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The Risk and Protective Factors for Adolescents with an Addicted Parent

by

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in Business Communications

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This research project was a qualitative study that explored the risk and protective factors for adolescents who are growing up with a parent who is addicted to drugs and/or alcohol using a sample of eight participants. Specifically, this research looked at the possible protective factors that may help an adolescent from becoming addicted to drugs and/or alcohol themselves. Also, this research looked at the possible risk factors that may have helped an adolescent fall into addiction like his or her parents. In addition, the study explored possible behavioral patterns exhibited in adolescents who are growing up in a home with addiction and become addicted themselves. The themes that emerged from the data for risk factors for adolescents who grow up in a home with an addicted parent and who become addicted to drugs and/or alcohol themselves were a) parental chemical health modeling, b) traumatic experiences in adolescence and/or adulthood and c) genetic predisposition. In comparison, the themes that emerged for protective factors for adolescents who grow up in a home with an addicted parent and do not become addicted to drugs and/or alcohol were a) engagement with others and in activities, b) resilience and c) a faith in God. The predominant theme that emerged for the behavioral patterns of adolescents who grow up in an addicted home and become addicted to drugs and/or alcohol themselves was oppositional defiance. Overall, the data from this study had some similar findings as other research, but also provided new findings. It is imperative that clinicians continue to stay knowledgeable regarding the risk and protective factors for adolescents who are growing up in a home with parental addiction. Research showed that these factors are always changing and different for every adolescent. It is important for

social workers to be aware of the diversity of these factors that could help or hinder an adolescent from following in their parent's footsteps of addiction.

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Introduction

The Risk and Protective Factors for Adolescents with an Addicted Parent

The prevalence of adolescent drug and alcohol addiction continues to be a problem in the United States, as well as other countries around the world. For many adolescents who are addicted to drugs and alcohol, they have been exposed to their own parents' addictions as well. Research shows that children of substance abusers are at a higher risk of developing substance abuse problems when they are older (Leichtling, Gabriel, Lewis, & Vander Ley, 2006). It has been estimated that over 8 million children in the U.S. have a parent that either is a substance abuser or addicted to drugs and alcohol (Substance Abuse and Mental Health Services Administration, 2009). Adolescents who are brought up in homes where one or both parents are addicted to drugs and/or alcohol can experience emotional, cognitive, social and behavioral difficulties (Copello, Velleman, & Templeton, 2005). Some of these children can experience anxiety, depression and anti-social behavior (Velleman & Orford, 1999). Social workers need to be aware of the problems that adolescents face who are living with an addicted parent. It is important to understand the possible risk factors that can lead an adolescent into addiction as a result of having a parent or parents who have an addiction. It is also important to recognize potential protective factors that could help prevent an adolescent from falling into addiction. An awareness of the possible risk and protective factors can help a social worker either help an adolescent find outside resources to build in some protective factors or using the strengths based perspective build on existing protective factors that are already in place for the adolescent.

This qualitative study will explore the risk factors for adolescents who become addicted to drugs and alcohol and who also have a parent who has or had an addiction as

well. In addition, this study will look at possible protective factors that may prevent adolescents from following in their parents' footsteps of addiction. Also, this study will explore the possible behavioral patterns of adolescents who enter treatment that have an addicted parent or a parent in recovery at home.

Literature Review

Definition of Substance Dependence and Substance Abuse

According to the American Psychiatric Association (APA) (2000), substance dependence is clinically defined if someone meets three or more of the seven criteria within the last year. The first criteria is explained as someone having "tolerance," which can be described by one or both of the following: to have more of a particular substance, to feel the wanted effects or to not be able to get the desired effect with the amount of a substance that used to be effective beforehand (p. 110). The second criteria is defined as "withdrawal," which is explained by one or both of the following: the person is experiencing the specific traits of a withdrawal from their specific substance, which is explained further in the DSM for different substances or a person takes the desired substance or a different substance, so as not to have withdrawal type symptoms (p. 110). The third criteria explains that more of the substance is being used or is being used for a period of time that lasts further in duration than the participant had originally planned. The fourth criteria explains that the person may want to change his or her behaviors and may have tried to either abstain or lessen usage, but has not been able to make the desired changes. The fifth criteria explains that the person is focused on either getting their substance or using the substance or trying to feel better after he or she has used the substance. The sixth criteria, is that the person has entirely or partially, let go of many

outside interests or participation in activities because of the substance. The seventh criteria is that the person has continued to use the substance, even though he or she is aware of the “physical or psychological problem” this substance has caused in his or her life (APA, 2000, p. 111).

In comparison, APA (2000) defines substance abuse if someone meets one or more of the four criteria, within the last year. The first criteria is that the substance use is causing the person to not take care of his or her responsibilities whether that is his or her family, home, work or school. The second criteria, is that the substance use is being used in settings that could be harmful, such as operating a moving vehicle. The third criteria, is that the substance use is causing the individual to get into trouble with the law. The fourth criteria, is that the individual continues to use the substance, even though he or she knows that it is problematic (APA, 2000). According to the APA, these are the criteria that need to be met for determining if someone has either substance abuse or substance dependence.

Parental Substance Dependence and Abuse

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2009), of the over 8 million children who are affected by a parent who is a substance abuser or is dependent on drugs and or alcohol, over 7 million of them has a parent who has alcohol dependence or abuse. In addition, a parent who either is dependent on illegal drugs or has abused illegal drugs affects over 2 million children. In terms of gender differences, it is estimated that over 5 million of the children had a father who had substance abuse issues or who was dependent on drugs and/or alcohol. In

comparison, over 3 million children had mothers who abused a substance or were dependent on it (SAMHSA, 2009).

Research done by SAMHSA (2009) discovered that over 14% of women, who were both mothers of children under the age of 18 and married, had abused alcohol in a one-month period. In addition, over 4% of women who were both mothers of children under the age of 18 and married, had used an illegal drug in a one-month period (SAMHSA, 2009).

According to Rohrbaugh (2008), parents that are substance abusers can have a wide variety of characteristics dependent on their socio-economic status, as well as other factors. Some substance abusers have had experiences with mental illness, financial difficulties and some level of trauma. Some of the traits of parents that have substance abuse issues are related to their own mental functioning and their experiences with their own parents when they were children. Some of these traits are having a low self-worth, problems with relationships, experiences of abuse as a child and their family of origin's substance abuse issues (Rohrbaugh, 2008). Research has shown that substance-abusing parents do not spend as much time with their children and their parenting patterns are not consistent (Gance-Cleveland & Mays, 2008).

Hazelden (2002) explained that there has been an increased amount of substance abusers choosing pain medications for non-medical reasons. These pain medications include such opioids, as oxycodone. Furthermore, the majority of people who went to treatment for an addiction to pain medications between 1994-1999 were the average age of 37 and 85% were Caucasian (Hazelden, 2002). According to the aforementioned research, many children are affected by parental substance dependence and substance

abuse. The effects on both the parents and children have shown to have negative outcomes.

Impact on Adolescent Development

Levy-Warren (1996) in her book, *The Adolescent Journey, Development, Identity Formation, and Psychotherapy*, illustrates that the adolescent stage is defined by many changes, physically, cognitively and socially. In early adolescence, a child begins to move away from his or her parents and begins to become more involved with his or her peers, as well as form their own sense of self. By middle adolescence, most children have become fully immersed in their social experiences with their peers (Levy-Warren, 1996). According to Ronel & Levy-Cahana (2011), many adolescents are introduced to the availability of drugs and alcohol, as well as the opportunity to use them or not. According to Simons-Morton (2007), an adolescent's decision to use drugs or alcohol may be directly linked with his or her peers' substance use.

In addition to an adolescent being exposed to his or her peers' substance use, an adolescent may also be exposed to his or her parents' addiction issues. According to Jellinek (2007), a child exposed to a parental addiction can experience issues with safety, abuse, neglect, low self-worth and feelings of being hopeless. In addition, Gance-Cleveland and Mays (2008) explain that a child who has a parent who abuses a substance can have issues in the classroom such as learning, not following the rules and relating with others. Rohrbaugh (2008) discusses findings in other research studies of children's experience with parents who abuse drugs and/or alcohol. Findings indicated children can experience anxiety, low academic functioning, aggression and their own problems with substance abuse (Rohrbaugh, 2008). Developmentally, adolescents are at the age where

they are becoming more involved with peer relationships and many are experimenting with drugs and alcohol. Also, many adolescents are being exposed to their own parents' substance addictions, which can have lasting negative effects on them.

Genetically Predisposed

Numerous studies have showed that genetics does play a role in the transmission of addiction in families (Hazelden Foundation, 2008). For example, studies done on adoptees and twins have helped researchers explore the impact genetics has on familial addiction. For example, studies have explored alcohol abuse and dependence in children who were adopted from biological parents who did have alcohol dependence and children who were adopted from biological parents who were not alcohol dependent. In these studies, it was found that the sons of the biological parents who were alcohol dependent had higher rates of alcohol dependence and abuse than the biological sons of the parents who were not dependent on alcohol. However, the data was inconsistent for the daughters in these same studies (Hazelden Foundation, 2008).

According to research, genetic factors are attributed to about 40-60% of the risk of a person becoming either dependent on alcohol or abusing alcohol (Hazelden Foundation, 2008). Research has shown that a family history of substance addiction is a strong risk factor both on its own and when combined with other factors (Biederman, Faraone, Monuteaux & Feighner, 2000). Furthermore, research has shown that in the case of adult children of alcoholics (ACOAs), "...there is a great deal of variability in that not all children of alcoholics (COA's) develop a drinking problem or psychopathology as a result of their alcoholic parentage. Many studies have pointed to a common core of individual dispositions and support systems in the extended family and community that

appear to foster resilience” (Hall, 2007, p. 62). Although, genetics does play a role in a person developing a substance addiction, there are many other factors that can help or hinder an adolescent from developing an addiction like his or her parent.

Risk and Protective Factors

According to Rutter (2002), a person’s history that can lead him or her to substance misuse is not simple and can be influenced by various factors that are consistently changing in one’s life. Ronel and Levy-Cahana (2011) explain that risk factors are the ones that could increase the possibility of an individual to have certain problems. In addition, Ronel and Levy-Cahana suggest that the protective factors in one’s life are those that help balance out the results of certain risk factors, which then help decrease the possibility of developing certain problems. In addition, risk and protective factors are subjective for each individual. For instance, one individual may view a risk factor as a potential strength, which may help him or her lead a healthier life (Ronel & Levy-Cahana, 2011).

Ronel and Levy-Cahana (2011), Ronel and Haimoff-Ayali (2010) and Schafer (2011) conducted research on the possible risk and protective factors that can be involved for children who grow up in a home where one or both parents have addiction issues. Ronel and Levy-Cahana (2011) interviewed 19 adolescents from Israel who all had at least one parent that was dependent on a substance or in recovery from substance abuse. The participants were put into two groups based on if they had experienced addiction issues in their lives or not. One group consisted of nine adolescents who experienced life without having an addiction to drugs or alcohol. The other group consisted of ten adolescents who did abuse drugs, eight of them were in recovery, one was still abusing

drugs and one used drugs on occasion. The participants varied in gender, age, ethnicity and religion (Ronel & Levy-Cahana, 2011). Ronel and Haimoff-Ayali (2010) research used the same participants, however, their analysis of the data focused primarily on the family experience. The data from this study illustrated the perceptions of the adolescents with an addicted parent (Ronel & Haimoff-Ayali, 2010).

Ronel and Levy-Cahana (2011) research focused on the subjective themes that emerged from their interviews, regarding the risk and protective factors that affected the adolescents' experiences with their parents' addictions. Many themes emerged from the study for the adolescents who did become addicted to a substance. Some of these risk factors included the adolescents' perception of their addicted parent and a desire to be like the addicted parent. The adolescent's view of the substance-abusing parent as a strong figure in the family served as a risk factor. For example, one of the participants stated, "I was very afraid of him. I never knew how to say 'no' to him. Like I did whatever he asked me...I don't see myself as a strong person. On the contrary, I see myself as a very weak person...I admired him very much..." (p. 612). Another risk factor was the participants' desire to emulate the substance-abusing parent, especially when the parent was perceived as being a strong figure. One participant stated, "I had to know what (using drugs) does to him. I had to feel it...I said to myself that I had to know what my father had been through...I took it once, and it was good...so I said: it was good for him like it was for me, so now I understand" (Ronel & Levy-Cahana, 2011, p. 612).

In comparison, some of the protective factors that emerged from the data for the adolescents that did not fall into addiction were their sense of their own strength compared to the substance-abusing parent and a longing for a different future (Ronel &

Levy-Cahana, 2011). The adolescents' perceptions of their addicted parent as being weaker than themselves served as a protective factor. One of the participant's stated, "...My dad was weak too...easily convinced, easy to play with...I took hold of myself and vowed I wouldn't give my children this life, even if it killed me. I wouldn't give my children divorce or crap, and no lack of anything, and for sure, none of the drugs that destroyed my home" (p. 614). Another theme that emerged from the data was the protective factor of the adolescents yearning for a different future for themselves. These adolescents desired a life that was different from their parents, which was without addiction. One of the participant's stated, "...I'll give my children something different from what I had. I'll be responsible...I'm different from what I know. I'll do the opposite. I want to build something of my own" (Ronel & Levy-Cahana, 2011, p. 615).

In comparison, Ronel and Haimoff-Ayali (2010) analysis focused on the family experiences of addiction. A factor that was illustrated as a possible risk and protective factor was the role of the non-addicted parent whom was identified as the mother, predominately, in this study. For several of the adolescents who were able to lead a life without addiction, the role of his or her non-addicted mother was crucial. One of the adolescents described her mother as, "My mother was very significant. Mom is Conan the Barbarian, she held the whole family together, all five of us kids. There was nothing she couldn't do. She always used to help us and loved us very much" (p. 459). Another adolescent that had fallen into addiction described his non-addicted mother as, "My mom is completely cut off... and she had a very hard life, my mom" (p. 460). Another protective factor for the adolescents who did not have addiction issues were the relationships they shared with their younger siblings or other family members. These

participants wanted to give their younger siblings what they had missed out on, which gave the participants a sense of tenderness and love. “For some of the participants, this produced a mechanism that curtailed their deterioration and self-destruction or at least expressed an area that the destruction had not yet penetrated, where the normative aspiration still held sway” (Ronel & Haimoff-Ayali, 2010, p. 467).

Schafer (2011) conducted a qualitative study with 12 participants in Auckland, New Zealand that were either undergoing treatment or finished treatment for substance addiction. These participants varied in gender and age. The majority of the participants’ parents were also addicted to alcohol and other drugs. The data from the interviews showed that most of the participants had experienced a traumatic childhood with experiences of physical and sexual abuse, which they felt had contributed to their own addiction issues. Many of the participants felt that their experiences with physical and sexual abuse were a result of their own parents’ addiction issues. “The majority of the participants experienced abusive childhoods and explained that alcohol and other drugs were a direct cause of abusive behavior from their parents, who were stressed because of their own addiction, poverty and abusive relationships” (p. 143). In addition, the participants had some beliefs that their own parents’ addictions may have caused them to have substance abuse issues. For example, one of the participant’s discusses how the presence of addiction has been an issue for many people in her family. Another participant explained that his family was “littered” to describe the amount of people in his family who dealt with alcoholism (Schafer, 2011, p. 139).

According to Gance-Cleveland and Mays (2008), factors that can help build “resilience” in a child who has a parent that is addicted to drugs and/or alcohol, are

positive adult role models, school-based activities, as well as participation in groups that can build their self-esteem (p. 300). Gance-Cleveland and Mays conducted research that explored the effects of a “school based support group” for adolescents who had a parent who was a substance-abuser (p. 300). This study found that the support group did serve as an educational tool for the adolescents to learn more about substance abuse. In addition, the results from the study showed that the group with substance-abusing parents did show a decrease in their own substance use after participation in the support group. In the research, the data showed that the female participants did experience some improvements in regards to their coping skills, whereas the male participants coping skills stayed about the same (Gance-Cleveland & Mays, 2008). As shown, there are many risk and protective factors that can affect an adolescent from either following in their parent’s addiction patterns or not. Another variability that can have risk and protective factors built into an adolescent’s life are cultural issues.

Cultural Issues for Risk and Protective Factors

Hall (2007) and Swaim, Beauvais, Walker and Silk-Walker (2011) conducted research on people within different ethnic groups who had a parent who had addiction issues. Hall (2007) conducted both quantitative and qualitative research on the effects of kinship ties on the development of resilience amongst African American adult children of alcoholics (ACOA). However, this study did not look at if the respondents became addicted to drugs and alcohol. This study compared differences in social support, self-esteem and coping strategies between African American college students who were ACOA and adult children of non-alcoholic parents non-ACOA. The quantitative portion of the study consisted of surveys given to a sample of 128 students from two universities.

The qualitative research was made-up of in-depth interviews with a sample of ten students that identified as an ACOA (Hall, 2007).

In another study, Swaim et al, (2011) conducted a research study on 251 urban American Indian adolescents and their alcohol use that either had or did not have a parent with addiction issues. This study also looked at the families' beliefs towards adolescent drinking and if this had an effect on their adolescent's consumption of alcohol. This study took place over a period of five years to track the adolescents' changes in alcohol consumption over time (Swaim et al., 2011).

Hall (2007) found in the quantitative data that the ACOA used more effective coping responses than the non-ACOA. However, there were no differences between these two groups on levels of self-esteem and kinship support. The study found that the African American ACOA had kin/fictive kin relationships that were important aspects of their coping with their conditions at home, more so than a religious and/or church activity. These relationships tended to provide some protective factors that helped build resilience for the participants from their substance-abusing parent. The Hall study did not specifically explore if the participants had substance-abuse issues (Hall, 2007).

Hall (2007) found in the qualitative data that the respondents appeared to foster their kin relationships by seeking advice, emotional support and problem solving within these relationships. These relationships tended to be relied upon by the participants living with a substance-abusing parent. However, some of these relationships did have some negative consequences on the ACOA, such as behavioral problems, premature sex and inability to trust and/or have intimate relationships (Hall, 2007).

Swaim et al., (2011) found adolescents who had two parents who had alcohol addiction issues had more alcohol problems later on than the adolescents who had no parents with alcohol addiction issues. In addition, the study found as the previous studies had, that over time alcohol use did increase for adolescents between the ages of 13-18 (Swaim et al., 2011). According to a 1993 study by SAMHSA, American Indians between the ages of 12 and older, reported using illegal drugs more than any other ethnic group (Witko, 2006). The aforementioned research has shown that cultural issues can play a part in an adolescent's risk and protective factors in his or her life.

Adolescents in Treatment

Leichtling, Gabriel, Lewis and Vander Ley (2006) conducted a quantitative study that explored the differences between adolescents in treatment for substance abuse with and without a substance-dependent parent. The sample used in this study was adolescents between the ages of 13-19 from outpatient treatment centers in Oregon and Washington. A sample of 221 participants completed three interviews with a variety of standardized measurements given at the time of admission to treatment, after six months of treatment, and again after 12 months. The participants were divided into two groups by whether or not they had a substance-abusing parent or not. Demographically, the participants that did not have a substance-abusing parent were mostly male. However, the participants with a substance-abusing parent were equally divided between males and females. The participants with a substance-abusing parent were mostly white compared to the group without a substance-abusing parent (Leichtling et al., 2006).

In the initial assessment, the participants with a substance-abusing parent had more instability with housing compared to the participants without a substance-abusing

parent (Leichtling et al., 2006). The participants with a substance-abusing parent reported being in a prior inpatient and outpatient treatment program more than the participants without a substance-abusing parent. The participants with substance-abusing parents reported higher family and personal stressors, higher family conflict, lower family cohesion, lower quality of life and greater problems with other peers. At the six-month assessment, participants with a substance-abusing parent did participate in therapy with other family members more than those without a substance-abusing parent. In addition, adolescents with a substance-abusing parent were significantly more likely to receive individual counseling (Leichtling et al., 2006). This research has shown that there can be a difference in behavioral patterns for adolescents that enter treatment, who either are living with a parent with addiction issues or not living with a parent who has addiction issues.

Treatment Options for Adolescents and Parents

Many different types of treatment are available for both adolescents and parents who are addicted to drugs and/or alcohol. According to Rowe (2012), family-based treatment has been shown to be an effective approach in helping adolescents and adults who have addiction issues. Many types of family therapies exist for treating adolescents, such as Multidimensional Family Therapy, Functional Family Therapy and Brief Strategic Family Therapy. Some of the family therapies designed for adults who have addictions are Behavioral Couples Therapy/Behavioral Family Counseling, helping the adult begin treatment with the use of family support and helping parents that have addictions as well as their children. According to Rowe, a program called “Families Facing the Future” helps adults who are taking methadone for drug abuse as well as their

children. This program seeks to help the adult remain sober while also educating them on protecting their own children from drug abuse through education on parenting skills (Rowe, 2012). This research is a brief summary of the many treatment options that are available to parents and adolescents with substance addiction.

Conclusion

This literature review has given a summary of some of the research that has been done on the subject of parental substance addiction and abuse, as well as the impact on an adolescent's development. Furthermore, the literature explored some of the research done on the risk and protective factors that can either help or hinder an adolescent from falling into addiction, including genetic predisposition and cultural issues. However, although the prevalence of parental substance addiction is overwhelming, research has shown that there are effective treatment options available for both the parent and adolescent.

Research Question

This qualitative research study further explored the possible risk and protective factors for adolescents who have or had a parent with an addiction. Specifically, this study explored these factors as either helping or preventing an adolescent from following in their parent's footsteps of addiction. In addition, this study looked at possible behavioral patterns for adolescents who enter treatment with an addicted parent at home.

Conceptual Framework

Social work practice is guided by a variety of theories that most social workers' base their work on with clients, depending on their own perspectives. The theories that coincide with the researcher's perspectives on the problem of parental addiction and the

risk and protective factors for adolescents are the ecological perspective, social learning theory and the strengths perspective.

The ecological perspective illustrates how a person interacts with the environment around him or her. This theory looks at the person-in environment, which takes into account the whole ecological framework that surrounds an individual. According to Germain (1979), “The perspective is concerned with the growth, development, and potentialities of human beings and with the properties of their environments that support or fail to support the expression of human potential” (p. 71). This perspective takes into account the problem of parental addiction, as well as the risk and protective factors for an adolescent. In terms of parental addiction, there are some parents who are addicted to drugs and/or alcohol that were initially influenced by their own environment as a child or young adult, which may have led him or her to use or become dependent on a substance. A parent may have been influenced by their own parents’ addictions or any array of factors that could have influenced him or her as an adult. These factors may have included abuse, crime, poverty, family structure and support.

This same perspective applies to the effects of the parent’s addiction on the adolescent. A wide array of risk and protective factors in an adolescent’s environment may cause him or her to abstain from or use drugs and alcohol.

Another theory that explains parental addiction, and the effects on an adolescent is social learning theory. This theory is defined as “...human behavior is learned as individuals interact with their environments” (Hutchison, 2011, p. 60). Children look up to their parents and want to emulate them and their behaviors. For those reasons, children will model the behaviors that they learn from their parents, whether those are positive or

negative. Albert Bandura, a psychologist who was behind the creation of this theory, showed how children will mimic adult's behaviors through observations in his famous "bobo-doll experiment" (Encyclopedia Britanica, 2012). As an adolescent sees his or her parent using drugs and alcohol as a coping mechanism to deal with life, the adolescent may choose to use substances as well. However, social learning theory can affect an adolescent to choose not to emulate his or her parent's behavior. As an adolescent observes his or her parent using drugs and alcohol and the negative consequences that surround the addiction, he or she may choose to not model this behavior. The parent's substance dependence may actually make an adolescent want to do anything in his or her power to not be like his or her parents.

Another theory that coincides with the effects of parental addiction is the strengths perspective. According to Miley, O'Melia and DuBois (2011), "The strengths perspective assumes that every client has the capacity for growth and change" (p. 74). Although, an adolescent may live with a parent that has substance dependence, he or she has resources within that can be of strength in the midst of chaos. Adolescents may grow up with an addicted parent and already are tapped into some resources within themselves or externally that serve as protective factors for them.

However, there are other adolescents that may not be aware of some of their strengths and may need some direction to help them. Social workers' can work with these adolescents to help them discover some of their own strengths and outside resources that may provide support for them. The strengths perspective could be a helpful perspective in working with adolescents that may have followed in their parents' footsteps of addiction. Illustrating the power within oneself, as well as the strengths of each person can be an

excellent tool to give someone hope and empowerment. By using this perspective, social workers' should not forget the difficulties that a client has going on in his or her life; however, these should not be the only focus. According to Miley et al., (2011), "Narrowly focusing on problems and pathology blocks the ability to uncover strengths" (p. 75).

In conclusion, the conceptual framework for this research paper is the ecological perspective, social learning theory and the strengths perspective. These theories best fit my perspective on the issue of parental addiction, as well as the risk and protective factors for adolescents with an addicted parent.

Methods

Research Design

This clinical research project was a qualitative study on the risk and protective factors for adolescents who have a parent who is addicted to drugs and/or alcohol. Specifically, this study explored the possible risk and protective factors that can contribute to an adolescent becoming addicted to drugs and/or alcohol or not becoming addicted to drugs and/or alcohol. In addition, the study looked at some of the behavioral patterns in treatment for adolescents who do become addicted to drugs and/or alcohol, and that have had or do have a parent who is addicted to drugs and/or alcohol. This was an explorative study using qualitative research. "Qualitative research, thus, refers to the meanings, symbols, and descriptions of things" (Berg & Lune, 2012, p. 3). Qualitative research will provide a richer description of the risk and protective factors for an adolescent who has an addicted parent.

Sample

For this study, eight interviews were conducted. The following people were interviewed: two professionals who work with addicted adolescents in treatment, two high school social workers and four adults who were raised in a home where their parents were addicted to drugs and/or alcohol. First, a chemical dependency counselor was contacted that was interviewed last semester for a qualitative paper in Research Methods 681. This person worked as a counselor for adolescents in a treatment facility in the Midwest. The researcher asked this person if he could give the name of a supervisor at his facility that could be contacted about finding two other professionals at the treatment facility that work with adolescents. The two professionals had experience working with adolescents in treatment for drugs and/or alcohol. This supervisor was contacted by phone (see Appendix A) to see if he was willing to help in the recruitment of two professionals for this study. Upon his approval, the researcher had him sign the letter of cooperation (see Appendix B). Next, the two professional's contact information was released to the researcher by their supervisor, if they were interested in participating in the study. The researcher called the participants to explain the purpose of the study and the amount of time needed for an interview (see Appendix C). The interviews were conducted in the professionals' offices with the door closed to protect confidentiality.

Two high school social workers were contacted by phone to see if they were interested in participating in this study. Each school's social worker contact information was obtained off of the high school's websites. One suburban high school and one urban high school were contacted to get a more diverse perspective. The researcher called both of the school's social workers to explain the purpose of the clinical paper (see Appendix D) and see if he or she would be interested in participating. If he or she was interested,

the researcher set up the interviews with him or her. The interviews were conducted in the school social workers' offices with the door closed to protect confidentiality.

Finally, an Adult Children of Alcoholics group leader was contacted to explain the purpose of the study (see Appendix E), and see if a flyer could be posted in their meeting area to recruit four participants. This group leader's contact information was accessed through the Adult Children of Alcoholics website. Once the researcher received approval from the group leader to hang a flyer (see Appendix F) at their meeting, the researcher had him or her sign the cooperation letter (see Appendix G). On the flyer, the researcher's phone number was listed for participants to call if they were interested (see Appendix H). The interviews were conducted in a reserved room at a local library to protect confidentiality. A list of resources was provided at the end of the interview for these participants (see Appendix I). As an incentive, the researcher gave each participant a \$20 Target or \$20 Starbucks gift card.

Protection of Human Subjects and Confidentiality

All participants signed the consent form on the day of the interview (see Appendix J). The consent form addressed the purpose of the study, procedures, risks and benefits, confidentiality, voluntary nature of the study, contact names and numbers. The confidentiality section outlined that the interviews were audio taped, as well as gave the exact dates that the audiotapes would be destroyed. The form was read and signed by each participant and the researcher at the time of the interviews.

Data Collection Instrument and Process

This was a qualitative, exploratory study. Data was collected through eight interviews. Each interview lasted approximately 45-60 minutes. This was the total time commitment for each participant. The researcher asked five questions to the professionals who work in an adolescent treatment facility (see Appendix K), five questions to the school social workers' (see Appendix L) and five questions to the participants that were raised in a home where their parents' had addictions to drugs and/or alcohol (see Appendix M). The five questions asked varied depending on the profession and background of the participant. The interview questions focused on behavioral patterns of adolescents' with addiction issues, preventative strategies to help adolescents living with an addicted parent and possible risk and protective factors that can be involved for an adolescent with a parent who is addicted to drugs and/or alcohol. One question was asked to the professionals who work in an adolescent treatment facility, regarding possible behavioral patterns they have observed in adolescents in treatment who also had an addicted parent. Also, one question was asked to the school social workers' regarding behavioral patterns they have observed in adolescents who have addiction issues as well as an addicted parent. Several different questions were asked of the participants who had a parent growing up who was addicted to drugs and/or alcohol.

Data Analysis Plan

Following the interviews, the researcher listened to the audiotapes and made a transcription of each of the interviews. After doing the transcriptions, the researcher read through them several times to gain a better understanding of the participants' responses. Open coding was used to look for any themes that emerged from the data. Open coding can be described as, "open inquiry widely" (Berg & Lune, 2012, p. 364). Next, the

researcher used constant comparative analysis with descriptive phenomenology to help find these themes. Padgett (1998) describes constant comparative analysis as being associated with grounded theory in which one moves from being inductive to deductive and coming back to inductive again. First, a list was made of any words or phrases that described the risk and protective factors, as well as the behavioral patterns. Next, these words were put into groups according to their similarities, which translated into overall themes. These themes are discussed in the findings section of this paper. A reliability check was done with one other clinical research student to check to see if the themes identified correspond to the themes the researcher identified in the data collected. In terms of the validity of the data, the researcher was aware of any personal biases that may be due to her personal background with this topic. Also, another clinical research student checked the findings to make sure that there were no personal biases that affected the analysis.

Strengths and Limitations

There were several strengths to this research study. First, the sample used for the study gave a broader voice to the research question. For example, the study looked at the risk and protective factors for adolescents from the perspectives of two professionals who work in an adolescent treatment facility, two high school social workers and four adults who had experiences as adolescents with a parent who had addiction issues. A wide spectrum of participants allowed for a deeper understanding of the risk and protective factors. Another strength was that the professionals who work with adolescents in a treatment facility were able to discuss the behavioral patterns that are exhibited in adolescents who enter treatment and who have a parent who has addiction issues. Lastly,

the research design was a qualitative study, which allowed for a richer exploration of the risk and protective factors that can affect an adolescent.

This study did have limitations. The first limitation was that the researcher is an adult who grew up in a home with a parent who had addiction issues. Although, the researcher did not follow in her parent's footsteps of addiction, she is well aware of some of the risk and protective factors that impacted her life. It was important that her personal experience did not interfere with collecting and analyzing the data. Another limitation was that adolescents were not interviewed, which would have given personal insight into their experiences with living with a parent who has addiction to drugs and/or alcohol. However, this population was not chosen as part of the sample because they would be under the age of 18, and parental consent would be needed, which can be difficult to obtain.

Findings

In this study, the researcher explored the risk and protective factors for an adolescent who grew up with a parent who has addiction to drugs and/or alcohol. In addition, this study looked at the possible behavioral patterns in treatment for adolescents who do become addicted to drugs and/or alcohol, and who have had or do have a parent who is addicted to drugs and/or alcohol.

The researcher interviewed a total of eight participants for this study. Two participants were chemical dependency counselors at a treatment facility that specializes in adolescent drug and alcohol addiction. Two of the participants were high school social workers, one at an urban high school and one at a suburban high school. The other four participants were adults that grew up in a home with an addicted parent. All four of these

participants were over the age of 50+. Of these four participants, three were female and one was male. Two of the female participants never had addiction issues with drugs or alcohol as adolescents or adults. One female participant experienced periods of binge drinking as an adult, and now completely abstains from alcohol and drugs. One male participant did have alcohol addiction as an adult and is now in recovery. All four of the participants grew up with an alcoholic father.

The themes that emerged in the data for risk factors were the following: a) parental chemical health modeling, b) traumatic experiences in adolescence and/or adulthood and c) genetic predisposition. In comparison, the themes that emerged for protective factors were the following a) engagement with others and in activities, b) resilience and c) a faith in God.

In this study, there was not a theme coded that was identified by every participant. However, each theme coded was mentioned by more than one of the participants in the study. In addition, there were other risk and protective factors that were found in the data that were only identified by one participant. Those factors will be described at the end of the findings section.

Risk Factors-Parental Chemical Health Modeling

Three of the participants identified poor parental modeling of chemical use as a risk factor for adolescents who grow up with an addicted parent and become addicted to drugs and alcohol themselves. The two chemical dependency counselors and one high school social worker suggested that parents who are using drugs and alcohol are modeling this behavior on to their children. One of the chemical dependency counselors said:

The risk factors are just glaringly obvious, I mean you have poor chemical health going on around them. So much of what happens with kids is that kids don't listen to what you do, they watch what you do. They watch what you do and to tell your kid that it's not okay and I am still going to do it, there's just no validity to what they say. There's the biggest barrier right there, there's just no credibility in the parent and if there's no credibility at that level, they'll lose that in all areas of their parenting with that child. And, I mean that's where the breakdown can really start to grow and grow and grow until it becomes exponential. Because if they can't trust or believe their parents, they won't in all areas. Not just in what relates to addiction. And, I think for me that is the biggest barrier, there's just no credibility in parenting and the kid is going to wonder why he needs to do what his parent tells him to do. You don't practice what you preach. Credibility is so important with parenting. A parent has to be believable if you want someone to do what you need them to do, they need to have trust and faith that it's real and good. And if they find Dad's pot all over the house and see him smoking pot or drinking all over the place and carrying on like chemically dependent people do, then why not?

The other chemical dependency counselor suggested that adolescents who grow up in an addicted home could sometimes believe that their parents' chemical use is normal behavior.

The participant stated:

When you grow up in an addicted family that becomes normal for you because it's all you know, but it's about as far from normal as it can be, but your reference point is that this is how all families are, which is not a true statement. The risk factor is that they don't see chemical use used in responsible ways. You know there aren't any rituals around alcohol use. You know there's an interesting study I'd seen some time back where families that were very clear around their boundaries with alcohol use, the ritual use of wine at a holiday or things like that. Young people from those families grew up with a very clearly understanding that there's rules and norms around the use of alcohol. Whereas in an addicted family, the rule is there is no rule.

One of the high school social workers discussed that parental modeling of chemical use can affect how an adolescent chooses to handle stress. The participant shared:

I think any time a person has tough stuff going on in their life, they have to choose a way to cope. And a lot of times, kids in those settings, that's what has been modeled for them, so that would more likely be an option for them. Some of them. Some of them it's not.

Risk Factors-Traumatic Experiences in Adolescence or Adulthood

Traumatic experiences in the form of violence, physical abuse or emotional abuse were a common theme from all four participants who grew up in an addicted home.

While, two of the participants who had violence in their home or emotional abuse did not become addicted to drugs and alcohol, it still was an overall theme for both of them in their experiences as an adolescent growing up with an addicted parent. One of the chemical dependency counselors suggested that a risk factor for adolescents in an

addicted family is that there's a higher incidence of violence. The female participant who was a binge drinker in her adulthood and the male participant who became an alcoholic in his adulthood link their chemical use to either trauma experienced as an adolescent and/or traumatic losses later on in their lives. This female participant experienced trauma in the form of physical and emotional abuse from her addicted father. She reported:

And he was using and drinking more and more. It got to the point where I was locking myself in my room and he knocked me out unconscious at 14 while my girlfriend stood there watching with a butcher knife. It was because I laughed too loud. He said, 'Come upstairs' so I ran upstairs. All I remember is a fist flying through the air and he hit me from one side of the room and I hit the wall on the opposite side. That's the last thing I remember. My girlfriend told me the rest of the story. He threw me down the stairs, face first unconscious, then at the bottom of the stairs he was kicking me in my face, stomach and chest with his foot over and over again until I woke up. Then he said, do the 'fucking dishes, do them now and go to bed and don't fucking laugh again.' And, my girlfriend stood there shaking with a butcher knife. She could never talk about it. I didn't know what happened because I was unconscious the whole time. And, so the next day, he's sitting at the kitchen table, he said 'come here, I'm sorry for throwing you down the stairs, I could have broken your neck.' He never said, 'I'm sorry for knocking you out.' He never said, 'I humiliated you in front of your friend.' I could never have that girl over again. She was my best friend.

This same female participant shared that she was a binge drinker on and off for many years and correlated some of this behavior to her experiences as a child. She said, "It was

binge drinking. It was never daily... I was a binge drinker. I did that like a boiling pot, like mine was childhood pain.” This adult female participant and the adult male participant both felt that their chemical use was linked to experiencing some difficult losses in their adulthood. The female participant shared that her drinking escalated after a tragic loss in her life. She shared:

After my fiancé shot and killed himself, I drank for about three years straight, binge drinking on and off, and that was the worst period of my life. That was hard for me because he was the love of my life. That was when I should have gotten mental health treatment. I should have went in and got help and I didn't do anything. That was when my drinking escalated to the very maximum.

The adult male participant shared that as an adult he experienced several traumatic losses that he felt may have contributed to his alcoholism. He said:

I had a couple tragedies in my life, I had a wife that was killed in a car accident and I think that had something to do with me drinking more because I was alone and it was really a way to medicate from my pain, because it was very, very painful for me. And I had a couple real good friends I grew up with, kids I was raised with who were both killed believe it or not by alcohol and car and motorcycle accidents. So, I had some bad things happen. I think alcohol was a way of medicating.

Risk Factors-Genetic Predisposition

Both chemical dependency counselors and one high school social worker identified genetics as being a risk factor for adolescents who grow up with an addicted parent and become addicted to drugs and alcohol themselves. One chemical dependency counselor said, "I think genetics plays a big role in it, when you really start boiling the fat off what addiction is, it's genetics." The other chemical dependency counselor reported:

You know a significant number of young people I see that come in here for substance abuse addiction treatment certainly have positive familial histories for addiction. When it's all said and done, I don't think there's anything that beats genetics. Family histories of depression and cancer, those are powerful things. So, you know I think the risk factors for individuals that have addiction in the family is certainly higher than people that don't have it. But I think most people if you look at their lineage have addiction in their family, you know it can skip generations. I think for young people especially, chemical use becomes almost a rite of passage and genetically if you're poorly wired for it. Once you open Pandora's box, then the cows are out of the barn and then it's off and running.

One of the high school social workers said, "I think being pre-disposed, they have a higher risk of using and becoming addicted should they use."

Protective Factors-Engagement with Others and Activities

Several of the participants identified that an adolescent who is engaged with others and in activities was a protective factor for them in not falling into addiction like their parents. One of the high school social workers discussed the importance of engagement when she said, "I think the students that are isolated are the highest risk."

One of the chemical dependency counselors shared:

Their circle of friends has a great, great determining factor in that if they have a circle of friends that do well in school and are meaningfully connected to the school in a variety of different activities, they'll do better.....That's a key thing: engagement. However, you would define that, in a faith-based community, school, sports, academically, things like that...inherently schools are structured in a way where if you're athletically gifted, you're going to probably do well, you're going to fall into a certain group of kids that tend to have a higher level of functioning. If you're really intelligent, you're inherently going to do better because you're going to be steered toward a group of kids that have really good resources, less risk factors.....

One of the high school social workers discussed the importance of adolescents who are living with an addicted parent to become engaged with others and activities. She reported:

I think the ones that aren't isolated. The ones that go to church, the ones who have a grandparent, the ones that can do at least some minimal level of work. I had a student whose mother was a very bad alcoholic and she struggled in school, but became the star of the plays. And she was very good at dance and shined....she's out there now and teaching dance and she's an amazing, amazing kiddo. But you look back and she was able to bond with her grandmother who was quite involved and she had some really good friends. I think friends are really useful.

The female participant who did binge drink as an adult shared that when she was an adolescent she was very involved with running on the track team and school, which she think prevented her from using drugs and alcohol as a teenager. She said:

I was a good runner. But I trained for it. I ran in the morning. I ran in the afternoon. I ran in the evening. I didn't go to school dances. I was a straight A student. When everybody else was out getting high and drinking. I stayed home on Friday nights....

Another female participant discussed that her grandparents, friends and activities were helpful to her growing up. She said, "Well, what was helpful were my grandparents. I was very close to my grandpa and grandma....I loved my grandparents and I think that they provided me with a lot of stability....I had a lot of friends and was active in school. I got good grades." Another female participant shared that her engagement with others as a teenager and relationships with other people at an early age was a protective factor for her growing up. She stated:

I had a lot of friends, dates and activities that I was involved in as well. And, I think from the years 0-5 when we lived in our small town, I think that I knew I was loved because we knew so many people. So many people were so good to me, not my dad because he wasn't around. I tell you why it's important because I have total recall of those years. My grandmother lived there, my aunts lived there, my uncles lived there....That 0-5 age range, I had the perfect upbringing. Lots of love from my mother and the neighbors and friends. I never felt unloved or not special. I think I had developed such a core by then.

The male participant who became an alcoholic as an adult shared that as a teenager he had some relationships that were helpful to him. He did not have addiction issues as a teenager and said:

I dated a girl in high school that had a very stable family and after I became older, which was when I started driving a car and I became mobile, I spent all the time I could with her because she kinda had the family that I didn't have and that I wanted. As I got older as a teenager, I continued to disengage myself from my family....it just was a life that I didn't want to be around and I always said to myself that when I grow up, this is what I don't want to have happened. This is the type of family I don't want to have, like the one I had. So, it's confusing for me to correlate how my dad's addiction really had anything to do with my addiction.

Two of the participants correlated engagement with others and activities as a contributing factor to a greater sense of self. One addiction counselor discussed the importance of engagement with others. He said:

They provide a protective factor that gives a young person a sense of self that allows them to be a little less vulnerable to the upside of drugs and alcohol, the medicative value of it in terms of what their wounds may be like growing up in a family like that.

One of the female participants who grew up in a home with addiction and never had addiction issues herself shared:

I developed my own self-worth and I think that I did it through accomplishments. Whether it was doing the dishes, doing them right or cleaning my room or learning to sew so I could make my school clothes. I always felt a sense of accomplishment with myself and I wouldn't have done anything to shame my mom, because I needed her so badly.

Protective Factors-Resilience

Both chemical dependency counselors identified resiliency as a protective factor for adolescents who grow up in an addicted home and do not fall into addiction themselves. One counselor said, "If there's anything I can think of it would be personal resiliency." The other chemical dependency counselor said:

The whole thing about protective factors, we don't talk a lot about resilience. If you look at people that grow up in a past addictive family system. The resilience that they can hold is really, really phenomenal.

Another female participant said, "I must have had an early strength because I started ignoring him, going into my social life, my friends life." One female participant said, "I think that I was very, very strong emotionally, I provided my own stability." One of the high school social workers discussed resiliency as being a protective factor as well. She shared:

That's one of those nature/nurture questions because some people just have it. It's like there's something built in them, although they have siblings that don't have it, so it's very individual.....It's how people handle stress. Everybody handles it differently so there is that resilience piece, but where do you get that from when the other siblings may not have it.

Protective Factors-Spirituality

Three of the participants mentioned that having a faith could be a protective factor for adolescents who grow up with an addicted parent. One of the chemical dependency

counselors said, “There’s a real strong correlation with their spiritual self and their faith that tends to really offer a lot of protective factors for them.” Two of the adults who grew up in an addicted home shared how their faith was important to them growing up in a home with addiction issues. One of the female participants who grew up in an addicted home but never had addiction issues herself shared the following:

But I always remembered this, I would say because I very much believed in God, ‘God, you must have plans for me because you gave me an alcoholic father, there must be a lesson for me in this, just show me what to do.’

Another female participant who grew up in an addicted home and was a binge drinker in her adulthood shared about the importance of God helping her through the pain she endured in her childhood. She shared the following:

God is number one in my life. I think back then, I had track and God. God has always been a center in my life and with out God, I just don’t think I could do anything....I remember I would pray. I could talk to God and keep my sanity. When my dad would beat me, I remember thinking, I didn’t want him to see me cry, I didn’t want him to see my fear, I didn’t want to give him that satisfaction. So, I would look at him and I wouldn’t cry, no matter how many times he would beat me and punch me, I would stare at him. I would turn off my emotions and somehow God, the things I could go through and not feel pain were amazing.

Other Risk and Protective Factors

In the data, other risk and protective factors were identified, but by only one of the participants. The male participant who grew up in an addicted home and became an

alcoholic in his adulthood felt that his chemical use was linked to different environments in his life as well. He said:

My second wife was a full-blown alcoholic. She sobered up, but she had a lot of addiction problems and when I was with her, we drank together and we partied together, we partied a lot. When I was married to my first wife, we never had alcohol around the house, so we would go long periods of time when we wouldn't drink at all. It wasn't like I had a drink every night. I would go a month or so and not have anything. So, I think my environment had a lot to do with it being socially acceptable.

One of the female participants who grew up in addicted home but who never had addiction issues as an adolescent or adult shared that she never drank or used drugs as a teenager, because it didn't appeal to her and she feared her father. She reported:

I never did have addiction to drugs or alcohol. Never, ever, ever. It didn't appeal to me because I think I looked at the kids that were doing drugs and alcohol and I always thought they felt like losers. I am not a follower. I am a leader, I always have been. And so I didn't really think I needed to do that to be cool. I don't know if my parents had any positive influence on me as far as not drinking or not drugging, other than my dad would beat the shit out of us literally if we did something wrong. And so I was fearful of getting beaten if I got caught doing drugs.

One of the high school social workers identified a risk as being the exposure of drugs and alcohol by peers in adolescence. She also identified personal "choice" as being a factor in whether an adolescent becomes addicted to drugs and alcohol or not. She said,

“I personally believe that we all get to make our own choices and we have various things that we look to in making those choices. In the end, they still get to make a choice.”

Behavioral Patterns for Adolescents

In the data, there were several behaviors that were identified by the participants. The predominant theme that emerged regarding the behavioral patterns seen in adolescents who enter treatment and who also have an addicted parent was oppositional defiance. One chemical dependency counselor said, “We tend to see a lot of kids that are oppositional defiant with some other older kids having conduct behavioral related issues.” The other chemical dependency counselor shared:

You see a lot of rebelliousness and you see a lot of defiance. I couldn't tell you how many kids come across my desk with Oppositional Defiance diagnosis that come from families like that.....You're looking at a kid that's given a lot of autonomy indirectly, because they don't have parents they can trust or believe in that would buy into what they're doing. I'm on my own is really the logic that comes out of these kids. 'Who would I trust? Who would I believe in? I don't trust authority, I don't believe it. It's all a sham.' And so you see a lot of the oppositional behaviors, you see a lot of the kids that act like young adults and really don't feel like they're even kids. They have parents that really haven't taken any responsibility for their role as a parent. And so what's the difference? Their parents are acting like kids and this is what adults do and this is what I am doing. I must be adult-like.

In comparison, this same chemical dependency counselor discussed the difference in behavior for adolescents who enter treatment and who do not have a parent with an addiction. He reported:

I think that when you see kids who are with parents that are not chemically dependent, who are what you call normal...I mean if their parents are using in a healthy way and they're role modeling that to kids, I think you have kids that have a better mind set about what normal is...they may not be as rebellious, they may not be as all knowing. And then if you go to the other end of the spectrum, where you have kids that had parents that don't use anything of any kind, there's no role modeling around that. These kids are really experimental and they tend to have underground behaviors and you would see more isolative behaviors from them because this is just something we don't do in my family.

One of the high school social workers described the adolescents she has seen that have addiction issues and a parent with an addiction as "...in your face a lot or their totally withdrawn, they're never normal and they usually get into issues with authority and with following directions." In addition, she said, "They have big dreams but they can't go from A to B to C. Follow through is very difficult and they don't have somebody whose on the home front working with them." The other high school social worker described the behavior of the addicted adolescent as the following:

...its depending on the severity of their use. If it's heavy, then things are really falling apart and if it's light, then the kid is more likely to be holding some things together, but in some cases their not admitting that their parents have an issue and other cases, well, I'm doing it too, so they don't think it's a big deal.

This same participant shared that when an adolescent does not have an addiction issue, but is living with an addicted parent, she has observed the following:

There's a lot of enabling, you know and covering up and the fear of 'this is my parent and she's driving me and I don't feel safe.' I have also seen some growth in that student to get to the point to say, 'I don't feel safe...also, I have seen these kids be protective of the other parent who is not using because 'if I lose this parent who keeps drinking, they're eventually going to die, so I need to take care of my other parent' I see enabling of the addicted parent but also taking care of the other parent so they're kinda stuck.

Helpful Tools for Adolescents

In the interviews, the four participants who grew up in a home with parental addiction shared what they felt would have been helpful for them growing up in this type of environment. The main theme that arose for these adults who grew up in a home with an addicted parent were the following: a) a better understanding of the disease and b) some type of supportive outlet to talk about their parent's addiction.

An Understanding of the Disease

Three of the participants shared that they wished they would have understood the disease of addiction. Each of them felt that an understanding would have provided them with knowledge about issues, such as alcoholism being a disease. A female participant who grew up with an addicted father but never became an addict herself shared the following:

First of all it would have been helpful to understand that he was an alcoholic and it's a disease. I could have been much more forgiving. When I was in 8th grade,

my uncle sent my dad to Hazelden and that would have been about 1958...I was so glad he was gone. There was no missing him...It would have been fantastic if we would have had an intervention of treatment for the family. If we would have been able to know that he was an ill man. If we knew when he came back how to treat him but when he came back, I hated him. See, he walked back into the old circle of hate and resentment, instead I had no knowledge and that would have been wonderful. It was not talked about back then.

The male participant who became an alcoholic as an adult shared that he wished he would have understood that his father was an alcoholic and that the reason there was a lot of fighting in his home was because of his dad's drinking. He said:

You know initially, early on, I used to blame my mother for it and I think at that time, I blamed my mom because I thought she was the one that made my dad mad...I just never understood why my dad drank and got so drunk..I remember my dad went to AA and I was really ashamed about it because I thought it was a terrible thing.

Another female participant discussed that it would have been helpful for her father who was drinking to be aware of his disease and its effects on their family. She said, "I remember thinking that if he was smart enough to do all of that and make money and be successful, he would have been smart enough to have the awareness that the family was crumbling...I think things would have been different had he had some insight into how his behavior was affecting the family."

Outside Support

Three of the participants described that having an outside support where they could talk about their parent's addiction and their own struggles would have been helpful. All three of these participants shared that their parent's addictions were kept a secret from others, which made it difficult for them to get outside support. One female participant said:

It was not talked about back then...It would have been helpful to have a group like Alateen. I just don't know if my personal pride would have let me go. I seriously don't know because then I would have to admit what I was trying to keep with all this structure going on in my life.

The male participant discussed that a supportive group would have been helpful to him, but also emphasizes the secrecy of his father's addiction. He shared:

You know a group for children of alcoholics would have been a tremendous help, to understand.....I didn't feel like I had any tools to help me. I didn't have anybody to go to, to talk about it and you know I didn't because my dad's drinking it was understood was not to be discussed ...

Another female participant discussed that having outside support would have been helpful for her. Although, she shared that it was difficult to feel like she could be honest and open about her home life. She reported:

...I wish I would have had somebody, some group that I could have talked to, some outlet, some youth program that I could have been involved in that could have gotten me help....I had track, but there I had to be number one...like when I walked on to that track course there was a lot of pressure for me because I was expected to get number one in everything so I couldn't let them down. So,

everywhere I walked, I had all this pressure and so I didn't want to let anybody down. So, I certainly couldn't go there and say, 'by the way, my dad's a monster'...I didn't think people would understand. ...People just didn't get involved back then. People kept to themselves.

These participants discussed that both having an understanding of their parents addictions as a disease and outside support would have been helpful for them growing up in their environments. The next section will describe preventative strategies discussed by all of the participants in the study.

Preventative Strategies for Adolescents

All of the participants in the study were asked about possible preventative strategies that could be used in either schools or counseling to help adolescents who grow up with an addicted parent not become addicted to drugs and alcohol themselves. There was not a main theme that emerged for all of the participants regarding preventative measures. However, there were a variety of strategies given that were shared in most instances by more than one participant. The themes that were identified by more than one participant for preventative measures were the following: a) schools providing a confidential setting for adolescents to talk, b) early childhood intervention and c) giving purpose to these adolescents. Two of the participants, both who grew up in an addicted home and who had addiction or binge drinking issues in adulthood, shared that the school environment should provide a safe place that allows kids to come and talk with someone in a confidential setting. The male participant said:

There needs to be a safe an avenue, a safe haven, that kids can go to and that they know they can talk with somebody about it without fear that their

parents are going to find out....somewhere in school, kids need to know that if their living in a family in this situation that they can go to somebody...it's probably an obligation of the school to teach kids that.

The female participant shared that the school could have all the students on a monthly basis fill out a questionnaire if they would be interested in talking with someone in the school about an issue in their life. This participant emphasized the importance of confidentiality as well. She said:

I wonder if in schools they could do a questionnaire sheet that could be confidential....so if a kid is going through a problem, the kid could write down something and yes I need to talk with somebody....And, this could be confidential between you and a counselor and if you want to keep it confidential for awhile you can. If they can get some help or get you into a program, they will. But at least that would give you a chance to talk to somebody and you could at least have an initial talk that would be confidential.

Another preventative strategy that was mentioned by two other participants was finding out earlier on in the adolescent's life if there was addiction in the home. This strategy was discussed as a way of trying to intervene earlier on in the child's life to provide some additional support. One of the high school social workers and one female adult who grew up in an addicted home suggested this early childhood intervention as a preventative measure. The high school social worker said, "...that early childhood stuff is critical, absolutely critical and getting the kids hooked up when they're young and into things like the Boys and Girls Club." The female participant felt that talking with families in those early education screenings about addiction in the home would be helpful. She shared:

“I mean is it a question that you ask the families on intake...like in the 1st grade. When they’re getting all that other stuff, all the other things that are in your portfolio as you sign up for school. I mean why wouldn’t you look for some of that stuff and if those kids are identified early on.

Lastly, another preventative measure that was mentioned by two other participants was the importance of giving purpose to the adolescents. A female participant who grew up in an addicted home said, “I think the first thing is to make this child know how special he is and his talents. And, that what he has is really valuable....to let him know that we all come here with a gift and it’s up too us to bring that gift to the world.” One of the chemical dependency counselors emphasized the importance of helping adolescents who were not connected or engaged with an activity or other people feel a sense of connection to the world. He shared that he felt engaging those adolescents that were somewhat isolated in schools was a preventative measure.

These were the findings that were reported in the interviews by eight participants regarding the risk and protective factors, behavioral patterns and preventative strategies. The next section provides a discussion of this research and previous research that has been done on this topic.

Discussion

The literature review that was outlined at the beginning of this study described some of the research that has been done to date, regarding the risk and protective factors for adolescents who grow up in a home with an addicted parent. Specifically, this previous research identified possible risk factors that could help an adolescent fall into their parent’s footsteps of addiction. In addition, the research examined the protective

factors that could prevent an adolescent with an addicted parent not to become addicted to drugs and alcohol themselves. Furthermore, the literature review explored some of the research done on the behavioral patterns of the adolescents who enter treatment for their addictions and have a parent who is addicted to drugs and/or alcohol as well. Similarly, the interviews that were conducted in this study explored the risk and protective factors for adolescents who grow up in an addicted home from the perspectives of two chemical dependency counselors, two high school social workers and four adults who grew up with an addicted parent. This discussion will compare and contrast the findings identified in the interviews with the data found in the literature review. This section will include the strengths and limitations of this study. In addition, the discussion will identify implications for social work, policy and future research in this area.

Risk Factors-Genetic Predisposition

In the literature review, Ronel and Levy-Cahana (2011) explain that risk factors are the ones that could increase the possibility of an individual to have certain problems. It is evident from the literature review and the themes that emerged from the interviews in this study that these risk factors are varied from one individual to another. Ronel and Levy-Cahana (2011) describe that risk factors are subjective for each individual. For instance, one individual may view a risk factor as a potential strength, which may help him or her lead a healthier life (Ronel & Levy-Cahana, 2011). In the literature review, three main studies, Ronel and Levy-Cahana (2011), Ronel and Haimoff-Ayali (2010) and Schafer (2011) explored the risk factors for adolescents who grew up in an addicted home. Some of these risk factors will be discussed in this section. In this research study, the three main themes that emerged for risk factors from the interviews were the

following: a) genetic predisposition, b) traumatic experiences in childhood or adulthood and c) parental chemical health modeling.

Three of the interview participants who identified genetics as a risk factor for adolescents were the two chemical dependency counselors and one high school social worker. One chemical dependency counselor said, “I think genetics plays a big role in it, when you really start boiling the fat off what addiction is, it’s genetics.” The other chemical dependency counselor described that for many adolescents “chemical use becomes almost a rite of passage” and when you combine that with genetic predisposition it can become a problem for many adolescents. According to research, genetic factors are attributed to about 40-60% of the risk of a person becoming either dependent on alcohol or abusing alcohol (Hazelden Foundation, 2008). It has been shown in research done on adoptees and twins the impact genetics plays in a person becoming addicted to drugs and alcohol. However, genetic predisposition does not always mean an adolescent who grows up in an addicted home will become addicted to drugs and alcohol. In research done on adult children of alcoholics (ACOAs),”there is a great variability in that not all children of alcoholics (COAs) develop a drinking problem or psychopathology as a result of their alcoholic parentage” (Hall, 2007, p. 62). In the interviews, there were two participants who grew up in a home with an addicted parent and none of them became addicted to drugs and/or alcohol. In contrast, there were two other adult participants who did either binge drink as an adult or become an alcoholic. However, neither of these adults identified genetics as being a contributor to their own issues with chemical use.

The research in the literature review and interviews for this study showed similar findings in the correlation between genetic predisposition to become addicted to drugs

and/or alcohol. Although, it has been shown that genetics does play a role in a person developing a substance addiction, there are many other factors that can contribute to an adolescent falling into their parent's footsteps of addiction. According to research, a family history of substance addiction is a strong risk factor both on its own and when combined with other factors (Biederman, Faraone, Monuteaux & Feighner, 2000).

Risk Factors-Traumatic Experiences in Adolescence or Adulthood

In the literature review and data from this study, the experience of violence, trauma and loss was a common characteristic for adolescents who grew up in an addicted home. Schafer (2011) found that the majority of his participants who were recovering from addiction both had parents with addiction issues and experienced some form of trauma. The data from that study showed that most of the participants had experienced a traumatic childhood with experiences of physical and sexual abuse, which they felt had contributed to their own addiction issues. Similarly, the data that emerged from the interviews for this study showed that the two adults who did experience some form of addiction or abuse with alcohol attributed their usage to the trauma or traumatic loss they experienced. The female participant who shared that she was a "binge drinker for many years" as an adult attributed this behavior to the traumatic loss of her fiancé who killed himself and "childhood pain." This participant experienced severe physical abuse by her addicted father for most of her adolescence. In Schafer (2011), the participants felt that their experiences with physical and sexual abuse were a result of their own parents' addiction issues. The male participant from this study who later became an alcoholic as an adult attributed his addiction to several traumatic deaths in his life.

In comparison, one of the female participants who grew up in addicted home attributed one of her protective factors as an adolescent as being fearful of getting into trouble by her father. She shared the following regarding her choosing not to use drugs as a teenager:

I don't know if my parents had any positive influence on me as far as not drinking or not drugging, other than my dad would beat the shit out of us literally if we did something wrong. And so I was fearful of getting beaten if I got caught doing drugs.

Research found in the literature review and in this study show that some adolescents who experienced trauma in the form of abuse or loss felt that these experiences attributed to their own addictions. However, it is important to note that physical and/or emotional abuse occurred for all four of the adult participants who grew up in an addicted home. However, two of these participants did not ever have addiction issues as adolescents or adults.

Risk Factors- Chemical Health Modeling

The last theme that emerged from the data was the risk factor of parental chemical health modeling, which was identified by the two chemical dependency counselors and one high school social worker. One of the chemical dependency counselor's said, "The risk factors are just glaringly obvious, I mean you have poor chemical health going on around them. So much of what happens with kids is that kids don't listen to what you do, they watch what you do." In Ronel and Levy-Cahana (2011), a risk factor for some of the participants who grew up in an addicted home and became addicted themselves was the desire to emulate the substance-abusing parent especially when the parent was

perceived as a strong figure. One of the participants from that study said, “I had to know what (using drugs) does to him. I had to feel it...I took it once, and it was good..so I said: it was good for him like it was for me, so now I understand” (Ronel & Levy-Cahana, 2011, p. 612). In contrast, this study did not find these same perspectives as a contributor to substance addiction from the adults who grew up in an addicted home. In fact, the parental chemical modeling was more of a protective factor for the adults who grew up in addicted home. The male participant who grew up in an addicted home explained that as a teenager he didn’t want to have the life that he had been raised in because of his father’s addiction. This participant did have addiction issues as an adult but not as an adolescent. He shared the following:

As I got older as a teenager, I continued to disengage myself from my family...it just was a life that I didn’t want to be around and I always said to myself that when I grow up, this is what I don’t want to have happened. This is the type of family I don’t want to have, like the one I had. So, it’s confusing for me to correlate how my dad’s addiction really had anything to do with my addiction.

In Ronel & Levy-Cahana (2011), several participants desired a life that was different from their parents, which was without addiction. One of the participant’s stated, “...I’ll give my children something different from what I had. I’ll be responsible...I’m different from what I know. I’ll do the opposite. I want to build something of my own” (Ronel & Levy-Cahana, 2011, p. 615). This participant did not have addiction issues in his life.

One of the high school social workers interviewed for this study discussed not only parental chemical health modeling but also the risk factor of peer’s substance use. By middle adolescence, most children have become fully immersed in their social

experiences with their peers (Levy-Warren, 1996). According to Ronel & Levy-Cahana (2011), many adolescents are introduced to the availability of drugs and alcohol, as well as the opportunity to use them or not. According to Simons-Morton (2007) an adolescent's decision to use drugs or alcohol may be directly linked with his or her peers' addiction issues.

As shown, parental and peer chemical health modeling is a risk factor for some adolescents who become addicted to drugs and alcohol. However, as shown in the research in the literature review and in this study, poor parental chemical health modeling can also be a protective factor.

Protective Factors-Engagement with Others and Activities

Ronel and Levy-Cahana (2011) explain that protective factors in one's life are those that help balance out the results of certain risk factors, which then help decrease the possibility of developing certain problems. The protective factors that emerged in this study were the following: a) engagement with others and activities b) resilience and c) spirituality.

Five of the participants identified that being engaged with others and activities were a protective factor for adolescents who grow up in a home with parental addiction. The four adult participants who grew up in an addicted home felt that their connections with others and activities helped them not become addicted to drugs and/or alcohol like their parents when they were teenagers. However, two of these adults did have issues with alcohol later on in their life. One of the adult female participants shared that her commitment to the track team and academics helped her to not become addicted to drugs

and alcohol as a teenager. This participant did express that she was a “binge drinker” as an adult.

One of the female adult participants discussed how her grandparents were important people in her life and helped provide her with “a sense of stability.” Another female participant shared that she was involved with activities and had a lot of friends, which she felt protected her. The importance of friendships was identified by one chemical dependency counselor when he said, “Their circle of friends has a great, great determining factor in that if they have a circle of friends that do well in school and are meaningfully connected to the school in a variety of different activities, they’ll do better.” This participant discussed the importance of these relationships being with people who are meaningfully connected to the school. As noted in the last section, adolescents can be engaged with peers who have poor chemical health habits, which can be a risk factor for these adolescents who have parental addiction in their home.

The adult male participant who grew up in a home with addiction shared that a protective factor for him was his connection to his girlfriend’s family. He said, “I dated a girl in high school that had a very stable family...I spent all the time I could with her because she kinda had the family that I didn’t have and that I wanted.” This participant felt that as a teenager his relationship with his girlfriend and her family served as a protective factor. However, this participant did become an alcoholic as an adult.

Research has shown that a protective factor can also be engagement with other family members. One of the female adult participants discussed how her grandparents were important people in her life and helped provide her with “a sense of stability.” Ronel and Haimoff-Ayali (2010) found that the relationships the participants shared with

their younger siblings or other family members were a protective factor. These participants wanted to give their younger siblings what they had missed out on, which gave the participants a sense of tenderness and love. “For some of the participants, this produced a mechanism that curtailed their deterioration and self-destruction or at least expressed an area that the destruction had not yet penetrated, where the normative aspiration still held sway” (Ronel & Haimoff-Ayali, 2010, p. 467).

In this study, several of the participants identified that engagement with others and activities helped provide a sense of self and/or self-esteem. One of the female adult participants who grew up in a home with addiction shared the following:

I developed my own self-worth and I think that I did it through accomplishments. Whether it was doing the dishes, doing them right or cleaning my room or learning to sew so I could make my school clothes. I always felt a sense of accomplishment with myself...

Research has shown that having engagement with others and activities can be a protective factor for adolescents who grow up in an addicted home and do not become addicted to drugs and alcohol themselves. In addition, the presence of these protective factors does not always secure a person from ever becoming addicted.

Protective Factors-Resilience and Spirituality

Another protective factor that was identified in this study was resilience and spirituality. Several participants shared that resiliency was a protective factor for adolescents who grow up in an addicted home. One of the chemical dependency counselors shared the following:

The whole thing about protective factors, we don't talk a lot about resilience. If

you look at people that grow up in a past addictive family system. The resilience that they can hold is really, really phenomenal.

Two of the adult female participants who grew up in an addicted home and never had addiction issues identified as having resilience or personal strength. One of the female participant's stated, "I think that I was very, very strong emotionally, I provided my own stability." In Ronel & Levy-Cahana (2011) some of the protective factors that emerged from the data for the participants who did not fall into addiction were their sense of their own strength compared to the substance-abusing parent. One of the participant's stated, "...My dad was weak too...easily convinced, easy to play with...I took hold of myself and vowed I wouldn't give my children this life, even if it killed me. I wouldn't give my children divorce or crap, and no lack of anything, and for sure, none of the drugs that destroyed my home" (p. 614). Hall (2007) found that the relationships that African-American (ACOA) share with kin/fictive kin tended to provide some protective factors that build resilience for the participants from their substance-abusing parent. This study did not specifically explore if the participants ever had substance abuse issues. According to Gance-Cleveland and Mays (2008), factors that can help build "resilience" in a child who has a parent that is addicted to drugs and/or alcohol, are positive adult role models, school-based activities, as well as participation in groups that can build their self-esteem (p. 300).

In regards to spirituality, two of the adult participants who grew up in addicted home shared that their faith provided them with direction and a sense of strength. One of the participants shared that God provided her with believing that He had a plan for her life because of her father's drinking. She talked about praying to Him saying, "God, you

must have plans for me because you gave me an alcoholic father.” Another participant shared that when her alcoholic father would physically abuse her, her faith helped her to stay strong in the midst of painful situations. This same participant attributed a protective factor in her life, as an adolescent was her relationship with God. This participant did experience issues with binge drinking as an adult.

Research has shown that the risk and protective factors for an adolescent who grow up in an addicted home are diverse and different for every individual. For example, research showed how parental chemical health modeling could be a risk or a protective factor for some adolescents who may or may not fall into addiction. In addition, just the presence of certain risk or protective factors does not always mean that an adolescent will or will not have addiction issues. In this study, there were adults who experienced traumatic experiences in their adolescence but did not have addiction issues in their life. Also, there were participants who were engaged with others and activities as an adolescent who did have issues with addiction later on in life. According to Rutter (2002), a person’s history that can lead him or her to substance misuse is not simple and can be influenced by various factors that are consistently changing in one’s life.

Behavioral Patterns for Adolescents

This research identified that oppositional defiance is a type of behavior seen in adolescents who have an addicted parent at home as well as their own addiction to drugs and/or alcohol. One chemical dependency counselor shared that many of the adolescents who he sees in treatment are “..given a lot of autonomy indirectly, because they don’t have parents they can trust or believe in that would buy into what they’re doing. I’m on my own is really the logic that comes out of these kids.” Another high school social

worker described the adolescents she has seen in school that have addiction issues and a parent at home with addiction as, “they’re never normal and they usually get into issues with authority and with following directions.”

Leichtling, Gabriel, Lewis and Vander Ley (2006) highlighted some of the characteristics between adolescents in treatment for substance abuse with and without a substance-dependent parent. In the initial assessment, the participants with a substance-abusing parent had more instability with housing compared to the participants without a substance-abusing parent. The participants with a substance-abusing parent reported being in a prior inpatient and outpatient treatment program more than the participants without a substance-abusing parent. The participants with substance-abusing parents reported higher family and personal stressors, higher family conflict, lower family cohesion, lower quality of life and greater problems with other peers (Leichtling et al., 2006).

One of the chemical dependency counselor shared that he does see a difference in adolescents who are in treatment and who do not have a parent with addiction issues. He said, “...I mean if their parents are using in a healthy way and they’re role modeling that to kids, I think you have kids that have a better mind set about what normal is..they may not be as rebellious, they may not be as all knowing.”

The research showed that adolescents who are living with a parent with addiction issues and are addicted themselves could have certain behaviors, such as oppositional defiance. These adolescents are in a way having to grow up quickly due to their home environments, which can include other stressors as well, as noted in previous research studies. According to Jellinek (2007), a child exposed to a parental addiction can

experience issues with safety, abuse, neglect, low self-worth and feelings of being hopeless. The presence of parental addiction can affect an adolescent's behavior in numerous ways. Rohrbaugh (2008) discusses findings in other research studies of children's experience with parents who abuse drugs and/or alcohol. Findings indicated children could experience anxiety, low academic functioning, aggression and their own problems with substance abuse (Rohrbaugh, 2008).

Strengths and Limitations

There were several strengths to this research study. First, the sample used for the study gave a broader voice to the research question. For example, the study looked at the risk and protective factors for adolescents from the perspectives of two professionals who work in an adolescent treatment facility, two high school social workers and four adults who had experiences as adolescents with a parent who had addiction issues. A wide spectrum of participants allowed for a deeper understanding of the risk and protective factors. Another strength was that the professionals who work with adolescents in a treatment facility were able to discuss the behavioral patterns that are exhibited in adolescents who enter treatment and who have a parent who has addiction issues. Lastly, the research design was a qualitative study that allowed for a richer exploration of the risk and protective factors that can affect an adolescent.

This study did have limitations as well. The first limitation was that the researcher is an adult who grew up in a home with a parent who had addiction issues. Although, the researcher did not follow in her parent's footsteps of addiction, she is well aware of some of the risk and protective factors that impacted her life. It was important that her personal experience did not interfere with collecting and analyzing the data. Another limitation

was that adolescents were not interviewed, which would have given personal insight into their experiences with living with a parent who has addiction to drugs and/or alcohol. However, this population was not chosen as part of the sample because they would be under the age of 18 and parental consent would be needed, which can be difficult to obtain. In terms of recruitment, a limitation was that all of the adult participants were over the age of 50+. The experiences from a more diverse age range could have provided some different information. In addition, all four of the adult participants grew up with a father who was an alcoholic. It would have been beneficial to recruit participants who grew up with an addicted mother and to other substances as well.

Implications for Practice

The research conducted in this study provided further information on the risk and protective factors for adolescents who grow up with an addicted parent. In addition, the research conducted identified behavioral patterns for the adolescents who are living with an addicted parent and become addicted themselves. Although, the risk and protective factors will look differently in every adolescent's life, there were themes identified by the participants.

First and foremost, clinicians need to be aware of children who are living with an addicted parent. As stated, early in this study, it has been estimated that over 8 million children in the U.S. have a parent that either is a substance abuser or addicted to drugs and alcohol (Substance Abuse and Mental Health Services Administration, 2009). As noted in this research study, as well as past research, the effects on children growing up in these homes are widespread. The four adult participants who grew up in a home with a parent who had addiction issues shared several ideas that they felt would have been

helpful to them growing up. They shared that they wished they would have known more about the disease of addiction and received more outside support. School social workers are the best resource for these children, in terms of support and education. It is important for children to know that a social worker is there and available for them to come and get support in a confidential setting. A school social worker can then help educate the child on the disease of addiction and provide other resources as well. A major obstacle for these children can be their fear of opening up to someone about their circumstances at home. In this study, all of the participants shared some preventative strategies in working with these adolescents who are growing up in an addicted home not fall into addiction themselves. One of the themes that emerged for these strategies was to find out early on if there is addiction in the home. For example, one of the participants discussed making this a mandatory question on the paperwork that is administered when a child is starting kindergarten. Of course, it is always a risk because some people are not going to be honest about the presence of addiction in a home.

Another implication for clinicians is to be aware of the possible risk and protective factors that could affect an adolescent who is growing up in a home with addiction. It is important for the clinician seeing an adolescent in this circumstance to investigate these factors in his or her life. In doing this, a clinician is able to look at some risk factors that may be occurring and seek to provide some support or help for these factors, such as abuse in the home. An awareness of the protective factors in an adolescent's life is an excellent way to build on their current strengths. It is also an opportunity to build in more protective factors for the adolescent. It is crucial to have an

awareness of the adolescent's risk and protective factors that may be occurring in their life in order to provide the right support and referrals.

Implications for Policy

In terms of policy, it is important to continue to support programs and treatment for those living with an addiction. These programs and treatment centers are a critical piece of the recovery of parents with addiction, adolescents with addictions and the family as a whole. A person living with an addiction has an effect on the whole family system, so the importance of programs to provide family intervention is just as important in terms of recovery.

Implications for Research

Further research needs to be an important goal in gaining more information regarding the risk and protective factors for adolescents growing up with an addicted parent. A substantial amount of research exists on this topic, but there is a lot of information left to be uncovered. Most of the studies discussed in the literature review focused on adolescents growing up in other countries such as Israel and New Zealand. Although, the information was highly useful and applicable to this research project, it's important to have similar studies done in the United States. In addition, it would be important to do more qualitative, explorative studies on the risk and protective factors for adolescents growing up in a home with parental addictions, such as the use of opiates and other drugs. The majority of the research read and completed for this study dealt with parental addiction to alcohol. Further research should be done on adults who grew up with addicted parents. This population is extremely valuable because they are able to talk about if addiction ever became a problem for them. Using a sample of just adolescents,

the researcher is unable to gauge if addiction will ever be a problem for them. There can be additional research done on school based programs and their effectiveness with keeping adolescents from falling into addiction like their parents. The research field will continually need to be studying any issues that deal with parental addiction in the home. The information will be valuable to clinicians as they continually come face-to-face with adolescents who are growing up with a parent who is addicted to drugs and/or alcohol.

Conclusion

In conclusion, this research project was a qualitative study that explored the risk and protective factors for adolescents who are growing up with a parent who is addicted to drugs and/or alcohol using a sample of eight participants. Specifically, this research looked at the possible protective factors that may help an adolescent from becoming addicted to drugs and/or alcohol themselves. Also, this research looked at the possible risk factors that may have helped an adolescent fall into addiction like his or her parents. In addition, the study explored possible behavioral patterns exhibited in adolescents who are growing up in a home with addiction and become addicted themselves. The themes that emerged from the data for risk factors for adolescents who grow up in a home with an addicted parent and who become addicted to drugs and/or alcohol themselves were a) parental chemical health modeling, b) traumatic experiences in adolescence and/or adulthood and c) genetic predisposition. In comparison, the themes that emerged for protective factors for adolescents who grow up in a home with an addicted parent and do not become addicted to drugs and/or alcohol were a) engagement with others and in activities, b) resilience and c) a faith in God. The predominant theme that emerged for the

behavioral patterns of adolescents who grow up in an addicted home and become addicted to drugs and/or alcohol themselves was oppositional defiance.

The research conducted in this study was examined in relation to other research that has been completed on the topic. Overall, the data from this study had some similar findings as other research, but also provided new findings.

It is imperative that clinicians continue to stay knowledgeable regarding the risk and protective factors for adolescents who are growing up in a home with parental addiction. Research showed that these factors are always changing and different for every adolescent. It is important for social workers to be aware of the diversity of these factors that could help or hinder an adolescent from following in their parent's footsteps of addiction.

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APPENDIX A

Phone Script for Supervisor at Adolescent Treatment Facility

Hello. My name is Marne Chaput and I received your name from the chemical dependency counselor I interviewed last year for my previous research class. I am a MSW student at St. Catherine University and the University of St. Thomas and I am working on my clinical research paper. I am interested in exploring the risk and protective factors for adolescents who grow up with an addicted parent. Specifically, I am looking at the risk factors that are involved for an adolescent who grows up with an addicted parent and becomes addicted to drugs and/or alcohol. In addition, I am interested in the protective factors that may be in place for an adolescent who has an addicted parent and does not have addiction issues of their own. Also, I want to look at the possible behavioral patterns that may be present when an adolescent enters treatment and has an addicted parent at home. I am looking to interview two professionals from your facility. I was wondering if you would be willing to help me recruit these two professionals for this research paper. I will not be conducting these interviews until early next year. However, I will need to get your signature for my cooperation letter if you are willing to assist me. Once I receive approval for this study, I will contact you. I will then need the two professional's approval to contact them by phone, so I can set up the interviews. Thank you.

Letter of Cooperation-Professionals in a Treatment Facility for Adolescents

Institutional Review Board
St. Catherine University
St. Paul Campus
2004 Randolph Avenue
St. Paul, MN. 55105

RE: Clinical Research Paper: A Qualitative Study on the Risk and Protective Factors for Adolescents with an Addicted Parent

Lead Investigator: Marne Chaput-MSW Student
Advisor/Chair: Catherine Marrs Fuchsel, PhD., LICSW
St. Catherine University and the University of St. Thomas
School of Social Work; Joint Program

To whom it may concern:

We have agreed to assist Marne Chaput in the recruiting process for participants for her clinical research project. We will assist Marne in finding two professionals who work with adolescents in our treatment facility. Marne Chaput’s clinical research paper will be a qualitative study on the possible risk and protective factors for adolescents who have an addicted parent. Specifically, this study will explore the risk and protective factors that can either help an adolescent from becoming addicted to drugs/alcohol or can lead them to follow in their parents’ footsteps of addiction. In addition, this study will explore the possible behavioral patterns of the adolescents that become addicted when they enter treatment.

Marne will be conducting 45-60 minute interviews with each participant. The interviews will be audio taped. Marne will be the only person that has access to these audiotapes. Marne will destroy these audiotapes after she has completed her clinical research project in May 2013. The information from the interviews will be incorporated into Marne’s clinical research project. Marne will not share any of the names of the participants or their affiliated organizations.

Marne Chaput will inform each participant that he/she can withdrawal from participating in the research study. If you have any questions, please feel free to contact me at xxx-xxx-xxxx.

Sincerely,

Signature and Title

Date

Print Name

Date

Phone Script for Two Professionals at Adolescent Treatment Facility

Hello. My name is Marne Chaput and I received your name from a supervisor at your facility. I am a MSW student at St. Catherine University and the University of St. Thomas and I am working on my clinical research paper. I am interested in exploring the risk and protective factors for adolescents who grow up with an addicted parent. Specifically, I am looking at the risk factors that are involved for an adolescent who grows up with an addicted parent and becomes addicted to drugs and/or alcohol. In addition, I am interested in the protective factors that may be in place for an adolescent who has an addicted parent and does not have addiction issues of their own. Also, I want to look at the possible behavioral patterns that may be present when an adolescent enters treatment and has an addicted parent at home. I am looking to interview two professionals from your facility. The interview will take about 45-60 minutes. I can come to your facility at whatever time is most convenient for you. I was wondering if you would be willing to participate in this study?

Phone Script for School Social Workers

Hello. My name is Marne Chaput and I received your name and phone number from your school's website. I am a MSW student at St. Catherine University and the University of St. Thomas and I am working on my clinical research paper. I am interested in exploring the risk and protective factors for adolescents who grow up with an addicted parent. Specifically, I am looking at the risk factors that are involved for an adolescent who grows up with an addicted parent and becomes addicted to drugs and/or alcohol. In addition, I am interested in the protective factors that may be in place for an adolescent who has an addicted parent and does not have addiction issues of their own. I am looking to interview two high school social workers. The interview will take about 45-60 minutes. I can come to your school at whatever time is most convenient for you. I was wondering if you would be willing to participate in this study?

Phone Script for Leader at Adult Children of Alcoholics

Hello. My name is Marne Chaput and I received your name from your organization's website. I am an ACA (Adult Child of an Alcoholic) and a MSW student at St. Catherine University and the University of St. Thomas. I am working on my clinical research paper. I am interested in exploring the risk and protective factors for adolescents who grow up with an addicted parent. Specifically, I am looking at the risk factors that are involved for an adolescent who grows up with an addicted parent and becomes addicted to drugs and/or alcohol. In addition, I am interested in the protective factors that may be in place for an adolescent who has an addicted parent and does not have addiction issues of their own. I am looking to interview four adults who grew up with an addicted parent and either did or didn't have addiction issues of their own. I was wondering if I could hang a flyer at the facility where your meetings are held to see if there would be any one willing to participate in an interview with me early next year. If I could hang a flyer, I would need to get your signature for a cooperation letter. Thank you.

Flyer for Recruitment at Adult Children of Alcoholics Meeting

**Looking for 4 Adult Participants to Interview for
a
Clinical Research Paper**

Study purpose: The purpose of this clinical paper is to explore the risk and protective factors for adolescents who grow up with a parent that has/had addiction to drugs and/or alcohol. Specifically, I am interested in looking at the possible risk factors that may be involved for an adolescent that becomes addicted to drugs and/or alcohol like his or her parent. Similarly, I am interested in the possible protective factors that may be in place in an adolescent's life that may prevent him or her from becoming addicted to drugs and/or alcohol.

Criteria for participation:

-18 years or older

-Grew up with a parent who had an addiction to drugs and/or alcohol

Commitment: 45 minutes to 1 hour in length

Receive a \$20.00 Target or Starbucks gift card for your time and commitment.

Please call Marne Chaput at xxx-xxx-xxxx to discuss setting up an interview.

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through St. Catherine University at (651) 690-7739.

APPENDIX G

Letter of Cooperation-Adults Whose Parents Abused Substances

Institutional Review Board
St. Catherine University
St. Paul Campus
2004 Randolph Avenue
St. Paul, MN. 55105

RE: Clinical Research Paper: A Qualitative Study on the and Risk and Protective Factors for Adolescents with an Addicted Parent

Lead Investigator: Marne Chaput-MSW Student
Advisor/Chair: Catherine Marrs Fuchsel, PhD., LICSW
St. Catherine University and the University of St. Thomas
School of Social Work; Joint Program

To whom it may concern:

We have agreed to assist Marne Chaput in the recruiting process for participants for her clinical research project. We will assist Marne in finding four adults in our support group by allowing her to hang a flyer on our bulletin board. Marne Chaput’s clinical research paper will be a qualitative study on the possible risk and protective factors for adolescents who have an addicted parent. Specifically, this study will explore the risk and protective factors that can either help an adolescent from becoming addicted to drugs/alcohol or can lead them to follow in their parents’ footsteps of addiction. In addition, this study will explore the possible behavioral patterns of the adolescents that become addicted when they enter treatment.

Marne will be conducting 45-60 minute interviews with each participant. The interviews will be audio taped. Marne will be the only person that has access to these audiotapes. Marne will destroy these audiotapes after she has completed her clinical research project in May 2013. The information from the interviews will be incorporated into Marne’s clinical research project. Marne will not share any of the names of the participants or their affiliated organizations.

Marne Chaput will inform each participant that he/she can withdrawal from participating in the research study. If you have any questions, please feel free to contact me at xxx-xxx-xxxx.

Sincerely,

Signature and Title

Date

Print Name

Date

Phone Script for Adult Children of Alcoholics

Hello. Thank you so much for being willing to participate in my research paper. I really appreciate your time. I am a MSW student at St. Catherine University and the University of St. Thomas. I am interested in exploring the risk and protective factors for adolescents who grow up with an addicted parent. Specifically, I am looking at the risk factors that are involved for an adolescent who grows up with an addicted parent and becomes addicted to drugs and/or alcohol. In addition, I am interested in the protective factors that may be in place for an adolescent who has an addicted parent and does not have addiction issues of their own. This interview will take about 45 minutes. I could meet you at a local library where I can conduct the interview in a private, reserved room. What days and times are most convenient for you? Thank you and I will see you then.

Resource List

Crisis Connection-24 hour phone line
612-379-6363

Adult Children of Alcoholics World Service Organization, Inc.
562-595-7831

Risk and Protective Factors for Adolescents with an Addicted Parent**RESEARCH INFORMATION AND CONSENT FORM****Introduction:**

You are invited to participate in a research study investigating the risk and protective factors for adolescents who have a parent who has drug and/or alcohol addiction. This study is being conducted by Marne Chaput, a student in the MSW Program, at St. Catherine University and the University of St. Thomas. You were selected as a possible participant in this research because you either work with adolescents who have addiction issues or you grew up in a home with parental addiction. Please read this form and ask questions before you decide whether to participate in the study.

Background Information:

The purpose of this study is to explore the risk and protective factors for an adolescent with a parent who has addiction issues. Specifically, this study is interested in the risk factors that may cause an adolescent to follow in the footsteps of his or her addicted parent. Also, this study will look at the possible protective factors in an adolescent's life that may help him or her to not have addiction to drugs and/or alcohol. This study also will look at the possible behavioral patterns that can be present when an adolescent does enter treatment and have an addicted parent as well. Approximately eight people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to answer five questions in an interview format pertaining to the research topic. This study will take approximately 45-60 minutes. The interview will take place in either the participant's office or in a reserved room at a library at a scheduled time that works for each participant.

Risks and Benefits:

The study has minimal risks. However, the adults who participate who had a parent with addiction issues may experience emotional discomfort talking about their experiences. A resource list will be provided to these participants at the end of the interview. There are no direct benefits to you for participating in this research.

Compensation:

If you participate, you will receive a \$20 Target or Starbucks gift card, which you may decide which one you prefer. I will give you this card at the time of the interview.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password protected computer in my home and only I and my advisor will have access to the records while I work on this project. I will finish

analyzing the data by May 2013. I will then destroy all original reports and identifying information that can be linked back to you. All the audiotapes will be destroyed by May 2013. Only my advisor and I will have access to the audiotapes.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or the University of St. Thomas in any way. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and questions:

If you have any questions, please feel free to contact me, Marne Chaput at xxx-xxx-xxxx. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel, Ph.D, LICSW, at 651-690-6146, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact John Schmitt, Ph.D, Chair of St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I agree to be audiotaped.

Signature of Participant

Date

Signature of Researcher

Date

Interview questions for Professionals in Adolescent Treatment Facility

- 1) What is your background as a professional working with adolescents?
 - What is your role here as a professional working with adolescents with addictions?
 - What does a typical day look like for you?
- 2) What do you see as some of the risk factors for adolescents that have had or do have a parent with an addiction who have become addicted to drugs/alcohol themselves?
- 3) What do you think are some protective factors according to literature or your own knowledge for adolescents who do not become addicted to drugs/alcohol, even though they still had or have an addicted parent?
- 4) What behavioral or psychological patterns have you observed in treating adolescents who also have an addicted parent? Are these different from an individual who doesn't have an addicted parent?
- 5) What do you think could be done differently as a preventative measure (schools, counseling) in helping adolescents especially when there is addiction in their home not fall into the same patterns as their parents?

Interview questions for School Social Workers

- 1) What is your role as a Social Worker in this high school?
- 2) What do you see as some of the risk factors for adolescents who have had or do have a parent with an addiction that have become addicted to drugs/alcohol themselves?
- 3) What do you think are some protective factors according to literature or your own knowledge for adolescents who do not become addicted to drugs/alcohol, even though they still had or have an addicted parent?
- 4) Are there any behavioral or psychological patterns that you've observed in an adolescent who has addiction issues and a parent at home with an addiction?
- 5) What do you think could be done differently as a preventative measure (schools, counseling) in helping adolescents especially when there is addiction in their home not fall into the same patterns as their parents?

Interview questions for adults who grew up with an addicted parent?

- 1) What was your family environment like growing up? (mother/father, siblings, addicted mother, addicted father, parent's married/divorced)
- 2) How was your experience growing up with an addicted parent?
- 3) As an adolescent that grew up with an addicted parent: Can you identify any factors in your life that either helped or prevented you from becoming addicted to drugs and/or alcohol?
- 4) Looking back now: What could have been helpful to you as an adolescent growing up with an addicted parent?
- 5) What do you think could be done differently as a preventative measure (schools, counseling) in helping adolescents especially when there is addiction in their home not fall into the same patterns as their parents?