



## THE COUNSELOR AND THE COA

By Stephanie Abbott



If therapists could exclude all clients who have been affected by addiction, their practices would be very small! Of course, many clients do not admit or may not know at first that addiction [their own or someone else's] is the cause of their presenting problems. Until recently, therapists often did not know this either. Counselors and their clients failed to recognize, or even dismissed, the tremendous impact that addiction has on individuals and their families. It was assumed that children of addicts would be fine as long as the parent got sober.

Times have changed. In the past 20 years, clinical and empirical research, combined with public education, has dramatically improved knowledge about family addiction. Professionals now know a lot about alcoholism, and they know that growing up with an alcoholic parent can indeed cause terrible problems. Many more clients come in knowing this too, though they still may have trouble naming the addiction and understanding its impact. Living with addiction is a common and even a "normal" condition of family life, yet it is also one of the most insidious to diagnose and face directly, for both clinicians and families. Still, the impact can be so severe, especially on children, that it is essential for all therapists to rule out addiction as a first step of evaluation.

Understanding the family dynamics and learning to make the diagnosis

of addiction should be primary skills for all counselors. In addition, the expanded knowledge base now makes it possible to individualize assessment, thus providing a better portrait of the impact of alcoholism within a particular family and a better map for treatment planning.

Alcoholism affects the individual physically, behaviorally, cognitively, and emotionally and can affect family members in all the same ways. In order to live with active alcoholism, the family members often deny that it exists. They decide that something or someone else is the real problem. Thus, everyone colludes to deny the drinking and explain it as something else. Helping professionals, friends and family can all get caught up in the explanations that maintain denial.

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### “CHILDREN ARE TAUGHT BY WORD AND EXAMPLE...”

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If a family member can manage not to have feelings, it is easier to get through a traumatic day, or week, or even years

of living with active addiction. “The drama of it all just wore me down,” says one wife. “Eventually I hardly reacted to a husband passed out in the garage or all the other stuff. Much later I realized I had stopped responding emotionally to anyone, including my children. I just froze over. They got taken care of, the work got done. That’s all.” This “frozen” parent is inaccessible to the children.

Because addiction in the family is embarrassing, children are taught by word and example not to talk about it. Denial of the problem is at work here too, so the child hears some-

thing like “There is nothing wrong in this family and don’t talk about it!” Therefore, one of the tasks in the therapy or support group is to undermine that message and encourage discussion. Family therapists are familiar with the importance of breaking no-talk rules, and it is particularly important for families with alcoholism. It is difficult for the child to do so, but therapists can break the rule themselves by demonstrating an understanding of how parental addiction affects the child. This can be done verbally or with reading materials, or such visual aids as movies and pictures. By stating “Here are some of the concerns of other children who have parents who sometimes drink too much,” the counselor normalizes the feelings.

The COA’s usual experience of family life is confusion. Adults often imagine wrongly that not explaining the situation lessens the impact on the child. Providing simple, age appropriate information about alcohol and other drugs, addiction and the possibilities of recovery, is crucial to the child’s well-being and an important part of the therapist’s job.

There is no question that the therapeutic and research communities have come a long way in understanding the needs of COAs. Now we must do a better job of seeing that support and education are actually available to all children who need them. NACoA’s new pilot programs with coalitions and faith communities are working to break that silence and isolation. No child should be left alone and unheard.

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