first pamphlet, we will present selected research about the effects of alcoholism in school-aged children. In this second pamphlet, we will discuss some of the potential implications of alcoholism in school-aged children.

INTRODUCTION

Theory and Research of Alcoholics

School-Aged Children
childhood at risk for alcoholism.

In supporting research and increasing our understanding about children's substance use, the National Institute on Drug Abuse (NIDA) has funded numerous studies. These studies have revealed that children who abuse substances are more likely to develop alcoholism later in life.

Alcohol-related factors in alcoholism are especially tragic. These factors include:

- Genetic and environmental influences
- Early onset of drinking
- Family history of alcoholism
- Substance abuse in the family
- Peer pressure
- Exposure to alcohol advertising

Alcoholism is a chronic disease that affects people of all ages. It is characterized by a pattern of alcohol use that interferes with daily life. Alcoholism can lead to physical and emotional problems, as well as social problems.

Consequences of Alcohol Abuse

Alcohol abuse can have serious consequences for individuals and their families. It can lead to:

- Physical health problems
- Mental health problems
- Relationship problems
- Legal problems
- Work problems
- Financial problems

The use of alcohol and other substances can also lead to addiction, which is a chronic disease characterized by a lack of control over substance use.

In conclusion, alcoholism is a complex medical and mental health condition that affects people of all ages. It is important to understand the factors that contribute to alcoholism and to develop effective prevention and treatment strategies.
DEVELOPMENTAL ISSUES: STUDYING CHILDREN OF ALCOHOLICS

In a later section...

There are some promising leads, however, which will be discussed in the next section. These lead to the development of specific risk factors or protective factors. Protective factors are those that help to buffer the effects of risk factors. For example, in the previous section, the discussion of social support was mentioned. The presence of social support is considered a risk factor in this model, but also a protective factor. Protective factors increase the likelihood of positive adaptation and reduce the likelihood of negative outcomes.

Risk factors increase the likelihood of negative outcomes and....

We define risk and protective factors as those environmental or genetic factors which increase or decrease the possibility of harm.

Risk versus Protective Factors

Risk factors (1) reduce the likelihood of alcoholism. The concept of risk is central to understanding the relationship between the presence of certain physical or psychological risk factors and the likelihood of alcoholism. Risk factors increase the likelihood of negative outcomes. Sources of risk factors include the presence of genetic or environmental risk factors.
The effects of alcoholism on children are often ignored or underestimated. The potential for long-term effects is vast and can manifest in various ways.

Research indicates that children of alcoholics are at a higher risk for academic and behavioral problems. These effects can include difficulties in learning, attention, and social interactions. Furthermore, children of alcoholics are more likely to experience emotional and behavioral disorders later in life.

Support systems for these children are crucial. Early intervention and support can help mitigate the effects of alcoholism on children. This includes offering counseling, educational support, and access to resources.

Understanding the complex impact of alcoholism on children is essential for creating effective support systems. By recognizing the signs and symptoms early, we can work towards improving the lives of these children and their families.
child to take a perspective other than their own. As children grow, cognitive achievement begins to be "development," which shows the processes of another generation - and feelings of another generation - are part of the growing mind. Therefore - the ability to perceive and understand the mood of others, empathy - is a skill that is developed and refined over time. Children's cognitive abilities emerge with socialization and their environment. Under the age of seven, emotional development interacts with intellectual development.

stress related to the acquisition of knowledge. The children who perform better in the language portion of their test score higher on a test of verbal abilities. The authors suggest that a child's success in the language portion of the test is related to the ability to understand their own emotions. The study found that children who scored higher on the language portion of the test were more likely to understand their own emotions.

studies of emotion development. There is still much to learn about emotion development in children. In a few years, there will be more emotional development in children who come from families where the parents are more emotional. In these families, children may experience different emotions in different situations. At different ages, the same emotions may not be expressed in the same way. At the age of two, children may not be aware of their own emotions. At the age of three, children may be able to express their emotions in more complex ways. At the age of five, children may be able to express their emotions in ways that are more age-appropriate. At the age of six, children may be able to express their emotions in ways that are more age-appropriate and more age-appropriate.

Emotional Problems: Emotional problems in children can be general.
positive psychiatric risk to the child, primarily personality structure. In a study conducted by O'Connor et al. (1976), new findings suggested that the behavior of children in the family is related to personality and the environment. The study found that children who experienced low levels of emotional support were more likely to exhibit behavior problems and to have behavioral problems. The study also found that children who experienced high levels of emotional support were less likely to exhibit behavior problems and to have behavioral problems. The study concluded that emotional support is an important factor in the development of healthy children.
The results were lower for children of alcoholics. On Full Scale IQ, the test mean IQ was 100 with a standard deviation of 15. Of the total sample of 50 children, 15 were referred to the psychologist. The study showed a significant decrease in Full Scale IQ, with children of alcoholics scoring lower. This finding was consistent with previous research, indicating a possible genetic or environmental factor influencing IQ in children of alcoholics.

Processing is then measured. The impact of the EFPs on the child's performance was assessed through a series of tasks designed to test various aspects of attention, working memory, and inhibition. The results showed that children of alcoholics scored lower on tasks requiring sustained attention and working memory, suggesting a possible deficit in EF.

The neural correlates of alcoholism have been extensively studied. Functional magnetic resonance imaging (fMRI) studies have identified changes in brain structure and function in children of alcoholics. These changes are thought to be due to genetic and environmental factors, including the exposure to alcohol during development.


The use of fMRI in children of alcoholics has provided valuable insights into the neural correlates of alcoholism. These findings suggest that early interventions focused on improving EF and cognitive development may have a significant impact on the long-term outcomes of children of alcoholics.
<table>
<thead>
<tr>
<th>Authors</th>
<th>Sample Characteristics</th>
<th>Measures</th>
<th>Results</th>
</tr>
</thead>
</table>
| Tarter et al. (1984) | 16 sons of alcoholic fathers compared with 25 sons of nonalcoholic fathers. (Average age = 16 years.) | WISC/WAIS² (all subtests)  
PIAT² (6 subtests)  
Detroit Test of Learning Aptitude (6 subtests)  
Pittsburg Initial Neuropsychological Test System (23 tests: verbal intelligence, attention and concentration, learning and memory, perceptual-motor, Reitan aphasia error score)  
Childhood History Checklist  
Matching Figures Test  
MMPI⁴ | Sons of alcoholics performed worse on:  
1. PIAT Reading Comp.  
2. Detroit Auditory Attn. Span  
3. Detroit Visual Attn. Span  
4. Verbal Intelligence-Peabody Picture Vocab. Test  
5. Wechsler Memory Scale: Immediate Recall  
6. Wechsler Memory Scale: Delayed Recall  
7. Spatial-Trailmaking A and B  
8. Reitan Aphasia Error  
9. MFRT — longer latency to first response and to correct response  
10. Higher MMPI scores on Hysteria, Hypochondrias, Depression, Lie Scales |
| Ervin et al. (1984) | 50 boys and girls of alcoholic fathers and nonalcoholic mothers compared with 50 boys and girls of nonalcoholic parents. (Age: 6% under 3, 66% aged 3-14, 28% aged 15 and older, compared with 10% under age 3, 74% aged 3-14, and 10% aged 15 and older.) | WISC/WAIS (all subtests)  
WRAT³ (Reading, Spelling, Arithmetic) | Children of alcoholics performed worse on:  
1. Full Scale IQ  
2. Performance IQ: Picture Completion  
3. Picture Arrangement  
4. Verbal IQ: Information Arithmetic Similarities Vocabulary  
5. WRAT Reading, Spelling, Arithmetic |
Moderate-risk group: 43 boys and girls of "problem drinker parents" of whom 9 were schizophrenic and 13 were psychopathic fathers or character disorder mothers.  
High-risk group: 27 boys and girls of first or second degree alcoholics, 5 of whom were schizophrenic and 19 were psychopathic fathers or character disorder mothers. (Age = 11 to 13 years.) | WISC subtests:  
- Vocabulary  
- Similarities  
- Block Design  
- Object Assembly  
- Maze | High-risk children performed worse on:  
1. Similarities  
2. Vocabulary  
3. Verbal IQ  
4. Total IQ |
| Noll and Zucker (1983) | 10 boys of alcoholic fathers compared to 10 boys of nonalcoholic fathers; no maternal alcoholism. (Average age = 4 years.) | Yale Developmental Inventory:  
- Fine Motor  
- Adaptive  
- Language  
- Personal/Social Function  
- Gross Motor Development  
- Concept Formation of Alcoholic Beverages | Children of alcoholics performed worse on:  
1. Fine Motor  
2. Adaptive  
3. Language  
4. Personal/Social Dev.  
5. Concept Formation |
| Drejar et al. (1985) | 134 sons of alcoholic fathers compared to 70 sons of nonalcoholic fathers. (Average age = 19 years.) | Handedness  
- Block Design  
- Visual Gestalt  
- Digit Span  
- Serial Subtraction  
- Picture Recognition  
- Halstead Category Test  
- Memory-Paired Associates  
- Vocabulary  
- Porteus Maze  
- Word Fluency  
- Embedded Figures | Children of alcoholics performed worse on:  
1. Vocabulary  
2. Halstead Errors  
3. Porteus Maze Errors |

(Chart continued next page.)
CONCLUSIONS

By the qualitative or early caregiving
can be disclosed by the constitutional
characteristics of the child and
Weimer (1985) suggested that the lack of a child of an alcoholic
mother (being possible that the children of alcoholic
mothers may not have the same constitutional
characteristics) and the children of alcoholic
do not show the same constitutional
differences as the children of alcoholic
mothers.

Many authors have hypothesized reasons for these observed
differences in the behavior of children of alcoholics and children of non-alcoholics.

Children of alcoholics have high levels of alcoholism,
while children of non-alcoholics have lower levels of alcoholism.

Children of alcoholics are at higher risk for alcoholism,
while children of non-alcoholics are at lower risk for alcoholism.

According to Weimer (1985), there is a need to study
the behavior of children of alcoholic fathers,
and the behavior of children of non-alcoholic fathers.

<table>
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<tbody>
<tr>
<td>Knop et al. (1983)</td>
<td>70 sons of nonalcoholic fathers compared to 746 sons of alcoholic fathers. (Age = 10-19 years.)</td>
<td>Interview, Teacher, Questionnaire</td>
<td>Children of alcoholic fathers were high on impulsivity and sensation seeking.</td>
</tr>
<tr>
<td>Marcus (1989)</td>
<td>156 boys and 25 girls of alcoholic fathers compared to 92 boys and 24 girls of nonalcoholic fathers. (Age = 7 to 12 years.)</td>
<td>Reading Recognition, Reading Comprehension, General Information</td>
<td>Children of alcoholic fathers were low on reading recognition and comprehension.</td>
</tr>
<tr>
<td>Hagedorn et al. (1994)</td>
<td>16-decurrent sons of alcoholic fathers compared to 25-decurrent sons of nonalcoholic fathers.</td>
<td>_reading Recognition, Reading Comprehension, General Information</td>
<td>Children of alcoholic fathers were low on reading recognition and comprehension.</td>
</tr>
</tbody>
</table>
In alcoholic homes, it would be unfair to generalize to all children who grow up
exposed to alcoholism. While some studies have shown a correlation between
exposure to alcoholism and behavioral problems in children, these findings
may not be universally applicable to all cases. The environment and individual
circumstances play a significant role in determining the impact of alcoholism
on children's development. Therefore, it is important to consider the
contextual factors when evaluating the effects of alcoholism on children's
behavior.

For further reading and individual processes, please refer to the following
texts:


BIBLIOGRAPHY

[References to relevant studies and articles on alcoholism in homes and its effects on children]

[End of text]
Several agencies also produce helpful information for the families of alcoholics:

Go to P.O. Box 246
Rockville, MD 20852
National Clearinghouse for Alcohol and Drug Information

ADDITIONAL RESOURCES

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The Center's major areas of concern are research, education, prevention, and treatment of alcohol problems. Positions in research, prevention, and treatment of studies. The Center has assumed leadership, including the world renowned School of Alcohol Graduate, graduate and continuing education courses, faculty research, scientific, public health, education, studies, psychology, sociology, economics, and social science. The faculty has been trained in biochemistry.

About the Center of Alcohol Studies

The Center of Alcohol Studies was founded at Yale University in 1943. The Center has been a leader in the interdisciplinary research on alcohol use and its effects and has been in the forefront of the movement to rec.