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Short Communication

Children's exposure to parental conflict after father's treatment for alcoholism

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HIGHLIGHTS

- We compared conflict exposure in children of alcoholics (COAs) to a community sample.
- Before treatment, COAs were exposed to more conflict than the community sample.
- COAs' conflict exposure was decreased at 6- and 12-month follow-ups.
- Conflict exposure was similar to the community sample at 6 month follow-up.
- Decreased conflict exposure after parental treatment may improve COA functioning.

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ABSTRACT

Objective: This study investigated children of alcoholics' (COAs) exposure to inter-parental conflict before and after their fathers received alcohol treatment and compared exposure levels to a community comparison sample.
Method: This study included 67 couples with a treatment-seeking male alcoholic partner and children aged 4–16. The alcoholic fathers and their relationship partners provided data at baseline and at six and twelve month follow-ups. A community comparison sample of 78 couples with children in the target age range completed similar longitudinal assessments. It was hypothesized that treatment of paternal alcoholism would be associated with a decrease in COAs' exposure to conflict, and that among remitted patients exposure to conflict would decrease to the level found in the community sample.
Results: Prior to the father's alcohol treatment, the children of the treatment sample were exposed to significantly more conflict between their parents than in the community comparison sample. After the fathers received alcohol treatment, COAs' exposure to conflict significantly decreased at both the six and twelve month follow-ups compared to baseline. Children of remitted alcoholics did not differ significantly in levels of exposure to conflict at six months follow-up compared to the community sample as predicted. However, at twelve months remitted alcoholics reported significantly more exposure to conflict compared to the community sample.
Conclusions: Decreased child exposure to parental conflict is a benefit associated with the father's treatment for alcoholism, and it may lead to improvements in COAs' functioning after parental treatment.
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1. Introduction

Alcoholism among parents is a serious problem. Alcoholic couples have more conflicts and risk of partner violence (Leonard, 2005). Children of alcoholics (COAs) experience significant maladjustment (Obot & Anthony, 2004). Treatment for alcohol dependence decreases partner violence and verbal aggression (e.g. Murphy & Ting, 2010). Studies show that COAs whose fathers were stably remitted after alcohol treatment had comparable levels of emotional health compared to a community sample (Burdzovic Andreas, O'Farrell, & Fals-Stewart, 2006, Moos & Billings, 1982). One year after treatment, children whose fathers remained mostly abstinent showed lower and decreasing adjustment problems (Burdzovic Andreas & O'Farrell, 2007) and fathers with more treatment involvement, AA attendance, and abstinence had children with fewer externalizing problems (Burdzovic Andreas & O'Farrell, 2009).

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1.1. Purpose and predictions of study

A review by Klostermann and Kelley (2009) noted the lack of research on conflict exposure among COAs. The purpose of the present study was to investigate whether treatment for paternal alcohol dependence is associated with decreases in COAs' conflict exposure.

This study examined data from men in alcoholism treatment and their female partners with assessments at baseline, 6- and 12-month follow-ups. A community comparison sample was also assessed to provide a realistic normative baseline (Kendall, Marrs-Garcia, Nath, & Sheldrick, 1999). We predicted exposure to parental conflict in COAs would be greater than the comparison sample before fathers' treatment and would decrease significantly after treatment. We further predicted that fathers' recovery from alcoholism would reduce child conflict exposure to the level of the comparison sample.

2. Method

Harvard Medical School and VA Boston Institutional Review Boards approved the study.

2.1. Samples

A detailed description of eligibility and recruiting are available elsewhere (Taft et al., 2006, 2010).[2]

2.1.1. Alcoholism treatment sample (COA sample)

Participants were from a sample of 181 men in treatment. Eighty-one couples (45%) had a child who met the target child criteria, of whom 67 (83%) completed all assessments.

2.1.2. Community comparison sample

The community comparison sample of 145 couples was recruited using random-digit dialing. The male partner could not have sought treatment in the prior year. Eighty-four couples (58%) had a child who met the target child criteria, of whom, 78 (93%) completed all assessments.

2.1.3. Target child selection algorithm

A target child was chosen for each couple to guard against violating statistical assumptions regarding independent observations. A stepwise algorithm selected children most closely related to the male partner. Of the 67 target children, 41 were biological children of the alcohol dependent men with their current partner, 2 were biological children of the men from a previous partner, 23 were the partner's biological children and 1 was adopted.

2.1.4. Demographic and diagnostic characteristics

Table 1 shows demographic characteristics for the treatment sample (N = 67) and community comparison sample (N = 78). There were some significant differences between the samples. To determine whether the variables which were significantly different between the samples would affect subsequent analyses, correlation analyses were conducted. The variables that were consistently significantly correlated with conflict exposure were the male and female partner's education. The repeated measure ANOVA of exposure to conflict and group membership was run controlling for these variables which did not affect the significance or interpretation of the comparisons between the samples, and so were not included as covariates.

For the treatment sample, the current (past 6 months) substance use disorder (SUD) diagnoses on the SCID for the male patients were alcohol dependence ($n = 63$; 94%) alcohol abuse ($n = 2$; 3%)[3] drug abuse or dependence ($n = 34$; 51%). Female partners in the treatment sample had low levels of current SUD diagnoses — alcohol dependence ($n = 5$; 7%), alcohol abuse ($n = 3$; 4%), and drug abuse or dependence ($n = 3$; 4%). In the community sample, both partners had low levels of SUD diagnoses — alcohol dependence ($n = 5$; 6% for men, $n = 2$; 3% for women), alcohol abuse ($n = 2$; 3% for men, none for women), and drug abuse or dependence (none for men, $n = 1$; 1% for women).

2.2. Procedures

2.2.1. Alcoholism treatment received by fathers

Participants were recruited from four programs in Massachusetts in three levels of care: inpatient/residential ($n = 37$, 55%), intensive outpatient or day treatment ($n = 16$, 23%), and outpatient counseling ($n = 14$, 20%).

2.2.2. Baseline and follow-up data collection

Data on drinking and exposure to parental conflict were collected at baseline, 6- and 12-month follow-ups from both samples.

2.3. Measures

2.3.1. Measure of child exposure to parental conflict

Exposure to conflict was measured using the O'Leary–Porter Scale of Overt Hostility (Porter & O'Leary, 1980) with both partners perception of positive and negative interactions in the presence of the target child. The O'Leary–Porter Scale (OPS) is a 10-item scale using a 5-point rating ranging from "never" to "very often," with higher total scores reflecting lower exposure to conflict. The questions include conflicts over finances, discipline, verbal, and physical hostility as well as one question about affection. Reports were collected from both partners and combined by item, such that the more severe rating was used for each item. The OPS is a reliable measure of overt hostility with a Cronbach's alpha of .86 and test–retest reliability of .96 over a two week period (Porter & O'Leary, 1980). The OPS has been found to correlate significantly with measures of marital adjustment (Emery & O'Leary, 1982, 1984) and conduct problems (Johnson & O'Leary, 1987; Porter & O'Leary, 1980).

2.3.2. Frequency of substance use and abstinence by alcoholic fathers

Both partners completed the Timeline Follow-Back Interview (TLFB; Sobell & Sobell, 1996) to measure the number of drinking and heavy drinking days (i.e., ≥6 standard drinks), and other drug use.

2.3.3. Remission as treatment outcome

Based on their substance use the year after baseline, patients were categorized as remitted or relapsed (Moos, Finney, & Cronkite, 1990). Patients were classified as remitted if in the year after baseline they were: (a) completely abstinent or drinking <3 oz. of alcohol per day for no more than 10% of the interval; (b) free from illicit drug use except marijuana for no more than 10% of the interval; (c) no hospitalization for substance use; (d) no legal problems from substance use; and (e) no employment problems from substance use.

3. Results

As an omnibus analysis, a 2 Groups (alcoholic and community samples) by 3 Time periods (baseline, 6-, and 12-month follow-ups) repeated measures ANOVA was run with OPS scores as the dependent variable. Results showed significant effects for Group ($F(1, 143) = 27.96$, $p < .001$) with higher conflict exposure in the treatment sample and for Time ($F(2, 286) = 16.11$, $p < .001$) with conflict exposure

[2] The data were collected in a larger study of treatment seeking male alcoholics, but the data in the present paper have not been published.

[3] While 65 patients were alcohol abusers or dependent, two patients did not have a current alcohol diagnosis. One had a lifetime alcohol abuse diagnosis with current cocaine and opiate dependence. The other endorsed frequent heavy drinking, and problem drinking.