

AN ABSTRACT OF THE THESIS OF

Mary Lou Triperinas for the degree of Doctor of Philosophy
in Counseling presented on June 10, 1987.

Title: Rational Emotive Education: Its Effects on the Locus
of Control and School Behavior of Hidden Children of
Alcoholics

Redacted for Privacy

Abstract approved: _____

Forrest Gathercoal

This study examined the effects of an eight week Rational Emotive Education Program (REE) on the perception of locus of control and the reduction of the number of disciplinary referrals of self-revealing children of alcoholics (COA's) in a school setting.

The sample included 74 randomly selected middle school students. The children of alcoholics population was unknown at the offset of the study.

A review of the literature supported the possibility of a COA's perception of locus of control being a contributing factor to possible problems in school.

The Nowicki- Strickland Locus of Control Scale for Children and a count of disciplinary referrals were pre-post measures of the effectiveness of the REE program.

Seventy five percent of the experimental group receiving disciplinary referrals were self-revealing COA's. One hundred percent of the five students expelled from school during the study were COA's.

The REE intervention had no significant effect on the experimental population as a whole. HOWEVER, REE had a significant effect on the reduction of the COA's number of disciplinary referrals at a .001 level, a significant change effect on the locus of control of COA's at a .044 level, and showed a significant effect on the correlation between the reduction of referrals and the locus of control change toward the mean.

Fifty two percent of the COA's having a history of disciplinary referrals had a pre-locus of control that was atleast two standard deviations from the mean; one hundred percent of the COA's without a referral history had locus of control scores within one standard deviation of the mean.

A COA relationship was found with the independent variable of absenteeism at a .002 level of significance.

This data suggests that children of alcoholics responded significantly to a Rational Emotive Educational intervention within a school setting. Both the COA locus of control scores and the number of disciplinary referrals

changed more significantly than at the .05 level.

Further study of the effects of REE on the behavior of COA school disrupters, hidden and at risk within the schools, is recommended.

c Copyright by Mary Lou Armstrong Triperinas

May 27, 1987

ALL RIGHTS RESERVED

RATIONAL EMOTIVE EDUCATION:
ITS EFFECTS ON THE LOCUS OF CONTROL AND SCHOOL BEHAVIOR
OF HIDDEN CHILDREN OF ALCOHOLICS

by

Mary Lou Armstrong Triperinas

A THESIS

submitted to

Oregon State University

in partial fulfillment of
the requirements for
the degree of

Doctor of Philosophy

Completed June 10, 1987

Commencement June 1988

APPROVED:

Redacted for Privacy

Professor of Education in Charge of Major

Redacted for Privacy

Head of Department of Counseling/Education

Redacted for Privacy

Dean of ~~School~~ of Education

Redacted for Privacy

Dean of the Graduate School

Date thesis is submitted May 27, 1987

Typed by Mary Lou Armstrong Triperinas

DEDICATION

"You say, "How can a teacher or guidance counselor make a difference when everything in a kid's world reinforces the messages of shame and guilt? But I think it's like listening to a symphony. There may be an overwhelming amount of sound, but if the person sitting behind you is tapping his foot out of rhythm, you hear it. Even though it's one little voice, it's so dissonant with the message you've heard that it takes on importance. One voice speaking, when your whole world is shouting something different... it can really make a difference. Especially if that voice is saying something that feels good to hear."

(Deutsch 1983)

This dissertation is dedicated
to all of those who are listening
and
to all of those who understand enough to speak

ACKNOWLEDGMENTS

To the many school people and students who have supported my efforts along the way and who have given me the needed time, space, understanding and love...

To my students in the Community Alternative School who taught me about the problems of being a COA

To my committee: Forrest Gathercoal for dealing with the hoops; Vic Savicki for helping with the overall planning and statistical data ; Dick Jensen for providing cheer-filled encouragement and deletion of errors; Joe Sandelbaugh for rearranging and sense making; and Christina Alcantara for being an enthusiastic reader and listener...and to Dave Niess for help in statistical analysis

To Lyndy and Rob Romancier who have tolerated my being Mom to hundreds of other kids throughout the years and who continue to have faith that I won't run out of love...

To Trip who has kindly taken second place to a dissertation for the past year and who has helped me to believe that there will be life after "Ph.D.hood"...

To my Mom and Dad who always had hope, faith, and love in a complicated, red-headed, quick-tempered daughter whom they somehow understood "thought with her heart"...

THANK YOU ALL SO VERY MUCH

TABLE OF CONTENTS

CHAPTER ONE

Introduction.....	1
Need for Study.....	1
Purpose of Study.....	6
Research Objectives.....	6
Null Hypotheses.....	7
Definitions.....	10
Limitations of Study.....	12

CHAPTER TWO

Review of Literature.....	14
The Law.....	17
School Problems.....	18
Heightened Risks.....	22
Paternal Alcoholism.....	25
Family Patterns.....	28
Locus of Control.....	37
Family Roles.....	45
Rational Emotive Therapy.....	53

CHAPTER THREE

Methods and Procedures.....	61
Population Sample.....	61
Measurement Instruments.....	64
Disciplinary Referrals.....	66
Instrument of Change.....	66
Method of Testing.....	67
Treatment Procedures.....	68
Statistical Techniques.....	72

CHAPTER FOUR

Presentation of Analysis.....	74
Hypothesis 1.....	74
Hypothesis 2.....	75
Hypothesis 3.....	77
Hypothesis 4.....	78
Hypothesis 5.....	79
Hypothesis 6.....	80
Hypothesis 7.....	80
Hypothesis 8.....	81
Hypothesis 9.....	82
Hypothesis 10.....	83

TABLE OF CONTENTS CON'T

Hypothesis 11.....	84
Hypothesis 12.....	85
Hypothesis 13.....	86
Hypothesis 14.....	87
Hypothesis 15.....	88
Hypothesis 16.....	89
Hypothesis 17.....	90
Hypothesis 18.....	90
Hypothesis 19.....	91
Hypothesis 20.....	92
Hypothesis 21.....	93
Summary of Results.....	94
CHAPTER FIVE	
Discussion of Results.....	96
Significance of Findings.....	103
Recommendations for Further Study.....	104
BIBLIOGRAPHY.....	106
APPENDICES.....	118

LIST OF TABLES

TABLE		PAGE
1	Sample Population Means.....	74
2	Evaluation of Relationships of Pre-test Locus of Control between Those Receiving D.R.'s and Those Who Did Not.....	76
3	The Effect OF REE on the Reduction of Disciplinary Referrals.....	78
4	Evaluation of the Effect of REE on All COA Pre-Post D.R.'s.....	79
5	Evaluation of Change of Locus of Control Pre-Post Intervention.....	81
6	Evaluation of COA Perception of Locus of Control Change.....	82
7	Evaluation of THE Deviation Away from the Mean for COA's Locus of Control.....	83
8	Locus of Control for COA's with Disciplinary Referrals.....	84
9	Locus of Control of COA's without Disciplinary Referral History.....	85
10	Evaluation of Difference of Locus of Control Scores between COA Groups.....	86
11	Number of Self-revealing COA's in Experimental Group.....	87
12	Relationship between Being a COA and Having a High Number of Disciplinary Referrals.....	89
13	Relationship between Grade Point Average and Being a COA.....	89
14	Change Scores of Locus of Control.....	90
15	Comparison of Change Scores of COA's and nonCOA's.....	91
16	Relationship between Having a Large Number of Absences and Being a COA.....	92

TABLES CON'T

TABLE		PAGE
17	Comparison of Type of Household between COA and nonCOA.....	93
18	Relationship between Being Expelled from School and Being a COA.....	93

RATIONAL EMOTIVE EDUCATION: ITS EFFECT ON THE LOCUS OF CONTROL AND SCHOOL BEHAVIOR OF HIDDEN CHILDREN OF ALCOHOLICS

CHAPTER 1

INTRODUCTION

The purpose of the study was to discover the effects of Rational Emotive Education (REE) on the perceived locus of control and the number of school disciplinary referrals received by children of alcoholics (COA's). Rational Emotive Education exercises combined with peer group solving techniques were the instruments of change used in this study, their purpose being to cognitively change, and perhaps strengthen, the ability of a child of an alcoholic to make more appropriate decisions about his/her school behavior by considering himself/herself the source responsible for consequences of those decisions.

In the selection of the sample population, however, the COAness of the population was blind to the researcher due to school policy of not identifying or labeling students as children of alcoholics.

NEED FOR STUDY

Within any school population there are unserved groups of youngsters who, because of their home situation, do not understand how to "behave appropriately." This dissertation will address the habilitation of one of these hidden

populations, hidden because of the perceived social stigmatization of identification of such youngsters. The population of which I speak is the children of alcoholics, COA, population, children who may live in home atmospheres in which the affect of the abuse of alcohol by parents or even youngsters prohibits and skews the perceptions of those who live therein.

Armed with coping skills necessary to exist within this alcoholic home system, the COA comes to school prepared to use his/her controlling skills in the classroom and the halls. For some , the ones who have taken on the hero personality roles in which search for perfection is the goal to off-set the imperfections of their home system, school becomes the arena in which to strive for excellence at any cost to the personality. (Black,1981)

For others, those who at home have coped by becoming the comic relief, the scapegoat for the anger, or the passive, hiding resister, school becomes the arena for failure, continued shame, and guilt, adding to an already low self esteem and feeling of little self-worth.

(Deutsch,1982)

Often these negative feelings are translated into inappropriate behaviors truly unrecognized by the offenders because of their ability to function well (as they see it) in their homes with the very same and seemingly appropriate coping skills. Mercier ("Outlook on the 80's Adult Literacy") expresses the problem well; she says,"The person

is unaware of the changing environment because his/her own seems unchanged."

To the personnel of the school, these COA youngsters appear to be no different from any other students; for many teachers the term COA is not understood nor are the concepts lying behind it. (Romancier, 1985) When the suggestion is made to identify COA's in order to habilitate their coping skills for surviving in the school system, schools often resist, claiming that identification of alcohol abuse in the home is none of the school's business and might be grounds for a law suit.

Professional schools still teach almost nothing about alcoholism and even less about its effect on family members. In consequence educators and social service personnel of types fail to help their students and young clients to cope with the most potent and formative confusion in their lives. (DiCicco, 1981)

"In school, we'll have everything being looked at - their learning disabilities and behavioral functioning but nothing is asked about parental drinking. They look at every other symptom but never look at that." (Morehouse, 1981)

Since children of alcoholics develop academic, emotional, social, legal, alcohol or drug problems and come to the attention of professionals working in these different problem areas, there is a need for a massive training effort for professionals.... Therefore, it is necessary to have schools take more responsibility in reaching out to and helping these children.

(Alcohol Health and Research World, 1984)

Sharon Wegscheider-Cruse, noted author on the subject of COA's, stated in a policy issue: "I would like to see a policy mandating that school personnel be trained to

recognize children who are living in either alcoholic or violent homes. "

"The purpose of most programs for children of alcoholics is to relieve their stress and to prevent future disability" (Russell et.al.1984) However he warns that"identification as a high risk subject can also be harmful by creating negative expectations among teachers, school counselors, etc."

The COA may remain hidden unless his/her behavior brings him or her to the attention of school authorities either through outstanding feats or through poor grades, inappropriate behavior, or simple non-attendance. Even when the last three occurrences happen, seldom is the subject of the COA-ness of the student approached, mentioned, or even thought of as an area for habilitation. It is for this very reason that this author has chosen to pick the subjects of locus of control and Rational Emotive Education treatment for the population of adolescents who are considered to be disruptive in the school system since it is the author's belief that over 50% percent of those adolescents in trouble within the school system are children from alcohol abusing homes. (Romancier, 1985)

A fact sheet published by the Children of Alcoholics Foundation (no date mentioned) stated that:

- 1) teenage children of alcoholics are twice as likely to have psychiatric treatment for conduct disorders, anxiety or depressive symptoms or to abuse alcohol and other drugs.
- 2) Children of

alcoholics are three times more likely to be expelled from school, or drop out due to early marriage, pregnancy, institutionalization, or military enlistment. 3) Some teenage children of alcoholics appear more resilient and are top-ranking "mini" adults who perform all functions well, but seem to experience no personal satisfaction in their successes, and 4) Teachers report that children of alcoholics are more likely to be hyperactive or delinquent. They have more difficulty concentrating or forming trusting relationships.

A child who is dependent on his home for parental love, support, direction and instruction must use the coping procedures demonstrated as viable in that system if he is to live within it. When the same child, no matter what age, encounters another system which does not use the same coping styles, she becomes confused and disoriented and copes by relying on skills already familiar to him or her. These skills are often in direct opposition to those demanded by the new system. Confusion is often the result. The ability to swiftly change roles is often complicated by the lack of knowledge that such a change is imperative to survival in the new arena. The tools for such a survival change may be altogether lacking and cannot be learned easily. It is much like appearing at a baseball game ready to play in scuba diving gear and then trying to play the game without changing.

Since COA's may remain hidden within the school population as well as the rest of society, this dissertation will address them within the ranks of the school disrupters with the sincere belief that they will identify their

problems within a group framework conducive to such identification and, with such reeducation, may learn to apply the new coping behaviors necessary for their success in the schools.

PURPOSE OF STUDY

The focus of the research for this dissertation encompassed the interconnection between the perception of locus of control of some adolescent children of alcoholics and their misconduct in the school system. Because of a possible extreme perception of their locus of control, some adolescent children of alcoholics may significantly benefit by changing their perception of locus of control and thus, in turn, effect their ability to control their own problematic, self-destructive school behavior.

RESEARCH OBJECTIVES

The questions which this research attempted to explore were the following:

- 1) Is there $<.20$ correlation between the pre-locus of control scores and number of disciplinary referrals?
- 2) Will more than 50% of the students with a history of disciplinary referrals self-reveal as COA's?
- 3) Is the perceived locus of control of a majority of the self-revealing COA's within one standard deviation the mean?
- 4) Is the perceived locus of control of a majority of

the self-revealing COA's with D.R.'s within one standard deviation of the mean?

5) Does an eight week Rational Emotive Education peer group situation significantly change the perception of locus of control of a self-revealing COA?

6) Is there $<.20$ correlation between the change of perception of locus of control and the reduction of the number of disciplinary referrals for the entire group? for COA's?

7) Will an eight week group session using REE significantly reduce the number of disciplinary referrals a student accumulates in a two month period?

8) How will an REE group setting effect the locus of control and number of disciplinary referrals of self-revealing COA's?

9) Might a change in a COA's perception of locus of control significantly change the number of his/her of disciplinary referrals?

NULL HYPOTHESES:

The following hypotheses were analyzed in this study:

HO₁ There is not $<.20$ correlation between locus of control scores on the Nowicki-Strickland Locus of Control scale and the pre-intervention number of disciplinary referrals.

HO₂ There is no significant difference at the (.05) level in the perception of locus of control as measured on the

pretest Nowicki-Strickland Locus of Control Scale for Children between those students who have a history of five disciplinary referrals or more and those students who do not.

HO₃ There is no significant difference at the (.05) level between the number of disciplinary referrals received in the two month period before the intervention and the two month period during and following intervention.

HO₄ There is no significant difference at the .05 level between the number of disciplinary referrals received in the two month period before the intervention and the two month period during and following intervention for self-revealing COA's.

HO₅ There is not $<.20$ correlation between a change of perception of locus of control and the reduction of D.R's.

HO₆ There is not $<.20$ correlation between a change of perception of locus of control and the reduction of disciplinary referrals for self-revealing COA's.

HO₇ The perception of locus of control within the experimental group will not change significantly at the (.05) level after an eight week REE peer problem-solving group.

HO₈ The perception of locus of control within the experimental group will not change significantly at the (.05) level for self-revealing COA's after attending an eight week

REE peer problem-solving group.

HO₉ The locus of control of a majority of self-revealing COA's will not be one standard deviation away from the mean in either direction.

HO₁₀ The locus of control of a majority of self-revealing COA's receiving DR's will not be one standard deviation away from the mean in either direction.

HO₁₁ The locus of control of a majority of self-revealing COA'S not receiving DR's will not be perceived as being within the mean.

HO₁₂ There will be no significant difference at the .05 level on the post test between the perceived locus of control of self-revealing COA's receiving DR's and that of self-revealing COA's not receiving DR's.

HO₁₃ Less than fifty percent of the experimental population of students receiving DR's will self-reveal as COA's.

HO₁₄ There will not be $<.20$ correlation between a change in a COA's perceived locus of control toward the mean and his/her ability to reduce the number of D.R.'s received.

HO₁₅ There will be no significant relationship between COA-ness and the number of D.R's received pre-intervention.

HO₁₆ There will be no significant relationship (.05) between COAness and GPA.

HO₁₇ There will be no significant difference at the (.05) level between COA's and non-COA's in the experimental group in their change of locus of control.

HO₁₈ There will be no significant difference at the (.05) level between COA's and non-COA's in the experimental group in their change in number of D.R.'s.

HO₁₉ There is no significant relationship (.05) between absences and being a COA.

HO₂₀ There is no significant relationship (.05) between type of household lived in and being a COA.

HO₂₁ There is no significant relationship (.05) between being expelled and being a COA.

DEFINITIONS TO BE USED

ADOLESCENT CHILD of an ALCOHOLIC FAMILY (COAF): a child between the ages of 12 and 18 years of age who lives in a situation wherein at least one of the primary caretakers or a sibling is perceived by the child as having a drinking problem.

ALCOHOLISM: the occurrence of any major life problem related to alcohol including marital separation or divorce, multiple arrests, physical evidence that alcohol has harmed health, or job loss or layoff due to drinking. (Schuckit, 1979)

CHILD OF AN ALCOHOLIC (COA): any child from birth to the age of eighteen who has lived with or is presently living with a parent or step parent who has the disease of alcoholism.

COAness: A term coined by this author to embrace the qualities adopted by those living in an alcoholic home.

CO-ALCOHOLIC: a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically), on an alcoholic person. Eventually, this dependency on another person becomes a pathological condition that affects the co-dependent in all other relationships. (Wegscheider- Cruse, 1985)

DISCIPLINARY REFERRAL: a form used by teachers to report a child's disruptive behavior to a principal or vice principal for further action to be taken.

LOCUS OF CONTROL: a perception of events, either positive or negative, as being a consequence of one's own actions, thus INTERNAL LOCUS of CONTROL, or a perception of positive or negative events as being unrelated to one's own behavior, thus beyond personal control or EXTERNAL Locus of Control.

RATIONAL EMOTIVE EDUCATION (REE): a therapeutic approach which depends on changing an individual's internal cognitive operations, i.e. thoughts, ideas, beliefs, perceptions, or attitudes by focusing on problem solving strategies,

attribution of causes to events, and self-verbalizations; in short, any of the internal cognitive strategies that determine an individual's external behaviors. (Newcomer,1980)

SELF-REVEALING: displaying, exhibiting or disclosing (without being asked) one's most private feelings or thoughts which label oneself as being part of a particular phenomenon.

LIMITATIONS OF THE STUDY

1) Having conducted this study in the school setting, many unforeseen interruptions, management problems, and school-related variables make this study unreplicable.

2) Only sixth and eighth grade students were used in the study. The results thus do not reflect other grade levels.

3) Permission had to be given by the parents of the students to participate in the study thus limiting the actual randomness to those students whose parents would give permission.

4) Self-revelation of COAness on the part of the students may have kept some of the students from being counted as COA's when they actually do belong in this category.

5) Although the groups followed a structured weekly plan for discussion and activities, the groups' actual discussion varied and topics of personal interest interfered with strict application of the planned lesson.

6) This study does not reflect the use of an REE program

specifically designated for a COA population. It reflects only how COA's in a randomly chosen group may behave without being singled out as the target population.

CHAPTER TWO

REVIEW OF THE LITERATURE

There remains a lack of published empirical research on children of alcoholics now, nearly twenty years after M.Cork's 1969 empirical study of 115 children of alcoholics, Much of the recently published material (Black, 1981; Wegschieder-Cruse, 1985 ; Deutsch, 1982 ; Sexias, 1985; Ackerman,1984) has been founded upon years of clinical observations, experience, and research, the precepts of which are now being strengthened as well as challenged by today's empirical work.

Problems of psycho-social studies on children of alcoholics include the fact that much is anecdotal, based on case findings rather than employment of research instruments and measures; no standard definition exists of alcoholism and alcohol abuse, resulting in confusion as to the nature of the problems being investigated; and the fact that controls are often drawn from dysfunctional groups, such as the emotionally ill. (Watters and Theimer, 1978)

The criticisms continue by stating that methodological weaknesses include little control being exercised over dependent variables such as sex, age, and the amount of deviant behavior associated with the parental drinking. It becomes difficult then to compare studies, to make general inferences and almost impossible to replicate studies. Woodside, in her report to the governor of New York, concludes that "There is obviously a tremendous need for research to

answer many questions about children of alcoholics."

(Woodside, 1982)

In the year 1984, Robert Niven, director of the National Institute of Alcohol Abuse and Alcoholism, stated that there were approximately seven million COA's (Children of Alcoholics) under the age of twenty years old in the United States, many of whom display major and/or minor types of psychopathologies in the forms of impaired self esteem, reality recognitions, and academic and vocation performance. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) further estimates that in every classroom four to six children out of twenty five come from alcoholic homes.

In 1981 the Department of Health and Human Resources reported that only 5% of the school aged children of alcoholics in the United States are identified and receiving any type of help. COA's acting out behaviors include delinquency, running away, and drug and alcohol abuse, all of which contribute to their dropping out of school. (NIAAA, 1984)

The O'Gorman and Ross Reports (1984) indicate that alcoholism was by far the most frequently reported problem affecting families of youngsters in the juvenile justice system; 55% of those in placement came from homes where there was an alcoholic parent. In an observation by Lund and Landesman-Dwyer (1979) alcoholic's children scored higher on the MMPI neuroticism triad. Forty to ninety percent of child and family agency caseloads are children of alcoholics.

(Booz- Allen, 1974) However a variety of coping mechanisms seen in some COA's were identified as those of very responsible and high achieving young people.

"Studies indicate that parental drinking is most detrimental for children of six to seven, in early adolescence, and again in later adolescence. (Bosma, 1975) "It is highly probable that many cases of educational dropout can be attributed to parental alcoholism." (Ackerman, 1983)

Compared to normal children, Fine et.al.(1976) found that children aged eight to twelve were significantly more disturbed...

less able to maintain attention, less responsive to environmental stimulation, and much more prone to emotional upset... they are more subject to aggressive behavior and show evidence of deficient learning of certain moral modes of conduct. There is also evidence that they are socially isolated and pre-occupied with inner thoughts rather with concern for what is going on around them.

In a large metropolitan area, a study of predominately blue collar, white neighborhood, school children who were in grades 10-12 indicated that as large a percentage as 44% of the students tested were children of problem drinkers, one forth, in the category of COA's. However the school social worker reported that none of these particular identified students had been referred by teachers or had been self-referrals " An interesting observation, however, is that, despite the fact that the majority of the children's achievement was at grade level or above, almost all had

failed one or more classes in the past semester."

(Pilat, 1984)

THE LAW

The COA population and its inherent problems will continue to remain hidden within the public school system of this nation as long as the schools deny that such a group of children exists within that system. The idea of social stigma preventing the access to alcoholism information about the home is addressed by Biek when she reports that to her surprise, "It was not difficult to gain consent and cooperation of most of the parents and adolescents" when she was addressing a screening test for identifying adolescents adversely affected by a parent drinking problem. However she continues by saying, " This in part may have been due to the fact that in our society currently , stress (which her survey expressed as the major value being dealt with) is an acceptable problem; whereas alcoholism (which her study measured) often has strong negative connotations and social stigma." (Biek, 1981)

Denial, stigma, and the need to keep alcoholism a family secret deter parents from seeking help for children. Further, treatment programs are reluctant to offer assistance directly to youngsters under eighteen without consent from parents or guardians. (Woodside, 1982)

However, new laws include the right for a youngster to be treated without the consent of a consenting adult. Deutsch (1983) states:

The law fails to provide clear ground rules for when treatment without parental consent is justified and when it is an infringement of rights. Given recent legal trends, the nature of the illness, and a remediation process that is essentially educative and supportive, there seems to be legal basis for assuming that consent and adequate disclosure are not required for adolescents but must be obtained for younger children.

The fear of law suits, the freedom from labeling and its perceived stigma, and the belief that home affairs are none of the school's business (except in the case of abuse, neglect, and socio-economic cases) will continue the denial of the COA school problem which indeed is not only the family's but the school's and society's also.

Children of alcoholics are often educationally impeded, comprising a disproportionate share of our annual school drop out rate, a population which goes on to be undertrained and chronically under-employed in adulthood. (Deutsch, 1983)

Our social system from schools, to courts, to medical and welfare programs, are forced to deal with COA's who become overt casualties. All too often, our response is to address the resulting symptoms, without a recognition of the deeper underlying causes. (Cermak, NIAAA 1984)

SCHOOL PROBLEMS

The coexistence of parental alcoholism with such variables as poverty, family disorganization, anti-social milieu, and other drug abuse has made it difficult for researchers to clarify the direct connection between child school-related behavior and parental alcoholism. Although many empirical studies of COA's have been hampered by lack of an accepted operationally based clear definition of COA

and alcoholism as well as the lack of control groups, the using of a definitely selected group of COA's and not using blind studies for data base collection (thus prejudicing possible outcomes), and not controlling for variables which might influence the findings, the results may still be worth noting in the discussion of school behavior.

Some alternative schools in Oregon are heavily populated by COA's, unidentified formally as such, but there because of their inability to succeed in the regular school setting, so great are their stresses and confusions.

(Romancier, 1985)

Researchers have long noted that children of alcoholics are more likely than others to be chronically depressed and suicidal, emotionally detached and socially isolated; and characterised by low self esteem. (Deutsch, 1983)

Knop's 1984 discussion of children at high risk for alcoholism as a result of parental alcoholism states that a young male at risk is more impulsive, gets more easily into fights, appears more nervous in interviews, appears to be less thoughtful and less passive, and has more school problems than his control group counterpart. These characteristics, along with those to be discussed later, lend to the inability of some COAF's to remain in the school setting.

The review of the empirical research correlates lack of academic achievement with being a child of an alcoholic. Marcus and Tisne in their study of COA's with alcoholic mothers (1985) state, " In school the proportion of children

with alcoholic mothers placed in special education classrooms is greater than the proportion of comparison children in special classes." They also report that academic achievement of the same population scored significantly lower than the comparison group on the mathematics, reading recognition, reading comprehension, and total scales of the PIAT (Peabody Individual Achievement Test). Mentioned also in this study, as suggested in previous research, "Laxity in maternal discipline tends to foster lack of self control, impulsivity, and disobedience, and is associated with more serious kinds of maladjustment" (Field and Widmayer, 1982)

One might suspect that special placement of an adolescent who may already feel isolated and whose self esteem may have already suffered both at home and at school might lead a youngster to wish leave the ranks of school disciplines if the underlying problem is never addressed or understood. Combining poor academic performance with disruptive behavior or lack of self control may lead to early school departure. Marcus and Tisne state:

In this group of children (25 girls and 15 boys with alcoholic mothers), a child of an alcoholic mother is more likely to originate from a disrupted family unit, be placed in special education, be female, to perceive the mother as demonstrating lax control, originate from a relatively lower SES household, and have school officials contact the family more frequently than children whose mothers have no drinking problem.

Marital instability seemed to be the most salient between group discriminator.

Scientific studies concerning the percent of COA adolescents who are exhibiting behaviors which precede dropping out (a history of numerous disciplinary referrals, suspensions, expulsions, truancy, and /or attendance in alternative schooling) is lacking. With federal monies targeted for drug education, children at risk, and drop out prevention, attention to the deficiencies in coping skills of those COA's who are on the fringes is imperative.

The heightened risks to children of alcoholic parents was clearly demonstrated by Steinhausen in his 1984 study.

There was a tendency for conduct disorders to correlate with paternal alcoholism and for emotional disorders to correlate with maternal alcoholism, but both types of disorders occurred with the same frequency among children with two alcoholic parents.

In an exploratory study of COA's, John Rimmer, Washington University, (1982), discerned that the problems among COA's were the same as for the control group(children of depressives and normal children) EXCEPT in the area of behavioral problems. A behavioral problem in Rimmer's study was considered a problem

when any of the three informants(teacher, parent, or child) reported a behavior as being a problem and when the behavior was repeated and persistent for a period of time longer than a year. This also pertained to a child's being expelled or suspended from school or when a parent was summoned to the school for a special conference for the problem.

Much of the research data and many professional observations note that COA's often perform poorly at school, have low self-concepts and significant difficulties with inter-

personal and peer relationships. (NIAAA, 1984 ; Booz-Allen and Hamilton, 1974 ; Black, 1981 ; Hindman, 1975 ; Chafetz, 1979 ; Russell, Henderson, Blume, 1985 ; Whitfield, 1980 ; Cotton, 1979 ; El-Guelaby, 1977 ; Kritzer, 1985)

For the past twenty years, clinical reports and emperical studies have suggested that children of alcoholic parents can have many learning problems in school and are at heigh-tened risk for becoming part of the drop out population. (Chafetz, Blane and Hill, 1971 ; Cork, 1969 ; Deutsch, 1982 ; Marcus and Tisne, 1985)

HEIGHTENED RISKS

The heightened psychiatric risk for all children of alcoholic parents was clearly demonstrated by Steinhausen in his 1984 study.

There was a tendency for conduct disorders to correlate with paternal alcoholism and for emotional disorders to correlate with maternal alcoholism, but both types of disorders occurred with the same frequency among children with two alcoholic parents.

According to Bosma (1975), over 50% of the children age 2-18 who were referred to him because of behavior disorders had an alcoholic parent. Of the 200 adolescents referred for drug problems, 67% had an alcoholic parent.

In their study of parental influence on personality patterning, Aronson, and Gilbert (1963) found evidence of passive aggressive personality in boys with alcoholic fathers. From groups of adolescents who were "in trouble"

legally or emotionally, they inquired about parental alcoholism, looked at a sample of COA's, and examined children who were considered at risk. They found that only on projective tests that the COA's showed more ambivalence toward fathers or authority figures, more identification with mothers, greater low self, and fewer expectations for the future. The problem with authority figures is often the reason that adolescent youngsters find themselves facing disciplinary measures in the school system and is often connected with low self worth.

Kerney and Taylor (1969) found COA's more likely to receive more serious psychiatric diagnosis, to act out internal conflicts, to attempt suicide and to experience legal difficulties. Cork (1969) described older school COA children as having more school difficulties than a control population. Morrison and Stewart (1971) looking at hyperactivity and alcoholics, found the problems to be overlapping along with those of hyperactivity and anti-social behavior. Krammeier (1971) discovered that COA youngsters seemed to have more school absenteeism, come from homes in which the marriage was unstable, and the father's occupational level was lower. However, Krammeier also states, "The misuse of alcohol beverages by parents did not appear to be the direct cause of severe problems of maladjustment." COA children may be more exposed to maternal ambivalence and lack of clear expectations from either parent. (McCord, 1960)

In their conference report of 1985, the National

Institute of Alcohol Abuse and Alcoholism (NIAAA) emphasized the increased risk to COA's self esteem and locus of control and report, "significant differences are most convincing when considering self-esteem and psychological problems as well as within the cognitive abilities and performance area". (Bennett, Wollin, 1985) The significant difference is found mainly in cognitive and emotional-psychological areas at the .05 level. "Boys are reported more often to exhibit such problems, especially with respect to hyperactivity."

A study by Tarter et. al.(1984) suggests that hyperactive children are more likely than non-hyperactives to have a biological father, but not an adoptive father, who is an alcoholic.

The subjects with paternal alcoholism performed more poorly on tests measuring attention, memory, perceptual-motor coordination, motor speed, spatial sequencing, and language capacity. They also performed less well on a test of reading comprehension...Since historical variables examined are also correlated with each other, it is prudent to conclude that the relatively poor test performance in children of alcoholics is the result of a complex interaction of genetic, developmental, and familial factors.

However, Tarter et.al. (1985) refuted earlier statements by noting in a more recent study that

sons of alcoholic fathers did not differ from the sons of nonalcoholic fathers on either the number or the pattern of features denoting hyperactivity or minimal brain dysfunction.

Cermak (NIAAA, 1984) proposes that there may be much more subtle brain damage that accounts for the dispropor-

tionate number of COA's with hyperactivity and learning disabilities. That reason being linked to FAS, fetal alcohol syndrome. The question of paternal alcoholism and its possible effects on offspring needs to be further explored.

PATERNAL ALCOHOLISM

"Clinicians have long suspected that COA's are at risk for a number of social, behavioral and intellectual abnormalities." ... Paternal alcoholism has been associated with social and psychiatric disturbances, delinquency and defiance of authority, and hyperactivity. (Ervin et al, 1984)

In Ervin's study

Children raised by alcoholic fathers had a mean IQ score seven points lower than a comparable group of children. The difference was also apparent in verbal and performance IQ's. All subtest scores (WISC, WAIS, WRAT) were lower for offspring raised by alcoholic fathers.

The chaotic nature of the home with its unpredictability, anxiety, and neglect are related by Ervin to poor cognitive performance in children. He suggests that children of alcoholic fathers should be considered a population "at risk".

In an "Adolescents' Response to Parents' Alcoholism", Priest offers

An alcoholic father affects an adolescent's peer and family relationships, school performance, emotions, and creates struggles with the adolescent's fears, anger, grief, low self esteem, and poor sex identification.

Girls with antisocial personalities were more likely to have fathers who were alcoholics and substance abusers than

girls with neurotic or borderline personalities according to Gibbs. (1982)

The presence of a father with severe psychological problems and/or antisocial behaviors e.g. drug and alcohol abuse, contributes disproportionately to faulty socialization in female children ... a negative identification with fathers might form the basis for the development of delinquent behaviors...the social learning perspective, there is the tendency to model after fathers (absent or present) particularly in view of their early patterns of drug abuse and defiance to adult authority." This defiance is often seen in the school system as defiance of any authority figure.

These findings are in contrast to Nylander (1960) who implied that parental alcoholism caused no damage to the child's physical or mental health, although he did suggest that their personalities might be adversely affected if the parents showed extremely deviant behavior when associated with alcoholism.

Lee Robins in his 1977 study of children who were deemed a high risk population for unfavorable and legal problems independent of their father's drinking (illgitimate children, children with young parents, children of dropouts from school, children living in broken homes, children whose father had been arrested) states that it is reasonable to believe that since alcoholism appears to be more frequent in men who themselves had a history of school problems and delinquency, that alcohol would affect the circumstances of the child's rearing. Thus the children would be at risk in two ways: alcoholic fathering and at risk, independent of drinking. Of the 157 children of the 80 fathers who had

academic and attendance problems, 51% had an alcoholic father. The fathers had also displayed these behaviors (shown on collected school records): 61% had repeated at least one semester of school, 17% had been seriously truant or expelled from elementary school and 36% had dropped out of school before graduation. Some of the children had followed in their father's path: 66% had been held back, 24 were seriously truant and 44 had dropped out, the latter two figures being significant statistically. Robins concludes,

Parental alcoholism, family structure, and pre-alcoholic behavior patterns form a complex of closely interrelated patterns that are passed on from generation to generation.

The characteristics that are common to most children of alcoholic parents, (Cork, 1969; Morehouse, 1979); the roles that they play (Wegscheider, 1979), and the negative impact of the parental alcoholism on children (Booz-Allen, 1974 ; Keane & Roche, 1974 ; Fine, 1976 ; Haberman, 1966 ; Bosma, 1972 ; Kern et.al., 1981 ; Richards, 1980 ; Black, 1979 ; Chafetz, 1971) have all been well documented.

In examining the negative consequences of alcoholic parentalism, there is agreement that the alcoholism has the capacity to adversely influence the emotional, cognitive, and social functions of children who are exposed over long periods of time. The specific difficulty is in relationships. (Frank, 1982)

These relationships are formed as part of the coping skills learned as family patterns.

FAMILY PATTERNS

Children in alcoholic families are not only predisposed to developing alcoholism, they are more liable to suffer child abuse and neglect, emotional and behavior disorders, to perform poorly in school, and to suffer adolescent adjustment problems," reports a study in 1982 by D.E. Bradford.

Russell (1984) in his review of literature states,

Children of alcoholics were found to have a higher incidence of behavior problems, psychiatric disorders, and psychosomatic systems than control children, with more social maladjustment and delinquency in adolescence...Children from alcoholic homes reported lack of self confidence, feelings of rejection, anger toward and disrespect for the alcoholic parent, and resentment toward the nonalcoholic parent.

Growing up with an alcoholic father, mother, or both, has many psychological and social implications for a child...Discipline is often inconsistent, normally shared activities of life are denied, and the child sees that his parents do not live by society's rules. (Sloboda, 1974).

Clinebell (1968) adds to this problem that of the parent's role reversal or shift, inconsistent, unpredictable relationships, and the family's increased social isolation as factors that cause emotional damage.

Basics of a healthy home environment include food, clothing, shelter, love, support, and consistency. For the children of alcoholics, basic needs may well be absent or inconsistently and uncertainly available. Instead of experiencing childhood as a time of trusting dependency and parental care, many children of alcoholics are forced into precocious independence and decision making. (Kritzer, 1985)

Cork (1969) surmised that the key to alcoholism lies in the interpersonal relationships within the family. When asking

the children in her study to express their major concerns, the concerns lay in the areas of parental fighting, lack of interest in the children by both the adults, and the unhappiness of the parents, not in the drinking per se.

A review of the conceptual approaches used by those children who find themselves vulnerable to learning inappropriate behaviors but who remain competent may be useful in comparing their situations to those of some COA's. El-Guebaly and Offord (1979) suggest that

the search for differentiating variables between competency and incompetence has just begun in the alcoholic field. The concepts suggested have been delineated through the observation of children with other psychosocial handicaps since few are readily available from the world of the COA.

El-Guebaly cites Anthony (1974) as he suggests that invincible children might experience the following:

- A) a trustful relationship with their parents within a supportive and "expectable" environment
- B) the inner potentials adequate to cope with a particular environment, i.e. the child can adapt to his environment
- C) the coping skills to master actions and roles on the basis of what they want to accomplish for themselves rather than what the environment is expecting of them
- D) the capacity to conceptualize and order the incoming data so that they become meaningful for the individual to act upon.

Some COA's are able to experience one or two of the above mentioned elements in their lives; few experience three or all four of them. Vulnerability due to areas of deprivation in any one of these four areas may lead to stresses responded to by "inappropriate" institutional school

behavior on the part of the COA.

The trustful parental relationships needed for strengthening invulnerability are ones in which the child can depend on the congruent and consistent actions and messages of a parent figure. Given the chaotic nature of some alcoholic families, (Black, 1981; Wegscheider, 1981) and the disease of alcoholism with the co- and enabling behaviors of those who live within the system, unhealthy trustful relationships for a COA might center around the unspoken secrets about the family conditions, supporting the inner rage, the grief, anger, and disappointment shared or denied silently in or outside the home.

Children of alcoholic parents can develop problems in interpersonal relationships as a response to impaired parental functions... By understanding this, and how the parent's impaired functioning affects treatment and making accurate interpretations to the child, latency age children can correct their faulty relationship styles... (Frank, 1982)

As a response to undependability, a child who has been repeatedly disappointed may feel that the only way to assure him/herself of attaining something is to use conning tactics. This becomes an interpersonal style of setting up situations in advance, exaggerating themselves so that they will appear to be worth being with, or become demanding in their relationships. Morehouse (1983) states,

Some of these children are totally unknowing of what is reasonable to expect from another person in terms of time and attention. In any interaction with peers the primary focus is self-centered and the goal is constantly to get for themselves.

Trustful relationships around generational boundaries are often broken within the alcoholic family. COA's often find themselves thrust into the adult roles of caretakers, both of other children in the family and of their parent(s) who may rely upon them as confidants, supporters, helpers, controllers, or understudies at any given time. The adolescent child often is called upon to become the authority figure for the household. Kimmel and Spears (1964) have pointed out that adolescents with alcoholic fathers live in homes where the father is relegated to the role of "another child" with no responsibility and little control. "An older child who takes over the mother's role is in the unfortunate position of having to mother her own mother and try to control the younger siblings." (Hecht, 1973)

This same child is unlikely to give up that responsible authoritarian role as s/he enters the school door. This may result in the overly responsible child in school or the child who defies any adult authority who threatens his prowess. It is the latter child whom this research hopes to habilitate with appropriate thinking skills to use his responsible role with wisdom. Peer and authority relationships often become difficult for the child who has not adapted his three non-trustful relationship tenets of the alcoholic system, "Don't talk, Don't trust, Don't feel," (Black, 1981) to the school atmosphere of talking, trusting, and feeling both aloud and on paper.

The invulnerability formed by developing inner potentials adequate to cope with a particular environment is probably a strength for the COA as well as a detriment. Michalik (1981) in his study of twenty sons of alcoholic fathers found that

adolescent sons of alcoholic fathers (who were participating in alcohol programs) appeared to have no more adjustment problems than sons of non alcoholic fathers on self acceptance, self control, femininity, sense of well being, social presence, socialization, tolerance, intellectual efficiency and psychological mindedness scales. They did differ from their peers in non alcoholic families in showing greater interpersonal communication skills, the ability to be persistent, and the ability to use rational decision making. They also appeared to be less influential and had a greater tendency to become confused under stress.

There is little question that COA's adapt to their home situation, but the flexibility of adaptation to environments outside their homes which do not require or tolerate the same coping skills in the same manner may be lacking. The reported ability to persist and the ability to make rational decisions are two coping skills that the research tool in this study plans to tap. However, Hecht (1973) points out

...A child in a family with an alcoholic member tends to be unable to persevere because of the model of identification is with an alcoholic parent who is full of excuses, promises, and broken promises. Repeated studies have shown that children of alcoholics are more prone than other children to delinquency, anxiety, neurosis, depression, hostility, and sexual confusion.
(Krimmel, 1964; Nylander, 1960)

"They need to dominate in order to defend themselves against internal signs of weakness or passivity." (Hecht, 1973)

Becoming invulnerable by using one's coping skills to

master what one wants to accomplish for oneself rather than what the environment is expecting of one could become a double bind for almost any child or adult, but especially for the adolescent COA. For an adolescent,

intertwined with adapting to physical changes, is attaining personal autonomy and achieving intimacy with others. ... In order to achieve self definition the adolescent must first separate himself emotionally from his parents.
(Polzella, 1984)

In an enmeshed alcoholic family system this may become difficult, perhaps even impossible, if the co-alcoholic parent or the alcoholic has his/her psychological hooks well embedded in the child. This happens when the parent "depends" on the child to caretake or emotionally support the parent.

Children in the alcoholic family system are forced to play roles and meet parental needs that children in other families are not forced to meet... Children in these systems like all children need love, gratification, and acceptance. Only through these unusual roles in the family can they insure that their own needs will be met. Unfortunately, they often carry these unusual role templates into relationships outside the family.
(Hecht, 1973)

If one member of the system is unable, or unwilling, to play his or her allotted roles, another member must take over if the system is to continue functioning." (Hecht, 1973)

The sex of the drinking parent, the pattern of drinking, and the number and ages of children may all affect the nature of role and task allocation in the family and thus the nature of the role responsibilities which the children are required to assume. (Orford, 1982)

Separation psychologically may become impossibly laced

with guilt which the child would carry if s/he were to leave or abandon the parental expectations in the home situation. The COA is often expected to be the confidant of the co-alcoholic parent, the parent for the other children, and the "responsible one" for the alcoholic him/her self. An adolescent will begin to encounter difficulties when he finds himself unable to cope with his journey toward a personal autonomy not modeled within his home atmosphere, his need for intimate relationships, again not modeled in a healthy way, and other developmental necessities. His tries for escape from stresses and frustrations may take the form of running away emotionally, behaviorally, or physically.

Many of the reported problems concern antisocial behavior and conduct problems, rather than anxiety, depression or neurotic behavior... Children who come to attention for their problems may represent a minority of children of alcoholics. Delinquency, truancy, aggressive behavior, hyperactivity, and temper tantrums are among the problems reported by the few carefully controlled studies as being more common among children of alcoholics... Problems in school, such as learning difficulties, conduct problems, and poor performances are also reported, but lack of comparison groups makes it difficult to say whether these are more common among children of alcoholics than among children from other homes where there is marital conflict and family disruption.
(Orford, 1982)

Nan Miller (1983) reports,

As it is usually too threatening to express anger toward parents, the child may manifest it other ways, for example, in school-related problems such as cutting class, underachieving, or being unable to concentrate; self-blame and feeling depressed; or displacing the anger onto friends, siblings, and authority figures. Furthermore, the social stigma of having an alcoholic in the family makes

an adolescent feel different, embarrassed, and ashamed. This is particularly painful at an age when a child needs to feel as if they belong.

Mastering what one wants takes a perceived inner locus of control which many adolescent COA's may lack due to their need to pay attention to their inconstant and unpredictable home environment for their own behavior cues. Living in an alcoholic home requires that one adapt to, and participate in, the insistent needs and compulsive wants reoccurring in the cyclic behavior patterns of others which become psychologically stress filled. An adolescent's wish to be able to control his environment, to see that he can effect his environment by his behavior, is often overshadowed and extinguished by the mere appearance of the alcoholic parent on the scene over whom he has learned he has no control or effect. He cannot control the drinking behavior nor can he count on the pre drinking promises or the post drinking reactions to his behavior.

The knowledge that this drinking behavior takes precedence over any other family or personal desire has been learned well. What the youngster wants to accomplish for himself is often acted out in other arenas such as the school or the streets. The emotions which have been stuffed or denied at home surface outside the home in often inappropriate ways. Being able to communicate what he does want for himself through appropriate channels is often blocked by not knowing how or not believing that it would have any effect.

As the family disintegrates as a role modeling institution for communication, the child may choose to interact with those who innately understand "where he's coming from", his peers, who because of the same circumstances, communicate equally inappropriately outside the home. Together they choose behaviors unacceptable to or inefficient in society. Sharon Wegscheider-Cruse, in her book called Choicemaking, (1985) describes the feelings as, "Lost, defiant, confused, pessimistic, mistrusting, angry, and afraid, we have become defensive and seek only from those like ourselves."

The last way in which a child may become invulnerable to his circumstances is by developing "the capacity to conceptualize and order the incoming data so that they become meaningful for the individual to act upon". (Anthony, 1974) This task for many COA's is nearly impossible. The reality of incoming data often is flatly denied by those around him. (Black, 1981) The behaviors of the alcoholic are seldom talked about and often denied, even though everyone is aware of their presence. The co-alcoholic makes public excuses for his/her spouse as do the children if pressed to. The blackouts of the alcoholic prevent him/her from remembering actions, words, promises, etc. from that particular time period, thus denying any such action, word or promise ever took place. (Typpo, 1984) These types of behaviors make a mockery of trying to train or model the conceptualizing and the making order of meaningful incoming data.

Thus those attributes, according to Anthony, that may counteract the pressures in a child's life and make him/her somewhat impervious to the nature of his/her environment, and thus somewhat invulnerable, are often the very behaviors which are deleted from the adolescent COA role modeling because they are the very opposite of the behaviors required of one who must cope daily in an alcoholic home atmosphere.

The coping skills used within the family are perceived by the children as the way the world "is" or "should be". This perception of roles and behaviors creates within the child a pattern of perception of " who controls what" and the power, or lack thereof, that he or she carries into the outside world with him/her.

LOCUS OF CONTROL

Recognizing his own perception of a possibly unrealistic locus of control, whether it be internal or external, in situations outside of his home may be one of the key ways of empowering the COA to cope appropriately. It is this author's belief that within the home of a COA, s/he may need to continue the coping skills already in place since to do otherwise might threaten his/her removal from the home, family, and "sanity". However, learning to recognize appropriate situations wherein s/he can affect his environment, both at home and at school, through his/her own actions and

behavior is an awareness tool which may aid in functioning more successfully in the outside world.

Locus of control , like learned helplessness, concerns the beliefs that individuals hold regarding the relationships between actions and outcomes... A generalized expectation of external control is defined as a pervasive belief that outcomes are not determinable by one's personal efforts. The converse , an internal locus of control, is the belief that outcomes are contingent upon one's own actions... In general, persons who have described themselves as holding generalized expectancies of external control appear to behave in ways that are congruent with the descriptions of helplessness. (Lefcourt, 1980)

Whereas fatalism or external control beliefs are associated with apathy and withdrawal, the holding of internal control expectancies presages a connection between a person's desires and his subsequent actions. As such, locus of control can be viewed as a mediator of involved commitment in life pursuits. If one feels helpless to effect important events, then resignation or at least benign indifference should become evident with fewer signs of concern, involvement and vitality. (Lefcourt, 1976)

The book by Lefcourt (1976) has attempted to report on and summarize the tremendous number of studies which demonstrate the construct validity of locus of control as a personality variable. Confusion sometimes blurs the boundaries of this construct with other constructs such as needs for power, autonomy, and control as well as hope and expectancies. Even though there is confusion between these boundaries, each of the constructs is well represented in the struggle of a normal teenager to take his place in the adult world. It would be foolish for a child , for instance, to believe that his world were personally controllable since he is dependent on others to be in control. If one saw

himself with an internal locus of control, successful experiences could result in a sense of pride, positive effects and assertive behavior; however, if the same person failed or was not successful in a task, an internal locus of control could result in depression, self defeating self talk, and lack of ambition to try again.

A complication presents itself when one places a value judgment on one or the other of the locuses as being "better". It is the recognition of what one can control that is the theme of this paper, thus making necessary the differentiation between perceived external and internal locus of control.

In Rotter's social learning theory, specific expectancies take place in familiar settings where individuals will have established what causes what in the chain between actions and outcomes. However, in new situations, persons rely on their previous experiences for estimating what the outcome will be.

To maintain external control expectancies when opportunities are available to act in one's own best interest seems a tragic waste. Such mistaken situation-inappropriate externality resembles learned helplessness. Equally inappropriate is the maintainance of internal control expectancies in a non-responsive or malevolent milieu... A mistaken self reliance when one's actual skills are limited could be as self defeating as would be the helpless retreat of persons when opportunities for control are there. (Garber,1980)

The awareness of opportunities for the appropriate perception of one's internal or external locus of control is

part of the problem for a COA.

It seems, as Seligman states, that depression would seem to be more likely among persons who believed that positive outcomes occur noncontingently but that negative outcomes are contingent upon their actions. Little in the way of personal relevance could then be derived from positive events, and self concepts would more readily be affected by failures and unhappy experiences. The imbalance between attributes for successes and failures could be diagnostic of depression and other difficulties.

Children who suffer upsets and traumas when they are too young to cope with those events are found to exhibit certain behavioral deficits in late childhood and adolescence. These deficits, in turn, allow an inference of the development of an external locus of control or helplessness with regard to specific areas in which the children have been traumatized. The more recall of the early stresses, the less likely the subjects were to give themselves credit for their personal abilities and skills relevant to outcomes." The early stresses often pertain to death, separations, or strife within the family. (Garber, 1980)

"Dependent personalities and the need for approval lead children of alcoholics to tolerate and enable abusive situations, and make them vulnerable to exploitation." (Russell et.al., 1984)

Perceived locus of control research relates directly to the home situation in which the COA finds himself and his possible inability to act in accordance with the expectations of him in the school setting. In social learning theory (Rotter, 1954, 55, 60,) perceived locus of control occupies a central place.

The potentiality of the occurrence of a set of behaviors that lead to the satisfaction of some need (need potential) is a function of the expectancies that those behaviors will lead to these reinforcements (freedom of movement). Freedom of movement is defined as the expectancy of obtaining positive satisfaction as a result of a set of related behaviors. Within the locus of control construct, a person views himself in conjunction with the things that befall him and the meaning that he makes of those interactions between himself and his experiences.

Implicit in this discussion are the elements of predictability and control. If a person is able to often predict the results of his or another's actions, he can use this prediction to plan personal control of the situation with some sense of confidence that his acts can and will create desirable effects. If a task is solvable through an exercise of skill, then a person will use his experience with that task as a basis for making estimates of future likelihood of success or failure. Phare's (1973) investigation provided that an "early indication of a subject's perception of control was useful in predicting the type of judgments he would make in response to success or failure in a given task.

The ability to predict, and thus perhaps control what will come, is dashed within most alcoholic home atmospheres where inconsistency abounds. With alcohol as an intervening agent in the home, realities are set aside or denied defensively as if they never happened; promises are often unkept; incongruency, as to what is done matching what is said is the watchword; double bind situations and the

ability to predict activities hinge on the strength and effect of a foreign, nonhuman chemical. (Typpo, 1984)

It is suggested by Morehouse (1983) that social and interpersonal responses of a child resulting from impaired parenting patterns of alcoholic parents may look like this:

<u>Parenting Pattern</u>	<u>Social/Interpersonal response of child</u>
1: Role instability	pseudo-adult, overdependence
2. Environmental chaos	patsy, clinging, oppositional
3. Undependable	exaggeration, lying, stealing, manipulation
4. Emotional unavailability	demanding, selfish, obnoxious withdrawing, fantasizing

By looking "in control", the alcoholic family's control element pervades the family itself as it tries for the wished for goal of keeping the secret of alcoholism. Control by concealment begins a pervasive system of denial which hides the alcoholism and the family's failure to control it. (Beletsis & Brown, 1981) Brown and Cermak (NIAAA, 1984) state that the most significant source of anxiety for the adult child of an alcoholic is the control issue.

Soyster (1984) in her treatise, "Adult Children of Alcoholics, Heirs of Shame" explores various aspects of how the control factor becomes central to the child of an alcoholic. The attribution of drunken behavior to something or someone other than the alcoholic often becomes the child's burden to bear when s/he is made to believe that his/her behavior can control the drinking i.e. "be good, so --- won't drink" The failure at this goal puts the control

recognition in a double bind as s/he feels both controlling and controlless. Soyster explains that, as a child relentlessly strives to achieve the impossible goal and fails, s/he will try to hide the failure behind "a brittle facade of control that is tenuously maintained by the defensive coping style". It becomes safer to react than to initiate.

Ackerman (1983) speaks of COA's feeling totally powerless to make the situation (alcoholism) disappear—feelings of hopelessness and alienation from family and themselves. To the questions of "Who am I?", closely related to development during adolescence, is often the answer of "overidentification with negative characteristics..."

The adolescent sees himself or herself in terms of negative attitudes and rebellious actions. In alcoholic families such feelings are often already present because the entire family feels deviant, making it more than normally difficult for the teenager to search for individual identity. A sense of personal identity is overshadowed by family identity. (Ackerman, 1984)

Extreme stress, such as being the child of an alcoholic, increases the individual's sense of uniqueness and produces impulsive risk-taking, often leading to chemical dependence, violence, or excessive reliance on peer groups for acceptance. (Nicholson, 1984)

Nicholson goes on to say, "Eighty percent come from homes with an alcoholic parent, almost half report family conflict, and about twenty percent report drug-related legal problems and school truancy."

External locus of control becomes the rule for verbal communication for the child of an alcoholic. (Hecht, 1973)

They often rely heavily on environmental feedback for a sense of being. Positive environmental feedback can be supplied by the school, but a teacher must realize that in addition to lacking trust in adults, such children may be totally devoid of positive attitudes toward anyone in the position of authority. Feelings of estrangement and powerlessness govern the child who is in an alienated state.

Roszensky (1984) reports that alcoholic parents are "less likely to use their own self-rewards as affectively as they use the rewards of others to maintain or motivate their behavior." This may be mirrored by their children through role modeling.

The powerlessness in the home situation may promote a child to think he is devoid of resources, and this perceived loss of control may be carried over into school and other outside activities where he feels powerless over himself--totally devoid of believing s/he can help or control himself/herself. O'Gorman (1975), in her review of literature on internal-external control, has concluded that "being a child living with an alcoholic parent displayed itself through increased externality."

Kern et.al (1981) agree. In their research on COA's locus of control using the Nowicki-Strickland Locus of Control Scale for Children, they found that "a positive relationship between living in an alcoholic home and externality of locus of control was supported." The issue of depressed intellectual performance in male children living in an alcoholic home is closely tied to the locus of control variable. Children of alcoholics scored higher in the area of

externality than their matched cohorts. As stated in their literature review, an individual who is externally oriented is at a mental health risk in that he sees his rewards and reinforcements in life as being under the control of others.

Kern goes on to suggest that cognitive and intellectual achievement may be an important area for intervention with such children. " The mental health hazard to these children, should they remain externally oriented, is that they will generalize this orientation towards reward to their entire approach to living. This can be manifested behaviorally in poor school performance; damaged interpersonal relationships, and low self-esteem to mention a few." (Kern et. al., 1981)

Dysfunctional families generate children whose behaviors surface in school. The behaviors that work for these children of alcoholics at home to provide distraction, avert anger, and aid denial are generalized to the school situation. Educational professionals need to be trained to see the opportunity for intervention that is presented in this "acting out" behavior. Unfortunately, there is still a wide spread tendency to view this behavior as a need for disciplinary response and/or inappropriate labeling.

(Rokelle Lerner, Changing Legacies: Growing Up in an Alcoholic Home, 1984).

FAMILY ROLES

The various roles ascribed to the alcoholic family by both Black and Wegscheider : the hero, the mascot, the scapegoat, the lost child, the placator, the adjuster, or a combination of them all, deal with different control issues

and their perceived locus, often in the ambivalence of extremes.

The heroes, the mature, stable, overachievers, set their survival in the organization of the care of others, trusting only in themselves, and becoming self-reliant with short term goals. Afraid of not being in control, they learn to squelch their own feelings at all costs. Living in an unpredictable situation, they can never be sure of the reactions to their behaviors and thus are caught believing they are in control of a situation with no real foundation on which to place this belief. Their guilt often lies in their inability to control or stop the alcoholic's drinking and their probable belief that, if they were just good enough, it would stop.

Outside the home , oldest(or hero) children may experience role inconsistency when coming under the influence of other adults. In school, for example, they must revert back to their original role of adolescent, student, sophomore, etc. where a few hours ago or a few hours in the future they will again be faced with the responsibility of helping to raise the family of an alcoholic.
(Ackerman, 1983)

Mary Hecht, in an article, "Children of Alcoholics Are Children at Risk" (1973) states,

These children(heros) often develop rigid, moralistic codes of behavior... They have difficulty in accepting limitations and failure. They need to dominate in order to defend themselves against internal signs of weakness or passivity.

It would make sense that these people's sense of perceived locus of control could become so confused and so extreme that, in the school setting, their inability to be

perfect or their efforts to control factors that are not within their control may result in an extreme need for overachievement. However, under the fragility of this outer stance may lie a self-worth whose foundation lies in the hands of others who will dignify the external strivings for excellence. This creates a tremendous ambivalence between perceived and actual locus of control.

The basic characteristics of COA's, according to Cruse (1985) which interfere with adequate functioning, all of which are related to perceived locus of control factors, are seeing situations in black or white, developing a pervasive mistrust of others, attempting to control others to protect and cover their own fears, not recognizing boundaries between adult and child roles, and sabotaging successful completions due to being afraid of mistake making or failing in the attempt.

The COA "Lost Child" role tends to be seen in clinical situations as the person who rejects the family system by running away into him or her self, withdrawing, and attempts to exert control on his/her seemingly controlless world by self deprivation. "Children learn to discount problems in their own lives because they believe that the problems taking place within the family structure take precedence over any personal conflicts occurring outside the home." (Black, 1981) The child may think that "what happens to me is not important, the feelings are not important, I am not

important".The double bind of this message is the flip side, that children assume that they have power to affect everything, and when they discover that they can't affect the alcoholic environment, it causes them to assume a stance of helplessness.

According to Dr. Charles L. Whitfield, associate professor of family medicine at the U. of Maryland School of Medicine, any co-dependent in the alcoholic home may exhibit hypochondria, anxiety, depression, insomnia, hyperactivity, anorexia nervosa, bulimia, and suicidal gestures. Unable to curtail, stop, or deny the results of the drinking behavior, the fights, abusive words and actions, the inconsistencies, and the black and white rigidities within the system, the lost child seeks to control something, often drawing attention to him/her self through psychosomatic behaviors both at home and at school.

In a "Longitudinal Research in Alcoholism" (1984) Rydelius found that "In contrast to the control children, they (COA's) showed symptoms of a physical nature, such as headaches, stomachaches, heart trouble, and "growing pains" with no underlying physical cause."Half of the subjects experienced considerable problems of adjustment at school." This happened regardless of good economic or social environment at home. Twenty years later, the boys from the study had not run their lives nearly as well as the control group with the apparent difference being in social adjustment.

Dr. Max Schneider (Cruse,1985) states that along with

increased stress disorders, co-dependents tend to have more fractures, burns, injuries and accidents. If the "Lost Child" or adjustor does not punish him/her self physically, s/he may find it easier to survive by slipping away from the situation to avoid positions where s/he needs to take control...a self negating role. This child has incorporated the shame, discouragement, embarrassment and guilt of the family into himself. In school he is sad, fearful, and confused, often lost in the shuffle, getting attention only through his absence or withdrawal into books or daydreams wherein he can exert some control.

Common among these adaptive mechanisms is that of compensation, which refers to "the automatic and unconscious tendency to develop some physical, mental, or emotional function to an unusual degree to conceal or make up for the deficit" (Perrin, Changing Legacies, 1984)

The "Scapegoat" and the "Mascot" COA's react differently in their control issues. The scapegoat controls by drawing attention to himself in negative ways (often the most effective). By doing this he protects the family from attention being drawn to its alcoholism and instead, makes himself the focus of outside attention.

The alcoholic escapes detection as long as the child is the target of the home's or society's frustration, anger, and attention. The child controls himself into being, or asking to be controlled, by outside forces which often oblige without ever looking for the roots for the behavior. Since the roots are all but ignored, the child continues his quest for

control over something and vents his frustration through unsanctioned behaviors. The scapegoat recognizes other peers in the same situation, and he/she creates their own set of controls within their gang or group structure.

Testing the controls of society, the scapegoat often runs into the law and may be released from his/her school obligation due to his/her flaunting of adult authority at school.

Overidentification with negative characteristics is a problem that can occur at this stage. The adolescent sees himself or herself in terms of negative attitudes and rebellious actions. In alcoholic families these attitudes are often already present because the entire family feels deviant, making it more than normally difficult for the teenager to search for individual identity. A sense of personal identity is overshadowed by family identity. (Ackerman, 1983)

The "Mascot" , rather than running, places himself in the middle of any heavy situation and controls its explosiveness by defusing it through focusing attention on himself through some distraction. Those at home are usually grateful for the disruption of an angry, anxious situation and focus their attention on the distractor. Fueled by this attention, the mascot becomes cognizant of his controlling power and uses it to mask tense moments. This type of control in the school situation is often met with a behavioral referral or a reprimand of some sort, thus reinforcing the pattern started at home. The price the mascot pays is usually in shallow relationships, reinforcement of his self knowledge of his use only as a distractor. (Seixas et. al., 1985)

Thus, three kinds of control come into play: control over others, control of others over them, and finally, the control they have over themselves. COA's test themselves with constant questions of "Who is in control? Is anyone in control? Am I in control of anything?" Seixas suggests that "Total self-control is idealized; it is the anthesis of alcoholism." (Seixas et.al.,1985)

Timmen L. Cermak, M.D. and Stephanie Brown, Ph.D. organizers of the National Association of Children of Alcoholics, point out about COA's that...

their intense feelings of depression, loss, and joy are all experienced primarily as a feeling of being out of control and are accompanied by feelings of anxiety, panic, and vulnerability. More important and frightening than the actual emotion is the sense of LACK of CONTROL. (Sexias et. al.,1985)

Thus he may lock himself into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsivity leads to confusion, self-loathing, and loss of control over their environment. In addition, they spend an excessive amount of energy cleaning up the mess. (Janet Woititz, Changing Legacies 1984)

Woititz points out that reacting with rigid control comes from fear "that you are not in charge; if change is made abruptly, quickly, and without your being able to participate in it, you will lose control of your life. The extremes of externality or internality of perceived locus of control may be easy to trace to the alcoholic home where the lack or rigidity of control might be clearly demonstrated, sometimes daily, by the role models for the children.

Research on young children of alcoholics (Woodside, 1983) indicates that they have a lower self esteem and a leaning toward external locus of control. Werner (1986) states,

Behavioral characteristics that differentiated between children of alcoholics who developed no serious coping problems by the age of 18 from those who did were temperament that elicited positive attention from the primary caretakers, at least average intelligence and adequate communication skills, achievement orientation, a responsible attitude, a positive self concept; a more internal locus of control, and a belief in self-help.

J.S. Kearne (1983) reports that "Strengthening an internal locus of control of children of alcoholics would be beneficial to their personal adjustment".

The need for the development of a perception of an extreme internal locus of control can be appreciated by those who understand the dynamics of the alcoholic family in that when one sees extreme lack of control externally, one's survival may depend upon one's ability to control "something". Trying to find that something in the outside world may become so important that the child comes to believe that he can control everything if he tries hard enough. And believe he does. The black/white predicament: control or controlless, the extremes to be chosen from as the child sees the situation. Most unnerving of all is that he/she may not find the power to make the difference.

A Jael Greenleaf quotation from Changing Legacies (1984) seems to sum up the possible ways that the COA 's

family may influence his/her losses of internal locus of control and his/her move toward external locus:

We see parents who do not know where they stop and their children begin, who are confused and confusing; who, out of their own anxiety and self-hatred, lash out brutally or subtly at the most available targets. We see children who live in fear that they will somehow harm or destroy their parents; who have no choice but to focus constantly on other people; who view other people's intrusions into their psyches as sad, but inevitable; who fear that if they demonstrate healthy self-satisfaction, that something nebulous and horrible will happen... The crazy-making confusion, the mixed messages the lack of outside resources or points of reference, and the legitimate, near total dependency of children, makes it difficult for them, even as adults, to recall what happened, let alone to understand how it affected them.

Some children of alcoholics live in homes in which confusion abounds causing them to adopt a variety of coping patterns which may adversely affect their whole lives.

RATIONAL EMOTIVE THERAPY

Three searches of the literature connecting Rational Emotive Therapy (R.E.T.), locus of control, and children of alcoholics found no documents listed. The R.E.T. and COA combination found no documents listed. There seems to be no literature linking the use of these three together. A great deal of literature speaks of R.E.T. being a therapy used by those dealing with alcoholics and alcoholism per se but none dealing with COA's exclusively. Changes in rational beliefs among treated alcoholics was also covered.

Rational-cognitive therapy, in most cases, refers

to therapeutic approaches, including R.E.T., that depend on changing an individual's internal cognitive operations, that is, thoughts, ideas, beliefs, perceptions, or attitudes. (Newcomer, 1980)

Rational Emotive work focuses on problem solving, attribution of causes of events and self verbalizations.

The simplicity and concreteness of the basic assumptions (emotionally disturbed states primarily caused by inappropriate learning) and the cognitive approach make the theory acceptable and attractive to educators. Emotions in R.E.T. are principally a certain type of judgmental thought, and as such, are altered through self reeducation.

Albert Ellis defines emotionally maladjusted individuals as intelligent, potentially logical persons who demonstrate illogical behavior which can become logical again by re-verbalizing new internal thoughts. "The disturbed person has made him/her self disturbed and can 'cure' him/herself. S/h must accept responsibility for his life situation, must act to help himself feel better." (Newcomer, 1980)

Ellis states (1973) that his Rational Emotive Therapy is relatively short termed therapy and that the typical symptoms of feelings of severe inadequacy or worthlessness are likely to ameliorate long before the symptoms are completely eliminated. The therapist tries diligently to encourage the client to give up some of his basic philosophic nonsense. The R.E.T. therapist makes use of techniques that encourage a client to act differently.

This author has chosen a therapy based on R.E.T. because

cognitive processes are explicitly or implicitly included in most effective behavioral change . Within the school system R.E.T. is one therapy that is acceptable because of its emphasis on the cognitive.

"R.E.T. is a truly comprehensive method of treatment which includes cognitive explicatory, evocative-emotive, and behavioralistic-active directive methods."(Ellis,1973)

A second reason for using R.E.T. as a base for the cognitive restructuring of this research is that of the "Don't Feel" premise that is often used by and within families of COA's. (Black,1982) If COA's are indeed likely to deny their feelings, stuff them so to speak, being given awareness of and permission to recognize and feel those feelings along with being taught how those feelings effect their cognitions and thus their behavior may influence COA's feelings over their own locus of control.If COA's can begin to recognize how they are indeed in control of their thoughts and feelings and the behavior stemming from them, they may begin to feel more in control of their lives when they are not involved in the atmosphere conducive to such beliefs.

There are many roads taken in R.E.T. that are aimed at one major goal: minimizing the client's central self-defeating outlook and acquiring a more realistic, tolerant philosophy of life. (Cor-sini et. al. 1981)

One of the tenets held by R.E.T. is that

People's tendency to irrational thinking, self-damaging habituations, wishful thinking and intelligence, are frequently exacerbated by their

culture and their family group. Their suggestibility (or conditionability) is greatest during their early years, and they are then most influenced by the family and social pressures. (Ellis, 1978)

To understand this self-defeating conduct and to help people change their malfunctioning, it is desirable to use a variety of perceptual-cognitive, emotive-evocative and behavioristic re-education. (Ellis, 1973, 1973b, 1978) People interpret events unrealistically, and therefore have irrational beliefs about them. These same kind of magical beliefs that keep people unhappy, unstable, are actively reinforced by their mixed up thinking and what they are telling themselves. People are responsible for their thoughts and thus their feelings and actions.

Kritzer (1986) supports that "help must continue to be available (to COA's) in middle and high schools", help that emphasizes personal decision making. Claudia Black, in Changing Legacies, suggests that a child from an alcoholic environment does not have the ability to accurately identify his needs, particularly emotional needs. Her research shows that seventy four percent of the COA's she worked with were unable to do this. Fifty three percent of the COA group had never once spoken to anyone about the alcoholism at home. Only ten percent of the COA's were willing "to use teachers or school counselors", two times less likely than the controls. R.E.T., in the form of REE, (Rational Emotive Education), can, through cognitive methods, approach and promote awareness on a cognitively bold level without attaching

guilt or shame to the feeling of those very same emotions kept so private in the COA's mind or thoughts.

Claudia Black reaffirms this author's belief that COA's must be taught to problem solve, to recognize what they are (and are not) responsible for, and things that they have no control over, so that they can learn to be less rigid, dogmatic, and to feel more powerful by perceiving choices, options, and resources in themselves and others.

Charles Deutsch in his article, "Planning Community Based Services for Children of Alcoholics" (1983) states, For many children, a short term educational/supportive treatment experience can lead to on going and more informal help, and stimulate important changes in feelings and behavior. Pre-identification by those who have frequent, natural, and safe contact, called "gatekeepers", is imperative. He suggests that the principal treatment should take place in a small closed, time-limited group, the age range being limited to two years or less, and the leadership working from detailed lesson plans which realize specific cognitive and affective objectives. This author believes that the REE groups proposed for this study reflect this thinking.

Positive relationships with others, ways of reducing feelings of powerlessness, and training in strategies for resolving conflicts appropriately are the suggestions of Ackerman (1983) as critical for COA's.

One strategy in working with children of alcoholics is where the therapist helps the client to recognize that they cannot control the behavior of others... however they can learn that they are able to control their own behavior, achievements and feelings...in working through feelings of powerlessness, the development of a sense of valued identities can lead to internal resources... It is important that children of alcoholics like others, develop a sense of personal responsibility for much of what will happen to them. Unfortunately too often children of alcoholics conclude that their unhappiness or happiness is totally the result of others. Whether content or discontent, they perceive an inability to control their lives. The therapist in working with such clients may need to avoid having his or her clients shift from placing all responsibility for their problems on their parents to placing the responsibility for their happiness on them because they are their 'therapist'. (Ackerman, 1983)

Ellis has not written specifically of adaption of his principles in school situations. Therefore, the following becomes a logical extension of Ellis's ideas as proposed by Newcomer in her chapter on R.E.T. as therapy for disturbed children.

Because Piaget's stage of formal operations begins at age 11-12, this age appears to be the lower limit for this type of therapy since children can ,at this time, recognize the harmful self-talk and see how their attitudes influence their perceptions. Rational emotive techniques can be used in a daily school program in affective education.

Since the COA is often unable to access his emotions, unable to acknowledge his feelings (Black, 1981), working through the cognitive domain may help to unearth the feelings in a manner that the COA can deal with in a logical manner, dereft of the emotional charge often associated with

those feelings. By using the cognitive approach, defensiveness and resistance to dealing in the emotional realm may be eliminated and/or softened. The school administrators, as well as the teachers and parents, may accept the idea of emotive exercises more rapidly if they are connected to the cognitive, problem solving mode expected within the school atmosphere.

Some drawbacks to the use of this therapeutic method are suggested by Newcomer to be: resistance to attempts to help, being too immature to understand the ideas that underlie the theory, or being overwhelmed by other influences such as denial.

In the introduction to her workbook on building self esteem in children in the classroom, Thinking, Changing, Rearranging, Jill Anderson states, " We achieve benefits by an analysis of our thinking and our language to determine what connections they have with our emotions. We base the approach on Rational Emotive Therapy. The premise is that strong negative emotions which are barriers to efforts in creating a productive life stem not from events in our external environment, as children think they do, but from a system of internal beliefs and ideas about those events." She links the benefits of changing our thought patterns to enhancing self-esteem in children. The "beliefs" are perceptual ideas as to how a person mentally views and responds to the world.

Teaching children that they control their thoughts, thus their emotions and behaviors, gives students a mode of control over themselves which they have not yet perceived perhaps. "Discovering rational beliefs and letting go is an enjoyable process." (Anderson, 1985)

Using REE to change a COA's locus of control seems appropriate since "two decades of research on the locus of control variable have established relationships between internal-external expectancy and numerous dimensions of personality, including stress, motivation to attain goals, personal adjustment, and problem-solving strategies." (Lefcourt, 1982; Phares, 1973)

Thus Rational Emotive Education based on the tenets of Rational Emotive Therapy were used in this study as a change agent for COA's with the hope that it would change their locus of control and, in turn, their number of disciplinary referrals.

CHAPTER THREE

METHODS AND PROCEDURES

This study measured the possible interconnection between the perception of locus of control of adolescent children of alcoholics and their misconduct in the school system.

Rational Emotive Education exercises combined with peer group problem solving techniques were used to alter the possible extreme perception of locus of control, for the purpose of changing and strengthening the COA's ability to make rational decisions and to use appropriate conduct by considering the source and consequences of those decisions.

Chapter Three will examine the methods which were used to investigate the three factors in the study : the locus of control of COA's, the effect that a Rational Emotive Education problem solving group had on the locus of control of COA's, and the effect that the Rational Emotive Education problem solving group had on the reduction of disciplinary referrals of COA's.

An examination of the methods for obtaining the sample population, delivering the treatment, obtaining the data, and statistically examining the data, thus testing the hypotheses, are contained in this chapter.

POPULATION SAMPLE

The sample population consisted of students chosen

randomly from a Middle School population consisting of 697 students, grades six through eight. The city of origin has a population of approximately 27,950. The experimental group consisted of forty students, twenty of whom had a history of five or more disciplinary referrals within a two month period and twenty of whom did not have five or more disciplinary referrals within a two month period.

The four experimental groups started with the following: (1) ten eighth grade boys, five with, five without, disciplinary referrals; (2) ten eighth grade girls, five with, five without, disciplinary referrals; (3) ten sixth grade girls, five with, five without, disciplinary referrals; (4) ten sixth grade boys, five with, five without, disciplinary referrals.

The four control groups matched in number, grade, sex, and history of referrals.

The original selection process for this research was to be done by a committee of teachers appointed by the principal so as to keep their COAness blind to the researcher. They were to select students with a history of disciplinary referrals whom they had reason to believe to be COA's. At the meeting of teachers , opposition to labeling youngsters led to the group's decision to have nothing to do with the selection process but to support the research and the time given to it.

At this point this author made the decision to run groups blind of any knowledge pertaining to COA'ness, hypothesizing

that, by the end of the ten week session, over 50% of the students in the experimental group with a history of disciplinary referrals would self-reveal their COA'ness.

Step one in the selection process was to peruse the disciplinary files and pull out every third file. If the file contained five or more disciplinary referrals in a two month period of time, the student's grade level and sex were checked. The first twenty eighth grade girls, eighth grade boys, sixth grade girls and sixth grade boys to fit the criteria were put on a list to be contacted.

Step two, the formulation of a list of forty sixth and eighth grade boys and girls without a disciplinary referral pattern, was accomplished by choosing every third name from the school's VIP list (Very Important Person list, compiled by the school denoting both scholastic and behavioral endeavors), this time proceeding from the end of the list forward.

Permission slips to take part in the experimental part of the study (Appendix B,) were sent out to forty of the parents of the students, twenty with and twenty without a disciplinary referral record. Permission was slow to be granted in some cases, and a second and third mailing, taking two months of time, were necessary before an experimental group of forty youngsters were processed.

The matched control group of twenty from each category was gathered by the same method with the permission slip

differing only in content. (Appendix C).

The project needed a name in order to be easily identified to the students, teachers, administrators, and parents. The author chose WAMWIT, Wait a Minute While I Think. This name related to the subject matter to be discussed, had no negative or preconceived ideas attached to it, and was appealing to the adult and student populations.

MEASUREMENT INSTRUMENTS

The Nowicki-Strickland Locus of Control Scale for Children

The instrument to measure the construct of perceived locus of control for this study was the Nowicki-Strickland Locus of Control Scale for Children. The construct of locus of control is based on the perceived causal relationship between one's own behavior and consequences. "The development of a belief of behavior-reinforcement contingencies is likely a particularly important influence as a growing child learns appropriate social and personal behavior" (Nowicki et. al. 1973)

The Nowicki- Strickland Locus of Control Scale is a paper-pencil measure consisting of 40 questions that are answered either yes or no. The items describe reinforcement situations across interpersonal and motivational areas such as affiliation, achievement, and dependency. The items were tested to be readable at the fifth grade level while still being appropriate for older students.

Estimates of internal consistency via the split-half method, corrected by Spearman - Brown formula are $r=.63$ (for grades 3,4,5,); $r=.68$ (for grades 6,7,8); $r=.74$ (for grades 9,10,11); and $r=.81$ (for grade 12). Test-retest reliabilities sampled at three grade levels, six weeks apart, were .63 for third grade, .66 for seventh grade, and .71 for tenth grade. (Nowicki et. al. 1973)

Correlations with an abbreviated form of the Children's Social Desirability Scale (Crandell et al. 1965) were computed for male and female subjects within each grade, and locus of control was not significantly related to social desirability. (Nowicki et. al. 1973) The relationships between locus of control, socioeconomic level, and achievement level were correlated negatively, with the most significant correlations to be in the male group.

Broadly, research findings suggest, particularly for males, an internal score on the Nowicki-Strickland scales is significantly related to academic competence, to social maturity and appears to be a correlate of independent, striving self-motivated behavior. (Nowicki et. al 1973)

It appears that the construct of perceived locus of control has a significant impact on the behaviors of children, and the Nowicki-Strickland Locus of Control Scale seems to measure the construct appropriately when one is measuring a general expectancy.

For this study the Nowicki-Strickland Locus of Control Scale for Children was used as a pre-post measure to determine the effect of Rational Emotive Education on the locus of control of sixth and eighth grade girls and boys in the experimental group. It determined any significant difference between the locus of control of COA's and non-COA's as well

as the change scores in the pre-post locus of control test between all groups.

DISCIPLINARY REFERRALS

The second measurement of change was the counting of disciplinary referrals pre- and post- treatment to determine any significant difference caused by the REE treatment.

The count consisted of referrals received two months before the intervention and the two months after the intervention.

INSTRUMENT OF CHANGE

The change instrument of Rational Emotive Education used in this study has as its source the book titled Emotional Educational Exercises for Children by Gerald Kranzler (1974). The exercises included in the text have Dr. Albert Ellis's Rational Emotive Therapy as their philosophical base.

RET is a widely known and highly respected approach to therapy that is uniquely educative in its approach: the therapist literally teaches patients and clients how they can live happier and psychologically more healthy lives. (Kranzler, 1974)

Kranzler explains in his introduction that, since there is definite subject matter to be taught in the RET-like exercises, the person using the exercises should avoid being nondirective while at the same time remaining cognizant of the private feelings which may emerge. An atmosphere must be created in which the students feel safe, in

which mutual respect is shared between the group members themselves as well as between the the group and the teacher.

The principles of group leadership are spelled out as the following: try to include everyone; paraphrase the students' contributions; identify similarities and differences among student perceptions; and summarize that which was learned the previous lesson.

Of the eight lessons for change, six of them came directly from this book. The other two lessons were based on materials created by the author to implement the material from the book. (See Appendix A)

METHOD OF TESTING

The pre-testing for locus of control was carried out in a classroom designated by the school vice-principal as the only room available at the time, the time being during the school's Homeroom Intermural Discovery period. HID period is a half an hour period in the middle of the day during which students choose the activity in which they wish to participate. This was not the ideal period to ask students to participate in testing of any kind.

The students arrived in two groups due to the split lunch hour and the number that the room would hold. The room contained six tables at which six to eight students can sit. The seating arrangement was not optimal for test taking. Twenty five students arrived and were given THE NOWICKI-

STRICKLAND LOCUS of CONTROL SURVEY in the first half hour. They then went to lunch. The second group of twenty seven arrived and were tested during the second period of HID.

The test was given orally by the researcher each testing period (as suggested by literature to assure that non-readers could be tested appropriately) to eliminate any timing or inflectional bias or testor difference. The tests were then placed in the hands of an impartial corrector who would keep all data collected blind to the researcher.

The remaining students were tested orally in two other groups, however not in the same room which was then unavailable. The time frame of HID period was used as was the same type of room arrangement so as not to bias the results. The same procedure was used for correction of information. The original testing rooms were used for the post test for each group.

TREATMENT PROCEDURE

The pre-testing completed, the schedule for the meeting of the four groups, each containing ten students five of whom had a record of disciplinary referrals of five or more and five of whom had either no referrals or fewer than five was adopted. Students were placed in groups according to sex and grade level. The eighth graders were to meet on ten consecutive Wednesdays; the sixth graders, on ten consecutive Fridays, each group meeting in the half an hour HID

period either before or after lunch. Slips excusing the students from HID were to be delivered at the beginning of the day upon which the groups were to meet to assure remembrance of the meeting and to keep accurate attendance records.

The lesson plan for each day's meeting (Appendix A) should reflect the presentation for the day so that each should have been relatively alike. However the school variables were not geared to accommodate scientific research. The first of the eighth grade meetings was held in a room in which there were two caged cockatoos. The addition of the birds which mimicked both the researcher's and the students' words indiscriminately as well as adding cat-calls of their own may have destroyed the effectiveness of the first ten minutes of presentation. The remaining ten minutes of the session went as planned, as did the second meeting that day.

Due to an unexpected assembly on the adjacent Friday, the sixth graders did not meet the first week as planned.

The meetings with the eighth and sixth graders during the second week were not held due to an error in scheduling which the vice-principal explained as her fault... class pictures were to be taken during HID period both Wednesday and Friday of the week.

The third meeting week was at the beginning of the second semester, at which time room changes had been made. Thus, the original meeting room was no longer available.

The slips for release to WAMWIT had also been buried by the office staff so that no students showed up at the wrong room, and a new room was designated. However, the sixth graders, both groups, attended their first group meeting on Friday which followed according to plan. All papers and original materials of each student were kept in an individual manilla folder with a number signifying the student. All papers were also marked with the student's number by the student. Paper, pencils, and any other necessary supplies were provided by the researcher to prevent non-participation due to lack of materials.

The second meeting of the eighth graders followed a pattern of disruption only for the girls' segment. The teacher in the newly designated room appeared and wanted the room. WAMWIT needed to find another room. With the Vice Principal's assistance, another was found. This move seemed to be a fortuitous one for this particular study. Before beginning the activity for the day, one young lady stated that this moving was just like the type of moving that her family often seemed forced to do. The conversation among the girls then followed along the lines of having no money for the rent immediately followed by reasons for having no money. This led directly into a self conducted discussion about drinking parents, hostilities in the home, fights over moving, and the moving out of one parent or the another. Seven of the girls, while working on the remaining ten minute

exercise self disclosed the alcoholic tendencies of one or more parents.

The week after the self-led discussion of parental alcoholism, three girls from the group were absent. Following the attendance procedure, the vice-principal called each to the office for explanations for the absence. The author was contacted at home by the step mother of one of the girls later that week. She stated that the girl wanted to "get out of WAMWIT" because there were personal discussions that she wasn't comfortable with. The step mom also stated that the girl's real mother was an alcoholic and that the subject was not one that was ever mentioned within this new home situation, therefore the father was equally interested that the girl be removed from the group. The step mother shared that the girl's behavior, however, had taken a more responsible turn and that the girl had mentioned that she had control of her own behavior, a subject that had been discussed with as part of activity two. After further discussion, it was decided that the girl would remain in WAMWIT but take part in the sixth grade group if she concurred since most of her friends were younger.

The eighth graders met as scheduled for their third session; the third session of sixth graders was cancelled due to homeroom activities being devoted to Valentines Day celebrations thus cancelling HID period.

At this point, it was determined that the rest of the quarter's schedule looked equally as bleak as far as Friday

meetings were concerned. Tuesdays and Thursdays were discussed and chosen as alternatives for the sixth grade groups. The sixth graders then met on the next six consecutive Tuesday-Thursday schedule without a disruption and followed the activities indicated. The eighth grade groups continued to meet on a regular basis on Wednesdays throughout the ten weeks.

The attendance within the group sessions varied. Complete data was able to be collected on all ten of the eighth grade girls; nine of the eighth grade boys since one was expelled; ten sixth grade girls; and nine of the sixth grade boys town and one's moving to another town.

STATISTICAL TECHNIQUES

Three types of statistical analysis tools were used to test the 21 hypotheses. Hypothesis 20 was tested by using Chi-square. Hypotheses 2,3,4,7,8,12,15,16,17,18,19, used the t-test to obtain the significance level of the data obtained. Pearson product moment correlation (r) was used to test Hypotheses 1,5,6,14.

Chi-square was selected to analyze hypotheses 20 because the scale type was nominal and the data were discrete because the data were in whole units.

The Pearson product moment correlation (r) is a statistical technique which is appropriately used for determining the degree of linear relationship which exists between two

measures or sets of data. The data represented an interval scale and approximated a normal distribution. (Courtney, 1984)

"The t-test is a robust statistical method which is used for contrasting differences between two groups of data derived from interval scales." (Courtney, 1984)

Percentages were used to test Hypotheses 10, 11, 13, 21.

Throughout this analysis the probability level of significance was set at the .05 level to analyze the hypotheses.

Chapter Three has summarized the statistical methods through which the hypotheses in Chapter Four have been tested and from which the results for Chapter Five have been derived.

CHAPTER FOUR

PRESENTATION OF ANALYSIS

This chapter describes the statistical analyses performed on the data gathered in this study. Each hypothesis tested is stated, the tool for testing is presented, and the results of the findings are explained in the text and in the tables. The level of significance chosen for all analysis is at the .05 level. Twenty one hypotheses were tested. The statistical techniques were designed to contrast the experimental group results with the control group as well as to compare COA results within the experimental group with those of non COA's.

TABLE 1

SAMPLE POPULATION MEANS

Variables	Age	GPA	Absences	N
Group				
Entire POP.	13.5	1.86	8.6	74
Control	13.3	1.83	10.8	36
Treat.	13.5	1.90	6.5	38

HYPOTHESES

Hypothesis 1 : There is not $<.20$ correlation between the pre- locus of control scores on the Nowicki-Strickland Locus of Control Scale and the pre-intervention number of disciplinary referrals.

The purpose for the analysis of Hypothesis 1 was to establish if there were any naturally occurring relationship between the locus of control and the number of disciplinary referrals before intervention. If there were such a relationship established, this finding might infer that having a specific locus of control would predict a certain number of disciplinary referrals.

The results of a Pearson (r) correlation statistical technique show a $-.139$ correlation between the pre-locus of control scores and the pre-intervention count of disciplinary referrals.

Null Hypothesis 1 is rejected. There is not $<.20$ correlation between the pre-locus of control scores and the number of disciplinary referrals before intervention.

The Pearson correlation analysis was also applied to the correlation between COA pre-locus of control scores and the COA pre-intervention number of disciplinary referrals to ascertain if there were a $<.20$ correlation. The correlation in this case was greater at probability level $.223$. Therefore there was a slightly greater correlation between the two factors for the COA population.

Hypothesis 2 : There is no significant difference at the $.05$ level in the perception of locus of control as measured by the pre-test Nowicki-Strickland Locus of Control Scale between those students who have a history of five disciplinary referrals or more and those who do not.

The purpose for testing this hypothesis was to determine any significant difference between the pre-locus of control of the total population of students receiving disciplinary referrals and those who did not before the intervention took place. If a significant difference were to occur, then one might be able to state that locus of control was a factor in receiving disciplinary referrals.

The results of the two-tailed t- test analysis showed at the .05 level there was no significant difference between the pre-locus of control scores between those receiving disciplinary referrals and those who did not.

Hypothesis 2 was retained. At the .05 level of significance there was not any significant difference between the pre-locus of control of those having a history of receiving disciplinary referrals and those who do not.

TABLE 2

Evaluation of the Relationship of Pre-test Locus of Control between Those Receiving and Those Not Receiving DR's

GROUP	N	Mean	SD	T value	df	2-tail Prob
DR's	36	9.416	3.09	-.62	72	.538
No DR's	38	9.921	3.85			

Further analysis was done on figures representing COA's and non COA groups, COA's receiving DR's and those who did not, and COA's receiving DR's and those who did not broken down into grade, sex, and grade by sex populations. There

was no significant difference found in any population group except sixth grade girls where there was significance found at the .045 level. The sample size was 10. There was no significant difference between those receiving and those not receiving DR's in their pre-locus of control scores.

Hypothesis 3 : There is no significant difference at the .05 level between the number of disciplinary referrals received in the two month period before the REE intervention and the two month period during and following the intervention.

The purpose for this analysis was to determine if the Rational Emotive Education intervention had a significant effect on reducing number of disciplinary referrals.

The results of the two-tailed t-test analysis indicate that there was no significant difference in the reduction of disciplinary referrals in the experimental group. Therefore the Rational Emotive Education intervention did not make any significant difference to the experimental group as a whole.

Null Hypothesis 3 was retained. There was no significant difference between the number of disciplinary referrals pre-post intervention between the control and the experimental group.

See TABLE 3 on next page

TABLE 3

The Effect of REE on the Reduction of DR's

Group	N	Mean	SD	SE	T	df	Prob.
Control	36	-2.41	4.01	.668			
Exper.	38	-3.28	3.74	.607	.97	70.9	.337

Hypothesis 4 : There is no significant difference at the .05 level between the number of disciplinary referrals received in the two month period before the REE intervention and the two month period during and following the intervention for self revealing COA's in the experimental group.

The purpose of this hypothesis was to indicate whether the number of DR's of the self-revealing COA's within the study's experimental group was affected by the REE intervention. If a significant difference were found, it would substantiate that the REE intervention was effective in reducing the number of disciplinary referrals of self-revealing COA's.

Using the two-tailed t-test analysis, there was a significant difference found at the .001 level between pre- and post counts of disciplinary referrals for COA's in the experimental group. Upon further analysis the following sub-groups within the COA experimental group showed significant gains in reducing the number of DR's : all 6th grade COA's at the .034 level; all 8th grade COA's at the .014 level. The most significant gain was made by the female

COA's with a history of disciplinary referrals at a .009 level of significance.

Null Hypothesis 4 was rejected. There was a significant difference found at the .05 level in the number of disciplinary referrals received by COA's post REE intervention.

TABLE 4

Evaluation of the Effect of REE on all COA Pre-Post DR's

Subjects	N	Mean	SD	T	df	Probability
COA's						
Pre-	24	5.2917	4.10			
Post-	24	2.2500	2.89	3.85	23	.001 ***

Hypothesis 5 : There is not $<.20$ correlation between a change of perception of locus of control and the reduction of disciplinary referrals as analyzed by Pearson (r).

The purpose for the testing of this hypothesis was to ascertain whether when one changes his perception of locus of control, the number of disciplinary referrals will change.

The results of the Pearson (r) correlation statistical analysis show a correlation of .117 between the change of perception of locus of control and the reduction number of D.R.'s. There is a slight, almost negligible relationship between the two.

Null hypothesis 5 was retained. There is not <.20 correlation between change of locus of control and the reduction of D.R.s.

Hypothesis 6 : There is not <.20 correlation between a change of perception of locus of control and the reduction of D.R.'s for self-revealing COA's as analyzed by Pearson (r).

The purpose for testing this hypothesis was to discern if a change in the perception of locus of control of COA's was related to a reduction in the number of their disciplinary referrals.

The results of the Pearson (r) correlation analysis showed that for the male COA's there was a substantial relationship and a moderate correlation between locus of control perceptions and the reduction of DR's of .492.

Null Hypothesis 6 is rejected. There is a moderate correlation .492 (substantial) relationship between the COA's locus of control and the reduction of DR's.

Hypothesis 7 : The perception of locus of control within the experimental group will not change significantly at the .05 level after an eight week REE peer problem solving group.

The purpose for testing this hypothesis was to decide if the REE intervention was significantly instrumental in changing the perception of locus of control of the experimental group after an eight session intervention.

The results of the two-tailed t-test show that the REE intervention was not instrumental in changing the perception of locus of control significantly in the eight session intervention.

Null Hypothesis 7 is retained. The eight week session REE did not significantly change the locus of control of the experimental group.

TABLE 5

Evaluation of the Change of L.o C. Pre-Post Intervention

Group	N	Mean	SD	SE	T	df	Prob.
Control	36	-2.0	3.55	.59			
Exper.	38	-1.3	3.58	.58	-.86	71.8	.394

Hypothesis 8 : The perception of locus of control within the experimental group will not change significantly at the .05 level for self-revealing COA's after attending an eight session REE peer problem solving group.

The purpose for testing this hypothesis was to discover if self-revealing COA's changed significantly their perception of locus of control after the REE intervention.

The results of the statistical analysis using the t-test was that COA's did significantly change their perception of locus of control after intervention of REE in eight sessions at the .05 level of significance.

Null Hypothesis has been rejected. There was a significant

change of locus of control at the .044 level for the self-revealing COA's in the experimental group.

TABLE 6

Evaluation of COA Perception of Locus of Control Change

TIME	N	MEAN	SD	SE	<u>T</u>	df	Prob.
Pre-		10.45	3.63	.74			
	24						
Post-		8.83	3.31	.67			
					2.14	23	.044

Hypothesis 9 : The locus of control of a majority of self-revealing COA's will not be more than one standard deviation away from the mean in either direction.

The purpose for testing this hypothesis is to discover if COA's as a group have perceptions of their locus of control which are different from their peers by one standard deviation.

The results are shown for each set from the experimental group on the table below. Although the hypothesis for the entire group is retained, two subsets do differ from the mean by more than one standard deviation.

Null Hypothesis 9 is retained : the majority of the COA's tested do not have a locus of control that is one standard deviation away from the mean.

See TABLE 7 on next page

TABLE 7

Evaluation of the Deviation from the Mean for COA's
Locus of Control

COA Group	LoC mean	SD	% one SD from Mean	
Eighth boys	14.73	4.35	4/7	57%***
Eighth girls	12.29	3.58	4/11	36%
Sixth boys	13.73	5.16	4/6	67%***
Sixth girls	13.32	4.58	2/8	25%
Total Average			14/32	46%

Hypothesis 10 : The locus of control of a majority of self-revealing COA's receiving disciplinary referrals will not be more than one standard deviation away from the mean in either direction.

The purpose for testing this hypothesis was to discover if COA's who had a history of D.R's had a locus of control at least two standard deviations away from the mean.

The number of COA's having a history of disciplinary referrals and a locus of control two standard deviations away from the mean was eleven out of 21, making 52% of the self-revealing COA's with a history of disciplinary referrals perceiving their locus of control as being at least two standard deviations away from the mean.

Null Hypothesis 10 is therefore rejected. A majority of self-revealing COA's with a history of disciplinary referrals have locus of control scores that are at least two standard deviations away from the mean.

TABLE 8

Locus of Control of COA's with Disciplinary Referral History

COA Group	LoC mean	SD	% one SD from Mean	
Eighth boys	14.73	4.35	3/5	60% ***
Eighth girls	12.29	3.58	2/7	29%
Sixth boys	13.73	5.16	4/6	67% ***
Sixth girls	13.32	4.58	2/3	67% ***
Total Average %			11/21	52%

Hypothesis 11 : The locus of control of a majority of self-revealing COA's not receiving disciplinary D.R.'s will not be perceived as being within one standard deviation away from the mean.

The purpose for testing this hypothesis was to see if those COA's who do not have a disciplinary referral record have perceptions of their locus of control falling within the mean. This information may help to substantiate the idea that a COA whose perception of control over the world falls within the mean may deal better with the rules and regulations of the school and remain within the school system in contrast to a COA whose locus of control falls outside the mean.

The results of this study show that 100% of the COA's who did not have a history of disciplinary referrals had a perception of locus of control which fell within one standard standard deviation of the mean.

Null Hypothesis 11 was retained.

TABLE 9

Locus of Control of COA's Not Receiving
Disciplinary Referrals

COA Group	LoC mean	SD	% within mean	
Eighth boys	14.73	4.35	1/1	100%
Eighth girls	12.29	3.58	2/2	100%
Sixth boys	13.73	5.16	1/1	100%
Sixth girls	13.32	4.58	4/4	100%
Total Average %			8/8	100%

Hypothesis 12 : There will no significant difference at the .05 level between the post-test perceived locus of control of self-revealing COA's receiving D.R.'s and that of self-revealing COA's not receiving D.R.'s.

The purpose for testing this hypothesis was to determine if the locus of control change scores for the two categories of COA's (those receiving and those not receiving disciplinary referrals) differ in any significant way which might indicate that the intervention is more viable for one group than for the other.

The result of the two tailed t-test analysis showed that there was not a significant difference between the change scores on the locus of control scale for the COA's receiving disciplinary referrals and those who did not have such a history.

Null Hypothesis 12 is retained.

TABLE 10
Evaluation of Difference in Locus of Control
Between COA Groups

Group	N	Mean	SD	SE	T	df	2-tail Prob.
COAndr	10	10.1	3.41	1.08	1.6	18.1	.126
COAdr	14	7.92	3.05	.815			

Hypothesis 13 : Less than 50% of the experimental population of students receiving D.R.'s will self-reveal as COA's.

The purpose for testing this hypothesis was to test the expectation that over 50% of the students who have a history of receiving D.R.'s are COA's.

The percent of students self-revealing being a COA within the eight sessions of intervention was 64% of the experimental group. The percent of those students who had a history of D.R.'s and self-revealed COAness was 75%.

Null Hypothesis 13 is rejected. The percent of self-revealing COA's in the D.R. experimental group was 75%.

See TABLE 11 on next page

TABLE 11

Number of Self-revealing COA's in D.R. Experimental Groups

Experimental Group	N	Self-reveal	%
Eighth boys	5	4/5	80%
Eighth girls	5	4/5	80%
Sixth boys	5	4/5	80%
Sixth girls	5	3/5	60%
Total	20	15/20	75%

Hypothesis 14 : There will not be $<.20$ correlation between a change in a COA's perceived locus of control toward the mean and his/her ability to reduce the number of D.R.'s received as analyzed by Pearson (r).

The purpose for testing this hypothesis was to determine whether a change toward the mean of a locus of control score was in any way correlated with the reduction of D.R.s for COA's. If the hypothesis is rejected, a possible link between a move toward the mean scores of locus of control and lowering the number of disciplinary referrals might be established.

The Pearson (r) correlation analysis of the data disclosed that a $.480$ correlation was established between the change score reduction for D.R.'s and a change toward the mean for COA's. This moderate correlation and substantial relationship was found only for the COA population. The general population reflected a $.024$ correlation between the

change toward the mean and the reduction of disciplinary referrals.

Null Hypothesis 14 was rejected. There was a substantial relationship found for COA's in the reduction of disciplinary referrals and the change toward the mean of their locus of control.

Hypothesis 15 : There will be no significant relationship at the .05 level between COAness and number of D.R.'s received pre-intervention.

The purpose of testing this hypothesis was to establish what type of a relationship was established between having a history of D.R.'s and being a COA.

A one tailed t-test was used to establish that there was not a significant relationship at the .05 level between the number of disciplinary referrals received pre-intervention and being a COA. The significance level at which the relationship was found was at the .08 level.

Null Hypothesis 15 was retained. There was no significance between the pre-intervention disciplinary referrals and being a COA at the .05 level.

See TABLE 12 on next page

TABLE 12

Relationship Between Being a COA and Having a High Number of Pre-intervention Disciplinary Referrals

Group	N	Mean	SD	SE	T	df	Prob.
COA	32	6.15	4.31	.76			
NonCOA	11	3.72	3.58	1.07	1.84	20.7	.08

Hypothesis 16 : There will be no significant relationship at the .05 level between COAness and Grade Point Average.

The purpose for testing this hypothesis was to see if any relationship existed between being a COA and having a particular grade point average.

According to the one tailed t-test there was not a significant relationship at the .05 level between GPA and being a COA.

Null Hypothesis 16 is retained. The significance level at which there is a significant relationship between GPA and COAness is .065.

TABLE 13

Relationship Between Grade Point Average and Being a COA

Group	N	Mean	SD	SE	T	df	Prob.
COA	32	1.53	.964	.17			
NonCOA	11	2.1	.880	.265	-1.96	18.9	.065

Hypothesis 17 : There will be no significant difference at the .05 level between the locus of control change scores between COA's and nonCOA's.

The purpose for testing this hypothesis was to discover if COA's and nonCOA's differ significantly in their change of locus of control scores after the REE intervention.

The two-tailed t-test probability of any significant difference between the change scores of COA's and nonCOA's was found to be significant at the .240 level.

Null Hypothesis 17 is retained. There is no significant difference between the COA and nonCOA change of locus of control scores at the .05 level.

TABLE 14

Change Scores of Locus of Control

Group	N	Mean	SD	SE	T	df	Prob.
COA	25	-1.8	3.86	.773			
NCOA	11	-.45	2.97	.898	-1.2	24.6	.240

Hypothesis 18 : There will be no significant difference at the .05 level between COA's and non-COA's in the experimental group in the change in number of DR's.

The purpose for testing this hypothesis was to discover if there was a differing effect on COA's from non-COA's of the REE on the change of the number of DR's received after the intervention.

Null Hypothesis 18 was retained. The two-tailed t-test results show no significant difference between the change scores for disciplinary referrals of COA's when compared to those of non-COA's at the .05 level.

TABLE 15

Comparison of DR Change Scores of COA's and non-COA's

Group	N	Mean	SD	SE	T	df	Prob.
COA's	25	-3.24	3.91	.784			
NonCOA	11	-3.45	3.61	1.09	.16	20.7	.875

Hypothesis 19 : There is no significant relationship at the .05 level between the number of absences of a student and being a COA.

The purpose for testing this hypothesis was to determine if the independent variable of absenteeism was connected in a significant way to being a COA.

Results of a one tailed t-test showed a significant connection between absences and being a COA at the .05 level. This variable may be one that effects the school behavior or school performance of a COA and may be worth further investigation.

Null Hypothesis 19 is rejected. There is a significant relationship at the .002 level between the number of absences and being a COA.

TABLE 16

Relationship Between having a Large Number of Absences and Being a COA

Group	N	Mean	SD	SE	T	df	Prob.
COA's	32	10.8	12.1	2.14			
NonCOA's	11	3.18	2.5	.76	3.37	37.4	.002 **

Hypothesis 20 :There is no significant relationship at the .05 level between the type of household lived in and being a COA.

The purpose for testing this hypothesis was to affirm that the type of household a self-revealing COA is no different than those lived in by students not revealing COA-ness.

The finding of Chi Square statistical analysis showed that there was no significant difference between the household type of COA's at the .05 level. The significance level was found to be .0993.

Null Hypothesis 20 is retained. There is no significant difference between the household types of self-revealing COA's and other students at the .05 level

See TABLE 17 on next page

TABLE 17

Comparison of Type of Household between COA and nonCOA

Household Type	COA	NonCOA
Mom alone	31.3	9.1
Mom,Dad	25.0	81.8
Mom,St.Dad	9.4	9.1
Mom,other	3.1	0
Dad	9.4	0
Dad,other	3.1	0
Other	15.6	0

Hypothesis 21 : There is no significant relationship at the .05 level between being expelled from school and being a COA.

Five students from the sample population were expelled from school during during the ten week intervention period. They were all COA's.

Null Hypothesis 21 is rejected. There was a 100% correlation between suspension and being a COA.

TABLE 18

Relationship Between Being Expelled From School and Being a COA

N	COA's	NonCOA's
5	100%	0%

SUMMARY OF RESULTS

The results of the analysis are reflected in the data. Children of alcoholics were found to make up 75% of the experimental sub-group of students with a disciplinary referral record. One hundred percent of the five students expelled from school during the study were COA's.

The pre-locus of control correlation with the pre-count of disciplinary referrals was negligible at the $-.139$ with the same correlation for the COA population being slightly greater at the $.223$ level.

There was no significant difference between the pre-locus of control for those with disciplinary referral histories and those who did not.

The REE intervention had no significant effect on the D.R.'s received by the whole experimental population, however it HAD a significant effect on the COA population within the experimental sample at the $.001$ level. Thus the COA's were effected significantly by something that the whole group was not significantly effected by.

The same phenomenon took place with the effect of REE on the locus of control scores. The experimental group as a whole had post scores not significantly different than their pre-intervention scores. The COA's , on the other hand, produced scores that were significantly different at the $.044$ level. Again the COA's responded significantly differently from their fellow classmates.

A change toward the mean for locus of control scores was substantially correlated with the reduction of disciplinary referrals for COA's at the .480. The same correlation for the entire sample was negligible at .024. The COA response of reduction of referrals was more substantially correlated to moving toward the mean of locus of control than was that of the entire population.

Fourty six percent of the entire group of COA's had a locus of control that was at least two standard deviations away from the mean; fifty two percent of the COA's having a history of disciplinary referrals had a locus of control that was at least two standard deviations away from the mean; and one hundred percent of COA's without a referral history had locus of control scores within one standard deviation away from the mean.

There was found a .065 relationship between being a COA and grade point average; a .099 relationship between household type and being a COA; and a strong relationship between absenteeism and being a COA at the .002 level.

The significance and the implications of these results will be discussed in Chapter Five.

CHAPTER FIVE

DISCUSSION OF RESULTS

The purpose of this study was to test the probabilities of finding children of alcoholics (COA'S) "at risk" within the school population and, once found, analyzing the interconnections between the reduction of the number of disciplinary referrals and the change in the perception of locus of control toward the mean through the intervention of Rational Emotive Education.

The study hypothesized that a perception of locus of control which differed from the norm might be one of the factors causing the COA to accumulate a large number of disciplinary referrals. Before testing this hypothesis however, it was necessary to identify the COA population within the school system itself.

The expected problems of identification of COA's at risk and their specific needs within the school population, as discussed in Chapter Two, were encountered at the very offset. In order to select the population sample, the aspect of identification of COAness became a problem of possible legal issues and fears of stigmatization with which the school did not wish to deal.

Thus being a COA was not part of the criteria used when selecting the sample. The COAness of the subjects was left to them to self-reveal by chance even though the

research was to focus on their behavior and perception of locus of control.

Recognition by the schools that COA's exist as a group with special needs may be the biggest problem that must be faced by school personnel themselves. This need for identification, and help in and by the schools, is one of the major thrusts of this study.

The two major groups, control and experimental, were selected without reference to COA's. Within the experimental group, however, as the eight intervention sessions met, subgroups of self-revealing COA's surfaced, becoming the source from which the data could be gathered for analyzation.

As stated in the literature, COA's are often found in the ranks of the expelled, suspended, court-ordered and truant youngsters who do not complete their 12 years of formal schooling. This study denoted that 75% of the randomly drawn experimental population of students with a history of disciplinary referrals were self-revealing COA's.

An equally impressive statistic was that 100% of those students from the experimental and control groups who were expelled during the three month span of the study were identified as COA's.

These figures substantiate the data found by an alternative school designed to serve "at risk" students which reported averaging over an 80% population of COA's during a three year span. (Romancier, 1985) The literature review and this study both present data that COA's represent a large

percentage of those students at risk for school failure.

Recognizing that this may be true, the question becomes what is it about COA's that causes these students to make up such a large percentage of the students receiving disciplinary referrals and expulsions?

To test the correlation between the number of pre-intervention disciplinary referrals and pre-locus of control scores the researcher used the Nowicki-Strickland Locus of Control Scale for Children and the number of disciplinary referrals received by the total population and found a slight, almost negligible, negative correlation (-.139) between the pre-locus of control scores and the pre- number of referrals representing the total population. Further analysis revealed that there was a definite but small relationship (.223) between the two pre-intervention factors for COA's.

The predictive value of number of referrals from knowledge of locus of control seemed to be low. However, realizing that COA's behavior is believed to fall into several distinct categories, those of hero, mascot, scapegoat, and lost child, (Woititz, 1983) may lend understanding to the low correlation. A hero COA who is likely is to have few referrals may have an extremely high or low locus of control, whereas the other three categories may receive more referrals and have an equally extreme locus of control. Thus the prediction from locus of control extremes might have little

or no relationship to the number of disciplinary referrals for COA's.

The data in this study support that there is a moderate correlation (.480) between the reduction of disciplinary referrals and the movement toward the mean of locus of control scores for COA's. This same statement is not true of the general population of this study for which the correlation is slight, almost negligible at .024. Further investigation of this locus of control connection is suggested.

In order to further investigate the hypothesis that the COA's locus of control differs by being further away from the mean than normal, this deviation from the mean was computed for all COA's, COA's with a D.R. history and COA's without a D.R. history. For the entire group of COA's, 54% were found to be within one standard deviation of the mean. Two COA subsets from that group, those of 6th and 8th grade boys, had locus of control scores that were two standard deviations away.

Fifty two percent of COA's with a disciplinary referral history had locus of control scores two standard deviations away from the mean, the groups highly represented being 6th grade girls and 6th and 8th grade boys.

As expected, 100% of the COA's with no history of disciplinary referrals had locus of control scores within one standard deviation of the mean. These perhaps are the heroes mentioned earlier.

When reduced to groups representing a history of referrals or no history of referrals, the possibility of a link between locus of control and school behavior became more viable for COA's. The belief that the deviation of locus of control from the mean by two standard deviations may be one of the reasons for COA's acting in such a way to receive numerous disciplinary referrals needs further investigation.

If the locus of control deviation away from the mean is one cause of D.R.'s, the next question becomes what can be done to alter the locus of control and, in turn, the number of disciplinary referrals?

Rational Emotive Educational techniques were chosen as the instruments for change. In the literature (Black 1981, Woititz 1983), it is pointed out that COA's are believed not to "trust" or "feel" their feelings, often denying their cognitions. Rational Emotive Therapy expounds the fact that feelings, thoughts, and behaviors are so interconnected that when one's irrational beliefs or thoughts are discovered, challenged, and disputed, one can change one's behavior.

In R.E.T., the person is asked to become responsible for creating his own self talk, therefore creating an inner locus of control by depending on his own senses. Since discovering, challenging, and disputing are by nature attributes of most teenagers, the practice of these might seem natural and enjoyable.

Rational Emotive Education (REE) was tested in this

study as a possible tool for dealing with irrational beliefs and self talk leading to a belief in an extreme locus of control and/or a history of disciplinary referrals.

After an eight week intervention of REE plagued by unscheduled intermissions and interruptions, the impact of REE on locus of control scores and on reduction of D.R.'s was analyzed.

For the entire population, the pre-post test scores of locus of control showed no significant difference at the .05 level. The intervention did not cause a significant change. HOWEVER, when the locus of control scores for COA's were analyzed, there was a found to be a significant change at the .04 level of significance.

It appears that something about the Rational Emotive Education intervention caused a significant change in COA's perceived locus of control as a whole group. One explanation might be that the disruptive factors during the sessions were recognized by the COA's as being like home and that the atmosphere was more conducive to their paying attention whereas the atmosphere lent confusion to nonCOA's.

Since being a COA was never broached as an issue by the researcher, there perhaps was a link for the COA's made through the material that they were hungry to hear, that about being able to pay attention to one's own senses for clues about reality along with correcting one's own self talk.

Since the whole population did not change significantly, it can be speculated that there was something about REE material that appealed to the COA enough to cause a change in their perception of their own locus of control. The possibility lies within the material itself.

To see if this change in locus of control was mirrored by a change in disciplinary referrals for the COA population, pre-post counts of disciplinary referrals were analyzed. The post count was collected at the end of a one month period following the end of the intervention.

Again there was no significant difference found for the total population after interpreting the data. The REE seemed to have no value to the experimental group.

When the same data was analyzed for the COA group however, the COA's showed a significant difference in the disciplinary referral pre-post count at the .001 level of significance denoting a substantial reduction in referrals.

The results conclude that the Rational Emotive Education intervention was effective for the self-revealing COA population both in change of locus of control scores and reduction of disciplinary referrals. The same intervention did not appear effective for the experimental group as a whole.

Testing for relationships between the independent variables of school GPA, attendance, and household type and being a COA found that there was no significant relationship between being a COA and either GPA (.65) or household type

(.099).The absence rate variable however did show a significant relationship with being a COA at the level of .002.

SIGNIFICANCE OF FINDINGS

The results of this study suggest that it is imparitive to identify the COA population within the general school for several reasons. It appears that the population of students receiving disciplinary referrals may have within its ranks at least a 75% sample of COA's. These are students "at risk" within the school domain. This study also showed, although based on a small number, the expulsion population consisting solely of COA's.

The Rational Emotive intervention was found to be significant only to the change in COA's, suggesting that COA's respond differently to information and interventions that may cause changes in their thinking and behavior. Thus it is essential for schools that wish to reduce their expulsion rate, their disciplinary referral rate, and their number of "at risk" students to pay attention to the impact that being a COA may have on its students.

It is also important to become aware of the COA population in the ranks of the school disciplinary files in order to work with their perceptions of locus of control and their cognitive and affective patterns that are instrumental in creating behaviors not conducive to staying within the school system.

This data supports more inquiry into the use of Rational Emotive Education within the schools to reduce the rate of disciplinary referrals for a major portion of the population, i.e. children of alcoholics.

The introduction of thinking strategies that may aid the COA population to learn to understand and become responsible for their own thinking and to trust their own feelings and cognitions might be a preventive technique to be used at an even earlier age.

To serve a population with specific problems, one must first recognize that it exists, and second, use what works with this population so it may survive in the situation.

RECOMMENDATIONS FOR FURTHER STUDY

The following recommendations are proposed for further research:

- 1) The use of Rational Emotive Education as a tool for working with identified COA's who are having school discipline problems.
- 2) The creation of programs for training teachers, counselors, and administrators to identify COA's who are "at risk" within their school system through a non-stigmatizing procedure.
- 3) The beginning of a longitudinal study of those COA's identified early on in their school years to assess the coping skills that they possess that are essential to school survival.

- 4) Continued research on the place that locus of control takes as an agent of and a predictor of school behavior for COA's.
- 5) Further research into the link between an extreme locus of control perception of COA's and their failure to remain in school.
- 6) Surveys of the percentage of students who are COA's and school drop outs in order to provide impetus to the school systems to pay attention to the hidden population of youngsters who are indeed "at risk".
- 7) Finding other methods acceptable to the schools to be used in the schools during school hours that will aid COA's to survive and cope well within the system.
- 8) Trying the REE program through Alanon if not practical to complete in the schools.
- 9) Taking a retrospective look at the categories of COA's - a post hoc analysis of the family roles in relationship to locus of control.
- 10) Further study concerning the 25% within this study that remained unaffected by the intervention.

BIBLIOGRAPHY

- Ackerman, R.J. (1984). Alcoholic parents-reducing the impact. Focus on Family and Chemical Dependency. 7 (11)
- . (1983). Children of alcoholics: a guidebook for educators. Holmes Beach, Fl. : Learning Publications Inc.
- Anderson, J. (1985). Thinking, changing, rearranging: Timberline Press
- Anthony, J.E. (1974). A risk-vulnerability intervention model for psychotic parents. In J. E. Anthony and C. Koupernick (eds.) : The child and his family. Yearbook of the International Association for Child Psychiatry and Allied Professions V.3. New York: J. Wiley & Sons
- Aronson, H. and Gilbert, A. (1963). Preadolescent sons of male alcoholics. Arch. of General Psychiatry 8: 235-241
- Beletsis, S. G. and Brown, S. (1981). A developmental framework for understanding the adult children of alcoholics. Journal of Addictions and Health 2 (4)
- Bennett, L. (1985). A comparison of children from alcoholic and non-alcoholic families : cognitive and psychosocial functioning. Paper presented at the National Council on Alcoholism Forum, Washington, D. C.
- Biek, J. (1981). Screening test for identifying adolescents adversely affected by a parental drinking problem. Journal of Adolescent Health Care 2 : 107-113
- Black, Claudia. (1979) Children of alcoholics. Alcohol Health and Research World. Fall
- . (1981). It will never happen to me. Denver, Colorado : M.A.C. Printing
- . (1981). Innocent bystanders at risk : children of alcoholics. Alcoholism (now Alcoholism and Addictions) Jan/Feb.
- . Repeat after me.: a work book for adult children of alcoholics. Denver, Co.: M.A.C.
- Booz-Allen and Hamilton, Inc. (1974). An assessment of the needs of and resources for children of alcoholic parents. Prepared for NIAAA

- Bosma, W. (1975). Alcoholism and teenagers. Maryland State Medical Journal V.24 (6)
- Bosma, W. and Jensen, P. (1976). Studies of approximately 500 children with behavior problems in the Baltimore area, 1972-1973. Unpublished. Cited by Bosma, W. : Adolescents and alcohol. Gallagher, J., Heald, F. and Garrell, D. (eds.) : Medical Care of the Adolescent. New York, N.Y. : Appleton-Century-Crofts
- Bradford, D. E. (1982). Children and alcohol: policies, practice, and prevention. Dissertation thesis (27) : 159 p.
- Brown, S. and Cermak, T.L. (1984). Perspectives. Alcohol Health and Research World. NIAAA Summer
- Cermak, T. L. (1983). Parallels in the recovery process for alcoholics and adult children of alcoholics. Paper presented at the National Council of Alcoholism Forum. Houston, Texas
- Cermak, T. L. and Brown, S. (1982). Interactional group therapy with the adult children of alcoholics. International Journal of Group Psycho-Therapy. 32 (3) 375-389
- Chafetz, M. E. (1979). Children of alcoholics. New York University Education Quarterly 10 (3) : 22-29
- Chafetz, M. E., Blane, H. T., and Hill, M. J. (1971). Children of alcoholics: observations in a child guidance clinic. Quarterly Journal of Studies on Alcohol 32 : 687-698
- Changing legacies: growing up in an alcoholic home. (1984). Pompano Beach, Florida : Health Communications, Inc.
- Children of Alcoholics Foundation, Inc. (1985) Children of alcoholics: a review of the literature. New York: Children of Alcoholics Foundation, Inc.
- Clinebell, N. J. (1968). Pastoral counseling of the alcoholic and his family. In R. Catanzaro (ed.) Alcoholism: the total treatment approach. Springfield, Il. : Charles C. Thomas Publishing
- Cork, M. (1969). The forgotten children. Toronto, Canada : Alcoholism and Drug Addiction Research Foundation

- Corsini, R.J. (1979). Current psychotherapies Itasca, Il. : F.E. Peacock Publishers
- Cotton, N. S. (1979). The familial incidence of alcoholism. Journal of Studies on Alcohol 40 : 89-116
- Courtney, E.W. (1984). Analysis. Corvallis,Or.: Division of Continuing Education, Oregon State University
- Cruse, J. R. (1985). Quoted in Choicemaking by Sharon Wegscheider-Cruse
- Deutsch, C. (1982). Broken bottles, broken dreams : understanding and helping children of alcoholics New York : Teachers College Press
- . (1983). Children of alcoholics:understanding & helping. Hollywood, Fl. : Health Communications,Inc.
- DiCicco, L. (1981). Children of alcoholic parents:issues in identification, services for children of alcoholics. Research Monograph No 4 NAIIII. Drug Abuse and Mental Health Administration, U. S. D.H.H.S. : p.42
- . (1984). Recruiting children from alcoholic families into a peer education program. Alcohol Health and research World 8 (2) : 28-34
- DiCicco, L. et. al. (1984). Group experiences for children of alcoholics. Alcohol and Research World 8 (4) Summer
- Edwards, G. (1982). Alcoholism and the family.treatment of drinking problems: a guide for helping professionals. New York : McGraw Hill
- el-Guebaly, N. and Offord, D. R. (1979). On being an offspring of an alcoholic: an up date. Alcoholism: Clinical and Experimental Research 3 (2) 148-157
- . (1977). The offspring of alcoholics: a critical review. American Journal of Psychiatry. 134 (4): 357-365
- Ellis, A. and Harper, R. (1973). A guide to rational living. North Hollywood, Ca. : Wilshire Book Co.
- . (1971). Growth through reason : verbatim cases in rational-emotive therapy. Palo Alto, Cal.: Science and Behavior Books
- . (1976).Handbook of rational-emotive therapy. New York: Springer

- (1973). Humanistic psychotherapy: The rational emotive approach. New York : Crown Publishers and McGraw-Hill Paperbacks
- (1978). Toward a theory of personality. In R. J. Corsini (Ed.) Readings in current personality theories. Itasca, Ill.: F.E. Peacock Publishers, Inc.
- Ervin, C. S., Little, R., Streissgruth, A., and Black, D. E. (1984). Alcoholic fathering and its relation to a child's intellectual functioning: a pilot investigation. Alcoholism: Clinical and Experimental Research. 8 : 362-365
- Field, T. M. and Widmayer, S. M. (1982). Motherhood. In B. Wolman (ed) Handbook of Developmental Psychology. Englewood Cliffs, N. J. : Prentice Hall
- Fine, E. W., Yudin, L. W., Holmes, J., and Heinemann, S. (1976). Behavioral disorders in children with parental alcoholism. Annals of the New York Academy of Sciences. 273: 507-517
- Frank, M. (1982). Ed. Children of exceptional parents. New York : Haworth Press
- Fox, R. (1962). Children in the alcoholic family. Problems in Addiction: Alcohol and Drug Addiction . New York : Fordham University
- Frank, M. (ed.) (1982). Children of exceptional parents. New York : Haworth Press
- Garber, J. and Seligman, M. (eds.) (1980). Human helplessness- theory and application. New York : Academic Press
- Gibbs, J. T. (1982). Psychological factors related to substance abuse among delinquent females : implications for prevention and treatment. American Journal of Orthopsychiatry 52 (2) : 261-271
- Gordon, M. E. (1985). Children of alcoholics, the forgotten ones. Young Miss 33 (6) : 62-64
- Gore, T. A. and Maultsby, M.C. (1985-6). The rational alcoholic relapse-prevention treatment method : a new self-help alcoholism treatment method. Special issue: Treatment of Black Alcoholics. Alcoholism Treatment Quarterly. Fall-Winter 2 (3-4) : 243-247
- Gravitz, H. L. and Bowden, J. D. (1984). Therapeutic issues of adult children of alcoholics. Alcohol Health & Research World. Summer 8 (4)

- Greenleaf, J. (1981). Co-alcoholic/ para alcoholic. Paper presented at the National Council on Alcoholism National Forum, New Orleans
- Haberman, P. W. (1966). Childhood symptoms in children of alcoholics and comparison group parents. Journal of Marriage and the Family. 28 : 152-154
- Hecht, M. (1973). Children of alcoholics are children at risk. American Journal of Nursing. 73 (10) : 1764-67
- . (1977). Cooperative approach toward children from alcoholic homes, Elementary School Guidance and Counseling. 11 : 197-203
- Hindman, M. (1975). Children of alcoholic parents. Alcohol Health and Research World . Winter : 2-6
- Keane, A. and Roche, D. (1974). Developmental disorders in the children of male alcoholics. In papers presented at the 20th International Institute on the Prevention and Treatment of Alcoholism. Manchester, England
- Keane, J. S. (1983). Factors related to the psychological well-being of children of alcoholics. National Alcoholism Forum. Houston, Texas
- Kern, J. C., Hasset, C. A., and Collipp, P. J. (1981). Children of alcoholics: locus of control, mental age, and zinc level. Journal of Psychiatric Treatment and Evaluation. 3 : 169-173
- Kerney, T.R. and Taylor, C. (1969). Emotionally disturbed adolescents with alcoholic parents. Acta Paedopsychiatry (Basel) 36 : 215-221
- Knop, J. (1985). A prospective study of young men at high risk for alcoholism-school behavior and achievement. Journal of Studies on Alcohol. 46 (4)
- Knop, J., Goodman, D., Teasdale, T.W., Mikkelsen, U., and Schulsinger, F. (1984). Danish prospective study of young males at high risk for alcoholism. Longitudinal research in alcoholism. Boston, Mass.: Kluwer Academic Publishers
- Krammeier, M. L. (1971) Adolescents from families with and without alcohol problems. Quarterly Journal of Studies on Alcohol. 32 : 364-37

- Kranzler, G. (1974). Emotional educational exercises for children. Eugene, Or.: Cascade Press
- . (1974). You can change how you feel : a rational-emotive approach. Eugene, Or. : Cascade Press
- Krimmell, H. D. and Spears, H. R. (1964). The effects of alcoholism on delinquent adolescents. Paper presented at the National Conference of Social Welfare . Los Angeles, Ca. May
- Kritzer, R. (1985). Needs assessment for children of alcoholic parents. Columbus Health Dept., Alcoholism and Drug abuse Section. Columbus, Ohio. Report Plan : January
- Lefcourt, H. M. (1976). Locus of control:current trends in the theory and research. New York: Wiley & Sons
- . (1982).Locus of control: current trends in theory and research. 2nd Ed. Hillsdale, N.J. Erlbaum
- . (1980). See Garber
- Lerner, R. (1983). Schools can provide drug tools. Focus on Alcohol and Drug Issues. 6 (2) : 22-23
- Lo-Fuang-Luan-G. (1986). The effects of a rational- emotive education program on self-concept and locus of control among learning disabled adolescents. Dissertation Abstracts International . 46 (10-A): 2973
- Lund, C. A. and Landesman-Dwyer, S. (1978). Pre-delinquent and disturbed adolescents: the role of parental alcoholism. Currents in Alcohol 5 : 339-348
- Marcus, A. (1984). Comparative study of maternal alcoholism and maternal child-rearing attitudes, child perception of maternal behavior, child's academic achievement and school attendance. Dissertation abstracts international. 44 (7) : 2267-B
- Marcus, A., and Tisne, S. (1985). Correlates of academic achievement in children of alcoholic mothers. National Council on Alcoholism Forum, Washington, D.C. : April 21
- McCabe, J. (1977). Children in need: consent issues in treatment. Alcohol Health and Research Wporld. 2
- McCord, W., McCord, J., and Gudeman, J. (1960). Origins of alcoholism. Palo Alto, Calif. : Stanford University Press

- Mercier, L. (ed.) Outlook on the 80's Adult Literacy.
Washington, D.C.: Dingle Associates, Inc.
- Michalik, M. A. (1981). The impact of an alcoholic father on the adjustment of adolescent sons. Dissertation abstracts international. 42 (5-B) : 2070-2071
- Miller, N. (1983). Group psychotherapy in a school setting for adolescent children of alcoholics. Group.
7 (1) Spring
- Morehouse, E. R. (1985). Adolescent COA's: kids at highest risk. Helping adolescent COA's through student assistance programs. NACoA Network 2 (1) Winter
- . (1983). Assessing and motivating adolescents who abuse alcohol. Social Work Treatment of Alcohol Problems. Vol.5 of the Treatment Series, Rutgers Center for Alcohol Studies. New Brunswick, N.J. : Lexington Press
- . (1979). Working in the schools with children of alcoholic parents. Health and Social Work. 4 (4)
- Morrison, C. and Schuckit, M. A. (1983). Locus of control in young men with alcoholic relatives and controls. Journal of Clinical Psychiatry. 44 : 306-307
- Morrison, J.R., and Stewark, M.A. (1971). A family study of the hyperactive child syndrome. Biological Psychiatry . 3 : 189-195
- Naiditch, B. (1983). Intervention or enabling-where are distinctions? Focus on Alcohol and Drug Issues
6 (2)
- National Institute of Alcohol Abuse and Alcoholism. (1985). A growing concern: how to provide services for children from alcoholic families. Rockland, Maryland : U.S. D. H. H. S.
- NIAAA. (1984). Alcohol Health and Research World.
8 (4) Summer
- Newcomer, P. (1980). Understanding and teaching emotionally disturbed children. Boston, Mass. : Allyn and Bacon, Inc.
- Nicholson, S.M. (1984). Teenage addiction. Alcoholism : the National Magazine. 5 (2) : 54
- Nowicki, S., and Roundtree, J. (1971). Correlates of locus of control in a secondary school population. Developmental Psychology. 4 (3)

- Nowicki, S. and Strickland, B. (1973). A locus of control test for children. Journal of Consulting and Clinical Psychology. 40 (1)
- Nylander, I. (1960). Children of alcoholic fathers. Acta Paediatrica Scandinavica. 49 (Suppl. 121) : 1-34
- O'Gorman, P. (1985). Historical look at children of alcoholics. Focus on Family and Chemical Dependency 8 (1)
- . (1984). Perspectives. Alcohol Health and Research World Summer
- . (1975). Self- concept, locus of control, and perception of father in adolescents from homes with and without severe drinking problems. Ph.D. Dissertation. Fordham University
- Omizo-Michael M., Cubberly, W. E., and Omizo, S. A. (1985). The effects of rational-emotive education groups on self-concept and locus of control among learning disabled children. Exceptional Child. March 32 (1) : 13-19
- Orford, J. and Harwin, J. Eds. (1982). Alcohol and the family. New York : St. Martins Press
- Peterson, N. (1986). What about the children? McCalls. November
- Phares, E. E. (1973). Locus of control: a personality determinant of behavior. New Jersey : General Learning Press
- Pilat, J. M. and Jones, J. W. (1984-5). Identification of children of alcoholics : two studies. Alcohol Health and Research World. 9 (2)
- Polzella, S. A. and Selinger, M. (1984). Teacher intervention for the adolescent substance abuse. Paper presented to the Annual International Convention of the Council for Exceptional Children
- Priest, K. (1985). Adolescent's response to alcoholism. Social Casework. 66 (9) : 533-539
- Richards, T. M. (1981). Kolmac Clinic, Silver Spring, Md. In : NIAAA . Services for children of alcoholics.. NIAAA Research Monograph No. 4 DHHS Pub. No. (ADM) 81-1007. Washington, D.C.

- Rimmer, J. (1982). The children of alcoholics: an exploratory study. Child and Youth Services Review 4 : 365-373
- Robins, L. N., West, P. A., Ratcliff, K. S., and Herjanic, B. (1977). Father's alcoholism and children's outcomes. In F. Sexias (ed.) Currents in alcoholism. Vol. 4
New York : Grune & Stratton
- Romancier, M. L. (1985). Unpublished study of a school district survey concerning knowledge of children of alcoholics : identification in the classroom ,their identifying characteristics, and possible problems
- . (1985) Unpublished statistics gathered over three years concerning the COA population of alternative schools which found one alternative school with an average of 91% of the population consisting of COA's
- Roszenski, R. H. and Honor, I. F. (1984). Self-reinforcement, locus of reward and taskmaintenance, and alcoholism. Psychological Reports. 54 (1) :
151-155
- Rotter, J. B. (1954). Social learning and clinical psychology. New Jersey : Prentice Hall
- . (1955). The role of psychological situation in determining the direction of human behavior. In M. R. Jones (ed.) Nebraska Symposium on Motivation. Lincoln, Nebraska : U. of Nebraska Press
- . (1960). Some implications of asocial learning theory for the prediction of goal directed behavior from testing procedures. Psychological Review .
67 : 301-316
- Russell, M., Henderson, C., and Blume, S. B. (1984). Section VII : Ethics and public issues. In Children of alcoholics. a review of literature. New York, N. Y.:
Children of Alcoholics Foundation
- Rydelius, P. A. (1984). Children of alcoholic fathers: a longitudinal prospective study. Longitudinal research in alcoholism. Boston, Mass. : Kluwer Academic Press
- Schall, J. (1986). Alcoholism:when a parent drinks a child struggles. Here's how to help children cope in healthy ways. Instructor and Teacher. 45 (8) : 54-57
- Schuckit, M. A. (1979). Drug and alcohol abuse: A Clinical guide to diagnosis and treatment. New York: Plenum Publishing

- Services for Children of Alcoholics. (1981). Research Monograph No. 4 (Maryland Symposium). NIAAA
- Sexias, J.S. (1979). Living with a parent who drinks too much. New York : Greenwillow Books. Division of Wm. Morrow & Co.
- Sexias, J. S. and Youcha, G. (1985). Children of alcoholism: a survivor's manual. New York : Crown Publishers
- Slobada, S. (1974). The children of alcoholics: a neglected problem. hospital and Community Psychiatry. 25 (9)
- Solberg, M. O., Simpson, D. B., and Ferguson, L. (1986). Better chance: a problem-solving group for children affected by someone else's chemical dependency. National Council on Alcoholism Forum. San Francisco, April 18-21
- Soyster, C. (1984). Adult children of alcoholics: heirs of shame. Presented at the 92nd annual convention of the American Psychological Association. Toronto, Canada
- Steinhausen, H. C., Gobel, D., and Nestler, V. (1984). Psychopathology in the offspring of alcoholic parents. Journal of the American Academy of Child Psychiatry. 23 (4) : 465-471
- Tarter, R. E., Hegedus, A. M., and Gavaler, J. S. (1985). Hyperactivity in the sons of alcoholics. Journal of Studies on Alcohol. 46 (3) : 259-261
- Tarter, R. E., Hegedus, Goldstein, Shelly, and Alterman. (1984). Adolescent sons of alcoholics: neuropsychological and personality characteristics. Alcoholism : Clinical and Experimental Research. 8 (2) March-April: 216-222
- Triplett, J. and Arbeson, S. W. (1983). Working with children of alcoholics. Pediatric Nursing. Sept./Oct.: 317-320
- Typpo, M. H. and Hastings, J. M. (1984). Elephant in the living room: the children's book. Minneapolis, Mn. : CompCare Publishing
- U. S. Dept. of Health and Human Services. (1985). A growing concern: how to provide services for children from alcoholic families. NIAAA

- Watters, T. S. and Theimer, W. (1978). Children of alcoholics, a critical review of some literature. Contemporary Drug Problems. 7 (2)
- Wegscheider, D. (1979). If only my family understood me. Minneapolis, Mn. : CompCare Publishing
- Wegscheider, S. (1981). Another chance: hope and health for the alcoholic family. Palo Alto, Ca. : Science and Behavior Books
- . (1981). From the family trap to freedom. Alcoholism. Jan./Feb. : 36-39
- Wegscheider-Cruse, S. (1985). Choicemaking. Pompano Beach, Fl. : Health Communications, Inc.
- Werner, E. E. (1986). Resilient offspring of alcoholics : a longitudinal study from birth to age 18. Journal of Studies on Alcohol. 47 (1) : 34-40
- Werner, E. E. and Smith, R. (1982). Vulnerable but invincible : a study of resilient children. New York, N. Y. : McGraw-hill Book Co.
- White, W. T. (1983). Remembering young children of alcoholics : a new family therapy approach. Form Manuscript, NCA. Presented at the National Alcoholism Forum. Houston, Texas. April
- Whitfield, C. L. (1980). The patient with alcoholism and other drug problems. (Chapter 10 : Children of alcoholics). Prepublication Edition : Year Book Medical Publishers
- Wilson, C. (1982). In : J. Orford and J. Harwin (eds.) Alcohol and the family. London : Croom Helm : 151-166
- Woodside, M. (1982). Children of alcoholics : a report to Hugh L. Carey/ State of New York. July
- . (1983). Children of alcoholic parents : inherited and psychosocial influences. Journal of Psychiatric Treatment and Evaluation. 5 : 531-537
- Woititz, J. (1983). Adult children of alcoholics. Pompano Beach, Fl. : Health Communications Inc.
- . (1978). Alcoholism in the family : a survey of the literature. Journal of Alcohol and Drug Education. 23 : 18-23

Zucker, M. and Snoddy, J. E. (1982). Needs, attitudes and behaviors of teachers relative to stress situations of children. Journal of Alcohol and Drug Education. 28 (1) : 32-42

APPENDICES

APPENDIX A

WEEKLY TREATMENT PLANS

WEEK ONE: Purpose: To give students the Nowicki-Strickland Locus of Control Scale for Children

1. Pass out paper and pencils
2. Read directions: This survey is given to discover how young people your age think about various questions. There are no right or wrong answers. Please number 1-40 on your paper. I will read the question twice. Please answer yes or no next to the correct number. If you are not sure of your thought on the question, answer what you believe usually happens, again with a yes or no. The words "maybe" or "sometimes" will not help in the survey. If you don't understand a question , raise your hand and I shall read it again. Do you have any questions now? Number 1...(See The Nowicki-Strickland Locus of Control Scale for Children)

(Appendix p.125)

WEEK TWO: Purpose: Identify and name common feelings

1. Give the students a piece of paper and ask them to name as many common feelings as they can.
2. When they have stopped writing, ask each person to name one of their feeling words and follow it by saying: "I feel _____ when I _____". If the word mentioned is not on one's list , they are to add it.
3. When all feeling words have been used, pass out a list

of feeling words and ask the students to take turns defining the feelings that are on the list using the same format.

WEEK THREE: Purpose: To help students recognize and identify that feelings have different uses.

1. Using the list of feelings that was passed out in week two, the trainer will ask the students to identify those feelings on the list which are physical feelings by placing a "P" next to them; then identify those which are emotional words by placing an "E" next to them. Do one column at a time and then discuss.
2. Using the same list, ask the students to distinguish pleasant from unpleasant feelings by putting a plus by the word which is pleasant and a minus if it is unpleasant.
3. Give the students time to share their feelings about the words.

WEEK FOUR: Purpose: To recognize present day feelings and discover the idea of facilitative and non-facilitative feelings

1. Using the pleasant and unpleasant feeling idea from last week, ask the students to think of their whole day so far and hour by hour state what they were doing. Place a feeling or two beside their actions. Then place a plus or minus beside the feeling.
2. When the students have completed the exercise, ask each student to share if his or her day has been a plus or minus

day so far and to talk about one plus and one minus feeling

3. Once everyone has shared, ask the students to write down next to each hour how , or if , they themselves were in any way responsible for their feelings of that time.

WEEK FIVE: Purpose: To begin teaching the ABCD of Rational-emotive theory

1. Using a balloon and a pin , ask one of the students to stick the balloon with the pin. Write on the board,

(A) **Activating event** = pin sticking balloon;

(C) **Consequences** = the balloon pops

2. Ask the students to give other personal examples of physical behaviors as Activating events causing physical reactions as Consequences . Write them on the board in the same method as in number one as they mention them.

3. Now, to help the students to understand that for emotional consequences, A does not cause C, develop a list of behaviors of any sort on the board. Ask the students to write them down and to denote how they would feel if they were involved in those behaviors or situations. Start the list with items such as handling snakes, seeing a large dog running toward you, etc. Discuss the variety of reactions to the situations.

WEEK SIX: Purpose: To recognize how feelings can change and introduce how "B" , belief systems can cause us to feel as we do.

1. Using a diagram such as:

	A	C
MARY	FLOWERS	SAD
SALLY	FLOWERS	HAPPY

Ask the students how the same "A" (activating agent) the flowers, can cause people to experience such different feelings. Discuss and place ideas on the board.

2. For each answer, ask the students what the person might have been thinking to feel in that particular way. What might his/her "B", belief, been?

3. Discuss these answers until you believe that the youngsters understand that it isn't "A", the activating agent, which causes the person to feel as they do, it is the belief system "B" that causes the person to feel those feelings.

4. Tell the story of a boy who is flying a kite. As the kite lands on the ground, another child comes along and steps on the kite. The first child becomes angry and yells at the child. The second child says he is sorry but he can't see, he is blind. The boy with the kite is no longer angry. In fact he is very sorry that he yelled. Ask the students what they think the boy was thinking, saying to himself, when he was angry. What was he thinking or saying to himself when he was sorry? Ask them to notice when the thoughts or beliefs, "B", change, the "C" (emotions and consequences) also change.

WEEK SEVEN: Purpose: To reinforce the connection between thinking , feeling, and consequences. To Introduce the idea that some thoughts are facts; some thoughts are beliefs

1. Ask the students to name one feeling that they have felt strongly today. Write it down. Ask them to write down next to the feeling what the thoughts were that caused them to feel this way. Discuss. Ask if his idea is a fact or his belief. Discuss.

2. Then ask other students for input as to what else a person could think that might change the original feelings. List those on the board. Have each student write two options to his original thinking which might change his feelings. Explore these aloud.

3. Ask the students to write a " Dear Abbey" letter using a real teenage problem. Exchange these and explore the possible thoughts that might be behind the problem in the letter.

WEEK EIGHT: Purpose: To explore the thinking behind the feeling of anger

1. Ask the students what they think anger is. Discuss. Then put the following diagram on the board:

```

ANGER = FEAR    of    LOSS
          * * *
          * * *
          * * *
          * * *
of belonging *   *   * of self esteem
                *
                of control
                (of others or self)

```

2. Ask students to list some times that they have been angry. Then , next to each anger, choose which category the specific anger falls into. Discuss these aloud until you believe that the students understand the concept.
3. Ask the students if they would treat a person who was scared the same way that they would treat someone who showed anger. Discuss the differences. Do they act the same way?
4. Go back to last week's exercise and relate that how one thinks about a situation may determine how he will feel about it and consequently, how he acts in the situation. Refer again to the fear concept of anger.
5. Ask them to become aware of their thinking when they get angry this week and how they can control their beliefs and thus control their behavior.

WEEK NINE: Purpose: To consider how a person is in control of his own actions and thus is responsible for them. To consider that a person can only control how and what he thinks and does; he can not control what another thinks or does.

1. Pass out the following poem:

AUTOBIOGRAPHY IN FIVE SHORT CHAPTERS
by PORTIA NELSON

1

I walk, down the street.
There is a deep hole in the sidewalk.
I fall in

I am lost... I am helpless
It takes forever to find a way out

2

I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I'm in in the same place.
but, it isn't my fault.
It still takes a long time to get out.

3

I walk down the same street
There is a deep hole in the sidewalk.
I see it is there.
I still fall in...it's a habit.
my eyes are open.
I know where I am
It is my fault.
I get out immediately

4

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

5

I walk down another street
(Black, Repeat After ME)

1. Ask the students for reactions. Discuss the poem in the light of habits that we form in our thinking and the difficulties of changing habits.
2. Have the students write down two thinking habits which get them into "deep holes" which they react to as did the person in the poem. Discuss these by listing what the original thinking patterns were and their consequences compared to a new thinking pattern of self talk which might result in

"taking another street" with more favorable consequences.

The "homework assignment" is to become aware of one habit that causes you to get into consequences that you do not care to get into. Write down the thinking pattern that accompanies that behavior for discussion next week.

3. Discuss these and the feasibility of change. Ask for examples of change that the students have made themselves responsible for.

4. Ask each child to rewrite the poem in a way that reflects his or her progress in choosing "another" street. Have them read their poems aloud.

WEEK TEN: Purpose: To retest the students on the The Nowicki-Strickland Locus of Control Scale for Children

1. Follow the directions in WEEK ONE
2. Collect sheets and turn them over to correcter.

THE NOWICKI-STRICKLAND LOCUS OF CONTROL SCALE FOR CHILDREN

1. Do you believe that most problems will resolve themselves if you just don't fool with them?
2. Do you believe that you can stop yourself from catching a cold?
3. Are some kids just born lucky?
4. Most of the time do you feel that getting good grades means a great deal to you?
5. Are you often blamed for things that aren't your fault?
6. Do you believe that if someone studies hard enough, he or she can pass any subject?
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
8. Do you feel that if things start out right in the morning that it's going to be a good day no matter what you do?
9. Do you feel that most of the time parents listen to what their children have to say?
10. Do you believe that wishing can make good things happen?
11. When you get punished, does it usually seem like it is

- for no good reason at all?
12. Most of the time do you find it hard o change a friend's mind or opinion?
 13. Do you believe that cheering more than luck helps a team win?
 14. Do you feel that it is nearly impossible to change your parent's mind about anything?
 15. Do you believe that your parents should allow you to make most of your own decisions?
 16. Do you feel that when you do something wrong there is very little you can do to make it right?
 17. Do you believe that most kids your age are just born good at sports?
 18. Are most of the other kids your age stronger than you are?
 19. Do you feel that one of the best ways to handle most problems is just not to think about them?
 20. Do you have a lot of choice in deciding who your friends are?
 21. If you find a four leaf clover, do you believe that it might bring you good luck?
 22. Do you often that whether you do your homework has much to do with what kind of grades you get?
 23. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her?
 24. Have you ever had a good luck charm?
 25. Do you believe that whether or not people like you depends on how you act?
 26. Will your parents usually help you if you ask them to?
 27. Have you felt that when people were mean to you that it was for no reason at all?
 28. Most of the time do you feel that you can change what might happen tomorrow by what you do today?
 29. Do you believe that when bad things are going to happen,they are are just going to happen no matter what you try to do to stop them?
 30. Do you think that kids can get their own way if they just keep trying long enough?
 31. Most of the time do you feel that it is useless to try to get your own way at home?
 32. Do you feel that when good things happen, they happen because of hard work?
 33. Do you feel that when someone your age wants to be your enemy, there's little you can do to change matters?
 34. Do you feel that it is easy to get friends to do things that you want them to?
 35. Do you feel that you get little to say about what you get to eat at home?
 36. Do you feel that when someone doesn't like you there is little you can do about it?
 37. Do you feel that it is usually useless to try in school because most other children are just plain smarter than you are?

38. Are you the kind of person who feels that planning ahead makes things turn out better?
39. Most of the time do you feel that you have very little to say about what your family decides to do?
40. Do you think that it is better to be smart than to be lucky?

APPENDIX B

COPY OF LETTERS OF PERMISSION
FOR CONTROL GROUP

Date

Dear Parents,

-----School has been selected participate in a research related project on building responsibility for one's own decisions. It is called WAMWIT (Wait A Minute While I Think). This project has been approved at the district and school level.

Your child,-----, has been randomly selected to participate in this project with your permission. His/her participation would be in the form of completing the Nowicki-Strickland Locus of Control Scale for Children, a nationally standardized test for children. Answers of "yes" and "no" express how a student sees the extent to which he and others effect his thinking and behavior. S/he would complete this survey twice, ten weeks apart, to see if any change occurs normally over time. All survey material is identifiable by number only and will remain confidential to the researcher.

Please sign and return this sheet to -----School office as soon as possible. Thank you for your interest.

- () Yes, my son/daughter may take part.
 () No, my son/daughter may not take part.
 () Please have someone call me with more information.

Date-----
Parental Signature-----
Phone

APPENDIX C

LETTER OF PERMISSION FOR PARTICIPATION
IN EXPERIMENTAL GROUP

Date

Dear Parent,

-----School has been selected to participate in a research related roject on "building responsibility for one's own decisions". This project has been approved at the school and district level.

Your child,-----, has been selected to participate with your written permission. Small groups of students, including your son/daughter, will be meeting once a week during Inter-mural Discovery period to practice and strengthen responsible thinking patterns. A major goal of the sessions is to improve success at school. Students will learn how they are responsible for their own behavior and feelings, both of which are important in both home and school settings.

No regular classes will be missed. The groups will begin in January. The sessions will be scheduled once a week for ten weeks. Students may withdraw from the workshop at any time for any reason.

Mary Lou (Romancier) Triperinas will be the group leader for the sessions. She has considerable successful experience in working with young adolescents in the -----schools and at the -----.

If you have any questions concerning the workshop, you are encouraged to call Mrs. Triperinas at 758-7304 or OSU 754-4317. Please return this form to the -----main office on or before November 26, 1987.

() Yes, please enroll -----in WAMWIT (Wait a Minute While I Think).

() Please have someone call me. I need more information.

() No thank you. I am not interested.

Date

Parental Signature

Phone