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Understanding and building resiliency in students living with parental alcoholism: implications and interventions for the school counselor

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Understanding and building resiliency in students living with parental alcoholism: implications and interventions for the school counselor

Abstract

The purpose of this paper is to examine how the strengths and positive qualities of children of alcoholics can be enhanced by counselors to promote resiliency. The author will identify typical characteristics of children who are raised by alcoholic parents and describe the short-term and long-term effects of this abuse on school-aged children and adolescents. A family systems perspective will be examined, along with a discussion of the risk these youngsters face.

A second purpose of this paper is to focus on the role of the school counselor in working with children who are living in dysfunctional situations due to parental substance abuse. Interventions designed for fostering resiliency and prevention are presented and explained, as well suggestions for the school counselor in becoming more aware of how to provide opportunities for these students to learn to develop healthy ways of coping.

UNDERSTANDING AND BUILDING RESILIENCY IN STUDENTS LIVING

WITH PARENTAL ALCOHOLISM:

IMPLICATIONS AND INTERVENTIONS FOR THE SCHOOL COUNSELOR

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A research Paper

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

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by

Lori K. Riley

December, 2000

This Research Paper by: Lori K. Riley

Entitled: UNDERSTANDING AND BUILDING RESILIENCY IN STUDENTS LIVING
WITH PARENTAL ALCOHOLISM: IMPLICATIONS AND INTERVENTIONS FOR THE
SCHOOL COUNSELOR

has been approved as meeting the research paper requirements for the Degree of Master of Arts in
Education.

_10-23-00_
Date Approved

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_10/17/2000_
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School counselors today encounter significant numbers of students who live in families where parental substance abuse is occurring, with an estimated 28 percent of children in the United States living in homes where at least one parent has been diagnosed with an alcohol problem (Grant, 2000). Current research indicates that children and adolescents are clearly impacted by parental alcohol abuse in a variety of ways, including deficits in the areas of social, academic, and emotional growth (Johnson & Leff, 1999). Some of these young people engage in self-defeating thoughts and behaviors and have difficulty moving past the destructive patterns modeled by the abusing parent, while others appear to display resiliency and are able to overcome familial adversity and achieve personal success in these areas.

The purpose of this paper is to examine how the strengths and positive qualities of children of alcoholics can be enhanced by counselors to promote resiliency. The author will identify typical characteristics of children who are raised by alcoholic parents and describe the short-term and long-term effects of this abuse on school-aged children and adolescents. A family systems perspective will be examined, along with a discussion of the risk these youngsters face.

A second purpose of this paper is to focus on the role of the school counselor in working with children who are living in dysfunctional situations due to parental substance abuse. Interventions designed for fostering resiliency and prevention are presented and explained, as well suggestions for the school counselor in becoming

more aware of how to provide opportunities for these students to learn to develop healthy ways of coping.

<div align="center">Who Are the Children of Alcoholics?</div>

Statistics

The incidence of alcohol use is widespread, with an estimated 11 to 11.75 million children being raised by alcoholic parents (Johnson & Leff, 1999). Riddle, Bergin and Douzenis (1997) estimated that four to six children in a class of twenty-five are children of alcoholics. Despite the large number of children affected, only about five percent of children of alcoholics are getting the help or services they need (National Institute of Alcoholism, as cited by Riddle et al, 1997). Because these children may try to avoid recognition, school personnel may not be aware of them. Hence, children of alcoholics do not get help in dealing with the effects of parental drinking (Atkinson, 1999).

Not all children of alcoholics avoid attention from others. Some children operate at the opposite extreme and display disruptive or acting out behaviors at school in an effort to have control in a world they do not understand. Often school personnel concentrate on the behavior and do not investigate the source, thereby failing to associate the inappropriate behavior to chemical abuse at home (Feaster, 1996). Again, the needs of the student go unmet. Since the behavioral interventions are not addressing the source of the problem, traditional methods of

behavior modification are not effective with these students. These statistics and

information support the importance of the school counselor's role in addressing the

needs of these children.

Common Characteristics of Children of Alcoholics

Children who are raised in chemically abusive families tend to respond to their

environment in different ways (Feaster, 1996). Some children in this situation are

more likely to act out and externalize their feelings by breaking rules and becoming

aggressive or defiant. Others may internalize feelings and exhibit symptoms such as

anxiety or depression (Feaster, 1996; Sher, 1997). Weinberg (1997) found that

some features of children of alcoholics such as oppositional behavior, conduct

disorder, and impulsivity, may actually be misdiagnosed as Attention Deficit

Disorder.

In addition to behavioral difficulties, young children of alcoholics do not form

necessary, healthy relationships within their family, therefore lack the emotional

support needed to develop an accurate self-perception and the ability to develop

trusting relationships with others (Feaster, 1996). Children of alcoholics also have

difficulty figuring out what is real and what isn't because of the denial of reality that

exists in alcoholic families (Arbetter, 1990). Many of these children lack a feeling

of control over their own lives (Baser, 1999), and deny their feelings about their

family for so long that they are no longer able to understand their feelings about

anything (Feaster, 1996). Children of alcoholics have low self-esteem as a result of inconsistent parental expectations, and doubt their ability to make good decisions on their own. They tend to be dependent upon others for guidance, yet feel a need to be in control (Towers, 1989). Their parents may not provide structure or discipline consistently, but expect them to be competent in many areas at an earlier age than do non-alcoholic parents. Their inability to do everything perfectly may lead them to perceive themselves as failures (Johnson & Leff, 1999). This perception may cause children of alcoholics to become extreme in their thinking, resulting in either super-responsible or super-irresponsible behavior (Sher, 1997). They may also feel a sense of guilt about things over which they have no control (Towers, 1989). Teachers might see younger children who are quiet, cry easily, or appear lazy. Older students may seem moody, defiant, or aggressive, or may appear depressed or suicidal (Feaster, 1996).

The combination of effects that parental drinking has on children certainly creates issues for them at school. Their inability to concentrate, accept authority, form healthy relationships with others, and develop a positive attitude toward learning are all areas that might be affected (Towers, 1989).

Roles in the Alcoholic Family

Children in alcoholic families fail to learn how to adopt a variety of roles as do children raised in homes with consistency and open communication. Instead, they

become locked into roles based on their perception of what they need to survive and maintain stability (Crespi & Sabatelli, 1997). Tower (1989), Atkinson (1999), and Arbetter (1990) described the following classic roles that children in alcoholic families tend to assume in their effort to cope:

Family Hero. Family heroes are usually the oldest children in the family. They want to bring success to the family and do this by being high achievers and excelling in school and sports to make the family look good. They put extreme pressure on themselves, and no matter how successful they are, feel a sense of failure because they are not able to solve the problems at home. These children keep feelings of anger, resentment, guilt, shame, and inadequacy inside and may become perfectionists or workaholics.

Scapegoat. These children act out to divert negative attention from the real family problems, often through failure in school; use of drugs and alcohol; or by getting into trouble at home, school or with the law. Scapegoats are often second children who feel that they cannot compete with the family hero, and prefer to let the world think that they are the problem rather than the alcoholic parents. Usually, the worse the family situation gets, the worse scapegoats behave.

Lost Child. These are often middle children, who stay out of the spotlight by withdrawing from others and looking out for their own needs. These children might be overlooked both at home and by teachers, seldom or never creating

problems for fear of anger or conflict. These children develop lifelong patterns of loneliness, depression and alienation, and may have health-related problems such as asthma or allergies.

Mascot. Mascots are usually the youngest children, who are protected and doted on by other family members. The job of these children is to divert the family's attention from explosive or negative situations by entertaining, charming or amusing them. In school, they are often known as class clowns, and may be immature, hyper, and irresponsible. Inside, mascots often feel guilty, lonely and unimportant.

Children may combine these roles, or will occasionally shift from one role to another as siblings leave and vacate roles (Towers, 1989). Although playing out these roles within the family serves the needs of the family and in some way enables the parent to maintain his or her alcohol abuse (Towers, 1989), it has the potential to disrupt children of alcoholic's own functioning later in their adult lives (Crespi & Sabatelli, 1997).

Risk and Long Term Effects

Children of alcoholics may be especially susceptible to maladaptive behaviors due to the combination of many risk factors present in their lives. Johnson and Leff (1999) noted that there is extensive documentation of a relationship between parental substance abuse and subsequent alcohol problems in their children. Reich

(1997) found that children of alcoholics are at an approximately four times greater risk of developing substance abuse problems themselves than children of non-alcoholics. Living in a family environment characterized by disruption, inadequate parenting, deviant role-models, and dysfunctional parent-child relationships can impair a child's development, leading to problems later in life (Sher,1997). Exposure to adult interactions that normally lead to acceptance of responsibility are rare or absent in chemically abusive homes, causing children to behave irresponsibly and encounter greater difficulties as they become older (Feaster, 1996). These disruptive parenting behaviors contribute to depression and anxiety as well as early use of alcohol which can accelerate into problematic use into adulthood (Windle, 1996). Schaefer (1996) indicated that children of alcoholics who are using alcohol or other substances during adolescence move along the addiction process quickly. In addition to being at greater risk for chemical dependence, children of alcoholics also tend to have a higher incidence of other problems that have been linked to growing up in a home with alcoholic parents . Reich (1993, as cited in Weinberg, 1997) found a strong connection between parental alcoholism and conduct disorder in children. According to Price and Emshoff (1997) children of alcoholics may exhibit emotional instability, immaturity, peer conflicts or isolation from peers, academic difficulties, and physical complaints such as headaches and stomachaches. Dysfunctional alcoholic

families restrict the individuation process of children, interfering with normal development. Crespi and Sabatelli (1997) suggested that a person's ability to form healthy relationships begins with the early resolution of the separation-individuation process, which involves establishing identity and a sense of intimacy. In order to mature emotionally, adolescents and young adults must form an independent identity while maintaining a healthy emotional connection to others.

In alcoholic families, individuality is discouraged by assigning or delegating identity to children so that they may serve the needs of the family system. Anxiety results when they are confronted with individuation in a family that inhibits it. They may resolve this by either fusing with the family and becoming enmeshed, or by attempting to control their own sense of self by detaching from others. Either of these coping mechanisms can result in difficulties in relationships with others.

Inappropriate adult roles such as caring for younger siblings, preparing meals or even paying bills might be prematurely thrust on children of alcoholics (Towers, 1989), creating a need for them to become caretakers of others in order to feel comfortable or important. This caretaking role can cause them to seek out relationships in adulthood that allow them to assume an over functioning position (Crespi & Sabatelli, 1997). In some situations, children of alcoholics can become involved in the abusers' addiction to the extent that they become both enablers and deniers. This unbalanced relationship is often referred to as codependency

(Arbetter, 1990). Children of alcoholics who feel responsible for the problems of others are likely to establish codependent adult relationships.

Implications for Counselors

While school counselors are not able to make the alcoholism in a student's life disappear, they can help children adjust and make the best of their home situations while taking care of themselves (Post & Robinson, 1998). Crespi and Sabatelli (1999) found that children and adolescents who were able to distinguish clearly between themselves and their parents' illnesses were more resilient and understood they were not the cause of the parent's alcoholism. School counselors are afforded an ideal opportunity to provide children of alcoholics with preventative measures because of the availability of students (Riddle, et al, 1997) and also because schools are the setting in which problems stemming from parental alcoholism are likely to occur (Emshoff & Price, 1999).

Identification of Children of Alcoholics in the School Setting

Identification of children of alcoholics can be a step toward primary identification of adult alcoholism, breaking the denial system and opening the door for services to children (Robinson, 1989). Arbetter (1990, p.14) noted that the rules taught in an alcoholic family are "don't talk, don't trust, don't feel", and secrecy about the family problem is carefully guarded (Price & Emshoff, 1997). This often makes it difficult for school counselors to identify and assist children of

alcoholics (Robinson, 1989). Atkinson (1999) described some clues that are helpful in determining if children might be affected by family alcoholism. Often these clues come about during alcohol education classes in classroom guidance or other settings where alcohol prevention is being addressed. Children of Alcoholics may ask questions such as "Why do they make alcohol?", or "Why do they sell alcohol?" These students might also equate all drinking with getting drunk, and normally active children might become passive, while normally passive children become uncomfortable or active during alcohol education. Students might try to ask for help in subtle ways, such as lingering after the class is over or expressing concern about whether alcoholism can be inherited.

Some observable classroom behaviors might include poor attendance, frequent illness, inability to concentrate, sudden temper, compulsive behaviors, avoidance of arguments and conflict, and exaggerated concern for achievement (Atkinson, 1999; Robinson, 1989). Children of alcoholics might also be more likely to be truant, drop out of school, repeat grades, or be referred to the school psychologist. These issues may not be related to academic ability, rather, children of alcoholics have difficulty bonding with teachers and other students and may experience anxiety related to performance or fear of failure (National Association of Children of Alcoholics, 1999). Robinson (1989) also noted common psychological signs of children of alcoholics, including low self-esteem; anxiety; appearing sad, unhappy

or fearful; and difficulty adjusting to changes in routine. Although there are many

indicators and signs that suggest children are living with parental alcoholism, Black

(1987, as cited in Robinson, 1989) noted that eighty percent of children of

alcoholics look good, which contributes to the difficulty in identifying them for

services. This false appearance is another important reason for school counselors

to be aware of the subtle signs of children of alcoholics, as well as feel competent in

their ability to help children deal with parental alcoholism.

There are some tools that counselors may use to screen for children of

alcoholics. One of the most popular measures for identification is the Children of

Alcoholics Screening Test (Jones, 1983 as cited in Robinson, 1989). This is an

objective instrument containing thirty questions that can be administered to children

ages nine and up. "Yes" answers are added up for a total score, which can range

from 0 to 30. A score of 6 or higher is indicative of children of alcoholics.

Johnson and Leff (1989) found that classroom guidance activities along with

small group counseling were effective ways to reach children through

self-identification. They described a process that began with alcoholism and family

lessons during large group guidance, and at the conclusion of those lessons a

self-evaluation form was given to the students. The form contains nine questions

that ask students about their experiences and feelings regarding parental drinking.

Questions are built in to identify children whose parents do not drink at all, and

those students do not have to complete the entire form. Children who disclose that they have alcoholic parents are automatically eligible for a group, and a brief screening is done with any child who expresses a desire to participate in a group. Robinson (1989) and Post and Robinson (1998) noted that laws regarding parental consent should be taken into consideration before involving students in groups. In cases of parental alcoholism where denial may be strong, a counselor might want to approach parents with forms that request their permission for children to participate in groups that are designed to improve self-esteem and educate about drug and alcohol prevention. This can be a way of getting children into programs that meet their needs without creating an awkward or embarrassing situation for either the child or the parents. Arman (2000) suggested a direct approach which focuses on positive aspects of promoting resiliency and coping skills rather than the parental drinking.

Intervention and Prevention

Wright (2000) noted that some children will develop the resiliency to overcome the problems caused by parental substance abuse. This is often achieved with the help of a caring adult who listens, fosters trust, and encourages them to develop skills for self-protection, self-sufficiency, and a positive self-image. Children who do not receive this help are likely to become angry, antisocial survivors whose poor choices may put both society and themselves at risk.

Prevention

Emshoff and Price (1999) discussed two types of prevention programs that

a school counselor can establish. Universal programs are designed for the general

population, such as large-group and classroom guidance in which all students

participate. Selective prevention programs target an identified children of

alcoholics population. Price and Emshoff (1997) also described primary and

secondary prevention models, with primary prevention involving a focus on

children who have not exhibited specific problems but may be at risk, and

secondary prevention targeting children who have exhibited behaviors predictive of

later drug and alcohol use. Drug education and prevention programs provide an

excellent forum for discussion of family alcoholism and delivering primary

prevention to children of alcoholics (Nastasi & DeZolt, 1994).

A counselor must take into consideration the influence of the target childrens'

developmental stages when designing a prevention program. It is also important to

look at students' cultural and ethnic background. Emshoff and Price (1999)

indicated that research suggests not all children respond to stress in the same

manner. For example, Hispanic adolescents were found to be more resilient than

their Caucasian counterparts. It is important for a counselor to understand the

importance of considering cultural issues when choosing interventions for children

of alcoholics. Culturally appropriate interventions will be more effective than

generic prevention programs.

Interventions for children of alcoholics in the school setting must address the most basic issues of trust and control (Feaster, 1996). Nastasi and DeZolt (1994) recommended that school counselors serve in the role of facilitator and provide a context in which target skills can be learned, practiced, and generalized. School counselors are generally not trained as specialized alcohol or addiction counselors; however, they are able to be sensitive to and support a child's needs as well as be alert to and knowledgeable about symptoms of a problem. Counselors are able to show children of substance abusers that they understand their feelings and correct distorted perceptions that they might have about the parent's drinking behavior (Towers, 1989). Towers (1989) cited several suggestions offered by The United States Office of Substance Abuse Prevention that counselors should keep in mind when working with children of alcoholics. They include:

1. Maintain books and pamphlets about alcohol and drug-related topics that are written for children.

2. Be aware that children of alcoholics may be threatened by displays of affection, especially physical contact.

3. Always follow through when a child of an alcoholic asks for help, as they need stability and consistency in order to build trust. Don't make plans to see the child unless you are sure you will be available.

4. Don't act embarrassed or uncomfortable when a child asks for help.

5. Don't criticize the child's parents or be overly sympathetic.

Muro and Kottman (1995) noted that children of alcoholics need help learning to express themselves, trust others, and experience emotion. Providing children with developmentally appropriate counseling activities can help children of alcoholics explore feelings and deal with emotions in appropriate ways.

Individual Counseling with Children of Alcoholics

Once a counselor has determined that a child might be dealing with parental alcohol abuse, he or she can begin to develop a relationship with that student that will help build the trust that is lacking in the child's life. Post and Robinson (1998) noted that a close, intimate relationship with just one adult can make a big difference in the life of a child, while increasing the resiliency of that child. Although children from chemically abusive homes may not easily reveal their feelings, they do need opportunities to examine chemical abuse and its effects (Feaster, 1996). They are able to gain an understanding of their situations through art therapy and creative expression activities such as drama.

Participating in dramatic activities such as use of puppets or creating stories with pictures or props gives children the opportunity to take on other roles, which allows them to change perspectives and practice new behaviors. This can also aid them in understanding other people's perceptions (Muro & Kottman, 1995). One

activity that can provide insight to a counselor is to have children create drawings. Asking children to draw a picture of their family will help the counselor gain a better understanding of how the family affects their self-concept, behaviors, attitudes and feelings (Muro & Kottman, 1995). Leading a child in these types of activities is also helpful for the counselor to understand the role a child is fulfilling in the family, and identify the resiliencies that may be strengthened by that role. For example, a child who rarely seems satisfied with his or her work and frequently erases and starts over probably has an expectation of perfection from self and others, indicating the family hero role. Counselors can promote resiliency by encouraging a sense of competency, while helping students manage the unhealthy drive for perfection (Vernon, 1999). Muro and Kottman (1995) noted that children often approach counseling activities in the same manner that they approach things in other areas of their lives. Observations during groups and play therapy session can help counselors begin to understand interpersonal and intrapersonal dynamics of children that are affecting their performance in school. Post and Richardson (1998) noted that dramatic activities give children opportunities to make choices and feel more able to manage and control their lives, minimizing negative behaviors by developing a more internal locus of control.

In addition to play therapy techniques, bibliotherapy (see Appendix A) is also helpful in showing children that they are not alone in their situation. Reading books

that depict the same thoughts, feelings and family problems that children of alcoholics are experiencing will enable them to identify with the characters and learn more functional ways to cope.

Cognitive behavior therapy is also very effective with children of alcoholics because it provides counselors the opportunity to model appropriate behavior, teach thought-stopping, and help children restructure faulty cognitions (Muro & Kottman, 1995). This type of intervention can be helpful in helping children to understand and change their irrational beliefs, such as family heroes thinking that everything they do needs to be done perfectly. Cognitive behavior therapy is effective with children and adolescents, both individually and in small group situations (Vernon, 1999).

Considerations when Working with Adolescents

Interventions with adolescents should be adapted to meet their developmental needs. Feaster (1996) indicated that even under normal circumstances, adolescence can be a difficult time in which students experience social turmoil, insecurities, and role confusion. When these developmental issues are compounded by the confusion and isolation experienced in chemically abusive homes, students are more likely to need school interventions. As with younger children, school personnel often do not associate adolescent's inappropriate behavior at school with chemical abuse at home (Feaster, 1996). Crespi and Sabatelli (1997) discussed the

importance of teaching adolescents to separate the parent's alcoholism from themselves, which helps them recognize that they are not responsible for the parent's illness, and that they are powerless to fix the problem. This understanding will enable adolescents to constructively individuate from the family and explore their own identity.

Adolescents from alcoholic homes are more likely to select peers who use alcohol and other substances (Windle, 1996), so it is important for counselors to provide opportunities for students to interact with others who can model appropriate behavior. Feaster (1996) suggested finding ways to use students' abilities so they are making positive contributions and their individuality can be recognized. She noted that students do not often have chances to "show off" appropriately (p. 160). Counselors might also help students improve academic achievement and promote good decision-making by assisting them in learning self-monitoring behavioral techniques (McGrath, Watson & Chassin, 1997). An example of self-monitoring might be to have students set daily or weekly goals, and then work with them to determine if the goals were met. If students do not meet their goals, counselors can help them figure out why, thereby increasing their ability to establish a sense of responsibility to self.

Group Counseling with Children of Alcoholics

Establishing relationships and building a sense of trust are the most

important tasks for a school counselor in working with children of alcoholics. An

effective means of accomplishing this is through the use of small group counseling.

Group counseling can help students of all ages cope with parental alcoholism,

improve classroom behaviors, and relate more effectively to others (Riddle, et al,

1997). Emshoff and Price (1999) added that group interventions allow participants

to both give and receive support, reducing feelings of isolation, guilt, and shame.

Riddle et al (1997) also found that group counseling is effective in helping children

of alcoholics improve self-concepts and reduce anxiety levels, while Berube and

Berube (1997) noted that groups help students become aware that they are not

alone in their feelings.

Prior to establishing a group, the school counselor should prepare a statement

of need, a description of the group, goals and objectives, and a list of the resources

needed (Towers, 1989). Some possible topics for group discussions include

understanding feelings, family roles, self-concept, coping skills, and discussion that

there are others in similar situations (Robinson, 1998). Arman (2000) outlined a

suggested small group model that is designed to educate students about the disease

of alcoholism, promote resiliency and coping skills, and help students feel validated

and attended to (See Appendix B). Towers (1989) concluded that participation in

a group can help to prepare a child for entering other support groups, such as

Alateen, when they feel a need for support later on.

Conclusion

It is important that school counselors understand the difficulties children of

alcoholics have adjusting to social expectations in school. While research indicates

that not all children of alcoholics are affected in the same ways, it is clear that

nearly all children who grow up in alcoholic homes are impacted to some degree.

The effects may interfere with many aspects of these childrens' development,

creating problems which follow them into adulthood. The research findings

presented in this paper support evidence that early intervention by school

counselors can indeed make a difference and reduce risks for these children.

Prevention programs and interventions should include the basic components of

information and education, skill building in the areas of coping and social

competence, and a safe outlet for expression of feeling (Price and Emshoff, 1997).

School hours may be the only time they are away from the chaos and stress of the

chemically abusive family, and a counselor can become a stabilizing force for these

children. In a supportive school environment, counselors can provide the

understanding and caring that is necessary for children of alcoholics to develop

resiliency and the skills that will enable them to overcome adversity.

Resources

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Towers, R.L.(1989). Children of alcoholics/addicts. Washington, D.C. National Education Association.

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Windle, M. (1996). Effect of parental drinking on adolescents. Alcohol Health and Research World, 20, (3), 181

Wright, D.G. (2000). When the teacher is knowledgeable and caring. (On-line) Available: http://www.health.org/nacoa/teacher.htm

Appendix A

Bibliotherapy Resources for Children of Alcoholics

Black, C. (1989). <u>My dad loves me, my dad has a disease</u>. Minneapolis:

Hazeldon. Designed to help young children learn about themselves, their feelings,

and the disease of alcoholism in their families through art therapy. Children ages

six to fourteen share stories about what it is like for them to live in an alcoholic

family.

Bissell, L. & Watherwax, R. (1982). <u>The cat who drank too much.</u>

Bantam, CT: Bibulophile Press, 1982. A story of a kitten that was obsessed with

drinking, reflecting the behavior and feelings of many alcoholics.

Coleman, W. (1992). <u>What you should know about a parent who drinks</u>

<u>too much.</u> Augsburg Fortress Publishers, Publishing House of the Evange.

Written for children ages 8-12. Deals with the difficulties that families have when

a parent has a drinking problem. Religious nature.

Frank, K. (1995). <u>Getting a life of your own: A kid's guide to</u>

<u>understanding and coping with family alcoholism</u>. Educational Media.

For children and teens. Part of the book is read and discussed with the counselor,

and the second part focuses on practical ideas and thought-provoking self-care

projects. For students in grades 4-8.

Hall, Lindsey, Hall, L., Cohn, L, & Lingenfelter, R. (1988). Dear kids of alcoholics. Gurze Books. A young boy imparts facts about alcoholism by discussing his father's sensitivity to alcohol, his destructive behavior, and his recovery process.

Hastings, J.M. (1983). An elephant in the livingroom: The children's book. Minneapolis: Compcare Publications. Program designed to help children from seven years to early adolescence cope with the problems of living with a problem drinking or drug-abusing parent or sibling. Workbook format with leader's guide available.

Higgins, P.L. (1995). Up and down the mountain: helping children cope with parental alcoholism. Small Horizons. The story begins on the day of Jenny's graduation from sixth grade as she wonders if he'll attend. She quietly recalls how many times her father's drinking caused him to be absent and how badly she felt each time it happened. Grades 2-6.

Jones, P. (1983). Brown bottle: A fable for children of all ages. Center City, MN. Hazelden Foundation. Story of Charlie the Caterpillar who leaves the caterpillar kingdom to follow the glow of the brown bottle.

Langsen, R. & Rubel, N. (1996). When someone in the family drinks too much: A guide for children. Dial Books for Young Readers. Langsen writes about one of the nation's most debilitating diseases, while Rubel uses subtle

humor in her illustrations to help ease fears that children might have about

alcoholism. Helps children understand their feelings and gives information for

guidance and support.

Leiner, K. (1988). Something's wrong in my house. New York, Franklin

Watts. About domestic violence and alcoholism and how it affects children.

Acknowledges the universal feelings of fear, anger, and hopelessness, and looks

for ways to cope.

Leite, E. & Espeland, P. (1989). Different like me: A book for teens who

worry about their parents' use of alcohol-drugs. Johnson Institute.

Discusses kids who worry about their parents use of drugs, as opposed to parents

worrying about their children. For adolescents.

Rylant Tabor, N. (1999). Bottles break. Charlesbridge Publishing.

A child describes how it feels to have an alcoholic mother. The story, told in the

voice of a child, helps validate feelings and offers advice on feeling better. Ages

K-3.

Vigna, J. (1988). I wish daddy didn't drink so much. Whitman.

When Lisa gets the sled daddy made her for Christmas, she hopes he'll keep his

promise to take her sledding. But when the time comes, Daddy's drinking--again.

Lisa gains new insight into her father's problems. Grades Pre-K to 3.

Appendix B

Adapted from Arman (2000). A small group model for working with elementary

school children of alcoholics. Professional School Counseling. 3. (4) 290

(Intended for children in upper elementary grades).

Group Model

Session One

During the first session the group structure should be explained so that

children know the expectations. Discuss why the group will be meeting and what

they will be doing. Talk about when and where the group will meet. Let children

develop group norms, reminding them that these may be modified as the group

progresses. Be sure to discuss confidentiality, and explain the difference between

confidentiality and secrecy.

Session Two

This session can be spent educating the students about alcoholism. Use

Robinson and Rhoden's (1998, as cited in Arman, 2000) ten key points for

discussion:

1. Alcoholism is a disease

2. Everybody gets hurt in the alcoholic family, including the children.

3. Children whose parents drink too much are not alone.

4. Children do not cause, cannot control, and cannot cure their parent'

alcoholism.

5. There are lots of good ways for kids to take care of themselves when parents drink so they feel better about themselves.

6. There are many good ways for children to identify and express their feelings about their parents' drinking.

7. It is okay for kids to talk about their parents drinking to a friend or in the safety of the group.

8. Kids of alcoholics are at high risk of substance abuse themselves.

9. It is important for children to find a support system outside of the family.

10. There are many ways that kids cope with parental alcoholism. Discussion of these points will help to normalize and validate the children's experiences. Allow plenty of time for students to discuss and respond to the points. They may also be displayed for future group session as a reference.

Session Three

Reiterate the main points of the first two sessions by having students take turns reading the group norms and key points discussed in session two. Check in with students to see how things are going at home. After the review, provide a variety of art supplies and have students create a picture of their family. When

finished, ask for volunteers to share their picture. Explore their thoughts

pertaining to their

families, and link similarities between students experiences. This will help build

group cohesion.

Sessions Four and Five

The objective of these sessions is to identify how alcoholism affects children.

Use information shared in previous sessions to further explore members emotional

reactions to living with alcoholism. If children have difficulty examining their

reactions, role play situations using puppets. Helping children process their

emotional responses makes them more aware of how they are impacted. Validate

and normalize their reactions. These sessions will help resolve unexpressed

emotions and heighten the student's sense of control over future situations.

Session Six

The objective of the sixth session is to bring the children back into a cognitive

process by identifying existing coping skills and creating new ones. Review

situations discussed in previous sessions, and talk about how their thoughts and

feelings affected their behavior. Ask what they might have done differently.

Brainstorm alternative responses, while focusing on solutions. Role play might be

used in this session to act out possible new responses. This will help with

assertiveness skills and learning to express themselves more clearly.

Session Seven

Continue talking about how children can cope with alcoholism. Make a list of positive coping skills, and emphasize that these are like a shield that protects them from alcoholism, increasing their resiliency in difficult situations. Then have children make a shield out of clay. Allow them freedom of expression in shaping their shield. Creating the shield and painting them during the next session will give them a visual reminder of what they have learned.

Session Eight

Spend the first half of the session painting the shields. Have students paint them with symbols and designs that represent what they have learned from the group that will help protect them from alcoholism. Spend the rest of the time to allow students to share and explain their shields if they wish.

Session Nine

During this last session, it is important to give children adequate time to process the termination of the group. Termination should be mentioned in the last few sessions so students will have the opportunity to prepare. Help them to understand that although the group will no longer be meeting formally, the relationships and support that were developed will be long lasting. Help them to understand also that termination is a natural step in their growth, and plan a group

reunion later in the year so members will have a chance to meet again. Take time to solicit feedback on the group from the students to determine its effectiveness.