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A GUIDE IN WORKING WITH ELEMENTARY-AGED NAVAJO  
CHILDREN OF ALCOHOLIC PARENTS

by

George Ray Henry

A paper submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF SCIENCE

in

Psychology

(Plan B)

UTAH STATE UNIVERSITY  
Logan, Utah

1989

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May the Great Spirit comfort and guide all of my supporters, that they may have the power within the four directions in our life's

journey--the blessing before, behind, under, over, and all around us  
from our Almighty.

George Ray Henry



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## ABSTRACT

A Guide in Working With Elementary-Aged Navajo  
Children of Alcoholic Parents

by

George Ray Henry, Master of Science  
Utah State University, 1989

Major Professor: Dr. Elwin C. Nielsen  
Department: Psychology

Programs which provide intervention services for children of alcoholics are very new and in their developing stages nationwide. Despite this, the need for such programs exists, particularly on the Navajo Reservation. All available literature was reviewed that relates to the state-of-the-art in programming for intervention with children of alcoholic parents. Programs in use with children are described, and the rationale for adapting such programs for use with Navajo children is discussed. A Navajo intervention pilot program for children of alcoholics is outlined.

(72 pages)

CHAPTER I  
INTRODUCTION

Currently there is no well-researched or validated treatment specifically for elementary-aged Navajo children of alcoholic parents. The development and implementation of a pilot treatment program specific to the above population would be the first step in developing such a program, followed by an assessment of the effectiveness of such a program for Navajo children of alcoholics. Considering the scope of the problem, the need for additional study and investigation leading to a comprehensive treatment program designed specifically for this target population is essential.

Statement of the Problem

Alcoholism has had a significant effect on the Navajo people for many years, and it ranks among the most significant health and social problems today. In 1984, the Indian Health Service estimated that approximately 135,537 out of 161,322 Navajo people may be suffering, either directly or indirectly, from some degree of alcoholism or alcohol abuse. That is, the Indian Health Service has estimated that 28% of the total U.S. Indian population are problem drinkers. Using this figure, they estimate that 45,179 Navajo are problem drinkers. In addition, the National Institute on Alcoholism and Alcohol Abuse estimates that each alcoholic adversely affects approximately five other persons, including family and friends. This means that at least 225,895 members of the Navajo tribe are affected by alcoholism. However, the actual figure may

be higher due to the importance of clanship and extended-family influence in the Navajo culture. This significant problem adversely affects the family and its members, including the young Navajo children (Joint Education and Health and Human Service Subcommittee, 1985). According to the recent Youth Education on Substance Abuse Program Survey (Louis, 1984), sixth grade children and younger begin to experience or be exposed to alcohol and drugs. Although the report does not estimate the number of children of alcoholics, it does report that the trend toward alcohol and drug abuse is continuing to rise on the Navajo Reservation. Krus (1988) reported that 50% of the Navajo population are 19 years of age and younger, and alcoholism along with drug usage may be anticipated at an increased level among this young population. Thus, an improved response is needed. In addition, he reported that alcohol plays a major role in accidental death, motor vehicle accidents, homicides, and suicides. Even though the statistics are stunning, most alcohol-related deaths or injuries go unreported due to isolation of the Navajo population and lack of means of communication. Krus further estimated alcohol-related mortality by comparing Navajo and USA deaths per 100,000 (1981-83) as follows:

<u>Category</u>	<u>Navajo</u>	<u>USA</u>
Injuries	156.3	36.6
Violence	36.1	20.8
Alcohol-related illness	34.1	12.3

The most recent statistical report suggests that approximately seven million children under the age of 18 in the United States have alcoholic parents (Stark, 1987). The Navajo Alcoholism Program and

Youth Education on Substance Abuse Program have stressed continued research, development of education, and preventive efforts to help young people (Joint Education and Health and Human Service Committee, 1985).

There is a mistaken belief that the family problems will go away once the alcoholic recovers or receives treatment. When the alcoholic parents stop drinking, there are still impossible problems with which the children must cope. When the parents are drinking, children take over many parental responsibilities, such as cooking and caring for younger children, in order to maintain the family. When the drinking binge ends, the children are temporarily relieved of those responsibilities. They then attempt to readjust their role accordingly but may continue to have problems amongst themselves. There continues to be bitterness, blaming, quarreling, guilt, and isolation of certain family members. Nationally, in the average regular classroom of approximately 25 children, 5 students will come from alcoholic parents (Stark, 1987). These children of alcoholics live in an atmosphere of anxiety, guilt, shame, confusion, and denial that can last a lifetime.

Newlon and Furrow (1986) compared children from alcoholic homes with control groups of children who were disadvantaged. The children of alcoholics were reported as worse off than their counterparts on the following variables:

1. Three times as many children with alcoholic parents had to be placed in foster homes (11% vs. 31%).
2. Twice as many married under the age of 16 (3% vs. 6%).
3. Juvenile delinquency was much higher among them (31% vs. 50%).
4. Twice as many were mentally ill (11% vs. 21%).



5. Suicides were attempted by some children of alcoholics but not by those of the disadvantaged (0% vs. 7%).

According to Newlon and Furrow (1986), as a result of inconsistency, confusion, and chaos, the children of alcoholics are severely retarded in their natural emotional and psychological development, and they suffer from extremely low self-concept or self-esteem. The majority of these children are not receiving any services for family illness on alcoholism. The three basic reasons why children of alcoholics lack care are: first, the majority of such children will never seek help and tend to deny their problem; second, children of alcoholics may not show any obvious symptoms until later in life; and last, there is a lack of awareness of the severity of the effects that alcoholism has on the entire family by the general public, counselors, teachers, and educators who work with the children every day.

The children of alcoholics are an alarming and growing concern for educators, parents, teachers, administrators, and lawmakers. Little has been done for this particular group of children. The public schools represent the most logical place to find such children and a place where they could most likely receive the type of help they need (Triplett & Arneson, 1978).

Many studies have been reported on the development and implementation of programs which serve the needs of adolescent and adult populations who are victims of alcoholism. However, very few patients who are 18 years old and under receive an intensive alcoholic treatment program; yet, it is this age group that contains the most forgotten American children today (Triplett & Arneson, 1978). The problem is even



more important on the Navajo Reservation because of the unique culture and lifestyle of the Navajo people.

Louis (1984), using a sample of 100 school-aged children on the Navajo Reservation in the fifth and sixth grades from several schools, reported that 30% of the students claimed to have, at one time, experimented with drinking alcohol. According to Delaine (1979), there seems to be a prevalence of alcohol usage among younger children between the ages of 8 and 11 years old, including the high-risk group of children with alcoholic parents. The alcoholism is affecting their delicate growing years. Fifty-three percent of Indian youth are at high risk to become alcoholic as compared with 35% of non-Indian youth, as indicated in a study by Colorado State University for the period from 1975 to 1983 (Louis, 1984). From this study, the researchers stated that the reason for this difference is probably related to unemployment, prejudice, poverty, environment, and socio-economic conditions (Louis, 1984). These data suggest that young Navajo, elementary-aged children have an early exposure to alcoholic settings, especially if their parents are themselves alcoholic.

The author has seen young people go to social gatherings, such as squaw dances, where there will be drunks, and the children witness adults modeling drinking behavior.

The children of alcoholics usually receive mixed messages about the use of alcohol and about the recognition of alcoholism as a problem since they are told not to drink yet see adults do it (Waite & Ludwig, 1983). Developing a program for a particular community or culture should be the starting point rather than utilizing the same model for all communities. This may be especially true of the Navajo culture,

where the individual is affected strongly by so many more persons from the clan and the extended family than is the case with current Caucasian Americans. The few studies on treatment of alcohol-related problems that have been done on Navajo children have focused primarily on early intervention with school children from kindergarten to sixth grade (Louis, 1984). They have been informal studies whose methods have not been validated, and those programs started by Louis have been discontinued. Therefore, there is no current program used specifically for Navajo, elementary-aged children of alcoholics. Any available material or methods being used in elementary settings today must be revised to fit the needs of the Navajo culture.

In summary, alcoholism is a major problem of the Navajo people. Children are suffering severe effects due to their parents' alcoholism. There are currently no programs on the Navajo Reservation designed to examine or mitigate the effects of parents' alcoholism on their children.

A possible solution to this problem could be an intervention program specifically designed to work with Navajo children of alcoholics. At the present time, there is a lack of information concerning appropriate intervention techniques and methods to be used with Navajo children of alcoholics on the Navajo Reservation.

#### Purpose of the Study

The purpose of this research was to study current and past attempts to help children of alcoholics and to develop an intervention program for children of alcoholics in the elementary school on the Navajo Reservation. No defined program is being used at this time. This

report will outline approaches or methods currently being used in schools at large to deal with the problem. It will also point out some differences regarding current instruments or programs being used in other elementary schools across the nation and recommend a program for Navajo children of alcoholics. The primary goal of this investigation is to develop a possible program to help Navajo children of alcoholics begin to talk, trust, feel, and be healthy again with themselves and within society.

#### Objectives of the Study

The objective of this investigation is to review the literature and, on the basis of such findings, develop an intervention program that holds promise for Navajo people. In developing the intervention program, the design, method, techniques, resources required, and other types of complications will be addressed. The community school seems to be a logical place to implement an intervention program for the Navajo children of alcoholics. Other social service programs are not available due to remoteness, isolation, and the limited resources available on the reservation. This proposed intervention program will be designed specifically for the young Navajo children in the elementary school.

#### Justification

The research indicates that there are few resources available for younger children under the age of 13 whose parents are alcoholics. It is obvious that there is definitely a lack of such research in this area. On the national level, current intervention programs are continually being revised, and there are no carefully developed programs

available which consider the particular cultural and educational needs of Navajos. There is a tremendous demand now for intervention programs in elementary school for children of alcoholics. As implied above, this is also specifically true for the young Navajo children. For the most part, the reservation lacks resources like Ala-teen for students to go to after school or during the summer when they are not in school. The geographic remoteness of families on the reservation and the lack of appropriate services to families in these remote situations leave the schools as the most feasible location for an intervention program to be implemented.

## CHAPTER II

### PROCEDURES

This paper reports an examination of the existing literature concerning treatment and supportive programs for elementary-aged school children who have one or both parents who are alcoholic. From this review, an effort was made to evaluate the appropriateness and effectiveness of existing programs for use with Navajo children. Those programs which related to the Native American and other cultures or which might have application to Navajo culture were given special consideration. The review included computer research of the topic in addition to hand searches of reference lists, journals, ERIC reviews, magazines, and current periodicals. All efforts were made to obtain the literature of all the previous intervention programs on children of alcoholics in the elementary schools in the past 10 years. All articles and books reviewed are listed in the APPENDICES.

In addition, 10 major Indian alcoholism program leaders around the country who are familiar with or have experience in working with the children of alcoholics were interviewed personally for information regarding their intervention programs on children of alcoholics who are in elementary schools (Appendix A). Questions asked were:

1. Is there an alcoholism problem on the reservation?
2. If so, is it increasing or decreasing?
3. What specific treatment program is used for the young children?

At the moment, most schools or counseling programs use some variation of a "No to drugs" approach in educating the children in lower

age groups. There is no specific treatment program for this particular group that they could report.

Finally, 15 letters requesting information were written to known programs in the United States. Only five responded, and three letters were returned unclaimed. Local professionals in this area were also contacted for referrals to other sources of information.

A systematic content analysis of all obtained material was completed by identifying the early alcoholism intervention programs for younger children in elementary school settings. After all the relevant material was gathered, critical analysis of each intervention program was made, including steps or details about the intervention process. Those steps or items which conceivably could be used for an intervention program in working with Navajo children of alcoholics in elementary schools on the Navajo Reservation were compiled.

All information collected by this review of literature relating to early alcoholism intervention for children of alcoholics in elementary school was analyzed with respect to appropriateness for Navajo culture, school setup, methods used, and availability of resources within the community. Table 1 gives a brief summary of this analysis.

As a result of this review, a specific program content has been proposed for an intervention program with children of alcoholics.

Table 1

Summary of Seven Studies

	Grade	Student Journals Experimental group	Working class	Alcohol education Number of sessions	Time span	Number of participants in a group	Co-led	Volunteer Support group available Focus
Davis, Ruth	2-6	Yes Yes	Yes	Yes 10	45 minutes	8-12	Staff	Yes
Kern, J. Tippma	9-12			8			Experienced person and doctoral student	Conversation
CASPAR	3-12	Ongoing program	Blue collar	Yes 15-30 lessons		6-10	Peer leaders	Yes Decision making
Children Are People, Inc.	Elementary school	Curriculum	Urban and rural	Yes	Optional	All students	Teacher	Yes Yes Motive
Aronow	4-6	Yes		Yes			Social worker	
Furrow	6-8	Yes		Yes 8			Staff	Yes
Morehouse	Jr. high school	Yes		Yes 12			Clinical worker	

Note. The blank space indicates that item or idea presented does not mention it in the given article.



Contribution	Parent permission Parent in treatment Questionnaire Focus on feeling Emphasis on control How to deal with denial How to develop trust Teacher training
Davis, Ruth Attempt to help the child acknowledge and cope with how he/she feels about parental drinking.	Yes Yes Yes Yes Yes Yes Yes Yes
Kern, J. Tippaa Writing sentence using pre-determined words (alcoholism, love, hate, lonely, mother, father, and child). The group consisted of parents and their children.	Yes Yes Yes
CASPAR Not to use scare approach. Promote responsible behavior. Trained peer leader conduct sessions. Field trip.	Yes Yes Yes Yes Yes
Children Are People, Inc. Deals with emotional, social, and chemical awareness.	Yes Yes
Aronow Use nine indicators (checklist). Categorize students' problem. Celebrate birthdays and holidays. Use a school's own staff; do not expand outside resources. Make use of science/health class; replace additional alcohol education. Book report on available alcohol topic in class. A parent referred for treatment.	Yes Yes Yes Yes Yes Yes Yes
Furrow Pre-guidance lesson. Ways of identification. Use of imagery and handout.	Yes Yes Yes Yes Yes
Morehouse Motivation is a problem in counseling adolescents. Education component is less effective in adolescent children of alcoholics because they can't see their parents' drinking causes them their problem. They also see no realistic alternative to drinking. When parents stop drinking, conditions in the home do not always improve. Negative consequences.	Yes Yes Yes Yes Yes



### CHAPTER III

#### REVIEW OF LITERATURE

The literature review supports the idea that children of alcoholics have serious problems, and there is a definite need for intervention programs in the schools for these children. The review strongly suggested that the personal, social, physical, emotional, and intellectual development of these children are hindered in some ways due to alcoholism in the family. All the available information asserts a definite need to help children of alcoholics and to provide some type of intervention program for these children.

#### Characteristics of Children of Alcoholics (COAs)

##### Family

The characteristics of children of alcoholics and the relationships of their immediate home environment include the following: these children receive little or no attention (Triplett & Arneson, 1978); their primary needs are not met (McAndrew, 1985); they are abused, including verbal abuse (Schall, 1986), and neglected (Newlon & Furrow, 1986); they live in an unstructured family life (Morehouse, 1984); and they have demands placed upon them such as (1) don't tell, (2) take care of me, (3) don't feel, (4) it's your fault, and (5) just cope (Schall, 1986). They develop four acting-out roles in the family which include (1) the responsible one, (2) the adjuster, (3) the placater, and (4) the "alkykid" (Sorgen, 1979). They grow up fast to take care of themselves (Newlon & Furrow, 1986); they feel rejected and have difficulties in

relating to parents; they are excessively criticized; and parent-child relationships are not satisfactory, even if sobriety is achieved by the alcoholic parents (Morehouse, 1984).

Studies show that children of alcoholics do participate in family fights or witness violent acts (Morehouse, 1984). Some people admire the children of alcoholics for going through chaos, confusion, and inconsistent family life (Sorgen, 1979), but these children survive in a dysfunctional home life (Deutsch, 1982).

### Physical

Newlon and Furrow (1986) reported that children of alcoholic parents are often physically abused, and 10% of the 113 children of alcoholics in the group studied had physical problems such as ulcers, obesity, and chronic stomach aches.

### School

The physical and environmental problems of children of alcoholics have been reported to have an adverse effect on their performance in the school and in their mental and cognitive processing. The studies show this to be true in children who range from low intelligence to high intelligence (Sorgen, 1979). Alcohol effects the cognitive development process by impairing recent memory and attention concentration, resulting in deficits and difficulties in processing information. This slow mental function dulls both judgment and discrimination (Milman, Bennett, & Hanson, 1983). In an educational setting, these children have a greater incidence of learning problems, absenteeism, hyperactivity, and affective disorders, and such children tend to be

nonparticipants in school sports, games, hobbies, etc. (McAndrew, 1985; Morehouse, 1984).

The children of alcoholics tend to be socially isolated, exhibiting less verbalization and denying the existence of alcoholism (McAndrew, 1985; Schall, 1986). They are further socially isolated due to their lack of trust in others, especially adults (Newlon & Furrow, 1986). Inappropriate social interaction, family violence, mental abuse, and sexual molestation have been studied extensively (McAndrew, 1985). Children of alcoholics have other adjustment problems ranging from temper tantrums to actually fighting with their peer group (McAndrew, 1985).

Studies estimated that 50% of all children of alcoholics will be involved in some type of juvenile delinquency and, as was mentioned above, are three times more likely to be placed in foster homes. These children are twice as likely to be married under the age of 16, according to statistics (Newlon & Furrow, 1986).

### Emotional

Children of alcoholic parents suffer extreme emotional distress and exhibit high incidences of behavioral, emotional, and psychological problems (Davis, Johnston, DiCicco, & Orenstein, 1985; Newlon & Furrow, 1986). Morehouse's (1984) research indicated children of alcoholics experience worry, confusion, anger, fear, upset, the feeling of being unloved, and feeling responsible for their parents' drinking, and they are condemned for negative feelings. They exhibit anxiety, dependency, immaturity, inferiority, and depression, and they suffer from extremely low self-worth or self-esteem (Newlon & Furrow, 1986). They constantly feel shame, fear, guilt, anger, insecurity, and confusion (Deutsch,

1982). Their emotions are unstable, and often this is reflected in mood fluctuations; i.e., euphoria, dysphoria, and depression. Their responses are anxiety, hostility, and aggressiveness (Milman et al., 1983). They are quiet, anxious, and easily upset by unexpected situations (Newlon & Furrow, 1986).

As a result of the above-mentioned symptoms, children of alcoholics suffer both long- and short-term negative consequences (Kern, Tippman, Fortgang, & Paul, 1977), including mental illness, and are twice as likely to become alcoholic themselves (Newlon & Furrow, 1986). The studies show that such children develop a sense of hopelessness (McAndrew, 1985), and 7% will make a suicidal attempt in the future (Newlon & Furrow, 1986).

The alcoholism has an effect on the children in adulthood (Newlon & Furrow, 1986). They are tragic victims in their early years and, although they have survived (Deutsch, 1982; McAndrew, 1985), they live in an unstable condition which causes some emotional damage that is sometimes not visible until later in life (Sorgen, 1979). One example may be the children's denial of the existence of their parental alcoholism, which is carried into their adulthood when they often continue believing that alcoholism doesn't exist in their lives (Deutsch, 1982).

The children of alcoholics are at twice as great a risk of becoming alcoholic themselves (Deutsch, 1982; Newlon & Furrow, 1986), and statistics indicate 50% will become alcoholic (McAndrew, 1985). They are also more likely to develop some mental illness (Kern et al., 1977). These children lack knowledge of alcoholism as a disease (McAndrew,

1985). Thus, we are breeding a second generation of alcoholics (Kern et al., 1977).

### Intervention Programs

A continuing need exists to develop an intervention program for the children of alcoholics in elementary schools (Davis et al., 1985; Kern et al., 1977). According to Kern et al. (1977), current intervention formats are still being modified or changed as new approaches are developed to help children of alcoholics.

The research indicates that alcoholism in the family can be detected only after intensive interaction with children, since they often learn a pattern of denial which is reinforced by their parents. In response to these findings, in-school and after-school programs have been developed to recruit children to participate and identify children of alcoholics without alienating them in the process (DiCicco, Davis, & Orenstein, 1984). It is of concern to note that only one program appeared to make any attempt at formal outcome research (Kern et al., 1977). Other programs used casual observations of program leaders, teachers, etc. Still others discussed issues in working with the younger children of alcoholics (COAs) or offered more details in actual program implementation. The articles summarized below represent the seven intervention studies which were found in the literature search for elementary and junior high students. Some of the articles in the review emphasized identification only.

1. The most comprehensive intervention program for fourth, fifth, and sixth grade students in elementary school was reported by Aronow (1986) in the article Sharing the Secret: Reaching Children of

Alcoholics. In this program, a social worker specializing in working with children of alcoholics implemented a program by training teachers to identify COAs. The program was presented to the PTA and reported in the school newspaper. The social worker visited each classroom to explain his role and discuss different types of problems. Four main problem areas were addressed by the program: family, school, peers, and how each student felt about him-/herself. Common family issues included parental fighting, divorce, remarriage, not getting along with parents, having too many responsibilities, dreading brothers and sisters, illness or death in the family, financial problems, child abuse or neglect, and parents who drink too much or use drugs. The book Living With Parents Who Drink Too Much (Seixas, 1979) was used in Aronow's program to encourage children to identify themselves as children of alcoholics.

Participating schools utilized both self- and teacher referral. The Children of Alcoholics Screening Test (Aronow, 1986) was used to determine the severity of the problem. Parent interviews were utilized, and parental permission was required for child participation in the group. Children were permitted to withdraw from the group at any time if they felt that the group was not serving them properly. The group had few rules and stressed privacy. The goals of the group were to help children begin to talk, trust, feel, and have fun, not just survive; and activities were designed to help accomplish these ends.

Group activities such as drawing, reading, film watching, games, role playing, use of puppets, sentence completion, a birthday party, and the use of self-expression games such as putting on masks representing feelings were used. Books and workbooks available included My Dad Loves



Me, My Dad Has a Disease (Black, 1979) and Living With Parents Who Drink Too Much (Seixas, 1979).

The treatment issues encompassed such topics as feeling responsible for parental drinking, equating parent drinking as not being loved, being disappointed by broken promises, being hurt by name calling, feeling powerless to stop the drinking, fearing the alcoholic will get hurt or sick, feeling confused over wet and dry behavior, finding it hard to bring a friend home, and feeling anger toward not only the alcoholic but also the non-alcoholic parent for not making things better at home.

This information was also a guide for the group. Besides studying alcoholism, children worked together and were helped to figure out things that they could do for themselves with the emphasis on fun things, learning the importance of friendship, and problem solving when things get bad at home. The program was evaluated using reports of teachers and parents, obtained informally. In a follow-up, the social worker made a home visit and referred the parent for treatment. The school social worker played a pivotal role in helping children of alcoholics in elementary school.

2. Under the Cambridge and Somerville Program for Alcoholism Rehabilitation (CASPAR), Davis et al. (1985) developed an intervention for elementary-aged COAs at school. The students were exposed to information about alcoholism through the curriculum "Decisions About Drinking." The group leader visited the regular classroom to present the Program and to distribute permission forms to any child wishing to attend. Besides self-referral, teachers and counselors also made referrals, and the school sent out letters to the parents. Children

with academic and behavior problems were made high priority in recruitment for the group. Each child was required to have permission from the parents to participate; however, the group was open to all children. A questionnaire (see Appendix B) was used at the beginning of the meeting to further identify the COAs. The intervention groups consisted of from 8 to 12 students in a group with two group leaders, usually a counselor and an experienced psychologist. Each group contained students in an age span of not more than three years and met weekly for a 45-minute period over 10 weeks. Techniques used in the group included games, movies, puppet shows, coloring books, storybooks, and arts and crafts.

Commonly used techniques of educating the children of alcoholics have often instilled fear of alcohol. The goal of the CASPAR Program was to make alcohol less emotionally charged by removing some of the fears and apprehensions the children might be experiencing and to communicate that people can be responsible drinkers.

The interaction between the professional and the child in the CASPAR Program emphasized positive messages such as: (1) you are not alone, (2) your parents' drinking is not your fault, (3) alcoholism is a disease, (4) alcoholics can and do recover, and (5) you are a person of worth who needs and deserves help for yourself. These messages were selected to emphasize that people can drink moderately and be responsible. Group activities were selected to help the child acknowledge and cope with how he or she felt about parental drinking. Group experiences were designed to show children that they can learn to feel better about themselves and relate to their own needs regardless of alcoholism in the family. Student reading included the book Pepper



(Melquist, 1974), which is about an alcoholic who failed to feed his dog; but that did not mean he did not love his pet. Cultural animal stories (see Appendix C) were often used to teach morals to Navajo children. Paper-and-pencil pre- and post-tests were used for evaluation. Davis reported that the tests indicated that the concept of alcoholism had changed. For example, the belief that coffee can make one less drunk dropped from 66% to 39%. The idea that alcohol can be controlled dropped from 39% to 19%. The understanding of alcoholism as an illness increased from 73% to 99%. Percentage also dropped from 39% to 24% regarding the idea that bad children make their parents drink. Davis reported a positive anecdote in that one of the students who had trouble going to sleep at night when her father was drinking realized, after the group experience, that it was not her job to keep her father sober. She subsequently reported sleeping well.

3. As a separate part of the CASPAR Program (Davis et al., 1985), junior high children aged 12 to 18 were identified by trained teachers. However, for this program, the training sessions were held at the nearby CASPAR Alcohol Education Center rather than in the school. The philosophy of the Program is based on the phenomenon that children do not readily ask for help because of guilt, shame, and isolation experience due to alcoholism.

In pre-identification, the children were encouraged to identify themselves. Also, the teachers looked for critical identifying features or behaviors in the children such as: children talking about parental drinking; having misunderstandings of terminology, such as "drinking means drunk;" asking for additional information that they can take home

to their parents; hanging around after class; or refusing to talk about the issue.

The groups consisted of 6 to 10 students, with two leaders and one paid peer leader. In the introduction, the fun warm-up activities were used to gain friendship and trust. Follow-up activities consisted of discussions focusing on alcoholism and the decision about drinking, role playing, drawing, film watching, and field trips. Peer leaders encouraged students to talk and establish full participation.

Group requirements included participation in the students' Ala-teen meetings and writing personal journals which could only be read by group leaders. Participants were also invited to attend individual sessions for those who could not bring themselves to talk in the group.

Follow-up activities included participating in an advanced group, joining Ala-teen, attending other group meetings, and having a group reunion.

4. Newlon and Furrow (1986) incorporated a two-step approach to identify the COAs in the classroom. The main purpose was to help the children understand alcoholism as a family illness and help them see the necessity for every member of the alcoholic family to seek help, regardless of what the alcoholic chooses to do. First, a one-hour session was presented in regular classrooms about alcohol, with topics such as alcohol and responsible drinking, alcoholism as a family illness, and COAs' characteristics or effects. Newlon and Furrow recommend a lecture, film ("Soft is the Heart of the Child"), group discussion, imagery, and handouts. On one handout the student fills in the blanks of such statements as "I felt \_\_\_\_\_ when \_\_\_\_\_"

because \_\_\_\_\_." This formula was used as an evaluation of the reaction to the film, as a structured, nonverbal self-reflection.

The introductory second hour of the program was devoted to self-report questionnaires, such as "Is there an alcoholic in your family?" The students were asked to respond to the question without any name or relationship specified, and they were encouraged to talk about places where they could go for help.

To identify the COAs, students were asked to complete a self-evaluation form regarding what they learned, and there was space for them to indicate if they had interest in a small group to further discuss what they had learned. The teachers also rated the students as to how many of them were children of alcoholics.

Newlon and Furrow (1986) have used this program with sixth, seventh, and eighth graders for a period of eight weeks. In the screening interview, students were asked how they came to the decision to volunteer for the group and what they hoped to gain. In the selection process, top priority was given to the children with an alcoholic in the family. Twenty children volunteered. They did not say what they did in the treatment group.

5. The Children are People, Inc. Program (1977) was a joint effort between the community and the school. This chemical dependency prevention program was designed to train teachers, support personnel, helping professionals, parents, administrators, and volunteers who actually worked with children of alcoholics. This program was implemented in both urban and rural communities and was centered around the already existing alcohol education curricula. It included sociological and emotional issues and looked at the motives of

elementary school children for use of alcohol. The following key concepts were used:

- a. Emotional awareness, including identity of personal strengths, skills, interests, and the impact on mood or behavior. It also recognized emotions. In this program, the student selected activities to promote physical, emotional, and social well being.
- b. Social competence in understanding the making of choices and appreciation of their consequences, and how to cope with difficult situations.
- c. Social systems involving the groups' significant and individual differences.
- d. Chemical awareness discussed, among other things, finding the right place or person for help if a problem with chemical usage was developing.

The alcohol education curriculum in fifth grade consisted of 30 lessons which were incorporated once a day for three weeks, or three times a week for six weeks, or once a week for four months. The kindergarten through third grade program consisted of 16 to 17 educational lessons. The two evaluation tools used were peer self-help inventory and pre-/post-tests. The results indicated that 81% improved their grades in grade levels K-3 and 85% improved in grades 4-6. In addition, 59% of parents reported positive changes such as increased ventilating of feelings, resolving peer issues, being more respectful of others, and coping with stressful situations. Seventy-five percent of the teachers reported positive changes in students' consideration of others, ability to discuss issues freely, and interaction between

students. This is the only program that could be found that used any kind of formal outcome research.

6. The intervention program for children of alcoholics by Kern et al. (1977) emphasized open communication between children and parents. Subjects were selected among mothers who were in alcoholic families. There were three mothers who had, among them, eight children ranging from 13 to 18 years of age. The two group leaders in this intervention program were a doctoral student and an alcoholic spouse who had some supervised experience in working with alcoholism. The program included eight structured sessions held once a week for two hours each. During these sessions, emphasis was placed on communication clarification wherein the leaders attempted to draw out comments from the participants. Motivational activities reported include: making puppets; role playing; listening exercises; recognizing feelings; writing a poem using seven pre-determined words; drawing; small-group discussions to clarify facts of alcohol; making collages of family members; and discussing both children's and parental attitudes and activities related to termination, for reflection and for evaluation.

Evaluation of this program was quite subjective, with much reliance on comments from participants. Kern et al. (1977) reported that family problems were expressed in open fashion, and participants took lots of risk. They suggested that adolescents would achieve more if given a longer time span. They suggested that both children and parents should have separate group experiences before introducing this type of workshop because the adolescents are not really open to expressing their own feelings and they lack experience in groups. The authors indicate that this short-term communication workshop produced some distinctly

beneficial changes but no dramatic results; that is, they stated that parents became more outspoken than their children. They concluded that it takes a longer time to build the trust relationship in children. Kern et al. suggested further exploration of alternative and effective treatments for this population.

7. Morehouse (1984) reported difficulties in motivating adolescent COAs to participate in her education program. She reported that COAs may be experiencing worry about parents, confusion over the behavior of their parents, anger at the non-alcoholic parent for lack of support, worry about fights, fear of violence in the families, upset by the parent's inappropriate behavior, feeling unloved due to broken promises, and feeling responsible for their parents' drinking. She addresses the following issues for the adolescent child of an alcoholic parent: they have difficulties in separation, difficulties in identity, difficulties in peer relationships, embarrassment and stigma and, finally, depression and guilt. Morehouse recommended family counseling to better help families understand their interaction and the importance of dealing with the above issues. Morehouse did not describe her methods for selecting students for participation in her program, nor did she discuss evaluation procedures. She did, however, discuss strong personal opinions about problems in motivating adolescents to consider the probable consequences of their drinking.

#### Commonly Used Intervention Techniques

From the information given in the seven studies about techniques and concepts, several can be suggested as having good possibility for further use with elementary students to help them open up and start



expressing their unacknowledged feelings about alcohol and their drinking parents, and to cope with the problems involved in living in an alcoholic family. These are:

1. The use of puppets or puppet shows. A puppet may become an extension of the participant.
2. Role playing so parents and children may learn to recognize feelings of others through communication exercises.
3. Having a smaller group within a group to provide a safe way to interact with others which is, therefore, a good technique to produce closer relationships.
4. Writing sentences using predetermined words as a trigger for discussion of specific topics.
5. Crisis-creating group techniques to help participants further express their honest feelings if disappointment and frustration seem to occur in the session.
6. The writing of poetry and prose to help in the recognition and expression of feelings.
7. Drawing.
8. Discussion of both parents' and children's attitude as observed in child and mother communication.
9. The emphasis of alcohol use as controllable rather than dangerous.
10. Writing journals as a technique for both student self-exploration and evaluation purposes.
11. The use of games and arts and crafts to help children relax and become comfortable with themselves.

12. Movies, puppet shows, coloring books, and storybooks to provide educational information regarding alcoholism.
13. The use of educational and thought-provoking books such as My Dad Loves Me, My Dad Has a Disease (Black, 1979), and curricula such as "Decisions About Drinking" (Deutsch, DiCicco, & Mills, 1979).

These procedures can be used to teach such ideas as:

14. Fun warm-up exercises to build friendship and trust at the beginning of the session.
15. Filling out questionnaires to permit further exploration of the child's feelings and needs.
16. Making collages of the drinking member in the family using magazines, scissors, paste, and construction paper. Children can share their art with others and receive feedback from each member. These members produce collages of a non-alcoholic member of the family. When parents are involved in the sessions, children produce collages of the parents and the parents produce collages of the children. They discuss attitudes toward the non-alcoholic parent and parents' attitudes toward their children's drinking.
  - a. They are not alone; others have the same experience.
  - b. Their parents' drinking is not their fault--children of alcoholics feel responsible for their parents' behavior.
  - c. Alcoholism is a disease--children of alcoholics need to know their parents are not bad and their parents love them.



- d. Alcoholics can and do recover--children of alcoholics need some hope that things will be better.
- e. The child is a person of worth who needs and deserves help. It is not selfish to look after one's own needs and continue seeking support.

## CHAPTER IV

### DISCUSSION

This literature review has shown that there is a significant dearth of valid programs to help meet the needs of elementary school children of alcoholics in the Indian community. Moreover, current intervention programs are in young stages of development.

In general, the statistics regarding children of alcoholics seem to be higher on the Navajo Reservation, probably due to poverty, unemployment, lack of resources, economic conditions, and the loss of identity from not learning the values of the Navajo culture.

The idea of therapy or counseling seems to be a new concept on the Navajo Reservation because of the lack of publications related to Navajos and also the lack of Navajo clinical psychologists or other mental health workers. If one member of the family has a problem or an illness, the family will typically take him/her to the hospital, church, and/or medicine man. The local Public Health Service doctors recognize the Navajo medicine man to be instrumental in certain types of emotional problems or illnesses. The kinds of programs the literature review describes are foreign to a Navajo family, but the Navajo children may not have as much trouble with such programs as the parents may have.

The use of alcohol and related activities seems to become a natural part of life for most Navajos in dealing with problems. In addition, the alcoholic family seems to look down on the alcoholism treatment program as a way of further denying the existence of such problems. The family usually makes a remark indicating "so and so" is in the

drying place and will probably not change. There is no family support to maintain sobriety if one member undergoes treatment, especially after he/she returns home.

With this information in mind, the children of alcoholics would be a group to which the educators need to attend carefully and be familiar with ways to help. This is especially true of the teachers who contact the students on a daily basis. Elementary school children are prime clients, and this is the time to mold and change their feelings or attitudes toward alcoholism in the family. If the children do not handle this problem early in life, they are likely to have double trouble in adolescent years when other growing-up problems develop. After children grow up, parents and teachers indicate the child is not listening to them anymore. "I don't know what happened" seems to be the general statement.

Along this line, professionals who work with COAs have developed intervention programs to be used in the elementary schools. Each author has contributed different techniques and approaches in the implementation and content of the intervention program. The elementary schools on the Navajo Reservation lack any definite approach or intervention program for working with COAs. No studies have been made to indicate which approaches would be appropriate and effective in dealing with Navajo children of alcoholics.

Sharing the Secret: Reaching Children of Alcoholics by Aronow (1986), as reviewed on pages 17 and 18 of this document, seems to be the closest to being relevant and complete in the procedures needed in helping Navajo children of alcoholics. As a social worker, Aronow worked with fourth, fifth, and sixth grades using trained teachers in

identifying the COAs in the classroom. Aronow (1986) also recommends a home visit encouraging the parents to undergo alcoholism treatment.

The CASPAR Program (Deutsch et al., 1979) suggests using curriculum for both preventive and intervention programs in the schools. The present author is not suggesting that both prevention and intervention programs be implemented into the curriculum until further studies are made regarding which techniques work with Navajo children of alcoholics. However, Deutsch et al. present ideas that could be appropriate to Navajo children. They stress five teaching objectives for a unit on family alcoholism. They are: (1) you are not alone, (2) your parents' alcoholism is not your fault, (3) alcoholism is a disease, (4) alcoholics can and do recover, and (5) you need and should get help for yourself.

In working with adolescent children of alcoholics aged 13 to 18, Kern et al. (1977) works in a family setting with feelings and listening skills, which are appropriate social interaction skills in any culture.

In the pre-identification process, Newlon and Furrow (1986) suggest two hours be set aside to present education on alcohol, alcohol versus responsible drinking, alcoholism as a family illness, and characteristics of and effects on COAs. This approach gives all the students a chance to learn about alcohol, and it provides opportunity for students to self-refer to the indepth study group that is to follow. Bilingual and younger children need extensive repetition of the concepts, so they can be covered in both the education and group phase. The authors use imagery, nonverbal communication activities, and handouts, and encourage alcoholic parents to seek help, also good methods that could be implemented with the Navajo children. Navajo

children perform a lot of imagery and receive nonverbal messages from their games and from parents.

Navajo children go through the issues of worry, confusion, anger, fights, upset, feeling unloved, feeling responsibility for the parents' alcoholism, and difficulties in separation, identity, and peer relations, which Morehouse (1984) reports regarding the children of alcoholics.

Children are People, Inc. (1977) has an alcohol education program which is a joint effort between the community and school. It has heavy emphasis on training community and school personnel. The children learn four main concepts in the areas of emotional awareness, social competence, social system, and chemical awareness. This program is compatible to the traditional teaching, but extending the program to both the community and the school may not be practical or realistic due to the limited resources on the Navajo Reservation.

The lectures, films, puppets, drawing, books, animal stories (see Appendix C), coloring books, and arts and crafts would be most effective if they were related to the Navajo culture. Ideally, the lecture content should be culturally relative: film characters be of a Navajo family, puppets be dressed in Navajo style, books be of culture content or Navajo characters or landscape, and arts and crafts include beadwork, sandpainting, arts of the nature, etc. which can be related to the young Navajo children.

Most of the above-mentioned procedures, methods, and materials used are potentially applicable to the Navajo children, with some adaptation for cultural differences. Also, it might be useful to increase the

number of sessions and to incorporate other Navajo cultural materials and concepts to increase appropriateness and effectiveness.

Kern et al. (1977) use seven words in working with COAs: alcoholism, love, hate, lonely, mother, father, and child. In working with Navajo children, the seven words used in the session would be introduced one word at a time rather than presenting them all at once. This would avoid confusing bilingual children. There is a lack of local resources such as Ala-teen where the young children could go for follow-up; the only thing available for the COAs would be to put them in advanced groups, if the child feels the need for it.

The author believes that it is important to add the following points or concepts to the session to make it meaningful for the children in relating to their family and the Navajo culture.

The Navajo clan system is a very deep-seated concept of human unity, particularly in the family structure. It deals with appropriate ways of behaving, speaking, and interacting with one's immediate family, including extended families, which are very vital in developing childhood experiences. This unique relationship of the family members has been deteriorating because of the culture of the dominant society. In the author's childhood school experience, the students in the Bureau of Indian Affairs (BIA) school had similar dress, haircuts, behavior, and speech, but were told not to use the native language. The children were made to deny their own language, and any identification with culture was severely punished with such behaviors as facing the wall for a long time, brushing their teeth with soap when caught speaking in Navajo, and receiving a spanking on hands or heads for minor, unwritten



violations. These restrictions are currently not being practiced, but they have already had tremendous effects on the children's future lives.

Likewise, alcoholism has been influencing the child's education, including hope for the future, because the child is being denied his/her fruitful home-life experience. Children have learned not to trust, talk, feel, or live happily.

The clan system has a therapeutic effect on the child's life. It gives the child strength, positive self-concept, security, social skills, and knowledge of the culture, and it provides the feeling of belonging to a family.

The author also suggests incorporating the Navajo language for further clarification of concepts, animal stories, short stories relating to teaching of traditional morals, and traditional group singing and drumming.



CHAPTER V  
CONCLUSION AND RECOMMENDATIONS

Conclusion

Many aspects of the programs which have been reviewed, including approaches, techniques, methods, procedures, materials, and content, with minor changes relating to the Navajo culture, are applicable to young children in elementary schools on the Navajo Reservation. The author, after reviewing the literature, plans to develop and implement a program as follows.

Recommendations

The following areas need to be addressed for Navajo children of alcoholics in elementary schools:

1. A research study to test the effectiveness of the approaches listed herein, specifically for Navajo children, needs to be conducted.
2. A training manual needs to be developed for teachers, counselors, and administrators to work specifically with COAs on the Navajo Reservation.
3. A training program needs to be developed to train workers how to implement an intervention program on the Navajo Reservation.
4. Diagnostic instruments need to be designed for use on Navajo children of alcoholics.
5. Children's books related to alcohol and alcoholism need to be developed with culturally relevant information.

6. Films or videos need to be developed which include Navajo characters.
7. More animal stories written by Navajo authors (see Appendix C) need to be developed for Navajo children's books.
8. An intervention program needs to be developed for other grades as well.
9. Area-wide intervention programs need to be developed for all schools, including private, BIA, public, and mission schools on the Navajo Reservation.

#### Proposed Program

The purpose of this paper was to develop an intervention program for Navajo children of alcoholics in the elementary school.

The most current research on children of alcoholics was conducted within populated, non-Indian areas. There is little or no research that has been done in the isolated communities, particularly on the Navajo Reservation. Using the existing curriculum in the COAs' education and intervention program may or may not be suitable for use in elementary schools on the Navajo Reservation. This uncertainty exists due to lack of research studies which determine the effectiveness and appropriateness of programs in this particular group. It is very unfortunate that Navajos are so far behind in research, developing programs for Indian children of alcoholics, designing diagnostic instruments, and utilizing the culture's moral stories with Navajo children (see Appendix C).

The literature identified ways of setting up programs. The first step is to implement an intervention program in the schools, which is the logical place for such intervention.

In setting up the intervention program, support of school board members, teachers, counselors, and administrators is important. The author and a member of the school staff will have support for the program and plans to develop such a program. They will be primarily responsible for implementing the program, including providing inservice training to teachers who will be asked to support the program. Such training will consist of recognizing the characteristics of COAs, recognizing cues in identified COAs, knowing how to interpret clues, using checklists (see Appendix D), and knowing how to deal with COAs. The importance of confidentiality will be stressed.

Instead of using outside, expensive alcohol education curricula, the school will use its science/health curriculum that contains a drug and alcohol education segment, as suggested in Aronow's (1986) article. Teachers' input will be used in developing the intervention program in schools. Teachers will be exposed in class to general and specific indicators (see Appendix D) of COAs.

Selected teachers or other individuals trained to use the program will meet students to explain the helping process, categorize problems students may have, and discuss how students can get help from the teacher as well as the worker. Open communication will be encouraged.

In the pre-selection education component, the children will have opportunity to sort out problems relating to family, school, peers, and "how I feel about myself" problems, in addition to learning about alcohol and alcoholism. Children's books such as It Will Never Happen to Me (Black, 1979) and Living With a Parent Who Drinks Too Much (Seixas, 1979) will be available to enhance curiosity. The student will be reminded that no one except the parents needs to know who is in the

program. For the students who have trouble relating to their parents, the worker may assist them in obtaining permission.

Along with the behavior checklist (see Appendix D) and the teacher's report, the program developer will administer the Children of Alcoholics Screening Test (Aronow, 1986) or questionnaire (see Appendix B), which will further determine the degree of the problem. Recruitment of students will rely heavily on teachers, but the program developer/worker will attend PTA and school board meetings to inform others about the unique program designed to help COAs get as much as possible out of their education while they are still young. A message the worker will hope to communicate is that each child is entitled to a better, healthier, happier life on earth.

The program worker will find out a little about the child's family constellation and attempt to understand the child's role in the family by visiting with at least one of the parents. During this time, the family will be encouraged to seek treatment. It is difficult to get parental involvement due to the strong denial of alcoholism, but the literature also suggests the use of communication and social skills, with an emphasis on the family unit. Even though the family may not be ready for help, if the program helps the child, it may be helping the other member(s) of the family to seek help. This idea of intervention involving the child's family experiences is an important point for programs in the Navajo community.

The intervention should include family living as the focal point, because that is where the child learns the denial system. By focusing on the home situation, it will help the child to re-experience and be aware of what really is taking place at home.

Besides group interaction, individualized sessions between group sessions will be initiated for students who are unable to express or deal with certain issues.

The group will have two or three rules about no fighting or put-downs and stressing the confidentiality of each child in the group. The rules will be posted in the meeting place. All information obtained is not to be discussed with friends or parents outside the group. This will be continually stressed throughout the sessions.

At the beginning of each session, each child will be invited to choose any pet, toy, or one of the puppets that he/she might find comfortable to represent his/her mother, father, brother, sister, grandparent, uncle, aunt, friend, teacher, or other important figure in the child's life. The child may relate to this puppet by talking directly or indirectly, as if the puppet were talking, to the group on a more personal issue or expressing his/her feelings with the help of his/her immediate close association with the puppet. It is a safe and non-threatening way of expression for the child.

#### Population and Sample

After the intervention program has been presented to and approved by school officials, the proposed program will be available to the school board for review and approval. The author will implement and coordinate this proposed intervention program at Toadlena Boarding School, a pilot program for other schools in the agency. The subjects will be selected students ages 9 to 11 from fourth, fifth, and sixth grades who have been identified as children of alcoholics. The school has only Navajo children. The program worker will give inservice training at the beginning of school to teachers, aides, and counselors

so they will be able to identify and relate to children of alcoholics and support the children of alcoholics and the program in appropriate fashion. Each participant, teacher, aide, and counselor will receive six hours of training. Films, role playing, articles on children of alcoholics, and group discussion will be used in the training. References to recommended films are in Appendix E.

All the referred children's parents will be contacted for their consent to participate. The program worker will randomly assign five to seven students to each group. There will be 12 sessions (see Appendix F) of one hour each for a 12-week period for the experimental group during the first semester, and this will be repeated for the control group during the second semester.

#### Outline of the Proposed Program

The following outline gives a brief synopsis of the proposed program and its content. Each student will be asked to keep a personal journal of thoughts, reactions, and experiences, which will be read only by the leader, to further enhance the student's self-exploration and personal growth.

Session 1. The introduction session will have a get-acquainted atmosphere. The children learn how they can be brothers and sisters to other students by the clan system. Session 1 will guide the students to acknowledge that they once had or continue to have parents. A puppet represents someone they know and will help them while in the group.

Session 2. During this session, the facts of alcohol apart from the myths will be presented. The nature of alcoholism will be introduced. A film (see Appendix E) on alcohol or alcoholism will be shown.



Session 3. Changes take place in the home when alcoholism exists. Alcoholism is a disease. It effects the family member by way of different or funny behavior. People have many problems, and sometimes when they don't know how to cope, they drink. Other ways of coping will be discussed. The program will emphasize the changes; the ways the changes affect the family; and the fact that although the alcoholic person is acceptable, the child can respond in self-protective ways. These ways will be discussed.

Session 4. Family membership and clanship go hand-in-hand. The meaning of father, mother, and siblings will be presented, along with what each does to make a happy home. Why we have parents, brothers, and sisters will be presented. Any clan member who drinks affects the family. The students will draw pictures of their parents and share the pictures with others, discussing the family interaction.

Session 5. Each person is an individual who also has a need to be part of a family. It is okay to think, talk, listen, be responsible, and make choices for one's self. Children will create puppet scenarios, re-enacting typical alcoholic home scenes, to enhance expression of feelings; practice communication skills; and rehearse ways of coping in a family that has alcoholic members.

Session 6. There are different feelings expressed in different situations. Children will list the different feelings and apply them to what kinds of situations they relate to. It is okay to express one's feelings. The film "Children of Denial" (see Appendix E) will be shown.

Session 7. Discussion will take place regarding how the student's feelings toward his/her mother may be different from his/her father.



This is because there are certain things which cause such differences. Problems related to the children's home life will be discussed.

Session 8. The importance of the body we have will be stressed. We need to take care of it. It must be protected, exercised, rested, and provided with good nourishment. It is important to be healthy. Children will participate in a body drawing activity and then talk about how they can take care of their bodies.

Session 9. Students should have courage to develop individual skills regardless of the odds against it and have courage to stand up and express themselves. A film on courage, "All Bottled Up" (see Appendix E), will be shown.

Session 10. The "I am not alone" idea comes from sharing experiences within the group. Personal experiences with alcoholic parents will be shared with others.

Session 11. I am a good person who has the right to exercise my judgment to decide and plan. I can trust, feel, and express myself. I want to grow into a healthy and happy person. The students will learn to sing a traditional song and complete a journal.

Session 12. Departing time is the time to highlight some things that the group did and recognize what everybody else learned from them. An evaluation form (see Appendix G) will be completed by each student. It also is a time to say good-bye and plan the option to rejoin the group later in the school year.

#### Validation of Proposed Program

The program as outlined will be presented the first time as a way of observing the utility of the materials and procedures. Changes and improvements will be made as appropriate, with special attention being

paid to whether or not the materials are understandable, interesting, and meaningful to the Navajo children.

Following this initial presentation and revision, the program will be tested in a more formal manner. The evaluation form will be revised for pre- and post-testing. Other testing items will be developed which may help to demonstrate whether the children have learned the material, and they will be followed to observe whether there was an actual change in their behavior.

It is likely that occasional follow-up sessions with the children will also be useful in reinforcing and encouraging the application of the teachings from the program.

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- Waite, B. J., & Ludwig, M. J. (1983). A growing concern: How to provide services for children from alcoholic families. Rockville, MD: Department of Health and Human Services, National Institution on Alcohol Abuse and Alcoholism.

APPENDICES

Appendix AProfessional People Contacted

1. Mr. James Sandoval, Director of Alcoholism Program  
Navajo Alcoholism Treatment Center  
Crownpoint, NM 87313
2. Richard K. Kruis, M.D., Chief  
Alcoholism and Substance Abuse  
Box G  
Window Rock, AZ 86515
3. Marian Zonnis, M.D.  
Division of Mental Health  
Indian Health Service  
Window Rock, AZ 86515
4. Caroline Martin, School Psychologist  
Chuska Boarding School  
Tohatchi, NM 87325
5. Jeffrey Henry, Former Councilman  
Star Route 5, Box 10-A  
Gallup, NM 87301
6. Dr. Michael Storck, Clinical Psychologist  
Mental Indian Health Service  
Fort Defiance, AZ 86504
7. Mr. Ernie Zah, School Board Member  
Window Rock School District No. 8  
Fort Defiance, AZ 86504
8. Mrs. Evangeline Yazzie, School Teacher  
Toadlena Boarding School  
Toadlena, NM 87324
9. Mr. James Mason, Director of Social Services  
Lovelace Gallup Medical Group  
Gallup, NM 87301
10. Frank Collins, a Medicine Man  
Church Rock Chapter  
Church Rock, NM 87311



Appendix B  
Questionnaire

To be administered by school faculty, counselors, and administrators as a final screen for alcoholism problems in the child's home.

If you are wondering whether there is a drinking problem in your family, check it out by answering the following questions.

	Yes	No
1. Do you lose sleep because of someone's drinking?	___	___
2. Do you think a lot about problems that arise because of that person's drinking?	___	___
3. Do you ask for promises to stop drinking?	___	___
4. Do you make threats?	___	___
5. Do you have increasing bad feelings toward the person?	___	___
6. Do you want to throw away his or her liquor? Or hide it?	___	___
7. Do you think that everything would be okay if the drinking situation changed?	___	___
8. Do you feel alone, rejected, fearful, angry, guilty, exhausted?	___	___
9. Are you feeling an increasing dislike of yourself?	___	___
10. Do you find your moods changing as a direct result of his/her drinking?	___	___

	Yes	No
11. Do you try to deny or conceal the drinking situation from friends?	___	___
12. Do you cover for and protect the person?	___	___
13. Do you feel responsible and guilty for the drinking behavior?	___	___
14. Are you beginning to withdraw from friends and outside activities?	___	___
15. Have you taken over responsibilities that used to be handled by the other person?	___	___
16. Are there arguments because too much money is spent on drinking?	___	___
17. Do you find yourself trying to justify the way you feel and act in reaction to the drinking behavior?	___	___
18. Do you have any new physical symptoms like headaches, indigestion, nausea, shakiness?	___	___
19. Do you feel defeated and quite hopeless?	___	___
20. Is your schoolwork suffering because of the drinking problem?	___	___

Three or more "Yes" answers mean there is a drinking problem. You do need to see someone. You need help--for yourself. You must not let the drinking cripple your life. Remember, you're not alone.

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Revision of questions developed by Betty Reddy, Program Specialist, Alcoholism Treatment Center, Lutheran General Hospital, Park Ridge, IL. Taken from the film "Soft is the Heart of a Child" (Alcoholism Treatment Center & Reddy, [\_\_\_\_]).

Appendix C  
Animal Stories

This type of animal story is an example of stories typically used to teach moral principles and behavior to younger children. This one illustrates that the loudest and the biggest can't always win but someone who is persistent in getting what they want.

How the Day and Night Were Divided

Long ago, before there were such things as day and night, all the animals met and discussed how long the night and day should be. Should it be equally divided, or a longer night than day, or vice versa?

Different animals, like the ones that prowl at night and others that hunt in the daytime, had their reasons to have a certain length of night or day.

No one knew how it should be done, so they all went to meet the sun, who was the one who permits light and night.

The sun said, "You should be the ones to decide this since you will be down there on earth. Let me know what your decision will be."

They invited all different kinds of animals from the small ones, like ants, to the large ones, like elephants. Some animals wished to have more time given to night than day. Others liked to see long daylight so they could hunt and build things to live.

The big brown bear was chosen to represent the longer night, like 10 years of darkness and one day so the lazy bear could sleep most of the time.

The other groups of animals suggested that there should be one day and one night, and these animals selected a little frog to represent them. The thing to do was to announce their plan so all the animals, and also the sun, could hear and see who would win.

The big bear started with a big roaring voice announcing 10 years of night and one day. On the other side of the river, you could hear the frog repeating a phrase of "One night, one day." In rhythmic manner, both repeated what they wanted loud and clear.

The big brown bear lost his heavy voice until he couldn't utter a sound. He could only open his mouth and try to drink water because his throat became too painful.

Meanwhile, on the other side of the river, the little frog continued saying "One night, one day." The frog won the contest.

So, to this day, we have one night and one day right after one another.

In the analogy, it is not how big and loud you are but how persistent your message is.

The inconsistent alcoholic parents are big, strong, and the loudest in their inappropriate behavior, but young children need to persist or believe that their parents still love them. They are only sick when drinking.

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The Navajo culture stories have been passed on only verbally to the next generation. The author learned this story from the Navajo elders.

## Appendix D

### Indications of Alcoholism

This is a general checklist of behavior that is often exhibited by children of alcoholics. It would be used by teachers to help them in identifying children of alcoholics. It might also be used to obtain teachers' impressions of possible change in students as a result of participating in the program.

#### General Indications

1. Morning tardiness (especially Monday mornings).
2. Consistent concern with getting home promptly at the end of a day or activity period.
3. Malodorousness.
4. Improper clothing for the weather.
5. Regression: thumbsucking, enuresis, infantile behavior with peers.
6. Scrupulous avoidance of arguments and conflict.
7. Friendlessness and isolation.
8. Poor attendance.
9. Frequent illness and need to visit nurse, especially for stomach complaints.
10. Fatigue and listlessness.
11. Hyperactivity and inability to concentrate.
12. Sudden temper and other emotional outbursts.
13. Exaggerated concern with achievement and satisfying authority in children who are already at the head of the class.
14. Extreme fear about situations involving contact with parents.

### Indications During Alcohol Education

1. Extreme negativism about alcohol and all drinking.
2. Inability to think of healthy, integrative reasons and styles of drinking.
3. Equation of drinking with getting drunk.
4. Greater familiarity with different kinds of drinks than peers.
5. Inordinate attention to alcohol in situations in which it is marginal; for example, in a play or movie not about drinking.
6. Normally passive child or distracting child becomes active or focused during alcohol discussions.
7. Changes in attendance patterns during alcohol education activities.
8. Frequent request to leave the room.
9. Lingering after activity to ask innocent question or simply to gather belongings.
10. Mention of parent's drinking to excess on occasion.
11. Mention of drinking problem of friend's parent, uncle, or aunt.
12. Strong negative feelings about alcoholics.
13. Evident concern with whether alcoholism can be inherited.

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Obtained from the following reference:

Ackerman, R. J. (1983). Children of alcoholics: A guidebook for educators, therapists, and parents. Holmes Beach, FL: Learning Publications, Inc.

## Appendix E

### Suggested Pamphlets, Books, Games, Films, and Filmstrips

This list of pamphlets, books, games, films, and filmstrips would be used in both training the teacher or personnel and in educating young children.

#### Pamphlets and Books for Children

Black, C. (1982). It will never happen to me. Denver, CO: MAC Printing & Publications.

Black, C. (1985). Repeat after me. Denver, CO: MAC Printing & Publications.

#### 1. Ages 5 to 10

##### Nonfiction

Black, C. (1979). My dad loves me, my dad has a disease. Newport Beach, CA: ACT.

Seixas, J. (1977). Alcohol: What it is, what it does. New York: National Council on Alcoholism.

##### Fiction

Melquist, E. (1974). Pepper. New York: National Council on Alcoholism.

#### 2. Ages 8 to 12

##### Nonfiction

Al-Anon Family Groups. (1977). What's drunk, mama? New York: Al-Anon Family Group Headquarters, Inc.



Seixas, J. (1979). Living with a parent who drinks too much.

New York: Greenwillow.

Fiction

Sherburne, Z. (1959). Jennifer. New York: William Morrow.

Snyder, A. (1975). First step. New York: Holt, Rinehart and  
Winston.

3. Ages 12 to 15

Nonfiction

Al-Anon Family Groups. (1964). It's a teenage affair. New  
York: Al-Anon Family Group Headquarters, Inc.

Al-Anon Family Groups. (1973). Ala-teen, hope for children of  
alcoholics. New York: Al-Anon Family Group Headquarters,  
Inc.

Al-Anon Family Groups. (1974). If your parents drink too  
much. New York: Al-Anon Family Group Headquarters, Inc.

Hornik, E. (1974). You and your alcoholic parents. New York:  
Public Affairs Pamphlets.

\_\_\_\_\_. (1974). What everyone should know about  
alcoholism. Greenfield, MA: Channing L. Bete Co.

Fiction

Hammer, E. Jr. (1974). You can't get there from here. New  
York: Bantam Books.

Oppenheimer, J. (1976, October 7). Francesca, baby. New  
York: Scholastic Scope Magazine, Scholastic Book  
Services.

Stolz, M. (1974). Edge of next year. New York: Harper and  
Row.

Summers, J. L. (1966). The long ride home. Philadelphia: Westminster Press.

Woody, R. (1968). One day at a time. Philadelphia: Westminster Press.

4. Ages 15 to 18

Nonfiction

\_\_\_\_\_. (1977). Alcoholic in the family? Greenfield, MA: Channing L. Bete Co.

Hornik, E. (1974). You and your alcoholic parents. New York: National Council on Alcoholism.

Silverstein, A., & Silverstein, V. (1975). Alcoholism. New York: Lippincott.

\_\_\_\_\_. (1976). Someone close drinks too much. Washington, DC: U.S. Government Printing Office.

Wegscheider, S. (1980). A second chance. Palo Alto, CA: Science and Behavior Books.

Fiction

Jackson, C. (1944). The lost weekend. New York: Farrar, Straus.

Mahoney, B. (1974). A sensitive, passionate man. New York: McKay.

Rebeta-Burditt, J. (1977). The cracker factory. New York: Macmillan.

Smith, B. (1947). A tree grows in Brooklyn. New York: Harper and Row.

Games

Black, C. The stamp game, a game of feelings.

### Films

Alcoholism, a family problem. Chapel Hill, NC: Health Sciences Consortium.

Another change. Minneapolis, MN: Onsite Training & Consulting, Inc.

Bitter wind. Provo, UT: Brigham Young University.

Children of denial. Newport Beach, CA: ACT.

Do as I do. Provo, UT: Brigham Young University.

I think. Hastings-on-Hudson, NY: Wombat Productions, Inc.

If you loved me. San Diego, CA: Operation Cork.

A story about feelings. Minneapolis, MN: Johnson Institute.

The summer we moved to Elm Street. New York: McGraw Hill Films.

Thinking about drinking. Northfield, IL: Perennial Education, Inc.

1. Ages 5 to 12 (also useful for ages 16 to 18)

All bottled up. Glendale, CA: AIMS Instructional Media Services, Inc.

2. Ages 12 to 15

Like father, like son? Washington, DC: National Audiovisual Center.

3. Ages 14 to 18

The secret love of Sandra Blain. Long Beach, CA: Norm Southerby and Associates.

Soft is the heart of a child. Skokie, IL: Gerald T. Rogers Productions, Inc.

### Filmstrips

Alcohol and children. Freeport, NY: Educational Activities, Inc.

Alcohol awareness. Pomfret, CT: Focal Point.

Family arena. Kansas City, MO: RMI Media Productions.

Me, myself, and drugs. Pleasantville, NY: Guidance Associates.

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Lists were obtained from the following authors:

Ackerman, R. J. (1983). Children of alcoholics: A guidebook for educators, therapists, and parents. Holmes Beach, FL: Learning Publications, Inc.

Black, C. (1985). Repeat after me. Denver, CO: MAC Printing & Publications.

Deutsch, C. (1982). Broken bottles, broken dreams: Understanding and helping the children of alcoholics. New York: Columbia University Teachers' College Press.

Miles, S. A. (Ed.). (1974). Learning about alcohol: A resource book for teachers. Washington, DC: American Association for Health, Physical Education, and Recreation.

Appendix F

Paradigm for a Proposed Group Educational and Counseling Program for Children of Alcoholics\*

Phase	Content	Leader's role	Rationale
Pre-group	Concept of alcohol. Present alcoholism along with types of problems students usually have.	Give the students information and observation.	Insure proper knowledge of alcohol.
	Referral.	Solicit referrals.	Insure appropriate membership.
	Screening.	Interview and test referred students.	Insure appropriate membership.
	Parents.	Prepare, distribute, and collect written parental permission.	Enlist support of parents.
Session 1	Establish comfort-building relationship.	Facilitate.	Reduce anxiety level and develop trust.
Session 2	Present facts of alcohol and alcoholism.	Facilitate.	Provide knowledge.
Session 3	Change: Alcoholism as a disease.	Offer comments such as "Lots of things change in families when someone drinks."	Provide knowledge.

Phase	Content	Leader's role	Rationale
Session 4	Family members and clanship.	Explain each member's role and interaction.	Look more closely at family members.
Session 5	It's okay.	Explain and reassure positive quality.	Personal quality.
Session 6	Feelings.	Explain different types of feelings.	Explore feelings.
Session 7	Feelings about your family.	Comment on family.	Explore hurt of family.
Session 8	Body.	Present facts and discussion.	Importance of body.
Session 9	Courage.	Present quality of courage and discussion.	Do not give up easily.
Session 10	I am not alone.	Facilitate.	I am okay.
Session 11	I am a good person.	Facilitate quality.	Encourage continued personal growth and strength.
Session 12	Departing time. Highlight personal growth and evaluation.	Comment and say good-bye.	Recognize individual growth and feedback.

\*The format is derived from Kern et al. (1977).

Appendix GEvaluationYour Feelings About the Group

	True	False
1. I learned that it is bad to drink.	T	F
2. I learned that other kids have the same kinds of problems at home as I do.	T	F
3. I learned how to stop someone from drinking.	T	F
4. I would not have come if I wasn't paid.	T	F
5. The group made me feel that I should drink differently than I have been doing.	T	F
6. The group made me feel that I should deal with problems in my home differently than I have been doing.	T	F
7. It would ruin the group if an adult were present.	T	F
8. I would like to keep coming to this group or another CASPAR group.	T	F
9. I said things in the group about myself and my family that I don't usually tell people.	T	F
10. I often think about what goes on in the group.	T	F
11. Since I've been in the group, I have drunk less.	T	F
12. Most people in the group don't know what I am going through at home.	T	F



	True	False
13. Before I came to the group, I didn't realize that so many of my troubles at home were due to alcohol.	T	F
14. Outside of the group, I tried out something I learned in the group.	T	F
15. Being in the group makes me feel good when I leave.	T	F
16. The peer leaders did most of the talking in my group.	T	F
17. I learned things in the group that I can really use.	T	F
18. I liked reading what the peer leaders wrote in my journal.	T	F
19. Things that are said in group are so private that you really can't repeat them outside the group.	T	F
20. By being in the group, I learned that one of my parents is probably an alcoholic.	T	F
21. I talked to friends about what goes on in the group.	T	F
22. I've tried to teach my brothers and sisters some of the things I've learned in group.	T	F
23. I didn't write anything very personal in my journal.	T	F
24. I've made friends with some of the members of my group and see them outside of group.	T	F

	True	False
25. I would be embarrassed if my parents knew some of the things I've talked about in group.	T	F
26. I told a friend that I was coming to group for the pay, but that wasn't the real reason.	T	F
27. Since I've been in the group, I have felt less lonely.	T	F
28. Since I've been in the group, I have felt less angry at my parents.	T	F
29. It's hard for me to come to group because sometimes I get too upset.	T	F
30. Sometimes I try to remember something that has happened to me so that I can tell the group about it.	T	F
31. I have talked to the peer leaders about some things that have been bothering me.	T	F
32. I look forward to coming to group.	T	F
33. I wish the group would continue, even if we wouldn't get paid.	T	F
34. Our group really had great kids in it.	T	F
35. I wouldn't tell my friends that I came to a CASPAR group.	T	F

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This CASPAR format has been requested by mail.

Written by Dr. Ruth Davis of CASPAR Alcohol Education, 226 Highland Drive, Somerville, MS 02143.