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Assisting children of alcoholics in the educational setting

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Abstract

Although alcoholism has existed since early times, it has been considered a disease by the American Medical Association only since 1956 (Kinney and Leaton, 1987). It is now accepted that alcoholism is a primary, progressive, chronic, and fatal disease. This disease has also been separated into distinct stages with specific behaviors correlated to each stage. As the disease progresses, deterioration occurs in all phases of life: emotionally, spiritually, and physically. In later stages, people are immobilized by self-deceiving factors and unless the drinking stops death is inevitable (Kinney and Leaton, 1987). However, as Sharon Wegscheider - Cruse notes "Few alcoholics play out their drama alone. Like the embattled protagonist of a Shakespearean tragedy, blind and unknowing, they take a whole cast of supporting characters down to disaster with them" (Wegscheider, 1981, p. 76).

Assisting Children of Alcoholics in the Educational Setting

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INTRODUCTION

They have been categorized as "principals of a hidden tragedy ... pathetically invisible to the professional" (Bosma, 1972, p. 34). They have been called the "forgotten children" Cork, 1969, p. 1). They have been labeled "at risk" (Werner, 1985, p. 34). They have been welcomed by therapists and given hope for recovery only in the last few years. There are seven million of them under the age of eighteen, with four to five present in a classroom averaging twenty-five students (National Association of Children of Alcoholics (NACoA), 1989). Finally, they may be suffering from a wide range of physical, psychological, and emotional characteristics which impact all aspects of their educational experience including: attendance, classroom behavior, academic performance, peer group relationships, involvement in extracurricular activities, and interaction with those in authority (Morehouse, 1986). Who are these "forgotten children"? These are the twenty-eight million children, adolescents, and adults that have been raised in an alcoholic family (NACoA, 1989).

Although recent studies express the school's mission as the intellectual development of students, parental alcoholism often interferes with the educational process and normal

developmental tasks of children. Thus, the academic, emotional, social development of students is greatly compromised and student personnel must take appropriate action to help students reach their full potential. In order for us in the educational profession to accomplish this task, we must be knowledgeable about the nature of the problem, aware of the research in this area, acquainted with resources that offer help, and we must keep ourselves informed of the practical ways in which we can help children of alcoholics in the educational setting.

Chapter I

THE NATURE OF THE PROBLEM

Although alcoholism has existed since early times, it has been considered a disease by the American Medical Association only since 1956 (Kinney and Leaton, 1987). It is now accepted that alcoholism is a primary, progressive, chronic, and fatal disease. This disease has also been separated into distinct stages with specific behaviors correlated to each stage. As the disease progresses, deterioration occurs in all phases of life: emotionally, spiritually, and physically. In later stages, people are immobilized by self-deceiving factors and unless the drinking stops death is inevitable (Kinney and Leaton, 1987). However, as Sharon Wegscheider - Cruse notes "Few alcoholics play out their drama alone. Like the embattled protagonist of a Shakespearean tragedy, blind and unknowing, they take a whole cast of supporting characters down to disaster with them" (Wegscheider, 1981, p. 76).

Because of its tremendous impact on the family, alcoholism has often been called a family illness. Since a majority of the alcoholic's impairments are behavioral, family members are

confronted on a day-to-day basis with the chaos of the disease. They cannot escape or ignore it, and their responses characteristically become as impaired as those of the alcoholic.

Family Systems

In order to completely understand alcoholism as a family illness, it is necessary to look at the concept of family systems. Like a mechanical system, every family system is "1) made up of component parts that are 2) linked together in a particular way 3) to accomplish a common purpose" (Wegscheider, 1981, p. 46). In a family, the component parts are the members. They are linked together by family rules which establish the functions, relationships, and goals of the family. Often a family system is compared to a mobile. A healthy system is perfectly balanced with each member staying within their own boundaries. It is easy to see that within a dysfunctional family a "tug" (alcoholism, emotional or psychological disorders, physical or sexual abuse, or extreme fundamentalism) on even one family member can skew the balance of the system. The other members scramble wildly in the chaos, cross boundaries, take on habitual roles, and reorganize to cope with the disequilibrium of the system. Thus, the dysfunctional family becomes governed by unhealthy rigid rules to maintain the basic goals of the alcoholic.

Basic Goals of the Alcoholic

Ackerman (1983), Black (1981), and Wegscheider (1981) have outlined seven goals that many alcoholics surrounded by their own delusions strive to achieve.

1. The dependent's use of alcohol is the most important factor of the family's life. The dependent tries to stock a supply of alcohol while the family tries to interfere with this by pouring the alcohol down the drain, planning activities to keep the alcoholic busy, or even trying to control how much the alcoholic drinks.

2. Alcohol is not the cause of the family's problem. Denial is one of the main characteristics of the dysfunctional family system.

3. Someone or something else caused the alcoholic's dependency; he/she is not responsible. Blaming is common. If the spouse would have been more understanding, the children more helpful, and the boss more caring, all would be fine, but of course, nothing is really wrong.

4. The status quo must be maintained at all cost. Nothing can change for the sake of the alcoholic. No family member can seek treatment because that would indicate a problem and the situation might change.

5. Everyone in the family must enable the alcoholic to drink and feel comfortable. Because of love, loyalty, and family honor the alcoholic must be protected.

6. No one may discuss what is really happening in the family. If family members were to discuss the situation amongst themselves or worse discuss the situation with an outsider, they might obtain information or make decisions that would change the status quo or stop the enabling.

7. No one may discuss feelings. The alcoholic doesn't want to know about the family's painful feelings, and again, if the family talked amongst themselves about how they felt, change might occur. Living within these rigid rules children of alcoholics learn to manipulate, to live with inconsistency and to survive at a price.

Developmental Stages

In addition to understanding the family system, it is important to consider the personality development of children. Focusing on the work of Erik H. Erikson, researchers agree that particular conflicts of a child must be positively resolved as they progress through life in order for a healthy personality to be established (Jensen, 1985).

Erikson describes the sense of trust as the cornerstone for all future personality development. This begins during the first year of life. Alcoholic parents may ignore a child's need of a

secure, loving environment and undermine the establishment of this trust. For some children, parental alcoholism occurs at later stages in their development. "These children who have an established sense of trust may be better able to handle the onset of alcoholism in a parent" (Ackerman, 1983. p. 69).

At the second year of life children are developing a sense of autonomy rather than a sense of shame and doubt. In the rigid environment of an alcoholic home with its excessive restrictions, a child may not be able to develop sufficient autonomy resulting in a sense of shame and inadequacy.

During the next stage, initiative versus guilt, children's own consciences begin to develop and guide them in deciding what is right or wrong. This stage is also characterized by observation and imitation of adult behavior. Obviously, the unpredictable behavior and inconsistency of an alcoholic parent may give a child an inappropriate concept of adult roles.

Starting about the age of six and continuing until the age of twelve, children experience conflict between a sense of industry and a sense of inferiority. These are the years when children are first involved in school and feel a great need for success. In the alcoholic home, a child who feels that he/she is useless in alleviating family problems may tend to approach school feeling this way, as well. Also because parents and other family

members are focusing all their energies on the disease, they may be unable to provide much needed support to the child.

As an adolescent the specific task of identity development must be accomplished. This is a very complex task particularly for the "normal" adolescent. David Elkind (1984) describes this stage as a time when the adolescent is developing a patchwork self, an identity copied from others, or an integrated self, a gradual perception of a stable, unique identity. Governed by the status quo rule, the adolescent from an alcoholic family has little opportunity to develop an integrated identity.

The next stage, intimacy versus isolation, is concerned with the ability to establish relationships with others. This is an important consideration for adolescents and young adults from alcoholic homes. Socially isolated, children of alcoholics (COA's) do not have the opportunities to share feelings and develop satisfying communications with others. They remain locked in a world of loneliness (Black, 1981).

The last two stages of human development pertain to middle and later adulthood. These should certainly be considered when discussing issues of adult children of alcoholics.

Problem Characteristics of COA's

Depending on the severity of the parental alcoholism, the age and stages of development of children in the home, the

ability of those children to establish positive primary relationships outside the home, and other variables, the effects of parental drinking vary a great deal (Morehouse, 1986). There are, however, common problems, rules, and roles that children experience with varying degrees.

Cork (1969), Black (1981), Woititz (1978), Ackerman (1983), and Jorgensen and Jorgensen (1990) have described many problems characteristic of children of alcoholics that emerged during their interviews with all ages of COA's:

Emotional, Sexual, and Physical Abuse

Children of alcoholics are frequently left alone or under the care of an older sibling. Because supportive family relationships are not available to them, these children rarely receive the emotional assistance and attention needed to develop a sense of security, identity, or self-esteem from the alcoholic or non-alcoholic parent. These children are left to face their fears alone. In the last few years more attention has been placed on the sexual and physical abuse these children may face. Adult COA's have revealed frightening experiences of being beaten with a wire hanger by the alcoholic parent for being ten minutes late, being forced to have intercourse with an alcoholic father while their mother was out shopping, and being molested by the neighbor while both alcoholic parents were at the local tavern (Black, 1981).

Family Conflict

There is a great deal of conflict between the alcoholic and non-alcoholic parent. Children have reported staying in their rooms for long periods of time to avoid family fighting. They learn to escape from their parents to a safe haven.

Confused Feelings

Obviously, the roller coaster ride of family conflict, abuse, and neglect easily leads to confused feelings. Children may resent the alcoholic but feel protective and concerned about this parent. They may feel angry at the non-alcoholic parent for not ending the situation, but they may admire this parent for keeping the family together. Then, of course, they feel a great amount of guilt for hating and loving both parents. Also there are feelings of embarrassment over the chaos of the family, confusion over what is right and wrong, and powerlessness to make things right.

Family Rules and Roles

Three rules that COA's specifically feel trapped by are: Don't talk; don't trust; don't feel. Listening to the words of children can easily point out these rules. From Claudia Black's It Will Never Happen to Me, children express their views:

"If you ignore it, maybe it won't hurt; maybe it will go away" (p. 31). "Sometimes I pretend my mom is not drinking when she really is. I never even talk about it" (p.

33). "I'm always on my guard with people. I want to trust them, but it is so much easier to just rely on myself. I'm never sure what other people want" (p. 33). "I have a hard time trusting my mom" (p. 42). "No, I wasn't embarrassed. I was scared for my father, but I wasn't scared for myself. I didn't really think about it. I never got angry at him. There was nothing to get angry about. I didn't cry much. What was there to cry about?" (p. 42). "Maybe because I have to be tough!" (p. 48).

The toughness, the rejection of feelings, the distrust, the defensiveness, the lack of communication, and the retreat to a fantasy world all play havoc in the developmental tasks of children outlined by Erikson. In order to deal with these rules and other inconsistencies in their family, COA's develop specific roles closely relating to birth order that help them cope with their environment: the Family Hero, the Scapegoat, the Lost Child, and the Mascot.

The Hero appears to the outside world as a little adult. This child, usually the oldest and a high achiever, is a caretaker who puts others' needs before his/her own. Providing moments of hope, pride, and self-worth for the family, this over-responsible child may feel inadequacy because he/she cannot save the family.

The Scapegoat withdraws from the family in a destructive way. This child is the rule breaker, the delinquent whose payoff is attention from the family - negative attention. This youngster bears

the brunt of other family members' anger and in turn acts out. This allows the family to focus on something other than the alcoholic.

The Lost Child becomes a loner looking after his own needs and staying out of everyone's way. Finding comfort in privacy rather than the midst of family chaos, this child seeks escape. The family feels they do not have to worry about this child, but in reality this child is plagued with loneliness and social isolation.

Usually the youngest child, the Mascot, learns at an early age that clowning and showing off can bring positive attention. The family finds fun and comic relief through this child, but behind the funny mask the child lives in fear and unhappiness.

The Role of Educators

These children sit in classrooms all across the country - sometimes acting like model children (the Hero), sometimes acting out (the Scapegoat), sometimes blending in (the Lost Child), sometimes clowning (the Mascot). But, most of them are feeling guilty, ashamed, frightened, invisible, unloved, and forgotten. Feeling alone and isolated, these children are at the highest risk of developing alcoholism or marrying someone who becomes alcoholic (National Association for Children of Alcoholics, 1989). Educators are important resources for COA's. Because school personnel are in a position to create positive relationships, they can help children of alcoholics who have become locked into rigid behavior patterns, developmental stages, and survival roles.

Chapter II

REVIEW of the LITERATURE

In 1986 Phi Delta Kappa's Future's Committee challenged the organization to study the current problems facing educators today and to make recommendations for improvement. The organization contacted educators across the nation and compiled a list of common concerns. At the top of the list was "children who are low achievers, potential dropouts, pregnant teenagers, latchkey children, children who suffer from abuse, neglect, drugs, or alcohol" (Frymier, 1989).

In addition to this recent study, the National Association for Children of Alcoholics (NACoA) has established the following facts: 1) More than half of all alcoholics have an alcoholic parent; 2) In up to 90% of child abuse cases, alcohol is a significant factor; 3) COA's are frequently victims of incest, child neglect, and other forms of violence and exploitation; 4) COA's are prone to experience a range of psychological difficulties including: learning disabilities, anxiety, attempted and completed suicide, eating disorders, and compulsive achieving. In light of this information and the Phi Delta Kappa study, it is essential to examine the research on children of alcoholics and the implications for future studies.

Methodological Issues

Many early studies were originally questioned because of methodological issues. Recent studies have used stronger research

designs; however, they are still hampered by utilizing a uniformed definition of COA's and sample selection.

Definition of Children of Alcoholics

In defining a child of an alcoholic the severity of the disease, the age and developmental stage of the child, and the drinking environment (Does the alcoholic drink only at home, only outside the home, or both?) need to be operationalized. Many studies do not attempt this. Therefore, only the most obvious cases of parental alcoholism may be detected. This also means that other children undetected may be classified in the control group weakening any significant differences between a control and treatment group.

Sample Selection

Typically researchers have taken two approaches in selecting their subjects. One is to begin with a population of problems drinkers in treatment and compare their children with children of parents not in treatment. Again, only the worst cases may be in treatment; those parents that aren't in treatment may be problem drinkers who are impacting their children in a negative way.

The second approach is to take an existing group of children (ie. a classroom) and compare those with to those without alcoholic parents. However, many children, trapped in keeping the family "secret" and in maintaining their own survival roles, will deny any signs of alcoholism and give the appearance that all is fine.

These approaches to sample selection can be seen in many studies. Cork (1969) studied children who had a parent attending an addiction clinic; Kammerier (1971) sampled Catholic high school students; Chafetz, Blane, and Hill (1971) focused on children in a psychiatric clinic; Hughes used Al-Ateen members; Wilson and Orford (1978) and Filstead, McElfresh and Anderson (1981) studied alcoholic families in treatment compared to families not in treatment. Although using some type of specialized samples seems to be necessary, the main problem lies in utilizing adequate control groups in these studies.

Research Findings

The body of research seems to focus on two broad areas: characteristics of children (ie. emotional traits, personality characteristics, and social relationships) and effects on children living in an alcoholic home compared to effects on children living in a non-alcoholic home. In addition to these two broad categories, researchers are beginning to investigate the behavior of COA's in the educational setting.

Characteristic Studies

Emotional Traits

There are numerous studies on characteristics of COA's. Deutsch (1982) describes four categories that impact emotional traits: denial and shame, inconsistency, anger and hatred, guilt and blame.

One study compared 25 adolescents with one or both parents alcoholic to controls who were matched by age, sex, grade, and father's occupational level. The children of alcoholics had a significantly more negative emotional state as measured by the Profile of Mood States Inventory ($p. < .01$) (Hughes, 1977).

Hughes (1977) also examined self-esteem, a central issue of identity. Results from the Rosenberg Self-Esteem Scale supported at a significant level ($p < .001$) that students with at least one alcoholic parent had lower self-esteem than those of the control group.

Personality Traits

Beyond emotional traits, personality traits that include denial and survival roles have been examined. Surveys revealed that attitudes of secretiveness and learned patterns of denial were typical among children of alcoholics. These patterns are generally reinforced by the family and by society's condemning view of alcoholism (DiCicco, Davis, and Orenstien, 1984).

Deutsch (1982) explains this ability to deny and suppress reality further: "The habitual denial and deception has profound consequences for children of alcoholics. They may methodically suppress all threatening feelings; experience a loss of values, because what they feel is right is subordinated to what is necessary and tolerable; retain deep-seated shame, the solution for which has always been isolation; and consistently confuse reality and fantasy" (p. 41).

Aspects of survival roles have been examined by many (Wilson and Orford, 1978; Black, 1981; Wegscheider, 1981; Nardi, 1981; Deutsch, 1982). These roles: the Family Hero, the Scapegoat, the Lost Child, and the Mascot become ineffective as the child attempts to use them in relationships specifically outside the family.

Social Relationships

A lack of close friendships and difficulty with peer group relationships was a recurring theme in Cork's study (1969). She found that older children particularly had difficulty in making friends and a reluctance in bringing friends home.

Kammerier's study (1971) found that 9th and 10th grade girls had significantly more difficulty in social relationships than did their controls ($p < .02$). Comparison of all subjects 9th - 12th grades did not reveal significant differences, however. Other literature concurs that the oscillating between hopes and disappointments in the alcoholic parent - child relationship does create a basic distrust that will negatively affect children's relationships outside of the family (Deutsch, 1982).

The Alcoholic Home Compared to the Non-Alcoholic Home

In a 1981 study, family environment was measured with ten subscales related to relationship, personal growth, and system maintenance dimensions for 42 white alcoholic families, 25 of whom contained an alcoholic male and 17 of whom contained an alcoholic female. These 42 alcoholic families were then compared with 285

non-alcoholic families. The results showed significant differences ($p < .01$) on seven of the ten subscales. Negative effects were revealed in family climate (higher levels of conflict, less encouragement to express feelings, and less cohesion), personal growth of family members, and family roles (Filstead, McElfresh, and Anderson, 1981).

Jacob and Leonard (1986) studied 134 families consisting of 43 families with an alcoholic father, 45 families with a depressed father, and 46 control families. Sons and daughters from the alcoholic and depressed fathers ranked higher on a behavior problem scale than the control group. Also parent and teacher reports indicated the same results.

Haberman (1966) interviewed mothers in families which had one parent with alcoholism, chronic stomach problems, or was free of either. The results indicated that children in the alcoholic homes had more unreasonable fears and stuttering. Also mothers in alcoholic homes reported that their children had a higher percentage of temper tantrums (39% vs. 22%) and fighting with peers (19.5% vs. 8%). However, there is some question about the sample selection of this study that limits its generalizability. A replication of this study might warrant different results. A related study comparing 100 children of alcoholics age 12-19 to 100 children in a control group noted differences in health. Children with alcoholic parents were

found to have significantly higher rates of illnesses or accidents during infancy ($p < .01$) (Chafetz, Blane, and Hill, 1971).

Children of alcoholics fear that their family will break up and that their lives will become severely disrupted. Much of this feeling stems from the frequent and intense level of conflict present in the alcoholic home. The violence that occurs in such homes may be physical, but much of the violence materializes as verbal abuse and aggressive arguments (Wilson and Orford, 1978).

Cork (1969) cites that the worst aspect of alcoholic homes compared to non-alcoholic homes is the inconsistency; children do not know what to expect from day to day or even moment to moment. This inconsistency in children of alcoholic's home life may explain why they continue to be an invisible population to social workers, psychologists, or educators.

COA's in the Educational Setting

In this area there is some disagreement. Cork (1969) cited low school performance and inappropriate behavior. However, Black (1981) expresses that many children of alcoholics were not problematic in school; in fact, most did average or above average work. In looking at the survival roles of COA's, one can see how these children have been misdiagnosed and left untreated. The Scapegoat's quest for attention by acting out may mark him/her as a behavior problem with low academic performance. The Family

Hero's determination to achieve, on the other hand, could easily mark him/her as an ideal student.

Following up on these behavior differences among students, researchers speculate particular factors may offset the potential damaging effects of the alcoholic environment, such as family size, birth order, support from others in the family, religion, a child's age at the onset of alcoholism, and positive relationships outside of the family (Nardi, 1981). Among the behavior characteristics that differentiated the children of alcoholics who did not develop any serious coping problems from those who did, Werner (1986) found: 1) Characteristics of temperament that elicited positive attention from primary caretakers, 2) at least average intelligence and adequate communication skills (reading and writing), 3) achievement orientation, 4) a responsible caring attitude, 5) a positive self-concept, 6) a more internal locus of control, and 7) a belief in self-help. Many of these factors have strong implications for the educational setting.

The studies dealing with characteristics of children of alcoholics and the effects of living in an alcoholic home will continue to be important topics. However, future studies will need to focus on environments outside of the home. Although some studies have looked at the educational setting, further research is needed in this area. Also future studies must use strong research designs and appropriate control groups.

A number of additional topics emerge from the current research: 1) Effects of an alcoholic mother compared to the effects of an alcoholic father. 2) Effects of an alcoholic, single parent compared to the effects of an alcoholic, two-parent family. 3) The impact on children of parental multiproblems such as gambling, drug abuse, infidelity, and emotional/mental instability which may be more critical than the impact of parental drinking. 4) The impact of violence, fear, physical and sexual abuse, emotional abuse, and neglect. 5) The potential of siblings, extended family, and adult friends for increasing resiliency in children. 6) Effective methods of treatment that professionals in education can utilize.

Chapter III

HOPE for RECOVERY

Children of alcoholics appear to be a population at risk of encountering difficulties in the family, school, and adult life. They are exposed to increased family conflict and instability, emotional neglect, and physical/sexual abuse. Instead of being prime targets for prevention and treatment, these children have often been overlooked. But, with the establishment of the National Association for Children of Alcoholics (NACoA) and the increased efforts of professionals, recovery for children of alcoholics is a reality.

Initially services for COA's was a part of the alcoholic's treatment. Mental health professionals recognized that in helping the alcoholic restabilize his/her life, the family needed help in balancing their lives. However, only children whose parents sought treatment had an opportunity for recovery; undetected children still needed help.

Identifying Children of Alcoholics

One of the greatest stumbling blocks in helping COA's is identifying them. Robert Ackerman provides some general guidelines to assist in this process. He urges teachers "not to jump to conclusions or label children too quickly" (Ackerman,1983, p. 39). Ackerman believes that professionals must look for behavioral

patterns. Astute observations of the child's appearance, school performance, and peer relationships are imperative.

Ellen R. Morehouse describes additional COA behavior that a teacher might observe in a classroom (cited in NACoA, 1989). Her list includes: a student fails to get excited about an anticipated class trip, acts differently than usual during an alcohol education unit, has unrealistic expectations of classmates, gets upset around holidays, wants time alone with the teacher, and is fearful of the school contacting parents for any reason.

Also, Charles Deutsch (1982) describes general behaviors and specific behaviors during an alcohol education program that may help identify children of alcoholics in the educational setting. General indications include: 1) morning tardiness (especially on Mondays), 2) consistent concern with getting home promptly at the end of a day or activity period, 3) inappropriate clothing for the weather, 4) scrupulous avoidance of arguments and conflict, 5) friendlessness and isolation, 6) exaggerated concern with achievement and with satisfying authority by children who are already at the head of the class, and 7) extreme fear about situations involving contact with parents. Indications during alcohol education include: 1) extreme negativism about alcohol and all drinking, 2) equation of drinking with getting drunk, 3) greater familiarity with different kinds of drinks than peers, 4) normally passive or distracted child becoming active or focused during alcohol discussions, 5) frequent

requests to leave the room, 6) mention of parent's occasionally excessive drinking, and 7) evident concern with whether alcoholism can be inherited.

Finally, the most reliable test to confirm the identity of a COA is through the Children of Alcoholics Screening Test (C.A.S.T.). This instrument contains 30 items to be answered in a yes/no format. The major drawback, however, is that children must be old enough to read and write (Kinney and Leaton, 1987).

Strategies for Counselors

Edwards and Zander (1985), incorporating the work of Cork (1969) and Black (1981), have identified strategies to help counselors guide COA's to the path of recovery: 1) Establish a trusting relationship with students. 2) Explain and discuss alcoholism with students. "My Dad Loves Me, My Dad Has a Disease (Black, 1979) is a useful workbook for conveying this information to children between the ages of 6 and 14" (Edwards and Zander, 1985, p. 124). 3) Help the student overcome denial of parental alcoholism. 4) Help the student identify his/her diverse feelings and healthy ways to express these feelings. Black's workbook, Repeat After Me (1985), is valuable in helping students understand and share their feelings. 5) Help students develop positive relationships with others. Several different curriculums have been designed to help teach social skills.

Buwick, Martin, and Martin (1988) describe other behaviors that school counselors need to exhibit to help COA's in the recovering

process: 1) Model Consistency - Because of the confusion that surrounds their home life, it is important for COA's to depend on others. Counselors need to help provide a stable, caring environment with specific boundaries.

2) Respond to Both Adaptive and Maladaptive Behaviors - Counselors should help the student determine appropriate behaviors and consequences. Children of alcoholics are often confused about what is acceptable and what is unacceptable behavior. Many of them have not had good adult role models.

3) Enable Children to Be Involved - Counselors should observe children in the classroom and at play to see how children interact with others. Sometimes pairing COA's with peers who have good socialization skills is helpful.

Other Sources of Help and Recovery

Alcoholics Anonymous (AA) has been noted as "the single most effective treatment for alcoholism" (Kinney and Leaton, 1978, p. 254). Following the effective Twelve Step program, Al-Anon, organized for spouses of an alcoholic, and Al-Ateen, organized specifically for the teenagers of an alcoholic, have offered hope for many. These two programs are designed to help people learn about alcoholism and how to live with it. However, neither are available to children under eleven and in many communities adult leadership and sponsors have been hard to find.

The Al-Ateen Preamble describes how this organization can be a support and guide in the adolescent's process of recovery (Jorgenson, 1990, Appendix A):

"Al-Ateen, part of the Al-Anon Family Groups, is a fellowship of young people whose lives have been affected by alcoholism in a family member or close friend. We help each other by sharing our experience, strength, and hope. We believe alcoholism is a family disease because it affects all members emotionally and sometimes physically. Although we cannot change or control our parents, we can detach from their problems while continuing to love them."

One of the most outstanding programs, the CASPAR program, was designed to institutionalize an alcohol education curriculum in the city of Somerville, Massachusetts. Since COA's are likely to develop alcoholism, a curriculum was designed to pay special attention to these students. Trained teachers using the CASPAR curriculum have had unprecedented success in identifying and helping children of alcoholics. Teachers were trained to: feel confident and competent in their understanding of alcoholism, know how to recognize children from families with alcoholism, and convey five clear messages about family alcoholism.

Another noteworthy program is the Support Group Training Manual (1985) designed by Children Are People, Inc. The manual clearly outlines how school personnel can facilitate a support group for children of alcoholics. The curriculum dealing with issues of

control, mistrust, avoidance of emotions, inability to define boundaries, and over-responsibility has been proven highly successful with school-age children of alcoholics.

Traditionally mental health counselors, psychotherapists, treatment counselors and school counselors have facilitated support groups for COA's. However, because many counselors feel that COA's need a great deal of direct teaching, this trend is changing (Adamson, 1990). In order to live in an alcoholic home, children need to be taught survival skills. "For example, children need to be taught ways of refusing to get into a car with a drinking parent" (Hawley and Brown, 1981, p. 43).

Jenny Adamson, a counselor at Cedar Falls High School, has found that her support group needs to be taught appropriate coping methods to deal with the everyday frustrations of their lives. "They also need to practice these techniques so that they can replace negative coping methods" (J. Adamson, personal communication, March 1, 1990). Adamson notes that many of these students need to be taught self-acceptance, problem solving, and decision making skills. One specific curriculum that she finds helpful is Thinking, Feeling, Behaving by Dr. Ann Vernon (1989). This curriculum provides activities for students in grades 1-12 to help teach positive mental health concepts.

The counselor's role in facilitating small groups seems obvious to many inside and outside of the school. However, many COA's are

trapped in their own denial of the disease. These children may not want to be involved in a support group; they may be the saboteurs of their own recovery. For these children the role of the classroom teacher may make an important difference in their lives.

Chapter IV
THE CLASSROOM TEACHER'S ROLE
in ASSISTING COA'S

Programs designed for helping children of alcoholics such as Children Are People (1985) have outlined how teachers can respond to the rigid survival roles that children carry into the classroom. These programs remind teachers of specific behaviors that hinder or help the COA's educational development.

The Hero is the student who is always volunteering helping other students, needing a great deal of attention and approval, wanting to be on top, and being the teacher's pet. Teachers should give attention to this child when he/she is not working on task (in an attempt to separate the person from the behavior and validate the person) and let the child know that making mistakes is okay. Teachers should avoid letting these children monopolize the classroom discussion and validating them through their achievements.

The Scapegoat is seen as irresponsible, disruptive, a rule breaker, and a delinquent. Teachers should see that this child hurts and not get hooked into his/her anger, let the child know what behavior is inappropriate, set limits, and consistently follow through on consequences. Teachers should avoid feeling sorry for the

student, agreeing with the student's complaints, and taking the student's behavior personally.

The Lost Child is the student teachers can't remember. This student is quiet, is never a behavior problem, and is often alone in the hall, the lunchroom, or the classroom even though he/she is surrounded by other students. Teachers should find out who this student is and why this person is so easy to forget. One-to-one contact may be beneficial. Teachers need to encourage this student to build relationships with class members, help him/her work in small groups, and point out the student's strengths. Teachers should avoid letting this child choose to work alone, answering questions for this student - for too long silence has been a useful coping strategy for him/her, and allowing others to take care of this child.

Finally, the Mascot is the student who spends a great deal of time distracting the class with humorous behavior. This child clowns in any way. Teachers must hold this student accountable. Often the Scapegoat gets into real trouble at school, but the Mascot is able to charm his/her way out of many problems; the school's inconsistency becomes an extension of the home's inconsistency. The Mascot learns that his/her coping strategy works. Thus, the school becomes an active participant in the child's chaotic life. Teachers should also encourage responsible behavior, appropriate humor, and emotional maturity. Teachers should avoid laughing

with the Mascot, allowing silly behavior to continue on a daily basis, and ignoring the clowning.

Along with these suggestions, Joan Campbell (1988), a coordinator of instruction at the Institute of Children's Literature, expresses seven points that are not "much different from what teachers would do for other students, but they're especially important for children of alcoholics" (p. 47). She asserts that teachers should: 1) Establish routines that lend structure and stability to the child's school day; 2) Empower the child with a sense that he/she's in control of at least some part of the school day. Students need help in developing problem solving and decision-making strategies; 3) Help the student see learning as a safe journey by setting realistic expectations, making risk-taking okay and providing chances for success; 4) Allow time for the child to do homework during the school day; 5) Arrange for some controlled socializing; 6) Help the student to relax and just be a kid; 7) Support school alcohol education programs.

Having an unrealistic view of their helping role, many teachers envision bringing about an immediate change in the behavior of COA's or not having the time, knowledge, or energy to help these students. Instead, they refer students to the school counselor and expect this person to "fix" the student. As part of its in-service training the CASPAR program tries to combat these two extreme viewpoints. The program stresses that most children with parental

alcoholism are guarding the family secret and a non-judgmental teacher who practices active listening, comforts, and understands is doing a great deal to help them. In addition, the training program reminds participants that good teaching is helping. Students may be listening even though they appear preoccupied. Many COA's have locked their feelings away. They may need permission to share their feelings and to simply cry. The CASPAR program also teaches educators how they can give this permission.

Migs Woodside, president of the Children of Alcoholics Foundations, feels that teachers do not need to be specially trained but that teachers need to be sensitive and aware of the problems children of alcoholics may face. She believes that "the key to unlocking COA's is the evidence of genuine caring and a teacher's willingness to talk and listen" (Woodside, 1986, p. 449). By not talking about this issue and by not teaching students how to express their feelings the educational system perpetuates those rigid rules, don't talk, don't trust, don't feel. "It is critical that children learn they cannot cause, control, or cure their parents disease, but that alcoholics do recover and children of alcoholics can recover" (p. 449).

Cooperative Learning

I feel it is important for teachers to utilize cooperative learning with COA's in the classroom. Feeling isolated, detached, and different from other students, these children need to belong - to be part of something. Cooperative learning focuses on positive inter-

dependence, face-to-face interaction, individual accountability, and interpersonal and small group skills. The implications for helping all types of students are apparent; however, for children living in a confused home environment and facing situations alone as little adults, cooperative learning may be quite valuable.

In comparing traditional learning to cooperative learning groups Johnson and Johnson state, "Achievement will be higher when learning situations are structured cooperatively rather than competitively or individualistically. Cooperative learning experiences, furthermore, promote greater competencies in critical thinking, more positive attitudes toward the subject areas studied, greater competencies in working collaboratively with others, and greater psychological health.... Cooperative learning experiences, where students work together to maximize each other's achievement, tend also to promote positive relationships and a process of acceptance among students, thereby making an important contribution to the solution of the socialization crisis" (Johnson and Johnson, 1986, p. 29).

John Woodarski (1988) also stresses the importance of utilizing cooperative learning in helping students. He notes that the Teams, Games, and Tournaments approach "alters the traditional classroom structure and gives each student an equal opportunity to achieve and receive positive reinforcement from peers by employing team

cooperation, the popularity of games, and the spirit of a contest" (p. 151).

Another cooperative method, Jigsawing, requires each individual has a part of the knowledge needed to complete the overall task. This method demands that every member participate in order for the whole group to be successful. Thus, interdependence is promoted; for COA's the connecting with peers and the trusting relationship that is developed is a valuable benefit.

Help Within the Alcohol Education Class

Again, children of alcoholics sit in classrooms all across the country - sometimes acting like model children (the Hero), sometimes acting out (the Scapegoat), sometimes blending in (the Lost Child), and sometimes clowning (the Mascot). But, most of them are feeling guilty, ashamed, frightened, invisible, unloved, and forgotten.

The classroom is a logical place to give information in a routine non-threatening way. Rather than responding as a counselor might to a problem, the classroom teacher can initiate alcohol education as a subject. A teacher trained in issues of alcohol education and family alcoholism can provide a safe and familiar setting for children to learn about and understand their parents' disease.

The CASPAR program indicates that teachers of alcohol education programs are able to communicate to all students five

vital messages: 1) You are not alone. 2) The drinking is not your fault. 3) Alcoholism is not an illness; it is not the alcoholic's fault either. 4) Alcoholics can recover; there is hope. 5) Children can recover from the effects of an alcoholic family; they can and should get help for themselves. (DiCicco, Biron, Carifio, Deutsch, Mills, White, and Orenstein, 1983). Teachers are also in positions to educate students on words and concepts that express feelings, on how to talk positively about themselves and others, and on ways to express feelings appropriately.

In addition, a teacher can impact COA's as role models for appropriate adult behavior. By being consistent, predictable, and establishing clear expectations and boundaries, a teacher of an alcohol education class can promote healthy behavior.

Recent studies indicate that seven million school age children are affected by parental alcoholism. Clinical reports show that these children may have physical, psychological, and emotional problems. These include aggressive and antisocial behaviors, difficulties with peers, and poor school performance (Cork, 1969; Black, 1981; Ackerman, 1983; Jacob and Leonard, 1986). Other studies have reported that about 10% of the children of alcoholics seem unaffected by alcoholism because they have been able to establish positive relationships with people outside the home (Bronfenbrenner, 1986; Werner, 1985; Campbell, 1988). School personnel are in positions to establish these positive relationships.

The helping role of teachers in the classroom is only one aspect in the recovery process of children of alcoholics. Certainly, other school personnel, Al-Ateen meetings, individual and group counseling, and parental influence play important roles, as well. But, because the classroom teacher usually has consistent contacts with students, they may be the only adults, other than parents, who have relationships with these children.

This places the teacher in a significant position to help children of alcoholics. It is a challenging task but one that must be faced. Seven million students must not be forgotten by today's educational system.

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