

Protective parenting and children's resilience within the context of parental alcohol problems



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Protective parenting and children's resilience within the context of parental alcohol problems

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This paper presents current research, theories and practice approaches relating to protective parenting and resilience in children in families where there are parental alcohol problems. It outlines the key areas of parenting and children's resilience that can be worked on and increased so as to improve safety to children and increase the likelihood that they can cope and remain relatively free from the long-term harm associated with parental problem drinking.

Target audience

This briefing is intended for:

- Alcohol treatment professionals
- Childcare and children's services practitioners
- Teachers and education professionals
- Parenting professionals

Summary: the briefing at a glance

- Families where parents drink problematically can still provide a safe, secure and supportive family environment for children when parenting skills are increased, parental conflict is decreased and family life and relationships are improved.
- Specific protective parenting factors have been identified that greatly reduce the risk of short and longer term harm to children and furthermore increase their general resilience overall.
- Professionals working with parents, children and families can support the development of these protective factors, which are identified as: a non-problem drinking parent/carer, cohesive parental relationship, cohesive family, family rituals maintained, influence of important others, children engaged with things outside the home and deliberate planning for the future.
- Children's resilience, i.e. the capacity to prevent, minimise or overcome the damaging effects of adversity or trauma, can be built, promoted and increased in a variety of ways and within a variety of relationships.
- Children growing up with parental problem drinking can benefit greatly from support to increase their resilience so that they can manage difficult, stressful or traumatic events that can be a result of their parents drinking.
- The resilience of these children can be increased if they are helped to: see themselves as separate from family problems, develop a belief in their own abilities, understand and express feelings and emotions, cope with difficulties by problem solving, understand age-appropriate information about alcohol and related adult problems, have strong family and social supports, engage in activities outside the family, and

- develop their own plans for the future.
- Protective parenting and increasing children's resilience is achievable within problem drinking families so

that there is a much reduced risk of children experiencing short and long term harm from parental problem drinking.

Introduction

In their landmark research on risk and resilience, a study of young adults who grew up in problem drinking families, Velleman and Orford (1999) were able to identify that some children fared better than others. Upon closer examination of the variables in these families it became possible to identify certain aspects of family life that greatly reduced the risk of short and longer term harm to children and furthermore increased their general resilience overall.

The Protective factors that were identified are:

- A non-drinking parent/carer
- Cohesive parental relationship
- Cohesive family
- Family rituals maintained
- Influence of important others
- Children engaged in things outside the home
- Deliberate planning for the future (goals)

Protective parenting: implications for treatment and practice

In terms of practice, it is possible to work with parents/families on developing these protective factors, so as to increase responsible parenting, improve the quality of family life/relationships and decrease problems for children.

The focus of work with parents and families is as follows:

1. **Time and positive attention from a non-problem drinking parent/carer -**
In most of these families even the non-problem drinker is focused on and caught up in the drinker's problem and behaviours, which

often means children's needs are overlooked or neglected. This parent/carer can be supported to shift their attentions to meeting the needs of children.

2. **United and caring front from parents -**
The children who did least well in problem drinking families were the ones where parental conflict was at a high level. Parents should be supported to keep their disagreements and relationship difficulties away from children and to present a united and caring front in their role as a parenting couple.



Children are then less likely to suffer.

3. **Cohesive Family** - The research showed that many parents, even while coping with alcohol problems, were still able to maintain child-focused home routines and everyday activities. This is of great benefit to children in that it provides security and keeps them from feeling the chaos and unpredictability that can accompany parental alcohol problems. In general it holds the family together so that they experience themselves as a strong unit able to weather the difficulties they face.
4. **Special occasion/rituals maintained** - The whole family need to ensure that birthdays and special occasions are remembered and celebrated, and regular outings and events that everyone can enjoy together are planned and followed through. Often when families have problems, such activities are promised but do not actually happen, as the drinking/dealing with related problems takes precedence over everything. Parents can be encouraged and supported so that they keep these rituals reliable and appropriate.
5. **Influence of important others** - Most children who were shown to have survived relatively unscathed from growing up in a problem drinking family environment were those who had had significant attachments and relationships with other adult figures outside the family: people who

cared about them, encouraged them, showed more stable and consistent care and attention. This could be wider family members or neighbours, friends' parents, teachers, other professionals, etc. This may involve looking in detail at family and community networks to see who could play this important role. Parents would also benefit from the stabilising and supportive influence of such adult figures.

6. **Children engaged in things outside the home** - Children can gain a great benefit from being involved in school, leisure or creative age-appropriate activities outside the family home. This can prevent them from becoming preoccupied with the difficulties that may be happening at home, help them avoid taking on too many parenting/family-based tasks and responsibilities, and help with their self esteem, confidence, and hopes for the future.
7. **Deliberate planning for the future** - The research showed that those families that could look to the future with hope and confidence that things could change for the better were more likely to make positive changes over time. So parents and children can be helped to make clear goals for change and plans for the future. It helps to be able to make a clear and specific image of what a preferred future would look like (for the family unit and for individuals), and for this to then be broken down

into small steps or sub-goals that will move the family/individual from here to there.

Overall, this research provides a 'golden rule' for working to help parents improve family life in a way that will have most benefit for them and their children, which is:

Even if the alcohol problem isn't amenable to immediate or even long-term change, we can work on helping parents provide a safe, secure and supportive family environment for children where parenting skills are increased, parental conflict is decreased and family life and relationships are improved.

Children's resilience

Along with the Velleman and Orford research, there is a growing body of evidence that highlights the importance for children of developing a degree of resilience that will help them cope and manage difficult, stressful or traumatic events that they may experience in childhood.

If we see resilience as the capacity to prevent, minimise or overcome the damaging effects of adversity, then children of problem drinkers would benefit greatly from having this capacity developed and increased. Research has enabled professionals to gain some understanding of the combination of factors that result in resilience in children, and of how to turn a set of concepts into practical tools that can be incorporated into the everyday work of those who come into contact with children.

What is resilience?

Following extensive international

research for the Bernard Van Leer Foundation in the Netherlands, Dr Edith Grotberg has conceptualised the main factors that make up resilience as the ability of a child to draw from three main sources of internal and external support. This is summarised as a child being able to state: **I HAVE, I AM, I CAN**

1. **I HAVE:** people who love me and who I can trust, who set limits for me so I know when to stop before there is danger or trouble, who show me how to do things right by the way they do things, who will help me when I am sick or in danger or need to learn, and who want to help me do things on my own.
2. **I AM:** a person people can like and love, glad to do nice things for others and show my concern, respectful of myself and others, willing to be responsible for what I do, and sure things will be alright.



3. **I CAN:** talk to others about things that frighten me or bother me, find ways to solve problems that I face, control myself when I feel like doing something not right or dangerous, work out when it is a good time to talk to someone or take action, find someone to help me when I need it.

A resilient child does not need all of these features to be resilient, but one is not enough. For example, a child may be loved (I HAVE) but if they have no inner strength (I AM) or social, interpersonal skills (I CAN), there can be no resilience. And, a child may have a great deal of self-esteem (I AM) but if they do not know how to communicate with others or solve problems (I CAN) and has no one to help or poor role models (I HAVE) then the child is not resilient.

These features of resilience may seem obvious and easy to acquire but they are not and many parents and other carers do not do as much as they could to help children become resilient. Dr Grotberg's international resilience project found only 38% of children are having their resilience developed and promoted.

Promoting and increasing resilience

In his book for Barnardo's, 'What Works in building resilience' Dr Tony Newman reviews strategies, interventions and approaches that can help to build resilience in children and young people. He identified specific building blocks that are necessary for the development

of resilience:

Intrinsic factors

- A secure base - a sense of belonging and security
- Good self-esteem - an internal sense of worth and competence
- A sense of self-efficacy - a sense of mastery and control, personal strengths and limits

Extrinsic factors

- At least one secure attachment relationship
- Access to wider informal support and relationships - extended family and friends
- Positive nursery, school and community experiences

When thinking in general about how to support parents and families to promote resilience in children, the main area to focus our efforts will be within the following domains:

- Secure base
- Education
- Friendships
- Talents and interests
- Positive values (e.g. strong expectation to be positive towards others)
- Social competencies (e.g. understanding ones impact on others)

With specific reference to children growing up with parental problem drinking, the Velleman and Orford research identified a number of important areas

where children's resilience will be increased if they are helped in specific ways:

1. **See themselves as separate from family problems** - Often when children witness their parents having problems and difficulties they can begin to identify these problems as their own. It is therefore essential that children of problem drinkers are encouraged to define their own positive qualities, select positive role models and identify themselves as unique and positive individuals with their own strengths.
2. **Develop belief in own abilities** - Again, when children in these families see parents struggle, they can begin to question their own ability to do well or manage their experiences. They may also receive negative messages and criticisms from parents which have a strong impact on how children see themselves. Discussing with children what they enjoy and feel good at, and exploring how others see them can help children create a positive reference point for themselves.
3. **Understand and express feeling and emotions** - Often these types of families hold onto their feelings most of the time and then let go of them in uncontrolled and overwhelming ways. This can be very scary for children, who may blame themselves for the problems in the family, or find themselves blamed by parents. Work needs to be done to help children understand the range of feelings they and others may experience and positive ways of communicating.
4. **Cope with difficulties and problem solve** - Children with problem drinking parents may not be actively supported to cope with difficulties in positive ways. Added to this is the possibility that children see parents use alcohol as a way of coping, and can then be very confused about how one should approach problems and difficulties. Essential work can be done with children to explore positive and helpful ways of coping as well as providing them with techniques for problem solving and identifying helpful people in their family and community.
5. **Age appropriate information about adult problems** - Children pick up information about alcohol, parental problems, worries and concerns in a variety of ways from a number of sources. A lot of this information will be confusing, misleading and upsetting. Children are better served by being given age-appropriate information that is accurate, realistic and hopeful.
6. **Strengthen family and social supports** - Much research on resilience has identified informal support networks (i.e. non-professional) as the best place for children to get their support needs met. Professionals involved in supporting children are most helpful



- if they expand and improve a family's own wider family, social and community support networks.
7. **Engaged in activities outside family** - Children can gain a great benefit from being involved in school, leisure or creative age-appropriate activities outside the family home. This can help them avoid taking on too many parenting/family based tasks and responsibilities, help with their self esteem, confidence, self-efficacy and increase their

support networks.

8. **Develop own plans for a positive future** - Children have been shown to do well if, during a difficult childhood, they make specific and detailed plans for the way they want their future to be. Using Solution Focused techniques like the Miracle Question¹ can help children visualise their preferred future, and identify the steps they need to take to get there, as well as people who can help them on their way.

Practical approaches - working with children

There are a number of ways that professionals working with children can approach the building of resilience. It does not necessarily have to be from a therapeutic perspective. All that is really important is to review the factors that go towards increasing resilience and for the worker (be they teacher, social worker, youth worker or therapist) to identify which areas they can support. For example, a teacher would be best placed to help children feel good about their abilities and ensure that a child is involved in activities outside school hours. A therapist on the other hand may be best placed to work with children on coping with difficulties and learning to problem solve, while a social worker could focus on improvements in family

and social supports.

Clearly children will benefit most when they are being helped across the spectrum of resilience building factors, but workers should not be put off supporting some areas just because they are not in a role that enables them to offer comprehensive resilience building support.

Case example

At a therapeutic and support service for families affected by parental alcohol problems², children were offered support in their own right that focused on building resilience and developing positive coping strategies. One option was to offer a structured time limited intervention³ to

¹ See http://en.wikipedia.org/wiki/Solution_focused_brief_therapy

² NSPCC/ARP Family Alcohol Service, 88-91 Troutbeck, off Robert Street, London NW1 4EJ

³ Eight Session Resilience Building Intervention. Copyright Wendy Robinson 2005, wendyrobinsonconsultancy@hotmail.co.uk

all children attending the service that focused on developing the areas identified by Velleman and Orford. This was structured as follows:

Session 1: Explore family circumstances, current challenges and strengths

Session 2: Child's view of themselves: identify positive qualities and child as separate from family problems

Session 3: Expression of feelings: pros and cons of different ways of expressing/dealing with emotions

Session 4: Coping strategies and self-supports: identify inner resources plus new ideas for problem solving

Session 5: External support system: family members, safe adult figures, role models, peer group, community links and activities

Session 6: Age appropriate information about alcohol and drugs

Session 7: Plans for the future: how child envisages best possible futures, and small steps to take now

Session 8: Review and ending

Client example

Robin was 11 years old when his mum's drinking got so bad that his school contacted social services. She began attending an alcohol service that also offered support to children. Robin was told that he could have some sessions

for himself. At first he wasn't sure he wanted to go, in case it made him feel worse. But he was given the chance to try one session and then decide if he wanted to continue. He liked the children's counsellor straight away. She didn't try and make him talk about his mum or the problems they were having, instead she helped him think about the things he was good at, and the things he enjoyed doing. He decided to go each week and was pleased to get a chance to think about himself for a change instead of always worrying about mum. He got a chance to think about different ways of coping when things got tough, and he thought it was great when the counsellor gave him some new ideas about thinking his worries through. He was helped to make a list of all the people he could trust and turn to in a crisis, and this helped him feel safer and less worried about things going wrong with mum. He also felt much better when the counsellor helped him understand about his mum's drinking, and he was relieved to realise that he was not to blame. He ended the sessions with a map of ideas on how to get from now to being a pilot in the future. When asked what he thought about the sessions and coming to the centre, he said: "When I came I was really worried and thought that every day was going to be a bad one. Now I know it doesn't have to be like this, and even though my mum is having a hard time, there are still good things in my family, and good things in me".



Conclusion

Parents and children can and do cope when there are alcohol problems in the family. Even when parental alcohol problems are not amenable to immediate or even long-term change, parents can be helped to provide a safe, secure and supportive family environment for children, where parenting skills are increased, parental conflict is decreased and family life and relationships are improved.

There are specific protective factors that are realistic and achievable for parents which increase the probability that children

will not suffer short or long-term harm from parental problem drinking, and these factors can be developed with the help of informed, supportive and non-judgemental professionals.

Children's resilience, i.e. the capacity to prevent, minimise or overcome the damaging effects of adversity, can be promoted and increased when specific factors are focused on and built up. Key areas are ensuring that children have one secure attachment relationship, positive educational experiences and extended support networks.

Key texts and references

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The Parenting and Alcohol Project aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol. It aims to achieve this by:

- developing the capacity of alcohol treatment services to offer parenting support to their clients who are parents
- developing the capacity of parenting professionals to work effectively with parents who have alcohol-related problems

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- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
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