



National Association for Children of Alcoholics

Kit for Early Childhood Professionals





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A Message to Early Childhood Professionals

Early intervention is the best way to protect children from harm. Therefore you, as an early childhood professional, are in a unique position to make a significant contribution in the lives of children with alcoholic parents.

You are often the first to see the signs of child distress as these young ones enter your classroom or nursery at the beginning of the day. You often observe the distress of their parents as they pick them up at the end of the day. The caring relationship you offer these children can have a profound effect on the quality of their lives—now, and in the future.

The importance of the quality of the young child's interactions with the adults in their lives has been described by experts as follows:

- Early environments matter and nurturing relationships are essential.
- Human relationships and their effects are the building blocks of development.
- Effective interventions in early childhood can alter development by changing the balance between risk and protection.
- Both biology and experience matter: nature and nurture.

Neurons to Neighborhoods (2000)

Your nurturing interactions with the young children in your care matter.

More than you will ever know.





Introduction

There are an estimated 17 million children under the age of 18 in the United States who live with alcoholism in their homes. Children raised in alcoholic families have different life experiences than children raised in non-alcoholic families. The chaos and uncertainty that characterize the alcoholic home cause conflict in parental and marital relationships, resulting in disruption of the development in the young child.

The development of young children of alcoholics may be particularly impacted because brain growth during early childhood sets the stage for a lifetime of learning, and for a lifetime of grappling with developmental gaps created by family stress. It is not surprising, then, that children living with a non-recovering alcoholic parent score lower on measures of family cohesion, intellectual-cultural orientation, active-recreational orientation, and independence.

The alcoholic's preoccupation with their need to drink diverts the focus away from their relationship with their young child; therefore, many children of alcoholics experience family members as distant and non-communicative.

Since we know that the young child's relationships with the adults in their lives are the very building blocks of development, it becomes obvious that young children must be offered nurturing relationships from others than family members. The early childhood professional in their lives may be the one to offer that nurturing relationship. The young child's optimal development depends on it.

The purpose of this kit is to provide awareness and skills to the early childhood community that often provides the back-up family for young children when their own family is not emotionally or physically available.

How To Use This Kit

In order that you and your team can start right away to enhance the developmental and educational experience of young children affected by alcohol and other drugs, this kit is arranged as follows:

Section I Getting Started

This section provides a rich source of information and tools needed to begin immediately assisting young children with alcohol or other drug use problems in the family. Acquisition of these skills will prepare you to begin helping young children of alcoholics right away.

This information is derived from the Core Competencies described in Section II.

Section II The Core Competencies

The core competencies represent the foundation for assisting young children. All program materials are derived from the core competencies.

Additionally, this section is often a tool for supervisors and other administrators who want to enhance the educational experience of children living with the challenges of alcoholism and other drug abuse. The core competencies can serve as a blueprint for program design and in-service education for early childhood staff.



Section III Supplementary Information about Children of Alcoholics

This section supplies sufficient information to provide the early childhood professional with an introductory level of knowledge of the disease of alcoholism and some background information about the research on children of alcoholics.

Section IV Resources

As an awareness of the young child in the alcoholic family evolves, the community resources in this section will lead you to specialized service for the staff and the families you serve.



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I. Getting Starting

In this section you will learn practical suggestions that will help you begin to address the needs of the young child who lives in an alcoholic family. You already have many of these skills, but we would urge you to rethink them with an eye toward the realities of the young child who lives with alcoholism and the reality of the serious gaps in nurturing and attention that often impair the young child's optimal development.

Introduction

As you know, you must always keep in mind the developmental stage of your young students. Everything you do must be geared toward their cognitive, emotional and physical strengths. Without this sensitivity young children may become confused or shut down. If an activity or interaction is beyond their developmental capability, the child may become frustrated or overwhelmed. This can be harmful to the young child because it replicates their troublesome experiences at home.

Be an effective listener and communicator.

It is important to help children express their feelings, learn how to understand themselves and how to self-soothe. One of the more unfortunate problems experienced by some young children of alcoholics is that they have no one with the time or patience to understand their communication. With your background you are better equipped to understand the many verbal and non-verbal communications presented by young children.

When in doubt, mirror the child's vocalizations, verbalizations, and facial and kinetic expressions. Calm, caring attention, eye contact, and physical proximity can comfort most young children. Learning to interpret the meaning of the communications of each child develops over time as your relationship evolves.

Know your limitations.

If there is any doubt about the severity of a child's personal or social problems, consult your program supervisor, or the school principal. Often, it is appropriate to refer the child to a social worker, counselor, or school psychologist. Don't be afraid to bring a concern to the attention of the support person available. With administrative support you can work together to develop a plan of action and ways to monitor or approach parents with the situation.

Working with parents.

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 alcoholic parent come to the center complaining that you have interfered in their family's private business?

Since young children generally lack the language skills to understand the idea of alcoholism, it is best that you limit your discussions to their feelings and the notion that their parent is not feeling well. There probably will be no cause for parental concern if care is taken to avoid communicating that the child's difficulties are related to his or her parent's alcoholism. If you direct attention to the child's program and social performance, the parent is very likely to welcome your help.

Since you do not diagnose alcoholism or problem drinking, it is unlikely that alcoholism will be a part of the discussion when you are talking to parents. Denial of drinking-related problems is essential to those alcoholic parents who want to continue drinking. The spouse of an alcoholic may also 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, and concentrate on steps to help the child as needs dictate.

Perhaps your greatest contribution will be in the area of helping children to discover that their feelings are normal and that it is permissible to be confused and sometimes upset about one's home environment. Exploring a child's feelings with him or her can help you to obtain a better understanding of the child. More importantly, as you put words on their feelings, this language will help them master their confusion and, over time, give them vital self-soothing skills.

Friendships and relationships outside the family

Early childhood curricula specialize in developing good social skills and developing friendships. Some children of alcoholics have difficulty relating to their peers and adults because what they witness in their homes does not inspire trust or taking pleasure in relationships.

As you model healthy social and friendship skills you give the young child a healthier view of the world, a priceless gift in their young lives. As a way of trying to make sense of their world, young children of alcoholics may act out scenarios where they become the caretaker. Again, modeling appropriate, adult caretaking roles demonstrates that there is a competent adult available to them. This will often help reduce the child's anxiety.

Carefully observe the child and the situation.

When you are working with children, you should be sensitive to a number of physical and emotional symptoms that may reflect serious home problems. Because of your training and consistent contact with children, you may be able to detect subtle details of a child's appearance beyond the obvious bruises that might suggest parental abuse or neglect. (If child abuse or neglect is suspected, the law in all 50 states requires immediate referral of the child in question to an appropriate child protection agency.)

Here is what to look for.

Besides obvious physical abuse and neglect, you will want to take into account children who exhibit periods of excessive or constant fatigue or strain, frequent headaches or stomachaches, high levels of confusion or anxiety, fluctuating moods throughout the week, or being compulsively responsible.

You may notice particularly the times when children show these symptoms. These symptoms may be more obvious on certain days than others. Recurrent symptoms may reveal a pattern—and 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. On Tuesdays through Thursdays the child may appear to be somewhat energetic, and on Friday he or she may exhibit high levels of tension, possibly dreading the coming weekend.

In these situations, collaborating with professional staff for the benefit of these children could be very helpful. If your program offers workshops on children of alcoholic parents taught by trained workers in 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 children. If you are accurate in your observations, you can be of considerable help to them. Your observations may allow you opportunities to inform parents and colleagues about what they can do to help children, and when referral to professional counselors may be needed.



Take steps to notice and reinforce a child's strengths.

While it is important to understand and address the problems faced by children with alcoholism in their families, never forget the strengths and potential for resilience that are also characteristic of these children. Many of them develop ingenious strategies for emotional and physical survival in the face of overwhelming circumstances.

Against all odds, these children find ways to help themselves, their siblings, and playmates, maintain a sense of humor, a sense of hope, and a sense of purpose in their lives. Notice their acts of kindness and helpfulness to the other children in your group. Smile when their humor puts things in perspective and makes the atmosphere of the day easier and lighter. Give them opportunities to help the younger ones or support the outcast child. Identify and acknowledge the acts of generosity and caring they show to others.

The most powerful method for survival available to a troubled child is to find a caring adult to take an interest in them. Remember: that adult may be you. Notice and support the child's efforts to relate to you, to "be like" you, and to seek you out for attention. This may be the most important thing to understand.

What can I do—and what shouldn't I do?

The following list of "do's and don'ts" may be helpful if a child comes to you looking for help.

- DO** find out who the helping professionals are in your community. Knowing which organizations have resources to help children will make it easier when a child comes to you.
- DO** maintain a close working relationship with appropriate helping professionals that you can turn to when a child comes to you for help.
- DO** follow through if the child asks for help. You may be the only person the child has approached. Courses of action you might choose include the following:
 - Speak with your supervisor about your concerns.
 - Discuss the value of support group participation with the child's parent when appropriate.
 - Encourage the parent to refer the child or speak to an appropriate professional.
- DO** maintain resources and pamphlets on alcohol-related problems that have been written for children. Many of these are available at low or no cost from Al-Anon/Alateen, and the National Association for Children of Alcoholics.
- DO** be aware that children of alcoholics may be threatened by displays of affection, especially physical contact.
- DO** follow your school's established procedures if a parent comes to pick up their child and exhibits behaviors that suggest that they are intoxicated.
- DO** be sensitive to cultural differences. If the child comes to you from a different culture, it may be useful to explore the child's culture to understand how family structure, values, customs and beliefs may affect the child's situation at home.
- DON'T** act embarrassed or uncomfortable when the child asks you for help. It may be discouraging for the child, and it may increase his or her sense of isolation and hopelessness.
- DON'T** criticize the child's alcoholic parent or be overly sympathetic. The child may gain the greatest benefit just by having you listen.

DON'T “get in over your head.” Unless you are a certified psychologist, social worker, counselor, or health care professional, you are not prepared to take responsibility for the many difficult issues that may arise in a counseling situation.

DON'T disclose your own personal information to a child, even if you think it will help. This is often overwhelming to a child and is not appropriate.

DON'T share the child’s problems with others who do not have to know. This is not only important in terms of building trust, but it also protects the child.

DON'T make plans with the child if you can’t follow through. Stability and consistency in relationships are necessary if the child is to develop trust.

What helpful messages can I give a young child from an alcoholic family?

You are safe

You are respected

You will be taken care of

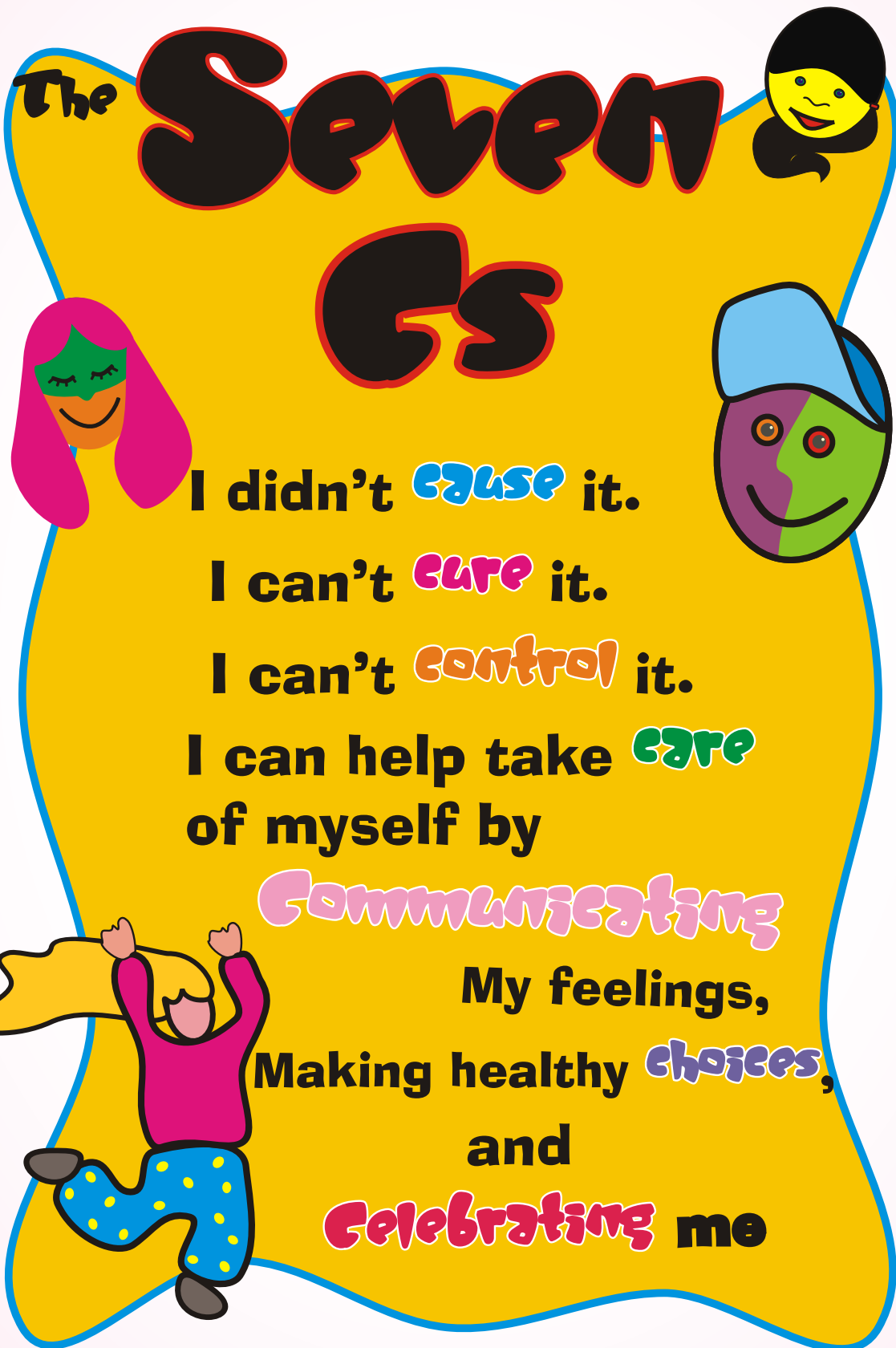
You are clever and fun

You are beautiful

You are lovable



Older children – elementary age and above – can benefit from remembering The “Seven Cs”



The **Seven Cs**

I didn't **cause** it.

I can't **cure** it.

I can't **control** it.

I can help take **care**
of myself by

Communicating
My feelings,
Making healthy **choices**,
and
Celebrating me

The page features a large yellow speech bubble with a blue outline. Inside the bubble, the title 'The Seven Cs' is written in large, bold, black letters with red outlines. Below the title, there are four lines of text, each with a word in a different color: 'cause' (blue), 'cure' (pink), 'control' (orange), and 'care' (green). The text continues with 'I can help take care of myself by' followed by three lines of actions: 'Communicating' (pink), 'My feelings,' (black), 'Making healthy choices,' (blue), 'and' (black), and 'Celebrating me' (pink). The word 'me' is in black. There are four cartoon illustrations: a girl with black hair and a yellow face in the top right, a girl with pink hair and a green face in the middle left, a boy with a blue cap and a purple/green face in the middle right, and a child in a pink shirt and blue polka-dot pants celebrating with arms raised in the bottom left.



II. The Core Competencies

These competencies are presented as a guide to the core knowledge, attitudes, and skills that are essential to meeting the needs of young children affected by substance abuse in families. Developed by a multi-disciplinary professional advisory group to the National Association for Children of Alcoholics (NACoA), they set forth a framework for the early childhood professional community's involvement with children who grow up in homes where a parent's use of alcohol or other drugs dominates the focus of the family's emotional and physical resources.

It is NACoA's hope that organizations representing early childhood will adopt these competencies – or competencies modeled from them. NACoA believes that all members of the early childhood community should aspire to these competencies. Resources and programs should be made available for the necessary training to achieve these competencies.

Core Competencies For Early Childhood Professionals in the Care of Young Children in Families Affected by Alcohol or Other Drug Abuse.

Annotated Version

Core knowledge base

Knowledge should be “the mother of action.” When caring people commit to helping young children, their plans and decisions must be informed by solid information.

Be able to identify behavior that differs from behavior associated with normal early childhood development.

A good working knowledge of early childhood development is the best tool for identifying distress in young children. Sometimes normal behavior, such as irritability, may occur more often in some children. Or smiling may occur less often. Your ability to observe each young child over time is extremely important.

Be able to identify behavioral signs presented by children in families affected by alcohol or other drug abuse.

Very young children have a number of ways to express that they are upset; the young children in alcoholic homes may be particularly clingy when they return after a weekend. Or they may be withdrawn and over – react to noise in the room. Understanding the types of experiences they live with, such as loud arguments or long periods without attention to their needs, will help you understand why they may struggle on a particular day.

Be familiar with the importance of timely and early intervention as it affects both children and families.

Young children develop rapidly and their experiences during this period of development is a one-time window for building the foundation for the rest of their lives. The sooner the child's family receives help; the sooner the child will begin to receive more consistent care and healthy interactions at home. Also, the sooner the family receives help, the greater their chance for a successful recovery process.

Be knowledgeable of ways to maintain a strength-based approach with children affected by alcoholism or other drug abuse.

No matter how difficult a young child's life may become, he or she may still have many strengths and healthy qualities. Almost everyone enjoys having the opportunity to do things that are easy and enjoyable. While it is important to be helpful and caring around their struggles, building on their strengths helps build a healthier sense of self.

Be educated in research and anecdotal information concerning what is known about children of alcoholics.

There is no doubt that you will have young children of alcoholics in your classroom or nursery throughout your career. Staying current with what is known about their lives at home will help the young child immeasurably and will help enhance your success as an early childhood professional.

Be able to articulate a working definition of alcoholism and other drug dependencies.

Although early childhood professionals do not diagnose alcoholism, it is important to have a basic understanding of the disease that directly affects many young children in your care. Misunderstanding or judging their parents may add to the level of stress of the young child.

Core Interpersonal Competencies

Offering healthy relationships to children is the very heart of the core competencies. These competencies reinforce the good interactions that you offer to all kids. But young children in alcoholic families have a more urgent need for you to help them create normalcy

Be familiar with the appropriate level of support to offer a child who lives with ongoing alcoholism or other drug abuse in their lives.

With the best of intentions, it is often difficult to know what, if any, is the most helpful level of physical or emotional contact to offer a young child. Understanding the needs of each individual child is your best guide.

Be able to communicate an appropriate level of concern in sensitive situations.

In caring for young children we can run the risk of over emphasizing their difficulties. As you offer concern, realize that the purpose is to help provide emotional "fuel" so that they can return to the important business of developing normally.

Be able to set consistent and safe boundaries in your interactions with children affected by alcohol or other drug abuse.

The boundaries in alcoholic families are often rigidly enforced so that the "secret" does not get out. At other times, there are practically no boundaries or direction for the young child when the alcoholic is using. Consistent boundaries build security, and you may be the one the young child can count on for this vital developmental element.



Be consistent in modeling healthy social skills.

When alcoholics are drinking, their social skills can become overly friendly and intrusive and at times hostile and rejecting. Consistency of interaction is often absent such that the young child often doesn't know what to expect from their parent. This situation creates insecurity and confusion in the young child.

Be available to the child for ongoing support.

All children treasure the authentic, nurturing relationships they are able to develop outside the home. For young children of alcoholics these relationships are often not supplementary to the other caring relationships in their lives. These relationships are essential. It is likely that these children will return to you many times.



Core Capacity Competencies

These competencies represent your personal and community commitment to be aware of what you bring to your interactions with young children of alcoholics. We must all be aware of our own experiences with alcohol and alcoholics, know if and when our experience may cloud our judgment. We need the wisdom of each other in our schools, nurseries and child care programs in order to bring our young children the very best.

Be aware of your own biases about alcohol and other drugs, particularly if you are an adult child of an alcoholic. As members of the early childhood community, it is likely that we may have had experience with alcoholism in our families. We have learned to be helpful and caring to our siblings from an early age. It is common to confuse our own feelings about alcoholism in the family with the struggles of the young children in front of us. Sorting these issues out with a friend or therapist can make you a more effective helper of young children.

Be able to recognize when to seek the advice of a supervisor when you identify a child with needs beyond your level of expertise.

The most experienced among us are wise to get the input of a trusted colleague when young children come to us for help. Never hesitate to process your concerns with another trusted member of your staff and make sure that you make referrals to the appropriate professional.

Be familiar with community resources available for children and families with substance abuse.

There are many good agencies outside the early childhood community who can help families with alcoholism. In addition to the human service agencies in your local community, the resources at the end of this publication offer information about help and support for the families of the young children in your care.



III. Background Information About Children of Alcoholics

There is strong, scientific evidence that alcoholism tends to run in families. Children of alcoholics are more at risk for alcoholism and other drug abuse than children of non-alcoholics.

Children of alcoholics are four times more likely than other children to develop alcoholism.

Genetic factors play a major role in the development of alcoholism. There is an expanding base of literature which strongly supports a heritable basis for alcoholism and a range of family influences that may direct the development of children of alcoholics.

Children's perceptions of parental drinking quantity and circumstances appear to influence their own drinking frequency.

Children's alcohol expectancies reflect recognition of alcohol-related norms and a cognizance of parental drinking patterns by a very early age.

Alcohol expectancies appear to be one of the mechanisms explaining the relationship between paternal alcoholism and heavy drinking among offspring during college.

Parental alcoholism and other drug dependencies have an impact upon children's early learning about alcohol and other drugs.

Family interaction patterns also may influence the child's risk for alcohol abuse. It has been found that families with an alcoholic parent displayed more negative family interaction during problem-solving discussions than in non-alcoholic families.

Almost one-third of any sample of alcoholics has at least one parent who also was, or is, an alcoholic.

Children of alcoholics are more likely than other children to marry into families in which alcoholism is prevalent.

Parental alcoholism influences adolescent substance use through several different pathways, including stress, negative affect, and decreased parental monitoring. Negative affect and impaired parental monitoring are associated with adolescents' joining in a peer network that supports drug-use behavior.

After drinking alcohol, sons of alcoholics experience more of the physiological changes associated with pleasurable effects compared with sons of non-alcoholics, although only immediately after drinking.

Alcoholism usually has strong negative effects on marital relationships.

Separated and divorced men and women were three times as likely as married men and women to say they had been married to an alcoholic or problem drinker.

Among adults under age 46, almost two-thirds of separated and divorced women and almost half of separated or divorced men have been exposed to alcoholism in the family at some time.



Alcohol is associated with a substantial proportion of human violence, and perpetrators are often under the influence of alcohol.

Alcohol is a key factor in 68 percent of manslaughters, 62 percent of assaults, 54 percent of murders and attempted murders, 48 percent of robberies, and 44 percent of burglaries.

Studies of family violence frequently document high rates of alcohol and other drug involvement.

Children of alcoholics may be more likely to be the targets of physical abuse and to witness family violence.

Compared with non-alcoholic families, alcoholic families demonstrate poorer problem-solving abilities, both among the parents and within the family as a whole.

These poor communication and problem-solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcoholic families.

Children of alcoholics are more at risk for disruptive behavioral problems and are more likely than others to be sensation-seeking, aggressive, and impulsive.

Based on clinical observations and preliminary research, a relationship between parental alcoholism and child abuse is indicated in a large proportion of child abuse cases.

A significant number of children in this country are being raised by addicted parents. With more than one million children confirmed each year as victims of child abuse and neglect by state child protective service agencies, state welfare records have indicated that substance abuse is one of the top two problems exhibited by families in 81 percent of the reported cases.

Studies suggest an increased prevalence of alcoholism among parents who abuse children.

Existing research suggests alcoholism is more strongly related to child abuse than are other disorders, such as parental depression.

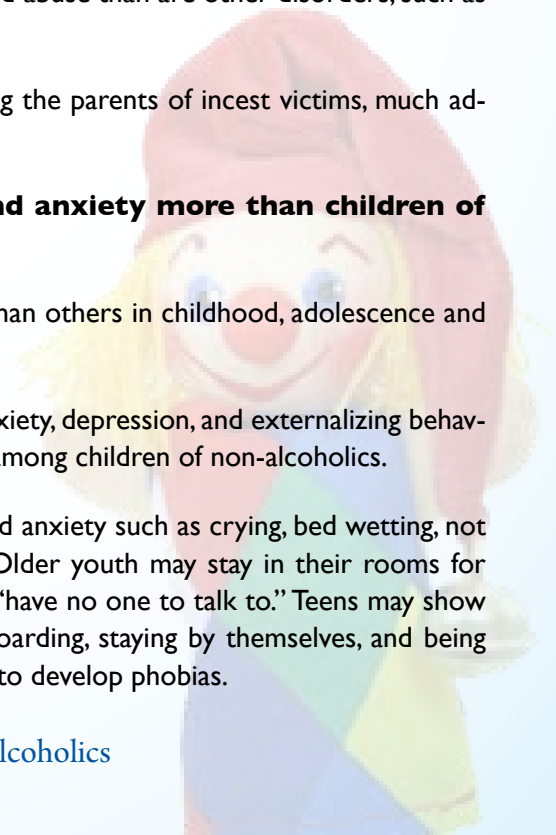
Although several studies report very high rates of alcoholism among the parents of incest victims, much additional research is needed in this area.

Children of alcoholics exhibit symptoms of depression and anxiety more than children of non-alcoholics.

In general, children of alcoholics appear to have lower self-esteem than others in childhood, adolescence and young adulthood.

Children of alcoholics exhibit elevated rates of psychopathology. Anxiety, depression, and externalizing behavior disorders are more common among children of alcoholics than among children of non-alcoholics.

Young children of alcoholics often show symptoms of depression and anxiety such as crying, bed wetting, not having friends, being afraid to go to school, or having nightmares. Older youth may stay in their rooms for long periods of time and not relate to other children, claiming they “have no one to talk to.” Teens may show depressive symptoms by being perfectionistic in their endeavors, hoarding, staying by themselves, and being excessively self-conscious. Teenage children of alcoholics may begin to develop phobias.



Children of alcoholics experience greater physical and mental health problems and higher health care costs than children from non-alcoholic families.

Inpatient admission rates for substance abuse are triple that of other children.

Inpatient admission rates for mental disorders are almost double that of other children.

Injuries are more than one and one-half times greater than those of other children.

The rate of total health care costs for children of alcoholics is 32 percent greater than children from non-alcoholic families.



Children of alcoholics score lower on tests measuring verbal ability.

Children of alcoholics tend to score lower on tests that measure cognitive and verbal skills. Their ability to express themselves may be impaired, which can impede their school performance, peer relationships, ability to develop and sustain intimate relationships, and hamper performance on job interviews.

Low verbal scores, however, should not imply that children of alcoholics are intellectually impaired.

Children of alcoholics often have difficulties in school.

Children of alcoholics often believe that they will be failures even if they do well academically. They often do not view themselves as successful.

Children of alcoholics are more likely to be raised by parents with poorer cognitive abilities and in an environment lacking stimulation. A lack of stimulation in the rearing environment may account in part for the pattern of failure found in children of alcoholics compared with other children.

Preschool-aged children of alcoholics exhibited poorer language and reasoning skills than did other children, and poorer performance among the children of alcoholics was predicted by the lower quality of stimulation present in the home.

Children of alcoholics are more likely to be truant, drop out of school, repeat grades, or be referred to a school counselor or psychologist. This may have little to do with academic ability; rather, children of alcoholics may have difficulty bonding with teachers and other students at school; they may experience anxiety related to performance; or they may be afraid of failure. The actual reasons have yet to be determined.

There is an increasing body of scientific evidence indicating that risk for later problems—and even alcoholic outcomes—is detectable early in the life course and, in some instances, before school entry.

Children of alcoholics have greater difficulty with abstraction and conceptual reasoning.

Abstraction and conceptual reasoning play an important role in problem solving, whether the problems are academic or are situation-related to the problems of life. Therefore, children of alcoholics might require very concrete explanations and instructions.

Children of alcoholics may benefit from adult efforts which help them to:

- Develop autonomy and independence.
- Develop a strong social orientation and social skills.
- Engage in acts of “required helpfulness.”
- Develop a close bond with an ECP.
- Cope successfully with emotionally hazardous experiences.
- Perceive their experiences constructively, even if those experiences cause pain or suffering; and gain, early in life, other people’s positive attention.
- Develop day-to-day coping strategies.

Children can be protected from many problems associated with growing up in an alcoholic family.

If healthy family rituals or traditions (such as vacations, mealtimes, or holidays) are highly valued and maintained; if the active alcoholic is confronted with his or her problem; if there are consistent significant others in the life of the child or children; and if there is moderate to high religious observance—then children can be protected from many of the consequences of parental alcoholism.

Maternal alcohol consumption during any time of pregnancy can cause alcohol-related birth defects or alcohol-related neurological deficits.

The rate of drinking during pregnancy appears to be increasing.

Prenatal alcohol effects have been detected at moderate levels of alcohol consumption by non-alcoholic women. Even though a mother is not an alcoholic, her child may not be spared the effects of prenatal alcohol exposure.

Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers’ resumption of alcohol use after giving birth.

One analysis of six-year-olds, with demonstrated effects of second-trimester alcohol exposure, had lower academic achievement and problems with reading, spelling, and mathematical skills.

Approximately 6 percent of the offspring of alcoholic women have fetal alcohol syndrome (FAS); the FAS risk for offspring born after an FAS sibling is as high as 70 percent.

Those diagnosed as having fetal alcohol syndrome had IQ scores ranging from 20 to 105, with a mean of 68. Subjects also demonstrated poor concentration and attention.

People with fetal alcohol syndrome demonstrate growth deficits, morphologic abnormalities, mental retardation, and behavioral difficulties. Secondary effects of FAS among adolescents and adults include mental health problems, disrupted schooling (dropping out or being suspended or expelled), trouble with the law, dependent living as an adult, and problems with employment.

Citations to reference sources for these facts are available from the National Association for Children of Alcoholics (www.nacoa.org).



Questions and Answers About Alcohol Problems

What is alcoholism?

Alcoholism is a disease. People who have the disease have lost control over their drinking and are not able to stop without help. They also lose control over how they act when they are drunk.

How does alcoholism start?

Doctors don't know all the reasons why people become alcoholics. Some start out drinking a little bit and end up hooked on alcohol. A person might begin drinking to forget problems or to calm nerves, but then ends up needing alcohol to feel normal. Once a person loses control over drinking, he or she needs help to stop drinking.

If the alcoholic is sick, why doesn't he or she just go to the doctor?

At first, the alcoholic is not aware that he or she is ill. Even when the alcoholic becomes aware that something is wrong, he or she may not believe that alcohol is the problem. Alcoholism is a disease that tells you that you don't have it. They might keep blaming things on other people, or might blame their job, or the house, or whatever. But, really, it's the alcohol that's the biggest problem.

How can I identify a typical alcoholic among the parents of the children in my program?

You can't. There is no such person as the average alcoholic. Alcoholics can be young, old, rich, poor, male, or female. Sometimes the condition is not noticeable to people outside the family until the person is into advanced stages of the disease.

What is the cure for alcoholism?

There is no cure for alcoholism except stopping the disease process by stopping the drinking. People with alcoholism who have completely stopped drinking are called "recovering alcoholics." Recovering alcoholics can lead healthy, happy, productive lives.

Can family members make an alcoholic stop drinking?

No. It is important to know that an alcoholic needs help to stop drinking, but no one can be forced to accept the help, no matter how hard you try or what you do. It is also important to know that family members by themselves cannot provide the help that an alcoholic needs. An alcoholic needs the help of people trained to treat the disease.

How many children in the United States have at least one alcoholic parent?

About 17 million children in our country are growing up with at least one alcoholic parent. There are probably a couple of those children in your early childhood education program or group right now. And remember, some adults grew up with alcoholic parents, too.

What about other drugs besides alcohol?

This booklet focuses on the issues impacting children who live in homes with an alcoholic parent, parents, or primary ECP. Many of the behaviors and dynamics exhibited by these young people are also exhibited by children living with parents who abuse, and are addicted to, other drugs.

Please feel free to modify language in the booklet to best address the needs of the young people you are serving.

What if I am an adult child of an alcoholic?

Like all human services professionals, early childhood professionals have their share of adult children of alcoholics among their ranks. If you are willing to learn about the family dynamics of alcoholism in the light of your own history, you may be able to help yourself as well as the children in your child care center. Finding good information and support for your own issues is recommended.

Our early childhood education program sounds different from the way child care is presented in this booklet.

The authors of this booklet wish to acknowledge that early childhood programs are provided by many diverse groups and take place in many different settings, including schools, churches, private homes, and other settings in the community. There is a wide variety of training and professional support services available to early childhood educators in various settings. Every effort was made to present material that is relevant to the needs of this wide audience. If this booklet has neglected an issue that is specific to your situation, please feel free to request more information from the National Association for Children of Alcoholics (see the "Additional Resources" section for contact information).

How can I help infants and very young children who come from alcoholic families?

The age ranges of children who receive child care and the specific needs of each age range are vast. This booklet has intended to include the needs of young children who may not have yet learned to talk. Every effort has been made to give suggestions for understanding the non-verbal communications of young children.

While the principles presented here are intended to apply to children in all age ranges, specific presentation of behavioral signs of distress for infants and very young children may require consultation from a professional with expertise in early child development.

What do I do when an intoxicated parent comes to pick up a child?

The laws in every state differ about detaining a child; follow the guidance of your supervisor and your state licensing agency. It is an early childhood professional's responsibility to know the procedure. Review your agency's existing policy and procedures.



IV. Resources

Al-Anon

Family Group Headquarters
1600 Corporate Landing Parkway
Virginia Beach, VA 23462
1-800-356-9996
www.al-anon.org

Al-Anon is an organization for spouses and other relatives and friends of alcoholics. The Al-Anon groups help families and friends cope with the problems that result from another's drinking, and help foster understanding of the alcoholic through sharing experiences. Local groups are listed in your telephone directory under "Al-Anon Family Groups." Al-Anon Family Group Headquarters can assist you in finding a nearby group meeting.

Alateen

c/o Al-Anon Family Group Headquarters
1600 Corporate Landing Parkway
Virginia Beach, VA 23462
1-800-356-9996
www.alateen.org

Alateen, a part of Al-Anon, is for young people whose lives have been affected by the alcoholism of a family member or close friend. Members of Alateen fellowships help each other by sharing their experiences and their strength. Alateen is listed in some telephone directories, or information may be obtained by contacting local Al-Anon groups. If you are having trouble locating an Alateen group near you, contact Al-Anon Family Group Headquarters at the address listed above.

National Association for Children of Alcoholics (NACoA)

10920 Connecticut Ave, Suite 100
Kensington, MD 20895
1-888-55-4COAS
Fax: 301-468-0987
www.nacoa.org

NACoA is the membership and affiliate organization that advocates for children with alcoholic or other drug addicted parents, the youth who are at highest risk for substance abuse and child abuse. Services include a bi-monthly newsletter, videos, books, and other educational training tools for therapists, educators, parents, clergy and other youth-serving adults.





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(NACoA)**

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