



# *Implications of coping, and risk and resilience research, for improved policies*

**Professor Richard Velleman**

**Professor of Mental Health Research,  
University of Bath / Avon & Wiltshire Mental Health  
Partnership NHS Trust**

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Presenter: Professor Richard Velleman; Helsinki, Finland, January 2005*



- My key collaborators:
- Professor Jim Orford (University of Birmingham, previously University of Exeter)
- Lorna Templeton, University of Bath
- Alex Copello, University of Birmingham
- **Key references at the end**



## *Implications for improved policies*

### **2 main myths around**

**The children haven't noticed (the drinking, the family disharmony, etc)**

**Nobody can do anything unless the drinker stops drinking**

**Both are untrue. Sometimes it may not be appropriate to directly challenge these ideas in our clients ....  
But we must challenge these ideas in ourselves!**



## *Implications for improved policies*

# What do we know about coping, and risk and resilience?

**Obvious really!**

## Risk:

- **Children have a hard time**
- **Risks are made worse by some factors (more later)**



## *Implications for improved policies*

# Why do Children have a hard time?

## Effects on Families

### Family Structure and functioning:

Rituals

Roles

Routines

Communication

Social Life

Finances

### Parenting Capacity:

**Impact on individual parents, as well as systems**



## *Implications for improved policies*

### **Rituals**

[things which define the occasion or the day as being special, and different from other days and occasions. Often these occasions are especially important precisely in the sense of being designed or expected to cement family relationships. Obvious examples are Christmas celebrations, birthdays, weddings and so forth.]

### **Roles**

[Alcohol misuse tends to change the roles played by family members in relation to one another, and to the outside world. Most families operate some form of division of labour - one person managing the family's finances, the other supervising the children, one doing the gardening, the other doing the cooking, and so on. But as one member of the family develops more of a drink problem, the other members are likely to find themselves having to take over his or her role themselves. Eventually, one member may be performing all the roles - finances, disciplining, shopping, cleaning, household management, and so on.]



## *Implications for improved policies*

### **Routines**

- [Another likely consequence of problem drinking is that the drinker's behaviour becomes unpredictable, and naturally this makes it very difficult for the family as a whole to plan anything in advance or to stick to familiar routines. Will he or she be in a fit state to collect the child from school? What time will he or she come home, and in what state? Should meals be served up or not? Clearly, this sort of constant uncertainty can be highly disruptive, and it helps to explain a commonly found paradox in the families of problem drinkers: that while the problem drinker, by no longer playing the role within it that he or she did previously, may be withdrawing from the family, he or she nonetheless appears to dominate it.]



## *Implications for improved policies*

### **Communication**

- [A fourth area of family functioning which is often affected by alcohol and alcohol misuse, relates to the kind of communications that takes place between family members. It may be that the partner with the problem refuses to talk about it, even though it is clearly beginning to dominate his or her, and the family's, life. Alternatively, alcohol may loosen the tongue and things might be said which would not have been said in a sober state. Or again, alcohol can itself perhaps becoming the main topic of conversation - has he/she been drinking again, if so how much and with what effect, who is going to telephone the boss to say that he won't be in because he's got flu yet again, and so forth.]



## *Implications for improved policies*

### **Social Life**

- [Most people who have a parent or partner with a drinking problem find talking about it to others, to be extraordinarily difficult. The problem is often simply seen as being too shameful to admit. Yet a result of the difficulty of explaining the situation to other people is that the family tends to withdraw into itself. The high degree of social embarrassment involved, and the unpredictability so often associated with drinking problems, makes it very awkward to extend invitations to others to visit the family home, or to accept invitations to visit theirs or to attend other social gatherings. The family thus tends to become increasingly socially isolated.]



## *Implications for improved policies*

### **and Finances:**

- [The final area of family functioning I want to examine is the finances. Financial problems are a further major strain for the family. Most obviously, money which is **spent** on drink is not available for other kinds of family expenditure; but it may also be that a drink problem results in the families **income** being greatly diminished (for example if the drinker loses his or her job). There follow all sorts of knock-on consequences: the rent or the mortgage repayments may not be paid, debts may be run up, accommodation may be lost, power may be cut off. Clearly, such problems in themselves can have dire consequences for children in such families.]



## *Implications for improved policies*

# Why do Children have a hard time?

As well as all these effects on family structures and processes,

there may also be **effects on individual parents,**  
which often **impact on Parenting Capacity**

What are these effects and impacts on Parenting Capacity?



## *Implications for improved policies*

### Why do Children have a hard time?

## **Because the parent *whose own use* of alcohol is the problem**

- May become increasingly focused on the alcohol, and therefore may become less loving, caring, nurturant or less consistent etc
- There is an increased risk of parental violence
- There is an increased risk of child abuse
- Given all of these factors, the child may (for example) be less likely to want to bring friends home etc - never know what will happen.



## *Implications for improved policies*

### Why do Children have a hard time?

And the spouse *without* the drinking problem often copes by:

- Becoming increasingly focused on their alcohol misusing spouse, and therefore not on the child;
- Taking on all roles, which means that the stress and strain they are under increases and this also affects their relationship with their child.
- Further, by taking on all roles, they also become the only one to take on the ‘negative’ roles such as disciplining, making rules, explaining that there is no money for toys etc.



## *Implications for improved policies*

### **Risk Factors** which can make the child's experience even worse:

- ***Violence***: even if it is not directed at the child
- ***Marital Conflict***: the major concern of the child
- ***Separation, Divorce and Parent Loss***
- ***Inconsistency & Ambivalence in Parenting.***

Also:

- if both parents have an alcohol problem,
- if the problem drinking occurs in the home.



## *Implications for improved policies*

### In summary then ... why do Children have a hard time?

**Because parental alcohol (and other substance) misuse often has a big impact on children:**

- **Parental and family arguments and rows.**
- **Both parents often seem preoccupied with the drinking (or drug-taking).**
- **The children often feel lonely, isolated, and guilty.**
- **Children often respond by developing problems of their own.**



## *Implications for improved policies*

**These sorts of problems often include:**

### **Effects in Childhood**

#### **- Anti-social behaviour, or Conduct disorder**

[more aggressive behaviour, more delinquency, more temper tantrums, more truancy, more hyperactivity, and so forth]

#### **- School environment**

[more problems at school, including learning difficulties, slow reading, low concentration, poor school performance. Again, conduct disorders may show themselves in the school setting via aggression or truancy.]



## *Implications for improved policies*

### **More Effects in Childhood**

#### **- Emotional problems**

[including a wide range of psycho-somatic problems, ranging from asthma to bed-wetting. They also include negative attitudes to their parents; negative attitudes to themselves, with high levels of self-blame; and withdrawal, crying, and depression]

#### **- Adolescence**



## *Implications for improved policies*

# **These problems are in a sense a way of coping.**

By developing problems

- they are asking for attention,
- they are hoping that their problems will make their parents focus on them, and therefore focus less on the drinking (or drug misuse),
- they are hoping that others outside of the family will notice and come and rescue them,
- or alternatively, others might come and put the family right again.



## *Implications for improved policies*

The children react in these ways because they have **certain needs which are not being met:**

- they need love, affection, nurturance;
- they need a clear structure within which they can learn the rules about life.
- [2 orthogonal dimensions: **Care** and **Control**]
- Living in a family where someone has a drinking (or drugs) problem often means that the child does not getting either of these needs met.



## *Implications for improved policies*

### Coping:

- **Many children cope by developing problems**
- **Others find more effective ways of coping, such as avoidance (but this is not a good method for adults, and that causes problems for some as they grow up)**

### Resilience:

- **Ensure that the child feels good about him/her self – positive self concept, positive self esteem.**



## *Implications for improved policies*

### **Resilience or Protective Factors**

- How they *cope*
- How much *social support* they have
- *Intrinsic* factors: What *sort of person* they are: how they deal with problems generally.

These Resilience Factors are associated with

- *how the family of origin functions* with someone with a drinking or drug problem in its midst.
- and
- amount/type of *external support systems*, *outside of the family of origin*.



## *Implications for improved policies*

Resilience Factors associated with *how the family of origin functions* with someone with a drinking problem in its midst.

- *First, the other parent:* if he or she is able to provide a stable environment where the child can grow and develop, and is able to provide the time and attention which so many children require, the risks of a negative outcome are reduced.



## *Implications for improved policies*

- *Second, a cohesive parental relationship:* the important issue to children is the quality of the family environment, as opposed to the parental problem drinking. If parents manage to retain their cohesive relationship and present a united and caring front to the children, the children will be less at risk.



## *Implications for improved policies*

- *Third, a cohesive family:* even if the parents do not manage to retain the cohesion within their own relationship, risk will be reduced if family relationships, family affection, and family activities are maintained.
- *Fourth, if the children are able to separate the positive aspects of their family life away from the disruptive behaviour of the problem drinker or (for example, if they are able to preserving distinct family rituals).*



## *Implications for improved policies*

Resilience factors associated with *external support systems which lie outside of the family of origin.*

- *The influence of important others, outside of the family, usually a non-parental adult. The stabilising influence mentioned already does not have to come from the other parent: another figure can provide it, such as a grand-parent, an influential teacher, or a neighbour.*



## *Implications for improved policies*

- How actively the child both *disengages* from the disruptive elements of family life and *engages* with others outside the family (eg school-mates) or with stabilising activities (such as a major hobby).
- ‘*Planning*’, or ‘*deliberateness*’ – the active and deliberate attempt to make one’s life more ordered and structured, and less disrupted by the problems in the family.



## *Implications for improved policies*

### Let me Summarise:

- The main issue which causes children to develop problems: *not parental drinking; but the family disruption and disharmony* that often (usually) accompanies the substance misuse. Most research shows that what upsets children most is not parental drinking, or even parental drunkenness or intoxication, but the rows and arguments between their parents which disrupt family life.
- Children who live with parents where one or both have serious alcohol problems are at risk of developing major problems of their own, both as children, and when they grow up to become adults.



## *Implications for improved policies*

- **This however is not a forgone conclusion.** There are many factors (positive family functioning, external support, coping style, fewer or less intense risk factors [eg violence]) can all lead to resilience.
- This means that there are lots of things that people can do to help reduce the risks to these children, and to increase the probability of children being resilient.
- And most of these are unrelated to the parents alcohol or other substance misuse



## *Implications for improved policies*

### Implications of this Risk and Resilience Perspective for Policy and Practice?

#### What are the “lots of things that people can do”?

**First**, we can work on the **RISK factors**. All the main areas which lead to major negative impact comes from are prime areas for intervention with families where one parent drinks or uses drugs problematically, *even if the drinking or drug-taking itself is not amenable to change*

- – family disharmony, and within this, from
- – family violence,
- – parental conflict,
- – parental separation and loss,
- – and inconsistent and ambivalent parenting



## *Implications for improved policies*

Second, the **RESILIENCE factors**: if we understand some of the elements which make up resilience in children, again we can work with families to develop these characteristics. We can work with

- *the other parent*, enabling them to provide a stable environment and give the time and attention which so many children require;
- *the parental relationship*, enabling parents to retain their cohesive relationship and present a united and caring front to the children;
- *the family relationship*, ensuring that family relationships, family affection, and family activities are maintained;



## *Implications for improved policies*

- *other adult figures outside of the nuclear family*, ensuring that there is at least someone who can provide the necessary stabilising influence; and
- *the child* him- or her-self,
- helping to maintain the positive family rituals within the family;
- helping to remove him- or her-self from the disruptive behaviour of the problem drinker or drug-taker;
- helping the child to disengage from the disruptive elements of family life and engage with stabilising others outside the family,
- or with stabilising activities (school, clubs, sports, culture, religion) within which the child can develop a sense of self and self-esteem.



## *Implications for improved policies*

**All of these suggestions are related to what individuals and professional groupings might be able to do.**

**What are the implications for policies?**

**First, services can develop policies which are more family focuses.**

**Many services still work entirely individually, focussed solely on the identified client, not thinking about the family at all, except sometimes to demonise them.**



## *Implications for improved policies*

**Second, when they do start to develop more family focused policies, they can develop ‘family friendly’ policies.**

**Why on earth would I tell a service that I was worried about my child? I would be blamed, and they would invoke their ‘child protection’ policies, which might mean that I would lose my child!**

**Many services have approaches to family members with are judgemental and blaming, and have ‘child protection’ policies which are very frightening for families.**



## *Implications for improved policies*

**If we do not develop policies which allow clients to be honest with us, we are forcing them to lie to us.**

**We must develop service ethos which are based on focussing on family strengths and factors which we know are more likely to lead to resilience**

**Third, we have to be able to take action without waiting for RCT evidence! We have to collect that evidence, but that should not be an excuse for inaction, or for retaining policies which are blaming of families and which do not focus on strength and resilience**



## *Implications for improved policies*

**Fourth, we can work with our national professional groups to ensure that they start to introduce more family focused work into their training, professional guidance, guidance to government, etc**

**Fifth, national policies can be developed which concentrate far more on resilience and coping, and far less on problems and damage**



## *Implications for improved policies*

**Sixth, we can work via (eg the ENCARE Expert Network) and via our national representatives and other networks, to ensure that these ideas are enshrined within EU polices and WHO Europe polices which are emerging.**

**We have to ensure that the focus is much more on what can be done to help,**

- **to celebrate the power of resilience,**
- **to ensure that professionals and organisations concentrate on promoting coping and resilience, and not on promoting an ‘invalid’ or a ‘victim’ mentality.**



## *Implications for improved policies*

**So, I cannot emphasise enough the fact that there are many implications here for policy and practice.**

**There are a huge number of ways of intervening with parents and children, even if the problem substance users are unwilling to address their alcohol or drug consumption.**

The issue for children and for their safety

- Is not whether or not their parents are drinking or taking drugs
- It is whether or not these parents are able to provide a safe, secure and supportive environment for their children.



## *Implications for improved policies*

It is important is that professionals are not left feeling powerless to help these children.

- They clearly do need our help,
- they have a right to expect it,
- there are many things we can do,
- it is our responsibility to ensure that this help is provided, even if we do not yet have RCT evidence to back it up!

*The End! - References*

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