THE STATE OF NORTHWESTERN ONTARIO

SECONDARY SCHOOL PROGRAMMING FOR STUDENTS

AFFECTED BY ALCOHOLICS

by

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A thesis

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for the degree of

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Christina was ever eager to guide me in the quantitative conundrum of analyzing my data, accepting my level of knowledge and helping me from first to last.

I am grateful, too, to the members of the school boards who gave permission to distribute the questionnaire.

Thank you to my family and friends who supported me through the ups and downs of this process. With your love and support I have completed my goal. Now, on to the next one!

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ABSTRACT

The purpose of this study was to examine programming available in Northwestern Ontario (NWO) secondary schools to support students who are affected by someone else's drinking. Data on programming available in NWO secondary schools were collected through a mail survey of secondary school counselors and follow-up phone interviews of select counselors. The survey results showed that few students reported to counselors that they were affected by someone else's drinking and that no programming is available in any of the secondary schools across NWO. Both of these results point to potential problems. Research points to alcoholism being prevalent in Ontario, this means that students are being affected. If students are not reporting alcoholism in their home they are slipping through the system without help and since administration doesn't know about it they do not implement programming to help these students. Further research needs to done to address the issue of administrators' awareness of the troubles and restrictions facing implementation of in-school programming. A focus group of counselors to share issues and resources would be helpful. Also a survey of students on the existence of problems they face and their own awareness of programs is needed.

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CHAPTER ONE: INTRODUCTION

The purpose of this study is to describe the type of programming available in Northwestern Ontario (NWO) secondary schools to support students who are affected by someone else's drinking. Data were collected through a mail survey and follow-up telephone interviews. The respondents in this study were typically secondary school guidance counselors or social workers.

Rationale

The purpose of this thesis was to review and examine programming available in NWO secondary schools aimed at supporting students who are affected by someone else's drinking. The issue of problem drinking in Canada is pervasive (CBC News Online, 2003). The ratio of adult drinkers who say they have problems with their drinking is 1 in 10, according to Alcohol Statistics, CBC News Online (2003). In Ontario alone, that is half a million people. Given these statistics, it is important to examine the programming available in NWO to support students dealing with alcoholism in the family.

Research Questions

I asked three questions in this study:

1. What types of programs, if any, are available in Northwestern Ontario secondary schools for students dealing with someone else's drinking?

2. What school or personnel variables (e.g. academic training) are related to the

availability and type of programming for students dealing with someone else's drinking?

3. When programming is not available in schools, what reasons are identified as

important barriers to program implementation? Does this vary by school or personnel

characteristics?

CHAPTER TWO: REVIEW OF RELATED LITERATURE

In this chapter three specific areas relevant to this study are described: children of alcoholics; ways to identify children affected by someone else's drinking; and programs for children affected by someone else's drinking.

To begin, I need to define two terms. "Alcoholism" refers to "a disorder characterized by the excessive consumption of and dependence on alcoholic beverages, leading to physical and psychological harm and impaired social functioning" (The American Heritage Dictionary of the English Language, 2000, p. 31). The second term, "child," or children means a person under the age of eighteen years (Child and Family Services Act R. S. O. Chapter C. 11, 1990).

Children of Alcoholics

In the past ten years, two theories have dominated our understanding of the experiences of children of alcoholics and whether an alcoholic in the home has an effect on them. One theory posits that children are affected negatively by drinking in the home (Burk & Sher, 1988; Crespi & Sabatelli, 1997; Woodside, Coughey, & Cohen, 1993). The other suggests that children are minimally affected, with most children growing up to be happy, healthy, functioning adults with no great difficulty (Berkowitz & Perkins, 1988; Churchill, Broida & Nicholson, 1990; Werner & Smith, 1977, 1982, 1992).

Most research supports the former theory. For example, one study indicated that children of alcoholics are more prone to psychological health disorders as well as other major and minor physical health problems (Woodside, Coughey & Cohen, 1993). Another revealed that more than 50% of patients in a psychiatric program were children

of addicted guardians (Rivinus, Levoy, Matzko & Seifer, 1992). Children of alcoholics, in general, are almost twice as likely to be affected by poisoning and other injuries and have a 65% greater chance of contracting a serious physical illness compared to children without a drinker in the home (Woodside et al., 1993). Crespi and Sabatelli (1997) conclude, "Parental alcoholism effects are profound and the detrimental impact on development and personality adjustment for adolescents is widespread" (p.5).

The impacts of parental alcoholism are also seen in children's actions and behaviours in school. Generally, students coming from alcoholic homes will exhibit problems in school with psychological, behavioural, and emotional adjustment (Burk & Sher, 1988; Jacob, Favouirini, Meisel & Anderson, 1978).

Negativity, competitiveness, disagreeable and questionable conduct (Billings, Kessler, Gomberg & Weiner, 1979; Gorad, 1971; Jacob, Krahn & Leonard, 1991; Jacob & Krahn, 1988; Jacob, Ritchey, Cvitkovic & Blane, 1981; O'Farrell & Birchler, 1987) are only some of the signals that may be displayed by students who are dealing with someone else's drinking. Moreover, helplessness, anxiousness, and low self-esteem may be revealed (Domenico & Windle, 1993; Knowles & Shroeder, 1990; Tweed & Ryff, 1991). Unpredictable behaviour (Mylant, 2002; Rotunda, 1995; Werner, 2002) characterized by impulsivity (Sher, 1997; Windle, 1990), disinhibition, sensation seeking, and aggressiveness (Crespi, 1997; Sher, 1997) is also seen in children of alcoholics. Students may also reveal distractible attention spans and be more antisocial with their peers (Windle, 1990).

Behavioural problems are only the beginning of the issues faced by children of alcoholics. Not only do they have trouble concentrating and paying attention because

they are distracted by what is happening at home (Johnson, Sher & Rolf, 1991; Marcus, 1986; Sher, 1991; Weintraub, 1990; West & Prinz, 1987), they also cannot perform to the same academic standards as other students (Johnson, Sher & Rolf, 1991; Marcus, 1986; Sher, 1991; Weintraub, 1990; West & Prinz, 1987), they are away from school more often (Johnson, Sher & Rolf, 1991; Marcus, 1986; Sher, 1991; Weintraub, 1990; West & Prinz, 1987), and, in many cases, leave school altogether (Johnson, Sher & Rolf, 1991; Marcus, 1986; Sher, 1991; Weintraub, 1990; West & Prinz, 1987). In some studies, school psychologists report seeing children of alcoholics more than any other type of student. (Johnson, Sher, & Rolf, 1991; Marcus, 1986; Sher, 1991; West & Prinz, 1987; Weintraub, 1990).

Although research has suggested that an alcoholic in the home will likely harmfully affect children, not every child is affected to the same degree physically, emotionally or mentally (Werner, 1992; Werner & Smith, 1977, 1982). For example, a longitudinal study conducted by Werner and Smith (1977, 1982, 1992) found that almost one third of the children of alcoholics who participated in their study grew up to be happy, healthy, well-functioning adults. Those children who were less affected reported several important factors which contributed to their growth and lessened the effects of the alcoholism. These included: the chance to make decisions on their own during important life transitions; being encouraged by guardians who supported and trusted them; having caring guardians that promoted their self-worth and competency; and having an overall easygoing personality.

Several other studies have shown that children of alcoholics show no marked differences when compared to children of non-alcoholics in such areas as psychological

distress, personality characteristics or self-esteem (Berkowitz & Perkins, 1988; Churchill, Broida & Nicholson, 1990; Kashubeck, 1990; Williams, 1988; Wright & Heppener, 1991). Other research has shown that children of alcoholics can be amazingly well-adjusted (Nastasi & DeZolt, 1994; Serrins, Edmundson & Laflin, 1992 Sher, 1991). Although obviously some children do "weather the storm," the majority of research indicates that for many children, there is a problem in the area of education, with respect to academic learning and social adjustment.

While the exact number of children of alcoholics in the general population is hard to state with certainty, a recent approximation stated that 26.8 million people are affected by someone else's drinking in the United States. Of this 26.8 million, approximately 11 million are younger than 18 years of age (Emshoff & Price, 1999). To make it even more clear, Crespi (1990) conducted a study in the U. S. and concluded that 1 out of 6 families is affected by alcoholism. In a study carried out by Black (1981), between 28 and 34 million people in the U. S. were found to have been affected by alcoholism, either as a child or an adult. The ratio of adult drinkers who say they have problems with their drinking is 1 in 10, according to Alcohol Statistics, CBC News Online (2003). In Ontario alone, that is half a million people.

Something needs to be done to help the children of alcoholic parents and relatives. Any type of professional person working with children will likely come into contact with children of alcoholics and will need to be able to identify them and then help them. One way to do this is by having counselors, psychologists, and mental health professionals be aware of the impacts of alcohol misuse on students (Jacob, 1992). They should also be able to suggest programs and help available to these students. It is the responsibility of

school professionals to be able to help guide the students to acceptance and understanding (Beardslee & Poderesfsky, 1988; Crespi & Sabatelli, 1997).

Children spend a large amount of time at school and this is the perfect place to implement programs and interventions to help students of alcoholics function better (Dies & Burghardt, 1991; Price & Emshoff, 1997). School is often the place where professionals might recognize that students have problems coping with alcoholism in their families (Dies & Burghart, 1991). School is also a logical location for programming because it is easily accessible to all students, not requiring transportation by a parent to another location. Additionally, school enables students to discreetly participate in programs related to being affected by someone else's drinking; this is important because they may not feel safe telling their guardians they are struggling with the impacts of alcoholism. Finally, school professionals also have access to outside programming if the need arises to send a student to a doctor or other professional for additional help.

Ways to Identify Children Affected by Someone Else's Drinking

There are two resources which are particularly helpful to guidance counselors or others who need a way to help identify children negatively impacted by alcoholism.

The first, the CAGE is the most widely used screening instrument and it consists of 4 questions related to the respondent's feelings about his/her own drinking patterns (Price & Emshoff, 1997). The main words "cut," "annoyed," "guilty" and "eye-opener" in each of the four questions are used to make up the acronym for CAGE (Price & Emshoff, 1997). A reworked version, The Family CAGE, explores respondent's feelings

towards his/her family members' drinking patterns. These tools were not designed to be used as a form of diagnosis for alcoholism, but rather to determine whether more needs to be done to minimize the effects of alcoholism. The CAGE, in particular, should be followed by a complete diagnostic assessment (Price & Emshoff, 1997).

The second, the Children of Alcoholics Screening Test (CAST) (Jones, 1982; Sheridan, 1995) contains several questions specifically designed to explore the respondent's attitudes, perceptions, feelings and experiences about their parents and the drinking that has or is taking place. This test was designed to serve both young children and older adults (Price & Emshoff, 1997). Due to time constraints faced by the teachers who are generally expected to perform these screening tests, a shorter version of CAST has also been developed. It is not, however, commonly used in the school systems (Price & Emshoff, 1997).

Programs for Children Affected by Someone Else's Drinking

There are numerous programs available to assist children who are impacted by alcoholism. Alcoholism is a progressive disease and the situation usually only gets worse (Billings et. al. 1979; Frankenstein, Hay, & Nathan, 1985; Jackson, 1954; Jacob et. al. 1981; Steinglass et. al. 1987). Children need help at whatever stage the alcoholic is in, and these intervention programs can provide assistance.

The Stress Management and Alcohol Awareness Program (SMAAP) is a school-based, 8-week program about alcoholism designed to give children confidence and build self-esteem, increase knowledge about alcoholism, and teach problem-solving and coping skills. A new variation of this program introduces a "personal trainer" to meet with

participants on a weekly basis, to reinforce the information the children receive (Price & Emshoff, 1997).

Another program is Student's Together and Resourceful (STAR), a school-based program based on group activities. These activities encourage students to communicate their feelings and to build skills related to denial/acceptance of alcoholism, choice-making, tension, and problem-solving. STAR also supplies children with information about alcoholism and its impacts on the family as a whole (Price & Emshoff, 1997).

The Strengthening Families Program (SFP) is primarily based in churches or community centers. This program targets family members separately and then brings them together for prearranged role-playing sessions. Programs specifically for parents address the concern of parenting children affected by drinking and offer methods of support. It also helps to enhance communication skills and gives in-depth alcoholism education. The children move through a curriculum that includes exploring feelings, communication, anger management and problem-solving skills and in-depth alcoholism education (Price & Emshoff, 1999).

The Cambridge and Somerville Program for Alcohol Rehabilitation (CASPAR) is a school-based program guided by adult staff or trained peer leaders, and usually takes place after school. Normally, these groups focus on providing information on the disease of alcoholism and the surrounding problems faced by families. They are open to anyone with a desire to be there (Price & Emshoff, 1999).

Children of Substance Abusers (COSA) is an intervention program aimed at reaching children from 4-10 years of age who live with at least one guardian addicted to any substance, including alcohol. Two programs exist to meet the needs of the children

and adults separately, and 12-week sessions include family interaction groups as well as art and play therapy for both children and alcoholics (Price & Emshoff, 1999).

Alateen is a program for children of alcoholics adapted from the 12-Step program of Alcoholics Anonymous. This program occurs anywhere that a meeting room is available and is facilitated by a sponsor who is an active member of the 12-Step program of Al-Anon. Children can join of their own free will and the weekly meeting provides a safe place to share their feelings and experiences about how they are affected by their alcoholic relatives. Alateen is different from other programs in a few ways. No assessment by any outside party is necessary, and participants come and go of their own free will. No professionals are needed to implement this program in the schools, because it is led by Al-Anon members who are in their own Al-Anon program and who volunteer to come and sponsor an Alateen group where needed (Al-Anon/Alateen Service Manual, 1998-2000).

Very few studies have been done on the effectiveness of these programs, but the limited literature shows promising results. An investigation of Alateen carried out by Hughes (1977) found that Alateen members scored higher on a self-worth and temper state scale than did other children of alcoholics who did not participate in the program. A similar study (Peitler, 1980) was done, however, which compared a group of Alateens to children in group counseling. This study found the youth in group counseling scored higher than the youth group in Alateen in terms of improving self-esteem, unsociable inclinations and decreased withdrawal. Both of these studies are over twenty years old, and more research needs to be done. Price and Emshoff (1997) said it well in their article:

"Unfortunately, not enough empirical evidence exists to draw any firm conclusions about the effectiveness of Alateen" (p. 243).

All of these intervention programs contain several similar characteristics. They are designed to help people who are dealing with someone else's drinking by: providing information and education about the disease of alcoholism; teaching mechanisms of coping and competence in social life skills; gaining support from the group when dealing with their daily struggles; providing a safe place to share their feelings about their own life and their life with the alcoholic; and offering ideas for other healthy activities (Emshoff & Price, 1999). I believe that professionals working with children should be aware of these programs.

CHAPTER THREE: METHODS

In this chapter I describe the research questions, the research instruments, the subjects, the research design, data collection, and data analysis used in this study.

To reiterate, the purpose of this study is to describe the programs available to high school students who are struggling to deal with someone else's drinking. Specifically, the research questions are:

• What types of programs, if any, are available in Northwestern Ontario secondary schools for students dealing with someone else's drinking?

• What school or personnel variables (e.g. academic training) are related to the availability and type of programming for students dealing with someone else's drinking?

• When programming is not available in schools, what reasons are identified as important barriers to program implementation? Does this vary by school or personnel characteristics?

Design

A paper-and-pencil survey to inquire about programs for students affected by someone else's drinking was sent to all counselors or others working in related positions within each secondary school in Northwestern Ontario. The survey was made up of 15 questions and was 3 pages in length (See Appendix 1). The survey was juried by my committee, and by one school counselor who offered feedback on clarity and language use.

Sample

The population for this survey was 6 English school boards containing 22 secondary schools and 1 French board containing 1 secondary school in NWO. There was also one private school. The schools surveyed were part of the following boards: Conseil Scolaire de District Catholique Des Aurores Boreales, Keewatin-Patricia District School Board, Kenora Catholic District School Board, Lakehead District School Board, Rainy River District School Board, Summer Beaver District School Area Board, Superior-Greenstone District School Board and the Thunder Bay Catholic District School Board.

Each school received one or more survey - the number varied according to the number of counselors in each school (e.g., Westgate High School has 4 guidance counselors). The appropriate number of surveys per school was determined by contacting each school via telephone. In total, 61 surveys were mailed out, and 41 were returned, representing all 24 schools.

Ethics

Research approval was given by Lakehead University in October 2004 (See Appendix 3). This was followed by ethical approval from the various school boards and schools. Procedures varied for each board. Following ethical approval of Lakehead University, I completed the research agreement packages of the Public and Catholic boards in Thunder Bay. The remaining 5 boards only requested an explanatory letter of study. Upon approval from each board, I then spoke to the principal of each school to obtain individual school approval. I obtained consent from each participant. A cover letter explaining the study and a consent form accompanied the survey. The cover letter

and consent form were placed on one page so that it would be seen to be less work for the participants (See Appendix 2).

Completion of the survey was voluntary. It was made clear that participants would not be identified, nor would comments be attributed to any particular school or school board. Participants could withdraw from this study at any time. All survey data was analyzed by me. All data will be securely stored at Lakehead University for seven years at which time it will be destroyed. The finished thesis will be available in the library at Lakehead University, and a summary will be available to any participants who request it.

Procedures

The survey was sent to the participants who completed it and returned it to me in a stamped, self-addressed envelope. The consent form was also self- administered and was returned in the same package.

I followed up with telephone calls to anyone who took longer than three weeks to complete the survey. In some cases, I was able to further clarify in this telephone call some of the information on the survey that was answered incorrectly and edit responses with participant permission.

A number of validity checks were conducted. A Ministry of Education database was compared to all surveys to see if their information on school population and grade range matched what the participants reported in their schools. If the data from the Ministry did not match the data given by the participant, the individual school was called to clarify.

Another validity check was to call the Al-Anon world service office to confirm whether the one school claiming to have an Alateen program running in their school was correct.

Data Analysis

Preliminary analysis consisted of: 1) Frequency distribution for each variable, (each question was a variable); and 2) Response rate. Main analysis focused on my three questions.

My first research question, "What types of programming, if any, are available in Northwestern Ontario secondary schools for student's dealing with someone else's drinking?" was addressed in survey question 12, "Do you, or your school, provide in-house programming (i.e. Alateen) specifically designed to help students cope with someone else's drinking?" and in survey question 14, "The program(s) that you are presently implementing in your secondary school that are specifically designed to help students deal with someone else's drinking are...". Frequency distributions from the preliminary analysis were graphically represented.

In order to address my second research question, "What school or personnel variables (e.g. academic training) are related to the availability and type of programming for students dealing with someone else's drinking?" cross tabulations were done to describe potential relationships between school variables, personnel variables and responses to questions 12 and 14. A skewed distribution in the cross tabulations would have suggested a potential trend in the relationship. Analysis was done using SPSS

software with each question being run against every other question to come up with the cross tabulation results.

My third research question, "When programming is not available in schools, what reasons are identified as important barriers to program implementation? Does this vary by school or personnel characteristics?" was analyzed in two ways. The first part of the question was addressed in the frequency distribution generated in the preliminary analysis. Cross tabulations were then performed to describe the relationship between school variables, personnel variables and responses to survey question 13. A skewed distribution in the cross tabulations would have suggested a potential trend in the relationship. The potential relationships were described as trends only since sample size did not allow for stronger inferences to be made.

CHAPTER FOUR: RESULTS

Response Rate

Sixty-one surveys were sent out, 41 were returned (for a response rate of 67%). The 41 participants held positions such as guidance counselor, social worker, native school counselor, guidance counselor/teacher, program head, special education facilitator and health nurse. These participants were selected because it was assumed that they would be the best person to ask about programming available in the secondary schools. There were 29 females and 12 males.

Validation

Eleven participants gave incorrect information regarding the populations of their school and 9 participants gave incorrect information regarding the grade range in the school. Eight were only off by 5-10 people, but for 3 it was off by hundreds. The corrections were made in SPSS and the data was re-run.

Speaking with the Alateen office confirmed that there was no Alateen group registered in that city or school. The school was called and it was clarified that a social work student had a placement at the school and during this time had been implementing Alateen on her own. Her placement was now finished and thus so was the program.

Upon receipt of the completed surveys, two validity procedures were performed. First, question 13, "What is the most important reason why your school does not provide programming for students that are affected by someone else's drinking is…" needed to be validated for two reasons. First, seven participants checked more than one answer and

four participants did not check any box. These participants were called and asked to pick the most important reason, and then it was entered into the database.

Second, all participants who stated "we send them to an outside facility or person(s)" were called on the telephone and asked what outside facilities or persons they generally used. Of these, most indicated students were sent to mental health and counseling agencies. Included under the umbrella of these agencies are: children and family services, addiction counseling, child protection services, family doctors, aboriginal counseling services and the church clergy.

School Profiles

Twenty- four schools were represented in the 41 returned surveys. Of these 41 participants, 73% worked in an urban setting, while 27% were employed by rural schools (See Figure 1). In terms of size, 27% of the schools were in the 101-400 range, 30% in the 701-1000 range, and 25% had school populations of over 1000. A smaller number, 15%, were in the 401-700 range, and 2% stated the population of their schools was under 100 (See Figure 2).

In terms of grade range, 78% of the secondary schools covered grades 9-12, while 17% stated 7-12 as their grade range. Only 1% included JK-10, and 1% had only grades 9 and 10 (See Figure 3).
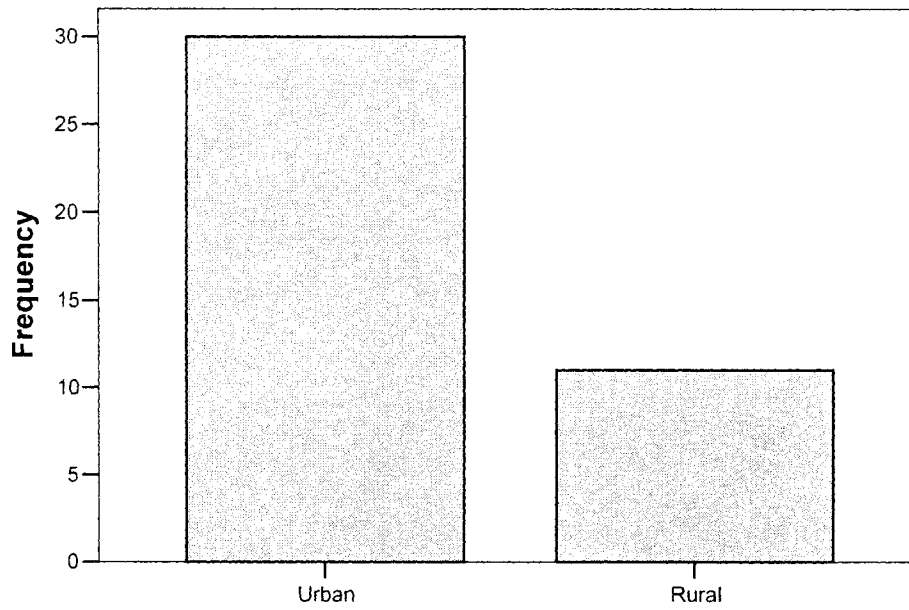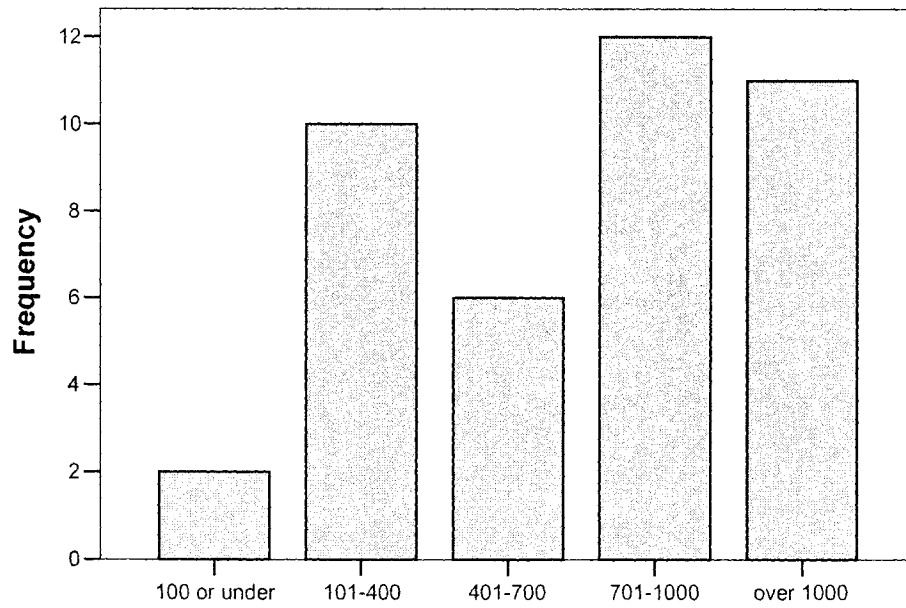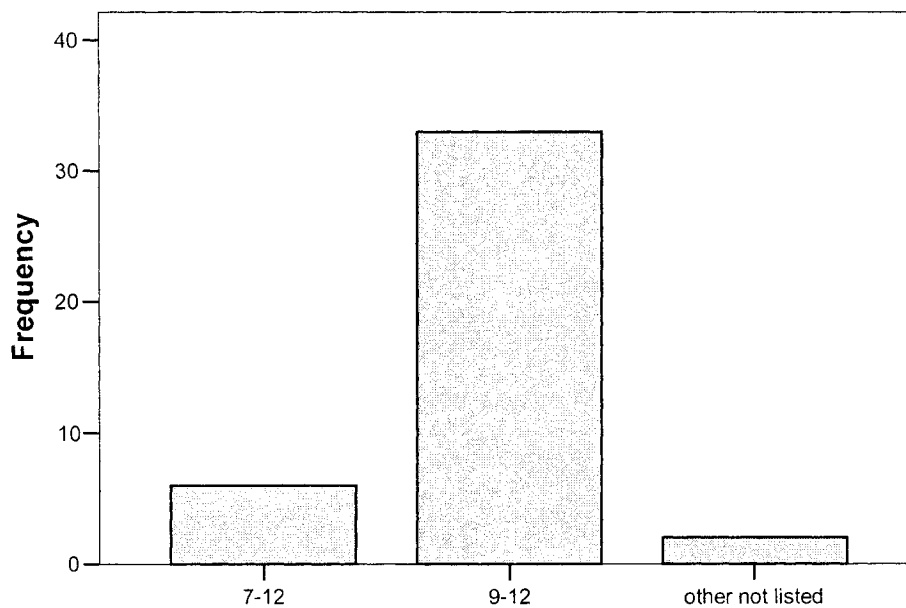
Figure 1: School Location

Figure 2: School Population

Figure 3: Grade Range

Participants

As mentioned in the methods chapter, participants in this study were mostly

female (71%), with only 29% male (See Figure 4).

Most were qualified guidance counselors (73%); social workers (12%) were also

involved. Others identified themselves as native school counselor (1%), guidance

counselor/teacher (1%), program head (1%), special education facilitator (1%) or health

nurse (1%) (See Figure 5).

Regardless of their official job description, 39% have been employed in their role

for more than 12 twelve years, followed closely (32%) by those who have been employed

between 4-7 years. 12% of the participants had been in their position for 1-3 years, with
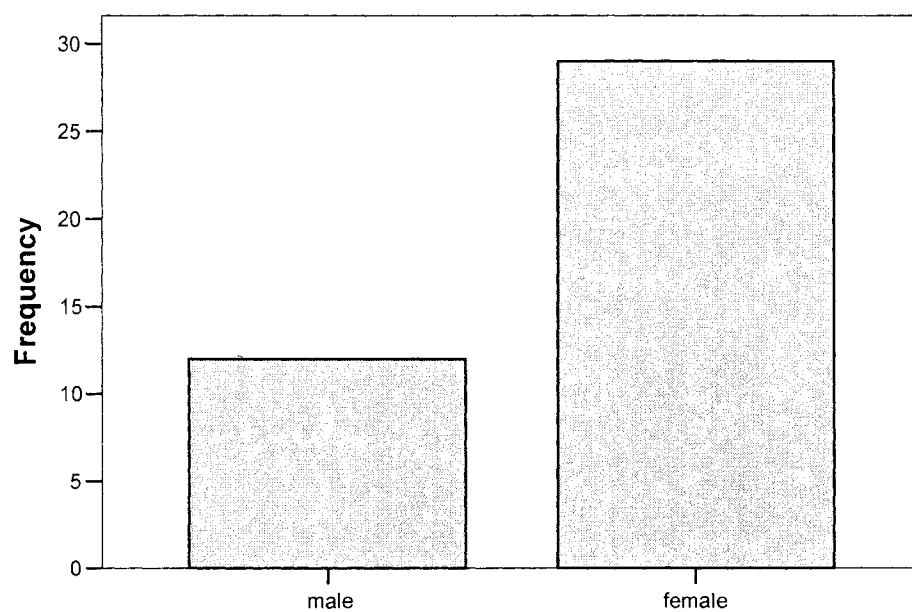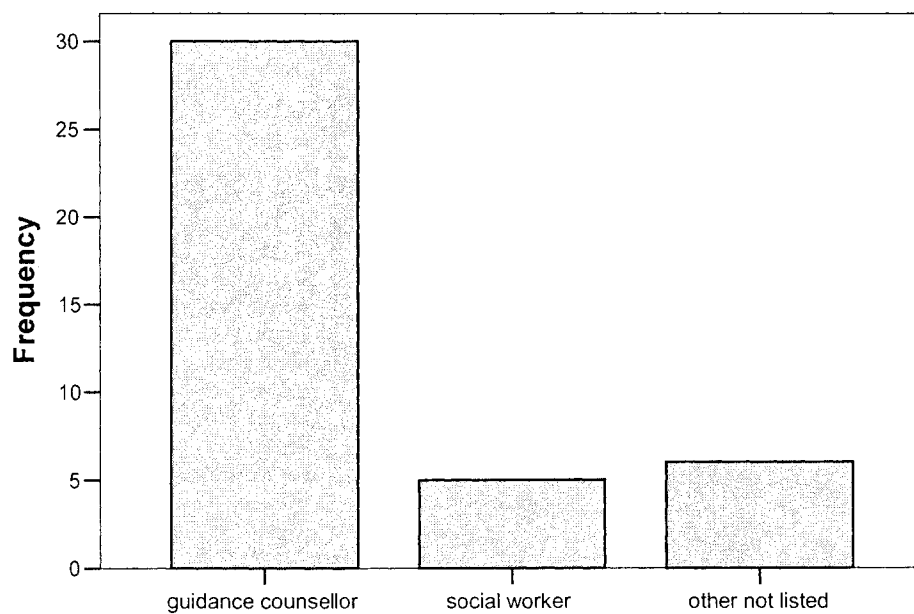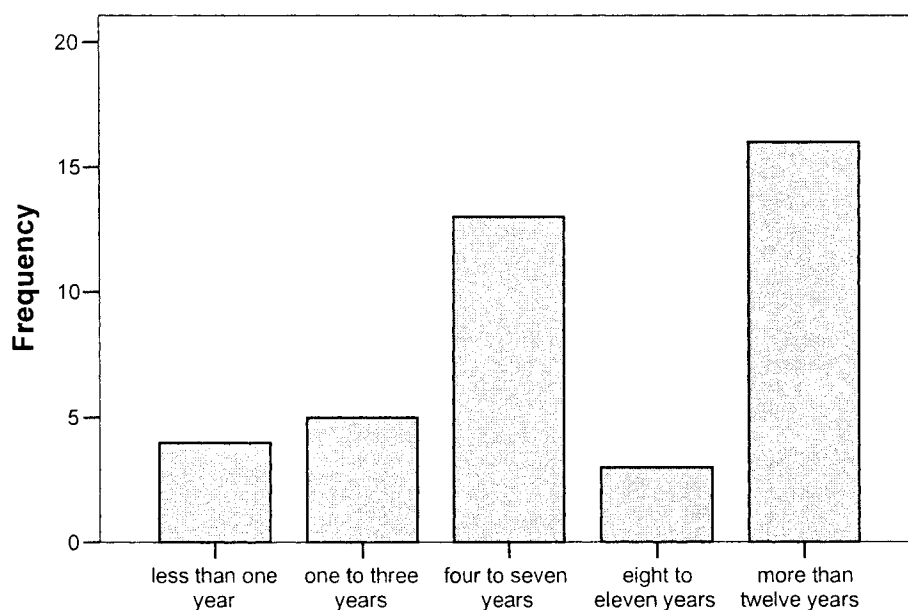
9% and 7% for 8-11 years (See Figure 6).

Figure 4: Participants' Gender

Figure 5: Participants' Qualifications

Figure 6: Participants' Time in Position

Eighty-eight percent of the participants received formal academic training related

to their position, whereas only 12% had not (See Figure 7). Of the 30 guidance

counselors, 53% had completed their Guidance Specialist training, with 5% completing

Guidance Part 3, 10% completing Guidance Part 2, and 5% completing Guidance Part 1.

Others had academic training through a Masters of Social Work (4%), an Honours

Bachelor of Social Work (8%), Nursing qualifications (2%) or First Hand Response (2%)

(See Figure 8).

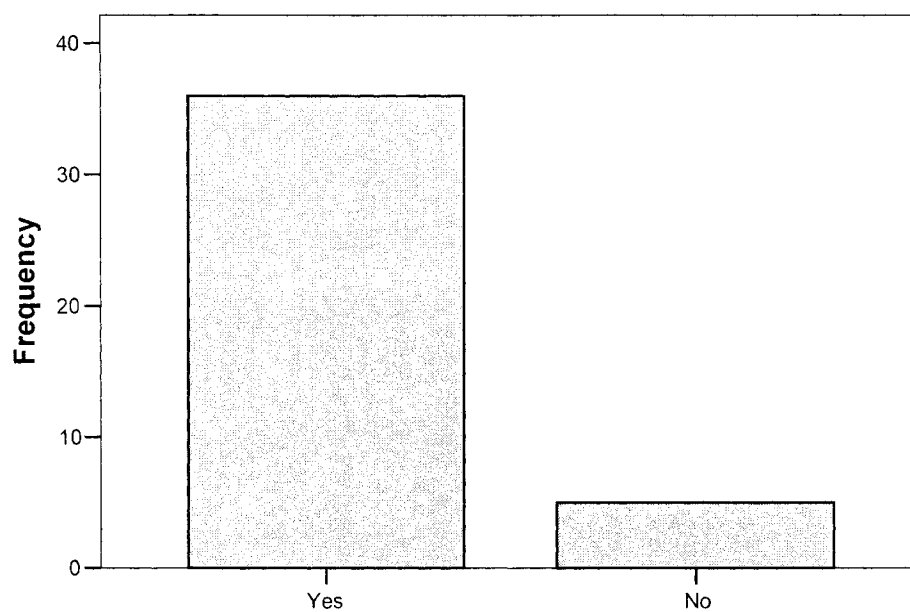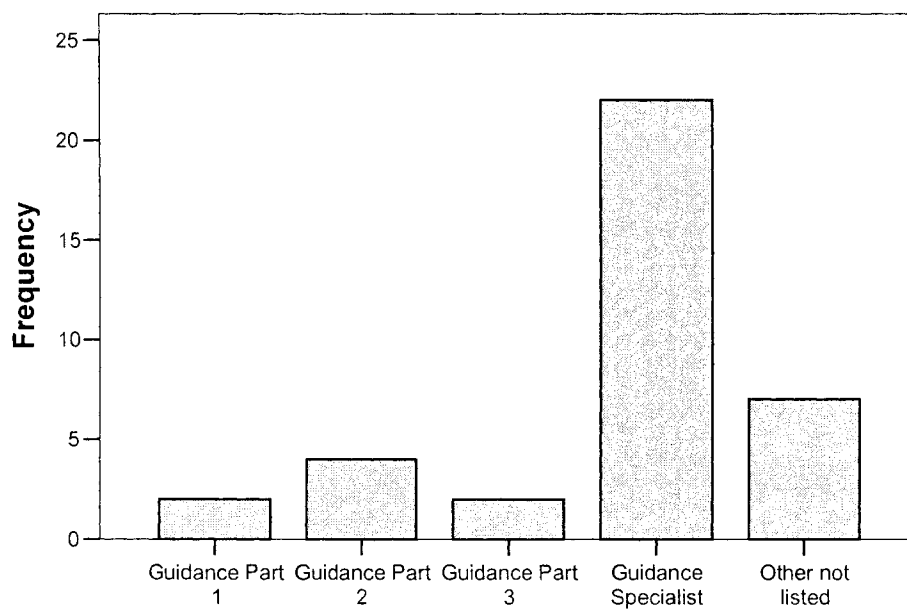## Figure 7: Participants Who Received Formal Academic Training

Figure 8: Participants' Academic Training

Participants' Experiences with Students

Almost half of the participants reported the number of students they see in a given week, for any reason, to be more than 15 (42%). Others stated they saw 1-5 students (25%), 6-10 (25%) or 11-15 (7%) students per week and (2%) saw, on average, no students per week (See Figure 9).

Participants were asked to rank, out of five, the reasons students came to see them. The "other" category was ranked first by 28 % of participants and included issues around attendance, grades, depression and suicide, lacking motivation, family issues like divorce and fighting with parents , relationship issues in general, simply needing someone to talk to, mental health, not getting along with friends, grief and isolation.

Next in the ranking (14%), of reasons were fights with other students or not getting along with other students. The next important ranking (21%) was drug or alcohol abuse, and the fourth most important issue (20%) was pregnancy (See Figure 10).

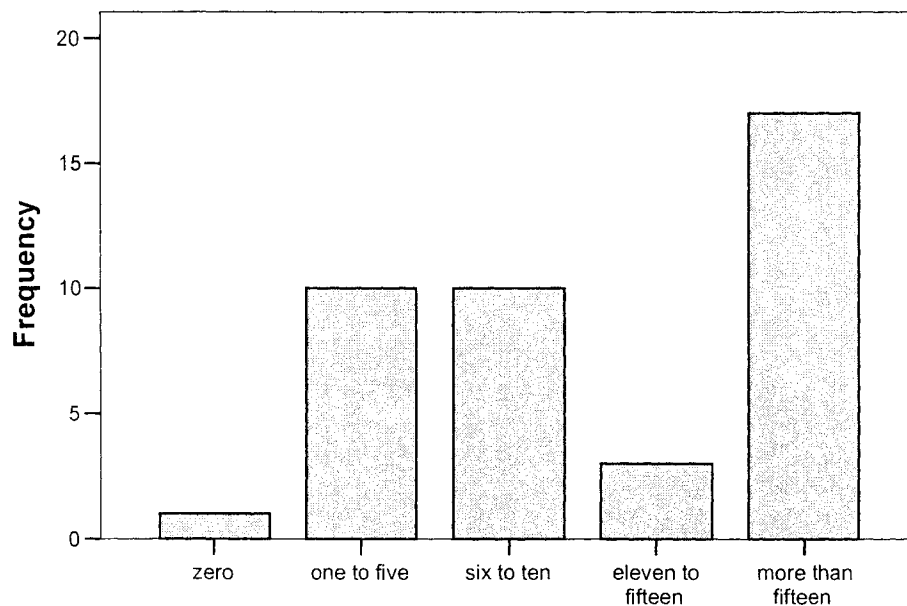### Figure 9: Student Visits Per Week

Figure 10: Rankings of Reasons for Student Visits
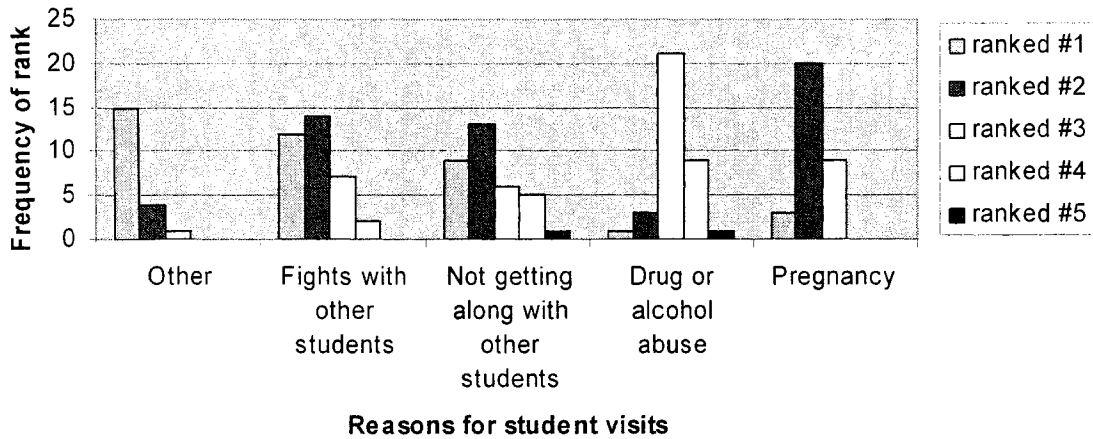
Figure 11: Number of Student Visits Per Week Re: Someone Else's Drinking
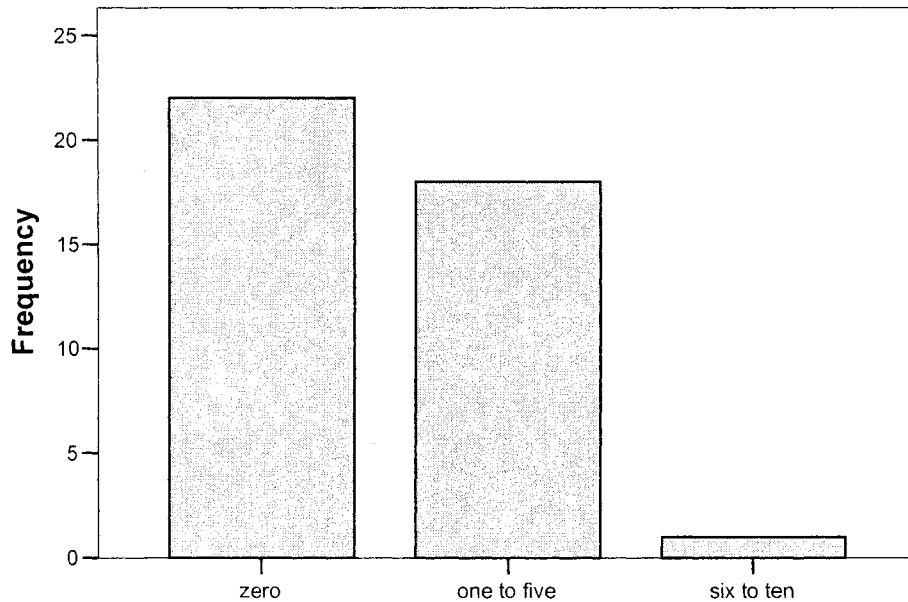
Programming Regarding Alcohol Issues

More than half of the participants (54%) said that the estimated number of

students who come to see the participants in one week to address issues related to

someone else's drinking was zero, followed by 44% of participants who stated 1-5, and

2% who saw 6-10 students a week about problems related to someone else's drinking

(See Figure 11).

None of the participants' schools provide in-house programming for students

dealing with someone else's drinking. Most (76%) send their students to an outside

facility. Others (7%) said there is simply not enough student need for such programming,

while others (5%) had simply not thought about the issue or been aware of the need. One

participant (2%) stated that she did not have the time to deal with such issues (See Figure

12).

Figure 12: Reasons Cited for Lack of Programming
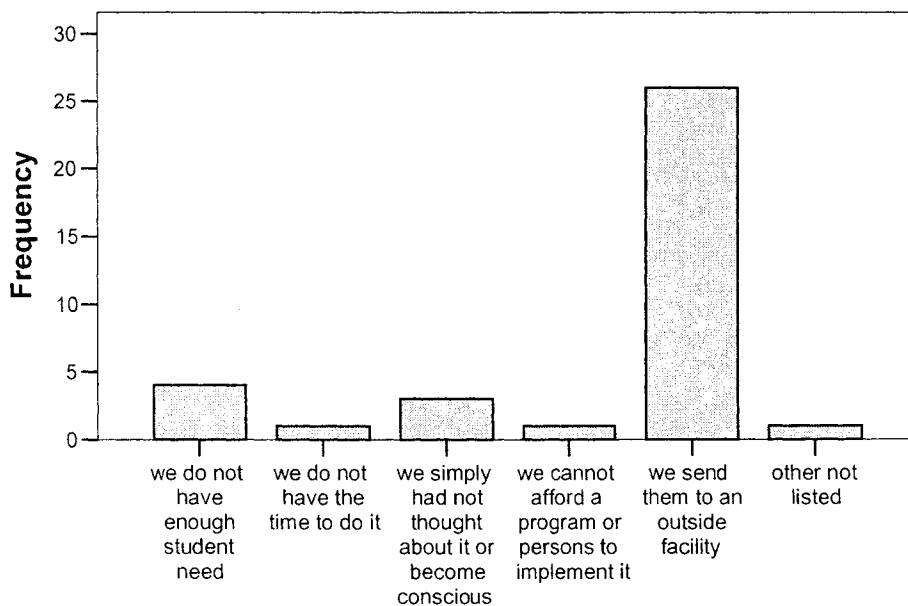
Of the 41 surveys returned, 16 contained additional hand-written comments. Eight participants described where they send students who are affected by someone else's drinking or dealing with their own addictions. The facilities mentioned were mental health and counseling services such as: children and family services, addiction counseling, child protection services, family doctors, aboriginal counseling services and church clergy. Four suggested that there was under-reporting by students who are affected by someone else's drinking. Two talked about needing more awareness of these issues, on the part of both the professionals and the students. Finally, one indicated that he was new to the community and just becoming aware of local needs and issues.

The comments were interesting and informative. Five participants wrote about under-reporting by the students:

> Yes, a significant number of students are undoubtedly affected by someone else's drinking, but the problem is obviously under reported to guidance counselors.

> Although alcohol could be the reason for many problems at home, students don't seem to admit it.

> We know alcohol is an issue for many of our students...students often keep alcohol use of parents and family hidden.

Two participants wrote specifically about the correlation between issues at home and the way the student behaves at school:

> Unfortunately, many schools have not made a connection with family issues and school results and/or behaviour.

> Sometimes the problem then manifests itself in other behaviours that the student receives counseling for

Another participant wrote about her knowledge of the need but not being able to meet the needs because of the physical environment and time constraints:

Obviously this is an area that is in need of more input...There is simply no time allotted for personal counseling. The department facilities have also been recently renovated and there is no confidentiality when a student approaches my desk.

Two participants expressed the need for more awareness and perhaps training for themselves:

I think my greatest need would be having an awareness of programs that exist for students to use or access if in need.", "Question 14-most of these programs I have not heard of, so more awareness of them needs to be brought to guidance counselors.

Five participants specifically state that they do what they can for the student and if further help is needed they are referred to an outside facility:

We have curriculum and teachers which educate student's re: addiction, family dynamics when a parent/guardian is affected by addiction and resources which can by accessed in the community.

Our school social worker has been a tremendous support for staff, students, and families...We rely heavily on community resources and supports to support students' needs.

Drug and Alcohol abuse is covered in the Physical Education curriculum; counselors will refer students to family doctor, Alateen...

Safe partying and seminars for responsible use of alcohol are geared primarily to our gr. 9 and 10 students...these are run in seminar and assembly format...we refer our students into the social work (service) system...our native counselors refer students for alcohol counseling more frequently than we do.

Make a lot of referrals to outside agencies.

There is simply no time allotted for personal counseling...We do have guest speakers who address this issue in large groups a couple times a year...students self-refer to local services such as community counseling.

One participant sounds like she wants to try to help students with such programs but has been directed not to:

We have been told that we are not social workers and that we are to send students with problems to trained people in outside facilities.

Cross Tabulation Analysis

Data was included in the cross tabulations only when there was no missing data from any of the variables. Frequencies and cross tabulations were run to assess the relationship between programming and personnel variables. There was no relationship between programming, and gender, employment status, length of time employed, academic training, or the type of academic training participants had.

I had thought I might see some variance by gender or position. I also anticipated that the survey would show that participants with more experience might see more students on a weekly basis, and that those with more training might see more students. Personnel variables, however, did not relate to availability of programming available to student's dealing with someone else's drinking.

Frequencies and cross tabulations were also run to assess the relationship between programming and school variables. I had expected that data might be different for urban and rural schools, and vary according to school size. Cross tabulations indicated no relationships here.

CHAPTER FIVE: DISCUSSION

Interpretation

The answer to my first research question, "What types of programs, if any, are available in Northwestern Ontario secondary schools for student's dealing with someone else's drinking" is clear: There are no programs for students dealing with someone else's drinking currently available in Northwestern Ontario secondary schools.

Participants, instead, reported that they send students to an outside facility. This creates a potential problem for such students. Attending programs outside of the school may require young people to tell their family that they are seeking help, especially if they need transportation. Disclosing this information to an alcoholic family member can be a potentially dangerous situation. Work done by Nye (1963) established that among young people living with alcoholics, 63% stated that violence in the home was so bad, police had to be summoned to their homes at least once in contrast to only 29% from nonalcoholic families. On the whole, 62% of the children from alcoholic families scored higher on a violence subscale when compared to only 21% of those from the nonalcoholic families. These factors might result in refusal by parents to transport the child to the therapy location.

Less than 50% of those surveyed felt that there was a need for programming. This result points to the issue of under-reporting on the part of the students. The ratio of adult drinkers who say they have problems with their drinking is 1 in 10 (Alcohol Statistics, 2003). In Ontario alone, that is half a million people. So it is unlikely that schools have no students facing problems related to living with an alcoholic. Students are not likely reporting their problems.

There could be many reasons for under-reporting including potential counselor factors, student factors, school factors and home factors. Some counselors may not be aware of signs that indicate a problem. As indicated by Domenico and Windle, (1993), Krahn and Leonard, (1991), Mylant, (2002) and others, in the literature review, these signs include negativity, competitiveness, disagreeability and questionable conduct, helplessness, anxiousness, and low self-esteem. Since these behaviours may be an indication of other problems, counselors may not link them to problems resulting from other people's drinking.

Another possibility for under-reporting is that students may feel shame regarding alcohol abuse in their home and therefore not be willing to discuss it with the counselors. Embarrassment is a powerful emotion that may cause feelings of unworthiness about one's self and one's family. Students might want to protect the secret of what's happening in the home.

Jacob (1992) suggests that one way to increase the awareness of school professionals is through professional development on the effects of alcohol misuse and the signs of problems in family homes and in students. Other researchers are clear that counselors should be able to suggest programs and help these students because it is the responsibility of the professional world to be able to help students (Beardslee & Poderefsky, 1988; Crespi & Sabatelli, 1997).

School factors may also be important to under-reporting. Aside from the counselors themselves being aware of the effects of alcoholism in the home through observing personality changes, it would also be helpful if school personnel were aware of potential academic related problems. School administration also being knowledgeable

about the effects of alcoholism would take the onus away from this being the sole responsibility of the counselors. As noted in the literature review by Johnson, Sher and Rolf, (1991), and Weintraub (1990), students from alcoholic homes usually cannot perform to the same academic standards as other students can, they are away from school more often, and can leave school altogether.

Finally, home may not be a safe place for many students dealing with someone else's drinking. Although students may want to ask for help, they might not feel it is safe to do so for fear that someone at home could possibly find out. This notion is supported by work done by Nye (1963), who showed that among young people living with alcoholics, the majority reported violence in the home.

My second research question, "What school or personnel variables (e.g. academic training) are related to the availability and type of programming for students dealing with someone else's drinking?", was not viable given there was no programming in schools. I had anticipated that programming might be found in large urban schools, but this was not the case. I thought that more students would seek out female participants because of the stereotype of females being nurturers. I also thought students might seek out those with more experience. Again, none of these relationships were evident.

Finally, my third research question was, "When programming is not available in schools, what reasons are identified as important barriers to program implementation? Does this vary by school or personnel characteristics?" Barriers to school implementation are availability of programming in outside facilities, lack of awareness and time constraints. Lack of awareness can be alleviated by training given to the staff working in the schools. Beardslee and Poderefsky, (1988) and Crespi and Sabatelli, (1997) stated

that it is the responsibility of school boards to ensure their counselors are aware of these issues.

The barrier of time constraints reported by participants can be alleviated by choosing a program to be implemented in the school that can be run by other professionals or trained volunteers. As indicated in the literature review, there are several programs to help students deal with someone else's drinking that do not require the schools participation. One of these is the Cambridge and Somerville Program for Alcohol Rehabilitation (CASPAR). It is a school-based program guided by trained peer leaders (Price & Emshoff, 1999). This program does not need a counselor or a member of the administration to facilitate this group; instead the person needs to be trained, but this person could be a parent or even an older youth within the school. Another program that does not require staff involvement is Alateen (Al-Anon/Alateen Service Manual, 1998-2000). This program does not require a counselor to administer the program. In fact, it prohibits it. To facilitate an Alateen group, one needs to be an active member of Al-Anon and willing to volunteer to sponsor the group.

Limitations

The most obvious limitation of the study was the small sample size. I only surveyed 7 boards and 24 secondary schools, with a response rate of 67%.

Given the under-reporting of students, surveying students to get a sense of the number of students affected by someone else's drinking would add an important piece to the picture. This might be challenging, however, as student participation in research

requires parental approval, which may be hard to get when the topic is alcoholism in the family.

There were some problems with the survey. For example, in Question 10, I asked participants to "Rank the following social issues in terms of the frequency with which a student would talk to you (rank #1 as the most frequent, 4 as the least frequent)." Some participants ranked items on a scale of 1-4 as requested. Others ranked only on scales of 1-2, 1-3, and 1-5. Complications further arose as some participants gave a double ranking. To prevent guessing on my part, only those who answered by ranking a complete 1-4 or a complete 1-5 were used; all others were coded as missing and not included in the results.

A similar problem arose in Question 13 also posed problems as several of the participants checked off two answers. After the clarification calls were made and corrections done, I was able to see that 90% of the participants send the students to an outside facility.

Future Research

There are a number of issues that merit further research. A similar survey of administrators would shed additional light on awareness of the problem and constraints facing implementation of in-school programming. Since so few counselors reported seeing these issues, the topic needs to be studied on a wider basis. More importantly, a survey of students on the existence of problems they face and their awareness of programs is essential given the issue of under-reporting. While there are no statistics on NWO specifically, it can be assumed that this area is much the same as the rest of

Ontario, and thus there likely are many students dealing with these problems. Finally, focus groups with counselors to share problems and resources could increase our knowledge and also build awareness.

Policy Recommendations

I would like to make a few tentative recommendations based on the study.

1) Training for counselors should be provided so that they can (a) recognize signs of alcohol issues in the home; and (b) be aware of available programming, especially programs that are free and take minimal effort on the part of the school. Awareness training can be done by sending counselors to a workshop or can be done on an individual basis. Counselors may also do some research on their own time. On the signs of alcoholism in the family and programs for these children.

2) Administrators should consider in-school programming for students facing problems caused by living with alcoholics. Specifically, I would like to recommend implementation of Alateen. To reiterate, Alateen only requires two members of Al-Anon willing to volunteer their time to implement this program. Administration would simply call their local Al-Anon telephone number which is available in every telephone book and request Alateen to be started in their school. Alateen does not require training or support from any aspect of the school administration.

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My name is Jenny Pert and I am sending this survey/questionnaire to you from Lakehead University in Thunder Bay, Ontario where I am currently completing my graduate degree in Education. I am surveying people about their knowledge of services in their schools which are available for a student dealing with someone else's drinking.

I hope that this survey has reached the person/people in your school who would have the most responsibility for handling student's needs in this area.

Please check off the box closest to your answer or write in a short one or two sentence answer in the space provided.

I would like to begin by asking you a few questions about the school that you are presently working in...

About your school...

1. Your school is...
   □ urban
   □ rural

2. The estimated population of your school is...
   □ 100 or under
   □ 101-400
   □ 401-700
   □ 701-1000
   □ over 1000

3. The grade range in your secondary school is...
   □ 7-12
   □ 8-12
   □ 9-12
   □ other not listed here-(*please fill in*)
   _____

About you...

4. You are...
   □ male
   □ female

5. You are currently employed at this secondary school as a...
   □ guidance counselor
   □ social worker
   □ attendance counselor
   □ other not listed here-(*please fill in*)
   _____

955 Oliver Road Thunder Bay Ontario Canada P7B 5E1 www.lakeheadu.ca

6. You have been employed by a school district in this capacity for...

□ less than one year
□ one to three years
□ four to seven years
□ eight to eleven years
□ more than twelve years

7. You have formal academic training in counseling or social work...

□ If yes, please answer question 8
□ If no, please go to question 9

8. What academic training prepared you for your present role?

□ Guidance Part 1
□ Guidance Part 2
□ Guidance Part 3
□ Guidance Specialist
□ other not listed here-*(please fill in)*

_____

About student issues you deal with...

9. The estimated number of students in one week *(not including academic related issues)* who come to see you for any reason...

□ zero
□ one to five
□ six to ten
□ eleven to fifteen
□ more than fifteen

10. Rank the following <u>social</u> issues in terms of the frequency with which a student would talk to you (*rank #1 as the most frequent, 4 as the least frequent*)

__ drug or alcohol abuse
__ pregnancy
__ fights with other students
__ not getting along with teacher(s)
__ other not listed here-*(please fill in)*

_____

11. The estimated number of students in one week who come to talk to you about problems related to someone else's drinking...

□ zero
□ one to five
□ six to ten
□ eleven to fifteen
□ more than fifteen

12. Do you, or your school provide in house programming (i.e. Alateen) specifically designed to help students cope with someone else's drinking?

□ yes, if yes please go to question 14
□ no, if no please answer question 13

13. The most important reason why your school does not provide programming for students that are affected by someone else's drinking is...(*check one*)

☐we do not have enough student need
☐we do not have the time to do it
☐we simply had not thought about it or become conscious of the need
☐we cannot afford a program or persons to implement it
☐we send them to an outside facility or person(s)
☐other not listed here-(*please fill in*)

_____

14. The program(s) that you are presently implementing in your secondary school that are specifically designed to help students dealing with someone else's drinking are...(*check all that apply*)

☐The Stress Management and Alcohol Awareness Program(SMAAP)
☐The Student's Together and Resourceful (STAR)
☐The Strengthening Families Program (SFP)
☐Cambridge and Somerville Program for Alcohol Rehabilitation(CASPAR)
☐Children of Substance Abusers(COSA)
☐Alateen
☐other not listed here-(*please fill in*)

_____

15. Please use the space below to document any comments you would like to provide.

_____

_____

_____

_____

_____

_____

Thank-you for completing this survey.

About the Study

I am conducting a study, "The State of Programming in Northwestern Ontario Secondary Schools for Students Affected by Someone Else's Drinking", as part of my MEd studies in the Faculty of Education at Lakehead University. I wish to determine what programming is available in secondary schools to support students who are affected by someone else's drinking. Past research has shown that there was a lack of this type of programming in secondary schools and I want to determine if this is still the case, and if so, why.

You, as a guidance counselor or social worker, are a critical source of information for this study, as you are aware of what programs are available in your school. Please complete the attached survey, and feel free to add any additional comments.

All responses are kept confidential as results will only focus on overall trends. No individual or school will be identified in any report of the results. Data from this study will be securely stored at Lakehead University for seven years. The findings of this project will be made available to you at your request upon the completion of the project.

If you have any questions, concerns, or wish further information, please contact me at (807)623-7944 or   , or contact my faculty supervisor, Constance Russell, at (807) 343-8049 or by email at crussell@lakeheadu.ca.

Please fax completed surveys to (807) 346-7771, Attn: Jenny Pert, or send by mail in prepaid envelope provided.

Sincerely, Jenny Pert

Consent Form for Survey Participants

I have read the above information and agree to participate in Jenny Pert's MEd research study, "The State of Programming in Northwestern Ontario Secondary Schools for Students Affected by Someone Else's Drinking".

I understand the conditions of my involvement such that:

► I understand the purpose of this study.
► The principle investigator, Jenny Pert, can be contacted directly or through the Faculty of Education, Lakehead University at the email address provided above.
► All responses are confidential and will only be described in my thesis or in scholarly or professional publications in summative form. No individual or school will be identified in any report of the results.
► A summary of research results will be made available to participants, if requested.
► Data from this study will be securely stored for seven years at Lakehead University.
► I am able to withdraw from this study at any time regardless of reason.

I, _____, (print name) agree to participate in this study.

Signature_____   Address_____

Phone_____   Email_____

Thank-you for participating in this study. Your efforts are greatly appreciated.

Lakehead
UNIVERSITY

October 28, 2004

Ms. Jenny Pert
Faculty of Education
Lakehead University
THUNDER BAY, Ontario
P7B 5E1

Dear Ms. Pert:

Based on the recommendation of the Research Ethics Board, I am pleased to grant ethical approval to your research project entitled, "The State of Programming in Northwestern Ontario Secondary Schools for Students Affected by Alcoholics."

The Research Ethics Board requests an annual progress report and a final report for your study in order to be in compliance with Tri-Council Guidelines. This annual review will help ensure that the highest ethical and scientific standards are applied to studies being undertaken at Lakehead University.

Completed reports may be forwarded to:

**Office of Research
Lakehead University**
955 Oliver Road
Thunder Bay, ON P7B 5E1
FAX: 807-346-7749

Best wishes for a successful research project.

Sincerely,

Dr. Lóri Chambers
Chair, Research Ethics Board

:jnp
Encl. (1)