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Counseling children of alcoholics in schools

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Abstract

Children of alcoholics (CO As) make up a large population of students in the school system. These youth are at high risk for behavioral, emotional, social, safety, and academic problems due to the dysfunction within their homes. This paper will identify (a) the definition and prevalence of children of alcoholics, (b) the effects of parental alcohol abuse on children, (c) possible signs and symptoms displayed by COAs, and (d) implications for school counselors to best meet the needs of these students. School counselors can assist this population by providing the skills and support needed to cope effectively with parental alcoholism and become strong, resilient individuals.

COUNSELING CHILDREN OF ALCOHOLICS IN SCHOOLS

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Abstract

Children of alcoholics (COAs) make up a large population of students in the school system. These youth are at high risk for behavioral, emotional, social, safety, and academic problems due to the dysfunction within their homes. This paper will identify (a) the definition and prevalence of children of alcoholics, (b) the effects of parental alcohol abuse on children, (c) possible signs and symptoms displayed by COAs, and (d) implications for school counselors to best meet the needs of these students. School counselors can assist this population by providing the skills and support needed to cope effectively with parental alcoholism and become strong, resilient individuals.

Children of Alcoholics

Children of alcoholics make up a large population of youth in the United States. These children experience a wide variety of emotional, behavioral, social, safety, and academic consequences as a result of their parent's alcohol abuse (Children of Alcoholics Foundation, 2007). Children with alcohol abusing parents are often forced to grow up quickly, cope with many dangerous and undesirable experiences, and take on extreme responsibility within the family (Children of Alcoholics Foundation, 2007). Without intervention, children of alcoholics may carry the dysfunction from their family to their adult lives, develop negative coping skills and behaviors, have poor social and interpersonal skills, and be unsuccessful in academic and other environments (Children of Alcoholics Foundation, 2007). School counselors have the opportunity to identify children of alcoholics, intervene to appropriately address dysfunction in their family and the effects of parental alcohol abuse, teach effective coping skills, and reverse many of the negative consequences this population of youth face (Lambie & Sias, 2005). Counselors can also provide the safe environment in which children of alcoholics can receive support, guidance, a sense of normalcy, and inclusion (Vernon, 2004). This paper will provide the definition and prevalence of children of alcoholics, describe the effects of parental alcoholism on children, identify the signs and symptoms often demonstrated by children of alcoholics, and present interventions for school counselors to best meet the needs of children of alcohol abusing parents.

Definition and Prevalence

Children of alcoholics (COAs) are defined as: (a) children whose biological parents are or have been alcoholics, (b) children who are currently living with alcoholic

parents or caregivers, and (c) children who have ever lived with alcoholic parents or caregivers (Children of Alcoholics Foundation, 2007). Alcohol abuse is defined as any harmful use of alcohol (About, Inc., 2007). Harmful use implies alcohol consumption that causes either physical or mental damage (About, Inc., 2007). The Diagnostic and Statistical Manual of Mental Disorders IV (2000) describes abusers of alcohol as individuals who drink in spite of repeated social, interpersonal, and legal problems as a result of alcohol use. Individuals who are alcohol dependent meet all of the criteria of alcohol abuse and will also demonstrate some or all of the following: (a) narrowing of drinking selection, by drinking only one brand or type of alcoholic beverage; (b) drink-seeking behavior, which includes only going to social events where drinking will occur or only spending time with people who drink; (c) alcohol tolerance, which includes having to drink growing amounts to achieve prior effects; (d) withdrawal symptoms; (e) drinking to relieve or avoid withdrawal symptoms; (f) having urges to drink or craving alcohol; and (g) a return to drinking after a period of abstinence (About, Inc., 2007). The Children of Alcoholics Foundation (2007) reports that 15% of all children in the United States are currently exposed to alcohol abuse and/or dependence in the family, and 43% of all children are exposed to someone during their lifetime that has met a diagnosis of alcohol abuse or dependence.

Effects of Parental Alcohol Abuse on Children

In families where alcohol is being abused, behavior is often times unpredictable and communication is unclear (Children of Alcoholics Foundation, 2007). Family life is characterized by disarray and irregularity (Children of Alcoholics Foundation, 2007). Behavior can range from loving to withdrawn to frantic. Structure and rules may be

either nonexistent or inconsistent. Children can feel confused and insecure because they may not understand their parent's behavior and mood is determined by the amount of alcohol consumed (Children of Alcoholics Foundation, 2007). Children love their parents and worry about them, yet feel angry and hurt that their parents do not love them enough to stop using. Many children blame themselves for their parent's substance abuse (Children of Alcoholics Foundation, 2007). Parental alcohol abuse interrupts a child's normal development, which places these youth at higher risk for behavioral, emotional, social, safety, and academic problems (Children of Alcoholics Foundation, 2007).

Behavioral

Children of alcoholics often exhibit role reversal, low self-esteem, and role confusion (Vernon, 2004). The children seem mature and grown up, often times more so than their alcoholic parent (Vernon, 2004). They have learned to hold back many childhood behaviors in an attempt to anticipate their alcoholic parent's reactions, which may be unpredictable and inconsistent. These children sometimes appear extremely responsible, competent, and high achieving and display no outward signs of suffering (Vernon, 2004). They often grow up without a childhood. Children from alcoholic families may believe that something is wrong and shameful about their families, which leads to the conclusion that something is wrong with them (Vernon, 2004). They might compare their family situation to family situations of their peers, and determine that their family is inferior. They do not see the same dysfunction in others' families that they see in their own. Children who live with alcoholic parents have role confusion because they are expected to be adult-like at home but are treated as characteristic children by their teachers and peers (Vernon, 2004). To achieve a balance within the family system,

children of alcoholics often assume one of the following roles: (a) family hero, (b) scapegoat, (c) lost child, and (d) mascot (Lambie & Sias, 2005).

The family hero is usually the oldest child in the family (Vernon, 2004). The hero believes he or she can move the family toward normalcy by being overly responsible (Lambie & Sias, 2005). Parents may reinforce these behaviors in their children, living their lives vicariously through the hero's accomplishments. The nonalcoholic parent may turn to the oldest child for emotional support, relying on him or her to meet his or her need for intimacy (Vernon, 2004). Heroes feel troubled due to the great pressure to perform and appear perfect. These children may be lonely and isolated, fearful of allowing anyone to get close to them and discover their secret (Lambie & Sias, 2005). The hero's reality includes perfectionism, an emotional void, constant watchfulness, and feelings of hopelessness (Vernon, 2004). They realize that no amount of achievement will correct the source of the family's dysfunction, which is the alcohol abuse by the parent (Vernon, 2004).

Scapegoats are the targets in a family (Vernon, 2004). They are blamed for the family's stress and dysfunction (Lambie & Sias, 2005). The scapegoat draws the attention of the parents away from each other (Vernon, 2004). The adults direct their time and energy toward managing the misbehavior of the child in the scapegoat role rather than focusing on the true dysfunction in the family, the alcohol abuse (Vernon, 2004). These children may live out this self-fulfilling prophecy by participating in negative behaviors, such as acting out in school, running away, or engaging in drug use or promiscuous sexual behavior. They typically feel angry, discarded, and upset (Vernon, 2004).

The lost child is normally the middle child in a family (Vernon, 2004). Lost children feel confused because no one is explaining the reasons for the chaos, violence, and tension in the family (Lambie & Sias, 2005). They feel lost as to how they fit in the family and do not know what is expected of them as they try to deal with the family problems. These children may be introverted, inhibited, and hesitant to reach out to others for support (Vernon, 2004). They actually seem to not have a role in the family (Vernon, 2004).

The youngest child often takes on the mascot role in a family (Vernon, 2004). Children are protected from the effects of the parent's alcoholism in this role because they may not have the opportunity to become aware of the issues the family is struggling to handle (Lambie & Sias, 2005). Mascots may assume the behaviors of a fool or comedian because they tend to be spoiled by their caregivers (Vernon, 2004). These children may attempt to grasp and hold the attention of adults and peers by acting jovial (Vernon, 2004).

Emotional

Children of alcoholics demonstrate elevated rates of psychopathology (National Association for Children of Alcoholics, 2007). Low self-esteem, tension, anxiety, depressed feelings, and acting out behavior are often reflections of insecurity due to a difficult home environment (Rangarajan & Kelly, 2006). Young children often show symptoms of depression and anxiety such as crying, bed wetting, lacking friends, being afraid to go to school, or having nightmares (Lambie & Sias, 2005). Older youth may stay in their rooms for long periods of time and not relate to other children due to isolating themselves (National Association for Children of Alcoholics, 2007). Teens may

show depressive symptoms by being perfectionistic, hoarding, and being excessively self-conscious and may begin to develop phobias (National Association for Children of Alcoholics, 2007).

There are several themes of emotional consequences inborn in children of alcoholics: (a) mistrust, (b) guilt, (c) shame, (d) confusion, (e) ambivalence, (f) fear, (g) insecurity, and (h) conflicts about sexuality (Children of Alcoholics Foundation, 2007). Alcoholic parents often demonstrate unpredictable behavior. For the child, the rules may be constantly changing depending on the amount of alcohol consumed by the parent (Children of Alcoholics Foundation, 2007). This lack of consistency can lead to a mistrust of parents and other adults. Severe mood swings within the family also contribute to additional mistrust (Children of Alcoholics Foundation, 2007). Children often expect adults to disappoint them. COAs see drinking as a reaction to bad behavior instead of understanding the parent's alcohol abuse as a disease (Children of Alcoholics Foundation, 2007). Family members may blame each other for instigating a drinking episode or anger explosion (Children of Alcoholics Foundation, 2007). For example, a child may think if he or she were a better student, his or her mother would not drink.

The child of an alcoholic is often deeply ashamed of the family secret (Lambie & Sias, 2005). The family secret involves three significant rules for children of alcoholics which are (a) don't talk, (b) don't trust, and (c) don't feel (Lambie & Sias, 2005). To support the secret keeping, families with alcohol abuse problems tend to be closed organizations with strict boundaries (Edwards, 1998). Alcohol abuse in the family creates confusion in the child when the family fails to validate his or her external or internal reality (Children of Alcoholics Foundation, 2007). For example, a child may

observe his father drinking, becoming intoxicated, and passing out, but be told by his mother that he is sick or tired. A parent may suffer from alcoholic blackouts and make promises or reveal inappropriate personal information while drinking. Later, that same parent is honestly unaware of what occurred and denies the conversation ever took place.

Strong positive and negative feelings towards the parent may coexist in the child (Children of Alcoholics Foundation, 2007). For example, a child may long for approval and love from her alcoholic parent, and simultaneously feel angry and resentful. Some children of alcoholics fear that their anger toward the parent could cause him or her to die, or more realistically, that the parent could die as a result of drinking and driving or other alcohol related trauma or illness (Children of Alcoholics Foundation, 2007).

Finally, disruption of normal sexual development can occur if the alcohol abuse interferes with the parent's ability to nurture and educate the child (Children of Alcoholics Foundation, 2007). For example, the child may be exposed inappropriately to sexual behavior.

Social

Children of alcoholics may have a limited social life (Children of Alcoholics Foundation, 2007). Children may be reluctant to bring friends home due to embarrassment about their alcoholic parent's behavior (Lambie & Sias, 2005). They may shy away from making friends because they lack basic social skills or have a distinct fear that someone will find out about the dysfunction in their family (Children of Alcoholics Foundation, 2007). They may also find it difficult to make friends because other parents have warned their children to stay away from peers from troubled families (Children of Alcoholics Foundation, 2007). The alcohol-abusing parent's inability to meet the child's

emotional needs may lead to insecure attachment, which affects the child's ability to trust others (Lambie & Sias, 2005). Children of alcoholics often times have difficulty forming intimate relationships due to poor communication skills in the family and difficulties with trust (Fields, 2004).

On the other hand, some children use friends as safeguards and rely on their leadership and responsibility skills to take on key positions in school and extracurricular activities (Children of Alcoholics Foundation, 2007). These children are often among the most difficult to identify as COAs because their achievements make them seem so well-adjusted (Children of Alcoholics Foundation, 2007).

Safety

In homes where a parent is abusing alcohol, physical and sexual abuse of children is more likely (Bosworth & Burke, 2001). Sexual abuse is more frequent in chaotic and dysfunctional families where communication has broken down and roles have been enmeshed (Children of Alcoholics Foundation, 2007). Children who live in high conflict homes are more likely to have lower self-esteem and less internal locus of control (Children of Alcoholics Foundation, 2007). This puts children of alcoholics at higher risk for being re-victimized in the future. For example, female children are more likely to be involved with men who abuse substances, which leaves them open to even more abuse. Even if children themselves are not victimized by family violence, witnessing violence can have emotionally harsh consequences (Children of Alcoholics Foundation, 2007). Children of alcoholics are six times more likely to witness spousal abuse than are other children (Children of Alcoholics Foundation, 2007). COAs may suffer from post-

traumatic stress disorder and experience sleep disturbances, nightmares, anxiety, and depression (Kinney, 2003).

A child's health may also be in jeopardy by a parent's drinking (Children of Alcoholics Foundation, 2007). Significant alcohol intake by the mother during pregnancy has been linked to a variety of birth defects in children (Children of Alcoholics Foundation, 2007). Children may also develop stress-related health problems like gastrointestinal disorders, headaches, migraines, or asthma (Children of Alcoholics Foundation, 2007). A child whose parent's alcohol abuse causes neglect might become injured because of the failure to sufficiently child-proof the house or because of inadequate supervision. Other routine well-child care may be ignored by parents abusing alcohol (Children of Alcoholics Foundation, 2007).

Genetic and environmental factors contribute to the transmission of alcoholism from parents to children (Children of Alcoholics Foundation, 2007). COAs are at three to four times greater risk for developing alcoholism as compared to children of non-alcoholic parents (Children of Alcoholics Foundation, 2007). In addition, children of alcoholics are at an increased risk for other drug dependence (Children of Alcoholics Foundation, 2007).

Academic

Children of alcoholics often believe they will be failures even if they do well academically (National Association for Children of Alcoholics, 2007). They have difficulty perceiving themselves as successful, especially in the academic setting. They are more likely to be raised by parents with poorer cognitive abilities in an environment lacking stimulation (Lambie & Sias, 2005). This environment may contribute to the

pattern of academic failure, including poor language and reasoning skills (National Association for Children of Alcoholics, 2007).

Although cognitive deficits may partially account for poor academic performance, motivational difficulties or the stress of the home environment may also contribute to problems in school for children of alcoholics (Lambie & Sias, 2005). Students from alcoholic families are more likely to be truant, drop out of school, repeat grades, or be referred to a school counselor or psychologist (National Association for Children of Alcoholics, 2007). This may have little to do with academic ability, rather children of alcoholics may have difficulty bonding with teachers and students, they may experience anxiety related to performance, or they may be afraid of failure (National Association for Children of Alcoholics, 2007). In addition, children whose parents abuse alcohol may experience the following in relation to poor academic performance: (a) be preoccupied or tired because of events at home and are unable to concentrate in school; (b) work below their potential because their energy is focused on the alcohol abuse; and (c) be unable to focus on homework because of fighting, tension, or worry at home (Children of Alcoholics Foundation, 2007).

Signs and Symptoms of Children of Alcoholics

It is difficult to identify children of alcoholics due to the family secret of alcohol abuse (Doweiko, 2002). In addition, as identified in the various family roles COAs assume, these individuals do not have specific demographics; rather, they appear similar to other children and have a wide range of intellectual abilities, social skills, and coping skills (Knight, 1994). Although some children of alcoholics can be easily detected as troubled children because of behavioral markers such as anger, rebellion, and conduct

disorders, others blend into the school environment (Lambie & Sias, 2005). The hidden COAs tend to be withdrawn and isolated, possibly affecting their healthy development (Lambie & Sias, 2005).

Several behavioral signs may be helpful in identifying children of alcoholics (Greenburg, 1999). The Children of Alcoholics Foundation (2007) identifies the following possible signs and symptoms of COAs: (a) children look disheveled, unkempt, or just inappropriate due to being neglected by the alcohol abusing parent; (b) children may be unusually sleepy because they are often kept awake at night due to fighting, arguing, or violent behavior; (c) children may come to school late, as they are often in charge of taking care of themselves and others in the home; (d) children may have unexplained bruises or burns due to injuries, abuse, or lack of supervision; (e) children may talk about witnessing violent or abusive situations at home; (f) academic or other performance levels may fluctuate; (g) children may seem depressed or withdrawn; (h) peers may hint at problems; (i) peers may tease children of alcoholics; (j) parents may tell their children not to associate with children who have a parent with a drinking problem; (k) children may demonstrate behavioral problems; (l) children may miss a lot of school or other programming so they can stay home to take care of the alcohol abuser; (m) children may complain of stomachaches, headaches, or other physical ailments with no explainable cause, often at the same time every day; (n) parents may be hard to reach, miss appointments, or not show up for parent-teacher conferences; and (o) parents may come to meetings or appointments drunk (Children of Alcoholics Foundation, 2007).

Some of these behavioral indicators of COAs may point to other types of struggles (Lambie & Sias, 2005). It is important for school counselors to retrieve as

much information as possible regarding their students to develop a case conceptualization which increases therapeutic effectiveness (Lambie & Sias, 2005).

Implications for School Counselors

The majority of children of alcoholics do not end up in horrible circumstances due to their inner strength and resiliency, and through the help of counselors and other supportive individuals (Children of Alcoholics Foundation, 2007). Counselors can assist these children to become more resilient and behave in ways that are not self-defeating through individual counseling where children can experience trust and safety, in group counseling where the feelings of difference and isolation can be reduced and new skills can be learned and practiced, and by referring families for counseling with a therapist (Vernon, 2004). The long term effects of these interventions can be more than just survival techniques in a dysfunctional family, they can help children become strong adults (Vernon, 2004).

Individual Counseling

Counselors can assist children of alcoholics by helping them to understand the three C's of addiction: (a) you did not cause it, (b) you cannot control it, and (c) you cannot cure it (Children of Alcoholics Foundation, 2007). Addiction is not something that one person can do to another. Unfortunate events also do not cause addiction (Children of Alcoholics Foundation, 2007). Neither genes nor experiences alone can cause addiction; rather the alcohol abuse is an action the parent chooses (Children of Alcoholics Foundation, 2007). It is necessary for children to understand that alcohol addiction is the result of a series of bad choices made by the parent, not the result of children's behavior (Children of Alcoholics Foundation, 2007). If the alcohol abuser

wants alcohol, there is nothing that will stand in his or her way. The only way a child can limit being around the alcohol abuse is to limit his or her time around the alcohol abuser (Children of Alcoholics Foundation, 2007). As much as children may want their alcoholic parent to get help, they cannot make it happen. Love, understanding, begging, or threatening will not help the abuser toward recovery (Children of Alcoholics Foundation, 2007). The alcohol abuser must decide to seek another lifestyle and want to change by making good choices (Children of Alcoholics Foundation, 2007).

Children of alcoholics cannot control the abuse, cure it, or cause it, but they can learn to cope with the help of supportive individuals such as school counselors (Children of Alcoholics Foundation, 2007). School counselors can help children dismiss myths about substance abuse, provide information that helps them recognize and understand parental alcoholism as a source of problems, help them learn positive ways to cope, provide a link to local resources, and reinforce the idea that they deserve help for themselves (Children of Alcoholics Foundation, 2007). Additionally, the National Association for Children of Alcoholics (2007) recommends counselors assist COAs with developing autonomy and independence, developing strong interpersonal and social skills, engaging in acts of required helpfulness, developing a close bond with a caregiver, and perceiving experiences constructively.

Wolin & Wolin (1993) suggest that counselors determine which role children may be filling in the family and then identify the resiliencies that role may develop. For example, children in the hero role may develop the resiliency of initiative, in which they gain a sense of expertise by focusing on success at school. To strengthen this resiliency, counselors can encourage them to become successful and competent and also help them

manage their harmful drive for perfection (Wolin & Wolin, 1993). Children in the role of scapegoat may have developed the resiliency of insight concerning the family's troubles (Vernon, 2004). Counselors can assist these children see things for what they are and help them develop techniques to handle their behavior and emotions that are not self-destructive (Wolin & Wolin, 1993). Children in the role of the lost child may develop the resiliency of morality, deciding not to act in harmful ways toward others (Vernon, 2004). Counselors can encourage their sense of not wanting to hurt others and help them build connections to people outside the family who can offer support (Wolin & Wolin, 1993). Mascots develop a sense of humor to cope with threatening emotions and may use comedy to distract dangerous situations in the home (Vernon, 2004). Counselors can promote humor and at the same time help these children to identify and appropriately express other feelings. The challenge for counselors is to identify and reinforce resiliencies that may accompany these family roles and intervene to help children avoid self-destructive behaviors associated with these roles (Wolin & Wolin, 1993).

Finally, school counselors can work with children of alcoholics individually by developing safety plans (Children of Alcoholics Foundation, 2007). The plan can help to prepare the child for dangerous situations he or she may witness in the home due to parental alcohol abuse. The safety plan may include supportive and safe adults the child can contact, a safe place to go to in the home or community to distance him or her self from danger, and calling 911 in an emergency (Children of Alcoholics Foundation, 2007).

Group Counseling

Group counseling is an effective way to assist children of alcoholics (Arman, 2000; Sciarra, 2004). O'Rourke (1990) suggests the following themes to address in group counseling: (a) explore feelings, (b) build self-esteem, (c) develop coping skills, (d) manage stress, (e) practice decision making, and (f) encourage key relationships in an attempt to build bonds with adults or other children. Group counseling can provide children of alcoholics with a safe environment to process their thoughts and feelings, to safely cope with family problems, to learn about alcohol abuse and its effects on the family, and to learn how to have fun (Substance Abuse and Mental Health Services Administration, 2003). These groups center on interpersonal problem solving, interactive feedback, and other counseling support techniques within a here-and-now context (Lambie & Sias, 2005). Children have the opportunity to feel less isolated, as they learn other children have similar experiences (Vernon, 2004).

Classroom Guidance

Counselors can educate all students about the dangers of using alcohol in classroom guidance lessons (Lambie & Sias, 2005). Lessons should include the effects of alcohol abuse on families such as the hiding a family secret, roles family members assume, physical and sexual abuse, and alcohol as a family illness (Lambie & Sias, 2005). Lessons can also teach healthy coping skills and resilience (Lambie & Sias, 2005). Counselors can assist children identify alcohol abuse in the home and try to normalize the feelings COAs may experience. These strategies may assist students with opening up to the school counselor about their family secret and, thus, receive additional counseling (Lambie & Sias, 2005). Guidance lessons on family alcoholism provide the opportunity to indirectly reach children of alcoholics while providing education to all

students in a classroom (Lambie & Sias, 2005). Children should learn in guidance lessons that school counselors are available to process the events in home environments and receive support and guidance (Lambie & Sias, 2005).

Counselors' Responsibility to Increase Professional Knowledge

The Council for Accreditation of Counseling and Related Educational Programs (2001) standards for curriculum and training for school counselors do not specify course work in substance abuse (Lambie & Rokutani, 2002). Yet school counselors regularly work with students and their families concerning alcohol and substance abuse (Lambie & Sias, 2005). Therefore, it is extremely important that school counselors increase their personal awareness and knowledge of alcohol abuse and its impact on the family.

Remaining uninformed about issues related to alcohol abuse reinforces family dysfunction and may be determined as unethical practice (Lambie & Sias, 2005). School counselors must accept and acknowledge their professional competencies and limitations while continually striving to increase their knowledge (Lambie & Sias, 2005). The American School Counselor Association (2004a) Ethical Standards for School Counselors states that an ethical counselor “strives through personal initiative to maintain professional competence including technological literacy and to keep abreast of professional information. Professional and personal growth are ongoing throughout the counselor’s career” (E.1.c.).

Counselors as Educators

School counselors are an outstanding resource to provide educational training to other school staff concerning children of alcoholics due to their specialized training in interpersonal communication and child development (Lambie & Sias, 2005). The

training should include alcohol abuse as a family illness, the possible effects of familial alcohol abuse on students, and possible signs and symptoms of COAs (Lambie & Sias, 2005). The school counselor can also offer consultation services to school personnel. It is essential for school employees to work collaboratively, respect each other's knowledge, and view their relationship as a partnership (Lambie & Rokutani, 2002).

Accessibility of Counselors

Students must know who their school counselor is before they will request his or her assistance (Lambie & Sias, 2005). Counselors must be visible and accessible to students. When students see their school counselor interacting with other students, they are likely to see him or her as a safe adult whom they may feel comfortable approaching (Lambie & Sias, 2005).

It is important to communicate understanding, acceptance, empathy, and compassion when working with children of alcoholics (Lambie & Sias, 2005). The counselor should provide the student with a safe environment to process his or her feelings and thoughts without fear of consequences (Lambie & Sias, 2005). Children of alcoholics often feel isolated, ashamed, and responsible; therefore, it is necessary for the school counselor to express to these students that they are not alone, not responsible for their parents' alcohol abuse and family dysfunction, and are not responsible for fixing or controlling the problem (Lambie & Sias, 2005).

Counselors to Provide Liaison and Referral Services

Professional school counselors are in the position to develop connections among families, community organizations, the school, and students through referring families to services and by serving as a liaison (Lambie & Sias, 2005). Often times, children of

alcoholics require mental health services that school counselors are not trained to provide and are too extreme for the school setting (Lambie & Sias, 2005). However, school counselors can refer students to community agencies, such as mental health and substance abuse treatment centers. Common referrals available in most communities include self-help groups such as Al-Anon, which is open to family or friends of individuals with alcohol issues, or Alateen, which is available for teenagers of families with alcohol issues (Lambie & Sias, 2005). School counselors should also be knowledgeable of community crisis intervention resources for families who may be subject to alcohol-related violence (Edwards, 1998).

Conclusion

Children of alcoholics cover a large population of youth in the United States. These children experience a unique set of emotional, behavioral, social, academic, and safety issues in response to their environment (Children of Alcoholics Foundation, 2007). COAs are often robbed of their childhood and forced to cope with undesirable consequences. Left unaddressed, children of alcoholics may develop ineffective and negative coping skills leading to a lifetime of suffering by continuing the cycle of dysfunction in their families (Children of Alcoholics Foundation, 2007). School counselors have the opportunity to identify children of alcoholics and intervene to best meet the needs of these youth and promote resiliency (Lambie & Sias, 2005). While children of alcoholics are at higher risk for negative emotional and behavioral outcomes, school counselors can provide the information and resources to reverse many of the effects (Vernon, 2004).

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