CHAPTER II

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IDENTIFICATION OF CHILDREN OF ALCOHOLICS

A study by Pilat (1982) designed to identify the number of Children of Alcoholic parents in a classroom setting. Subjects, 174 high school-aged children in the metropolitan area of Chicago, Illinois, were administered the Children of Alcoholics Screening Test (CAST), which measures children's feelings, attitudes, perceptions, and experiences related to their parents' drinking behavior. It was found that more than 25 percent of the children tested in the category of "Children of Alcoholics," while 17 percent tested in the questionable "drinking problem" category. Since 27 percent of these children indicated parental alcoholism, it was postulated that approximately 25 percent might have exhibited some school behavior problems and/or have come to the attention of the school social worker or school authorities, but this was not evident. Contrary to previous studies, these children were found to be working at or above their grade levels; however, almost 20 percent had failed in one or more classes in the past semester.

It has been estimated by Pilat (1984) that only five percent of the 12 to 15 million school-age Children of Alcoholics are identified and treated. One of the main obstacles to treatment has been the lack of an assessment tool available to professionals. A screening instrument, the Children of Alcoholics Screening Test (CAST) was developed to aid in the identification of children of alcoholics. The CAST measures: children's emotional distress associated with a parent's alcohol use or misuse; their perception of drinking-related marital discord between their parents; their attempts to control a parent's drinking; their efforts to escape from alcoholism; their exposure to drinking-related family
violence; their tendencies to perceive their parents as being alcoholic; and their desire for help. This instrument may be used to identify latency-age, adolescent, and adult children of alcoholics. Children eight years of age or younger usually require the questions read to them and perhaps translated into terms they can better understand.

According to Hampton (2000) approximately 43 percent of the U.S. adult population have been exposed to alcoholism in the family. Almost one in five Americans lived with an alcoholic as a child. There are four to six Children of Alcoholics (COAs) in a classroom of 25 students. This study deals with identification of Children of Alcoholics (COAs) in the elementary classroom by examining their drawings of houses, trees, and persons for common characteristics that might identify them as a group. Those characteristics identified were developed into a profile of the COA. This profile was developed into a guide for counsellors to use in identifying COAs and tested with counsellors for efficacy. The profile and training guide proved useful in identification with 100 percent accuracy rate. By being able to identify COAs early, elementary counsellors will be able to intervene and present appropriate counselling methods, techniques, and materials as related to alcoholism in the family.

In the identification of Children of Alcoholics, CAST (Children of Alcoholics Screening Test) developed by John W Jones is the most commonly used screening tool. Apart from it projective tests are also used to identify Children of Alcoholics.

**INTERVENTIONS IN CHILDREN OF ALCOHOLICS**

The CASPAR Alcohol Education Program in Massachusetts by DiCicco et al (1984) has two levels for grades two through six and for grades seven through twelve. A trained school staff member and a CASPAR staff person lead the younger groups in the classroom. The older children
attend a center after school for BASIC (general) and CAF (Children from Alcohol Families) groups. High school juniors and seniors who receive 40 hours of training lead the older groups. Because the groups are educational rather than therapeutic, parental permission is not required, and participants receive two dollars an hour for attending ten weeks of two-hour sessions. Adolescents' desire for secrecy and avoiding stigma leads to smaller enrollment in the CAF groups, yet about half the attendees are Children of Alcoholics. These members of the BASIC groups feel others do not understand their home life, while those in the CAF group are more likely to disclose private matters. Tests given each group indicate Children of Alcoholics learn significantly different things from the program to recognize alcohol problems; to share such problems with others, to cope differently, and to reduce their own drinking. The study notes 54 percent of the participants themselves drink once a week or more often.

A study by Morehouse (1984) found that adolescent Children of Alcoholics who themselves abuse alcohol need special approaches in counseling and treatment. Identification of the child's abuse of alcohol may be more difficult because of his own or the parent's denial of substance abuse. The young person may have negative attitudes toward treatment if the parent is still a problem drinker or, conversely, if the parent's problem has drawn his or her attention away from the family. The adolescent child of an alcoholic may have difficulty identifying with a positive non-drinking role model and may worry about how his or her treatment or absence from the family may affect the rest of the family. Indeed, when the adolescent receives treatment and improves, others in the family may react negatively to the resulting changes in family dynamics. Issues to explore with adolescent children of alcoholics include difficulties in separation, identification, and peer relationships, embarrassment and stigma, and depression and guilt. Group counselling is particularly effective with alcohol abusing children of alcoholics in providing support, reducing isolation, developing peer
relationships, and establishing counterbalances to existing family relationships. Family therapy is helpful if the alcoholic parent has stopped drinking.

Statistics are highlighted by McAndrew (1985) to illustrate the increasing number of children living in alcoholic homes, their probability of becoming alcoholic, and the lack in targeting these children for social services. Schools are seen as one of the most promising settings for identification and intervention with Children of Alcoholics (COAs) and social service personnel and teachers trained in the area of alcohol and drug abuse as the most logical people to provide services.

A programme designed by Owen (1985) as a primary prevention, group treatment approach for the Children of Alcoholic inpatients is discussed. The program was implemented in a 25-bed alcoholic treatment unit within a large psychiatric hospital. These children were helped to feel less isolated and deviant as they shared their experiences with other group members who faced similar circumstances. The group also helped these children work through their feelings about the hospitalization of a parent.

A study presented on a programme model for treating Children of Alcoholics by Black (1986) stresses prevention and intervention. It is stated that art therapy has been the program's most valuable tool. When the children are not able to verbalize their feelings, they are often willing to illustrate them on paper.

A study by Curran (1986) on Children of Alcoholics found that experience both short-and long-term problems in every area of their lives including physical (FAS and abuse and neglect), mental health (severe emotional and behavioral problems), and drug/alcohol related problems. A dual diagnosis, dual treatment approach is needed that will pay attention to the familial substance
abuse and to the specific behavioral, emotional, physical and developmental problems of the children. The most common treatment modality is the short-term, educational-activity group. Groups can be used to identify and refer those children in need of individual therapy, but too often group treatment is seen as an end in itself. Careful assessment is needed to identify children who are unable to work well in a group setting. Individual therapy is a long-term process lasting at least six months and often several years. A range of techniques (e.g., story telling, fantasy play, art and sandtray therapy) and materials can be utilized. Eventually the intensive work of therapy gives way to age-appropriate behavior and the child is ready to move into a group.

Discussion is presented by Morehouse (1986) on counselling adolescent Children of Alcoholics in groups. It is suggested that leading a group for adolescent Children of Alcoholics is helpful for the adolescent and satisfying for the leader. Using a directive leadership style and educational approach will increase the adolescent's understanding of their parents' actions and the resulting behavior. This increased understanding leads to a reduction in painful feelings, worries, and dysfunctional actions that ultimately leads to healthier functioning for the adolescent. Although group participation is not recommended for all adolescent Children of Alcoholics, it is the approach of choice for most of them.

Kids Kamp by Moe (1986) Hope in Recovery was the first annual camp held in California for 6-to 12-year-old Children of Alcoholic parents. It was a six day, five night camp which allowed the children simply to be kids, the emphasis was on fun while building trust and cooperation. Each day had a specific theme and the lecture, games, recreation, creative activities, and group sharing all reflected this in some way. The daily themes were: (1) feelings; (2) alcoholism, chemical dependency and me; (3) family; (4) problem solving; (5) celebrating me; and (6) celebrate me.
home: wrap ups and goodbyes. The unique feature of the camp was the leadership provided by a peer counseling staff. The children left camp with greater hope and commitment to their recovery, as well as new attitudes, tools, and resources to help them in the process.

According to Kumpfer (1986) cost-effective, family-based prevention interventions must be developed to prevent alcoholism and alcohol abuse in Children of Alcoholics. A three-year research project was conducted to study the characteristic differences in family ecology of substance abusing families. The total research design involved the comparison of over 270 families (90 chemically dependent, 90 normal, and 90 matched families). The survey methodology involved an extensive, self-administered test battery. A comparison of abusers and non-abusers found that more of the chemically dependent parents came from families where their own parents also used and abused drugs. Parents paid less attention to children and children were free to make their own decisions and to do as they wanted. When looking at the number of differences between using and non-using families, five major clusters emerged: (1) more insular, socially isolated families; (2) increased cohesive (enmeshed) yet disengaged rigid families; (3) decreased social order (more chaotic with fewer rules, rituals, traditions); (4) more disturbed families; and (5) increased depression and stress. Three different types of family-focused prevention programs in the Strengthening Families Program were developed and evaluated—a parent training program, a children's social skills training program, and a family skills training program—to determine their effectiveness in reducing the children's risk factors. Analyses of the pre-and post-test data suggested that all three programs were successful in reducing the risk factors in the children, though each program's effect depended on its intended goals. A longitudinal study is proposed to determine long-term effects and the implications of this research for targeted prevention efforts are discussed.
The shaming effects that occur among children who are raised in chemically dependent families are were studied by Naiditch (1987). Therapeutic techniques are provided to help children gain greater self-esteem and coping mechanisms while living in this situation. It is noted that children may become developmentally delayed when they are raised in an alcoholic or chemically dependent family, since the messages and behaviors that are needed for secure bonding and attachment are confused and inconsistent. Feelings of isolation and abandonment produce shame in these children. Four intervention techniques to help the child in a chemically dependent family deal with shame issues are presented: (1) validation of the child through positive interaction, (2) recognition of powerlessness over another person's thoughts, actions and deed: step 1 of 12 step recovery program, (3) play, and (4) support groups. Through these techniques, the cycle of shame can be broken and an interpersonal bridge restored. When intervention of shame takes place, a child's spirit can be rekindled.

The Children of Alcoholics Screening Test (CAST) is described, and validation research on the CAST is reviewed by Pilat et al (1987). Also, a three-phase treatment program for children of alcoholics is outlined. The program was developed and tested at a major, hospital-based family alcoholism treatment center. It consists of an initial four-week education and crisis intervention group (Phase I), a 12-week aftercare support group (Phase II), and participation in Alateen or Alateen groups (Phase III).

A field study by Adelman (1991) was conducted in a rural southeastern Ohio school district with 67 fifth and sixth grade students comprising the sample population. All students were administered a battery of tests and were subjected to an alcohol awareness unit after which each filled out the Children of Alcoholics Screening Test. Based on a response to this last measure, one
group of students was offered the opportunity to participate in an eight-week structured support group for children of alcoholic parents (COAs). Controls consisted of those similarly identified as COAs, who received no treatment. Another control group was comprised of students from nonalcoholic families who received no treatment. Significant differences emerged between both COA groups and the non COAs upon analysis of the baseline data. Analysis of the process variable revealed that participation and personal self-disclosure increased significantly during the course of the support group interaction. No clear effects attributable to the treatment were found for the battery of objective and projective self-report measures, nor for the various measures of school related behaviors.

The study by Davis (1991) evaluated the effectiveness of an eight-week prevention-oriented group treatment program for children of alcoholics (COAs) between the ages 6 and 11. There were 30 children in the treatment group and 10 in the comparison group. Personality and behavioral data were collected at pre-test and post-test via three self-report scales and one-parent rating scale. Analyses of covariance using pretest scores as covariates were used to compare the treatment and comparison groups on each variable. No statistically significant differences between groups were found. Evaluations of behavioural observations and parental feedback, however, did provide some support for use of COA groups. Children who identified the "COA experience" evidenced greater reduction in anxiety and depression. Children who perceived the drinking as the parent's issue evidenced increased internalization in locus of control. Regression analysis were conducted in an effort to identify extra group factors predictive of change of the outcome variables like exposure to parental relapse and contact with an actively alcoholic parent.
This article reported by Goldman et al (1992) a play-activity group therapy model for helping latency age Children of Alcoholics (COAs). The model combines a psychoeducational and treatment approach to the ongoing treatment of children whose lives have been affected by parental alcoholism. Researchers have identified COAs as a population at risk of emotional, interpersonal and substance abuse problems. A review of the relevant literature uncovers a primary focus on the educational component of COA groups. This report emphasizes the ongoing therapeutic process of group interactions at the different phases of group development.

In a study by Morey (1993) Children of Alcoholics (COAs) and their cohorts who were not affected by parental alcoholism (non-COAs) were investigated. Subjects included fourth-through sixth-grade students who were identified as COAs and non-COAs. The study examined differences between COAs and non-COAs on measures of internalized shame, self-esteem, perceived support, and teacher behavior ratings. It also compared scores on these measures, and on a test of knowledge about alcoholism, before and after an 8-week, school-based intervention. The intervention was designed to provide COAs with emotional support and information about alcoholism. Results indicated that COAs and non-COAs demonstrated no differences on measures of social support and shame. In contrast, self-esteem and teacher ratings for COAs were significantly lower in comparison to ratings for non-COAs. Teacher ratings of male COAs were most negatively affected by their COA "status," whereas female COA and non-COA teacher ratings did not differ significantly. Furthermore, COAs made significant improvements following the intervention in their knowledge of alcoholism and self-esteem scores. These findings document differences and similarities between COAs and non-COAs. They also reflect the need to provide interventions for COAs and to evaluate the effectiveness of these interventions through careful research.
Glumac, J.M. (1994) conducted a study on the ability of Positive Ritualistic Behavior Training (PRBT) to improve Children of Alcoholics' (COAs) identity and life satisfaction, and reduce anxiety. The subjects were 25 volunteer, self-identified, apparently well-functioning, COAs. A pre-post control group design (with follow-up for the experimental group only) was used, 13 in the experimental group and 12 in the control group. Positive Ritualistic Behavior Training was psychoeducational in nature, and presented as 2-hour group sessions, once per week for 9 weeks. The experimental group was assessed at 3 months for follow-up. The Personal Authority in the Family System Questionnaire (PASFQ-C) assessed identity, the Self-Evaluation Questionnaire (SEQ) assessed anxiety, and the Life Satisfaction Scale (LSS) assessed life satisfaction. The Ritual Practice Form (RPF) assessed commitment to ritual practice for the experimental group. Statistically significant treatment effects were found for the LSS Control subscale. A significant interaction effect was found for the PASFQ-C Intergenerational Intimidation subscale. For the experimental group, significant differences across occasions were found for the PAFSQ-C Personal Authority, SEQ Current Anxiety, and LSS Hope for the Future and Personal Control sub scales. It was concluded that counselors should not use PRBT with expectation of immediate benefits. However, at follow-up, some aspects of identity, anxiety, and life satisfaction had improved.

Scheer, D.A. (1996) conducted a study to design a group treatment curriculum, based on previous empirical and theoretical research and general clinical practice, and to examine the outcome of treatment based on this curriculum. Identified needs addressed in treatment were measured using the Child Depression Inventory (CDI), Index of Peer Relations (IPR), Personal Attribute Inventory for Children (PAIC), Revised Manifest Anxiety Scale (R-MAS), Child Behavior Checklist, and behavior observation ratings. A total of 31 children and their parents were involved in the 8-week
treatment groups. A waiting list control design was employed. Results indicated that treatment did not have a statistically significant effect on any of the measured characteristics.

The study by Arledge (1997) examined the effectiveness of early intervention, education, and support for young Children of Alcoholics between the ages of 6 and 12 years at a private alcohol and drug treatment facility in Charlotte, North Carolina. The sample comprised 77 parents and children who responded to a questionnaire mailed to all families whose children had completed the program between the years of 1987 and 1996. Seven children, 1 from each class held between January 1996 and July 1996 volunteered for a true-false questionnaire to measure the degree of knowledge of alcoholism and its effect on the family upon entering the program. A descriptive methodology was used to evaluate the effectiveness of early intervention, education, and support. Results of this study indicate that the program "For Kids Only" had a significant impact on the children, and information gained from the program was ongoing. In addition, results of the study indicated a need for early intervention, education, and group support.

One method identified by Carmichael et al (1997) to reduce the influence of the dysfunctional alcoholic parent is play therapy for the Children of Alcoholics (COAs). Play therapy with COAs is presented and case examples are given. The types of emotional and social problems associated with being COA need to be targeted by school and community counsellors. Through play therapy, the counsellor assists the children in achieving therapeutic goals: (1) overcoming a sense of guilt and shame, (2) resolving issues surrounding trust and control, (3) encouraging children to talk about the alcoholism in their family, (4) learning safe ways to counteract the denial and rigidity of the alcoholic family, and (5) assisting children in finding positive ways to express emotions. While play therapy can help children reach these therapeutic goals, the counsellor is cautioned that because
of cultural diversity not all children may be candidates for therapies that require disclosure of family "secrets." Children from alcoholic families where the alcohol abuse cannot be discussed may benefit from play therapy that focuses on the child's self-esteem without probing and requiring disclosure concerning the alcohol abuse.

An article by Price et al. (1997) writes that Children of Alcoholics (COAs) are at increased risk for behavioral and emotional problems, including alcoholism. Research has helped guide the design of prevention and intervention programs aimed at reducing this risk. Currently, most such programs for COAs use a short-term, small-group format, often conducted within schools. Broad-based community programs are another promising option, but have not been sufficiently studied. Generally, interventions include alcoholism education, training in coping skills and social competence, social support, and healthy alternative activities.

The study gives an account on the results of a one-week long personality-developing, psychotherapeutic camp which was organized for the children of alcoholics to promote early prevention. The authors Antalfai et al. (1998) preliminary assumptions have been proven by their experiences in accordance with the children's communicative and adaptability problems, with the negative aspect of self development, with negative self-esteem and with negative perspectives on life. The openness and the flexibility of children's personalities made it possible for them use the strength of their unconsciousness and bring their positive energies to the surface. Using Jungian imagination, analysis of tales and drawings, and Gendlin's focusing therapy, the children could use their creativity to sublimate their distress. Feedback from group leaders and assistants has a positive impact on the children's self-esteem.
In this study Harris (1999) examined (1) differences in the self-concepts of young children of alcoholic parents (COAs) and young children whose parents are not alcoholic (NCOAs); (2) changes in self-concept in the COAs before and after a 10-week group therapy intervention; and (3) child, family, and alcohol-related variables associated with children who appear to have more resilient self-concept versus children who are at higher risk. The sample included 14 COAs who were in group therapy and 14 control NCOAs. This study was based on the developmental psychology and social psychology models. Demographic data was gathered using a Parent Questionnaire and qualitative information was obtained from each COA using the Self Understanding Interview. Data analysis was primarily descriptive, due to the small sample size. Type I error was reduced by conducting planned comparisons and identifying significant results only at the P equals .02 level or less. Quantitative results indicated no significant differences between the youngest (4-7 years old) children in either group. Two significant differences in self-concept dimensions emerged between the older children (6-12 years old) in the two groups. Older children evaluated themselves as significantly less competent in scholastics and as having significantly more problems with behavioral conduct than the control children. Analyses conducted following group therapy showed that young children defined themselves as higher in physical competence; older children evaluated themselves as significantly higher in athletic competence and physical appearance. Qualitative analyses suggested that multiple child, family, and alcohol-related variables may be associated with more resilient versus more negative self-concept.

The review of literature related to interventions revealed some of the commonly used techniques for the management and well-being of Children of Alcoholics. Individual therapy, individual and group therapy, family therapy and group programmes are some of the interventions used. It was found in the literature review that the maximum effectiveness is for the group oriented
interventions. It helps the Children of Alcoholics to share their problems, learn to cope with life, overcome stigma and embarrassment, improve their low self-esteem and social competence. Some of the intervention programmes studied are school based group programmes, story telling, fantasy play, art therapy, kids camp and positive ritualistic behaviour training (PRBT). Most of the research intervention programmes did not have long term follow up assessment, no immediate benefit and most of the studies did not have a statistically significant effect on the Children of Alcoholics.

PSYCHOLOGICAL ASPECTS OF CHILDREN OF ALCOHOLICS

A social worker's personal experiences with Children of Alcoholics are presented by Black (1980). Half of alcoholics have an alcoholic parent; nearly one-third marry alcoholics. The stereotype of Children of Alcoholics is that they have low self-esteem, are more likely to perform poorly in school, are more easily frustrated, and have more adjustment problems in adolescence and early adulthood than children of non-alcoholics. This view is not supported by the experience of this researcher. Three roles appeared to allow children to survive in alcoholic homes: the Responsible One, the Adjuster and the Placater.

A study was conducted by Berkowitz (1986) to compare personality characteristics among youthful Children of Alcoholics (COAs) and other young adults and to examine the extent to which these characteristics are gender-specific or are related to the gender of the alcoholic parent. The data were derived from a comprehensive survey administered to the entire first and second year classes of an undergraduate liberal arts institution. The survey examined drinking-related behaviors, problems, personality characteristics, and familial alcoholism. Inventories of impulsiveness, self-depreciation, lack of tension, independence/autonomy, need for social support, directiveness, sociability, and other-directedness were utilized to assess personality characteristics. Results of the study indicate
that parental alcoholism is associated with differences in some personality characteristics of COAs in comparison with other students. COAs were more likely than their peers to experience self-depreciation, with a greater effect in female COAs than with male COAs. Female COAs and other female peers received similar scores on all of the remaining personality scales. Male COAs rated themselves as more directive, autonomous, and in need of social support than their non-COA peers. Women with an alcoholic father were significantly more likely than women with an alcoholic mother to report depression and low self-esteem. Other personality characteristics of COAs with an alcoholic parent of either sex appear similar. These gender differences in personality characteristics of COAs need to be considered when providing services and developing treatment approaches for helping COAs.

The prevalence of an excess risk of type A personality in the Children of Alcoholics (COA's) was investigated by Manning et al (1986) in three studies. In the first study, the Matthews Youth Test for Health (MYTH) was administered to nonalcoholic mothers of 46 COA's aged 5 to 17 years and 65 matched controls to measure children's type A competitiveness and impatience-aggression. Results were significant only for greater impatience-aggression in COA's. In the second study, 104 COA's and matched controls were rated by military fathers of intact families using MYTH. No significant differences were found between COA's and controls on either of the MYTH subscales or total score based on their fathers' alcoholism or behavior type. First-born COA's scored significantly higher than latter-born controls on the competition subscale of MYTH. No correlation was found between a father's personality type and his child's MYTH score. Also, no differences were found between alcoholic soldiers and controls on any of the Jenkins Activity Survey (JAS) factors. A third study of 70 matched COA's and controls used the Hunter-Wolf A-B Rating scale, a self-rating scale for children. No significant differences were found in children's type A personalities based on
membership in an alcoholic family, sex, or birth order. The findings challenge clinical reports suggesting that there is a greater prevalence of type A behavior among COA's. It is concluded that there may be misperceptions about successful, hard-working COA's who, in contrast to their more notorious siblings, are "workaholics" and have been improperly labeled as type A personalities.

The personality characteristics of late adolescent and young adult Children of Alcoholics (COAs) were compared with those of their peers by Berkowitz et al (1988). The data were derived from an alcohol survey conducted in 1984 at an undergraduate liberal arts institution with a predominantly northeastern, upper-middle-class student body (n=860). By means of the survey, the following characteristics were studied: familial alcoholism and personality characteristics, which included impulsiveness, self-depreciation, lack of tension, independence/autonomy, need for social support, directiveness, sociability, and other-directedness. Although similar to their peers on most measures, Children of Alcoholics were more likely to report greater self-depreciation. This difference was more pronounced for women than for men; and for women with an alcoholic father than for women with an alcoholic mother. Male Children of Alcoholics rated themselves higher on autonomy than did their male peers. It is noted that while the study reveals the resiliency of Children of Alcoholics, it also identifies potential negative effects that should be kept in mind by clinicians and researchers.

Drake et al (1988) examined adolescent adjustments and the antecedents of DSM-III alcoholism and DSM-III personality disorder in a 33-year longitudinal study of inner-city, non-delinquent sons of alcoholic men (COAs). In early adolescence, the 174 COAs (38 percent of the sample) had more alcoholic relatives (in addition to fathers), more non-Mediterranean ethnicity,
more environmental stresses, and poorer adjustments than their non-COA peers. Poor adolescent adjustment among COAs was associated with having a poor relationship with one's mother. By midlife, 28 percent of the COAs had developed alcohol dependence, and 25 percent were diagnosed with at least one personality disorder. Personality disorder but not alcoholism had strong continuities with adolescent adjustment problems. Alcohol dependence was predicted by total number of alcoholic relatives, non-Mediterranean ethnicity, low SES, and school behavior problems. Personality disorder was predicted by total environmental weaknesses, poor maternal relationships, low IQ, and feelings of inadequacy.

Personality profiles of Children of Alcoholics were analyzed by Calder et al (1989). The study sample included 62 children of parents who were in treatment for alcoholism and who responded to a questionnaire. Of the parental group 33 were fathers and 29 were mothers of the children who were aged 6 to 16 years. Study results revealed that the children had mean scores on the Family Relations, Delinquency, Depression, and Withdrawal scales that were more than 1 standard deviation above the norm, although there was a great deal of variation in individual profiles. However, the majority of the children did not show signs of adjustment problems. It is concluded there is no standard profile for children of alcoholics and that the stereotypic negative profile that is painted for Children of Alcoholics may not be accurate for most of these children.

Adolescent Children of Alcoholics, behaviorally disturbed adolescents, and adolescents from three counties were investigated to determine if differences existed with regard to locus of control, perception of family environment, parental alcoholism, and self concept (N=303, 14-18 years of age) by Hutchinson (1990). All subjects were screened by the Tennessee Self Concept Scale, the Nowicki-Strickland Locus of Control-Test, Moos Family Environment Scale (Forms R I and L) and
the Children of Alcoholics Screening Test. The results showed that as severity of parental alcoholism increases, moral religious emphasis, family organization and cohesion decreases, and family conflict increases. Self concept in COA's is less than that of both behaviorally disturbed and community adolescents, and COA's locus of control scores fell between "normal" adolescents and behaviorally disturbed adolescents.

In this study by Colbert (1991), coping patterns of Children of Alcoholics (COAs) have been examined and compared to those of children of nonalcoholics (CNAs) in an effort to further investigate COA coping behaviors and to more fully understand the programmatic needs of this population. Subjects included 34 COAs and 39 CNAs, all adolescents 15 through 18 years of age who were recent enrollees in a high school program for students experiencing stress. Participants completed a battery of paper and pencil instruments which assessed various aspects of coping. Hypothesized global differences between the coping patterns of COAs and CNAs were not found. Instead, overall differences were minimal. More significant differences were found to depend on gender. Female COAs showed greater dysfunction than same sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peers on quality of coping response variables. Results also show that gender is a significant variable to address when developing COA programs.

The purpose of this study by Fonash (1992) was to empirically determine if younger Children of Alcoholics, specifically those between the ages of 8 and 12, differed from children of non alcoholics in certain specific psychological factors. The selection of the variables for this study was based on characteristics attributed to children of alcoholics in existing empirical studies.
and to clinical descriptions of this group. These characteristics included self-esteem, internal locus of control, flexibility of thought, anxiety, antisocial aggression, anticipated aggression, and aggression anxiety. Eighty children participated in the study. They were divided into 4 equal groups of 20 each. The groups consisted of boys from alcoholic homes, girls from alcoholic homes, boys from nonalcoholic homes, and girls from nonalcoholic homes. Results showed that the groups differed significantly with respect to self-esteem. Children of Alcoholics had significantly lower self-esteem than children of non-alcoholics. Children of Alcoholics also tended to be more anxious than children of non-alcoholics. Boys from alcoholic homes were significantly less flexible in their thought processes than boys from nonalcoholic homes, and girls from alcoholic homes had a significantly lesser sense of internal locus of control than girls from nonalcoholic homes. Results did not show a bimodal distribution among Children of Alcoholics for aggression anxiety nor for antisocial aggression, as was hypothesized. No significant differences between the two groups were found for aggression, anxiety, anticipated aggression, or antisocial aggression.

The conscious and unconscious self-concept was examined in three groups of children: 23 Children of Alcoholics (COA), 19 children from nonalcoholic but dysfunctional families, and 23 children from normal families without alcoholism or family dysfunction by Markowitz et al (1992). Self-concept was assessed both objectively, using the Piers-Harris Children's Self Concept Scale, and subjectively, using the Draw-A-Person Test and the Thematic Apperception Test from rating systems designed to tap unconscious dimensions of self. The COAs and normal controls were also compared for behavioral problems with the Achenbach Child Behavior Checklist. It was found that COAs made more positive self statements on objective measures of self-concept than children from families without alcoholism, whether or not the families were dysfunctional. Subjective analyses of projective test responses revealed unconscious differences in self-concept among the COAs, though
this was not collaborated with objective scores, probably due to the crudeness of the rating instrument in failing to tap these dimensions. Also COAs had significantly more behavior problems, based on parental reports, which contrasts with their objective reports of self.

This study by Reich et al (1993) assessed psychopathology using DSM-III in 125 and 158 Children (ages 6-18 years) of Alcoholic and control parents respectively. Structured interviews were conducted with parents and children and reports were obtained from teachers. Results indicate that Children of Alcoholics (1) had higher rates of oppositional and conduct disorders but not attention deficit disorder; (2) did not have significantly higher rates of depression but were at risk for anxiety; and (3) also showed increased incidence of alcohol and other substance use but not abuse or dependence. There were fewer differences with regard to self esteem and achievement tests between groups and no differences in psychopathology between Children of Alcoholic versus antisocial parents. It is concluded that Children of Alcoholics are at greater risk for developing oppositional and conduct disorders, and alcoholism.

This study report by Bosworth et al (1994) on the problems that Children of Alcoholics have related to campus authorities across the country as well as services offered at those campuses. Survey respondents were from 18 states in all regions of the United States and from Puerto Rico. Schools in the sample included community colleges, major research institutions, a predominantly African-American institution, a military academy, and public, private and parochial schools. The concerns that the majority of respondents saw are tabled. Other, less frequently observed problems included academic failure or difficulties (45 percent), personal alcohol or other drug abuse (37 percent), suicidal thoughts (30 percent), eating disorders (29 percent) and campus discipline (11
percent). Some schools reported that a disproportionate number of students referred for disciplinary action were identified as children of alcoholics. All but one institution in the sample reported having at least one service aimed directly at the needs of collegiate Children of Alcoholics.

In the study by Krinsky (1997) explored the relationship between aspects of child personality and behavior, namely delay of gratification, achievement motivation, and aggression, in a group of 50 mainly African American and some Latino youngsters, 6 to 12 years of age, from chemically dependent families in a large city. A further purpose was to examine aspects of parental alcohol or substance abuse in relation to the three child variables. Analyses of hypotheses were carried out for three main groupings: children whose mothers are either active alcoholics/substance abusers or in recovery, children with fathers active or in recovery, and children with both parents active or in recovery. Further analysis examined the group as a whole and sub groupings that separated active from recovery statuses. As predicted, there was robust support for a positive association between delay of gratification and achievement motivation. Delay was found to be a powerful predictor of achievement motivation, beyond that accounted for by the age of the child. Parent-rated aggressive behavior was positively correlated with child personality aggression. Children in the study demonstrated less capacity to delay gratification and greater difficulty controlling aggressive inclinations when compared to a similarly composed normative group. Certain parent variables were determined to have an effect on child personality and behavior. Findings for severity/chronicity of parental substance abuse and active versus recovery status are presented. Directions for future research are suggested.

This study by Puttler et al. (1998) examined early behavioral outcomes among young Children of Alcoholics (COAs) as a function of differences in subtype of paternal alcoholism.
Participants were 212 children (106 girls and 106 boys, ages 3 through 8) and both of their biological parents. Families were characterized as antisocial alcoholics, non antisocial alcoholics, and nonalcoholic controls. There were significant familial subtype group differences on parent report measures of children's total behavior problems, externalizing behavior, and internalizing behavior, and on measures of children's intellectual functioning and academic achievement. In all instances, COAs had poorer functioning than controls. In the behavior problem domain, but not in the intellectual functioning domain, children from antisocial alcoholic families had greater problems than children from non antisocial alcoholic families. In addition to subtype effects, boys had higher levels of behavior problems than girls in all three areas, and older children had more internalizing problems than younger children. Maternal functioning pertaining to lifetime alcohol problem involvement and antisocial behavior also contributed to child subtype differences in internalizing behavior. Thus, even at very early ages, male and female COAs are heterogeneous populations distinguishable by familial subtype membership, as well as distinguishable from their non-COA peers. The findings underscore the need to consider the heterogeneity of alcoholism when looking for its effects on child development.

A paper by Rolf et al (1998) presents evidence documenting risks for affective problems and disorders among minor Children of Alcoholics. Subjects studied were 98 youths from alcoholic-headed and control families participating in a risk for alcoholism research project. Both alcoholic and non-alcoholic families lived in the Washington D.C. metropolitan area, with the majority residing in the suburbs of Virginia and Maryland rather than in the District of Columbia itself. Depressive affect questionnaires were completed by the mothers of the youths as well as by the youths themselves. ANOVAs and ANCOVAs (covarying for age) indicated significant group differences on both maternal and youth ratings with more affective problems shown for the offspring.
of alcoholics. Outliers with extreme depressive affect scores occurred most frequently for the youths in the "high risk for alcoholism" group.

Various studies from the field of relationships in the alcoholic's family have stressed the particular importance of the Children of Alcoholics and the development of psychopathology during their growth and development. In this study by Marusic et al (1999), tried to prove the presence of possible behavioral changes among the Children of Alcoholics during their development. The study included the families of alcoholics treated at a university hospital in Zagreb, Croatia (N = 190) and subjects randomly chosen from a company in Zagreb (N = 180). The investigation was carried out by means of a questionnaire focused on the possible presence of psychosocial disturbances among children in two developmental phases. The results show that the children of alcoholics have more problems in their psychosocial development. Night micturition, frequent crying, nutritional disturbances, schooling problems, and early first encounter with alcoholic drinks were the most frequent problems observed among these children. It is concluded that the problem of alcoholism should be viewed as a problem of the entire family and that treatment should include all family members.

This study by McGrath et al (1999) tested whether adolescent Children of Alcoholics (COAs) showed poorer academic performance than demographically matched controls, and whether such parental alcoholism effects varied as a function of heterogeneity within the COA sample. Also, controlling for parental educational attainment, the study examined whether relations between parental alcohol dependence and academic performance could be accounted for by COAs' lower levels of task orientation, heightened environmental stress, lowered levels of family organization, and less parental involvement in their school activities. The subjects were a sample of 221
adolescent COAs and 196 demographically matched controls and their parents. Multiple regression analysis indicated that the COAs received lower school grades than the non-COAs. COAs with two alcoholic parents with at least one parent diagnosed alcohol dependent showed particularly low grades. Parental alcohol dependence was also associated with lower math achievement scores. Evidence indicated that adolescents' task orientation mediated the relation between parental alcohol dependence and adolescent grades, and between parental alcohol dependence and adolescent math achievement. Adolescents' life stress did not mediate the relations of interest after controlling for task orientation.

The psychological dimension of literature review showed that Children of Alcoholics had lower academic performance, were more frustrated than Normals, had adjustmental problems, impulsiveness, self depreciation, anxiety, depression, conduct disorder and deficit disorder. Children of alcoholics showed anti social aggression, lack of tension and need for social support and acceptance to a group (social or anti social). Research showed that females were more effected by parental alcoholism than their counter part.

**BIOLOGICAL ASPECTS OF CHILDREN OF ALCOHOLICS**

A medical/social study by Mendonca et al (1980) was conducted of 50 children with learning difficulties whose school situation and social and economic characteristics were identical. The children were divided into two groups; an "alcoholic" group consisting of 25 children with alcoholic fathers, and a control group of 25 children from the same schools whose fathers were not alcoholic. The mental status of the subjects and the nature of their school difficulties were analyzed from a multidimensional perspective and comparisons were made between the two groups. From a
neurological standpoint the two groups were identical, both in the frequency of immature neuromotor symptoms and in the absence of focal or organic symptomatology. Clinically, noticeable differences were found. The Children of Alcoholic fathers displayed poorer general health, with a high frequency and a wider variety of active comportment symptoms and infantile neuroses. The following conditions were specific to the children with alcoholic fathers: (1) a relatively low percentage of mentally handicapped, although the majority showed a lower development and intellectual output for their age; (2) an absence of organic neurological syndromes; (3) the presence of neuromotor immaturity in nearly all subjects; (4) extremely high neurotic reactions; and (5) a high frequency of grave affective pathology exhibited by anxiety, depression, and profound inhibitions. This syndrome seems common in Children of Alcoholics, and seems to indicate a global disruption of the children's development as a result of an aggressive and pathogenic family milieu.

It has been reported by Mednick et al (1983) that alcoholics tend to show specific cognitive deficits as opposed to non alcoholics. A sample of children of Danish birth were examined to determine whether these deficits might also be present in children at high risk for later alcoholism. The subjects were tested at 12 years of age with a Danish translation of the Weschler Intelligence Scale for Children. Risk status for later alcoholism was defined by parental alcoholism as determined by interview and medical records. Results suggest that performance IQ deficits may be consequential to alcoholism whereas verbal deficits, which were characteristic of the high risk children, may be antecedents to alcoholism.

Three studies undertaken by Vejnoska (1984) at the NIAAA Laboratory of Clinical Studies are examining genetic linkage and protein markers for alcoholism; neurophysiological, neuropsychological, and cognitive development of alcoholics and their offspring, and a five-year
prospective study of families now being screened from more than 350 volunteers. Large families, twins, and those with a nonalcoholic mother who has sons by two husbands, one alcoholic and the other not alcoholic, are particularly sought. Some family members will receive outpatient or inpatient treatment during the study. The developmental study examines parent-child interactions, compared with interactions of nonalcoholic families. Tests for children and adults include EEGs, assessment of vocabulary and motor skills, and measures of affective behavior. The genetic linkage study involves male offspring of families with alcoholism. Skin and blood samples tested for DNA polymorphism may provide information on a protein marker that could be used for diagnostic testing and counseling. Treatment and prevention could be improved if researchers can discover through these and other studies which persons are at risk for alcoholism.

A study by Hage (1985) on alcoholics concluded that many factors (genetic, biochemical, environmental) may predispose development of alcoholism, and that there is still considerable work to be done in identifying what combinations of these factors places a person at risk. Identification of Children of Alcoholics should be part of the intervention process. There is an urgent need for research on the characteristics of Children of Alcoholics that differentiate them from other populations.

Pihl et al. (1995) found that excessive alcohol consumption can be associated with cognitive impairment not only in drinkers but also in their offspring. Studies of Children of Alcoholics (COA's), and particularly of sons of male alcoholics (SOMA's), have identified a characteristic cognitive profile. COA's frequently have deficits in verbal skills, classification of verbal and visual stimuli, abstract thinking, and goal-directed planning. SOMA's show additional deficits in visuospatial abilities, perceptual motor skills, and learning and memory. A model is described that
explains how the observed cognitive deficits may contribute to the behavioral problems frequently observed in COA's and to their risk of becoming alcoholics themselves. However, only some, but not all, COA's exhibit a cognitive profile predictive of behavioral problems.

The study by Schandler et al (1995) was designed to examine the visuospatial information processing differences and the source of these differences in COAs. An evaluation of very young subjects not only assisted in providing a more complete view of visuospatial processing across the COA's life span, but also helped explain why the deficit occurs. Thirty matched male and female preschool children, aged 35.8-51.6 months, served as participants. Fifteen children were COAs from families in which the biological father and two other relatives had an alcoholism history. The other group of 15 children were NCOAs. Each child performed a visuospatial learning task similar to the task used in previous studies of older COAs. The visuospatial learning performance of the preschool COAs was inferior to that displayed by preschool NCOAs. The patterns of correct, error, and nonresponses emitted by the preschool COAs and the interrelationships of these data closely resembled the data from previous studies of older children, adolescent, and adult COAs. The consistency of the deficit and its underlying processes in COAs sampled across the life span from different family environments support a model of visuospatial deficit that is more neurocognitive inheritance than personal/developmental.

The purpose of high-risk studies by Corral et al (1999) is to find characteristics that allow the identification of subjects with a higher vulnerability to alcoholism. The aim of this research was to verify if the familial density criterion is useful for sub typ ing Children of Alcoholics with different neuropsychological characteristics. A battery of neuropsychological tests was administered to 102 boys and girls of 7-15 years of age; 66 were Children of Alcoholics with a high \( n = 32 \) and low \( n \).
familial density of alcoholism, and 36 were Children of nonalcoholic fathers with a negative family history of the disorder. The battery included tests to assess attention, visuospatial abilities and frontal functions. MANCOVAs showed that high-density children scored lower than children of nonalcoholic fathers in attentional and visuospatial tasks. There were no differences between low-density and negative family history children in these cognitive domains. These results suggest that Children of Alcoholics are not a homogeneous group. Children with multigenerational alcoholism, but not children with an alcoholic father, showed reduced performance in specific cognitive areas.

Research in the biological aspects of Children of Alcoholics showed that there was clinically noticeable difference in the frequency of immature neuromotor symptoms and the absence of focal or organic symptomatology. They also had a high frequency of affective pathology. Results suggest that performance IQ deficits may be consequential of parental alcoholism. Genetic researches are on for the treatment and prevention of persons at risk. Studies also exhibit a cognitive profile of predictive behavioural problems related to children of alcoholics.

FAMILY AND CHILDREN OF ALCOHOLICS

Adolescent Children of Alcoholics were studied by Hyphantis et al (1991), with a focus on alcohol and drug use, family situation, and school performance. The research sample included 1018 Greek high school students from grades 9 and 12, who responded to a survey relating to factors that may contribute to alcohol consumption. The following results were seen: (1) 3.3 percent of a total sample of 8,000 students reported parental alcoholism; (2) parental alcoholism is a strong predictor of alcohol and drug use by high school students; (3) alcoholism of friends and relatives increases the predictability of alcohol and drug use by high school students; (4) Children of Alcoholics do not perform as well in school as other students; and (5) family situations and dynamics are disturbed for
children of alcoholics. As a result of these factors, children of alcoholics have problems in developing an integrated self-image and in establishing meaningful relationships.

Braithwaite et al (1993) conducted a cross-sectional study to investigate the extent to which parental alcohol dependency, family disorganization, and Black's (1979) and Wegscheider's (1976) survival roles affected adjustment of Children of Alcoholics (COAs), using a stress paradigm in non-random community sample of 112 adolescents. The results indicated that life satisfaction differed from the predictors of minor psychiatric symptoms and parental alcohol dependency had no direct effect on minor psychiatric symptoms. Low family cohesiveness and intimacy were major determinants of psychopathology. However, parental alcohol dependency and family disharmony had an additive effect on life satisfaction. Family variables served as a function of additional stressors in the lives of children of alcoholics, rather than as protectors of children at risk. The survival roles did not reduce minor psychiatric symptoms or increase well being. The three survival roles, that of lost child, the acting-out child, and the clown were linked with minor psychiatric symptoms and dissatisfaction.

The purpose of this study by Vaughan (1993) was to identify factors which may explain variability in outcome in children of alcoholics. The degree to which family environment, relationship characteristics, and interpersonal variables predict clinical symptomatology in Children of Alcoholics (COAs) was examined. Non-COAs were also studied in order to determine if variables of importance were specific to the COA population. The findings of the study indicate that distress resulting from paternal drinking and more specifically, the negative effects on mood following alcohol consumption are factors which are of unique importance in predicting clinical symptomatology in Children of Alcoholics. Variables of importance for both COAs and non-COAs
included level of conflict in the family and interpersonal characteristics. In addition, the relationship between the variables maternal care and attachment to peers and clinical symptomatology were similar for both groups.

Havey et al (1995) conducted a study to identify the familial and behavioral factors related to early experimentation with drugs among both Children of Alcoholics (COAs) and non-COAs; and to assess the degree to which COAs differ from their peers, in respect to their family environment, behavior, and experimentation with drugs. Data for this study was gathered by self-report questionnaires from 246 sixth graders enrolled in a mandatory, school-based drug prevention program. A behavioral checklist, completed by 119 participating parents, consisted of measures of demographic background, experiences with drugs and alcohol, drinking problem perceptions, and home environment impressions. Students completed the Children of Alcoholics Screening Test (CAST) in order to identify children with a family history of alcohol abuse. Home environment perceptions were measured using the Children of Alcoholics Life Events Schedule (COALES) and the Relationship Dimensions of the Family Environment Scale (FES). The results indicated that the variable that most strongly distinguished those adolescents who had tried drugs from those who had not was Bad Events in the family environment. Family Conflict, Cohesion, Good Events, and even COA Status contributed little to the discriminant function. Differences were found between COAs and non-COAs in respect to family structure, parent education levels, and family environment. COAs were found to be significantly more likely than peers to experiment with tobacco, but not alcohol or drugs. They also had a tendency to engage more frequently in delinquent behavior.

Curran et al (1996) studied whether maternal parenting behaviors might serve to protect, or buffer, a child from the potentially negative effects associated with an alcoholic father. This
hypothesis was tested with a community sample of adolescent Children of Alcoholics and a
demographically matched comparison group of children with nonalcoholic parents (total N=278, 55
percent male). Three dimensions of parenting were considered: monitoring of child behavior,
consistency of discipline, and social support. These dimensions were used in both cross-sectional
and longitudinal regression analyses to predict child externalizing symptomatology, alcohol use, and
drug use. Cross-sectional results supported independent effects of parenting on child outcomes, but
produced limited support for the buffering hypothesis. Longitudinal analyses revealed no prospective
effects of parenting and no support for the buffering hypothesis. The findings suggest that both
parents influence child development outcomes, but that the influence of one parent does not depend
on the influence of the other parent.

A study conducted by Stratton (1998) examined factors that moderate and mediate
psychosocial outcomes among Children of Alcoholics (COAs). The purposes of the study were to
examine (1) group differences; (2) gender of offspring, gender of alcoholic parent, and parental
marital status as possible moderators of the relationship between parental alcoholism and offspring
adjustment; and (3) potential mediating effects of family environment characteristics, parent child
relations, and offspring coping behavior. Six hundred and one undergraduates were administered the
following self-report questionnaires: the Children of Alcoholics Screening Test, the Family
Environment Scale, the Parent Bonding Instrument, the Ways of Coping Questionnaire, the
Symptom Checklist-90-Revised and the Social Adjustment Scale. Results indicated no moderating
effects for gender of offspring, gender of alcoholic parent, or parental marital status.

Family environment and family relationships of COAs were significantly more negative than
non COAs with COAs reporting greater family conflict, less family cohesion, less parental care and
heavy reliance on escape/avoidance coping across a variety of stressful situations. It is concluded that family conflict, family cohesion, paternal care, and escape/avoidance coping mediated the relationship between COA status and offspring outcome and were better predictors of adjustment than COA status.

A review of literature in this dimension has identified the factors that inhibit developing an integrated self image for establishing a meaningful relationship in the social life of children of alcoholics as a result of parental alcoholism. Children of alcoholics take up survival roles, that of a lost child, the acting out child and the clown which where linked with minor psychiatric symptoms and dissatisfaction. Studies suggest that family conflict, family cohesion, parental care and escape/avoidance coping mediated the relationship between Children of Alcoholics.

TEACHER AND CHILDREN OF ALCOHOLICS

Teacher classroom training needs for and perceptions of Children of Alcoholics (COAs) are discussed in the study conducted by Knight et al (1992). The research data were gathered using a 14-item instrument called the "Children of Alcoholics Teacher Perception Survey," which was tested on 33 K-5 teachers from two elementary schools and then administered to 502 K-8 teachers from elementary and middle schools. The study results indicate that most teachers view themselves as helpers for COAs although many feel inadequately informed about the problems and needs of COAs. These teachers need thorough training to be able to provide the quality education that COAs need. The role of the teacher in helping COAs in the classroom, teachers' perceptions about COAs. Hillman et al (1995) gave Pre- and inservice teachers the opportunity to learn more about children who come from (1) families who abuse alcohol, and (2) families who abuse and neglect children. The investigation sought to determine if, after a specialized training for educators, teacher
knowledge increased to help them identify these children, whether they understood their legal obligations, and if they could articulate more ways that they would use to work with these children effectively in their classrooms. Teachers who received training were able to cite physical, behavioral, and psychological indicators more for sexually abused children and psychological indicators for physically abused children. A trend was found indicating an increase in teachers finding positive attributes in children of alcoholics that were not present prior to training. The article concludes with a number of recommendations.

A substantial number of school age children grow up in homes where at least one guardian is an alcoholic or problem drinker. This stressful situation places children at risk of becoming substance abusers and developing other social and personal problems. This study by Bardis (1996), which partially replicated a teacher study completed by Knight, Vail-Smith, and Barnes (1992), investigated the perceptions of Northwestern elementary preservice teachers concerning their need for Children of Alcoholic (COA) training and education, the existence and relationship of possible obstacles to helping COAs, the availability of school-based resources, need for future related research, and refinement of a teacher assessment instrument. Results suggest: (1) preservice teachers are willing helpers and receptive to COA training, but perceive that helping COAs would increase their teaching responsibilities; (2) many are not willing to actually explore the issue of being a COA with a child and perceive incidence of COAs to be below the accepted national norm; (3) preservice teachers who seek COA self-help literature, participate in a COA related educational activity, or are themselves adult children of alcoholics (ACOAs) are less likely to have perspectives that would serve as barriers to COA assistance; (4) a high percentage of preservice teachers may also have been COAs; (5) schools provide very limited resources for assisting COAs in school. Several recommendations are made, including the need to provide COA education to preservice teachers,
rather than waiting until they become teachers and the need to address the misconception that meeting the needs of COAs would increase teachers' responsibilities.

Researches suggest that the role of teachers in helping Children of Alcoholics in the classroom would help them for better social acceptance and adjustment. Most studies suggest the need for teacher training programmes for the effective management of the problems of Children of Alcoholics.

Research in this field is still in its infancy and criticisms are to be expected. Yet, of late researchers have been questioning the grim picture painted. Most studies explored the immediate short term effects of parental alcoholism and overlooked coping patterns that can explain why some families remain unaffected. Research findings have indicated that while some children suffer negative consequences due to parental alcoholism a large proportion of children from families with parental alcoholism function well and do not develop serious problems. These children are slowly gaining the attention of the researcher. This has opened an exciting new concept in primary prevention programmes.