Academic Success for Students in Families Affected by Alcoholism

Students who have a parent who abuses alcohol or drugs need special supports and services to succeed.

#### **By Christine Plackis**

Christine Plackis is a school social worker on Long Island, NY; a member of the School Social Work Association of America/Oxford University Press Advisory Board; and a past president of the New York State School Social Workers' Association.

Created in collaboration with the National Association of School Psychologists (NASP) to facilitate partnerships between principals and school psychologists and to remove barriers to learning. Additional resources are available at www.nasponline.org/resources/ principals. ohn, an eighth grader with a generally benign discipline record, was sent to the principal's office for questioning about an incident between the teacher and another student in one of his classes. The principal perceived John to be a respectful young man but observed that he was particularly sullen, making little eye contact and, at points, acting unusually jumpy and nervous.

Concerned by his behavior, she asked pupil personnel services about John's background and learned that he was a below-average student with inconsistent attendance, yet his academic testing indicated that his IQ was around 120. The principal also learned that John's father was a recovering alcoholic with a volatile temper, his mother suffered from depression and anxiety, and his elementary-age sister's behavior was out of control at home—both verbally and physically. The principal wondered how she and her staff members could support John academically, socially, and emotionally. She also wondered how many other students in the building were just like John—and whether anyone knew about them.

## An Increasingly Common Tale

John's father had a serious alcohol problem from the time John was a toddler until around age 12. His recovery process only began consistently when John was about 14. When John's father drank, he was verbally abusive to the entire family and also was occasionally physically abusive to his wife. It wasn't until the middle of his seventh-grade year that John came to the attention of the child study team.

His mother disclosed that he had been in therapy for post-traumatic stress disorder (PTSD) as a result of his father's behavior. John often talks about childhood memories of his mother locking him, his sister, and herself in the bathroom to escape from his father. John's father is now in recovery, but John reported to his counselor and the school social worker that his father's temper is still an issue in the family. His mother is not working consistently and confided to the school social worker that she continues to struggle with depression and anxiety. And the family's current finances are such that neither John

nor the family can get any kind of counseling outside of school.

Stories like John's are becoming familar tales in schools across the country. Increasing numbers of people are out of work and turning to substances for comfort. When they are interested in getting constructive support, they are often stymied by lack of resources and insurance. The adolescent children of those adults don't have the life experience to process the trauma of addiction and subsequent family discord, putting their academic futures in jeopardy.

More than a quarter of the children in the United States will be exposed to a traumatic event before turning four years old (US Department of Health and Human Services, 2011), and the National Institute on Alcohol Abuse and Alcoholism estimates approximately one in four children is exposed to familial alcohol abuse or dependence before turning 18 (US Department of Health and Human Services, 1999). Youth exposed to trauma are more likely to have experienced other problems, including missing more than one day of school per week and using alcohol, tobacco, or marijuana. To responsibly educate these students, schools must help them cope emotionally. In fact, a recent study found that traumainformed care improves the behavioral and emotional health of children and can lead to improved school attendance (US Department of Health and Human Services, 2011).

### **Behavioral Indicators**

So how are trauma responses and family addiction linked? The signs of PTSD include often appearing nervous or jumpy or scaring easily, having difficulty trusting people, having difficulty sleeping or concentrating, and often acting out in anger. John's mother reported to the child study team that John manifested all of those signs, which prompted a psychotherapist to give John an early diagnosis of PTSD.

Helping teens who have been affected by a parent's addiction is contingent upon identifying them. Such students may seek out certain places at school. For example, they typically have more physical complaints than their peers and therefore may make more frequent trips to see the nurse. They may frequently seek the assistance of a school counselor for many issues—except a parent's alcoholism. To avoid going home, they may overextend themselves by participating in a multitude of cocurricular activities.

In addition, the students most likely will be involved with disciplinary actions because chaotic homes may not provide the opportunity for them to learn how to successfully navigate school rules and authority. The students may also be overachievers in the hopes of restoring family order through their accomplishments (Newsam, 1992).

Parental addiction has behavioral indicators, as well. Students living with an addicted parent typically exhibit some or all of the following behaviors: They appear withdrawn and go out of their way to be alone in an effort to hide a parent's drinking from



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# Where Students Affected by Parental Addiction Can Be Found

- In the school health office because they typically have physical complaints
- In the student support services office to get help from a counselor, although they won't mention their parents' addiction
- In many cocurricular activities so that they can stay on school grounds after the school day ends
- In administrators' offices because many are rebellious
- In high-achieving classes and activities if they have perfectionist tendencies

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# The Signs of Post-Traumatic Stress Disorder

- The student sees the event happening again, sometimes while awake
- The student acts out the event during recreational play
- The student fears items or places linked with event
- The student appears nervous or jumpy or scares easily
- The student has difficulty trusting people
- The student demonstrates difficulty concentrating
- The student often acts out in anger

Many students are directly and indirectly exposed to substance abuse on a daily basis, yet addressing such a problem is not a primary facet of the mission of schools. others. Students may be rebellious and are well-known in the disciplinary system. They may exhibit perfectionism and hope that being the best at everything will make others like them. They're also often class clowns—the students who use their sense of humor to please others and hide the fact that they feel so different from everyone around them (Nassau County Department of Drug & Alcohol Addiction, 1991).

Once students who are affected by familial addiction have been identified, supportive services are the key to their academic, social, and emotional success. For example, John is now in the 10th grade. As a result of an assessment when he was in 8th grade, he was determined to be suffering from depression in addition to PTSD, substantially affecting his ability to function academically. That qualified him for services under IDEA. John now receives instruction in a resource room and is in a small class setting for math. He also receives weekly individual counseling with the school social worker, who uses trauma-focused cognitive behavior therapy to help John become more aware of how his thoughts about his traumatic childhood affect his current life functioning.

In ninth grade, with the help of his school counselor John was placed in a character development mentoring program that uses visits to local colleges to help at-risk students see their full potential and to motivate them to plan for postsecondary education. John has expressed interest in a law enforcement career, so the school social worker will arrange for him to meet with a local police officer this year to discuss the requirements of a career in law enforcement. The school counselor also encouraged John to take a criminal justice elective.

The social worker and the school counselor regularly invite John's mother to informal meetings that sometimes include the resource room teacher. John's father also gets his own invitation to all school meetings involving academic planning for John. His resource room teacher maintains consistent contact with all of John's teachers and passes that feedback along to his mother. Teachers also regularly stop into student support services to check on John's home status. At the ninth-grade spring planning conference last year, the staff reported that John's attendance had improved somewhat and that he had passed all of his classes for the first time since he entered middle school.

## **Next Steps**

The following elements should be in place when considering whether students in your school come from homes where someone is suffering from substance abuse.

**Identification.** Faculty and staff members should have an understanding of where those students may be found.

**Connection.** Students who have been identified or strongly suspected of having an addicted parent should be connected with student support services—optimally by an adult in the building with whom the student already has a trusting relationship.

**Parent involvement.** Involve parents to every extent possible, and

# **Meeting Emotional Needs to Reduce Academic Barriers**

Before we are accountable for our students' academic achievements, we are accountable for their safety and health. A primary responsibility of any educator is ensuring that risks to students' physical and emotional health are not barriers to their academic and personal growth. Within education circles, traditional conversations center on student substance abuse and addiction. As the economy continues to lag and increasing numbers of communities deal with resulting societal issues, however, educators are called upon to address the impact of familial alcohol and substance abuse on their students.

At Floral Park (NY) Memorial High School, our staff is routinely updated regarding warning signs of students who are potentially dealing with substance abuse or post-traumatic stress disorder (PTSD). In recent years, our school community has experienced significant tragedy with events occurring both within the local community and on a larger scale beyond. Our school's location in the suburbs bordering New York City has sensitized the community to the havoc wreaked on families that suffer tragedy and other stressors. We routinely devote faculty meeting time to raising awareness and providing training regarding procedures for students who exhibit symptoms that may be related to abuse, neglect, depression, anxiety, and other stressors that become obstacles at school. Although educators do not intentionally ignore warning signs and calls for help from students, some struggles are masked. Very rarely does a child present him- or herself to a teacher or a clinician articulating exactly what he needs. Educators must be keenly aware of the students who occupy their buildings. We must know our students as the people they are and not merely as data points that help or hinder our struggle to meet AYP each year.

For programs to be successful, school leaders must be proactive in their approach to identifying and treating students who deal with substance abuse or PTSD as a result of issues in the home. Protocols for identification and intervention must be adhered to with vigilance to prevent students from suffering in silence. Administrators; counselors; and clinicians, such as school social workers, must follow through on all reports of behavior that suggest that a student is struggling. Mentoring must be in place for students who are dealing with adult substance abuse in the home and the pressures that this situation brings. Without robust support systems, more and more children will continue to face challenges that prohibit them from reaching their full potential as students and as the future of society.

#### Kathleen Sottile

Principal, Floral Park (NY) Memorial High School

## What Does a School Social Worker Do?

- Enhances the academic mission by providing services that strengthen home-school-community partnerships
- Actively addresses barriers within the student, the home, the school, and the community that interfere with the student's achievement
- Engages in such practices as assessment, crisis intervention, home visits, conflict resolution, individual and group counseling,

consultation, program development, and coordination of school and community services for the mainstream and special education populations

**Source:** School Social Work Association of America. (2001). School social work: Ensuring student success. Connecting schools, families & community...Removing barriers to education [Brochure]. Sumner, WA: Author.

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## Where to Go for Guidance

Center for Mental Health in Schools at the University of California–Los Angeles http://smhp.psych.ucla.edu

School Social Work Association of America www.sswaa.org

US Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov



Successful achievement of this mission involves reducing barriers to learning and, in doing so, showing an appreciation for the biological, social, emotional, and cultural factors that provide the context for students' lives. make the school a welcoming and safe place for them to get connected to administrators and student support services personnel.

Assessment. When a student has been identified and his or her parents have been involved, assess the student's academic and social and emotional functioning. Are IDEA services appropriate? If not, identify the informal supports that exist in your building to help the student.

Services. IDEA services (e.g., a resource room, smaller class settings, school counseling as part of the IEP) and building resources (e.g., student support services, mentoring programs, clubs, sports, and community partnerships) can help students be successful.

#### **Ongoing Effort**

Although administrators and educators actively campaign against substance abuse, in many communities, alcohol use in particular is a socially acceptable pastime for adults and teens alike. Some parents see teenage drinking as a rite of passage: it is OK because they, too, experimented as teenagers.

Many students in are directly and indirectly exposed to substance abuse on a daily basis, yet addressing such a problem is not a primary facet of the

mission of schools. Compounding this reality is the notion that a great deal of "current school improvement policy and practice marginalizes interventions related to such problems" (Center for Mental Health, 2010, p. 16). Nevertheless, schools must continually promote the healthy development of students and foster a positive school climate. Successful achievement of this mission involves reducing barriers to learning and, in doing so, showing an appreciation for the biological, social, emotional, and cultural factors that provide the context for students' lives. PL

### REFERENCES

 Center for Mental Health in Schools at the University of California–Los Angeles.
(2010). Youth substance use interventions: Where do they fit into a school's mission? Los Angeles, CA: Author.

Nassau County Department of Drug & Alcohol Addiction (1991). What kids should know about parents & drinking. South Deerfield, MA: Channing Bete Co.

 Newsam, B. S. (1992). Complete student assistance program handbook: Techniques & materials for alcohol/drug prevention and intervention in grades 7–12. West Hyack, NY: Center for Applied Research in Education.
US Department of Health and Human Services, National Institutes of Health. (1999). One in four children exposed to family alcohol abuse or alcoholism [Press release]. Retrieved from www .niaaa.nih.gov/NewsEvents/NewsReleases/ Pages/4children.aspx

■ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2011). *Helping children and youth who have experienced traumatic events*. Retrieved from www.samhsa.gov/children/SAM HSA\_Short\_Report\_2011.pdf