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Sally Schaffer Collins

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ALCOHOLISM: A FAMILY DISEASE
IMPLICATIONS FOR EDUCATORS

by

Sally Schaffer Collins

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CHAPTER ONE

Introduction

It has been estimated that there are 9.3 to 10 million alcoholics in the United States; although, many professionals believe the figure is closer to 20 million. This figure did not take into account the number of spouses and children affected by the disease. Estimates placed the number of children growing up in alcoholic homes at 28 million. (Weddle & Wishon, 1986)

Because of the overwhelming number of children growing up in alcoholic homes, it was necessary to develop the skills needed to identify those students and their families, in order to provide intervention. It has been noted that those children and their families were often difficult to identify; therefore, it was necessary to define the various characteristics and implications of this family disease.

Purpose

Because alcoholism is so widespread, it was found to be almost a certainty that educators would encounter

children in their programs who were growing up in alcoholic families, where one or both parents were drinking. The purpose of this paper was to inform educators regarding this disease by reviewing recent and current data and literature, in order that they become better informed and able to recognize those students and their families affected by the disease of alcoholism.

A further intent of this paper was to provide educators with information and resources for working with those students and their parents who were living with this disease. This paper attempted to provide the educator with a knowledge base, in order to enable the educator, in addition to aiding and accommodating those students in the classroom, the ability to direct those students and their families to various available school and community resources. Furthermore information was provided regarding parenting skills, for parents rearing their children in alcoholic homes.

Scope and Limitations

This paper has regarded alcoholism as a family disease which affects all members within the alcoholic family. The time span for reviewing the literature was

10 years. It was necessary to provide the reader with causal factors and statistics regarding this disease. Information pertaining to the various roles adopted by family members within the alcoholic family was crucial to understanding alcoholism as a family disease.

The primary focus of this paper was devoted to children who were currently living or have grown up in alcoholic homes. As alcoholism is a family disease, it was thought necessary to examine to a lesser extent, the data and literature regarding the effects of alcoholism on both the drinking and non-drinking spouse.

Definitions

Alcoholic - A person, who, in his drinking, has developed a psychological dependency on the drug alcohol coupled with a physiological addiction. (Black, 1984)

Alcoholism - A chronic, primary, hereditary, eventually fatal disease that progresses from an early physiological susceptibility into an addiction characterized by tolerance changes, physiological dependence and loss of control over drinking. (Mueller & Ketcham, 1987)

Children of Alcoholics - The people who grew up or are

presently being raised in alcoholic homes. (Black, 1984)

COA's - Children of alcoholics

Codependent - A person who has let another person's drinking affect him or her and who is obsessed with controlling that person's behavior. (Beattie, 1987)

Enabler - A person who enables the alcoholic to continue drinking by rescuing the alcoholic. (Beattie, 1987)

Summary

Statistics indicated that a large percentage of families were impacted by the disease of alcoholism. Estimates placed the number of children growing up in alcoholic families at 28 million. Educators needed to be informed as to the nature, characteristics, ramifications, and the impact of this disease on children and their parents, in order to better service those children and their families. It was thought essential that educators familiarize themselves with the resources available in both school and community settings, in order to help those children and their families cope with problems resulting from this disease.

Specific definitions were presented regarding alcoholism and the alcoholic family which were crucial

to gaining an understanding of alcoholism and it's impact on family members.

It was decided to limit information primarily to that which deals with children who were living or have grown up in alcoholic homes. Furthermore, it was decided to limit research to a ten year time span.

CHAPTER TWO

Definition, Causal Factors, Ramifications

Mueller and Ketcham (1987) defined alcoholism as "... chronic, primary, hereditary, eventually fatal disease that progresses from an early physiological susceptibility into an addiction characterized by tolerance changes, physiological dependence and loss of control over drinking." (p. 9)

More than 100 million people drink with at least 10 million being alcoholics. Alcoholics continue to drink because at every stage of the disease of alcoholism, the disease prevents the alcoholic from realizing that he is addicted to alcohol. In the middle stage, the alcoholic might be aware that he needs and is using alcohol more often. As the alcoholic continues to drink, he is not capable of seeing himself as others see him. His perceptions are warped by alcohol. Physical damage does not become evident until the later stages of the disease.

There was a consensus that the disease of alcoholism was passed from generation to generation. Two common theories attempted the explanation, the

nature of the genetic predisposition toward alcoholism theory and the environment or nurture theory. Pease and Hurlbert (1988) cited the research of Goodwin (1973, 1974) whose twin studies supported the genetic viewpoint.

...Goodwin et. al. found that children of alcoholic parents adopted by nonalcoholic foster parents had nearly twice the number of problems with alcoholism by their late twenties than did a control group whose parents did not have a history of alcoholism <4>. In another study, Goodwin and his colleagues compared the sons of alcoholic biological parents adopted in infancy with those raised by their alcoholic parents <5>. Both the adopted and natural sons later, evidenced high rates of alcoholism -- 25 percent and 17 percent respectively -- and these investigators concluded that being born to an alcoholic rather than being raised by one was the factor that increased the risk of the son becoming an alcoholic. (Pease & Hurlbert, 1988, p. 126)

Pease and Hurlbert (1988) stated that regardless of which influence was greater, nature or nurture, it was certain that the excessive use of alcohol had a negative

impact on family life. Alcoholism was the third most frequent cause of divorce in the United States. Alcoholics had a higher rate of financial difficulties and antisocial behavior. It was further recognized that there was a high correlation between alcoholism and pathological child rearing practices.

Pease and Hurlbert (1988) concluded "...the alcoholic (versus the non alcoholics) conceptions of fatherhood, family life and child-rearing were likely to result in behaviors such as harsh punishment, exclusion from responsibility, avoidance of communication, seclusion, emotional suppression, and inconsiderateness toward the wife." (p.131)

Milam and Ketcham (1981) provided some alarming statistics which offered insight into the severity of the disease. Alcohol played a role in 60 percent of the cases of reported child abuse. It was involved in 39 percent of rapes, 41 percent of assaults, 64 percent of fatal accidents, and up to 80 percent of suicides.

Gress (1988) reported that 24,000 children of alcoholics were born each year with fetal alcohol syndrome, a leading cause of mental retardation and birth defects. Children of alcoholics were more likely to enter the juvenile justice system, prison, and mental

health facilities, as well as being at four times greater risk than others for becoming alcoholics.

Family Roles

Alcoholism is a family disease which affects all members of the family. In *Alateen: Hope for Children of Alcoholics* (1986), it was stated that all family members became sick. The family became obsessed by the alcoholic's drinking. Because of the obsession, children were neglected, interests were abandoned, friends and responsibilities were forgotten. The family was anxious. They worried about the alcoholic's ability to pay the bills. They began doing the alcoholic's work. The family was angry. They argued and fought with each other because they wanted to get even for all the hurt that they were feeling. Children were caught in the middle because often the alcoholic made promises that could not be kept. Children may have been embarrassed in front of their friends. They may have even blamed themselves for the alcoholic parent(s) drinking.

Gress (1988) discussed the fact that parents in alcoholic homes often modeled inappropriate behavior which in one instance may have been erratic, violent,

and acting out. In another incidence, there may have been a complete repression of feelings. Because of the lack of healthy role models, children learned behavior patterns that disassociated thinking, feeling, and acting.

Fisher (1989) stated that members in the alcoholic family took on different roles which included: enabler, scapegoat, hero, lost child, and mascot. It was rare that a child in the family assumed the role of enabler. Beattie (1987) reported that the non-drinking spouse assumed the role of codependent or enabler. Beattie attempted to define the term. "The codependent is a person who has let another person's behavior affect him or her and who is obsessed with controlling that person's behavior." (p. 131)

Beattie (1987) stated that the codependent rescued another person from his responsibilities. By rescuing the alcoholic, the codependent enabled an alcoholic to continue drinking. Beattie quoted counselor Scott Eagleston. "We rescue anytime we take responsibility for another human being -- for that person's thoughts, feelings, decisions, behaviors, growth, well-being or destiny." (p. 78) Beattie further noted that after rescuing, codependents became angry at the person that

they rescued because they had done something that they did not really want to do. Often the person rescued was ungrateful.

The oldest child in an alcoholic family often took on the role of hero. The hero's job in an alcoholic family was to make up for what's lacking in the family. The hero drew attention away from the alcoholic. These children often excelled in school, sports or music. The hero often acted as a parent and was not usually referred for counseling because the hero did well in school; however, when the hero grew into adulthood, physical difficulties and problems occurred. A child hero often grew to become an adult enabler. (Fisher, 1989)

The scapegoat was usually easy to identify. This child's job was to divert attention. The scapegoat often acted out by misbehaving, being defiant, or giving up easily. In adolescence, the child may continue to act out by using drugs or alcohol. Scapegoats tended to blame others for their problems. (Fisher, 1989)

The mascot was often the youngest child in the family. This child's job was to be cute and/or funny. The mascot often misbehaved in school or was suspected of hyperactivity. The mascot was protected from what

was occurring in the alcoholic family. (Fisher, 1989)

In addition to the various family roles, Weddle and Wishon (1986) have identified some characteristics that children of alcoholics may exhibit.

These children may:

- become isolated and afraid of people, particularly authority figures.
- become approval seekers, losing their identities in the process.
- be frightened by angry people and/or personal criticism.
- live life from the viewpoint of helping others and seeking "victims" for this purpose.
- have an over developed sense of responsibility.
- experience guilt feelings when standing up for themselves.
- confuse love with pity.
- bury feelings.
- judge themselves harshly due to poor self-esteem.
- be terrified at the thought of abandonment.
- be reactors rather than actors.
- eventually become alcoholics, marry them or both -- or find another compulsive personality with whom to share their lives. (pp. 9-10)

Fisher contended that children in alcoholic families often lived by certain unspoken rules: "Don't talk, don't trust, and don't feel." (p. 109) Black (1984) asserted that the fundamental rule in the alcoholic home was that drinking is the most forbidden subject.

With 9.3 million to 10 million alcoholics in the United States, it was estimated that one in every five children were growing up in alcoholic homes. Shall (1986) stated: "Children of alcoholics come from every socioeconomic level, racial, religious, and ethnic group." (p. 54)

Educators Role

In a publication offered by the National Association for Children of Alcoholics, titled: It's Elementary: Meeting the Needs of High-Risk Youth in the School Setting (1989), it was reported: "In a typical classroom of 25 students, three to four children will be living in alcoholic homes." (p. 3) A study reported in this same publication, contended that teachers identified 48 percent of children of alcoholics as "problem children" as compared to 10 percent of the

control group.

Gress (1988) stated that educators may not have recognized the behavior and academic problems which were often exhibited by COA's as problems which had developed as a result of growing up in alcoholic homes. These children brought their family roles to school, roles which offered survival in the home, but were dysfunctional in the classroom. These children may have exhibited behaviors which included: (a) overachieving, while not allowing themselves to make mistakes; (b) acting as the class clown, while demanding excessive attention; (c) exhibiting disruptive behavior, while having a difficult time concentrating; (d) and being extremely quiet and isolating themselves, while going unnoticed by the teacher.

Ackerman (1983) noted that the identification of children of alcoholics was not an easy task for the teacher, because these children exhibited many of the same behaviors as children who were experiencing stress for other reasons. Teachers needed to be able to identify behavior patterns which indicated that the child was residing in an alcoholic home:

1. Appearance - The child's appearance have fluctuated in conjunction with the parent(s) drinking

patterns.

2. Academic performance - Sporadic variation indicated that a child may have performed well when the home situation was calm, while doing poorly when a parent drank.

3. Report cards - Parental signature reflected a pattern. A report card may have been returned on time when one parent signed it and returned late when signed by the other parent. The nonalcoholic parent may have returned the report card whether both parents had seen it or not; however, in some cases the nonalcoholic parent waited for the alcoholic to sober up before the card was sent back. If the report card was returned late, this may have been an indication that the alcoholic was asked to sign it since it was the alcoholic who caused it to be late.

4. Peers - The children of alcoholics who have not made friendships were the most noticeable. These children might be silent, walking by themselves in hallways, etc. It was also important to note that if a child did have friends, the friends had commented about the child's mood or state of mind. Some COA's have been criticized by peers because the alcoholic parents have engaged in public drunkenness or children may have been

warned by their parents not to associate with this child.

5. Acting out - These children compensated for being ignored by demanding excessive attention in school. Teachers needed to be able to target in these types of acting out behaviors such as demanding excessive attention which resulted in various forms of punishment, or the class clown who was trying to establish relationships with peers.

Ackerman (1983) cited Deutsch (1982) who offered some general indications of children growing up in alcoholic homes.

- Morning tardiness (especially Monday mornings).
- Consistent concern with getting home promptly at the end of the day or activity period.
- Malodorousness.
- Improper clothing for weather.
- Regression; thumbsucking, enuresis, infantile behavior with peers.
- Scrupulous avoidance of arguments and conflict.
- Friendlessness and isolation.
- Poor attendance.
- Frequent illness and need to visit the nurse especially for stomach complaints.

- Fatigue and listlessness.
- Hyperactivity and inability to concentrate.
- Sudden temper and other emotional outbursts.
- Exaggerated concern with achievement and satisfying authority in children who are already at the head of the class.
- Extreme fear about situations involving contact with parents. (p. 104)

Ackerman (1983) further cited Deutsch (1982) regarding indication during alcohol education.

- Extreme negativism about alcohol and all drinking.
- Equation of drinking with getting drunk.
- Greater familiarity with different kinds of drinks than peers.
- Inordinate attention to alcohol in situations in which it is marginal, for example, in a play or movie not about drinking.
- Normally passive child or distracting child becomes active or focused during alcohol discussions.
- Changes in attendance patterns during alcohol education activities.
- Frequent requests to leave the room.
- Lingering after activity to ask innocent question

or simply to gather belongings.

-Mention of parent's drinking to excess occasion.

-Mention of drinking problem of friend's parent, uncle or aunt.

-Strong negative feelings about alcoholics.

-Evident concern about whether alcoholism can be inherited. (pp. 105-106)

Davis, Allen, Sherman (1989) stressed that a teacher trained in alcohol issues could play a significant role in the life of a COA. A classroom was seen as a safe setting for a child of an alcoholic to learn and understand about family alcoholism. This was important for the child, whether or not the child's parent(s) stopped drinking or entered treatment.

Davis et. al. (1989) contended that even a teacher who was not trained can help COA's because listening alone was helping. A teacher who listened to a child without judgement was giving the child an opportunity to divulge a secret that was struggling to come out. Davis et. al. provided some messages for teachers to present to children of alcoholics.

-You are not alone...

-Your parent's alcoholism is not your fault...

-Alcoholism is a disease...

-You are a person of worth who deserves to get help for yourself. (p. 8)

Krebsbach (1989) stressed that teachers needed to remember that simply teaching helps. The classroom was seen as a safe place for children of alcoholics. Making clear rules which were enforced enabled students to feel safe in an predictable environment. Teachers who modeled appropriate ways of behaving along with healthy ways of expressing emotions and feelings aided children in developing these skills.

Campbell (1988) also noted that the classroom could be a sanctuary for children of alcoholics. It was considered important that the teacher act as a compassionate adult but one that was clearly in charge. Campbell listed ways to provide a safe environment:

- 1) Establish routines that lend structure and stability to the child's school day...
- 2) Empower the child that he's in control at least some of his waking hours...
- 3) Help the child see learning as a safe journey...
- 4) Allow time for the child to do homework during the school day...
- 5) Arrange time for controlled socializing...
- 6) Help the kid relax and just be a kid...

7) Support school alcohol education programs...

(p. 47)

The National Association for Children of Alcoholics, in their publication, It's Elementary: Meeting the Needs of High-Risk Youth in the School Setting (1989), printed some strategies offered by Davis, Allen, and Sherman for teachers to employ in the classroom.

1. Develop and maintain a list of appropriate helping professionals in your community...
2. Maintain a small library of current pamphlets, and reprints of articles on alcohol related problems that have been written for children...
3. Don't act embarrassed or uncomfortable when the child asks you for help...
4. Follow through after the child asks for help...
5. Don't criticize the child's parents or be overly sympathetic...
6. Don't share the child's problems with others who do not have to know...
7. Be sensitive to possible cultural differences...
8. Don't make plans with the child if you can't keep the date...

9. Don't counsel the child unless you are trained to do so... (p. 13)

Fisher (1989) recognized that identifying the child's family role aided the teacher in helping and understanding the child of an alcoholic. As stated earlier (Black, 1981), those roles assumed by COA's included: the hero, the scapegoat, the lost child, and the mascot.

The hero often assumed the role of parenting and meeting the needs of family members. Davis et. al. (1989) concluded that it was important that the hero learn not to feel responsible for others. The hero should learn to seek help when necessary while not being fearful of making mistakes.

The role of the teacher of the hero was to limit the responsibility of the child in the classroom. The child should be praised when acting as a follower rather than as a leader in a socially oriented activity. Heros needed to be discouraged from volunteering for every committee. (Fisher, 1989)

Davis et. al. (1989) advised that because the role of the scapegoat was to divert the families attention from the alcoholic, the scapegoat needed help in channeling negative attention-seeking behavior into

positive constructive behavior. Fisher (1989) stated that the teacher needed to learn to view the scapegoat's behavior from a clinical rather than from a personal perspective. It was important to remember that logical consequences be applied when the child misbehaved. Because this child is an expert at generating anger in adults, it was necessary that the teacher act in an unemotional way, at the same time making the child aware of personal responsibility and behavioral choices.

The lost child appeared withdrawn and shy. This child was often overlooked by the teacher because of so many demands which were placed by misbehaving children. It was important that the teacher avoid sympathizing with this child as the role of the lost child also served to divert family attention. Because the lost child often engaged in daydreaming, it was important that the teacher helped the child to focus on classroom activities. Fantasizing needed to be redirected to activities such as art or creative writing.

(Fisher, 1989)

The mascot diverted family attention by being cute and funny. This child needed help in learning to be serious. The mascot needed to be given responsible jobs in the classroom. The teacher needed to provide

positive attention for serious behavior. It was sometimes necessary to bring to the attention to the class, the importance of not paying attention to the mascot's silliness. (Fisher, 1989)

Manning and Manning (1984) advocated the use of bibliotherapy in order to encourage children of alcoholics to come to terms with the alcoholism in their lives. They suggested that COA's often had difficulty admitting that a problem existed. Manning and Manning suggested that when a teacher provided COA's with nonthreatening talk about parental alcoholism, these children felt less isolated and better able to admit their need for help.

Manning and Manning (1984) cited the findings of Shrodes (1949) who linked three interdependent stages in psychotherapy which were identification, catharsis, and insight to bibliotherapy:

- (1) the readers share a bond with the story's character (identification),
 - (2) the character encounters a difficult situation which is resolved (catharsis), and
 - (3) the reader reflects upon personal circumstances and internalized some of the coping behaviors depicted in the book (insight).
- (p. 721)

Manning and Manning (1979) stressed importance of literature in the identification stage--literature which portrayed the emotions of children of alcoholics correctly. This enabled children of alcoholics to realize that they were not alone or different. It was also important to include a portrait of the COA's relationship with the nonalcoholic parent in order to observe conflicting emotions.

Books which appealed to children of alcoholics fell into three major categories. They included: nonfictional books about alcohol abuse, fictional accounts of alcohol abuse, and books about adolescent alcoholics. Another resource available to aid teachers in helping children of alcoholics using bibliotherapy was the COA Review: The Newsletter About Children of Alcoholics. The newsletter reviewed current literature on alcoholism in both the fiction and nonfiction areas. (Manning and Manning, 1984)

Campbell (1988) stressed that it was the primary responsibility of the teacher to teach not to act as a therapist; however, it was important that the child was aware that the teacher was there to talk about any problems or feelings that the child was experiencing. It was essential that when talking to the child that the

teacher not deny reality. It was important to the child that a caring adult affirmed that a problem existed by acting with candor. Campbell further noted that it was the obligation of the teacher to make certain that the principal or school psychologist was aware of the problem, in order that the child be referred for help.

Parents Role

Ackerman (1983) provided information for parents. He stressed the fact that it was both unfortunate and true that all alcoholics will not become sober; therefore, it was important to act immediately. Ackerman stated that even though a parent was drinking, the parent still cared about the child. Often the nonalcoholic parents felt that it was their duty to protect their child from the disease; however, even though the child may not be aware of the exact details, the child was aware that something was wrong. Ackerman found that children needed honesty from their parents. The alcoholism needed to be discussed openly and honestly with the child.

Ackerman (1983) offered some suggestions for the nonalcoholic parents which included: (a) being flexible

and remembering that problematic situations called for adaptable measures; (b) not isolating themselves and their children from outside interaction; (c) not blaming their children for wanting to get help; (d) not excusing the alcoholic parent from being a parent; (e) seeking and comforting the child when the home situation was disruptive; (f) avoiding placing the oldest child in the position of being a confidant; (g) avoiding asking their children if they should leave their spouse; (h) if their spouse gets help, involving the family in the treatment process.

Black (1984) offered some advice to parents. A family's refusal to acknowledge the alcoholism could undermine a child's trust. Black stated that a child could not learn to trust if parents were not honest about the alcoholism. Black noted that being honest did not mean that the nonalcoholic parent should blame or judge the alcoholic parent. It did mean talking about the problem and helping the children handle their emotions and situations that they encounter.

Black (1984) asserted that parents must also realize that children have the right to be children. Black gave the example of a child being placed in the position of watching an alcoholic parent to make sure

that the parent did not drink. Children should not be placed in this position.

School and Community Programs

Because a large percentage of a child's time was spent in school, it was the logical place to provide intervention and therapy for children of alcoholics. Brake (1988) noted that at times a child would confide in a trusted teacher; however, it was often the responsibility of the school counselor to establish a situation which enabled a child to seek assistance.

Brake (1988) stated that getting a child to talk about the subject of alcoholism could be a difficult task. She suggested showing the film Soft is the Heart of a Child, a film about alcoholism, to the entire class without the teacher present. After the film, a discussion should be lead by the counselor explaining that many children are living in alcoholic homes and they will meet together to read books and talk about what it is like to live in a home where a parent is an alcoholic. The goal was to eliminate the stigma associated with alcoholism by being very open about the subject of alcoholism.

Brake (1988) also stressed that it was important for the school counselor to meet with the child on an individual basis. Because children of alcoholics found it difficult to trust adults, it was important for the counselor to seek the permission of the child before discussing the child's situation with others.

Ackerman (1983) acknowledged that group discussions were especially effective because values were being formed. "One value that is fostered in youth groups appears to be a concern for each others' welfare."

(p. 127) Ackerman maintained that for some children a walk-in center was an effective way for helping them deal with their problems as well as providing information about alcohol and other drugs.

In the article, "Helping Children from Alcoholic Families: Approaches and Caregivers, (1986) two program models created to help children from alcoholic families were described. The first was the Student Assistance Program which provided services for high school students whose parent(s) were abusing alcohol or other drugs. This program was designed for children who were experiencing academic or behavior problems or were themselves using drugs or alcohol. Professional counselors provided intervention and prevention services

for the high school students involved in the program. This program was piloted in 1979-90 in Westchester County, New York. It has been duplicated in schools across the country.

The second program, referred to as CASPAR (Cambridge-Somerville Program for Alcoholism Rehabilitation), was an alcohol education program in Somerville, Massachusetts. It was a community based program for children and teens. At the elementary level, groups were co-led with a CASPAR staff person. The adolescent groups were conducted by their peers who had been CASPAR trained. The advantage of this program was that it was able to reach students in schools where they felt comfortable; however, the disadvantages were that because the school was so convenient, recommendations to become involved in treatment programs or Alateen may not have been carried out. Students may have relied on other students or teachers to solve problems for them. The article stressed the importance of establishing good relationships with community agencies.

McAndrews (1986) cited a pilot program established by the Omaha Council on Alcoholism which was also done in a peer-group setting. The program was established

outside of the school and was headed by a trained professional. It consisted of eight sessions for preadolescent children. The goal of the program was to raise self-esteem and increase adaptive skills. McAndrews further noted that the use of puppets to teach coping skills worked well for younger children.

The article "Helping Children from Alcoholic Families: Approaches and Caregivers" (1986), discussed treatment settings for the whole family. The treatment might include: family therapy and family alcoholism treatment. Children and parents received counseling together, so that they could improve their relationships. "Groups were sponsored for education and therapy of spouses, other relatives and children. Educational groups for children coincided with those for parents." (p. 15) The alcoholic parent may have participated in Alcoholic Anonymous (AA) while the non-drinking spouse participated in Al-Anon. Children may have been introduced to Alateen.

Mueller and Ketcham (1987) recognized the importance that Alcoholics Anonymous played in helping the alcoholic get in touch with the disease. At the AA meetings, alcoholics introduced themselves and admitted that they had a chronic disease. Being in a group

reaffirmed the fact that they were not alone in the disease and others had the same illness. At AA meetings, members spoke of anything and everything, knowing that their "secrets" went no further than the group. Recovery was based on "The Twelve Steps of Alcoholics Anonymous."

The philosophy of AA is based on "The Twelve Steps of AA."

1. We admitted we were powerless over alcohol-- that our lives have become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We make a list of all persons we had harmed and became willing to make amends to them all.

9. We make direct amends to such people wherever possible, except when to do so would injure others.

10. We continued to take personal inventory and, when we were wrong, promptly admitted it.

11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principals in all our affairs. (Mueller & Ketcham, P. 167)

In the Book, Al-Anon Faces Alcoholism (1986), it was pointed out that, AA and Alanon, unlike most programs that helped alcoholic families, did not require that the alcoholic be in treatment. Al-Anon helped both families of recovering and non-recovering alcoholics. The members of Al-Anon were given emotional support and basic information about alcoholism and treatment. One goal of Al-Anon was to alleviate shame and find hope. Participants gained perspective on their situation and what had happened to their families as a result of alcoholism. For those families with recovering alcoholics, Al-Anon participation allowed family members

to recover and grow as the alcoholic was recovering and growing.

Alateen, a program for children and teenagers whose lives were affected because a family member or close friend had a drinking problem, acknowledged that children could not control their parents or make them stop drinking; however, they could learn to detach from the problems and continue to love their parent. "The Twelve Steps of Alcoholics Anonymous" were applied to help members to grow mentally, emotionally, and spiritually. (Alateen, 1986)

Reynolds (1987) stressed the importance of a support group for children of alcoholics, emphasizing that such a group educated the COA about the disease and its impact on family members. This aided the COA in discovering that it was not possible to take care of the alcoholic; however, it was possible to take care of oneself.

CHAPTER THREE

Summary and Conclusions

In a typical class of 25 students, three to four students are growing up in alcoholic homes. (It's Elementary: Meeting the Needs of High Risk Students, 1989) The purpose of this paper was to inform educators regarding this disease, in order that they develop the skills necessary to identify and serve those students and their families who are living with the disease. The time span for reviewing data and literature was 10 years.

In addition to the alcoholic parent, family members assumed various roles in the alcoholic family. The non-drinking spouse assumed the role of the enabler or codependent. Children assumed various roles in order to divert attention from the alcoholic. Often the oldest child would assume the role of "hero." Other roles aimed at redirecting attention in the family included that of the "scapegoat," the "lost child", and the "mascot," typically the youngest child. (Fisher, 1989)

Teachers needed to be made aware of the fact that

COA's brought their family roles to school, roles that offered survival in the home, but were dysfunctional in the classroom, (Gress, 1988) In addition to the various family roles assumed by COA's were certain behavior patterns which were typical of COA's. By familiarizing themselves with these roles, and behavior patterns, educators could train themselves to recognize and identify children who ere growing up in alcoholic homes.

It was important to remember that a COA who was not having behavior or academic problems was still a child at risk. For example, the family hero, who may excel academically or in sports, may very well grow up to be a codependent, marrying someone who is dependent on alcoholic or drugs. A teacher who was made aware of the various "roles" that COA's exhibit could structure the classroom in such a way that encouraged opportunities for healthy emotional growth. For example, the family "hero" might be given less responsibility while the "mascot" might be given more responsibility.

Teachers need not become therapists in order to help COA's. By providing these children with an empathetic ear, willingness to listen, a safe consistent environment in which to learn, and a caring adult to

trust, these children feel safe and cared for. Of course, if an educator suspects alcohol abuse with the family, the child must be referred, in order that additional support be offered to the child and to the child's family.

Teachers must view alcoholism as a disease just like any other disease. The alcoholic parent should be seen as someone who is suffering from a disease; however, the alcoholic must not be excused from being a parent. The alcoholic is a parent and as such is obligated to act as a parent. Alcoholic parents and their spouses must be made aware of what they need to do to help their children cope with the disease. It may not be possible to "cure" the alcoholic but it is possible to provide support while teaching coping and survival skills to those children living with an alcoholic parent or parents.

There are many programs which help children and their families cope with the disease of alcoholism. Community programs such as Alcoholics Anonymous (AA), Al-Anon, and Alateen offer support for the entire family. School based programs, staffed by trained professionals provide support for COA's during the school day.

Finally, it was noted that educators have a duty to educate themselves, regarding alcoholism and its impact on the entire family. This is a disease which has reached epidemic proportions. The ramifications of this disease on families and their children can no longer be ignored. Children born into families affected by this disease are children at risk. These children are in danger of becoming alcoholics, marrying alcoholics or both. Alcoholism is documented to be generational. It is no longer possible to "sweep this disease under the carpet." The stigma attached to alcoholism needs to be erased in order to provide the necessary support for those children suffering from this family disease. Educators can be instrumental in taking the first steps to bring this disease out in the open where it can best be treated.

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