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DRUGS—NOT HERE!—MODEL OF GROUP INTERVENTION AS PREVENTATIVE THERAPEUTIC TOOL FOR CHILDREN OF DRUG ADDICTS

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ABSTRACT

Children of addicts suffer from emotional, cognitive, social, and behavioral problems. In view of the problems the children face, they are undoubtedly "a population at risk," in need of preventive and therapeutic intervention. The purpose of this article is to describe a model of group intervention as one of the preventive therapeutic tools for children of addicts. The project was conducted over 18 months of weekly meetings. The article will deal with the characteristics of children of addicts, the group intervention model with reference to the group framework, and the work carried out with the group, as well as its evaluation. The evaluation indicated positive effects on several psychosocial variables.

INTRODUCTION

Substance abuse of psychoactive drugs affects the whole family unit. Family cohesion is often damaged, relationships between family members are undermined, there is an increase in violent behavior along with economic hardships, health, and social problems, and often a clash with the legal authorities [1-5].

The impact on the lives of the children in an addictive family has been described as causing hardship and emotional and physical instability. However, the research studies conducted have drawn an inconclusive psychopathological picture, and most of them were clinical rather than empirical [6]. A high level of depression and low self-esteem have been found, especially among girls [7-9]. Others have suggested that depression may not be a serious problem, but that there is a danger of high levels of anxiety [3, 10]. It is probable that depression, confusion, low

self-esteem, anxiety, and a general feeling of insecurity stem from the parents' changing drug-induced moods. Feelings of guilt and anger toward their parents' addiction have also been found [11].

A feeling of emotional and social loneliness is also typical of the families and social situations of these children. This may be due to fear that outsiders (non-family members) could find out about the problem of addiction in the family. As a result, these children are afraid to invite other children to their homes, and may have difficulty in maintaining "normal" social contacts, mainly owing to the unreliability of the parent-child relationship [12, 13].

Hyperactivity and impulsiveness are common among pre-school children of addicts [8, 9, 14-16]. Anti-social behavior, ranging from avoidance of contact to verbal and physical violence, has also been observed [17]. Low scholastic achievements, limited verbal ability, and irregular school attendance are characteristic of these children [11, 18-20]. Murray has suggested that the cognitive level of these children is similar to that of normative populations, but their perception of their own ability is lower, resulting in lower test scores, the effect of "self-fulfilling prophecy" [9].

In view of the problems the children face, they are undoubtedly "a population at risk," in need of special attention and therapeutic intervention. This article examines a model of group intervention as a preventive therapeutic tool, helping children of addicted parents.

GROUP INTERVENTION USED WITH CHILDREN

Group intervention is one of the remedial tools available for the treatment of children of drug addicts. Group intervention for children in elementary school is appropriate to their developmental stage, since it is at this stage that the peer group becomes more significant to them. Therefore particularly at this age the group may provide an arena where social skills are developed. They can also learn how to react to other children in the presence of responsible adults (i.e., group leaders), which, in turn, can give them a feeling of security. The group offers the child the possibility of belonging and of sharing their burden with other children suffering from the same dysfunctional family situations. Children can then get a sense of belonging and sharing in a "holding environment." Winnicott highlights the significance of the mother-child relationship for the emotional development of the child [21]. In this context, it is important to note two concepts: transitional objects and transitional phenomena. A transitional object represents the child's attempt to create a mental concept of an object existing between the real and a fantasy world, called by Winnicott a transitional phenomenon [21]. It grows in the space between the mother and the child, and the transitional object enables the child to develop the ability to keep the homeostasis between the inner and the external realities in that space. This space is essential for the child-world relationship, and the "good enough mother" facilitates it. The group can serve as the in-between space where

the child can examine his internal world and experience new behaviors against the background of the external reality in "a holding environment." The leader can serve as the "good enough mother." The group milieu can provide an opportunity for the children to react to others in a supportive environment [22].

Kumpfer pointed out that preventive group programs for children of addicted parents were described in the literature only in a general way [23]. A survey of the literature did not reveal any specific models of such programs in any of the articles dealing with the topic. The groups studied were not a part of the rehabilitation process of the addicted parent, but functioned separately, mainly in schools or community centers [18, 24-33]. Therefore we may say that the unique contribution of this article lies in the presentation of a specific model of group intervention for children, as part of the rehabilitation process involving the whole family not only the addicted parent.

GROUP DESCRIPTION

The group was part of a special project funded jointly by the Ministry of Labor and Social Welfare, the National Insurance Institute and the American Jewish Joint Distribution Committee—Israel [34]. The group met once a week for one and a half hours over an 18-month period. The meetings took place at the day center belonging to the rehabilitation unit where several of the children's parents worked during the morning. Six to ten children, aged 8-11, with one or both parents addicted to drugs, attended on a regular basis.

Unlike other group programs described in the literature, the group intervention was an integral component of the rehabilitation of the addicted parents and their families. In fact, one of the two group leaders belonged to the therapeutic team of the drug rehabilitation unit. The second leader was an outsider, a specialist in group intervention and in the treatment of children.

The theoretical approach behind the group intervention was the Activity-Interview Group Psychotherapy (A-IGP) [35]. This method is particularly appropriate, in view of the difficulties facing the children of addicts. The corrective modality is experiential, stemming from significant activities and group interactions. It includes individual and group interaction based on play, hands-on activities, and verbalization. The emphasis is on the development of relationships through gaining experience and on fostering problem-solving ability in a caring environment in which symptoms of the child's problems are turned by an adult into interpersonal constructs. The adult also acts as an authoritative figure, representing reality. This allows for the release of emotions, which helps the child cope with the "false self." The positive changes that occur are due to activities within the group, which foster the children's adjustment styles.

Moreover, this model fits the psychosocial theory of Erikson that views the age 8 to 11 as a stage during which children begin to develop feelings of greater independence and become very active [36].

GROUP GOALS

In the light of the difficulties faced by children of addicts, three main goals were established:

1. *Educational goals*
   Organizing the children's knowledge about drugs. While the children seemed to know a great deal through observing their addicted parent(s), their knowledge was partial and a source of confusion for many of them.
2. *Social-familial goals*
   a. Providing a feeling that "they are not alone" through meeting other children of addicted parents on a regular basis. This could decrease feelings of social isolation, guilt, and of the need for secrecy which they all shared.
   b. Developing the children's basic social skills, particularly those facilitating positive ties with others. The focus was on maintaining these ties, learning to pay attention to others, confronting conflicts, accepting authority and so on.
3. *Emotional-dynamic goals*
   a. Enabling the children to experience interaction with stable, reliable and supportive adult figures (the group leaders), willing and able to assist them in their development. It was clear that it would be impossible to remedy all the personality deficiencies resulting from poor socialization during the first years of life. However, it was assumed that if the children could experience relations of trust in an adult (i.e., the leader), this could help them seek healthier relationships as they grew up.
   b. Learning to express all types of emotions verbally and non-verbally. Children of addicts typically experience difficulties in expressing feelings in a positive manner, particularly when in a group.

These goals were directly related to the hopes and expectations that the group could bring about considerable improvement in how the children viewed themselves. The ultimate aim was to reduce the risk of a second and even a third generation of addicts.

PRE-GROUP SCREENING AND GROUP COMPOSITION

Preliminary Stage—Marketing the Group

The preliminary stage lasted about three months and included: the preparation of the group intervention program by the leaders, interviewing children and their families, and choosing children considered suitable for group intervention. The crucial criterion was the child's motivation to participate and a predictable ability to fit into the group, without causing any extreme behavioral problems.

GROUP MODEL

Each group meeting lasted one and a half hours and comprised five parts. The permanent structure and setting provided a feeling of security, control and an understanding about what was going to happen in the group setting [22].

1. Fifteen minutes before the meeting started, drinks and light snacks were served. Giving the children something good to eat expressed the caring of the group leaders for each child. In addition, it could be seen as a metaphor for providing emotional security in childhood [37].

2. At the beginning of each meeting the children sat in a circle and two additional chairs were placed in the circle for two puppets, one female and one male. Each meeting opened with the following activities that usually lasted 10-15 minutes:

- Opening with a song—(group anthem). The children composed the lyrics in order to create a sense of group identity.
- "Feeling gauge": This was a clock-like disk, with two hands. Instead of numbers we wrote on it the names of various feelings, such as happiness, sadness, and anger. Each child, in turn, moved the hands to the particular feeling they had upon coming to the meeting and called out the feeling (thus learning how to express their feelings verbally). Two children would then volunteer to describe the feelings of the puppets, upon which personal feelings were projected.

  As expressed by the children, the feelings of the puppets made it possible to examine what their dominant feelings were at that moment. At the start of the project, most of the children described their own feelings as those of joy and happiness. However, they described those of the puppets differently—as sadness and anger. When the group ended, the children were able to close the gap and to describe their feelings as similar to those of the puppets.
- To create links between the ongoing meetings for the sake of continuity and stability that the children lacked in their families, each child was asked to briefly describe an activity experienced during the previous meeting.

3. The activity stage: The main part was devoted to an activity geared to the protocol of the developmental stage of the group, usually lasting one hour. Since at this age, especially when growing up in an addicted family, children have difficulty in verbalizing their feelings and thoughts [38], they need nonverbal and structured activities. These revolved around action games, painting, singing, story telling, and using different materials for artistic expression. Activities were also often used as a way to reduce tension and/or anxiety that the children brought to the group.

4. Conversations in the group circle about the activities, usually lasting 15 minutes, generated a great variety of emotional reactions. This helped the children to identify and discuss their feelings and offered an opportunity to learn from

others. As the meetings progressed, the time allocated for this activity was expanded.

5. At the end of each meeting, usually for 5 minutes, the "feeling gauge" was used again to describe the dominant feelings the children had as they were leaving. The last activity was the group anthem, sung also at the beginning of each meeting.

DEVELOPMENTAL STAGES

The description of the stages of the development of the group intervention will include both verbal and non-verbal experiences.

1. *Beginning stage*. Since these children had difficulty in developing normal social ties and the ability to relate to and trust others, the first stage took about six months. During this stage, the meetings focused on examining and coordinating expectations, constructing a contract and building up of group rules by the children, i.e., what was and was not permissible in the group as a model for normative relations outside the group. The process of setting up the framework with all its rules helped to teach the children the nature of joint decision-making. A significant part of this was the use of the problem-solving process (e.g., what happens when one child thinks that a certain rule is important and another disagrees) [39].

Another method of introducing the children to each other was the use of plastic animals spread around the room. Each child chose a favorite animal and drew what the animal liked and disliked, what rules it had in its family and so on. Children were then given the opportunity to talk about themselves and to hear about others through the descriptions of the animal. It is important to point out that at this stage, conversations were only projective. Most of the children worked alone, they drew, talked, and described themselves through the use of various imaginary characters. Given that this stage was part of the initial integration process, the children were rather reluctant to say what they actually felt. It was assumed that by using plastic animals, they would express their inner world more freely [35]. With reference to the space between the mother and the child mentioned by Winnicott [21], the focus was on consolidating the "in-group." Staying within the space was difficult for the children and during the first few months they fought for the attention and love of the leaders. The rules and boundaries created a defined therapeutic space, so after several months the children started to share with and pay attention to others in the group. At this point, activities with the plastic animals were re-introduced, and instead of describing each animal separately, the children built a big farm into which the animals were incorporated. The farm served as a metaphor to express their feelings relating to their being a group.

2. *Formative stage*. This stage started six months after the meetings began. Now the focus was on removing boundaries between the group members instead of boundaries between the group-as-a-whole and the environment. It was important to develop a sense of group integration and feelings of "togetherness," along with the recognition of the diversity among the children. As the group progressed, it was possible to focus on each child individually. For example, each child received a cardboard folder, in which they wrote, illustrated, and colored their name. This folder was personal and represented their "special place in the group." After each meeting, the children placed their work in the folder and they were allowed to take the folder home only after the final group meeting. In this way, the children could see what they had actually done; i.e., their own progress and achievements. One girl stated that this was the first time she could see how much work she had done. Typically, when she brought something home, it immediately disappeared.

Another technique used at this stage was: "*What is an addict to you?*" Throughout the meetings, the subject of addiction was a background factor; however, the children were not comfortable discussing it. After eight months it was felt that enough intimacy existed in the group to allow such a painful subject to be discussed. Children were asked to draw pictures of addiction and an addicted person. It was not stated why the person was addicted or whether the children had a connection to the addict. The potential? Space, according to Winnicott [21], enabled some of the children to refuse and they preferred to draw flowers, while the space enabled others to make contact with the subject. It took about 15 minutes before the children started drawing, and they drew addicts with sad faces. However, most of them decorated the faces with flowers and verbally described a rosy future for the addicts; e.g., how the addict would become rehabilitated, would feel happy with friends and family.

At this point most of the children were able to speak openly about their parents' addiction. It was clear that bringing up the subject of addiction at an earlier stage would have been more problematic.

Another direct link to the subject of the parents' addiction was a session focusing on secrets and the price of keeping secrets. The work was on the "group-as-a-whole," as opposed to each child as an individual. The leaders read the poem "Tetcara's Closed Drawer," dealing with secrets we all have. Then the children used stickers and crayons to decorate the poem. During the fourth part of the meeting, in the circle, the children talked about what the meaning of a secret was, when and to whom it was permissible to tell it, whether they had someone they could tell, and was it possible to talk about it in the group. The children were guided by the leaders to speak about the secret they all shared (my parent is addicted to drugs), and to reveal other personal ones, leading them to an awareness of each child's uniqueness.

3. *Termination and separation stage* (1½ months before the project ended). For the children, this stage was the most difficult one, due to their high emotional vulnerability and the many separations from their parents they had experienced due to drugs. However, in light of the fact that the group meetings were to end soon, the leaders guided the children to independence. So, unlike the other stages, the children were given a chance to decide which expressive tools would be used at this stage. Since a major aim of the group was to help the children become more responsible for their own behavior and actions (within the normal limits imposed by their age and abilities), it was felt that they could be given more responsibility for the structure of these final meetings.

The children decided to work with materials such as clay and gouache, decorate the room, and play ball in the playground next to the center. During each of these meetings the children could work with whatever material they chose and on any topic.

The discussions following the activities were connected to feelings and thoughts about the group having to disperse. For example, one girl created a colored cellophane rabbit. She spoke of how her father had given her two small rabbits (when he returned from the rehabilitation community), but they died after a few weeks and she threw them away. Their death may have symbolized his re-addiction, which to her meant the death of a dream. With the group sessions ending, she may have been experiencing another death of a dream and of hope, and the loss of friends.

As another example, during the ball games decision-making processes that had been learned in the group were used—what game to play, which one first, etc.—as were problem-solving ones—how to solve the problem of wanting one particular game when someone else wanted a different one. These were also discussed during the final meetings.

Throughout this stage, feelings of anger developed toward the group leaders as well as emotional and behavioral regression. For example, one girl started talking associatively, without stopping and without any connection between sentences, just as she had done during the first meetings. One boy again complained of stomachaches, as he had done during painful emotional moments during the first meetings.

However, during the final meeting most of the children were able to organize their emotions and behavior with the help of the leaders.

During the course of the project, three separate meetings were held with the parents. The aim was to make the parents aware of the hardships their children experienced and to assess how they perceived their child's progress. Involving the parents was crucial for legitimizing the change in the child [37]. Most of the parents (often both together) attended these meetings. At the first meeting they preferred to speak about themselves and their problems and less about their

children. During the second meeting the focus moved to conversations about the children. The parents became a support group for each other. They discussed their personal experiences and how to deal with their children. The third meeting took place after the project ended for both parents and children. In the presence of the children, each parent summarized how they saw their child, the process the child had gone through, and what role they had to play in helping their child cope with life. In the presence of their parents, the children summarized the process they had undergone.

EVALUATION

A variety of procedures was used in order to assess the effectiveness of the group intervention model: a) documentation of every session by the leaders, including notes on the verbal and non-verbal behavior of each child, followed by a discussion between the two leaders, relating to each activity and its effect on each child; b) informal individual talks with each child and each parent, at every opportunity; c) feedback elicited during group discussions—from the children at the last meeting, as well as at the joint parents-children meeting, and also from the parents at that meeting. Finally, the pooling of all the relevant data facilitated an in-depth analysis of the process as a whole, and of the effect it had on each child, leading to an evaluation of the whole project.

In order to illustrate the effectiveness of the procedures used and some of the conclusions we were able to draw, we shall first focus on "the stories" of two of the children:

> C., an 11-year-old boy, was the family's youngest son. He was described by his parents as "mommy's boy," a sensitive child. He had difficulty in reading and writing, and was highly obsessive about order and neatness, to the point of having difficulty functioning if the room was not clean. His state of mind tended to affect him physically: when suffering emotionally, he would bend over and complain of strong abdominal pains, hardly able to utter a word, as though paralyzed. During group activities involving nonverbal techniques, it became evident that he felt tremendous anger, probably frightening to himself as well. The anger could only be released in a subdued form, only under control and a little at a time. He always tried to behave well, to be the good boy. The obsession about order and neatness was probably his way of controlling the emotional tumult and anxiety within him. Toward the end of the project he stopped being preoccupied with neatness and order and let others deal with it. He also started to express verbally feelings such as anger with his parents or other children in the group, and almost stopped complaining about abdominal pains. The pain returned during the last session, but by now he was aware of the connection between the pain and the separation process, and spoke about it freely.

The group process helped C. express feelings of distress verbally. This also relieved him of physical pain and of the need to control his environment physically (such as cleaning the room), as a means of coping with his feelings of insecurity, his anger and anxiety. In addicted families denial prevails, and the child is not given an opportunity to express his feelings. Therefore C.'s positive development was in line with one of the aims of the group intervention—leading the children to acquire various ways of expressing their feelings, enabling them to expose their "real self" without apprehension.

Then there was Y., a boy aged 10. He had difficulties in reading and writing, with no behavioral problems at school, yet he was described as an introvert who hardly ever spoke. Paradoxically, he had severe behavioral problems at home and in the group and found it difficult to concentrate. His behavior was unpredictable, it was impossible to guess what he was going to say or do next.

During one of the sessions the leaders asked the children to draw their way of coming to the group. He drew a winding path, made up of dashes. The group appeared as a house without a door, all wide open and only closed at night (these were his words when he described the picture). He said he wanted the house to remain open, so he could go in whenever he wanted to. Through the drawing we understood that we had to give him the possibility of coming to the meetings when he chose to, that the door must be left open for him, while setting certain limits. In the course of the group process this freedom with limits helped him remain in the group. He expressed feelings of anger, fear, and confusion through his drawings and then during the group discussions. It made him less hyperactive in the group, and he was able to concentrate better when he chose to come. Learning basic social skills through interaction with other children in the group (e.g., how to talk to each other, how to react when disagreeing with someone) made him, in his own words, less tense. The children began to accept him and he felt more comfortable in the group. During the final session he even said he would like the group to continue to meet.

Thus, Y.'s progress was in line with two of the aims of the group intervention: creating "a holding environment," open and yet with limits, which enabled Y. to participate, express his feelings, and learn various social skills, starting to create a positive relationship with his peer-group.

Since one of the leaders was a member of the team working at the rehabilitation center, she was in ongoing contact with some of the children's parents. During her individual sessions with the addicted parent, the change processes the child was undergoing in the group were also brought up, from the parent's point of view. Moreover, while the group processes were taking place, the leaders sometimes also met the children individually, when they sensed the child had a specific

problem, not dealt with during the group intervention. The development of each child was also taken into consideration during the planning of the protocol of the group process.

At the final meeting, the children were asked to describe their feelings about the group. Interestingly and insightfully (given their ages), they said that it was a place where they met new friends, saw that they were not alone with their problems, where they learned about addiction and also how to speak properly to children they did not know. At the final meeting, the parents pointed out several areas in which they felt the group had helped their child. They pointed out that they saw the work in the group as parallel to the process they were undergoing in their efforts towards personal rehabilitation, and that, in their opinion, the children benefited most from the group by leaming to stay on task for 18 months and complete it. This was something new and not part of their experience with their child. They were proud of their children and said so to them directly during the last joint meeting. The parents also pointed out that their children were now able to express their feelings—something the parents themselves had difficulty in doing. Moreover, the parents felt that meeting other children with the same problems was important for their child. Learning that they were not alone was extremely significant. This was something that the parents themselves found helpful and supportive in their own rehabilitation process.

One mother said that the group was a bridge between her son and his father. In the past, her son had hated his addicted father and did not want any contact with him. Thanks to the group they began to grow closer and to communicate with each other. Occasionally the son now talked to his father (but not to his mother) about important events that occurred in the group. Another parent admitted that during the period of addiction, his child was forbidden to talk to relatives or friends about it and had kept it a secret for years. In the group, the children learned that they could speak freely about addiction, while becoming aware with whom they could or should talk about the problem outside the group. His son said that, surprisingly, it was only now that he understood that he was not alone and there were other children in the neighborhood with the same problems.

It must be pointed out that caution is needed in drawing conclusions on the basis of such statements. We should not generalize and expect similar results in all cases of such group intervention. The participants in this group were chosen for their high motivation and basic ability to function in a group.

The time invested by the leaders at the preliminary stage and during the following stages was unusually long, relatively to the number of participants. This may prove an obstacle in future attempts to use this model, even though

it is the usual size of this type of group [37]. The small size was due to the emotional and behavioral problems of the children that were in need of a lot of attention and containment from the leaders. The factors helping the leaders to bear the heavy emotional burden were the use of co-therapy and the supervision and evaluation of each meeting, immediately after it ended. The co-therapy was important, not only in ensuring the continuity of the group meeting, whenever a group leader was absent, but also in providing support in times of tension.

Another limitation was the problem of creating homeostasis between the children's development rhythms. Sometimes, a few children regressed, affected by others that did not make progress—which can happen in any group intervention.

One final social outcome should be noted. Several of the children had not invited their friends home after school because of their family situation, even though most of them were from the same neighborhood. It was interesting to see that bonds were forged that did not exist before the project. After one year, the children started to meet on their own initiative outside the group setting.

SUMMARY

Children with addictive parents experience a variety of difficulties and damage to the development of the "self," a major one being the inability to relate to others. The importance of a clearly defined setting as a therapeutic tool is paramount, in view of the instability of the children's families. Through this model of group intervention, the children were given the opportunity to learn to relate to others in a supportive environment and to develop emotional awareness. They acquired some interpersonal communication skills and tools for dealing with conflicts. The expressive verbal and non-verbal activities facilitated verbal communication in a secure environment. The group leaders served as a "good enough mother," "a containing mother" [21].

Moreover it should be noted that most groups designed for children of addicts, described in the literature, have been short-term or open-ended and devoid of this parallel process [18, 25, 27, 28, 32]. This model of intervention is unique in generating a dynamic, long-term, continuous process, dealing with the children's difficulties, in line with the parallel process of rehabilitation that the children's parents were undergoing. This is consistent with the holistic concept of viewing group intervention for children as part of the rehabilitation of the whole family.

It is clear that additional research is needed to study the effectiveness of this type of group intervention. This model may provide a new modality for dealing with the children of addicts.

REFERENCES

1. L. Chassin, F. Rogosch, and M. Barrera, Substance Use and Symptomatology among Adolescent Children of Alcoholics, *Journal of Abnormal Psychology, 100,* pp. 449-463, 1991.
2. G. J. Glover, The Hero Child in the Alcoholic Home: Recommendations for Counselors, *The School Counselor, 41,* pp. 185-190, 1994.
3. M. Rubio-Stipec, H. Bird, G. Canino, M. Bravo, and M. Algria, Children of Alcoholic Parents in the Community, *Journal of Studies on Alcohol, 52,* pp. 78-88, 1991.
4. M. Teichman, *Living in a Different World: Alcohol, Drugs and Human Behavior,* Ramot Publishing, Ramat Gan, Israel, in Hebrew, 1989.
5. M. Teichman, *Alcohol and Alcoholism: Causes, Prevention, and Intervention,* Tel-Aviv University, Ramot Publishing House, Tel-Aviv, in Hebrew, 2001.
6. M. Orosz Vail, H. Protinsky, and A. Prouty, Sampling Issues in Research on Adult Children of Alcoholic: Adolescence and Beyond, *Adolescence, 35,* pp. 113-119, 2000.
7. D. Domenico and M. Windle, Interpersonal and Interpersonal Functioning among Middle-Aged Female Adult Children of Alcoholics, *Journal of Consulting & Clinical Psychology, 61,* pp. 659-666, 1993.
8. H. E. Fitzgerald, L. A. Sullivan, H. P. Ham, R. A. Zucker, S. Bruckel, A. M. Schneider, and R. B. Noll, Predictors of Behavior Problems in Three-Years-Old Sons of Alcoholics: Early Evidence for the Onset of Risk, *Child Development, 64,* pp. 110-123, 1993.
9. J. B. Murray, Psychologists and Children of Alcoholic Parents, *Psychological Reports, 64,* pp. 859-879, 1989.
10. W. Reich, F. Earls, O. Frankel, and J. J. Shayka, Psychopathology in Children of Alcoholics, *Journal of the American Academy of Child & Adolescent Psychiatry, 32,* pp. 995-1002, 1993.
11. K. J. Sher, K. S. Walitzer, P. K. Wood, and E. E. Brent, Characteristics of Children of Alcoholics: Putative Risk Factors, Substance Use and Abuse and Psychopathology, *Journal of Abnormal Psychology, 100,* pp. 427-448, 1991.
12. D. C. Jones and R. Houts, Parental Drinking: Parent-Child Communication and Social Skills in Young Adults, *Journal of Studies in Alcohol, 53,* pp. 48-56, 1992.
13. D. N. Nurco, R. J. Blatchley, T. E. Hanlon, and K. E. O'Grady, Early Deviance and Related Risk Factors in the Children of Narcotic Addicts, *American Journal of Drug and Alcohol Abuse, 25,* pp. 25-45, 1999.
14. T. Jacob and M. Windle, Young Adult Children of Alcoholic, Depressed and Non-distressed Parents, *Journal of Studies on Alcohol, 61,* pp. 836-844, 2000.
15. S. Kuperman, S. S. Schlosser, J. Lidral, and W. Reich, Relationship of Child Psychopathology to Parental Alcoholism and Antisocial Personality Disorder, *Journal of American Academy of Child and Adolescent Psychiatry, 38,* pp. 686-692, 1999.

16. L. I. Puttler, R. A. Zucker, H. E. Fitzgerald, and C. R. Bingham, Behavioral Outcomes among Children of Alcoholics during the Early and Middle Childhood Years: Familial Subtype Variations, *Alcoholism: Clinical and Experimental Research, 22,* pp. 1962-1972, 1998.
17. D. Z. Lieberman, Children of Alcoholic: An Update, *Current Opinion in Pediatrics, 12,* pp. 336-340, 2000.
18. B. M. Goldman and S. Rossland, Young Children of alcoholics: A Group Treatment Model, *Social Work in Health Care, 16,* pp. 53-65, 1992.
19. R. B. Noll, R. A. Zucker, H. E. Fitzgerald, and W. J. Curtis, Cognitive and Motoric Functioning of Sons of Alcoholic Fathers and Controls: The Early Childhood Years, *Developmental Psychology, 28,* pp. 665-675, 1992.
20. E. Poon, D. A. Ellis, H. E. Fitzgerald, and R. A. Zucker, Intellectual, Cognitive, and Academic Performance among Sons of Alcoholics during the Early School Years: Differences Related to Subtypes of Famial Alcoholism, *Alcoholism: Clinical and Experimental Research, 24,* pp. 1020-1027, 2000.
21. D. W. Winnicott, *Playing and Reality,* Tavistock, London, 1971.
22. T. Lucas, Holding and Holding-On: Using Winnicott's Ideas in Group Psychotherapy with Twelve to Thirteen Year Olds, *Group Analysis, 21,* pp. 135-151, 1988.
23. K. L. Kumpfer, Links between Prevention and Treatment for Drug-Abusing Women and Their Children, in *Drug Addiction Research and the Health of Women,* C. L. Wetherington and A. B. Roman (eds.), NIDA, Maryland, pp. 417-438, 1998.
24. J. Deckman and B. Downs, A Group Treatment Approach for Adolescent Children of Alcoholic Parents, *Social Work with Groups, 5,* pp. 73-77, 1982.
25. J. G. Emshoff, A Preventive Intervention with Children of Alcoholics, *Prevention in Human Services, 7,* pp. 225-253, 1989.
26. S. A. Harris, Childhood Roles and the Interpersonal Circle: A Model for ACOA Groups, *The Journal for Specialists in Group Work, 21,* pp. 39-48, 1996.
27. N. P. Hawley and E. L. Brown, The Use of Group Treatment with Children of Alcoholics, *Social Casework, 62,* pp. 40-46, 1981.
28. J. LePantois, Group Therapy for Children of Substance Abusers, *Social Work with Groups, 9,* pp. 39-51, 1986.
29. S. Lewchanin and S. Sweeney, A Developmental Approach to the Group Treatment of Adult Children of Alcoholics, *Alcoholism Treatment Quarterly, 15,* pp. 51-62, 1997.
30. L. Mahon and P. Flores, Group Psychotherapy as the Treatment of Choice for Individuals Who Grew Up with Alcoholic Parents: A Theoretical Review, *Alcoholism Treatment Quarterly, 9,* pp. 113-125, 1992.
31. A. W. Price and J. G. Emshoff, Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics, *Alcohol Health & Research World, 21,* pp. 241-246, 1997.
32. R. Rhodes, A Group Intervention for Children in Addictive Families, *Social Work with Groups, 18,* pp. 123-133, 1995.
33. M. W. Roosa, L. K. Gensheimer, J. L. Short, T. S. Ayers, and R. Shell, A Preventive Intervention for Children in Alcoholic Families: Results of a Pilot Study, *Family Relations, 38,* pp. 295-300, 1989.

34. N. Bar-On, M. Levine-Rozalis, and R. Yodelevitz, *Groups for Children of Rehabilitating Drug Addicts,* National Insurance Institute Research and Planning Administration, Jerusalem, Hebrew, 2000.
35. S. R. Slavson and M. Schiffer, *Group Psychotherapies for Children—A Textbook,* International University Press, New York, 1975.
36. E. H. Erikson, *Childhood and Society* (2nd Edition), Norton, New York, 1963.
37. G. Schamess, New Directions in Children's Group Therapy: Integrating Family and Group Perspectives in the Treatment of At Risk Children and Families, *Social Work with Groups, 13,* pp. 67-92, 1990.
38. C. E. Cwiakala and J. B. Mordock, Let's Discover Health and Happiness Play Groups: A Model for Psychoeducation of Young Children with Parents in Addiction Recovery, *Journal of Child and Adolescent Group Therapy, 6,* pp. 147-162, 1996.
39. H. Perlman, *Social Casework—A Problem Solving Process,* University Press, Chicago, 1957.

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