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Children of alcoholics: Implications for counselors and schools

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Abstract

Alcoholism is a disease of epidemic proportions in the United States. It is estimated that one-fifth of all Americans are problem drinkers (Cook, 1987). While alcoholism is generally recognized as a disease, it is not widely recognized as a family disease (Weddle & Wishon, 1986). However, alcoholism is a family illness because everyone in the family suffers. Parental alcoholism is a form of psychological maltreatment of 12-15 million children under the age of 18 (Tharinger & Koranek, 1988). McBride and Bennet (1991), Weddle and Wishon (1986), Roosa, Sandler, Gehring, Beals, and Cappo (1988), and Campbell (1988) all indicated that the figure is around 7 million children. With numbers this large it does not really matter how accurate the estimate is. What matters most is that for those children, parental alcoholism impacts upon their lives more than anything else (National Institute on Alcohol Abuse and Alcoholism (NIAAA), 1981). School counselors have the opportunity and responsibility and opportunity to be of help to these children of alcoholics. With additional knowledge and support, school counselors can participate in the effort to lessen the impact of being a child of an alcoholic.

CHILDREN OF ALCOHOLICS: IMPLICATIONS FOR COUNSELORS AND SCHOOLS

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Alcoholism is a disease of epidemic proportions in the United States. It is estimated that one-fifth of all Americans are problem drinkers (Cook, 1987). While alcoholism is generally recognized as a disease, it is not widely recognized as a family disease (Weddle & Wishon, 1986). However, alcoholism is a family illness because everyone in the family suffers. Parental alcoholism is a form of psychological maltreatment of 12-15 million children under the age of 18 (Tharinger & Koranek, 1988). McBride and Bennet (1991), Weddle and Wishon (1986), Roosa, Sandler, Gehring, Beals, and Cappo (1988), and Campbell (1988) all indicated that the figure is around 7 million children. With numbers this large it does not really matter how accurate the estimate is. What matters most is that for those children, parental alcoholism impacts upon their lives more than anything else (National Institute on Alcohol Abuse and Alcoholism (NIAAA), 1981). School counselors have the opportunity and responsibility and opportunity to be of help to these children of alcoholics. With additional knowledge and support, school counselors can participate in the effort to lessen the impact of being a child of an alcoholic.

Traditionally, the illness concept of alcoholism has indicated that the alcoholic alone should be the focus of intervention and treatment (Waite & Ludwig, 1983). Research has shown that strategies involving spouses and children, treating the whole family has resulted in improved control of drinking, greater persistence in therapy, and improved marital relations. In addition, it is recognized that children need help, whether or not their parents or other family members are willing to accept help. Awareness of the problems and service needs of children of alcoholics (COAs) has increased significantly over the past 19 years (Waite & Ludwig, 1983).

The purposes of this paper are to identify characteristics and needs among affected young children, and discuss the implications for, and roles of school counselors. These roles include serving as advocates, being involved in identification and assessment activities, and participating in intervention and prevention programs.

Needs of Children of Alcoholics

Alcoholism is the most prevalent mental health problem of adults in the United States. Having an alcoholic parent is one of the most prevailing

stressful conditions experienced by over 7 million United States children under the age of 18 (Rossa et al., 1988). This large population of children suffer from the effects of an illness they do not directly have. They have more of a risk for depression, anxiety, lower self-esteem, aggression, and heavy drinking or alcoholism than any other group (Rossa, Gensheimer, Short, Ayers, & Shell, 1989).

An alcoholic home environment is far from an uncommon situation, it is a situation which affects millions of people (Weddle & Wishon, 1986). The children who grow up in such abnormal environments must sustain long-term effects that children from nonalcoholic homes do not. In the alcoholic homes, the alcoholics have upset the normal functioning of the families. When family functioning is altered, all members are affected and no one is left untouched. At the same time, not all members are affected in the same way (Cook, 1987).

Each family member assumes roles. These roles do not vary much and are not given up easily. Tharinger and Koranek (1988), Campbell (1988), Waite and Ludwig (1983), and Krois (1987) cited four principal roles which children of alcoholics (COAs) typically assume.

They are (1) the Family Hero--this child is especially sensitive to the family problems. Feeling responsible for the pain of family members, the hero tries to improve the situation. The child strives to be the perfect child at home so as not to invoke the wrath of the alcoholic. The child who assumes this role will also try to overachieve outside the home, at work or school, to provide self-worth or positive recognition for the family. However, because this does not change the alcoholic's behavior, the hero eventually feels like a failure. (2) The Scapegoat--this child chooses to pull away in a destructive manner, bringing negative attention to the family by getting into trouble, or withdrawing. This is a way to protect younger children and/or nonalcoholic parents from verbal and/or physical abuse. (3) The Lost Child--this child offers relief for the family by taking care of personal problems and avoiding trouble; the child is often ignored and is often lonely and experiences personal suffering. (4) The Mascot--this child is treated by the family as fragile and immature; the mascot provides relief and humor and the family sees a need for protection. This behavior relieves pain of some family members, yet it

does not help the mascot deal with personal pain and loneliness.

These survival behaviors are carried by the individual from the family system to other relationships (Waite & Ludwig, 1983). Unfortunately, these roles become dysfunctional as the child attempts to use them in relationships outside the family and in later adult relationships (Cook, 1987). Children of alcoholics first need to be noticed and identified as having special needs. Many of these childrens' behaviors will have alerted caregivers to their problems. However, many learn survival roles so well that they enable them to successfully live with their families without calling attention to themselves. These are the difficult ones to identify (Waite & Ludwig, 1983).

The security, love, and warmth that are necessary for children's development are rarely present in alcoholic homes. Where these do exist, they are so inconsistent that the children have difficulty developing the trust and confidence that is needed for future successful living (Cook, 1987). The inconsistency helps explain why the COAs are a difficult population to identify. Tremendous

insecurity results from living with this inconsistency (Brake, 1988).

Responses to the needs of COAs are generally classified in four categories: intervention, identification, treatment, and prevention. In reality, these four response strategies have been linked and even integrated. It may be difficult to identify a particular program as being an intervention or prevention effort. An example would be an alcohol education program that may seek to inform children about substance abuse and how it affects the family. Participation in the activities may make a child feel comfortable enough to discuss family problems related to alcohol. This way a child may self-identify as a COA. Counseling about family problems may be a result. Another intervention might be the child participating in a support group.

Identification is the process of determining which childrens' parents are alcoholics or have other alcohol-related problems. Though identification is not necessary before help can be provided, the advantage of identification is that it allows direct attention to be focused on the child. The second step would be to

identify the best service to be made available for these children.

Treatment is a systematic effort to address the childrens' problems and alleviate them. Treatment will address the behaviors that are symptomatic of living with an alcoholic. Children must develop both internal and external resources to cope with alcoholism. Helping the children express the confusion and deep feelings resulting from living in an alcoholic home are primary objectives.

Prevention is a strategy that assesses the individual's potential or present development of problems and use interventions to prevent the occurrence or reduce the severity of the problems. Because COAs have a high risk of developing alcohol abuse problems, prevention activities are very relevant (Brown, 1989). Alcohol education and the development of healthy coping skills are prevention goals appropriate for COAs with or without alcohol problems of their own. Prevention of the development of alcoholism is receiving attention. McBride and Bennet (1991) stated that working with young children who are at the greatest risk may be one of the most successful preventive interventions.

To understand the importance of working with children as the primary clients, it is necessary to be aware of the problems and needs of children from alcoholic families. During childhood, children of alcoholics may show a wide range of problems. Living in an alcoholic family produces difficult consequences. Child development theories differ on how much, how early, and how long it lasts, but do agree the learning of values, beliefs, and the development of identity occur when there is interaction with family members. Humans develop by imitating behaviors of adults, siblings, and peers. They model behaviors after the characteristics they value in others. Their individual distinctive behavior is integrated by behaviors that are learned through the interaction with others. To guide the process of development, the child's interaction with people, events, and the environment combine with emotional, physical, and mental needs (Tharinger & Koranek, 1988).

Symptoms of Children of Alcoholics

People learn differently during various stages of development and need different forms of support and information from family, peers, and their environment. By understanding the stages and corresponding needs, it

is possible to put in perspective the symptoms children of alcoholics may exhibit. When these symptoms lead children to caregivers, such as school counselors and probation personnel, the focus of intervention is rarely on the guilt, shame and feelings of responsibility for the alcoholic. Instead the caregivers need to focus on what perspectives the COAs have. These children may deny the drinking and not understand the connection between these drinking problems and their own feelings (Davies, 1989). They develop patterns of aggression, or passive resistance, or withdrawal to create their own stability (Berlin, Davis, & Orenstein, 1988). Children are given the illusion that they can affect the alcoholic. They believe they are directly to blame for the drinking and the problems associated with it (Berlin et al., 1988).

The symptoms most reported are the negative effects on children. COAs often experience school and social problems and serious role confusion and are prone to negative emotional moods (Clair & Genest, 1987). They experience more stress and are in a less supportive home environment. To attack problems, they are more emotionally focused using coping in response to their problems. Much wishful thinking and avoidant

strategies are used rather than to act on the situation.

Children of alcoholics generally experience low self-esteem from the lack of appropriate attention received at home. Rejection is felt from the alcoholic parent, from the non-drinking parent who is preoccupied with the problems of alcoholism, other children, and by school personnel who make difficult demands. In their minds, no one else experiences the same problems. Thus, they are alone, isolated and different. They may also equate drinking with love, i.e., "If they love me, they wouldn't drink" (Brake, 1988).

Emotionally there is a need for security that goes unsatisfied which diminishes the quality of interaction and personal relations. These children will experience poor emotional development as they struggle to maintain self in an environment void of nurturance (Clair & Genest, 1987). They may regress or slip back to a more secure time.

Children do see the emotional disruption and become fearful for their drinking parent's health. They may feel responsible to stop the drinking and still resent the lack of parental care they receive (Krois, 1987). Physical abuse is common because these

children are too young to fight back. They also experience physical health problems such as: psychosomatic complaints, hyperactivity, and neglect. Consequences for the children seem most serious when the drinking is done throughout their early childhood. They are not allowed to develop an accurate perspective of what is normal and what is real. Feelings are repressed. Normal interaction with peers and other adults are affected by the patterns of behavior already developed to deal with alcoholism (Krois, 1987).

Between first grade and through early and late adolescence children manifest the most negative symptoms of being a COA. The inconsistency of parents' care, disharmony between family members, and lack of support for each member's development exists in an alcoholic family. This makes it difficult to develop a meaningful sense of reality. Children become confused when parents deny the drinking or refuse to talk about it. Tharinger and Koranek (1988) stated that these children see the alcoholic parent as two people, one good and one bad.

Problems that are characteristic of children of alcoholics are certainly directly related to their symptoms. There is emotional neglect and physical

abuse--these children are frequently left alone or given inadequate care. They are blamed for family problems and there is often a great deal of family fighting. Children may not be able to find a place to do homework and family meals are interrupted or do not exist. Inappropriate parental behavior is very often seen. Parents often tell their children their sexual, health, and financial problems (Cook, 1987). Children aren't capable of understanding these problems and feel helpless in solving them.

Parental illness, divorce, and death are all problems COAs face. When parents separate, it may not be a clean break. In a divorce, children may be used to gain support payments and testify before a judge (Róosa et al., 1989). Confused feelings are often experienced. COAs may resent the alcoholic parent, but feel protective and concerned about both parents' health. They may admire the nonalcoholic parent, but resent their lack of sympathy for the alcoholic. There is guilt, embarrassment, confusion, and feelings of powerlessness to make things right. Long-term consequences do exist for COAs. Living with an alcoholic parent affects future work, play, social, and family relationships.

Alcoholism is a family illness where most of the children receive absolutely no care for the disease they have inherited. There are three basic reasons for this lack of care and help. First, over 90% of our county's alcoholics will never seek any kind of treatment and their denial of the problem is very acute (Newlon & Furrow, 1986). There is a family conspiracy to deny, overlook and ignore these events (Woodside, 1986). The fundamental rule in the home is that drinking is the most forbidden subject (Brake, 1988). All family members hold the "secret" close. Because denial is so strong, outsiders fear to intervene. Second, many children show no signs of this illness until they are adults. Finally, those, like counselors, who work with children every day, are not aware of the severe effect alcoholism has on the entire family (Newlon & Furrow, 1986).

Parental alcoholism is a form of psychological maltreatment of children (Tharinger & Koranek, 1988). COAs are frequent victims of physical and sexual abuse. However, that may not be the only abuse they experience. Cook (1987) stated that much of the violence in alcoholic families materializes in the form

of verbal abuse and aggressive arguments. One need not beat a child to adversely affect that child.

Counselor and School Roles

The schools are a logical place to identify, intervene, educate and provide preventive programs for children of alcoholics. School may be the only security and stability some of the children have (Weddle & Wishon, 1986). They spend more time there than anywhere else, thus providing the most promising setting for system intervention and support (Brake, 1988). Schools can provide knowledge, skills, and support to help children of alcoholics understand the dysfunctional effects of familial alcoholism (Brake, 1988). Helping these familial problems can be a significant step in the prevention of alcoholism (Newlon & Furrow, 1986).

Early identification and education can be critical in ameliorating and preventing future alcoholism and problems for children (Woodside, 1986). Alcohol education is an important first step in this process. Development of a unified and widely supported drug education program in any community is crucial to the development of that community's prevention efforts according to Erikson and Newman (1984). Counselors, in

their schools and communities, can provide information, address fears, and make the entire topic of alcohol use less stigmatizing, so that children will be more open to discussion and advice (Davis, Johnston, DiCicco, & Orestein, 1985). When alcohol is openly discussed in the classroom, some children display marked changes in their behavior. These reactions can roughly help identify children from alcoholic homes (Davis et al., 1985). Effective alcoholic education programs can encourage youngsters who have personal experiences with alcohol abuse to seek help, either directly or indirectly (Ostrower, 1987). Counselors can teach children skills to cope with the emotional distress of living with family alcoholism and prevent them from using alcohol abusively in their teenage years or as adults. In addition to coping strategies, children can be taught facts about how alcohol affects people and about alcoholism so that they can better understand some of the events that occur in their families (Roosa et al., 1989).

In addition to learning about alcohol, children of alcoholics need to learn about alcoholism (Davis et al., 1985). Teaching children about alcoholism helps them understand their situation in a new, more

satisfying way and empowers them to act on their own behalf (Berlin et al., 1988). COAs who are out of touch with facts about alcoholism assume no one has similar feelings or experiences. They feel isolated when they are with their peers. The anger and resentment they feel is in conflict with the guilt about directing their anger at a parent who is obviously out of control and ill. Thus, anger may be directed at other adults, such as teachers, who are unrelated and, therefore, seem safer targets. COAs are high risk for the development of alcoholism or alcohol-related problems. Children receive mixed messages about alcohol-related behavior. This leads to confusion about what is sensible and socially appropriate behavior. Alcohol education can help these children understand the dynamics of their families. They can become informed about the services available to them in their community and how to seek help (Waite & Ludwig, 1983).

The use of classroom guidance lessons on alcoholism and the family followed by an invitation to join a counseling support group is an efficient and non-threatening method of identifying children of alcoholics (Newlon & Furrow, 1986). General concepts

to be presented in the classroom guidance sessions are: (a) alcoholism versus responsible drinking, (b) alcoholism as a family illness, and (c) children of alcoholics characteristics and effects. A major consideration, in the lesson, is to make children aware of services available for the alcoholic and the family of the alcoholic.

Intervention may be direct or indirect. Its purpose is to increase awareness of the childrens' problems. Once the problem is identified, participation in a small counseling group can provide the help these children need (Newlon & Furrow, 1986). It is an effort to reach out to these children. Intervention should be directed toward the children themselves. Weddle and Wishon (1986) believe we should make every effort to become more educated and understand more about the disease of alcoholism and its intrafamilial effects. Schools can develop age-appropriate alcohol awareness programs and be willing and able to provide referrals to other agencies.

The counselor may feel that asking about drinking is an invasion of family privacy or feel powerless about the parent's drinking. So the counselor focuses

on the child's disruptive behavior and does not address the real cause. Since the counselor cannot work with the entire family, the real issues may be totally avoided. A counseling support groups can attempt to help the child acknowledge and cope with feelings about parental drinking. The 1980 film Soft is the Heart of a Child, produced by Operation Cork, is an excellent introduction to small counseling support groups specifically designated for children affected by alcoholism in their families (Brake, 1988; Newlon & Furrow, 1986). Many COAs are tremendously relieved when they are able to talk about family secrets and have the support of someone to validate their feelings and experiences (Woodside, 1986). The counseling group experience has shown that children can learn to feel better about themselves and attend to their own needs, whether or not parents stop drinking (Davis et al., 1985).

Developmentally appropriate activities by school counselors can reach many children. School counselors, as mentioned earlier, have the ideal setting to provide information sessions about alcoholism and alcohol use, give referrals to community agencies for special services, form peer groups to discuss problems and

alcohol issues, and identify COAs through supportive alcohol education programs (Weddle & Wishon, 1986).

In virtually every class of 30 children, regardless of geographic area, socioeconomic level, or academic achievement, about 4-5 children live with or have been seriously affected by family alcoholism. School counselors can help children whose educational and emotional development is impaired by the drinking of a close relative. Tharinger and Koranek (1988) stated that school counselors are in a central position to lessen the impact of the psychological maltreatment experienced by many COAs. They can play the role of advocate for these children and be involved in the identification process. They can participate in both the intervention and prevention programs that might make a difference in these childrens' lives. And since children of alcoholics are much more likely to develop alcoholism themselves, a curriculum which seeks to prevent alcohol abuse must pay special attention to the unique needs of these youngsters (Brown, 1989).

Counselors who work with children of alcoholics will need particular training to develop their knowledge, skills, and healthy attitudes toward alcoholism and alcohol. Their own attitudes about

drinking will be tested. They may also be personally affected and need gratitude and support just as other individuals do. Their self-esteem is drawn to some extent from their accomplishments with their clients. For example, if their clients learn to cope with and understand alcoholism, the counselors feel successful. Training, both general and specific, is necessary. General knowledge about alcoholism, alcohol, and the effects of alcoholism on the family are basic and necessary. With this information and the knowledge of community resources available counselors can offer positive assistance and encouragement to the children they work with (Tharinger & Koranek, 1988).

Counselors need to look for every available opportunity to gain the child's trust. The counselor's words should be intoned with deliberation to give children time to absorb them, with gentleness to help children feel secure, with lowered volume so as not to threaten, and with warmth to convey acceptance (Brake, 1988).

The trained school counselor is in a unique position to make a key intervention in the life of a child with family alcoholism. Very often the counselor conducting effective substance education is the first

adult in the youngster's life who is offering a name and explanation for the turmoil they feel. Campbell (1988) explained that in order to be helpful, the counselor must feel confident and competent in understanding alcoholism and be committed as a helper. The counselor needs to know how to recognize children from families with alcoholism and convey clear messages about family alcoholism.

Most people have unrealistic ideas about helping. They envision help as getting a child to Alateen, or bring about an immediate and drastic behavior change, or at least having an emotion-laden conversation in which the child reaches some new understanding (Davis et al., 1985). School counselors need to remember that listening, by itself, is helping (Campbell, 1988). Most children with parental alcoholism are guarding a family secret bursting to come out, and non-judgmental counselors who simply listen, comfort, and understand are doing a great deal. Furthermore, counselors may quite justifiably fear that they do not have the space, time, responsibility or emotional energy to help with this problem. Finally, there is the fear of parental complaints. This is not a reasonable fear. Parents hiding alcoholism are not about to come to school to

confront a counselor on the subject or complain about help being given to their child. Some initially questioning parents, after receiving some explanation, become strong supporters. Others welcome and are grateful for a counselor's understanding.

Counselors must validate the feelings held by children of alcoholics. COAs need to know they can love their parents without liking what they do, and that they are valuable and worthwhile individuals. Group counseling is a way to do this. Participation in small support groups with children from similar backgrounds can provide the substitute environmental structure (Newlon & Furrow, 1986). This participation in a group can help diminish the feeling of isolation that children may have. It is important that counselors consider offering this special population opportunities to deal with alcohol related problems in their young lives (Brake, 1988). One of the most important realizations for the children is that they become aware that they are not the only ones with problems. Groups become a safe place where they receive many affirmations. McBride and Bennet (1991) noted that for most children there seems to be a significant increase in self-esteem, and they learn how

to confront each other appropriately about negative behavior. Although it may take months or even years before children can discuss some family issues that arise when their parents drink, with appropriate counseling this will improve.

In a support group, the leader, or facilitator, possess basic knowledge concerning dynamics and of the problems group members identify. Facilitating peer interaction within the group is more important than giving professional advice. Diagnosis is irrelevant to the general group goal of providing information, problem clarification, interpersonal support, and/or referral to more treatment-like services. Strengthening the individual, providing information, and enhancing general coping skills are more important than the complete resolution of problems (Anderson, 1988).

Group activities can be designed to reinforce messages (Davis et al., 1985). First, children of alcoholics need to learn that many other children also live with alcoholism. The guilt, shame, and anger are normal responses, not signs that there is something wrong with them (Manning & Manning, 1984). Comparing experiences in a group is very powerful.

Second, children of alcoholics need to believe their parents' drinking is not their fault (Davies, 1989). Children often feel responsible for their parents' behavior. This is partly because parents may use normal childhood transgressions as an excuse or justification for drinking (Berlin et al., 1988). The inconsistent patterns of rewards and punishments in an alcoholic home make it difficult for children to know how to act, producing a sense they must be doing something wrong. They may believe "When I do something bad, it makes my parent drink." Although only 13% of other children agree to this statement, 39% of the children of alcoholics agree (Davies, 1989). This suggests that many children understand their parent's drinking in a way that is damaging to their own self-images (Berkowitz & Perkins, 1988; Callahan & Jackson, 1986).

Third, alcoholism is a disease. Adult opinions range from people who view alcoholism as an illness to those who view it as a mechanism for coping with emotional problems. Children of alcoholics need to know that their alcoholic parent is not a bad person and that drinking is not a sign that their parents do not love them. When alcoholism is treated as a

disease, it helps to explain to students the compulsive quality of their parents' drinking without blaming anyone (Mann, Chassin, & Sher, 1987). It also interprets particular behaviors, such as, personality change that lead to unpredictability that upsets children, blacking out, broken promises, and withdrawal symptoms. These behaviors are often interpreted by children as terminal illness and basic information can clear up some misconceptions.

Fourth, alcoholics can and do recover. Children may be terrified about their parents' safety and need some hope that things can be better. Children of alcoholics rarely seek help because of their own unhappiness. They are looking for ways to help the alcoholics, and only then recognize their own needs. These children need to believe that recovery is possible, yet it is not their responsibility, control, or behavior that will cause this recovery to occur (Davies, 1989).

Finally, children need to recognize that they are a person of worth and deserve help for themselves. Children must be taught that it is not selfish to look after their own needs. They are as deserving of a good time just as their friends are, and they have a right

to be safe and protected. These children may need continuing support.

Using education is helpful. Typically, there is a child in the back of the room who tries very hard to fall asleep, giggles uncontrollably, or doodles in utter boredom. However, he/she may still be listening, sometimes in inverse proportion to appearances. A counselor talking to eight students in a small group reaches all eight in some way, not just the ones who respond immediately. The boy who is doodling in class this year may be ready by next year to make his problem known.

Bibliotherapy, or use of literature in connection with small groups, is a strategy that has been found to be an effective therapeutic device for children confronting various personal crises (Manning & Manning, 1984). Using literature to promote socioemotional growth can help children deal with the personal problems that result from being a COA. Identifying these children and getting them to understand their need for help can be the most difficult step in working with children of alcoholics. A counselor's intervention through an objective, non-threatening book may be more successful than a direct approach (Manning

& Manning, 1984). Reading stories about parental alcoholism may provide the opening needed to get these children to seek help. Denial is typical of children of alcoholics (Weddle & Wishon, 1986), and literature may help these children to acknowledge the problems they actually are facing at home. Bibliotherapy may not only help identify problems, but can also show appropriate models and coping mechanisms (Manning & Manning, 1984). Counselors who take the time to make these materials available may provide children of alcoholics a source of human intervention that they might never have found.

Hearing pain is not causing pain. Counselors who have once heard Alateen members describe how much they needed to hear the illness talked about, or counselors who have read their mail group members' "Dear Abby" letters about alcohol, become rapidly committed to providing an outlet for the pain of the children they are able to reach. The counselor can't make the child cry, they are letting the child cry.

When there is an alcoholic in the family, there is a family illness. To survive, the COAs build a wall between themselves and the rest of the world. This may retard emotional growth and development, and promote

behavioral problems and low self acceptance. These children are at high risk for developing drug, alcohol, or psychological problems of their own.

In the past, little has been done for theses children. However, today we know that children can be recruited at an age that makes prevention a realistic possibility. They are receptive and responsive to intervention efforts that will allow them to learn to use positive coping strategies to deal with their lives. Identifying and offering help is necessary if counselors want to make a difference in the future of these children.

Schools are the most obvious place to not only identify COAs, but also to help them understand and cope with familial problems. These can be important steps to preventing alcoholism. Children of alcoholics can perceive themselves as good and worthwhile people, survivors of a difficulty that has strengthened them for the future. School counselors can play an integral role in that process. The desired results are that COAs be healthy in mind, body, and spirit.

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