



1992

Adult Children of Alcoholics in Higher Education: A Review of Treatment Programs

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Adult Children Of Alcoholics In Higher Education:
A Review Of Treatment Programs

by

Stephanie Ann Theard

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

January

1992

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ACKNOWLEDGMENTS

I would like to thank my committee members, Dr. Manuel Silverman and Dr. Terry Williams for their interest and time in this thesis. Their commitment and energy were greatly appreciated.

I would also like to thank Mimi Devens and Nellie Horton for their concern, personal support, and insight in completing this work.

Last but never least, I would like to thank the Lord, Jesus Christ, who gave me the strength to finish.

VITA

The author, Stephanie Ann Theard was born in Chicago, Illinois in 1966. In August of 1984, she entered Marquette University in Milwaukee, Wisconsin and received the degree of Bachelor of Arts in Psychology, in May of 1988.

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	ii
VITA	iii
TABLE OF CONTENTS	iv
CONTENTS OF APPENDICES	v
 Chapter	
I. INTRODUCTION	1
Background Information	1
Purpose of Study	3
Methodology	3
Definition of Terms	4
Limitations of Study	5
Organization of Thesis	5
II. ADULT CHILDREN OF ALCOHOLICS	7
Description of ACoA and Related Concepts	8
Consequences of ACoAs	10
Survival Roles of ACoA	13
Developmental Needs of ACoAs	17
Treatment of ACoAs	20
III. TREATMENT OF ACoAs IN HIGHER EDUCATION	22
Problems encountered by ACoAs on Campus	23
Experimental Studies Conducted	25
Existing Programs on Various Campuses	28
a. Personal Interviews	32
1. University of Illinois at Chicago	32
2. Lake Forest College	33
Case Studies and Treatment Efficacy	34
Conclusions	38
IV. SUMMARY AND CONCLUSION	40
Recommendations	45
V. REFERENCES	46

CONTENTS OF APPENDICES

	Page
APPENDIX A Workshops at University of Massachusetts . . .	50
I. Example of Single-Session Workshop	50
1. Goals	
2. Format	
3. Outcome	
II. Multi-Session Group Program	51
1. Screening	
2. Sessions	
3. Outcome	
APPENDIX B A Psychoeducational Group for ACoAs	53
1. Goals	
2. Format	
3. Outcome	
APPENDIX C Saint Michael's College Group	55
1. Goals	
2. Format	

CHAPTER I

INTRODUCTION

Background Information

The study of Adult Children of Alcoholics (hereafter referred to as ACoA) has become increasingly widespread. A fairly recent estimate of the number of people who have at least one alcoholic parent is over 28 million (Seixas & Levitan, 1984), of which only five percent have been receiving treatment (U. S. Department of Health and Human Service, 1983). This alarming number merits much study in this field; however, until recently, ACoAs have been difficult to identify because both the ACoA and the professional helper lacked knowledge about the effects of parental alcoholism on the children (Seixas & Levitan). In the past, only the most intimate people (i.e. spouses) in the life of the alcoholic were recognized as needing treatment (Gravitz & Bowden, 1985), but recently, the literature has recognized all members of the family as being affected by the alcoholic.

Some major effects of parental alcoholism are the conflict over expected behavior, the physical and emotional abuse inflicted by the alcoholic, the lack of a sense of reality, and the repression of feelings (U.S. Department of

Health and Human Service, 1983). A family history of alcoholism is the most important risk factor for developing the disease later in life. Rates of potential development in children of alcoholic families may be as high as those for diabetes and ulcers (Gold, 1988). Subsequently, ACoAs have been increasingly identified as a population at risk (Crawford & Phyfer, 1988).

Jane Woititz (1983) has identified three statements about alcoholism which seem to foster agreement in all "walks of life" 1) Alcoholism runs in families, 2) Children of alcoholics run a higher risk of becoming alcoholic than children of non-alcoholics, and 3) Children of alcoholics tend to marry alcoholics but rarely enter the marriage with that knowledge.

The above predispositions should be taken seriously because young ACoAs who enter college make some of the most important decisions in life during this time (e.g. whether to drink, who to marry). Therefore, facts about ACoAs in higher education are helpful in learning how to deal with the problem.

The ACoAs on college campuses make up as much as one-third of the student population (Landers & Hollingdale, 1988). The need, therefore, for effective programs for students on campus is great. A growing trend toward intervention for ACoAs in higher education is the result of examination of the consequences of substance abuse; and a

need for changing students' knowledge, attitudes, and behavior toward alcoholism (Suchman & Broughton, 1988). Because drinking is so pervasive on almost all college campuses, students fail to realize how they are affected by alcohol. The effects are compounded when dealt with by ACoAs but they often neglect to make connections between alcohol and their problems. The kinds of problems which exist have been noted as lower grades, physical problems or accidents, trouble with the law, relationship problems, and damage to property (Suchman & Broughton).

Many colleges and universities have implemented programs to assist ACoAs in becoming healthier students. There appears to be an increase in developing student assistance and treatment programs. The results of such programs have received substantial positive feedback in terms of meeting student needs.

Purpose of the Study

Included in this study is a review of the literature on ACoAs, both in general, and more specifically in higher education. The study reviews the kinds of treatment interventions offered in higher education and examines the unique problems and needs of ACoAs in higher education. Also reviewed are experimental studies on college-age ACoAs and their implications and recommendations for further study.

Methodology

This review of the literature, which includes the literature from 1980 to 1990, was derived from several sources: a PsycLit computer search located at Loyola University Chicago libraries and interviews with counseling department staff members at two colleges with existing ACoA programs. Also included was information obtained from two ACoAs who are currently in higher education and have experience first hand about the problems faced by the majority of ACoAs. Discussion with these two ACoAs was invaluable and affirmed all the literature studied, making this thesis more real.

Definition of Terms

The terms used throughout this thesis are defined as follows:

Alcoholic- Any person whose alcohol use has proceeded to the point of preoccupation with the acquisition of alcohol or with its compulsive use in spite of adverse consequences, leaving a serious interference in the abuser's functional ability (Gold, 1988).

Higher Education- Skills and knowledge gained beyond high school toward a career or vocation, most often in a College or University.

Adult Children of Alcoholics- Any adult who grew up in a home where one or both parents were alcoholic, as defined above.

Co-dependent- A person who has allowed someone else's

behavior to affect him or her to the point where controlling that person's actions becomes an obsession (Beattie, 1987).

Limitations of Study

This review is limited, with a few exceptions stated earlier, to materials found through the Loyola University Chicago libraries. Therefore, a broader research base would have resulted in a more complete review of the literature. The material was also limited because this was only a review of the past ten years thus, programs which exist but have not been made public are not included. In addition, if an experimental analysis had been conducted, more conclusive data could be derived to learn more on availability of programs on campuses as well as effectiveness of treatment for ACoAs in higher education.

Organization of Thesis

Chapter One has focused on the background information concerning ACoAs in general and in higher education, as well as the purpose, procedure and limitations of the study. Chapter Two will cover the literature on ACoAs in general, paying close attention to the problems and needs of this population. This is provided as a background for Chapter Three which will review the literature on ACoAs in higher education. Institutions having treatment programs will be identified along with the efficacy of these programs. Also included in chapter three are examples of ACoAs in higher education who took part in treatment offered on campus.

Finally, Chapter Four will contain a summary, conclusion, implications for college-age ACoAs, and suggestions for research.

CHAPTER II

ADULT CHILDREN OF ALCOHOLICS

In Chapter One, the background, purpose, and procedure of the thesis were described. Chapter Two will focus on the ACoA in general, paying particular attention to the effects of growing up in an alcoholic home and the adoption of survival roles on the part of ACoAs. The first part includes a description of ACoAs in more detail with a look at what kinds of problems transpire in the home where alcohol is abused. The second section will describe the developmental needs of children which were lacking for the ACoA. Also, the way in which ACoAs are successfully treated will be examined. For example, one method of treatment is the ever popular Alcoholics Anonymous (AA) and Families of Alcoholics (Ala-non), which have been in existence for a number of years. Recently, a similar group for ACoAs has come into existence. This group is geared specifically toward adults who are still suffering the effects of having grown up in an alcoholic home. ACoA meetings, much like AA or Ala-non, have been used as a part of treatment. Although such groups are helpful and yield positive results, sometimes individuals require more intensive one-on-one counseling as part of treatment. These

modes of treatment will be covered in the final section of this chapter.

Description of ACoA and Related Concepts

Gravitz and Bowden (1985) define the ACoA as anyone who comes from a family (either the family of origin or the family of adoption) where alcohol abuse was a primary and central issue in one or both parents' lives.

Any person who has had to live with an alcoholic is thought to be co-dependent. Although the co-dependent believes he or she is helping the alcoholic, in fact, the alcoholic is often only being enabled to continue drinking. Sharon Wegscheider (1981) has termed the alcohol-free spouse as "the enabling" parent. This parent consistently strives to protect the alcoholic from potential disasters caused by the alcoholism. As the enabler continues to take care of the alcoholic, the alcoholic begins to increasingly become dependent upon the enabler. Therefore, by preventing the crisis that may bring the alcoholic to treatment, the disease is prolonged. This sober parent negatively effects the children because he or she is usually co-dependent and spends most of the time trying to bring healing to the alcoholic with the intention of solving the family problems (Cermak & Rosenfeld, 1987). This often causes the children to receive mixed messages from the sober parent. While the sober parent strives to pacify the children, attempting to maintain a healthy home environment, all efforts made are

perceived by the children as futile because their circumstances do not change. In fact, many children are resentful of the sober parent who seems to care more about the alcoholic than them. The degree to which the sober parent can resist focusing on the alcoholic is one way of determining how adversely affected the children become (Woodside, 1983).

Children are affected by alcohol abuse regardless of their awareness. Whereas in some families, the alcohol is central to the alcoholic and the children are obviously adversely affected, in other families children are not as aware of the alcoholism. Their lack of awareness comes as a result of two factors. First, if the enabling parent does not focus so much on the drinking, the children may not know the parent has a drinking problem. Secondly, the majority of the alcoholic's impairments are behavioral. Therefore in the day-to-day interactions of family life, the family members are confronted with negative behavior (i.e. name calling, extreme laziness) on the part of the alcoholic, which may appear to have little connection to the drinking (Kinney & Leaton, 1983). As a result, many ACoAs inevitably seek professional help for personal problems which they do not connect with the fact that they are ACoAs.

Another major factor in determination of the degree to which the child is affected, lies in the perception of the child. For example if the child perceived the parental

arguments as his or her fault, then greater emotional harm results, oftentimes leading him or her to treatment as an adult.

The way in which children are emotionally affected depends also on the age of the child at the onset of the parental alcoholism, and whether the alcoholic stayed in the home (Stark, 1987). If the alcoholism began after the child had reached young adulthood, then he or she was probably not as influenced as a younger child, who depends much more on the parent. By the same token, if the alcoholic parent left the home, while the child was only an infant or too young to remember, the effects would be minimized.

Children of alcoholics are affected in several other ways as a result of their parental alcoholism.

Consequences of ACoAs

The negative consequences of growing up in an alcoholic home are outlined by several authors. While most ACoAs appear, on the outside, to be adequately adjusted, all ACoAs need to be addressed because they are all somehow affected (Black, 1981; Gravitz & Bowden, 1985).

Growing up in an alcoholic home produces a specific mode of presentation to the world. The ACoAs project an image that is illusory both to themselves and to others (Balis, 1986). The feelings they most often experience are guilt, embarrassment or shame, and sadness. The guilt is usually generated by the inability to rescue the alcoholic

or make the family different. Also guilt-inducing are fantasies children have about their parent dying. Children may sometimes wish their parent were dead, then if the parent becomes ill because of the alcohol, the children experience tremendous guilt. As these children grow into adulthood, they tend to feel guilt in most circumstances. Embarrassment and shame come as a result of wanting the family to "look good" before their friends. This embarrassment leads to sadness as the child wishes things could be as they were before the drinking parent lost control (Seixas & Youcha, 1985). Children often avoid inviting their friends home from school for fear of a violent and embarrassing episode. They are always cautious to check the "state" of the alcoholic parent before inviting anyone over. The ACoAs are easily manipulated because others "play" on their guilt feelings which causes intimacy problems.

In a discussion of the results of growing up in an alcoholic home, it is important to note that although not all ACoAs experience the same consequences, they have many similar characteristics which seem to be apparent in almost every case.

In Janet Woititz's (1984) study of about 500 ACoAs over several years, she found 13 characteristics which are apparent for ACoAs:

- 1) ACoAs guess at what normal is. They make up in their mind what normal is and then condemn themselves for

not being able to measure up.

2)ACoAs have difficulty following a project through from beginning to end. Although it is excused as procrastination, they have never learned to complete tasks.

3)ACoAs lie when it would be just as easy to tell the truth. As a child, the payoff for lying was keeping the family secret intact. As adults, there is no payoff so continuing the lies often creates problems.

4)ACoAs judge themselves without mercy. They feel that they are the cause of all problems which continues from childhood when they were told that they somehow caused the family problems.

5)ACoAs have difficulty having fun. The child "inside" has been repressed for so long and therefore it feels uncomfortable to have fun.

6)ACoAs take themselves very seriously. Things at home were always so intense and serious that now, all of life is serious.

7)ACoAs have difficulty with intimate relationships. Because they do not trust others, intimacy is difficult.

8)ACoAs overreact to changes over which they have no control. The issues that seem very simple to adjust to for others are inflated for the adult child of the alcoholic.

9)ACoAs constantly seek approval and affirmation. This is an issue of self-confidence. Although they seek approval and encouragement, they have difficulty accepting it.

10)ACoAs usually feel different from other people. They feel as if no one else has gone through their ordeal.

11)ACoAs are super responsible or super irresponsible.

12)ACoAs are extremely loyal even in the face of evidence that the loyalty is undeserved. The fears of being abandoned keep them from abandoning others.

13)ACoAs tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsivity leads to confusion, self loathing, and loss of control of their environment. As a result more energy is spent cleaning up the mess than would have been spent had the alternatives and consequences been examined in the first place (p. 72).

The above 13 characteristics result from the problems that take place in the home. Because children have their parents as role models, many of these characteristics are present in the child who naturally emulates his or her parents (Assur, Jackson, & Muncy, 1987; Miller & Tuchfeld, 1986; Woodside, 1983). Children of alcoholics have problems in acquiring appropriate roles because they imitate and learn from inappropriate role models. For example, a young son may identify with a passive dependent alcoholic father while a young daughter may reflect her nonalcoholic mother's aggression towards a childlike father (Woodside, 1983).

These 13 characteristics have been very useful in university settings. They are utilized as a tool in identifying ACoAs on college campuses. This will be discussed in the next chapter. (Laitman, 1987; Riccelli, 1987).

In direct connection with the consequences of being an ACoA are the survival roles in which ACoAs adopt and continue to keep in adulthood even though apparently no longer needed.

Survival Roles of ACoAs

ACoAs do whatever they possibly can to bring stability and consistency into their lives. They will behave in a manner which makes it easier for them to cope and survive (Black, 1981).

Wegscheider (1981) identified four survival roles which children of alcoholics adopt in order to assist them in coping with the instability and turmoil in their life. These roles, the hero, scapegoat, lost child, and mascot, are carried into adulthood when they are no longer needed. The ACoAs are so used to working hard to survive, that these roles are not easily erased.

The behavior of an ACoA can often be predicted by which role he or she had. The role of hero, typically played by the oldest child, can be described as responsible. This child feels responsible for the pain of others, and his or her self worth is dictated by trying to be a success at everything, in the hopes of changing the family situation. When all efforts fail, he or she is left with poor self-worth, feeling like a failure for not being able to solve the family problems.

In every endeavor this child attempts, he or she usually succeeds. In fact the hero child is regarded by others as mature and hard-driven in academics as well as socially. Family heroes, although admired by many, have few close friends because they are resented by peers for their accomplishments.

A second role of ACoAs is the scapegoat who brings negative attention on him or herself in attempts to divert attention away from the family problems. This child is often in trouble with the law and experiments with drugs and

alcohol.

The scapegoat, rather than the alcoholic, becomes the target of the family problems. His or her attention seeking behavior takes away from the alcoholic. Siblings as well as other peers highly criticize the scapegoat and blame him or her for problems the family is facing.

The next role taken on by ACoAs is that of the lost child who offers relief for the family by taking care of his or her own personal needs without the help of others. This child stays in the background and never bothers family members which results in loneliness for the child.

These children try not to add any strain to the family's disharmony, thereby "disappearing" into the background to avoid conflict. Lost children are very agreeable and often neglect their own feelings to keep peace.

The final role of mascot is the child who strives to provide relief to the family through the use of humor. This child is charming and funny during stressful times, but remains immature without the family ever noticing. Mascots handle stressful situations very poorly because they constantly make jokes to avoid "real" issues or emotional pain.

Children can take on more than one role in a family, and they can also change roles. Black (1981) outlined similar roles which she named the responsible one, the

acting out child, the adjuster, and the placater. The responsible ones (or heroes) grow up carrying much responsibility, accomplishing a number of goals previously set. They concentrate on controlling their lives because they fear that they will lose control (Knoblauch & Bowers, 1989). Consequently they struggle with learning to relax and enjoy life.

The acting out (scapegoat) children usually end up dropping out of school and getting in trouble with the law. They are more likely than the others to become alcoholics, albeit all the ACoAs have a greater risk when compared to non-ACoAs.

The adjusters (lost children) as adults continue to adjust to all situations, remaining unnoticed. They have neither a sense of direction, nor do they take responsibility for maintaining their present lifestyle (Knoblauch & Bowers, 1989). In adulthood the adjusters are passive-aggressive. They are unsure of their true feelings, attempting to please everyone.

The placaters (mascots) persist in taking care of everyone else's feelings without seriously considering their own feelings. They become very depressed as a result of eternally gratifying others in sacrifice of their own needs. The placaters make light of any situations they encounter, "laughing it off."

These roles were adopted by ACoAs because they did not

properly develop into a fully functioning adult. Several of their developmental needs were never met.

Developmental Needs of ACoAs

In meeting the needs of the ACoAs, careful consideration of each emotion must be made and the ACoA must try to identify his or her feelings. Most of the developmental needs of the child were not being met in the alcoholic home.

In the process of playing out the roles, the child is taught "don't talk", "don't trust", and "don't feel" (Black, 1981). These three rules are pervasive in the household. The first rule "don't talk" comes as a result of the child never having an opportunity to share his or her feelings because to do so is discouraged by the adults in the household. The denial of alcoholism by all family members leaves children with a fear of discussing anything, thereby avoiding discussion of the alcoholism. Instead, there is discussion about a particular incident that takes place, but never outwardly connected to the alcoholism.

Trust is a vital character-building block that children need in order to develop into healthy adults. Being raised in an alcoholic family structure often denies or distorts this portion of a child's development. The second rule of "don't trust" adds to the dysfunction which the child faces. The ACoA has been taught that to trust means disappointment because most of the promises made to

them by the alcoholic parent have been broken.

The third rule "don't feel" comes from experience as well. ACoAs have a well developed denial system about both their feelings and their perceptions of what is happening at home. By detaching themselves from their environment, children learn how not to feel (Black, 1981). To feel is too painful so in an effort to defend against this pain, they simply avoid their feelings.

Children need to feel safe in their environment in order to develop into healthy adults. Unfortunately, the setting in which they grow up is not conducive to proper growth. In fact, several other problems associated with the alcoholic family, such as child abuse, incest, and violence, add to the dysfunction of the family (Black, 1981; Gravitz & Bowden, 1985). Although such problems occur in many families, the prevalence is higher in alcoholic homes. The greater the parental alcohol abuse, the more severe the physical abuse or neglect (Woodside, 1983). Frequently the sober parent is exhausted from trying to be two parents for the children. As a consequence the alcoholic may look to one of the children for sexual fulfillment, using the alcohol as a facilitating agent (Gravitz & Bowden, 1985).

Neglect is also very prevalent in the ACoA's home. The children take care of themselves and are expected to act as adults. The alcoholic's mood often varies which is confusing for the child, and parents disappoint them.

Therefore as adults, the ACoAs are always anticipating disappointment, as mentioned earlier, because it has become a normal part of life. When a child's efforts to bond take place in a chaotic family and only inconsistently responded to by parents, anxiety becomes potentially overwhelming. Many children build rational explanations for irrational events to defend against this anxiety (Cermak & Rosenfeld, 1987). For example, punishments announced to the child while the parent is intoxicated are treated as non-existent the next morning. To a young child, home is the universe and parents are the giants. When a child is faced with a parent who is physically present but emotionally absent, this creates instability and fear (Cermak & Rosenfeld).

The only relief for the child is to take the blame for all the problems. Behind this rationale is that if he or she takes responsibility for creating the problem then he or she can constantly work to fix the problem as well (Cermak & Rosenfeld, 1987). This accounts for ACoAs taking so much responsibility for life circumstances. They base self-esteem on the ability to control life.

This section has discussed the developmental needs, or lack thereof, of ACoAs. Much attention was given to the silent rules which become a part of the child. Any child who is to develop into a healthy adult needs to be able to express him or herself freely. Also covered in this section is the violence and abuse which often occurs. Abuse can

range from neglect to sexual and the child is always left confused and disappointed. Because of these developmental impairments, self-blame becomes a major factor in the lives of ACoAs.

In considering the needs of ACoAs, of great importance is how those needs are met. Helping ACoAs to help themselves become healthier is an arduous task that requires patience.

Treatment of ACoAs

ACoAs seldom have anyone to help them understand their feelings or where these feelings come from. They are not apt to disclose their family life, and therefore need some type of intervention to help them become aware of the issues which have been neglected most of their life.

Tarpley M. Richards (1989) has named education and peer support as two of the most important factors in the treatment of ACoAs. First of all, information and education about ACoAs reduce stigma and provide validation for secret-wrenching, emotional experiences. Clearly, just the knowledge that one's secret is more public and widespread than imagined serves to heighten self-esteem. Education about alcoholism and the family can also provide a framework for the ACoA to begin to organize thoughts and feelings about current problems he or she is experiencing (Richards). Education provides a simple way to intervene without self identification. Individuals can just listen and learn,

taking from the material what is useful for them (Woodside, 1983).

Also, peer support keeps people comfortable and healthy (Richards, 1989). As one grows up, gradually, peer support supplements or replaces family support. Students in higher education spend the majority of their time with their peers making this group critical in helping the ACoA. Groups such as AA have similar effects.

Sometimes education and peer support are not enough to bring about change in the ACoA. Many individuals seek intensive one-on-one therapy with a trained professional. This is an important option in treatment of ACoAs. The type of treatment most helpful is clearly dependent upon each individual. In many cases a combination of individual therapy and group support is necessary.

In this chapter, the general topic of ACoAs was discussed, describing the problem and looking toward a means of coping with life. In the next chapter, the focus is specifically geared toward ACoAs in higher education. While the concerns remain the same, they are exacerbated for the ACoA who makes it to the point of experiencing college life.

CHAPTER III

TREATMENT OF ACoAS IN HIGHER EDUCATION

In Chapter Two a review of the literature was provided on the general characteristics of ACoAs with a special focus on the problems encountered by children of alcoholics as well as the kinds of treatment modalities that exist for ACoAs. Chapter Two explored the roles and behavior of ACoAs; Chapter Three will concentrate on how the childhood roles are played out in a college setting.

The first section of Chapter Three will present a review of studies which examine problems encountered by students and staff on college campuses. The second section will review specific studies conducted about ACoAs in higher education. The studies will examine various aspects of ACoAs and how they are affected. Also to be discussed in this chapter will be the results of ACoA programs already in effect on college campuses. The final two sections will be case studies of 3 students and personal interviews with 2 program directors of existing programs in a university setting. Finally, some conclusions will be drawn regarding the efficacy of ACoA treatment for those in higher education and the literature describing the environment in which ACoAs experience the most healing.

Problems encountered by ACoAs on Campus

Several articles exist in the literature on problems encountered by ACoAs on campus. For purposes of this thesis, six articles in the literature are presented. These articles discussed students and their concerns on campuses.

Landers and Hollingdale (1988) presented an outline on achieving success when working with children of alcoholics on a college campus. In their review of the literature, they found that college student affairs professionals workers play a major role in fostering the growth of their students. They pointed out that the counseling departments in most universities are well utilized and staffed, but many ACoAs come to the counseling centers with issues other than being an ACoA. Oftentimes, the student ACoA is not aware that having an alcoholic parent has anything to do with the problems he/she are facing (Landers & Hollingdale). Downing and Walker (1987) as well as Knoblauch and Bowers (1989) state that when student concerns come to the attention of university personnel, the responding staff member may be unaware of the alcoholic "anecdotes" and also lack appropriate referral sources. It is not sufficient for college counselors alone to be aware of the issues surrounding ACoAs. The entire staff, from the Health Services to the Resident Directors, needs to be committed to providing an atmosphere where issues can be dealt with constructively (Crawford & Phyfer,

1988; Landers & Hollingdale, 1988). Laitman (1987) presented one example from Rutgers University where meetings were held with such key staff members as the dean of students, campus police, counseling center personnel, and residence life staff. These meetings help to educate staff, determine the course of programming, and also to develop relationships in offices throughout the university from which later referrals might result.

Upon entering the counseling services, the most common complaints which can be heard, as stated in an article by Gravitz and Bowden (1985), are depression, loneliness, alcoholism, and eating disorders (Claydon, 1987). Depression usually comes as a result of loneliness felt by the ACoA. The ACoA feels unique because he/she usually does not talk about the traumas associated with alcoholic parent(s), experienced throughout childhood. Therefore, even on a crowded campus, the ACoA feels very much alone often questioning why he/she feels abnormal. Alcoholism is one of the major indications that one is an ACoA, as he/she is more likely to become a problem drinker than a non ACoA. Finally, eating disorders are a common addiction associated with ACoAs. Sometimes an individual stops one addiction and replaces it with another. An eating disorder can result from a need to control and food intake is an easy way to meet that need (Gravitz & Bowden).

The complaints discussed above, brought out most

frequently by students who are ACoAs, were addressed in the following review of various studies previously conducted.

Experimental Studies Conducted

In view of the needs of ACoAs, many college campuses have implemented treatment programs available to ACoAs. The following four studies conducted on ACoAs in higher education have been reviewed. First, in a study conducted by Berkowitz and Perkins (1988) at Hobart and William Smith Colleges, the ACoAs reported higher self-deprecation than their non-ACoA peers. The term self-deprecation was used to mean low self-esteem in which the student displayed a poor self concept. The data for this study were derived from an alcohol survey given to students. The results indicated that while late adolescent/young adult CoAs are, to a large extent, similar to their peers in personality functioning, the ACoAs have a greater unhappiness and dissatisfaction with themselves. The results of this study can be used as evidence that a common goal of ACoAs is their constant striving to prove themselves and measure up to their idea of normal as stated in Janet Woititz's (1984) characteristics mentioned earlier. A low self concept is a perpetual theme in the literature on ACoAs.

Secondly, in another study conducted by Plescia-Pikus, Long-Suter, and Wilson (1988) at Cleveland State University, the ACoAs overall showed lower well-being and lower achievement than controls. The data for this study were

derived via questionnaire. In this study, achievement was also a factor taken into consideration. Since many ACoAs compensate for home troubles by high achievement in school (Stark, 1987), it was hypothesized that they would score high on achievement. Contrary to what was expected, ACoAs were found to have significantly lower achievement than controls, but those with high well-being scored higher on achievement than controls with low well-being and other ACoAs. The results of this study indicate that how one feels about oneself may be a determining factor in achievement levels. Although ACoAs in general score low in well-being, those who score high in well-being show higher achievement which is a trait that many ACoAs pride themselves on, depending on which childhood role they played out. The literature portrays the "responsible" child as the higher achiever.

A third study conducted by Knoblauch and Bowers (1989) demonstrates further evidence of the need for program implementation in higher education. This study hypothesized that ACoAs have an elevated need to control and are more likely to be problem drinkers than non-ACoAs.

Self classification as ACoA or non-ACoA was used in developing a control variable. Inventories were sent through the mail to the freshman class at Northwestern University. A total of 655 freshmen responded. The MAST (Michigan Alcohol Screening Test) was used to determine

problem drinking, and the EGO (Ego Grasping Orientation) was selected to determine the need to control. In addition to completing the MAST and EGO, all students were asked to select one of the four alternatives: (1) mother is an alcoholic or may be a problem drinker, (2) father is an alcoholic or may be a problem drinker, (3) both parents are alcoholic or may be problem drinkers, (4) neither parents have any drinking problems. The results of this study found that ACoAs were higher than non-AcoAs in terms of an elevated need to control and problem drinkig as measured by the MAST and EGO. This illustrates the need for routine problem drinking assessment as well as awareness of the control issue when student affairs professionals come into contact with college student ACoAs.

The above three studies reviewed the level of self-esteem and other surveys taken by students pointing to a need for college staff awareness of ACoA issues. In the next study reviewed, types of programming were examined to determine which treatment best suits the needs of the ACoAs in higher education.

Several universities who recognized a possible need for group programming for ACoAs conducted tests to see how effective group counseling would be. One such study by Roush and DeBlassie (1989) was done at New Mexico State University. This study used male and female undergraduate and graduate students who volunteered to be in eight

sessions of structured group counseling for one and a half hours a week. Determination of appropriate students was made using the CAST (Children of Alcoholics Screening Test). Students were told the purpose of the group was to educate them. The control group received one hour educational lectures rather than meeting with a group. Pre-, post, and follow-up tests were conducted. Using the PAIS (Parental Alcoholism Information Survey), the knowledge, attitude, and behavior related to parental alcoholism for all tests was assessed. The results of this study found that both treatment and control groups increased in knowledge from pre- to post-testing and through one month follow-up testing. The behavior depicted was the same among tests. In attitude, only the treatment group demonstrated healthier coping attitudes from pre- to post-test and through follow-up testing, indicating that the group counseling was a positive experience.

While studies are becoming widespread for the purpose of discovering the efficacy of treatment programs for ACoAs, many colleges and universities have already initiated programs for students.

Existing Programs on Various Campuses

While some institutions offer on-going group programs, others offer workshops that occur only during certain times of the year. Also, some offer both group counseling and workshops. The scheduling of these programs needs to be

planned according to the needs of the students. The group programs in which students meet in groups to discuss their feelings are typically offered at regular times during each semester. Workshops are run differently and the best time to schedule workshops on campus is just prior to vacation periods. Since many students avoid trips home to maintain physical and emotional distance, the workshops can help students to cope (Riccelli, 1987; Suchman & Broughton, 1988; U.S. Department of Health and Human Services, 1983).

The first program to be reviewed at The University of Massachusetts has been providing single session workshops for ACoAs for several years (Riccelli, 1987). Recently it has become apparent that multi-session group programming was necessary due to the response of the single-session workshops (see Appendix A). The need for workshops at The University of Massachusetts also came as a result of many students requesting individual appointments at the counseling center with anxieties about returning home for a holiday. Workshops were developed to provide cost-efficient services to a greater number of students, while addressing common needs for support and information about treatment resources. The students at Amherst reported greater understanding of themselves in the present and past as ACoAs. They felt a sense of relief and acceptance at being able to express their emotions.

The second program is found at The University of

Florida. This program consists of workshops as well as group programming. Suchman and Broughton (1988) find that when students are in need of help for substance abuse, their background should be investigated because ACoAs have a tendency to become alcohol abusers, as stated earlier. This program is similar to that of The University of Massachusetts. The program is advertised by word of mouth, newspaper, radio, and posted flyers. The workshops basically provide information to students about issues surrounding ACoAs. These workshops are attended by ACoAs as well as interested non-ACoAs. Non-ACoAs attend workshops for many reasons from curiosity to the desire to help a friend suspected of being an ACoA. The group sessions are more for ACoAs themselves as specific issues are discussed and the sessions are centered around the student participation.

A program at Rutgers University was started as a result of the concern on the part of staff because of the high incidence of alcohol-related problems on campus. This program was modeled after the concept of the industrial employee assistance program (EAP). The central concept of an EAP is that personal problems (i.e. alcohol, drugs, ACoA) interfere with an employee's ability to perform his or her responsibility fully (Laitman, 1987). Therefore, an assistance program such as Rutgers' has a very important role in providing students with help in order to perform

well in school; academically, socially, physically, or otherwise. Most ACoAs in higher education who request counseling prefer group interaction programs. Not only is the group there for support, but the intimacy and bonding of these groups provide a safe background for the confrontation of unrealistic expectations and self-defeating behaviors which are revealed in group meetings. Group treatment has been found to be excellent for ACoAs. It can be empowering for ACoAs to learn about the childhoods of other individuals and to develop a wider reference group that extends beyond the alcoholic family (Corazzini, Williams, & Harris, 1987; Riccelli, 1987; Seixas & Levitan, 1984; Suchman & Broughton, 1988).

Nancy Downing and Margaret Walker (1987) have described a campus-based program for ACoAs which could be used for any campus setting (see Appendix B). This group had two facilitators, which is ideal for campus-based groups (Downing & Walker, 1987; Riccelli, 1987). The group consisted of 8-10 students and met for 8 sessions, two hours a session. Students were self-referred but the program was advertised through school publicity as well as a health survey given to freshmen at the beginning of the year. The CAST was given to determine eligibility. Downing and Walker have suggested that groups be run in a similar manner in order to be successful and meet student needs.

Finally, St. Michael's College started a group for

AcoAs as a result of individual counseling done with students and also by referrals from Health Services and Campus Ministry personnel (Landers & Hollingdale, 1988). The group sessions were seven weeks long for each semester, meeting for two hours per session. Each group contained about 6-9 people with no new people being added beyond the second session each semester (see Appendix C). In planning the structure of the sessions the group leaders kept the following three things in mind: 1)students are afraid of information leaking out to friends and professors; 2)students are used to being lectured to and are frequently willing to let an authority figure take charge and be the expert; 3)ACoAs are very skilled at rationalizing and discussing feelings, it is therefore necessary to combine experiential work with group discussion.

Personal Interviews

Several Chicago area universities and colleges have existing ACoA treatment interventions on their campuses. These schools include The University of Illinois at Chicago (UIC), Lake Forest College, Prairie State University, and Governor's State University, to name a few.

Interviews were conducted at two of these universities, The University of Illinois at Chicago (UIC) and Lake Forest College. The directors of these programs explained what they offer at their particular campus. Dr. Ken Roberson, staff psychologist and director of the

counseling department at UIC, says that there is a need for such groups on campus. There are periodic ACoA workshops as well as therapy groups which are run each week for 2 hours per session. The group therapy sessions are led by a trained psychologist and there are usually six to eight participants in each group per quarter. The program has been overwhelmingly positive in terms of student feedback. Roberson says the word has been spread throughout campus and most students are aware of the groups.

Barbara Stadheim is director of an alcohol abuse peer program at Lake Forest College. This program serves as support for alcohol and drug abusers on campus. This campus has ACoA meetings which are run in the same manner as Alcoholics Anonymous. Usually up to 20 students participate in the meetings held weekly. The staff serves as consultants and the students decide what they want to discuss and how they would like to structure the group. Stadheim stated that Lake Forest College had a major drug problem which is why the program was first implemented. Since implementation of the peer support program, the substance abuse problem at Lake Forest has decreased. This decrease is also in part due to stricter punishments when caught with illicit drugs or drinking under age.

The description of specific existing programs presented in the literature helps to illustrate the efficacy of these programs for ACoA treatment. Even more beneficial

are actual cases of students who utilize such programming.

Case Studies and Treatment Efficacy

The following case studies are of college students who became involved in group programming in a university setting:

Nancy

Nancy came to study in Florida from her family home on the west coast in the hope that the distance would help her in her words, to "heal up" from the pain of living with an alcoholic mother. Instead, Nancy found herself becoming more and more depressed and came for counseling with depression as her presenting problem. During an intake interview, she revealed her family background and decided that an ACoA group might be useful to her. During the early "bonding" phase of the group Nancy complained that she was expected to fill her mother's role and serve Thanksgiving dinner. Nancy was anxious about this but wanted to fulfill this expectation.

In the next phase of treatment Nancy was able to look at her depression and become aware that depression represented a mixture of anger at her mother for not being available as a parent and for being self-destructive. For the first time Nancy was able to see the connection between her unfulfilled expectations of her parents and their demands on her, anger which was never expressed in her family, and her depression.

In the next phase of the group Nancy participated in a series of role-plays in which she would have to learn from her mother via telephone the secrets of the annual Thanksgiving dinner. She was able to use her role-play experiences in real life and was satisfied with the family visit. Afterwards, she still experienced some sadness at her mother's poor physical health but she discovered that her depression had become less severe as she was able to express her anger and gain some empathy for her mother (Suchman & Broughton, 1988).

Anne

Anne participated in the group for approximately 50 sessions. The precipitating events that led her to seek counseling were problems with studying, poor grades, and irritability with her friends. Her parents had divorced 2 years earlier; her father was an alcoholic. When asked what role she played in the family, she said "keeper of the peace," "Dear Abby," and "source of goodwill." Anne was the oldest of four children and viewed her mother a martyr and her father as innocent.

Once Anne's role was established, the group focused on her caring, helpful behavior. When asked why she helped people, she responded by asking why anyone would not help. When recounting how she often helped her family, she mentioned how upset she became when her father was drunk and

picked a fight with her mother. She disclosed that when this happened, she escorted her siblings and mother to their respective rooms, then spent time talking with her father and giving him support. The group labeled Anne's father as manipulative and asked Anne why she was so nice to him. This confrontation upset Anne; instead of hearing support, she heard criticism. She also said she believed that group members did not understand and expressed the belief that if they did, they would know that anger is bad and only leads to violence.

Once Anne became aware of her pattern of caring, she withdrew and was silent. Her silence allowed her time to assimilate what had happened and to integrate it with her current behavior. Several sessions later, a group member confronted her about her silence. She said that she wanted to feel worthwhile and to stop devaluing herself. She had realized that her caring and helping maintained her negative self-image.

The dynamics between Anne and a male group member, who had adopted the scapegoat role, provided the best perspective for her. By showing that she cared about him, she helped him to value himself. Once she had resolved the issue of caring to some degree, she was able to review her participation in the group and initiate previously postponed developmental tasks associated with intimacy (Corrazzini, Williams, & Harris, 1987).

Peter

Peter had been in individual therapy several times before entering the group. His problem included difficulty with grades, procrastination, handling money, and dating. During the intake interview, the therapist determined that he was abusing both alcohol and drugs.

When Peter entered the group, his goals were to do better academically and to drink less. His early group participation, however, suggested that these goals, like earlier good intentions, were doomed to failure. Peter was often late, missed several sessions, and, when present, he antagonized other members and challenged the group leaders. He quickly established his role as scapegoat and repeatedly provoked the group members.

The focus of group therapy was twofold. Clearly, if therapy was to be successful, Peter had to become involved in the process. If Peter was to become committed to therapy, however, he would have to become somewhat vulnerable and give up his antagonistic defenses. He could not do this until he felt safer and more sure of himself than before. Feeling safe and self-assured was difficult for him, because he had learned early in childhood that being good only exposed him to hurt and that the safest attention he could get was negative. For this reason, the group leaders decided on the second therapeutic goal for Peter--to develop conditions in which he could feel safe and

cared for.

When Peter was able to acknowledge and accept the group's caring, he addressed his own alcoholism. Subsequently, he signed himself into an alcohol treatment center. True to form, he signed himself out. Again, what seemed to be a failure was one more example of his ambivalence and fear. Approximately one year later he was able to finally disengage from his family system, reenroll in college, and obtain a satisfying job that paid well (Corrazzini, Williams, & Harris, 1987).

The above case studies serve as a guide to how groups can be run. In all cases successes came about as a result of being in the group. Even in the cases where a student does not cooperate, sometimes group members are just what is needed to promote change and encourage motivation.

The last case study with Peter is an example of an ACoA who develops a drinking problem. As previously discussed, ACoAs have a higher probability than non-ACoAs of becoming substance abusers. The alcohol and drug abuse in higher education is so widespread that most campuses could not avoid providing some kind of intervention. As a result, the aforementioned institutions have seen a need for ACoA treatment groups.

Conclusions

By drawing on the literature regarding ACoA needs and treatment, it is evident that ACoAs in higher education have

benefitted greatly from programs run in college settings. The awareness of problems experienced by ACoAs are brought about by simply having programs available in a university. ACoA students who go to school in an environment where there is no opportunity to receive help stand the chance of going through college lost and confused. If the ACoA makes it through college with no intervention it only delays the healing process. As these issues are discussed, ACoAs will begin to feel free to bring out their past.

CHAPTER IV

SUMMARY AND CONCLUSION

This thesis has attempted to provide a review of the most recent literature on ACoAs in higher education. Also reviewed was the literature on the programs available for this population. This objective was achieved in two major parts. First, a review of the literature was provided on ACoAs in general, a definition and the problems encountered by children who grew up in an alcoholic home. Second, the literature was reviewed on the specific needs of ACoAs at the college level. Particular attention was paid to the studies conducted on ACoAs in higher education and the programs that have been implemented in various schools throughout the United States.

According to Claudia Black (1981), most ACoAs don't talk, trust, or feel because they have learned this from childhood. They have no opportunity to share their feelings in the home because they have been taught to expect disappointment which is so often the case with an alcoholic parent. They develop a denial about their feelings and perceptions of what is happening at home. Since it is too painful to feel, the ACoA avoids pain by learning how not to feel any emotions.

Although the degree of severity of problems experienced by the children of alcoholics resulting from living in the alcoholic home environment is dependent on factors such as the age of the child at the onset of the parent's drinking, and the ongoing presence of the alcoholic, the psychological damage is often severe. Seixas and Youcha's (1985) study of the psychological development of ACoAs found that most experience tremendous guilt, embarrassment, and shame. They often feel "different" from non ACoAs. They experience shame and embarrassment in bringing friends home with a drunk person in the house. Janet Woititz (1984) also discovered similar characteristics which are common to most ACoAs.

Wegscheider (1981) has discovered that children of alcoholics characteristically portray one of four roles as means of coping with the chaotic, unpredictable home environment. These roles are: 1) the "hero;" 2) the "scapegoat;" 3) the "lost child;" and 4) the "mascot." The "hero" is super responsible; the "scapegoat" brings negative attention upon him/herself to take attention away from family problems; the "lost child" takes care of him/herself, often unnoticed; and the "mascot" uses humor to alleviate tension and stress in the family. Each role has advantages and disadvantages but has as its ultimate, but futile, goal of getting the alcoholic parent to cease drinking. Black (1981) has described four patterns of role

parallel Wegscheider's. These roles are: "responsible," "adjuster," "placater," and "acting out." Although the roles help the child cope with the inconsistent alcoholic home environment, they become rigid, hindering the development of new roles that meet their growing and changing needs.

One central issue addressed in this thesis has been the problem of lack of programming in colleges for ACoAs. In reviewing this literature, it appears evident that the necessity of providing support and intervention for collegiate ACoAs is clearly supported. The developmental tasks faced by these young people also point out the responsibility college student affairs staff have in their role of fostering the growth of their students (Landers & Hollingdale, 1988). Most of what Landers and Hollingdale found is consistent with the literature reviewed in this thesis. The roles adopted by ACoAs from childhood often are perpetuated throughout adult life. Landers and Hollingdale state that collegiate children of alcoholics do not have much chance to develop autonomy. It is difficult to disengage from parents when there are issues of alcohol involved. As mentioned in the first section, there is sometimes a fear on the part of collegiate ACoAs that something will happen to parents because of their drinking. The responsible student is torn between the emotions of guilt and fear and an intellectual awareness that he/she

needs to be away from that home environment.

Many students visit the counseling centers in higher education, seeking to find help with their problems. Gravitz and Bowden (1985) found that ACoAs tend to have problems in four areas: 1)they complain of feeling depressed all the time, 2)they feel lonely, 3)they have become an alcoholic or can not control their drinking, and 4)they develop an eating disorder. Berkowitz and Perkins (1988) found that ACoAs reported higher self-deprecation than their non-ACoA peers. Along the same lines, a study by Plescia-Pikus, Long-Suter, and Wilson (1988) showed lower sense of well being and achievement in ACoAs than in non ACoAs.

In reviewing the literature on specific institutions which have existing programs geared toward ACoAs, the following were described in detail: The University of Massachusetts; The University of Florida; Rutgers University; St. Michael's College; and one college-based program presented by Downing and Walker (1987). Each of these schools had workshops or programs that enabled ACoAs to talk and learn about themselves. In addition to these schools, personal interviews with counselors from The University of Illinois at Chicago and Lake Forest College revealed the importance of having programs to meet this population. Furthermore, three case studies presented in this review indicate that students benefit from programming

in a university setting. In each case study, students were given the opportunity to bring out their past and discuss issues with other students who relate to them.

The alcohol and drug abuse in higher education is so prevalent that most campuses could not avoid providing some kind of intervention or awareness of alcohol related problems for students on campuses. The following is an example which exemplifies this. Recently, Loyola University Chicago sent out a Substance Abuse Free Environment Resource Guide to each student, faculty, and staff member of Loyola. The purpose of this guide is to promote healthy living, free from substance abuse. The guide provides a list of people on staff who can be contacted for referrals to outside resources. Also the guide advises students to contact several departments for printed materials that may be photocopied. In connection with the guide, a drug and alcohol abuse prevention policy was also sent to remind students, faculty, and staff that Loyola takes drug and alcohol abuse seriously. While it is evident that campuses are concerned with the problem of alcohol and drug abuse, many have not sought to find out what motivates students to drink excessively or to use illicit drugs.

It has been established that ACoAs need some kind of intervention in order to better cope with their pasts. Students have special needs which are necessary for success in college. It is difficult to concentrate on academics

when one's mind is preoccupied with realistic concerns about home.

Recommendations

In reviewing the literature, questions for further research have evolved. Landers and Hollingdale (1988) found that many children of alcoholics end up in the helping professions. It would be interesting to explore the success rate of people who join the helping professions. That is, do ACoAs who finish college and join the helping professions do well in these fields? Do their issues effect their performance in a career? Longitudinal studies are recommended in order to establish long-term influences of treatment, or lack thereof, in higher education.

Suggestions for further research would be to send surveys to universities to see if any programs are set up for ACoAs. The universities could do a pilot study at their particular school to determine the need for intervention. It is hoped that a broader awareness of ACoA's needs have been formulated as a result of this thesis. Perhaps in the future more universities will use this awareness to set up orientation programs for self-reported ACoAs, the results of which could be used to implement intervention strategies for initiating the healing process in the lives of ACoAs.

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APPENDIX A

APPENDIX A

WORKSHOPS AT UNIVERSITY OF MASSACHUSETTS AT AMHERST

Example of Single-Session Workshop

Single-Session Workshop:

Workshop One: You and Your Problem-Drinking Parent

Goals: The overall goal for this workshop was to provide a forum, just prior to the winter holiday season and January break, for students to discuss their common concerns and problems related to parental alcoholism.

Format:

Introductions- participants gave first names and stated expectations for the workshop.

Mini-lecture- 20-minute overview of various definitions of alcoholism and theories and roles.

Brainstorm- participants generated list of problems faced by ACoAs when returning to parents' home.

Small-group activity- participants had to write individual greatest fear or worry about holiday period. Then put in discussion groups of 4 or 5 to share answers.

Resources- overview of self-help groups such as AA near participants home were provided.

Materials- each person received a copy of How to Help a Problem Drinker and a copy of Janet Woititz' Adult Children of Alcoholics.

Outcome:

Twenty-two students attended workshop. Participants were most satisfied with small-group activity and timing of the workshop. Some participants said this was the first time they had ever talked about their parents' alcoholism.

Multi-Session Group Session

Screening Interviews/Pretesting:

Interview was given to determine whether the participant's goals were appropriate for an educational/therapy group and to screen out those who were in need of more intensive psychological services. Each student also completed two pretest instruments. One was using Woititz' characteristics; the other was a case-study sheet that required the participant to generate as many solutions as possible to a specific case study problem.

Session One: Introduction of 9 group members and the facilitators. Group rules and a structured activity was used to promote and focus group discussion. Participants were to draw their own genograms.

Session Two: Raft Game. Using genograms, participants described roles played by members of their own families. Facilitators presented group data from the pretesting that was done on characteristics of ACoAs. Results were discussed.

Session Three: Open session focusing on concerns and problems that had developed for some group members who had returned home for spring break. Intimacy issues were also discussed.

Session Four: Risk-taking discussions. Group members disclosed information about serious childhood traumas.

Session Five: Continued discussion from session four. Facilitators focused discussion about roles being played within group.

Session Six: Focus was on here-and-now issues. More self-disclosure.

Session Seven: Facilitators addressed preliminary concerns regarding group termination. Abandonment and loss were central themes.

Session Eight: Posttesting was administered. Comparisons were made by group members concerning pre and posttesting. Feelings about termination were discussed.

Outcome:

Group members felt that the program had helped them to clarify behavior patterns that were related to being an ACoA. Some participants were resentful that other participants did not "drop their guard."

APPENDIX B

APPENDIX B

A Psychoeducational Group for ACoAs (Campus-based Support Group)

Goals:

1. To help dispel silence and isolation by providing a safe place to talk.
2. To confront denial- many students are unwilling to admit their parental alcoholism.
3. To provide education about ACoAs through the use of films, discussions, and handouts.
4. To help students rediscover distorted or lost feelings.

Format: All interested students go through a half hour pre-group interview with one of the leaders. The CAST is completed during this time. During this time the following goals are to be met:

- a. Assess current functioning and needs.
- b. Identify impact of parental alcoholism and student's current use of mood-altering chemicals.
- c. Clarify expectations about the program.
- d. Determine the match between the student needs and what group can provide.

Session One: Introductions, rules, and leaders' and members' expectations. A movie on ACoAs is viewed and discussed.

Session Two: This focuses on the disease of alcoholism. This is done to confront denial and answer questions.

Session Three: The impact of the family system when one member is chemically dependent is addressed. A videotape followed by discussion encourages group members to personalize the impact of parental alcoholism.

Sessions Four through Eight: For the last sessions, 5 topics are chosen and discussed. Among topics selected are struggles with intimacy, responsibility, and feelings of guilt, anger and loneliness.

Outcome: The program has been overwhelmingly positive in that students over long-term follow-up say the group was beneficial to them because they now have a greater understanding of themselves.

APPENDIX C

APPENDIX C

Saint Michael's College Group

Goals:

1. To give out information about alcoholism and ACoAs.
2. To provide outreach networks in assisting the identification and connecting with other ACoAs.
3. To provide individual counseling for ACoAs.
4. To conduct ACoA groups specifically designed for the college population.
5. To establish an on-going support network for ACoAs.

Format: All interested students are asked to read Black's It Will Never Happen To Me. The leaders try to determine the students' needs, interactions, and personalities.

Session One: All members introduce themselves, give a brief family background, and explain what brought them to the group. Each member is asked to report on how they are feeling about this session.

Session Two: In dyads or triads the students are asked to take turns completing several incomplete statements (e.g. "when I feel sad I _____"). Afterwards students describe their families further.

Session Three: The students use colorful stamps to represent emotions they have experienced such as guilt, confusion, anger, and happiness. Each student does two sets of feelings, one to represent a time in his or her childhood and one to represent the present time. Comparisons are also made between the two sets in order to see changes.

Session Four: With the use of guided fantasy, students are encouraged to visualize childhood memories, talking as the "child" within them.

Session Five: Students are to compose a letter to either parent—the alcoholic, or the non-alcoholic, whether alive or deceased. The letter should contain the student's feelings and a statement of what the student plans to do for him or herself.

Session Six: Students are asked to write how the group experience and what they've learned have impacted their lives at college. The future and what lies ahead beyond college is discussed. This helps them to see their options and use them wisely.

Session Seven: This final session begins with sharing anything they have gained from the group. It could be a gift of art work, music, or any personal expression of thoughts and feelings. The session closes with each student giving a brief, personal, spoken message to every other person in the group.

At the conclusion of this group session, students are encouraged to continue their own recovery and they are told that support continues to be available through individual counseling and through a campus wide ACoA support network.

APPROVAL SHEET

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The final copies have been examined by the director and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

9/30/91

date

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Director's signature