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THE EXPERIENCE OF TRAUMA AND PSYCHOLOGICAL AND BEHAVIORAL PROBLEMS IN ADULT CHILDREN OF ALCOHOLICS

Yulissa Acosta

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THE EXPERIENCE OF TRAUMA AND PSYCHOLOGICAL AND BEHAVIORAL
PROBLEMS IN ADULT CHILDREN OF ALCOHOLICS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Yulissa Acosta

May 2021

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ABSTRACT

One in five adult Americans grew up with an alcoholic in their household whether it may be their father, mother, relative, or guardian. There are substantial risk factors associated with living with an alcoholic and being a child of an alcoholic. The trauma experienced by adult children of alcoholics (ACOA) and their development of psychological and behavioral problems were investigated in this research study. Individuals who were 18 years and older and has at least one parent or guardian that was an alcoholic were interviewed regarding their childhood life of growing up in an alcoholic household and what barriers or experiences they faced as well as how they believe it has affected them now as adults. This narrative analysis discovered what psychological and behavioral problems adult children of alcoholics developed due to the types of trauma they endured. These findings indicated that the types of trauma experienced by the ACOA were chaotic environments, physical and emotional neglect, parentification, and financial hardships. The psychological and behavioral problems found were depression, anxiety, low self-esteem, anger and aggression, unstable and unhealthy relationships, and drug and alcohol use. The research determined that all subjects had at least one supportive non-alcoholic figure in their lives who helped them overcome the negative experiences of being and ACOA which limited comparisons to ACOA with no such figure. Further research should be conducted on this topic to gain a better overall understanding of ACOA and their experiences as well as taking into consideration individuals of

different cultures and ethnicities to view differences in trauma and outcomes which was unable to be determined by this study. A more in-depth understanding of ACOA will increase awareness of this topic and population as well as provide effective and needed help for suffering adult children of alcoholics and improve their overall well-being and emotional stability.

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CHAPTER ONE

PROBLEM FORMULATION

Adult children of alcoholics are categorized as individuals who are now 18 years or older and as a child lived in an environment where at least one of their parents or caretakers was an alcoholic. According to the American Academy of Child & Adolescent Psychiatry, one in five adult Americans have lived with an alcoholic in their household (American Academy of Child & Adolescent Psychiatry, 2021). As a child, living in a home with alcoholism can result in developing problems later on in their adulthood and suffering from post-family effects (Hall & Webster, 2007). Adult children who had a parent with a drinking problem are directly affected and tend to show negative outcomes such as depression, anxiety, suicidal ideation, become alcoholics themselves, and gain social difficulties (Park & Schepp, 2015).

Adult children of alcoholics tend to grow up in dysfunctional households where their childhood is unpredictable and chaotic with situations such as domestic violence and inconsistent care, and without the ability to know what is going to occur next (Roberts, 1992). Adult children of alcoholics are at an elevated risk of becoming alcoholics themselves or at risk for developing mental disorders. However, due to limited research it is unclear whether children of alcoholics develop these consequences due to having an alcoholic parent or the specific types of trauma they endured as children (Chassin et al., 1999). The trauma that adult children of alcoholics have endured include physical and

emotional neglect, physical abuse, sexual abuse, emotional and mental abuse, domestic violence, family altercations, chaotic environments, and instability (Ross & Hill, 2001). The behaviors and emotions that adult children of alcoholics display are interesting in determining whether they are due solely to the fact that their parent was an alcoholic and that some adult children display these effects while other adult children of alcoholics do not (Ruben, 2007). This gap in knowledge may result in the inability to help adult children of alcoholics before they are severely impaired cognitively and emotionally.

Purpose of This Study

Learning about the specific trauma that adult children of an alcoholics endured as children will result in better equipped social workers or clinicians who are able to create a safe environment that will enable trust, empowerment, and increase a client's ability to manage their emotions and behaviors. Social workers encounter numerous clients who have a history of trauma. Utilizing trauma-informed care will help social workers gain a better understanding of the frequency and effects of early adversity on an individual's life span and become trained to respond to clients of trauma in a healthy manner (Leveson, 2017). Social workers who are knowledgeable on trauma-informed care will react to clients with compassion, respect, and honor their self-determination, and work with them towards rebuilding healthy coping strategies and social skills. By doing

so social workers are following their core values and mission of social work (Leveson, 2017).

Significance of the Project for Social Work Practice

The findings from this study will help social work practice on a micro and macro level. Within the micro level, having a greater understanding and being trained in trauma informed care will help social workers be better equipped to help individuals who have suffered from past trauma as a child and learn how to overcome barriers that have overwhelmed their lives. This as well will help agencies take the time to train their employees in trauma-informed care no matter what scope of practice they are embarking. No matter what specialization a social worker chooses, adults will come in with past trauma, such as adult children of alcoholics, and having well trained social workers will be beneficial to clients, social workers, and the agency.

In learning the different types of trauma adult children of alcoholics endure will help social workers and clinicians gain a better understanding of the different experiences that may result in mental health disorders, certain emotions, and behaviors. With knowing that, trained social workers in trauma informed care will again benefit clients in regaining themselves and overcoming obstacles that may have impaired their lives. The research question of this project is: "What is the experience of past trauma and current psychological and behavioral problems in adult children of alcoholics?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will discuss the literature and theories associated with adult children of alcoholics and support the claims to further this study. In this chapter the trauma experienced by adult children of alcoholics will be examined and as well the psychological and behavioral problems they may have developed in their adult lives due to their past trauma. This literature review will examine and discuss what types of trauma adult children of alcoholics have undergone and what consequences have resulted from the damages and experiences they went through as children that is affecting them now as adults.

Psychological and Behavioral Problems Among Adult Children of Alcoholics

Adult children of alcoholics are said to grow up in families with dysfunctional traits and have been described as having an unpredictable and chaotic life due to having inconsistent care (Roberts, 1992). Adult children of alcoholics may have experienced minimal physical and emotional care, unstable expectations, unresponsiveness and minimal interaction by their caretakers which may result in the feelings of shame, doubt, uncertainty, and the inability to trust others (Roberts, 1992). Adult children of alcoholics also tend to develop depressive symptoms, anxiety disorders, lower self-esteem, antisocial behaviors, attachment issues, and relationship problems (Kelley et al., 2006).

Adult children of alcoholics also tend to develop depressive symptoms, anxiety disorders, lower self-esteem, antisocial behaviors, attachment issues, and relationship problems (Kelley et al., 2006). Adult children of alcoholics as well tend to develop fewer or negative coping strategies and partake in avoidant behaviors (Klosterman et al., 2011). Their inability to develop strong coping mechanisms places them at an increased risk of becoming alcoholics themselves (Klosterman et al., 2011). Many of these behaviors can be well addressed with proper mental health services and interventions to prevent these behaviors from happening or increasing. However, the idea that some adult children of alcoholics do not develop such behaviors may be due to the fact of the trauma endured as children or their response to such experiences.

Trauma

The maladaptive behaviors and the difficulties experienced by adult children of alcoholics is likely to be connected to what they have gone through in their own homes. Some forms of trauma that adult children of alcoholics have endured are marital conflict, domestic violence, physical, sexual, and mental abuse (Ross & Hill, 2001). Their chaotic and unpredictable households as well included parent-child conflict, family arguments, and negative forms of communication (Ross & Hill, 2001). Although, trauma in the household due to having a parent with alcoholism is an indicator of producing psychological and behavioral outcomes in adult children of alcoholics, it is also indicated that the familial discord is associated with these adults developing more worse

consequences in their childhood and in reaching their adulthood (Ross & Hill, 2001). Therefore, indicating that having an alcoholic parent can produce unwanted behavioral outcomes, but the disharmony between their parents or between their parent and themselves can increase their risk of worse developmental problems and difficulties.

As mentioned before adult children of alcoholics may experience a wide range of negative behaviors and outcomes, however not all adult children of alcoholics experience these outcomes. There is a strong correlation with the idea that the lack of consistency in familial patterns results in later negative outcomes in children whose parents abused alcohol (Kelley et al., 2006). Boundary issues are one of the main problems adult children of alcoholics endure in their family of origin. Families in which parents abuse alcohol are unable to represent with boundaries that lead family interactions and communications (Kelley et al., 2006). Parents of adult children of alcoholics are unable to represent and instill overt and covert boundaries that rule family interactions (Kelley et al., 2006). Parents who instill positive and healthy boundaries do not allow their children to take on adult roles and behaviors, nor adult problems. The implementation of healthy boundaries provides care and emotional support to their children which these interactions are critical in creating a healthy environment and well-being for a family in which adult children of alcoholics may have not encountered. Therefore, affecting their inter relational development and reporting larger distortions in later generational boundaries (Kelley et al., 2006). Generational boundary distortions

are defined as a relationship disturbance in where typical parent-like and child-like roles become reversed. The child then takes up the adult responsibilities and the parent assumes the child-like role, typically known as parentification (Shaffer & Sroufe, 2005).

Parentification

Parentification is defined as children who assume adult roles before, they are developmentally and emotionally ready (Kelley et al., 2006). Adult children of alcoholics tend to reverse roles with their parents and take on their duties. Children then sacrifice their own needs to care for their parents' emotional and physical necessities. Adult children of alcoholics at times manage household income, preparation of meals, and the disciplining of their younger siblings (Kelley et al., 2006). These reversed roles indicate that parents who abuse alcohol are emotionally and physically unable to care for their children and create an environment that is beneficial to their child's well-being. Therefore, creating a dependent relationship onto their own children to meet their daily care needs (Kelley et al., 2006). The familial issues encountered by adult children of alcoholics worsens their outcomes and increases maladaptive behaviors later on in life.

Studies Focusing on Adult Children of Alcoholics

There is much research focusing on adult children of alcoholics and what they endured as children growing up. Large amounts of research have discussed risk factors and potential harm that has been done to children whose parents suffered from alcoholism. Many circumstances come into play when developing these psychological and behavioral outcomes, however not all adult children of alcoholics suffer the same and develop such harmful outcomes. Therefore, this study will aim to identify research that indicates the trauma adult children of alcoholics endured and what psychological and behavioral outcomes occurred in order determine positive coping mechanisms and indicate interventions and forms of therapy that may be placed to efficiently help these individuals and families.

In an extensive study discussing childhood experiences of adult children of alcoholics its aim was to determine the differing experiences endured as children with the idea of gaining a total picture of the risk factors undergone, such as violence, parental conflicts, family structure, and parental mental disorders and protective factors (Gasior, 2014). Gasior (2014) sought to identify the differences by applying the Family of Origin Dysfunctional Scale (SDRP) and the Children of Alcoholics Screening Test (CAST). Work in this research study was carried out within family risk factors (parental mental disorders, socio-economic status, functionality, family violence), family ties, parental functions, and family resilience. These factors studied, determined that individuals growing

up in an alcoholic household differentiates extremely. For instance, some adult children of alcoholics' experiences differ such as some having parental mental disorders, their socio-economic status, the family's functionality (difficult sibling relationships) and violence which is presented in various forms throughout families (Gasior, 2014). The risk factors endured by adult children of alcoholics is closely related to their adverse experiences in childhood and their parent's alcoholism as well as their protective factors. Individuals who experienced the most risk factors and violence, had a stronger link to mental health disorders and alcoholism themselves. However, individuals who grew up in an alcoholic home but had one close relative and or mentor who was a non-drinker was of significant importance. The idea that they had a close relationship and support was a very important factor in creating and building resilience as well as resistance in the face of adversary and negative outcomes (Gasior, 2014).

A study conducted exploring the impacts of growing up in a household with an alcoholic parent indicated dysfunctional families and roles as well as more stress and less support as compared to families with no alcoholism (Baker & Stephenson, 1995). The individuals who were a part of this study viewed their homes as being stressful and emotionally/physically abusive. Alcoholism is one aspect that affects the life of a child as they grow into adulthood, however there are many other factors that come into play that can either increase the impact or lessen it such as having a relationship with an adult who is a non-alcoholic. However, it is very difficult to make a general statement of dysfunction in an

alcoholic family that corresponds to most adult children of alcoholics and their environments and what they experienced growing up in an alcoholic family.

Therefore, my current study will determine the trauma, psychological and behavioral problems, and whether adult children of alcoholics had a close connection with an adult or caregiver that was not an alcoholic. This will then determine why some adult children of alcoholics do not develop such outcomes such as, interpersonal difficulties, low self-esteem, aggressive behavior, developing a mental disorder, and why other individuals do. My study will identify what helped build resilience for them to continue their lives despite what they went through as young children growing up in a household with alcoholism.

Theories Guiding Conceptualizations

Two theories that will be guiding this study is the theoretical model of resilience capacity in which this theory states that the trauma endured by individuals is not as important as how it is dealt with and the trauma informed approach which focuses on the impact of trauma and the understanding of multiple paths for recovery.

Individuals who have experienced adverse experiences as a child grow into developing negative outcomes such as behavioral or emotional issues. However, not all individuals who experience such negative and impactful events develop negative outcomes and are able to grow and become competent adults (Park & Schepp, 2018). The reason as to why some individuals are able to

bounce back after experiencing horrendous events as children is the idea of resiliency.

Resilience is the act of being able to thrive and succeed when faced with traumatic events and is constructed through two judgments. The first one being faced by a significant threat to an individual's development and second relies on the individual evaluating their developmental outcomes as being positive.

According to this study, the "society to cell" resilience model will be utilized through its application of the population of children of alcoholics. This model was viewed as having three aspects, first, the ability to resist the effects caused by an adverse experience, second, the ability to recover from the event, and third, the ability to grow and bounce back from the adverse event (Park & Schepp, 2018). This model indicates that anyone has the potential for resilience, however it changes overtime due to the individual's characteristics and the environment in which they reside in.

Szanton and Gill, the developers of this model, organized those intrinsic characteristics and environmental factors into six levels, society, community, family, individual, physiological, and cellular, each level to describe how these factors encourage an individual's need for resilience. The society to cell resilience model indicates that social changes in which individuals endure causes diverse situations which determines the resilience capacity that individual has within that society. For example, when looking at the level of family, family is a factor that influences an individual's view of the world around them and their

perspectives. Many adult children of alcoholics who were a part of this study indicated that having an intact family was a protective factor for this adaptation. Although they did experience a chaotic environment due to alcoholism, being able to rely on family members who did not have an alcohol problem allowed for their resilience and healthy adaptation. Utilizing this model would be helpful in determining each factor that adult children of alcoholics endured in order to figure out why some individuals built resiliency and why others were not able to adapt nor gain resilience due to their adverse childhood experiences.

Adult children of alcoholics endure much trauma throughout their childhood, in which the Trauma-Informed approach may be useful in treating individuals with such adverse experiences and help these individuals recognize the significance of the effects caused by the trauma in their lives. This approach would be useful in drawing connections and presenting problems that individuals may be expressing (SAMHSA, 2014). Trauma-informed care would allow professionals to be properly trained in asking sufficient questions to obtain a client's history of trauma and feel confident in addressing trauma related issues. This form of care would be helpful in recognizing traumatic experiences and making the connection to behavioral health problems such as maladaptive behaviors that individuals of trauma develop. Especially so, if front-line behavioral health professionals are able to build a trauma informed environment, they will be able to meet the needs of the clients, create a safe and collaborative environment, perform with compassion, and utilize treatment that will be

beneficial to clients who have experienced trauma, such as adult children of alcoholics. Trauma informed care would allow adult children of alcoholics to seek and receive services that build their strengths and resilience and provide support in hopes of decreasing maladaptive behaviors or preventing them from occurring.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss and address the outline of the research methods that will be followed throughout the study. It will discuss the study design that will be utilized as well as information regarding participants and how they will be sampled. This chapter will also discuss how the data will be collected as well as the instruments that will be used to analyze the data. The protections of human subjects will be described and the qualitative procedures that will be used to process the data of the study.

Study Design

A qualitative study involves collecting data that is not numerical to better understand the concepts, ideas, and experiences that are being studied. This form of study design aims to explain a type of phenomenon by relying on participant's explanation and perceptions of their experiences in the situation that is being studied (Austin & Sutton, 2014). For this research study, the specific purpose of this proposed study is to explore the research problem utilizing a qualitative study which would be, the experience of trauma and psychological and behavioral problems in adult children of alcoholics. In my study I would like

to learn about the childhood of adult children of alcoholics and the types of trauma they endured. I would like to learn how that has affected them now as adults and whether that has caused them to acquire psychological and behavioral problems or not.

The appropriate research design for this study that will be utilized will be one on one interviews. This design allows the issue at hand to be viewed through different lenses to get a broader understanding of the issues being studied. This method is valuable in gaining different perceptions and insights and individual's experiences (Coughlan et al., 2013). For this research study, this design would be helpful to determine what types of trauma adult children of alcoholics endured throughout their childhood and what possible factors led to their psychological and behavioral problems if applicable. This research study would be an exploratory study because the main goal would be to explore the research problem to form a more defined and clearer understanding.

Sampling

The sample from which the data will be collected for this study will be obtained from participants until saturation, until no new information or themes arise from the interviews. The use of convenience sampling, a type of non-probability sampling will be used in which people are sampled simply because there are convenient sources and of easy reach. This study included both women and men from ages 18 years and older. For this research study, once it was

approved by the California State University Institutional Review Board (IRB) a flyer with the necessary information, such as the researcher's name and their description, a description and explanation of the study, the qualifications for an individual to participate, and instructions on how to participate. The research project flyer was uploaded to the researcher's Facebook page and their personal Instagram. In order to effectively choose members that qualify for this study, participants responded to a brief demographic questionnaire before the interview to select the appropriate participants and identify the level of diversity within the participants.

A brief demographic survey was utilized to gain an understanding of the population and participant's characteristics. These characteristics include age, education, income, living status, and ethnicity. The subjects who participated in the study were also given an informed consent form prior to the study which informed the participants about the study and its background, procedural information, risks and benefits, confirmation that their shared stories will remain confidential, and offered beneficial resources after the interview was completed.

The informed consent form was distributed via email, the subjects marked an X on the form whether they agree to be interviewed. The participants selected were then asked to respond to an interview questionnaire through the application Zoom where only the audio was recorded. The interview ranged from 30-45 minutes and took place in a location and time best fit for the participants. The

subjects were asked a series of questions asked by the researcher, after the interview the researcher transcribed each audio recording.

Data Collection and Instruments

The data collection for this research study was one on one interviews with adults who as children lived in an alcoholic household. These interviews would allow for a greater more in depth understanding of the information provided by the subjects, the ability to identify body movements, nonverbal gestures, and the ability to ask more clarifying questions if needed. The interview questions were open-ended to allow for more discussion and identify major themes. The subjects were asked 17 interview questions and the general themes of these questions covered demographic information, trauma experienced by the adult children of alcoholics, and description of psychological and behavioral outcomes. Some example questions were, can you describe what if any hardships you experienced as a child growing up with an alcoholic parent or guardian? This question helped the researcher obtain an overall understanding of the challenges faced by the participants and the forms of trauma they endured. Another question that was asked was, did you have a close relationship with someone in the household or outside the household that was a non-alcoholic? If yes, how was your relationship with that person? This question helped the research discover whether the participant had a relationship with a non- alcoholic individual that

helped them during their difficult times and whether that person helped them overcome such outcomes that their trauma might have caused.

A limitation that may arise from using this type of instrument in a study with one researcher is biases. Since the main researcher of this study is an adult child of an alcoholic, it may cause potential feelings and their own perception of the problem to arise and cause issues within the study. For this it is important to limit researcher bias by resolving preexisting feelings of personal experiences and beliefs regarding adult children of alcoholics. Another strategy can include having participants review the answers to their interview responses to identify whether the researcher's interpretation of their responses is representative to the participants beliefs.

Procedures

This study obtained approval from the California State University Institutional Review Board (IRB) the researcher of this study then got into contact with the participants either through email or messages from social media. Participants were given the informed consent to their personal emails, were asked to review the form to determine whether they meet the requirements for this study and if they will still want to continue their participation in the research study. Once the individuals reviewed the informed consent, marked it with an X to indicate their agreement, participants informed the researcher with what days and times worked best to complete the interview. Once days and times were

determined the researcher sent out a zoom link and interviews were conducted with only audio recording and the video was off to protect the privacy of the participants.

Due to the pandemic, meeting in person was not an option for this study. The best and safest option was to complete the interviews via Zoom for the safety and security of the subjects as well as the researcher. Before the interview was administered, the researcher again went over the consent form with the participants during the start of the interview to educate them all on what to expect, answer any questions they may have regarding the project, and inform them of their right to terminate the interview and remove themselves from the study.

Protection of Human Subjects

Before potential subjects were contacted for the study, approval of the research was obtained by the California State University Institutional Review Board (IRB). This research study explored and focused on human experience and their personal qualities that may have emerged due to growing up with an alcoholic parent or guardian in the household. Participants shared vulnerable and private information that the researcher was aware of and took their privacy into great consideration. To protect the human subjects that were a part of this research, confidentiality and informed consent forms were thoroughly explained to each participant. As well as the proper storage of the participants information

such as inputting the data and recordings into a passcode safe USB, to minimize the risk of shared information and secure the safety of their responses. Participants names as well never appeared on the data and were informed that the data will only be reviewed by the researcher. Participants were given a copy of the signed informed consent and informed that the data collection will be destroyed by May 21, 2021. The results of this study should not cause harm or risks for the participants, but the researcher did send via email local mental health resources as well as substance use resources in case it is needed.

The human subjects that were involved in this study were shown respect and were treated in a professional manner. The researcher respected the participants autonomy and self-determination. Three individuals chose to back out from the study and the researcher respected their decisions and thanked them for their support. Again, participants in this study were given an explanation of what to expect and the researcher held the responsibility of maximizes participants' benefits and minimize the risk of harm by sending out helpful local mental health resources. Human subjects as well were shown a sense of fairness and justice and were treated properly and equal.

Data Analysis

In analyzing the data for this research study, the researcher utilized qualitative data analysis which is the idea of going through the collected data and breaking it down to examine and identify the similarities and differences within

the information (Khandkar, 2017). Once the data was analyzed, concepts or themes were created to group similar founded information to have a more concise understanding of the data collected (Khandkar, 2017). This research study also utilized interview transcripts in where the researcher searched for and focused on the exploration of values, meanings, patterns, perceptions, experiences, and feelings regarding the theory that was under investigation. To explore and make sense of the phenomenon being studied open coding was done to effectively categorize the raw data and identify themes or patterns to draw meaning of the information and build strong evidence regarding the research topic.

In analyzing the data, the researcher used narrative analysis to analyze the information documented from the interview of the participants and focus on using the stories and personal experiences shared by the individuals to effectively answer the research question being studied.

Summary

The main goals of this research chapter were to discuss the methods and steps that were taken throughout the study to properly answer the research question. Discussions about the procedures that took place, how data was collected, study participants and sample size, as well as information about interview questions and how that was administered was addressed in this chapter.

CHAPTER FOUR

RESULTS

Introduction

The research for this paper aimed to identify experiences in childhood trauma endured by adult children of alcoholics and their behavioral and psychological outcomes now as adults. Along with those findings, themes of effective coping strategies and positive relationships within family or out of family individuals were of importance. Subjects included four women and three men ranging from ages 18-67, three potential subjects denied their continuation in this study. From the seven subjects there was one individual who identified as Caucasian and six identified as being Hispanic. There were three individuals, one male and two women who are currently enrolled in college, three individuals, two males and one female who are currently employed, and the last subject who identifies as female is currently retired.

All subjects shared that their fathers were the alcoholic in their household. Seven individuals between the ages of 18-67 participated in qualitative interviews. The following themes of trauma were derived from participant interviews: Chaotic environments (domestic violence, physical abuse, instability, yelling), emotional and physical neglect, parentification, and financial hardships. Of these traumatic events several behavioral and psychological outcomes were founded, such as, depression, anxiety, unstable relationships, drug and alcohol

use, low self-esteem, and aggression. One consistent finding in this study was the fact that each participant had a strong positive relationship or bond with someone in the household or outside the household who was a non-alcoholic that allowed them to cope with their experiences. These themes are presented in more detail below.

Findings

Chaotic and Often Violent Environment

This theme was identified as a result of this researcher asking the participants to describe their experiences as a child growing up with an alcoholic parent. All seven participants described their environment as “not knowing what is going to happen today” and unstructured. One participant stated, *“My household wasn’t like the rest of my friends, I never woke up and had breakfast as a family, my dad never played catch with me, it was a constant unpredictability of bad events.” “I always made sure to be close by in case something got physical. So, I couldn’t sleep and always remained on high alert.” “When I get calls even now, I’m always like Is everything okay? Is everything fine? It’s never like, Oh, hey, hi. It’s always How’s everything? You know, I want to find out if everything’s good because I’m usually the one they run to, since I have always been close by when needed.”*

Participants shared having to stay alert in case violence occurred. Of the seven participant's five described constant domestic violence within their household or constant aggression such as things being thrown across the room, yelling, slamming and punching of walls. Of the seven interviewees one shared physical abuse by their alcoholic parent, abuse involving being hit with an extension cord, being punched or hit with a belt.

"When my dad wouldn't get his fix, he would take it out on me or my sister or my mom. And it was just hitting us with whatever he could find, like a sandal a belt. The worst one was with the cable for like, the TV. Actually, I have scars on my back still from that one."

The same participant shared being physically punched by their father when under the influence.

"He just straight punched me, you know, close fist in the mouth and knocked me out. And I have a scar, I have a current scar on my lower lip from that hard punch."

Five out of seven participants shared physically seeing their fathers hitting their mothers and of those five subjects one shared only hearing the domestic violence not actually seeing it for themselves.

"I knew that my father would hit my mother because I can hear the slaps and cries, my mom also did not do such a great job in hiding her bruises either."

One participant shared constantly seeing their father physically hit their mother another participant shared seeing their father physically abuse their

mother about 3 times a month, and another participant shared that their father and mother would both physically fight each other mostly every weekend.

“Yes, my father would hit my mom super often, my mom was rarely home because she would stay at the hospital with my sick brother but every weekend it was constant hitting, yelling, and crying.”

“My dad would come home drunk with no money for groceries so my mother would get so angry and yell in my father’s face. My father would hit her, and my mom would hit him back.”

Physical and Emotional Neglect

Parents of the subjects were uninvolved in their lives and inconsistent. The subjects shared that their alcoholic parent was simply uninterested in their lives, irresponsible, and unable to complete the duties of a parent.

“He was very irresponsible and neglected us, our feelings and our emotions. And also, when we went to his house, he never had things for us and didn't really do the job of what a father should do.”

Of the seven subjects, all shared memories of some form of physical and emotional neglect. The alcoholic parent was not present, would never be there when needed the most, and did not attend to their children’s and family’s needs. One subject mentioned,

“My relationship with my father was pretty much nonexistent. To be honest with you. Like I said, my mom was the one that provided everything for us. If I had questions about school, my dad wasn't going to help me so I would go to my

mom.” “As a child we had steps at my house, and I broke my arm playing in the steps. I didn't really know what was going on I just I just knew that my arm was in so much pain, so I knew something was wrong. So, I was telling him to take me to the hospital and he said no. All he said was you're fine, you just twisted your arm because I can't take you right now. Just wait for your mom to get back. And then when my mom got back, we went over to the hospital and yeah, sure enough, turned out on my arm was broken. So yeah, it was just kind of he just didn't really care to help us in any way.”

Subjects in this study also shared experiences of their alcoholic parent disappearing for days on end without any idea of their whereabouts. Six out of the seven participants shared that their parent would leave the household while the subjects (children at the time) and their family would wander the streets looking for them or stay home alone in their household until their parent would show up. This caused much strained and heartache in the subjects and their relationship with their alcoholic parent.

“When I was younger, sometimes he would just leave. And he wouldn't tell us. So, we would have to be looking around for him. And it really took a toll on me, it still affects me today. I have like really bad separation issues, because he would just disappear and wouldn't tell us. So, when people leave nowadays, it's like, I get really worked up.”

Parentification

Parentification is the process of role reversal in where the child is forced to take the role of their parent. Of the seven subjects each one described having to mature at a faster rate to take care of the household, their parents, and their siblings. The participants described having to take care of their alcoholic parent and or keep their younger siblings safe from the chaos, some subjects described having to physically go searching for their parent on the streets, another participant described having to sacrifice their childhood to take the role of their parents since their alcohol use did not allow them to appropriately raise their kids.

“My father’s drinking habits really made me grow up faster than I wanted. I wish I could have just been playing with my friends outside than being indoors and taking care of the house at a young age when that’s something my parents should have been doing.”

Some subjects shared that their non-alcoholic parent had to work to make ends meet so having to stay at home with their alcoholic parent was quite difficult. Five out of the seven participants shared having to take care of their younger siblings as in making food for them, making sure they shower and get their clothes ready for school.

Some subjects described having to go grocery shopping at a young age for their parents, keep the house clean, and clean the mess made the night before.

Participants described staying close to their siblings either in their room or outside to distance themselves from the alcohol chaos in their household.

“Yeah, like I would physically be protecting my siblings from being endangered, but also trying to make sure that they don't internalize any of the stuff that they see. Because I know it can really take a toll on your self-esteem, and they can blame themselves.”

One participant also shared being their mothers “therapist.” Their mother would go to them to vent about their husband’s drinking habits, cry, and lean on them when they were feeling down.

“I've basically been her right hand. Because whatever she's experienced there, she's experienced it to the maximum and she has to carry on. Like, there has been times when she's cried to me and out of desperation and I've always been the one who consoles her. I'm like the insider, I always know what's going on. I've kind of helped protect or like shield my siblings from that, like reality. So, I've kind of helped her with that.”

Financial Hardships

Another common theme throughout the shared stories of the participant’s was financial hardships. This was a major struggle in living with an alcoholic parent. Five of the seven participants shared that their alcoholic parent did not have a career, one shared that their alcoholic father was a musician who would drink on the job, and the last participant shared that they luckily did not struggle financially but money was spent on material things to block out the fact that their

father was a problematic drinker. The participants shared that their fathers would spend most of their time drinking, leaving to drink at bars, and their mother had to be the sole breadwinner of the household which was never enough to make ends meet. One participant mentioned, *“He doesn't spend his money on us, he would rather spend his money on, you know, beer, and sometimes we don't have the necessities.”*

Another participant shared that most of their parent's arguments leading to domestic violence was a result from their father not going to work and not bringing enough money for them to eat or buy daily living essentials.

“My dad would leave all the time, I thought he was going to work but when he would come back, he was only drunk, so turns out he was never going to work.”

“My mom would get super mad because we needed money to eat and to live. That's when all the fighting would begin.”

One subject shared that although they never struggled financially because their father and mother would always work to keep the household stocked with food, hygiene products, all the new toys you can think of, and necessary essentials.

This same participant shared that even though they had everything they needed and more they always felt that they were missing that support and love they needed from their parents growing up.

“Yeah my parents got me whatever I needed and wanted but what I really needed was to spend quality time with them, I didn't care about having the new toy of the year I just wanted to be with my parents but my father was too busy

drinking and my mother was busy with my sick brother at the time. I knew they just used the toys as a way to show that they care and mask the harm they were causing me and my siblings.”

Psychological and Behavioral Outcomes

All participants in this study claimed developing psychological and behavioral outcomes due to their experience of living in the household with their alcoholic parent. The psychological and behavior outcomes developed between the seven participants were depression, anxiety, unhealthy and unstable relationships, drug and alcohol use, low self-esteem, and aggression. Of the seven participants, all seven subjects claim symptoms of depression and anxiety. Subjects explained experiencing emotions of depression that presented as followed, feeling hopeless, unloved, unworthy, crying often, becoming distant from friends, family, and siblings.

“I was so sad I couldn’t even get out of bed for school, I didn’t want to hang out with my friends or siblings, I kind of just backed away from everything and everyone.”

The subjects who experienced depression, two of the seven experienced suicidal ideations but never created a plan or had intent to complete the task.

“Yeah, I thought about killing myself, I felt as if I wasn’t needed here anymore, there’s probably no hope for me because I am probably going to turn out like my father.”

“I wanted to kill myself, I just wanted to end it all, it’s not like anyone would care.”

All seven subjects as well claimed developing symptoms of anxiety. The participants explained being hypervigilant and always on edge or panic due to not knowing whether something harmful was going to happen that day. They also explained feeling on high alert, having uncontrollable thinking or thoughts, difficulty sleeping, changes in their appetite, racing heartbeat, and one subject even shared often experiencing panic attacks.

“My heart would constantly race even if I was just laying down. I would always feel fear in my body when my father would come home drunk, I even feel like this now, but I don’t even live with my dad anymore.” “I never feel relaxed, my body is just use to always being alert and thinking about how or what I need to do to protect myself.”

“I just always felt in panic mode, I couldn’t sleep, I would never get hungry, my stomach always felt uneasy.” “Often my face would go numb, I would get sweaty and nauseous, and my chest felt like it was getting ripped open, I suffered greatly from panic attacks.”

Of the seven subjects, five claim having unhealthy and unstable relationships in the past and in their present life. Five subjects stated having failed romantic relationships because they would struggle to communicate or express their emotions. The subjects shared either being distant with their romantic other in fear of them leaving, walking out during heated conversations, not communicating their emotions, and avoiding arguments.

“I saw myself struggling to share with my partner why I am the way I am. I was scared they were going to leave me so I became distant so in case they do leave me it wouldn’t hurt as much.”

Two clients shared being too “clingy” and not wanting to be far apart from their partner. They explained that their relationship helped them escape their traumatic household and started to notice that living without their partner felt impossible.

“My boyfriend helped me escape my negative household, so I always wanted to be with him. It got to the point where I felt like I couldn’t breathe when I was away from him, I would make him call out of work just so he can stay with me.”

The same two clients also shared dating men that behaved like their father.

“I notice that I date people that are similar to my father. They either have an alcohol or drug problem, abuse me mentally and physically, and have no clear or set future.”

Four subjects shared their increase use in alcohol and drugs, some including marijuana and opiates. Of the four subjects two shared drinking high amounts of alcohol during their college years. They explained that it began as social drinking with their friends but quickly escalated to drinking every weekend until the point of passing out and increased even more to drinking every day of the week. Of the two subjects, they both shared using alcohol to mask their emotions related to the trauma they endured.

“I noticed how alcohol started to consume me. I couldn’t wait to get a drink after work or after school. But one drink soon became six drinks or more resulting in me passing out.”

“I started to love the taste of alcohol and soon noticed how it started to become a problem, I really thought I was now becoming my dad.”

Both of these participants shared seeking help by speaking to their close friends or mothers about their problem with alcohol. Subjects reminded themselves about the horrors their father’s put them through and were able to stop their drinking habits.

Of the four subjects who shared drinking alcohol or doing drugs, one subject shared taking an interest in smoking marijuana on a daily basis and another subject sharing their use of opiates. Both subjects explained using their preferred drugs every day to mask their pain and feel better.

“I couldn’t get out of bed if I did not smoke weed, it would kind of wake me up and made me feel like I can complete tasks and do what I need to do for the day.”

“My dad would use opiates too, so that’s a bit of where my interest and knowledge of drugs came about. Some of my friends and past boyfriends would do it too, so I tried it and loved the feeling.”

Both subjects shared seeking therapy to stop their habits and learned the use of positive coping mechanisms to deal with the pain and emotions their trauma caused. Out of the seven subjects these were the only participants that searched

for and participated in mental health services for their unresolved trauma and behaviors.

All seven subjects claimed having low self-esteem and described their self-confidence as being extremely low and they felt incapable of completing certain tasks. The participants shared the inability of getting out of their comfort zone whether it may be in education, occupation, personal relationships or participating in new situations.

“I was and I am still very timid and unconfident. I don’t like to try new things out of the ordinary because I am scared to fail and feel like a failure. My self-esteem has really destroyed my social life at times however, I do feel myself getting better because I applied to colleges and got accepted to each, something I thought I would never be able to do.”

The subjects explained the uncertainty that their fathers caused throughout their life due to their minimal fatherly interactions and neglect. As a result of this, the subjects shared judging themselves harshly and being terrified of personal criticism. Their low self-esteem has caused their need of approval from others to feel positive about themselves and their successes.

Five participants shared behavioral outcomes such as aggression and anger. Five participants shared getting frustrated easily, unable to control their temper, and blowing situations out of proportion. Subjects claimed becoming triggered by small situations and unable to solve the situations in a calm manner. The five subjects also shared becoming easily angered when conflict would

occur or if they were put into situations where they were being yelled at or feeling humiliated.

“I remember waiting in long lines or driving and getting cut off by other drivers, that would set me off so bad. I would begin to yell and cuss, one time I even got off the car and yelled in their face, definitely putting myself in a dangerous situation.”

“I didn’t have the patience to deal with anything, I always had an attitude even towards people that didn’t deserve it. Sometimes even now I get angry when someone yells at me or makes me look like a fool. I feel attacked so my anger causes me to say hurtful words that I don’t even mean.”

The researcher for this study as well asked participants whether they had a strong and positive connection with an individual inside or outside the household that was a non-alcoholic to determine whether that has helped them cope and prevent the distresses and negative outcomes in their lives to increase. Each and every one of the participants shared having a close connection with someone that has helped them throughout their struggles. Two participants shared having their mother as a strong support system and as being the person to guide them, two subjects shared having their college professors as a strong support system, two subjects shared having their friends who were going through the same crisis, and one shared having a close connection with their aunt. The subjects described that having these connections have allowed them to see the brighter side of their situation. They stated that having that one support system

really made the difference, they shared feeling hopeful, feeling cared for, and feeling as if they can get through their experiences. The subjects shared that their positive connections with that special person has allowed them to cope then and now and has given them a sense of security and motivation to continue their lives and reach their goals despite certain barriers they endured as children that has progressed to their adult lives.

“If I didn’t have my mom by my side during those awful years then I would probably be an alcoholic right now and not a soon to be registered nurse.”

“My friends are the ones who helped me overcome all my challenges. Having them around when I needed them and knowing that I wasn’t alone with this trauma really brought us together and gave me hope that I can overcome these struggles.”

“Without the support of my professor I would probably still be drinking right now and not continuing my education.”

Summary

Based on the above findings, adult children of alcoholics claim to develop psychological and behavioral outcomes due to the trauma they experienced at an early age. These traumatic experiences include chaotic environments, physical and emotional neglect, parentification, and financial hardships. Due to these experiences the subjects described developing psychological problems which includes anxiety, depression, and some participants experienced suicidal

ideation. The subjects as well claimed behavioral issues such as unstable and unhealthy relationships either personal or romantic, the use of drugs and alcohol themselves, low self-esteem, and aggression. The subjects as well described each having a strong bond with an individual who was a non-alcoholic that helped them cope during their childhood years and also now as adults.

CHAPTER FIVE

DICUSSION

Introduction

The purpose of this study was to explore the traumatic experiences that adult children of alcoholics endured during their childhood and whether they developed certain psychological and behavioral outcomes. The findings from this research study reveals several areas of overlap with previous literature on this topic. All themes reported in this study support existing literature that was discussed in the literature review which includes themes in the areas of experienced trauma, psychological and behavioral problems, such as anxiety, depression, unstable and unhealthy relationships, low self-esteem, participation in the use of drugs and alcohol, and aggression/anger issues. Another theme shared among the subjects was the fact that they each had a strong bond and positive connection with an individual who was a non-alcoholic. Those individuals were said to help the subjects cope during times of distress as children and now as adults.

Trauma, Psychological and Behavioral Outcomes

All seven participants in this research study were asked several questions in regards of the trauma they experienced during their childhood. All seven participants described experiencing and living in a chaotic environment, experiencing physical and emotional neglect, parentification, and five subjects

described experiencing financial hardships. The participant's discussion and descriptions of the trauma they experienced as children as it related to living in a chaotic environment supports Roberts' (1992) research, which discussed how adult children of alcoholics grow up in dysfunctional environments that creates a sense of unpredictability and hypervigilance. Roberts also discussed that adult children of alcoholics experience situations that consist of domestic violence, yelling or aggression, inconsistent care such as having an unstructured environment or experiencing emotional and physical neglect, and not knowing what is going to occur next (1992). According to the participant's discussion and description of this study these findings also align with Ross' & Hill's findings which discuss that adult children of alcoholics endure situations of marital conflict, domestic violence, physical, and mental abuse and that their unpredictable households also include parent-child conflicts and negative forms of communication (Ross & Hill, 2001).

Of the seven subjects five discussed the experience of parentification when growing up in their household with their alcoholic parent. The participants describe their experience of having to take care of their siblings at such a young age, cook for their family, clean the household, and take up jobs at a young age compared to other kids their age. Their discussion and description of parentification supports Kelley's (2006) research findings which discuss that adult children of alcoholics assume adult roles before they are developmentally and physically capable. She mentioned that adult children of alcoholics reverse roles

with their parents because their parents are unable to meet their needs and are now forced to attend the emotional and physical needs of their parents (Kelley, 2006).

The theme of financial hardships was very common within the participants of this study in which five participants discussed experiencing financial issues due to either their parents not working, their mother being the sole breadwinner and not making enough, or funds being spent on alcohol. Although there were no definite findings of this type of trauma within the literature review it was mentioned by Kelley (2006) that adult children of alcoholics that take up the role of their parents are then in charge of managing household incomes possibly resulting in financial hardships due to not acquiring enough funds to pay monthly payments or purchase goods.

All seven participants were asked to describe any hardships they endured and whether they believe it has led them to obtain certain behaviors now as adults. Participants descriptions of their symptoms and behaviors all differentiate due to different traumatic experiences. All seven subjects described experiencing symptoms of depression, anxiety, and low self-esteem as a result of the trauma they endured while living in a household with their alcoholic father. The participants descriptions and discussions of anxiety, depression, and low-self-esteem supports Kelley's (2006) research findings where it discusses that adult children of alcoholics are at a higher risk of obtaining depressive symptoms, low self-esteem, and anxiety disorders. Kelley (2006) as well discussed that adult

children of alcoholics have attachment issues or relational difficulties resulting in unstable and unhealthy relationships, another prominent theme that was founded in this research study among the participants.

Five participants in this study shared an increase feeling of anger and aggression towards insignificant situations that may have arose during their lives. They discussed feeling irritable, easily triggered, and unable to effectively handle stressful situations. Their discussion and description of aggression aligns with Baker's and Stephenson's (1995) study where adult children of alcoholics are said to experience stressful environments and situations throughout their lives due to living with their alcoholic parents. As a result of this, they are at an increased risk of partaking in aggressive behavior and becoming easily angered due to the stress they had to endure as children (Baker & Stephenson, 1995).

Four out of the seven participants shared partaking in the use of alcohol and or drugs to cope with certain stressors and emotions caused by their trauma experienced as children. According to Klosterman's (2011) study, adult children of alcoholics are at a high risk of becoming alcoholics themselves and using drugs. The reason for this is because adult children of alcoholics have the inability to develop strong positive coping mechanisms, so instead they partake in avoidant behaviors, such as consuming alcohol or using drugs. The three other participants in this study mentioned avoiding the use of alcohol and drugs to cope and instead discussed that their close bond with another individual is what helped them face their challenges and continues to help them to this day.

Each participant shared and discussed that they had a close and positive connection with a non-alcoholic in where they were able to vent, ask for help, or simply get distracted from their stressful lives.

The participant's discussion and descriptions of having a strong bond with a non-alcoholic supports Gasior's (2014) study which explains that the risk factors and behavioral outcomes that adult children of alcoholics endure is closely related to their traumatic experiences during their childhood, however individual who partake in risk factors are said to develop more adverse outcomes such as a mental health disorders and individuals who had at least one positive and supportive guardian or friend that was a non-alcoholic are seen to have better coping mechanisms and overall less participation in risk factors. Adult children of alcoholics who had a supportive and positive connection with a non-acholic individual either inside or outside the home were able to build resilience and effectively manage life challenges and negative outcomes (Gasior, 2014). Although all participants in this study had a strong and supportive connection with an individual who was a non-alcoholic some still participated in drinking alcohol or using drugs and all participant's shared developing psychological and behavioral outcomes. What can be determined from this study is that although the subjects did experience such negative lasting outcomes the role of their supportive non-alcoholic friend, professor, or mother made those situations manageable and worth overcoming. Each participant shared how even though the experiences of trauma they endured resulted in inevitable outcomes of

behaviors their supportive figure lessened its impact. Every one of the subjects in this project are either in college, working a full-time job, or retired from their long successful occupation. Despite their trauma and despite having some moments of weakness, each subject was able to pull through and continue bettering their lives than what their fathers were able to give them.

It is still uncertain whether having a close connection with a non-alcoholic can lessen the impact of trauma on adult children of alcoholics because this study did not have participants who shared not having a supportive non-alcoholic guardian. Therefore, the researcher was unable to see the two sides and compare.

The researcher gained useful data on the topic of adult children of alcoholics and their experience of trauma and whether it has resulted in developing psychological and behavioral problems. This research has contributed to the understanding of adult children of alcoholics and the types of trauma they endure as well as the symptoms and behaviors they obtained due to the impact of their traumatic experiences. This information can then help mental health professionals remain educated with this population and properly assess these individuals and provide relevant and effective interventions.

Some limitations found for this study was the overall sample size. The sample for this study only contained seven subjects which diminished the ability to see different psychological and behavioral outcomes, as well as different traumatic experiences. If a larger sample was obtained, then a more diverse

indication of traumas and outcomes could have been found. According to this study, all participants experienced and suffered from extreme trauma however, that it not the case for every adult child of an alcoholic.

Another limitation was the fact that all but one participant was Hispanic. This is a limitation because it does not allow the research to take into account different cultures or diversity factors that could have contributed to the participant's experienced trauma and psychological and behavioral outcomes. Having participants of different cultures and races would have allowed to see different perspectives, ideas, and values in regards of the research topic. Another limitation of this study was the fact that all participants only had one alcoholic parent and each participant shared that it was their father. If participants in this study shared having two alcoholic parents, then possibly their experienced trauma and outcomes would have been worse or if participates shared having their mother as the alcoholic parent then responses might have been different. A last limitation found in this study was the fact that all participants shared having a close and supportive person therefore, comparison between those individuals with others that did not have a supportive person was unable to be made. Despite the limitations of this study, the findings are very dependable and valuable and will contribute to this topic of research.

Recommendation for Social Work Practice, Policy and Research

This research study provides insight on adult children of alcoholics and their experiences of trauma growing up with an alcoholic parent or guardian and how that trauma resulted in psychological and behavioral problems. This insight allows social workers to enhance their knowledge in this area and gather information to become better equipped in helping adults overcome instilled behaviors from their past. Knowledge pertaining adult children of alcoholics and their real-life experiences can allow social workers working with this population to develop a sense of understanding when it comes down to the client's perspectives, behaviors, insight, and overall emotional feelings. Growing up in an alcoholic household means growing up having to be vigilant and patient for the next chaos to occur. Adult children of alcoholics grow up learning how to survive the chaos which in turn results in disempowerment due to their needs not being met nor cared for. This research study will allow social workers to become better equipped in the area of trauma as it pertains to adult children of alcoholics and better assist them through the obstacles and barriers, they continue to face in their lives due to growing up in an alcoholic household. Knowing this important information can help trained clinical social workers effectively work with adult children of alcoholics and help them with the use of therapy to heal and gain resilience.

Another recommendation for practice is the creation of adult children of alcoholic therapists. I am not too sure if this title already exists but having a

clinical social worker and or therapist that solely focuses on adult children of alcoholics can better assist this population whether it may be individual or group therapy. The implementation of this title and the information provided in this research study would allow adult children of alcoholic therapists to better understand negative outcomes and help this population understand their own personal thoughts, feelings, and intentions. Adult children of alcoholic therapists can also help them understand that their internal power cannot be taken away by anyone or anything and work with them to gain and visualize their own values.

One recommendation as it pertains to policy is the implementation of free self-help groups within organizations and or colleges that solely focus on individuals who are adult children of alcoholics. Self-help groups are groups in which members share the same issue and or have gone through the same situation. This type of group allows the participants to provide help, support, and advice to one another. The idea of this group would allow adult children of alcoholics to share their stories of their trauma, realize that their behavioral and psychological outcomes are common within the group, and possibly obtain coping mechanisms from the group members. The idea behind these self-help groups is that the experiences shared by the group members is a valuable asset in the encouragement of understanding and healing.

When examining the interviews and themes that were found in this study it can be seen that these themes and findings can drive and create future research on this topic. First and foremost, the total number of participants was not a large

enough sample to obtain significance when examining the data collection. Having a larger sample size of subjects would allow for different findings in the data as it pertains to the trauma endured by adult children of alcoholics and psychological and behavioral outcomes. Secondly, a larger sample size would also allow for more diversity within the participants. The subjects in this research study were primarily Hispanic which then limits the impact on research for adult children of alcoholics who identify with different cultures or races. It would be beneficial for future research to achieve a wider array of participants that come from various backgrounds to determine if ethnicity play a factor in the trauma and psychological and behavioral outcomes in adult children of alcoholics. A wider net of participants would also allow for further study on whether having a close and supportive relationship with a non-alcoholic individual lessens the psychological and behavioral outcomes of adult children of alcoholics and builds resilience and protective factors within that individual.

Conclusion

This research study utilized a narrative analysis to discover certain traumatic experiences endured by adult children of alcoholics and psychological and behavioral outcomes due to those experiences. This narrative analysis produced codes which led to major themes of trauma and psychological and behavioral problems. The major themes that were produced for the trauma experienced and psychological and behavioral outcomes were chaotic

environments, physical and emotional neglect, parentification, financial hardships, depression, anxiety, low self-esteem, unstable and unhealthy relationships, drug and alcohol use, and aggression.

This research study as well identified a theme of having a close and positive connection with a non-alcoholic among all seven participants. Although, this study did reveal that adult children of alcoholics experience substantial forms of trauma as children, and that trauma does correlate with later developing behavioral problems in their adult lives, the idea as to whether having a close connection with a non-alcoholic remains a gap in the research. The inability of obtaining subjects who shared not having a non-alcoholic supportive individual blocked the research from further indicating whether that aspect either lessened or worsened adult children of alcoholic's outcomes. Adult children of alcoholics and their trauma endured as well as their negative outcomes is a topic that needs to be more commonly talked about in the field of social work. In order to bring awareness of this topic social work programs and agencies need to make this topic an important part of the curriculum and or training. Bringing awareness to this topic will offer effective and needed help for suffering adult children of alcoholics and improve their overall well-being and emotional stability.

APPENDIX A
INTERVIEW GUIDE

Interview Questions:

1. How old are you?
2. What is your gender identity?
3. What is your ethnicity?
4. What is your education status?
5. What is your current employment status?
6. Can you describe what if any hardships you experienced as a child growing up with an alcoholic parent or guardian?
7. How would you describe your relationship with your caretakers?
8. How young were you when you realized your caretakers drinking habits were problematic? How did you realize?
9. Do you have any recollection of witnessing or experiencing domestic violence in your household? If yes, how did that look like for you?
10. Do you have any recollection of witnessing or experiencing sexual abuse? If yes, how did that look like for you?
11. Do you have any recollection of witnessing or experiencing neglect in your household? If yes, how did that look like for you?
12. Did you have a close relationship with someone in the household or outside the household that was a non-alcoholic? If yes, how was your relationship with that person?

13. What if anything helped you cope with those challenges of growing up in a household with an alcoholic parent or guardian? Could you describe your experiences as a child?
14. How has these experiences affected you now as an adult?
15. In what ways has it affected your self-esteem?
16. In what ways has it affected your current or past relationships?
17. In what ways has it affected your psychological behavior?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

This study is being conducted by Yulissa Acosta, a graduate student, under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This research study focuses on adult children of alcoholics and will examine participant's psychological and behavioral problems. This consent form is your invitation to participate in this study if interested and qualifiable. My contact information will be listed below in where you can contact me for further information or questions. The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to discover trauma endured by adult children of alcoholics and how that has possibly caused psychological and behavioral problems.

DESCRIPTION: Participants will be asked a series of questions regarding their past trauma as children and their relationship with their guardian(s). The interview will include questions such as what do the subjects remember most from their childhood, How was their relationship with their caretakers/guardians, how young were they when they recall their guardian(s) drinking habits, do they have any recollection of witnessing or experiencing domestic violence, sexual abuse, or neglect in their household.

PARTICIPATION: Participation in this study will take place via ZOOM where an interview will be conducted. The ZOOM video call will last approximately 45 minutes. The interview will involve several questions including demographics and trauma related experiences. Answers to these questions are voluntary and can be skipped or refused. Participation in the study is completely voluntary and can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: With your permission the ZOOM meeting will be recorded for accuracy of transcription of the responses. Use of the webcam is voluntary and all names shared during the interview will be changed for privacy and security during the transcription process. The recordings of the interview will only be seen by me, the researcher of the study, and will be securely deleted once recordings have been transcribed and typed out. Your responses will remain confidential and kept securely in a password protected flash-drive kept safely in a locked private desk drawer.

DURATION: The Zoom interview will take approximately 45 minutes to complete and answer interview questions.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation. Risks that may arise as a result of the procedures

taken during this study would be psychological or emotional discomfort since discussing about past trauma that may have affected the participant's lives. Resources will be given to participants for their own use if risks become unmanageable. Participants may skip any question or stop the interview with no consequences.

BENEFITS: There will be no direct benefits for the respondents, but findings from the study will contribute to the knowledge base of what is being studied.

CONTACT: If you have any questions about this study, please feel free to contact Yulissa Acosta.

Email: 005236253@coyote.csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 20XX.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

APPENDIX C
DEBRIEFING STATEMENT

Debriefing statement

For this research study, the specific purpose of this proposed study is to explore and determine the childhood of adult children of alcoholics and the experiences of trauma they endured. This study will determine how that has affected them now as adults and whether that has caused them to acquire psychological and behavioral problems or not. Previous research suggests that Adult children of alcoholics have experienced minimal physical and emotional care, unstable expectations, unresponsiveness and minimal interaction by their caretakers which have resulted in the feelings of shame, doubt, uncertainty, and the inability to trust others (Roberts 1992). Adult children of alcoholics also tend to develop depressive symptoms, anxiety disorders, lower self-esteem, antisocial behaviors, attachment issues, and relationship problems (Kelley et al., 2006).

This study will utilize one on one interviews with subjects to identify the issue at hand and to determine what types of trauma adult children of alcoholics endured throughout their childhood and what possible factors led to their maladaptive behaviors if applicable.

Resources:

Crisis text-line: Text HOME to 741741. Provides 24/7 support

National Suicide Prevention Lifeline: 1 (800) 273-8255. Provided 24/7 support

SAMHSA'S National Helpline: 1-800-662-HELP (4357)

RI International Mental Health Urgent Care (442)268-7000
2500 N Palm Canyon Dr A4, Palm Springs, CA 92262
Open 24 hours

Latino Commission Counseling
1612 1st St, Coachella, CA 92236
(760)398-9000

Transitional Age Youth "Desert FLOW"
78-140 Calle Tampico
La Quinta, CA 92553
Phone: (760) 863-7970
Fax: (760) 863-7955

Jewish Family Service of the Desert
490 S Farrell Dr C 208, Palm Springs, CA 92262
(760)325-4088

Indio Mental Health Clinic
47-825 Oasis Street
Indio, CA 92201
Phone: (760) 863-8455
Fax: (760) 863-8587

Substance Abuse Resources:

Palm Desert
74923 Hovley Lane East
Palm Desert, CA 92260
(760) 770-2286
M - Th 8am - 5pm / Fri 8am-4:30pm

Indio

83-912 Avenue 45, Ste 9

Indio, CA 92201

(760) 347-0754

M - F 8am - 5pm

Desert Hot Springs

14320 Palm Drive

Desert Hot Springs, CA 92240

(760) 770-2264

M – Th 8am - 5pm / Fri 8am-4:30pm

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

March 2, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination Status: Determined Exempt
IRB-FY2021-92

Laurie Smith Yulissa Acosta
CSBS - Social Work
California State University, San Bernardino 5500 University Parkway
[San Bernardino, California 92407](#)

Dear Laurie Smith Yulissa Acosta:

Your application to use human subjects, titled "The Experience of Trauma and Psychological and Behavioral Problems in Adult Children of Alcoholics" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

file:///Users/yulissaacosta/Downloads/IRB%20approval.webarchive Page 1 of 2

CoyoteMail Mail - IRB-FY2021-92 - Initial: IRB Admin./Exempt Review Determination Letter 5/2/21, 7:59 PM

Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.

Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.

Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-92 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair CSUSB Institutional Review Board

ND/MG

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