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CHAPTER 2

Working with unhappy children who have adverse childhood experiences

Alcoholism causes physical and emotional health problems. The person with alcohol and/or drugs addiction experiences the brunt of the physical problems, but people who are close to them often share the emotional side effects of the person's addiction. Family members of alcoholics can experience anxiety, depression and shame related to their loved one's addiction. Family members may also be the victims of emotional or physical outbursts. A person addicted to alcohol may try to shield their family from the impact of alcohol abuse by distancing themselves. Unfortunately, isolation does little to protect family members from the financial and emotional side effects of alcoholism. Neglect can also have a negative impact on loved ones. Alcohol abuse and alcoholism can have devastating impacts on families. Children of alcoholics may be at risk for academic and psychiatric problems. Therapy and counselling can aid families affected by alcohol abuse issues.

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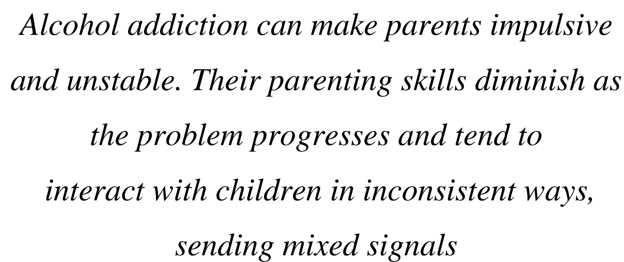
Children living with substance misusing parents: Results from UK national household surveys

Alcohol abuse has the potential to destroy families. Research shows that families affected by alcoholism are more likely to have low levels of emotional bonding, expressiveness and independence. Couples that include at least one alcoholic have more negative interactions than couples that are not affected by alcoholism, according to research. Relationships are built on trust, but many alcoholics lie or blame others for their problems. They are often in denial about their disease so they minimize how much they drink or the problems that drinking causes. This deterioration of trust damages relationships and makes family members resent one another.

Child protection cases that feature in the UK media are reminders of how babies and children can be vulnerable to harm from parents and other adults, and how frequently these cases involve binge or chronic substance use. According to the Advisory Council on the Misuse of Drugs (ACMDs) "Hidden Harm" report, parental drug use can compromise a child's health and development from conception onwards. Parental substance misuse has been associated with genetic, developmental, psychological, psychosocial, physical, environmental and social harms to children. The unborn child may be adversely affected by direct exposure to alcohol and drugs through maternal substance use. The risk of harm however, depends on the age of the child, the nature and patterns of substance use and contextual factors in which the substance use occurs. Social deprivation and the financing of drug or alcohol consumption may restrict money allocated to meet basics needs for the child. Inadequate monitoring, early exposure to substance taking behaviours, modelling behaviour and the failure to provide a nurturing environment can result in maladaptive and dysfunctional behaviour and other poor outcomes for the child.



The potential for harm is not likely to be limited to dependent substance use. Binge drinking or regular non-problematic drug use can affect a person's control of emotions, judgement and ability to respond to situations, particularly during periods of intoxication and withdrawal. Being under the influence of substances may affect parental responsiveness to the physical or emotional needs of a child. For example, while parents recover from a hangover, babies and

young children may be under-stimulated, whilst older children may carry the burden of household responsibilities and caring roles for siblings. Research attempting to unveil the types of harm associated with parental substance misuse is largely restricted to retrospective cohort studies. Much of this work has attempted to identify adverse childhood experiences (ACEs) in the context of parental alcohol misuse among unhealthy/addicted adult populations. Exposure to parental alcohol abuse is highly associated with ACEs. Compared to persons reporting no ACEs, the risk of heavy drinking, alcoholism and depression in adulthood is significantly increased by the presence of multiple ACEs. A study examining ten ACEs (childhood emotional, physical, and sexual abuse, witnessing domestic violence, parental separation or divorce, growing up with drug abusing, alcohol abusing, mentally ill, suicidal, or criminal household members) found that the risk of having all of these was significantly greater among adult respondents who reported parental alcohol abuse. Due to its sensitive nature and parents' fear of social services involvement, it is extremely difficult to conduct research to answer these questions. We are yet to determine the effects parental heavy drinking episodes and recreational illicit drug use have on children.

The latest drug strategy document for England estimates that there are around 330,000 problem drug users in England - the majority of whom are of parenting age. The document places heavy emphasis on reducing the risk of harm to children of drug-misusers, expressing a commitment to addressing the needs of parents and children by working with whole families to prevent drug use and reduce risk. In terms of the prevention agenda, it aims to promote the sharing of information across institutions e.g. ensure children's social services are aware of drug-using parents where children could be at risk and promises to 'expand their approach so that it increasingly focuses on young children and families before problems have arisen'. Linked to this is a commitment to take a 'wider preventative view' focussing on all substances including alcohol misuse. Regarding treatment, the aims are to prioritise cases causing the most harm to families, by ensuring prompt access into effective treatment, assessment of family needs and intensive parenting support. It also aims to ensure that drug-misusing parents become a target group for new parenting experts, with Family Intervention Projects for families considered to be 'at-risk'.

When it comes to estimating the number of children at risk of harm from parental substance misuse, two sources are used as the epidemiological data on which the above targets are centred. The ACMD Report "Hidden Harm" estimated there are between 250,000 - 350,000 children of problem drug users in the UK, representing 2-3% of all under-16 years old, and the

2004 Alcohol Harm Reduction Strategy for England, estimated there being 780, 000 - 1.3 million children living with adults with an alcohol problem. There are, however, limitations with both of these estimates.

The number of children estimated to be living with drug- misusing parents is an extrapolation of treatment data alone, that is, records of drug users presenting for treatment until the end of 2010. There is a concern that women are less likely to access treatment, yet more likely to reside with the child, therefore this could be an underestimate of the true number. It is unclear how alcohol problems were defined and if they relate to the UK definitions of misuse. It appears to reflect drinking at a level considered in the UK as hazardous in one of the surveys. Thus, the existing estimates used to inform current UK policy and setting of targets for the next decade are dated, not based on local epidemiological data sources, and need improving and broadening to include the combination of alcohol and other co-existing problems that can lead to adversity.

In contrast to considerable policy investment in addressing the needs of children living with substance misusers and in identifying good practice, the underlying epidemiological evidence has fallen short. For policy and commissioning responses to adapt to meet the needs of both parental substance misusers and their children, we first need to understand the nature and scale of the problem. Without knowing the number of potentially at-risk families, we are unable to assist them until they come to the attention of agencies at crisis point. The current study set out to update, improve and broaden earlier estimates to include alcohol, drugs and multiple/elevated risk factors of harm e.g. concurrent mental distress and substance use. This was achieved through secondary analysis of existing national household surveys which have captured relevant data. Attempts to generate new data to answer this research question are likely to be hampered by social desirability effects, thus generating unreliable estimates.

National surveys provided appropriate data

A few years ago, a National Survey in the UK attempted to access the problem and provide appropriate data. Five surveys were considered to assess the bigger picture in UK and Scotland; the General Household Survey (GHS), the Household Survey for England, (HSfE), the National Psychiatric Morbidity Study (NPMS), the British Crime Survey (BCS), and the Scottish Crime Survey (SCS). The GHS and HSfE household surveys were conducted around the same time and used the same measures of alcohol consumption (including indicators of binge drinking), although weekly consumption could only be calculated for a sub-sample (those

reporting that they drink the same amount each day). Respondents had been asked "which day in the last week did you drink the most?" and were then asked to list how many of each type of alcoholic beverage they had consumed on this day. Each recorded beverage was converted into units of alcohol and summed to provide total units consumed on that day.

The UK Government definition of binge drinking was calculated for the sample, i.e. 6 or more units in a single drinking occasion for women and 8 or more units for men. This is above (twice) the maximum recommended daily benchmark, stating that 'regular consumption of 2-3 units a day for women and 3-4 units a day for men does not lead to significant health risk'. The researchers adopted the government's definition of binge drinking as an accepted UK convention - this is not to imply that there is parental risk for all drinkers meeting these criteria, nor, indeed that there is no substance-related parenting risk in those who do not reach these thresholds. The NPMS contained data on problematic (hazardous, harmful and dependent drinking). *Hazardous drinking* (a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others) was defined as a score on the Alcohol Use disorders Identification Test of 8 or more. *Harmful drinking* (consumption that results in consequences to physical and mental health) was defined as a score of 16 or more. The Severity of Alcohol Dependence Questionnaire was used to identify alcohol dependence in this survey. The two crime surveys and the NPMS were used to examine illicit drug use, the NPMS to look specifically at cumulative risks and the SCS to look at examples of harm resulting from substance misuse in the household.

What do the findings suggest?

Overall, the figures suggest that the number of children living with at least episodic binge drinkers or illicit drug users is greater than previously thought. In 2014, 3.3 - 3.5 million children in the UK were living with at least one binge drinking parent. Having a non-binge drinking adult in the household offers a positive role model, and can mitigate against harm caused by the problem-drinking parent. Therefore, the near half a million children living with a lone-binge drinking parent and the 957,000 children with two binge-drinking parents could be more vulnerable to harm. Whilst there is no evidence to suggest that parental binge drinking is associated with harm to children, adults in this category were 'at least' binge drinking. Some would have been problem drinkers and there is literature emerging to suggest that problem drinking is associated with childhood adversity.

Whilst the data does not imply that these children experience adverse consequences, the potential for exposure (assuming it occurs in the home) to modelling heavy drinking behaviour exists, as does neglect and less adequate parental responses to accidents and emergencies (child injuries, fires and other adverse events which are more likely to occur in the event of intoxicating substance use). These new estimates complement the existing estimates on treated addiction populations and add to what we know.

Unfortunately, however, they remain a long way from what we need to know. Around one million children in the UK live with an adult who has used an illicit drug in the past year, and just under half a million children live with someone who has done so in the past month. It is not possible to directly compare with the Hidden Harm estimates since they are generated from different populations, and using different methodologies. It is plausible that illicit drug use could constitute smoking cannabis when the drug user does not have responsibility for child care, thus posing no acute risk of harm.

Parental experience of blunted emotions/feelings, anxiety or depression in addition to substance use may restrict the child's social and recreational activities

It could be argued that any drugs use can create a social learning model, and that regular use may result in chronic effects that are more likely to compromise parenting capabilities. Equally, however it could constitute regular use of cocaine or heroin in the home environment, where the child could be exposed to drug taking behaviours, paraphernalia, dealers, and the potential to ingest or experiment with the drug. The finding that the number of children living in a household where the only adult was a drug user had more than doubled between 2010 and 2015, points to increasing vulnerability in single-parent families and highlights the need for child protection efforts to determine need, as well as risk.

The finding that 334,000 children were estimated to be living with a dependent drug user is broadly consistent with the Hidden Harm estimate relating to treated drug users. The finding that 107,000 children lived with an adult who had experienced a drug overdose, is an indicator of the possible severity of drug misuse among this predominantly untreated population. Given that it is estimated that there are 116,809 injecting heroin or crack cocaine users in England

alone in 2016/7, the current estimate of only 72,000 children living with an injecting drug user in the UK is low and may reflect a reluctance to disclose injecting behaviour in the context of household surveys. The potential for cumulative disadvantage for children living with adults with multiple problem behaviours is a particular concern as co-morbidity has been linked to less effective treatment engagement and additional difficulties in parenting. Parental mental illness featured in one-third of 100 reviews of child deaths of abuse and neglect.

Parental substance misuse was a concern for 52% of families placed on child protection registers and for 62% of children subject to childcare proceedings. Therefore, the risk of harm to children of parents with co-morbid substance misuse and mental health problems is likely to be even greater. Parental experience of blunted emotions/feelings, anxiety or depression in addition to substance use may restrict the child's social and recreational activities. Finally, the observation that large numbers of children have witnessed violence occurring in the context of substance misuse is a major concern for both teachers and child protection agencies.

Growing up in an alcoholic household can be a lonely, scary and confusing experience

It is often said that alcoholism is a family disease, because the entire family unit and every member who is part of it suffers. Alcoholism takes an especially high toll on children, who often carry the scars associated with an alcoholic parent’s drinking well into adulthood. It is ’ estimated that more than 28 million Americans are children of alcoholics, and nearly 11 million are under 18 years of age. Growing up in an alcoholic household can be a lonely, scary and confusing experience, and research shows it impacts nearly every aspect of a child’s existence. Children who are raised by a parent with an alcohol addiction are more likely than other children to experience emotional neglect, physical neglect and emotional and behavioural problems. They are also more likely to do poorly in school and have social problems. Approximately 50 percent will develop an alcohol addiction later on in their own life.

Birth Defects

Babies whose mothers consume alcohol while pregnant can develop an array of physical and mental birth defects. Collectively known as foetal alcohol syndrome disorders, this group of conditions can range from mild to severe. At the most severe end of the spectrum, foetal alcohol syndrome can include a constellation of physical defects and symptoms and behavioural issues. Children with FAS often have small heads and distinctive facial features, including a thin upper lip, small eyes and a short, upturned nose. The skin between the nose and upper lip, which is called the philtrum, may be smooth instead of depressed.

Children with FAS may also suffer from vision and hearing difficulties, deformed joints and limbs, and heart defects. The disorder can also affect the brain and central nervous system, causing learning disorders, memory problems, poor coordination and balance, hyperactivity, rapid mood changes and other problems. Nearly 8 percent of women in the United States continue drinking during pregnancy, and up to 5 percent of new-borns suffer from foetal alcohol syndrome. These children have a 95 percent chance of developing mental health problems such as anxiety and depression. They also are at high risk for Attention Deficit / Hyperactivity Disorder, substance abuse and suicide.

Poor School Performance

Children of alcoholics tend to struggle more in school than other children. Studies show that children with alcoholic parents tend to perform worse on tests and are more likely to repeat a grade. They are also more likely to truant, get suspended and drop out of school. Behavioural problems in school — such as lying, stealing and fighting — are common, and children from alcoholic households tend to be more impulsive than other kids. These problems often start early. Children with alcoholic parents tend to have poorer language and reasoning skills, according to the National Association of Children of Alcoholics. While the cognitive deficits observed in some children of alcoholics may be related to FASDs, environmental factors also appear to have an influence. The chaos and stress of their home environment, in particular, can make it hard for a child to stay motivated and organized — two ingredients that are vital to academic success.

Emotional Problems

Alcoholic households are often chaotic and drama-filled. Daily life with an alcoholic parent is highly unpredictable and unreliable. Many alcoholic households are also often violent. Having an alcoholic parent increases a child's risk of being physically sexually or emotional abused, according to the Centers for Disease Control and Prevention's Adverse Childhood Experiences study. Emotional neglect is common in an alcoholic household. Sadly, a parent in the throes of addiction is simply unable to provide the consistent nurturing, support and guidance their child needs and deserves. In addition, all too often, the parent who is not an alcoholic is too swept up in their spouse's disease to meet the child's needs. These dysfunctional family dynamics and trauma exact a heavy psychological toll on the child, who may respond to these stressors in different ways.

Some retreat, withdrawing into their own world. These children may have few friends and may be depressed. Others may live in denial — pretending nothing is wrong. This is often a learned behaviour in alcoholic households, where the entire family strives to keep the parent's addiction secret. Some children react to all the chaos and confusion by becoming hyper-responsible. These "parentified" children often end up taking care of the alcoholic parent, the household, neglected siblings and themselves. Unfortunately, these children often end up having trouble setting healthy boundaries in relationships and can end up struggling with issues of co dependence for years to come.

Feelings of confusion, vulnerability, shame, guilt, fear, anxiety and insecurity are all common among children of alcoholics. Many of these children go on to develop symptoms of post-traumatic stress disorder as adults. Children of alcoholics are four times more likely than other children to develop an alcohol addiction. While about 50 percent of this risk has genetic underpinnings, the actual home environment also plays a role. Research shows that a child's risk of becoming an alcoholic is greater if their alcoholic parent is depressed or suffers from other co-occurring disorders. Their risk also goes up if both parents are addicted to alcohol and other drugs, if the alcohol abuse is severe and if there is violence in the home.

Domestic violence is the intentional use of emotional, psychological, sexual or physical force by one family member to control another. Victims who struggle with addictions face significant barriers to receive treatment

Children of addicted parents experience greater physical and mental health problems and generate higher health and welfare costs than do children from non-addicted families. Inpatient admission rates and average lengths of stay for children of alcoholics are 25-30% greater than for children of non-alcoholic parents. Substance abuse and other mental disorders are the most notable conditions among children of addiction. It is estimated that parental substance abuse and addiction are the chief cause in 70-90% of all child welfare spending.

Children of addicted parents have a higher-than-average rate of behaviour problems. Studies comparing children (aged 6-17 years) of alcoholics with children of psychiatrically healthy medical patients, found that children of alcoholics had elevated rates of ADHD (Attention

Deficit Hyperactivity Disorder) and ODD (Oppositional Defiant Disorder) compared to the control group of children. Research on behavioural problems demonstrated by children of alcoholics has revealed some of the following traits: lack of empathy for other persons, decreased social adequacy and interpersonal adaptability, low self-esteem, and lack of control over the environment. In addition, research has shown that children of addicted parents demonstrate behavioural characteristics and a temperament style that predispose them to future maladjustment.

Research findings on Academic achievement

- Children of addicted parents score lower on tests measuring school achievement and exhibit other difficulties in school.
- Sons of addicted parents performed worse on all domains measuring school achievement, using the Peabody Individual Achievement Test-Revised (PIAT-R), including general information, reading recognition, reading comprehension, total reading, mathematics and spelling.
- In general, children of alcoholic parents do less well on academic measures. They also have higher rates of school absenteeism and are more likely to leave school, be retained, or be referred to the school psychologist than are children of non-alcoholic parents.
- In one study, 41% of addicted parents reported that at least one of their children repeated a grade in school, 19% were involved in truancy, and 30% had been suspended from school.
- Children of addicted parents were found to be at significant disadvantage on standard scores of arithmetic compared to children of non-addicted parents.
- Children of alcoholic parents often believe that they will be failures even if they do well academically. They often do not view themselves as successful.

Tools for Teachers to help

All too often, alcoholism and other drug addictions become a family legacy. More than fifty percent of today's addicted adults are children of alcoholics, and there are millions challenged by other problems that result from alcoholism or drug addiction in their families. It is essential to spare children from unnecessary years of silence, shame, and suffering caused by parental addiction. Through effective prevention measures, educators can play a major part in this process. Individually and collectively, we can be a voice and a steadying force for children who

can't always speak for themselves. The tools educators can use to encourage this process are: age-appropriate information, skill building, and the bonding and attachment derived through healthy relationships.

Accurate, age-appropriate information

The alcoholic home front is armoured by denial, delusion, and the "no-talk" rule. Consequently, children of addicted parents don't always understand what is happening in their families and, not surprisingly, some believe that it's all their fault. The predominant feeling for many children isn't sadness, anger, or hurt; it is overwhelming confusion. Children of alcoholics need accurate information about alcohol, other drugs, and the disease of alcoholism. By learning about denial, blackouts, relapse, and recovery, young people can make better sense of what's happening at home. They may also come to see that they are not to blame and that they can't make it all better. Providing children with these important facts in an age-appropriate manner is crucial, so they are not overwhelmed, burdened, or further confused.

Skill building

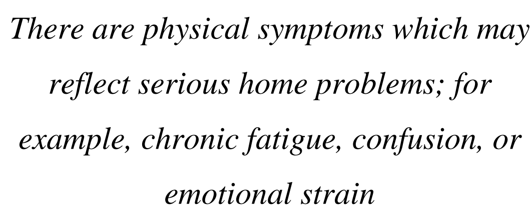
Children of alcoholics and other drug-dependent parents are at greater risk for many behavioural and emotional problems. Empowering them with a variety of life skills helps them cope with many challenges. For example, some children face difficult situations with family violence, neglect, and other stress. These children can learn a variety of coping and self-care strategies to stay safe. Some of these children may allow their feelings to build up inside until they are ready to explode or become sick with stomach-aches and headaches. The educator can teach them how to identify and express their feelings in healthy ways, especially by finding safe people they can trust. Others may lack confidence and self-esteem. These young people can learn to love and respect themselves through experiences in which they can succeed and thrive. Studies on resilience have confirmed the importance of skill-building activities for children living with adversities such as alcoholism in the family. Resilience research examines various protective factors which allow individuals to overcome the odds and bounce back

Bonding and attachment

While accurate, age-appropriate information and skill building help children of addicted parents immeasurably, perhaps the most important gift is the bonding and attachment children attain in healthy relationships with others. As a result of broken promises, harsh words, and the threat of abuse, children in many families learn the "Don't Trust" mantra all too well; silence

and isolation can become constant companions. These children grow up to become parents who, without help, carry their childhood with them. As a teacher, you may be faced with parents at conferences who are unsure of themselves, feel guilty, or are constantly stirred by remembrances of their childhood. Your assurance and validation will help them.

Building trust is a process, not an event. Time is key. An educator's words take on added meaning and significance as the youngster deeply considers the source. A child may hear accurate information about alcoholism and other addiction in a brand new way. Moreover, a child can build upon his or her strengths and resilience as a result of the conscious modelling provided by the caring adult. As children learn to trust, they learn to feel good about who they are and what they can become. They develop the ability to make better decisions that help them to gain control over their environment, so they are more self-reliant. Learning to trust lowers their anxiety and shame, and then they can be taught more effectively.



There are physical symptoms which may reflect serious home problems; for example, chronic fatigue, confusion, or emotional strain

Additional Suggestions for Educators

There are at least three ways you as an educator can help a child whose parent is dependent on alcohol or other drugs.

Be an effective listener and communicator

This means helping your students to express their feelings and thereby deal with their fears and aspirations. One of the more unfortunate problems experienced by some children of addicted parents is that they have no one to talk with about their needs, fears, and hopes. With certain restrictions, every educator can help students talk about what they like and dislike about their lives. However, it is important to know when assistance from other professionals is necessary. It is crucial that you know your competencies and your limitations.

Knowing your limitations

You must consider your school's policies and legal, ethical, and professional obligations as well as your competencies in deciding what you should and should not do with students. It is very important that you seek assistance in areas where you are not authorized to function. If you are not employed as a therapist, then you should not try to act as one. If there is any doubt

about the severity of a student's personal or social problems, there are usually counsellors, school psychologists, or school social workers available who will gladly offer their assistance.

A valid concern may be how the parents will react when they learn that their child has confided a family problem to someone outside the family. Will an irate addicted parent come to school complaining that you have interfered in their family's private business? If you limit your discussions with a student to the student's feelings and to an understanding of how alcoholism and addiction affect a family, there probably will be no cause for parental concern. Furthermore, if you take care to avoid communicating that the student's difficulties are related to his or her parent's alcoholism/addiction, and instead direct attention to the student's school and social performance, the parent is very likely to welcome your help. Alcoholism/addiction is unlikely to be a part of a discussion with parents. In part, this is because denial of drinking-related problems is essential to those alcoholic parents who want to continue drinking. In addition, the spouse of the alcoholic may feel the need to refrain from talking about drinking-related difficulties. If the topic comes up, it may be best for you to remain silent on the subject of the parent's drinking or drug use.

Establishing interactions

In attempting to establish group interactions, keep in mind that many children of alcoholics and other drug-dependent parents may find it difficult to make new friends. Many are very withdrawn or are complete loners. Although professional educators may be aware of the benefits to be derived from peer relationships, their skills will be tested to prove such benefits to a student who has never had friends. The student, for example, may take the advice to seek out friendships and confide in a peer who does not understand or, worse, one who ridicules the student. Structured adult-facilitated support groups can mitigate such results. If group discussion appears to be too formal or stigmatizing, a walk-in centre for students may prove workable. A walk-in centre can serve multiple purposes by dealing not only with home life but also with students' many other problems. Such a centre could serve not only as a place for activities and discussions, but also as a place to obtain information on a variety of subjects ranging from alcohol and drug use to whatever else concerns them. Remember, whatever activity is fostered, the purpose of that activity is to assist students; it should not be used to attempt changes in the students' home environments. Perhaps your greatest contribution will be helping students discover that their feelings are normal and that it is permissible to be confused and sometimes upset about one's home environment. Exploring a student's feelings

with him or her can help you to obtain a better understanding of the student. More importantly, an exploration of feelings may allow the student to grow in self-understanding.

Carefully observe each child and situation

What you learn by direct observation can be especially useful in pinpointing where the child needs the help that you can provide. Counsellors, school nurses, and coaches often have a special advantage of observing conditions about which the students, their families, or other professionals need to know. When you are with students, of course, you need to be very observant if you are to help them understand their conditions. You may observe many details that will give you clues about their peer relationships, academic interests, achievements, their need to talk to you or some other trusted adult about their problems, their willingness to share attitudes and confidences, and their evaluations of their home situation. This last concern will probably be difficult for you to explore and, in the beginning, may be reflected more in how they act than in what they say.

If child abuse or neglect is suspected, the law requires immediate referral of the student in question to an appropriate child protection service

When you are near students, you should be sensitive to a number of things. Among these are physical symptoms which may reflect serious home problems; for example, chronic fatigue, confusion, or emotional strain. Although educators should be alert to these symptoms, health care professionals can play an especially important role in making valid observations about students whom they suspect have health-related problems stemming from home lives. Because of their training in health, nurses, health educators, and physical education staff can detect subtle details of a student's appearance beyond the obvious bruises that might suggest parental abuse or neglect. If child abuse or neglect is suspected, the law requires immediate referral of the student in question to an appropriate child protection.

Students suffering symptoms of strain are usually more noticeable to health workers than to others. School health workers also are aware of students who have frequent headaches, high levels of anxiety, and constant fatigue. Collaborating with these staff colleagues for the benefit of children of addicted parents could be very helpful. Besides obvious physical abuse and neglect, educators should notice when students exhibit symptoms of excessive fatigue or strain.

These symptoms may be more obvious on certain days than on others. For children of alcoholic parents, these patterns are likely to reflect the occurrence of conflict within the home. For example, if an alcoholic parent is a chronic weekend drinker, every Monday the child may be listless or fall asleep in class. On Tuesdays through Thursdays the student may appear to be somewhat energetic, and on Friday he or she may exhibit high levels of tension, possibly dreading the coming weekend. Of course, different patterns can occur. If your in-service programme on children of addicted parents includes staff trained on signs of alcoholism, they will be able to alert you to other symptoms produced by living in a family with alcoholism. It is important that you remain alert to the needs of your students. If you are accurate in your observations, you can be of considerable help to them. Your accurate observation of students may allow you opportunities to inform parents and colleagues about what they can do to help students and when referral to professional counsellors may be needed.

Interested in reading more on the topic?

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