The effects of an eclectic group treatment on the psycho-social development of second generation male alcoholics

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THE EFFECTS OF AN ECLECTIC GROUP TREATMENT
ON THE PSYCHO-SOCIAL DEVELOPMENT OF
SECOND GENERATION MALE ALCOHOLICS

AN ABSTRACT
SUBMITTED TO THE FACULTY OF THE SCHOOL OF EDUCATION,
ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

BY
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ATLANTA UNIVERSITY
ATLANTA, GEORGIA
JULY, 1985
Purpose

This study was designed to determine (1) if a correlation existed between the clients' perceptions of their early relationships with their parents and their current tendencies toward alcohol abuse, and (2) the effects, if any, of a psycho-educational treatment approach on the clients' alcoholic behaviors.

Methodology

The design used in this study was a pretest/posttest control group design. The pretest/posttest instruments consisted of the LIPHE, COPE, ALCADD and counselors checklists which were administered in group form to both the experimental and control clients.

The study compared two randomly formed treatment groups. The experimental group was exposed to weekly psycho-educational group experiences while the control group was provided basic therapy experiences. The groups were composed of sixteen male clients enrolled in a public alcoholism center.

Conclusions

1. There was no relationship between the child of the alcoholic's perception of his parent(s) behavior or feeling and his own alcoholic behavior.

2. Significant reduction in the alcoholic's preference for the use of denial as a coping mechanism did not necessarily result from insight into his own or that of his alcoholic parents behavior.
3. Factors indirectly related to early childhood experiences i.e. personality, individual perception, ability to cope with stress, etc. may be crucial to the development and maintenance of high levels of emotionality and tendency toward alcoholic behaviors in alcoholics.

4. There were no significant improvements in the group's behavior relative to their overall responses to day-to-day life tasks functioning. However, when the groups were compared relative to their actual and expected direction of improvement, task by task, the group exposed to the psycho-educational group experience showed significant improvement on seven of the eight life tasks as compared to two of the eight for the group exposed to a basic therapy experience as observed by the counselors.
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It is with profound gratitude that I acknowledge the continuous support and concern of my parents, Rev. Frank and Mrs. Alice Strickland, to this dissertation completion. A special dedication is given to Dr. W. Coye Williams, my chosen mentor and advisor for his untiring efforts and commitment to this research.

Acknowledgment is also given to the members of the dissertation committee and to the typist, without whom completing this study would have been a most difficult task.

Finally, and most importantly, acknowledgment is given to God for enabling me to go through it all.
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CHAPTER I

INTRODUCTION

Rationale

"Children of alcoholic parents are especially vulnerable to developing alcoholism later in their lives. It has been predicted that 58 percent of future alcoholic populations will be derived from children of alcoholic parents." 1 "Through exposure to adults who rely heavily on alcohol for anxiety reduction and to mass media that encourage alcohol use as a part of "the good life", many children of alcoholic parents gain powerful impressions about the future use of alcohol in their own lives." Such off-spring may be so reinforced and patterned toward excessive alcohol use that the outcome is certain.

S. Leary feels that:

The one thing nearly all alcoholics have in common is not personality type. Put simply, alcoholics have other alcoholics in their families. What we seem to have, then is a special population that is producing nearly all of the next generation's alcoholics and co-alcoholics. Total prevention of alcoholism seems an impossible dream. Chemicals provide such a seemingly easy solution to bad feelings that we will always have addicts with us. 3


2 Stephanie A. Leary, "When Does Treatment = Prevention?" Alcoholism, January/February 1982.
Dr. Arthur Knauert, in a paper entitled "Perspective from a Private Practice: The Differential Diagnosis of Alcoholism," states that,

Questioning primary alcoholics about their childhood provides the counselors with valuable information regarding the genesis of primary alcoholism. Careful exploration invariably reveals a history of excessive inconsistency in the nurturing experiences. Parents of primary alcoholics have supplied their children with love and caring some of the time, but never in a consistent, dependable manner.1

If indeed one considers the previously made statements to be true, one can make certain assumptions:

(1) that alcoholism seems to be a generational disease;
(2) that excessive inconsistency in the nurturing experience greatly contributes to and predisposes the off-spring with alcoholic parents to this disease; and (3) that chemical dependency (alcoholism) will continue to plague our communities as long as people attempt to cope with "bad feelings" through the utilization of such artificial highs as those resulting from the abuse of alcohol.

Off-springs of alcoholics seem to grow into adulthood having suppressed the painful memories of the past. It further seems that alcohol may be used to help medicate the feelings associated with these memories. When the alcoholic abstains from alcohol, he must find something or someone to replace the void left by its abstinence or the painful

memories may soon return. The aim of this study was to first, have a group of second generation alcoholics focus directly on the painful memories which they had tried to avoid through abuse of alcohol, and second, to have them take steps to rid themselves of problems associated with or caused by them.

If alcoholism is generational, the treatment of the identified client alone is futile. It is futile because one is treating the client's parents as identified in the values, ideas, and behavior patterns of the alcoholic. If also a lack of consistent nurturing has contributed to the client's dependency on alcohol, then it is reasonable to believe that this same client will have difficulty consistently showing affection to "significant others" in his life, primarily, the author believes, because of the emotional void left by insufficient nurturing during his pre-adolescent years.

If our third assumption is true, then clients are developing a dependence on alcohol to help cope with "bad feelings" about themselves and their lives. Treating the individual client rather that the "system" through which these feelings developed seems hopeless. If the client is to change his behavior patterns, the author feels it would be useful for him to become aware of the manner in which these feelings may be developed. Change must occur in the community system too, if the client is to abstain from alcohol. The community must come to understand that this disease is more than an individual or family problem,
and in so doing begin to develop and sponsor treatment and education centers much like it has done with communicable diseases.

If the disease of alcoholism is socially cyclic just as it appears to be genetically so, the question then becomes what can be done to treat the psycho-social aspects of this dreaded disease?

The problem as conceived by this author is that off-springs of alcoholics have the greater chance of becoming alcoholics themselves because their predisposition to the disease is exacerbated by the emotional deficits caused by inconsistent nurturing. As a result of the inconsistency of nurturance, feelings of inadequacy and the fear of daily living become so overwhelming that the consistent warmth and euphoric feeling produced by alcohol is viewed by these off-springs as the only thing in life which is unchangeable and constant.

**Purpose of the Study**

The purpose of this study is twofold: (1) to determine if a correlation exists between clients' perceptions of their early relationships with their parent(s) or parental surrogates and their current tendencies toward alcohol abuse; and (2) to determine what effects, if any, a psycho-educational treatment approach can have on the clients' alcoholic behaviors.
Hypotheses

The following null hypotheses were tested in order to carry out the purposes of this study. The .05 level of significance served as the criterion for accepting or rejecting the hypotheses:

1H₀: There will be no statistically significant correlation between the clients' coping patterns and their perceived behavior of their mothers. 
   H₁: There will be a significant correlation between the clients' coping patterns and perceived behavior of their mothers.

2H₀: There will be no significant correlation between the clients' coping patterns and their perceived feeling of their mothers. 
   H₂: There will be a significant correlation between clients' coping patterns and their perceived feeling of their mothers.

3H₀: There will be no statistically significant correlation between clients' coping patterns and their perceived behavior of their father. 
   H₃: There will be a significant correlation between clients' coping patterns and perceived behavior of their fathers.

4H₀: There will be no significant correlation between clients' coping patterns and their perceived feeling of their fathers. 
   H₄: There will be a significant correlation between clients' coping patterns and their perceived feeling of their fathers.

5H₀: There will be no statistically significant difference in the experimental and control clients' pre/post mean coping patterns as a result of exposure to a psycho-educational group experience. 
   H₅: There will be a statistically significant difference in the clients' coping patterns as a result of a psycho-educational group experience.
6H\textsubscript{0}: There will be no statistically significant difference in clients' level of emotionality resulting from a psycho-educational experience. H\textsubscript{6}: There will be a statistically significant difference in the clients' level of emotionality resulting from a psycho-educational experience.

7H\textsubscript{0}: There will be no statistically significant difference in clients' reported tendency toward alcoholism as a result of a psycho-educational group experience. H\textsubscript{7}: There will be a statistically significant difference in clients' reported tendency toward alcoholism as a result of a psycho-educational group experience.

8H\textsubscript{0}: There will be no statistically significant difference in clients' behavior as observed by their counselors which will result from exposure to a psycho-educational group experience. H\textsubscript{8}: There will be a statistically significant difference in the clients' behavior as observed by their counselors which will result from exposure to a psycho-educational group experience.

**Evolution of the Problem**

The inconsistency of nurturing in non-alcoholic people seems painful in itself. With the off-spring of the alcoholic, however, the pre-adolescent inconsistent nurturing combined with the abuse of alcohol to dull the emotional pain is comparable to the use of gasoline to put out a fire. The alcoholic, although temporarily oblivious to the pain of the past, appears to find that more and more of the chemical is needed to suppress the feelings associated with growing up as the child of an alcoholic.

Generation revisiting, the reutilization of themes and patterns of old relationships with the alcoholic parent,
is also a problem. Off-springs of alcoholics seldom experience positive feelings or praise; nor do they often see or experience healthy familial communication (verbal nor non-verbal). What they do see and experience is a parent who frequently relates to them in the same emotionless, hostile, or depressed manner as the parents themselves experienced with their parents and grandparents.

One of the concerns which consistently surfaced as this author worked with alcoholics was their stated feeling of being unloved by one or both parents. Upon further questioning of these persons, the heavy use of alcohol by one or both parents or grandparents was almost always correlated with these feelings. These same clients would also invariably report that the abusing parent "really did love me, I think. I just felt that way." Continuing to explore the client's leads, the author soon learned that there were few signs of physical contact, i.e., hugs, kisses, etc. In addition, this parent was usually "a different person" when he or she was not drinking. Thus it seemed that repeatedly, the themes of generation revisiting, lack of consistent nurturing, and inability to express feelings were reappearing. The author decided to co-facilitate an ongoing therapy group (with soldiers at a military installation in the Orient) to further explore these themes and their effects on the client's involvement with alcohol.
As a result of the use of play therapy and Gestalt exercises, it appeared that after six weeks an "emotional healing" began to take place.

Shortly after these groups had been discontinued, the treatment center came under the supervision of a program director (himself a recovering alcoholic) who felt strongly that an alcoholic could not long remain sober without regular attendance at AA meetings, and that therefore every alcoholic should be required to attend a minimum of two sessions weekly. Some members of the staff were reluctant to enforce these meetings as center policy primarily because of a basic belief in the individuality of the client. Further, this author noted that although many of the clients attending AA were not practicing alcoholics, they were nevertheless continuing to experience "living problems" directly associated with "unfinished business" with an alcoholic home life as a child. This factor seemed to cost these clients much in the way of poor interpersonal relationships with their spouse, children, employer, or "significant others."

Having worked in the field of alcoholism for three and a half years, the author observed that the themes of inconsistent nurturing, a suppression of feelings, and generation revisiting repeatedly surfaced as major difficulties in the psycho-social development of second generation alcoholics. Even when the drinking stopped, the second generation alcoholic often found that without the
nurturing provided by alcohol, making the life changes necessary to remain sober was too difficult. The pain of suppressed feelings from the past always came back to haunt them—long after they thought it should have subsided.

Procedure for Implementing the Study

The procedure for implementing the study was follows:

1. Obtain permission to carry out the study from the center director.
2. Review of the literature and incorporation of it into the dissertation proposal.
3. Identify the target population and carry out the selection procedures.
4. Secure permission from clients to participate in the study.
5. Administer pretests.
6. Initiate the treatment procedure.
7. Administer posttests.
8. Analyze and interpret the data.
9. Incorporate results of the data analysis into the final dissertation.

Significance of the Study

Generation revisiting, suppressed feelings, and inconsistency of nurturance are thought by the author to be clues that provide the missing link to the problem of educating and clinically treating primary alcoholics. These factors and the fact that one in ten Americans are
alcoholic, strongly suggest that "traditional" methods have not and are not working. A new counseling approach seems warranted. It should be an approach that offers flexibility in response to those needs that have been previously identified. The author views alcoholism as a bio-psycho-social disease which has reached epidemic proportions in our communities.

The study was expected to offer clinical insight into the development and implementation of a program for educating and treating the psycho-social aspects of alcoholism and to aid in obtaining better insight into the psycho-dynamics of the disease. Ultimately, it was expected that the entire community system would be benefited in that a different modality possibly would have been discovered for treating and preventing alcoholism. This study was expected to allow for the development of:

1) an increased awareness of some of the causes and effects of alcoholism

2) a method that could effect positive behavioral changes in the psycho-social development of alcoholics

3) an increased level of self-esteem in participants, which in time was expected to contribute toward the prevention of alcoholism in individuals with a pre-disposition for the disease

4) a treatment model which might simultaneously educate, effect a positive behavioral change, and eventually break the cycle of alcoholism

5) a pseudo-family environment which could be utilized in the therapeutic process in the absence of the natural family to provide support and nurturance for the participants.

Limitations of the Study

Any research that involves humans can be expected to have limitations. The following represent some of the limitations for this study:

1. Inasmuch as this study involved primarily lower socio-economic persons, it is recommended that the findings not be generalized to clients and situations that differ significantly.

2. Since the study excludes "significant others" in the life of the participants, there is no way to predict the nature of their impact on the post treatment drinking behavior of the participants.

3. The study's focus was restricted to primary alcoholism in a selected population rather than treatment of the disease in general.

4. It was recognized that research findings indicate a high correlation between the length of treatment and the rate of abstinence. This study, however, was designed to explore the efficiency and effectiveness of the therapist's time and effort as well as the effects of time as a dynamic in the treatment process.

5. These data were of a self-report nature and necessarily depended upon the honesty and accuracy of the participants' recall.

Definition of Terms

In carrying out this study the following terms were operationally defined:

1. Perception of Past Experiences—these are the participants' perceived behaviors and feelings of the father and mother. The term was
operationally defined as the results measured by the Life Interpersonal History Enquiry (LIPHE) scales that focus on the clients' recollection of early childhood experiences.

2. **Coping Pattern**—operationally defined as the results measured on the Coping Operations Preference Enquiry (COPE) scale and E (excessive emotionality) scales of ALCADD test.

3. **Primary Alcoholic/Second Generation Alcoholic**—operationally defined as an individual who (a) states that one or both parents were/are "alcoholic" or heavy drinkers prior to his/her adolescent years; (b) scores 12 or more points on the Alcoholic Addiction (ALCADD) test; or (c) admits to alcohol related difficulties in two or more life functions, i.e., social, financial, medical, family, legal, job. These two terms were used interchangeably.

4. **Inconsistent Nurturing**—absence of consistent patterns of nurturing during early childhood experiences.

5. **Suppressed Feelings**—those feelings or emotions that are crushed or restricted to prevent verbal or physical attack.

6. **Generation Revisiting**—the reutilization of themes and patterns in present relationships which were learned from the alcoholic parent who served as a role model.

7. **Rejection**—the process of refusing recognition or affection.

8. **Sculpturing**—a family therapy technique in which the client creates a structured view of his/her family relationships through use of pantomiming.

9. **Life Script**—a graphic depiction of significant events based on the clients' past life experiences.

10. **Genogram**—a family therapy technique in which clients graphically depict specific characteristics of behavior of generations of family members.
11. Imagery—a therapeutic technique involving the clients' use of the mind to create mental visions of people, places, or events.

12. Biblio-therapy—a therapeutic technique in which the client applies specific learned behavior from the reading of books and/or other printed matter.

13. Tactile Technique—operationally defined as a behavior technique involving the client learning to be comfortable with being given affection, i.e. hug, pat on back, etc.

14. Turning against the self—the process by which one takes full responsibility for a feeling to the exclusion of everyone and everything else.

15. Denial—refusal to grant the truth of a statement or allegation.

16. Intellectualization—the process of avoiding emotional insight by performing an intellectual analysis.

17. Projection—the unconscious attribution of one's own feeling, attitudes, or desires to others.

18. Psycho-educational Experience—operationally defined as the weekly group sessions in which the experimental group participated.

19. Level of Emotionality—operationally defined as the measured outcome of scale E (excessive emotionality) of the ALCADD test.

20. Relationship—correlation coefficient obtained from the correlation of two variables.

21. Tendency toward alcoholism—operationally defined as the measured outcome of the ALCADD test.
CHAPTER II

REVIEW OF LITERATURE

This chapter presents a review of the literature for this study. The literature will be presented in the following order: characteristics of primary alcoholics, effects of alcoholism on the child, psycho-social factors contributing to the development of alcoholism and treatment approaches.

Unfortunately, many treatment facilities have neglected or ignored treatment services for the off-spring of the alcoholic. A number of studies have researched the effects of alcoholism on the off-spring of alcoholics. Wilson and Oxford's (1978) excellent literature review and study suggested that, "family process is strongly influenced by the patterns of parental drinking",¹ and they note that, "knowledge of this pattern may be essential to an understanding of the situation of family members."² In addition, the authors found parental neglect of off-spring to be high in alcoholic families, and this caused resentment on the part of the off-spring. Although a great deal of literature on the subject of alcoholism has been written, not as much

²Ibid.

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seems to be in print on families of alcoholics, even less on children of alcoholics, and only limited works on the subject of "adult children" of alcoholics.

**Characteristics of Primary Alcoholics**

Whether alcoholism is inherited or the effect of environmental and/or social factors remains an unsolved piece of the puzzle. Even so, a significant number of clinical personnel continue to treat the biological factors associated with alcoholism and to give less attention to the psycho-social aspects, perhaps implying that the control of this disease is solely dependent on the genes one inherits.

Kaunert describes primary alcoholics as those individuals who 1) find, at the time of their first drink or shortly thereafter, that drinking is an extremely positive, highly desirable experience; 2) choose to involve themselves with alcohol despite any negative consequences of their drinking; 3) have a history of excessive inconsistency in the nurturing process; 4) have one or more parents who are themselves alcoholic; and 5) exhibit a character trait which produces a distorted view of the world by influencing the perceptions of self and others, and the ability to accept love comfortably.\(^1\)

\(^{1}\)Kaunert, "The Differential Diagnosis of Alcoholism."
It seems significant to note that even though Knauert's work is centered on the primary alcoholic as an adult, it is nonetheless apparent that he views the disease as having begun during the formative years.

What then, are the effects of alcoholism on the alcoholic's off-springs when the psycho-social aspects of alcoholism go untreated?

The Effects of Alcoholism On the Child

The effects of alcoholism are devastating to each member of the family system. Children are especially vulnerable. Stress from living with an alcoholic parent may contribute to a number of childhood, adolescent, and adult disorders—including alcoholism. Treating alcoholic parents is one way of reducing children's stress. Another way is recognizing the types of problems experienced by the off-springs of alcoholics and helping them develop effective coping skills.

Unfortunately, the special problems of off-springs of alcoholics have not been widely recognized. Research has repeatedly shown that as a group, off-springs of alcoholics have a greater number of physical and emotional problems than do off-springs of non-alcoholic parents. As off-springs of alcoholics become adults they may experience increased psychological problems (anxiety and depression) as well.¹

This section examined the factors which influence the psycho-social development in familial alcoholism. In addition, a developmental analysis of the disease effects is included.

Sharon Sloboda's "The Children of Alcoholics: A Neglected Problem," reflects on the spectrum of problems experienced by off-springs of alcoholic parents. The author states that:

Growing up with an alcoholic father, mother, or both has many psychological and sociological implications for a child. The normally shared activities of family life are denied him. He witnesses, from the beginning, the fact that his parent does not live by society's rules. Discipline is often inconsistent, so that he does not know what is expected of him.¹

Clinebell has described four factors that may produce emotional change in off-springs of alcoholics. First, the shift or reversal of the parents' roles ("Generational Flip" as coined by Gary Bowman of the Johnson Institute) causes confusion and complicates the task of achieving a strong sense of sexual identity. Second, an inconsistent, unpredictable, relationship with the alcoholic parent is emotionally depriving. Third, the non-alcoholic parent is disturbed and therefore inadequate in the parental role. Finally, the family's increased social

isolation interferes with peer relationships and with emotional support from the extended family.¹

Off-springs of alcoholics seem to have in common a low self-esteem.² The conditions leading an individual to value himself and to regard himself as a person of worth can be briefly summarized by the terms "parental, warmth, clearly defined limits, and respectful treatment."³ M. B. Bailey has found that these traits are absent or inconsistently present in the alcoholic home.⁴

These factors often predispose the off-spring of alcoholics to personality disturbances manifested by signs of hostility, impulsiveness, depression and sexual confusion. "The depression, in this case, may be the result of a basic feeling of anxiety and may surface as a feeling of irritability, worthlessness, a fear of the future, poor appetite, insomnia, and even suicide attempts. A pervasive depression probably originates during the child's formative years and is related to the deprived family situation."⁵ Related to


Sloboda's statement is the research currently being conducted by Dr. Herbert Berry of the University of Pittsburgh. Dr. Berry is researching vulnerabilities to alcoholism that develop in early childhood. He believes that the alcoholic has failed to develop a healthy self-esteem and that he has contradictory feelings of self-evaluation, ambition, and dependency.¹

R. E. Tartar and his colleagues developed a list of twelve childhood characteristics that frequently precede a severe type of "primary alcoholism." The list includes day-dreaming, feeling left out, can't sit still, can't accept correction, poor handwriting, short attention span, fidgeting, doesn't complete projects, and over activity. Perhaps Tarter's list can also be utilized for identification of adult off-springs of alcoholics and will result in earlier treatment or even prevention of their alcoholism. In a 1974 "Assessment of the Needs of and Resources for Children of Alcoholic Parents," the National Institute of Alcohol Abuse and Alcoholism concluded that "children in a family with alcoholism are not only sometimes forced prematurely into adult roles, but also are frequently innocent victims of inadequate fulfillment of the parental role."²


²Ibid., p. 3.
The research cited above also states that "emotional neglect by one or both parents is the most frequent problem experienced by such (off-springs of alcoholics)."¹

Although physical neglect is not usually a problem, emotional neglect results from both parents' preoccupation with alcoholism. Emotional neglect means that the child cannot communicate with his parents, he gets no emotional support from them, he does not get the feeling that they care about him as a person; the parents ignore the child's basic emotional needs, they do not make an effort to understand him, they spend little or no time with him, they give him no affection or warmth, they build a wall around themselves blocking any meaningful action.²

Other studies have documented the negative effects of parental alcoholism on their off-spring. They include the greater risk of experiencing problems of drug abuse or alcoholism (DiCicco, 1979; Whitfield, 1979); physical health problems (Behling, 1979); problems in completing schooling; and choosing an alcoholic spouse.³

Sharon Sloboda gives a general description of off-springs of alcoholics as "often having personality disturbances manifested by signs of hostility, impulsiveness, and sexual confusion. . . . A pervasive depression probably originates during the child's formative years and is related to the deprived family situation."⁴

¹Ibid., p. 3.
²Ibid., p. 5.
Off-spring of primary alcoholics eventually grow up. When they do, they have a 35-40 percent chance of becoming alcoholics themselves if family treatment does not occur. Janet G. Woititz has described certain generalizations that are common to the off-spring of the alcoholic.¹ These generalizations include:

1. Guessing at what is normal.
2. Having difficulty following a project through from beginning to end.
3. Lying when it would be just as easy to tell the truth.
4. Judging themselves without mercy.
5. Having difficulty having fun.
6. Taking themselves very seriously.
7. Having difficulty with intimate relationships.
8. Overreacting to changes over which they have no control.
9. Constantly seeking approval and affirmation.
10. Feeling that they are different from other people.
11. Behaving in either a super responsible or super irresponsible manner.
12. Remaining loyal even in the face of evidence that the loyalty is undeserved.
13. Acting impulsively to the extent that they tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences.

¹Woititz, Adult Children of Alcoholics, p. 7.
Although Janet Woititz's work is perhaps the most widely read book on the subject of adult off-springs of alcoholics, other therapists are also now beginning to develop skills in the treatment of these individuals.

Wayne Kritsberg, an alcoholism consultant, has found that "fear is the overriding emotional condition of adult off-springs of alcoholics. This fear influences every aspect of the off-spring's life and manifests itself into two primary emotional conditions, anger and hurt." Kritsberg's own experience with adult off-springs of alcoholics indicated the presence of an "emotional numbness" (suppression of feeling) which manifested itself in massive depression. One therapist has defined depression as "anger turned inward." If indeed anger is the primary problem, then depression is merely the individual's way of coping with and controlling the anger he fears to unleash. It is safer to release the anger on one's self, i.e. abuse of alcohol, withdrawal from significant others, etc., and to blame one's self, i.e., low self-worth, for the complexities of life than to risk loss of control over his or her emotions.

Psychologist Roland Maivro is the director of the Harborview Hospital Anger Management Clinic in Seattle, Washington. Since 1979, Maivro has worked with individuals with anger problems. Many of these individuals are

---

alcoholics or alcohol abusers. The center's research has tended to indicate a "marked difference in the coping skills area, with the alcoholic and alcohol abusers showing greater coping skill deficits."¹

Maivro further believes that many individuals with anger problems experience "alexthymia", the inability to read feelings or emotions. He thinks too that this condition affects many individuals to the point that they do not see, feel, or sense their own anger. Thus the development of coping skills and the sensitization of the affect domain are important areas to be explored in the treatment of primary alcoholics and their off-spring.

In her book, *It Will Never Happen To Me*, Claudia Black states that,

Adult children of alcoholics often have difficulties identifying and expressing feelings. They become very rigid and controlling. Some find themselves overly dependent on others; they feel no sense of power of choice in the way they live. A pervasive sense of fear and guilt often exists in their lives. Many experience depression and frequently do not have the ability to feel close or to be intimate with another human being.²

Psychiatrist T. Cermak, on the other hand, believes that off-springs of alcoholics experience a variant of post-traumatic stress disorder as a result of growing up in an


alcoholic family. Some of the major signs of this disorder, Cermak feels are: "psychic numbing"--the constriction of emotion, the art of being somewhere else: "I never get mad, never get sad, never get happy." Re-experiencing the trauma--intrusive thoughts, obsessive dreams and nightmares; hyper-alertness--anxiety, excessive autonomic arousal, tension, alert for signs of impending doom; survivor guilt--the child of the alcoholic feels remorse for having left a sick family.¹

In reviewing the effects of alcoholism on the offspring of alcoholics, the greater risk appears to be in the area of psycho-social functioning. Woititz, Black and others state that the effects of alcoholism are far reaching and do not stop when the drinking stops. Perhaps Deutsch says it best when he states that the source of the damage is the child's interpretation of family events, and the self-image and defense patterns based on that interpretation.²

The implication for treatment of second generation alcoholics then is that stopping the drinking is not enough. Finding ways to stop the emotional pain may be a more appropriate and lasting solution.

Psycho-Social Factors Contributing to the Development of Alcoholism

This section was predicated on the research of the previous section. The reader will be presented with a wide variety of factors which are believed to contribute to the development of alcoholism in general and familial alcoholism specifically.

There is an increasing tendency to view the alcoholic's drinking in terms of his or her interaction with the multi-generational family. Efforts are directed at developing and describing improved techniques for diagnosis and intervention with the family system. The need for more attention to the inclusion of the family in alcoholism treatment seems apparent. Off-springs of alcoholics not only are in danger of exhibiting increasing social or psychological problems, but the greater danger seems to be that they too may become alcoholic.

Kaufman and Kaufman (1979) concluded that "behavioral problems" were responsible for alcohol and drug addiction and that treatment methods should therefore be aimed at "unlearning" the conditioned behavioral patterns of the addict.¹ A recent study by Mayer (1980) seems to be supportive of this approach also. Mayer's study found that maintenance of the problematic behavior by the family and parental modeling of inappropriate school use were among

¹E. Kaufman and P. N. Kaufman, Family Therapy of Drug and Alcohol Abuse.
the factors contributing to the breakdown of the family structure in alcoholic homes.  

Robert Ackerman states that "the alcoholic may show exaggerated concern or love one day and mistreat the child the next day. It is little wonder that a major problem for such children is a lack of trust and security in relationships with an alcoholic parent."  

Hindman (1975) believes that:

Children of alcoholic parents are more affected by disharmony and rejection in the home life than by the drinking. They see that drinking stops once in a while, though the fighting and tension continue. This constant state of agitation affects personality development. More particularly children observe the use of alcohol as a method of dealing with uncomfortable situations. Although the children may vow not to drink and are cognizant of the potential harm of alcohol abuse, this position may give way to use of drinking as a means of escape during real or perceived crises in later life.  

It appears that off-spring of alcoholics are affected in numerous ways because of the parents' involvement with alcohol. Perhaps as Wegscheider states, growing up in an alcoholic family is "a family trap" and indeed no family member escapes unscathed by it.


2 Robert Ackerman, Children of Alcoholics (Holmes Beach, Fla.: Learning Publications, 1978), p. 47.

Black (1979) and Wegscheider (1978) observed that off-spring of alcoholics occasionally seem to take on a particular "role" in the family in order to bring a semblance of normality to the family system. Such roles as those of "family hero", "placater", "scapegoat" or "mascot" are not unusual in the alcoholic family system. They may appear to be well adjusted during childhood, but in reality may be more at risk to developing problems later in life. Some of the difficulties which they may later develop include difficulty with respect to trust and control in intimate relationships, feelings of low self-esteem, unresolved anger and resentments. Most off-spring of alcoholics do not appear to be able to easily resolve their problems even when they become adults. Instead, they carry these problems into adulthood and many times pass them on to their own off-springs.

With the knowledge of data such as that discussed in the preceding paragraphs, psycho-social factors seem to weigh heavily upon the off-spring of the alcoholic.

The cost of growing up as the off-spring of an alcoholic is astronomical. He or she pays the cost in poor psycho-social adjustment through unhealthy learned behaviors, negative parental role modeling, inconsistency of nurturing, feelings of rejection, rigidity of role functioning, heavy emphasis on trust and control issues in intimate relationships, low self-esteem, and unresolved anger. For these
reasons, professionals who diagnose and treat second
generation alcoholics must look more closely at the psycho-
social factors as influencers on the development of this
disease.

Treatment Approaches

This section investigated and reviewed some of the
modalities currently utilized in the treatment of alcoholic
individuals.

Off-spring of alcoholics are an ideal target group
for treatment and prevention efforts. Professionals who
treat this special population are urged to work toward early
assessment and intervention in order to help the off-spring
of alcoholic parents learn new ways of coping with their
problems in living. It is hoped that this education
model may help prevent off-springs of alcoholics from
developing the disease themselves and may also lead to a
more normal and satisfying personal life.

Jacquelyn Small and Sidney Wolf have written an
article entitled, "Beyond Abstinence" in which they state
that "for the alcoholic individual, abstinence is only the
beginning. As he overcomes his dependence on alcohol and
remembers again to live, he will need healthy companions
to guide or accompany him on his journey toward health."

Jacquelyn Small and Sidney Wolf, "Beyond Abstinence,"
Alcohol Health and Research World 2 (Summer 1978): 36.
In this article the authors state that alcoholic clients progress through three stages.

Stage I is characterized primarily by catarsis (the releasing of pent up emotions). During this inward, downward phase, clients need to feel comfortable, trusting, and secure enough to let go. They must work with their feelings and explore painful material in order ultimately to resolve their problems. The emphasis in this stage is on retrospection, looking backwards in an attempt to ferret out situations and emotions sometimes associated with traumatic experience.¹

Stage II is characterized by the client's acquiring insight. The focus is on the past also, and clients often discover cause and effect relationships, themes, and patterns that have led to present difficulties. In this stage, the most important insights, self-discoveries, and patterns for the client take place.²

Stage III is a time for experimentally venturing forward, transmitting previous insights and emotional purging into risk-taking attempts at growth. The emphasis switches from the past to the here and now, as clients let go of old, destructive, self-defeating behavior and habits in an attempt to find new and adaptive means for living life effectively.³

Although Small's article is directly concerned with treating the adult alcoholic, it is precisely this that has prompted this author to include it in a review of literature on off-springs of alcoholics. It very powerfully intimates that adult alcoholics must be given an opportunity to learn appropriate patterns of behavior, express feelings openly, and receive consistent nurturing.

¹Ibid.
²Ibid.
³Ibid., p. 33.
As Judith Seixas states, "it is not enough to simply confront the alcoholic, nor is it enough to identify his child."¹ A concerned effort aimed at education, prevention, and treatment must be the goal of comprehensive planning and delivery of health care for all those involved in treating off-springs of alcoholics. The review of the proceeding literature would suggest, and indeed urge those who work in the field of alcoholism to begin to include the alcoholic's off-spring in the treatment process. In so doing, this author believes that treatment, education, and prevention will then become one and the same.

While Small and Wolf's "insight therapy" appeared to positively affect treatment of alcoholism, Edwards and his colleagues (1977) found that the psychoanalytic approach (psychiatric counseling) was not "particularly effective in producing sustained abstention."² Brunn (1963) had earlier observed the relative effectiveness of the multi-disciplinary approach compared to that of individual psycho-therapy.³

With regard to the length of treatment, Polich et al. (1980) noted that in comparing persons who received minimal or partial treatment with persons receiving increasing amounts of treatment, the former group showed the lowest


abstention, but higher problem rate. The latter group, on the other hand, showed the highest abstention rate and the lowest problem rate.¹

The one factor which apparently has the greatest impact on the treatment of the primary alcoholic is the family. Sharon Wegscheider, a pioneer in work with alcoholic families, states that "alcoholism is a holistic disease, affecting the whole person and the whole family; to treat it effectively, a program must treat the whole person and the whole family."² When this is done then treatment will begin to address the special needs of all the family members, individually and as a unit.

Summary of Literature Review

There appear to be inconsistent and irrational actions by all members of the alcoholic family. These actions are apparently in response to the frustration and hopelessness the family feels about its efforts to cope with the disease of alcoholism. Although the psychological devastation of parental alcoholism is admittedly great, the reviewed literature seems to suggest that the overwhelming preponderance of harm falls into the social arena. Thus, poor sexual identification, poor role modeling, poor peer relations, poor self-image, and disharmony in home life are the results. These factors


appear to be the effect of a less familiar cause—psycho-social dysfunction.

It appears that in some way the themes of inconsistency of nurturance, i.e., 1) lack of warmth, 2) inability to express feelings, i.e., "emotional neglect", and 3) generation revisiting, i.e., "family patterns" were consistently reappearing in the review of literature.

Ackerman and Hindman observed that the inconsistency of nurturance was a major contributing factor in the development of psycho-social problems in off-springs of alcoholics. Mayer, Black, and Weggcheider, on the other hand, emphasized generation revisiting as a significant variable. If these two factors can be considered as contributing "causes", then suppression of feeling, as noted by Woititz, Kritsberg, Worden, and Black might be viewed as "the effect."

Current research indicates that over 52 percent of alcoholics are the off-springs of alcoholic parents. It is a vicious cycle which can be broken. To do so the focus must no longer be on treatment alone. Both treatment and education sessions which focus on the factors mentioned above may significantly affect the behavior patterns of primary alcoholics by attempting to create a milieu wherein support, love, and insight can aid in the resolution of conflicts, resentments, and emotional pains brought about because of exposure to the above factors during their pre-adolescent years.
Kaufman concludes that alcoholism should be treated through the addict's unlearning of conditioned behavioral patterns.¹

Maivro, however, feels that alcoholism is related to anger to the extent that alcoholics exhibit "greater coping skill deficits."²

Cermak seems to sum up the relationship between the off-spring of the alcoholic's past and present when he states "when important realities from the past continue to be avoided in the present, children of alcoholics are frequently plagued by a sense of sourceless pain."³

Helping the participant to identify and cope with "the sourceless pain" was a primary objective of this study. The literature reviewed tends to suggest that the psycho-social group experience could be an excellent vehicle for doing so.

¹Kaufman and Kaufman, Family Therapy of Drug and Alcohol Abuse.


CHAPTER III

METHODOLOGY

The methodology and procedural steps which were in conducting this study are described in this chapter. The chapter arrangement is as follows: research design, clients, selection procedure, implementation, instruments, statistical procedure, and data analysis.

Research Design

The design used in this study was pretest-post-test control group design. Two treatment groups were randomly formed: group 1 was exposed to a psycho-educational group experience; group 2 was provided basic group therapy and served as a control group. Both groups were given pretests and posttests for the purpose of determining whether the psycho-educational experience will have any impact on the clients' alcoholic behaviors and to discover what impact the clients' pre-adolescent exposure to an alcoholic parent may have had on their current ability to cope with life functions. The pretest results served as baseline data for the study. Table 1 shows the design which was used in executing this study.

-34-
The pretest-posttest control group design was chosen because the combination of random assignment and the presence of a pretest and control group served to control for sources of internal validity with the possible exception of interaction between the pretest and the treatment which might make the results generalizable only to other pretested groups. Although pretest-treatment interaction was certainly possible with this design, it is believed to have been minimized, however, because of the non-reactive nature of the pretests.

**Clients**

The clients consisted of lower socio-economic persons. This was due to the fact that the majority of persons enrolled in public alcoholism programs are generally of this background.
In addition, the clients were predominantly male and under 50 years of age. Over 50 percent of the clients had completed high school and 60 percent to 80 percent were court referrals. The sample was drawn from a total population of approximately sixty clients who were in treatment at a public alcoholism treatment facility.

The Setting

The clients for the setting for this study was a state supported out-patient drug and alcohol rehabilitation center. The center was housed within a mental health program. The alcohol and drug center had both a day and evening rehabilitation component.

The staff was made up of two masters level social workers, three nurses, two alcoholism counselors, a social work intern and a secretary. A physician served as medical consultant and provided on-site consultation and oversaw the antabuse (anti-alcohol chemical) therapy program.

Fifty percent to 70 percent of the clients were court referrals. Information reference attendance and general rehabilitation progress was provided to the clients' probation officers on a scheduled basis.

The treatment modality in the evening program consisted of a 28-day rehabilitation period. The program basically consisted of group therapy, Alcoholics Anonymous
meetings, and use of antabuse. Family members were invited to attend educational group meetings and "open" Alcoholics Anonymous sessions.

Selection Procedure

The clients for both groups were randomly selected from a counselor's listing of clients whose social histories indicated that they were exposed to familial alcoholism during their pre-adolescent years and themselves are currently enrolled in a county treatment program for alcohol related problems. The sample was selected from every other name on the counselor's list until the desired number of 10 participants for each group was reached. By a flip of a coin, the groups were designated experimental and control.

Instruments

The ALCADD and COPE tests were utilized for the purpose of measuring primary alcoholics' life skill functioning, specifically in the areas of emotionality and the use of defense mechanisms. LIPHE tests were utilized to report the clients' perception of their pre-adolescent experiences as off-spring of alcoholic parents. The three tests were chosen because of their self-reporting capabilities and because of their possibly acting as a cathartic for long-suppressed feelings that seemed to continuously interfere with the present.
Alcohol Addiction Test (ALCADD)

"(1) Provides an objective measurement of alcoholic addiction in order to identify individuals whose behavior and personality structure indicated they were alcoholic addicts or had serious alcoholic problems; (2) identify specific areas of maladjustment in alcoholics to facilitate therapeutic and rehabilitation activities; (3) obtain better insight into the psychodynamics of alcohol addiction."¹

This test was copyrighted in 1965 by Western Psychological Services and is useful not only for identifying the individual alcoholic, but also in developing a kind of "individualized treatment" approach which will meet the particular needs of a particular alcoholic. The studies leading to the construction of this test indicated five traits significantly scored high by alcoholics and significantly low by non-alcoholics. These were:

1. A—Regularity of Drinking; most alcoholics reveal a pattern of consistent drinking. High scores of this trait indicate habits of steady drinking.

2. B—Preference for Drinking; the alcoholic is frequently an under-socialized person, who avoids many social activities. He often prefers to drink rather than attend dances, dinners, concerts, entertainments, etc. High scores indicate strong preferences for drinking and drinking situations.

¹Western Psychological Services, ALCADD (Consulting Psychologist Press, 1965), p. 3.
3. C—Lack of controlled drinking; the alcoholic cannot control his drinking; he has an irresistible craving for alcohol. Once an alcoholic starts to drink, in most cases he will continue until he is drunk. High scores on this trait indicate inadequate control over drinking.

4. D—Rationalization of drinking; the alcoholic can give many apparently good reasons for his drinking. This tendency to rationalize reflects poor insight into the real reason for the excessive drinking of the alcoholic. High scores indicate poor insight into the causes of the pathological drinking.

5. E—Excessive emotionality. The alcoholic often is an immature personality with many neurotic qualities. He is hyper-sensitive, becomes depressed easily, worries a good deal, and has not learned to make mature emotional adjustments. High scores indicate poor emotional control.¹

ALCADD Validity

The validity of the ALCADD test was determined by three methods: 1) selection of highly diagnostic items through an item analysis. All sixty questions in the ALCADD test were significant at the 1 percent level of confidence; 2) correct predictions or diagnoses of 96 percent of the male alcoholics and 93 percent of the male non-alcoholics in the validating study (83 male alcoholics versus 78 male non-alcoholics) were made. Ninety-seven percent of the female alcoholics and 96 percent of the

¹Ibid.
non-alcoholics in the validating study (40 male alcoholics versus 81 female non-alcoholics) were correctly diagnosed; 3) highly significant critical ratios between the mean scores of the alcoholic and non-alcoholic groups were found. A critical ratio of 31.3 for the female group and 33.1 for the male group existed. ¹

**ALCADD Reliability**

The shorter approximation of the Richardson-Kuder formula was used. This always underestimates slightly the reliability of a test found by the split-half method and the Spearman-Brown correlation. The coefficients of reliability for the male and female groups were .92 and .96.²

**The Coping Operations Preference Enquiry (COPE)**

COPE is a subscale of the Fundamental Interpersonal Relations Orientation (FIRO) scales. COPE measures one's preference for using each of five coping mechanisms of defense. "COPE is not a measure of pathology or of health. It is simply a description of how you function in this area."³ Each coping mechanism is defined as a technique for not dealing directly with an unacceptable feeling of this type: "I experienced a feeling toward you that I find unacceptable (such as, I hate mother)." Each coping mechanism, in some way alters or distorts either the subject (I), the feeling, or the object (You). The

¹Ibid.
²Ibid.
purpose of COPE is to help the individual to be more aware of one area of his functioning. The mechanisms measured by COPE are denial, intellectualization, projection, regression, and turning against the self.

The Life Interpersonal History Enquiry

Life Interpersonal History Enquiry (LIPHE) is also a subscale of the Fundamental Interpersonal Relations Orientation (FIRO) scales. LIPHE is designed to measure the relations between parents and children from the point of view of the child after he has become an adult. It yields separate scores for mother (or mother surrogate) and father (or father surrogate). Each relation is measured for behavior and feelings except in affection where one scale combines behavior and feeling. Scale scores indicated degree of acceptance in each area.

This scale seems particularly relevant to the phase of treatment devoted to understanding how the past contributes to one's functioning in the present and so was used for that purpose.

Reliability of COPE and LIPHE Scales

Coping Operations Preference Enquiry (COPE) and Life Interpersonal History Enquiry (LIPHE) are subscales of the Fundamental Interpersonal Relations Orientation (FIRO) scales.

The FIRO scales were developed on about one thousand subjects and the reproducibility computed for the remainder of the sample. The number of subjects varied,

1Ibid.
owing to the evolution of the scales. Some scales were altered when they proved unsatisfactory, and then re-administered with unaltered scales. Subjects were mostly college students, plus a small population of Air Force personnel. The reproducibility of all scales is very high and consistent over all samples. The mean reproducibility of the FIRO scales was .94 for 1,543 subjects.1

Validity of COPE and LIPHE Scales

Content validity is determined by showing how well the content of the test item samples the class of situations or the subject matter about which conclusions are to be drawn. If the theory underlying the use of Guttman (FIRO) scales is accepted, then content validity is property of all legitimate cumulative scales, and therefore all FIRO scales.

If the items are measuring the same dimension, and if they are of descending popularity, then they must represent a sample of items from that dimension. Any other item in that dimension fits between (or beyond) scale items according to the percentage accepting the item (i.e., its marginal), and an individual's response to the new item is at least 90 percent reproducible (i.e., predictable) from his scale score. This implies that any sample of items in this dimension would rank respondents in essentially the same way; therefore the sampling of the universe of items yields a satisfactory content validity.2

1Ibid.
2Ibid.
These instruments are particularly relevant to the ways in which the clients learned to cope with their childhoods as off-springs of alcoholics and even more relevant now, to the manner in which they cope with their present life as adult alcoholics.

Treatment Procedure

The educational model was developed by the author as an adaptation of Small and Wolf's treatment approach for recovering alcoholics. The focus of the psycho-social education group was on the themes of generation revisiting, suppressing of emotions, and inconsistency of nurturance. Table 2 describes the weekly sessions. The reader is requested to refer to the appendix for a detailed account.

TABLE 2

SCHEDULE OF TREATMENT ACTIVITIES

<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
<th>Time</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>Orientation</td>
<td></td>
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<tr>
<td></td>
<td>1. Introduce the psycho-education group experience.</td>
<td>15 mins.</td>
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<td></td>
<td>2. Discuss ground rules.</td>
<td>5 mins.</td>
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<td></td>
<td>3. Administer pretests</td>
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<tr>
<td></td>
<td>a) ALCADD</td>
<td>10 mins.</td>
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<td></td>
<td>b) LIPHE</td>
<td>20 mins.</td>
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<td></td>
<td>c) COPE</td>
<td>10 mins.</td>
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<td></td>
<td>4. Distribute Counselor's Checklist</td>
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<tr>
<td>Session</td>
<td>Activities</td>
<td>Time</td>
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<tr>
<td>------------------</td>
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<tr>
<td><strong>Week 2</strong></td>
<td><strong>Initial Session</strong></td>
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<td></td>
<td>1. Introduction of members. 15 mins.</td>
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<td></td>
<td>3. Discuss tape - focus identification of participants with children in video.</td>
<td>15 mins.</td>
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<td></td>
<td>4. Present stimulus chart: &quot;Roles Children of Alcoholics Play.&quot; Discuss participants' perception of role they play(ed) as off-spring of alcoholics.</td>
<td>20 mins.</td>
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<td></td>
<td>5. Discussion focused on &quot;feeling&quot; participants associated with off-spring role.</td>
<td>10 mins.</td>
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<td></td>
<td>6. Homework: begin to consciously think of pre-adolescent period. Write down significant events or feelings.</td>
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<tr>
<td><strong>Week 3</strong></td>
<td>1. Ask each participant to share with group significant entries from their journal.</td>
<td>20 mins.</td>
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<td></td>
<td>2. Present Weidsheider's definition of a family. Ask participants to give one word description of their relationship with their natural families. Write descriptions on chalkboard under Weidsheider's definition.</td>
<td>15 mins.</td>
</tr>
</tbody>
</table>
TABLE 2—Continued

<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>3.</td>
<td>Participants engage in an imagery exercise to &quot;relive&quot; childhood. Focus on one-word description previously given.</td>
<td>15 mins.</td>
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<tr>
<td>4.</td>
<td>Participants verbalize the &quot;reliving&quot; and describe to group the mental images seen.</td>
<td>50 mins.</td>
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<tr>
<td>5.</td>
<td>Group exercise: The Magic Shop.</td>
<td>20 mins.</td>
</tr>
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</table>

**Week 4**

1. Ask each participant to share a significant event from his/her journal. | 5 mins. |
2. Solicit clients' definition of "sculpturing" - write on chalkboard. Give definition found in appendix and discuss. | 45 mins. |
3. Present example of "sculpturing" and ask participants to engage in exercise using their natural family relationships. | 15 mins. |
4. Discuss the impact of these relationships as seen by the individual participant and as seen by the entire group. | 15 mins. |
TABLE 2—Continued

<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
<th>Time</th>
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<tbody>
<tr>
<td>5.</td>
<td>Demonstrate a &quot;life script&quot; and have each participant draw one. Discussion of &quot;ups and downs.&quot;</td>
<td>30 mins.</td>
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<tr>
<td>6.</td>
<td>Engage in group brainstorm activity to suggest what individual participant might do to &quot;recreate&quot; a significant &quot;up&quot; period of life. Homework: Try at least one suggestion.</td>
<td>10 mins.</td>
</tr>
</tbody>
</table>

Week 5

1. Each participant shares positive experience which they attempted to "relive." | 15 mins. |
<p>| 2. Discuss results of LIPHE scale. Focus on relationship to present coping style. | 30 mins. |
| 3. Present genogram. Discuss its significance on their present functioning. | 30 mins. |
| 4. Present children's dolls. Ask participants to engage in play exercise demonstrating their present family relationships. Ask them to verbally compare the present to pre-adolescent relationships. | 40 mins. |
| 5. Homework: Write a &quot;Relationship Wish List.&quot; |</p>
<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Week 6</td>
<td>1. Ask each participant to share &quot;the wish list.&quot; Group &quot;brainstorms&quot; ways to make the participant's most wanted wish a reality.</td>
<td>10 mins.</td>
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<td></td>
<td>2. Review LIPHE scale results and have participant make a list of ways to overcome the most significant problem (self-nurturance) shown on the test. Share individual list and ask for input from all participants.</td>
<td>20 mins.</td>
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<td></td>
<td>3. Provide 90 minute introduction to assertiveness training.</td>
<td>90 mins.</td>
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<tr>
<td>Week 7</td>
<td>1. Play relaxation skill development tape.</td>
<td>30 mins.</td>
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<tr>
<td></td>
<td>2. Introduce &quot;interpersonal relationship skill&quot;: The &quot;I&quot; message (see appendix).</td>
<td>30 mins.</td>
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<tr>
<td></td>
<td>3. Group exercise in tactile therapy (see appendix).</td>
<td>45 mins.</td>
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<tr>
<td></td>
<td>4. Have participants brainstorm a list of alternatives to drinking. Introduce self-help books.</td>
<td>15 mins.</td>
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</table>
TABLE 2--Continued

<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 8</td>
<td>1. Administer posttests a) ALCAAD b) COPE</td>
<td>10 mins. 15 mins.</td>
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<tr>
<td></td>
<td>2. Give written evaluation.</td>
<td>5 mins.</td>
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<td></td>
<td>3. Collect counselors' checklist.</td>
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</table>

In summary, the treatment sessions focused on the areas of the past, the present and the nurturing process as they relate to the suppression of feeling, generation revisiting, and inconsistency of nurturing.

The author agrees with those experts in the field of alcoholism who believe that education and treatment must be treated as one if we are to have a positive affect on the disease of alcoholism. The author believes that through the gaining of insight both of themselves and their past, and through exposure to a support group while they learn to nurture themselves, the participants in this study will indeed receive education and treatment simultaneously.

Analysis of Data

Two kinds of data were collected and analyzed: 1) data concerning the relationship between the clients' past exposure to an alcoholic environment, and 2) data revealing the effect of a psycho-education group experience on primary alcoholics.
Data Collection

COPE, LIPHE, and ALCADD as well as a counselors' checklist were administered as both pretests and post-tests. Group tests were given during the same session, while the checklist was collected by the therapist.

Statistical Procedure

A rank order correlation was applied to null hypotheses one through four to determine if a significant correlation existed between the variables. The researcher's conclusions regarding the clients' perceived behavior and feeling of parents and coping patterns were based on that procedure.

An independent t-test was applied to null hypotheses five through eight in order to determine if a significant difference existed in clients' mean behavior as a result of exposure to a psycho-educational group experience and basic therapy. The researcher's conclusions were based on the results of the independent t-test. An additional conclusion regarding the clients' coping patterns, levels of emotionality and tendency toward alcoholism were also based on this procedure. Tables 3 and 4 arrayed this data.

A chi-square was performed on the counselors' observations in an effort to compare the actual and expected direction of pre/post change across the eight items on the checklist observing the clients' day-to-day life functioning.
CHAPTER IV

RESULTS AND DISCUSSION

The results of the analysis of the data for this study are reported and discussed in this chapter. Both statistical and descriptive analyses of these data were made. The findings are presented in accordance with the purposes and hypotheses of the study.

The reader will note that the study design indicated that ten clients would participate in both the experimental and control groups. Due to the fact that the participants did not enter nor complete the training in cycles, but at different times and due to the poor attendance of the general population, only nine clients in the experimental group and seven in the control group completed the psycho-educational experience. Four of the ten clients selected voluntarily terminated from the program and consequently from the study. For these reasons, the data analysis is reported for sixteen participants only.

Statistical Analysis

Correlation Between Clients' Coping Patterns and Perceived Behavior and Feelings of Their Parents

Hypotheses one through four focused on determining if
a correlation existed between the clients' use of denial as a coping pattern and their perceived behaviors and feelings of their parents. A rank order correlation was performed on the data.

\[ H_0: \text{There is no statistically significant relationship between clients' coping patterns and their perceived behavior of their mothers.} \]

The results of the data analysis for hypothesis one are shown in table 1.

### TABLE 1

**CORRELATIONS BETWEEN CLIENTS' COPING PATTERNS AND PERCEIVED BEHAVIOR OF THEIR MOTHERS**

<table>
<thead>
<tr>
<th>Group</th>
<th>Coping Patterns (COPE)</th>
<th>Perceived Parent Behavior (LIPHE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Psycho-educational</td>
<td>22.33 (6)</td>
<td>3.89</td>
</tr>
<tr>
<td>N = 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Therapy</td>
<td>25.0</td>
<td>4.11</td>
</tr>
<tr>
<td>N = 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 presents a rank order correlation (rho) between the clients' coping patterns and their early childhood perceptions of their mothers' behavior toward them.

The analysis of the data indicated that the correlations (rho = -.102 and .103 for the psycho-educational and the basic therapy groups respectively) were not significant at the .05 level since the obtained correlations...
were smaller than the required table values (.700 for an N of 9 and .786 for an N of 7) to be significant. Therefore null hypothesis one was accepted indicating that the clients' use of denial as a coping mechanism and their early childhood perceptions of their mothers' behavior were not significantly related.

In testing null hypothesis two, a rank order correlation was performed.

\[ H_0 : \text{There is no significant relationship between the clients' coping patterns and their perceived feeling of their mothers.} \]

The results of the data analysis for hypothesis two are shown in table 2.

**TABLE 2**

<table>
<thead>
<tr>
<th>Group</th>
<th>Coping Pattern</th>
<th>Perceived Feeling of Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Psycho-educational</td>
<td>22.23</td>
<td>3.89</td>
</tr>
<tr>
<td>N = 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Therapy</td>
<td>25.0</td>
<td>4.11</td>
</tr>
<tr>
<td>N = 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 presents a rank order correlation (rho) between the clients' coping patterns and their childhood perceptions of their mothers' feelings toward them. The
data analysis indicates that the correlations (\(\text{rho} = -0.33\) and 0.48 for the experimental and control groups respectively) were not significant at the .05 level since the obtained correlations were smaller than the required table values (.700 for an N of 9 and .786 for an N of 7) to be significant. Therefore null hypothesis two was accepted indicating that the clients' use of denial as a coping mechanism and their childhood perceptions of their mothers' feelings were not significantly related.

A rank order correlation was performed on the data related to null hypothesis three.

\[ H_0^3: \text{There is no significant relationship between the clients' coping patterns and their perceived behavior of their fathers.} \]

The results of the data analysis for hypothesis three are shown in table 3.

**TABLE 3**

<p>| CORRELATION BETWEEN CHILD'S COPING PATTERN AND PERCEIVED BEHAVIOR OF THEIR FATHER |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| Group                   | Coping Pattern | Perceived Behavior of Father                  |</p>
<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>S.D.</th>
<th>Mean</th>
<th>S.D.</th>
<th>rho</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho—educational</td>
<td>22.33</td>
<td>3.89</td>
<td>17.77</td>
<td>18.08</td>
<td>.402</td>
</tr>
<tr>
<td>N = 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Therapy</td>
<td>25.0</td>
<td>4.11</td>
<td>18.71</td>
<td>17.27</td>
<td>-.373</td>
</tr>
<tr>
<td>N = 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 presents a rank order correlation (rho) between the clients' coping patterns and their early childhood perceptions of their fathers' behavior. The analysis of data indicated that the correlations (rho = .402 and -.373 for the psycho-educational and the basic therapy groups respectively) were not significant at the .05 level since the obtained correlations were smaller than the required table values (.700 for an N of 9 and .786 for an N of 7) to be significant. Therefore null hypothesis three was accepted indicating that the clients' use of denial as a coping mechanism and their childhood perceptions of their fathers' behavior were not significantly related.

In testing null hypothesis four, a rank order correlation was performed on the data.

\[ H_0^4: \text{There is no significant relationship between the clients' coping patterns and their perceived feeling of their fathers.} \]

The results of the data analysis for hypothesis four are shown in table four.

**TABLE 4**

CORRELATION BETWEEN CHILD'S COPING PATTERN AND PERCEIVED FEELING OF FATHER

<table>
<thead>
<tr>
<th>Group</th>
<th>Coping Pattern</th>
<th>Perceived Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Psycho-educational</td>
<td>22.33</td>
<td>3.59</td>
</tr>
<tr>
<td>N = 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Therapy</td>
<td>25.0</td>
<td>4.11</td>
</tr>
<tr>
<td>N = 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4 presents a rank order correlation (rho) between the clients' coping patterns and their childhood perceptions of their fathers' feelings toward them. The analysis of the data indicated that the correlations (rho = .38 and .46 for the psycho-educational and basic therapy groups respectively) were not significant at the .05 level since the obtained correlations were smaller than the required table values (.700 for an N of 9 and .786 for an N of 7) to be significant. Therefore null hypothesis four was accepted indicating that the clients' use of denial as a coping mechanism and their early childhood perceptions of their fathers' feelings were not significantly related.

The results of the data analysis for hypotheses one, two, three, and four indicated that neither the perceived parental behavior nor feelings were significantly related to the clients' coping patterns. In comparing the mean differences for both the psycho-educational and the basic therapy groups, however it was observed that the size of the mean scores for the mothers were significantly lower than those of the fathers for both feeling and behavior, suggesting the possibility that the perceived behavior and feeling of the father rather than of the mother, though varied, were more negative and of more concern to the clients in both groups, though not to a significant degree. Despite the fact that the clients in both groups were male, the researcher's previous experience with mixed groups supports this observation among female clients also.
Hypothesis five focused on the differences in the clients' pre/post coping patterns as a result of a psycho-educational group experience.

$H_0$: There is no statistically significant difference in the experimental and control clients' pre/post mean coping patterns as a result of exposure to a psycho-educational group experience.

The results of the data analysis for hypothesis five are shown in Table 5.

### TABLE 5

COPING PATTERNS AND RESPONSE TO TREATMENT

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest Mean</th>
<th>Pretest S.D.</th>
<th>Posttest Mean</th>
<th>Posttest S.D.</th>
<th>df</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-educational</td>
<td>22.33</td>
<td>3.89</td>
<td>24.11</td>
<td>3.48</td>
<td>14</td>
<td>-1.603</td>
</tr>
<tr>
<td>Basic Therapy</td>
<td>25.0</td>
<td>4.11</td>
<td>24.29</td>
<td>3.73</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 presents the results of an independent $t$ analysis with correction for unequal sample size. The analysis of the data indicated that the differences ($t = -1.603$) were not significant at the .05 level since the obtained $t$ value was less than the required table value ($t = 2.145$) needed to be significant. Therefore null hypothesis five was accepted, indicating that there were no significant pre/post treatment differences relative to
the experimental and control clients' use of denial as a coping mechanism.

Level of Emotionality and Tendency Toward Alcoholism

Hypotheses six and seven focused on differences in the clients' levels of emotionality and tendency toward alcoholism as a result of exposure to a psycho-educational group experience.

$H_0^6$: There is no statistically significant difference in clients' level of emotionality resulting from a psycho-educational experience.

The results of the data analysis for hypothesis six are shown in table 6.

**TABLE 6**

<table>
<thead>
<tr>
<th>LEVEL OF EMOTIONALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Group</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Psycho-educational</td>
</tr>
<tr>
<td>Basic Therapy</td>
</tr>
<tr>
<td>N = 9</td>
</tr>
<tr>
<td>N = 7</td>
</tr>
</tbody>
</table>

Table 6 presents the results of an independent $t$ test analysis. The analysis of the data indicated that the differences ($t = 0.597$) were not significant at the .05 level since the obtained value was less than the required table value ($t = 2.145$ w/14 df) needed to be significant.
Therefore null hypothesis six was accepted indicating that differences in the clients' pre/post levels of emotionality were not significant irrespective of the treatment modality.

Hypothesis seven focused on the differences in the clients' reported tendency toward alcoholism as a result of a psycho-educational group experience.

\( H_0^7: \) There is no statistically significant difference in clients' reported tendency toward alcoholism as a result of a psycho-educational group experience.

The results of the data analysis for hypothesis seven are shown in table 7.

**TABLE 7**

TENDENCY TOWARD ALCOHOLISM

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Posttest</th>
<th>df</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-educational</td>
<td>35.44</td>
<td>22.25</td>
<td>14</td>
<td>-0.132</td>
</tr>
<tr>
<td>N = 9</td>
<td>24.56</td>
<td>15.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Therapy</td>
<td>33.86</td>
<td>16.21</td>
<td>14</td>
<td>-0.132</td>
</tr>
<tr>
<td>N = 7</td>
<td>23.86</td>
<td>17.43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7 presents the results of an independent \( t \) test calculation. The analysis of the data indicated that the differences \( (t = .1329) \) were not significant at the .05 level since the obtained score was less than the required
table value ($t = 2.145$ w/14 df) needed to be significant. Therefore null hypothesis seven was accepted indicating that differences in the clients' pre/post tendency toward alcoholism were not significant.

The findings of the data analysis for hypotheses six and seven indicated that exposure to the psycho-educational group did not result in significant differences in the clients' behaviors as it related to levels of emotionality or to a tendency toward alcoholism. These observations would suggest that in regard to these variables, the clients in both groups tended to show no significant change in either of the variables under observation.

Counselors' Observations of Treatment

Hypothesis eight focused on the differences in the clients' behavior as observed by their counselors.

$H_0$: There is no statistically significant difference in the clients' behavior as observed by their counselors which results from exposure to a psycho-educational group experience.

In testing null hypothesis eight a $t$ test was used to determine the significant differences in the pre/post counselors' observations.

The results of the data analysis for hypothesis eight are shown in table 8.
Table 8 presents an independent $t$ correlation corrected for unequal sample size. The analysis of the data indicated that the differences in the clients' behaviors as observed by their counselors were not significant at the .05 level since the obtained $t$ value was less than the required table value ($t = 2.145$ w/14 df). Therefore null hypothesis eight was accepted indicating that differences in the clients' behaviors as observed by the counselors were not significant.

### Descriptive Analysis

The investigator's objective in this section was to present some of the available impressionistic data. These descriptive data were presented in two ways, namely: 1) the counselors' observations of experimental and control group's day-to-day responses to life tasks, and 2) modified case studies of randomly selected clients from the experimental group.
The counselors' observations consisted of a comparison of the manner in which experimental and control clients responded to the eight day-to-day life tasks. Further, a comparison was made of the extent to which there was agreement between actual pre/post observation direction of change and the expected pre/post direction of change in their response patterns.

Based on the pre/post treatment differences in tendency toward alcoholism and levels of emotionality, the experimental group was divided into three groups. These three groups were (1) clients who showed little or no change, (2) clients who showed positive change, and (3) clients who showed negative change. One client was randomly selected from each group as a representative and a modified case study was developed.

A chi-square analysis of the differences in the groups' expected pre/post treatment direction of change in counselors' observations of the clients' day-to-day tasks is presented in table 9.

**TABLE 9**

**COUNSELORS' OBSERVATIONS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Actual Direction of Pre/Post Change</th>
<th>Expected Direction of Pre/Post Change</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Individual Uses Time Appropriately</td>
<td>E + + Agree</td>
<td>+</td>
<td>Disagree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C 0 +</td>
<td>+</td>
<td></td>
</tr>
</tbody>
</table>
The results of the analysis indicated that the observed differences by the counselors between the actual and expected direction of change for the experimental and control members was significant at the .05 level.
Summary of Counselors' Observations

A review of the findings of the data in reference to the counselors' observations showed that the experimental group was observed to show the appropriate behaviors seven out of eight (87 percent agreement) times, while the control group was observed to show appropriate behavior only two out of eight (25 percent agreement) times.

A further analysis of the counselors' observations of the pre/post day-to-day life task functioning revealed that: a) Twenty-three percent more of the experimental group used their time more appropriately while there was no change observed in the control group. b) There was no change observed in the pre/post observations of either group's tendency to interact negatively with their peers. c) Forty-four percent of the the experimental group members showed a reduction in their tendency to be highly emotional. There was no observed change in the behavior of the control group. d) Ten percent more of the experimental group were able to stick to assigned tasks until completed. There was no observable change for the control group. e) Twenty-two percent of the experimental and fourteen percent more of the control group showed a reduction in their levels of frustration. f) Thirty-three percent more of the experimental group were observed to have less difficulty accepting directions, while no change was observed in the control group. g) Twenty-two percent
more of the control group and 14.57 percent of the experimental group showed a decrease in their demonstration of poor concentration. h) Twenty-two percent more of the experimental group (a total of 100 percent) improved in their tendency to arrive late or leave early. No changes were observed in the behaviors of members of the control group.

Client Showing Positive Change

<table>
<thead>
<tr>
<th>Subject:</th>
<th>E66</th>
<th>Age:</th>
<th>37</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test:</td>
<td></td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td></td>
<td>ALCADD (E Scale)</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>COPE</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Counselor's Observations</td>
<td>2.4</td>
<td>2.0</td>
</tr>
</tbody>
</table>

A score of 2 indicates poor emotional control. A high score of 30 indicates no preference for denial as a coping mechanism. A decrease in scores indicates a positive movement.

E66 was referred to the rehabilitation center by his employer due to abuse of alcohol and other drugs. The client's involvement with alcohol began in 1968 and his abuse of drugs began during his tour of duty in Viet Nam.

A short, medium built Caucasian male with twinkling, deep-set, bespectacled brown eyes, E66 had straight brown hair and a neatly trimmed mustache which gave maturity to his otherwise boyish appearance. The client was extremely loquacious, intellectually bright, and articulate. He seemed warm and caring in his reaching out to others despite his often lavish use of "foul" language.
E66 completed high school and has continued to enroll in educational classes periodically although not in an effort to complete a formal course of study. He constantly shared with the therapist and with his peers, abstracts of books and articles he had read.

Married and the father of three children whom he stated were a constant source of pleasure for him, E66 and his wife had had marital conflict for much of their life together. A few months prior to his enrollment at the center, E66 had spent time in jail for assaulting her. In addition, he had previously been arrested on charges ranging from possession of drugs to conspiracy.

E66 is the oldest of nine children of divorced parents. The client's father was described by him as "alcoholic" and his mother as having "mental problems." E66 talked openly of his anger at his father's deserting the family and leaving him the burdensome responsibility of caring for the family's welfare.

When E66 initially entered the group he frequently used offensive language especially when describing his father or his wife, i.e., client often referred to his father as an "SOB." It appeared that the client was extremely angry with both of these "significant others" because he viewed them as having "dumped" on him. He stated that his wife was "lazy" and kept their home like a "pig's pen." Consequently, the client took on the responsibilities of his wife in much the same way he had taken on
his father's responsibilities earlier in his life. E66 appeared, on the surface, to resent the heavy responsibilities he had been "forced" to bear, but on the other hand, he viewed this as evidence of his "inner strength."

On one occasion, two members of the group role-played a confrontation between E66 and his father. The dialogue suggested that there were reasons for the father's deserting the family and that the father would probably like to reconcile his relationship with his son. E66 reacted to this suggestion in a confused manner, seeming to want this to be true, but giving reasons why it would not be so. A group member who had also been a "head of household" for his mother and siblings was very confrontive with E66 and suggested that "maybe you don't like your father because you're just like him." He initially defended himself against this accusation, but later admitted to being afraid of becoming "like my father."

Denial appeared to be E66's preferred coping mechanism. Whenever the client was confronted with the possibility of a situation being different than what he had desired or expected it to be, he seemed able to deny reality through use of intellectualization and justification. Toward the end of the final sessions, however, E66 evidenced less preference for denial as a coping mechanism. This observation was supported by his admission that he was "too aggressive and emotional at times." He felt that relations with his wife had begun to improve. In reference
to the last statement, E66 had shared in the group that he and his wife had begun attending marital therapy sessions together and that he was now beginning to tell her about things he had never shared. The therapist believes this statement suggested that the client's preference for denial as a coping mechanism was decreasing and possibly he was now beginning to become more sensitive to reality.

Both the counselor's observations and the client's final evaluation tended to support the finding that E66 has shown a movement in a positive direction related to the day-to-day task of his life functioning.

During the final sessions, the client tended to use less "foul" language" in his conversations, and to show more concern for others i.e., listening while his peers talked, and asking their opinions regarding personal concerns, etc.

The client's own evaluation of the psycho-social group experience seemed to support his apparent progress: "I am (now) much more aware of my feelings and the feelings of those around me. I am 99 percent convinced I do not want to ever get drunk again, whereas before I was more like 65 percent certain."
Client Showing Little or No Change

<table>
<thead>
<tr>
<th>Test</th>
<th>Age:</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCADD (E Scale)</td>
<td>Pre</td>
<td>16 11  A score of 2 or above indicates poor emotional control.</td>
</tr>
<tr>
<td>COPE</td>
<td>Post</td>
<td>23 29  highest possible score is 30—less than 30 indicates increased preference for use of denial.</td>
</tr>
<tr>
<td>Counselor's Observation</td>
<td></td>
<td>2.0 2.0  A decrease in scores indicates a positive movement.</td>
</tr>
</tbody>
</table>

E33 was referred to rehabilitation by his probation officer. He had been arrested three times for driving while intoxicated. The client stated that he began using drugs at age 13, but neither he nor any member of his family felt that he was alcoholic.

A tall, solidly built, dark-skinned black man with short-cropped black hair and dull brown eyes, this client seldom smiled, but when he did his smile showed a warmth and openness that one would certainly notice. The client's smile was charming but mischievous, suggesting that there was more to the person than what one saw on the surface. His language and movements were in a painstakingly slow manner as if he were carefully planning every word or movement before he acted.

E33 stated that he had dropped out of school in ninth grade and had no interest in returning as he felt he was earning adequate money as a "set-up person" for a local club.
The client showed very little overt emotion. He was very quiet and tended to have little to say in group unless he was asked a direct question. He sat in the same seat each time that he came to group and made no effort to change this arrangement. The client's entire being seemed to be one of apathy and listlessness. It appeared that E33's life was void and empty of anything. He did not seem to live, he appeared simply to "exist."

The client was the third of nine children born into a family where the mother drank heavily and the father was "alcoholic." Upon his enrollment at the center, E33 had not been in contact with his father for seven years. Although he was never married, E33 had an eight year old daughter whom he had not visited in the past three years.

Upon his initial entrance into the group, E33 was aloof and "numb-like" with his peers and with the therapist. The only instance during which the therapist specifically observed E33 smiling (and then only for a moment) was during a session in which he recalled having "fun" with his siblings when they lived in "a big white" house as children. The distant look upon E33's face suggested a desire to "turn back the clock" and recapture one of the few pleasurable moments perhaps of his lifetime.

E33's behavior in group was indicative of a lack of assertiveness. He tended to be a follower rather than a leader, but was careful, however, to choose which persons and patterns of behavior he would emulate. The client's
lack of interaction with others suggested a fear or distrust of others. It seemed to the therapist that the client was almost immobilized by a fear of unknown cause... fear seemed as natural a part of him as the air he breathed. Even in his non-verbal behaviors, E33 seemed to evidence a need to be cared for by others, i.e., no nodding of the head, infrequent smiling, etc. It was as if E33 needed someone's permission before he made any decision.

The counselor's observations of the client tended to suggest that little or no change occurred in his day-to-day life functioning. This observation was supported by the client's poor group interaction with the exception of a slight reduction in his level of frustration, E33 showed little evidence of movement in the tasks observed by the counselors. Of significance to this study was the poor attendance exhibited by E33 despite the fact that he had been "ordered" to attend sessions by his probation officer. This observation suggested the possibility that the lack of progress which he evidenced may have resulted from a passive-aggressive personality type who resented other people deciding what he should do with his life, but who was yet too fearful of making a decision himself.

E33 last attended group two days after he visited with his father who was now hospitalized with a "nervous breakdown." As he had done previously, he talked about
this event in a very matter-of-fact and indifferent manner. A close look at his face, however, revealed that he had been emotionally touched by this visit and was visibly disturbed. This was the first occasion in which E33 had shared unsolicited comments about his personal life. He did not return for the final sessions. This observation suggested to the therapist that a minute amount of change may have occurred. Even this appeared to be too much for the client. There was a possibility he did not return to group for fear of losing control over the deeply buried feelings of the past.

E33 appeared to have left the group much in the same way he entered . . . quiet, unemotional, and unknown. He interacted very little with other group members and never appeared to have made any significant liaison with anyone. E33 did not, however, seem to be bothered by this fact. It was as if the only thing he expected of himself was to be a spectator. He had played his part and played it well. What more, he seemed to ask, could people want?
Client Showing Negative Change

<table>
<thead>
<tr>
<th>Subject: E55</th>
<th>Age: 29</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Tests:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALCADD (E Scale)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>COPE</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Counselors' Observations</td>
<td>2.3</td>
<td>2.1</td>
</tr>
</tbody>
</table>

E55 was referred to rehabilitation by his probation officer after being arrested for possession of "speed." The client admitted to abuse of alcohol also during the period preceding his arrest.

A medium built Caucasian male of average height, the client had wavy blond hair, blue eyes, and an engaging smile. He wore a small tattoo on his left arm which seemed to be a statement of his "toughness" and was in direct contrast to his soft-spoken, mild mannered behavior.

Born on a farm in the rural south, E55 often discussed the two-headed evil of being "born poor" and "in the country." The client's parents were sharecroppers. E55's mother was described as a "teetotaler" and his stepfather as "alcoholic." E55's natural father and mother divorced when he was two years old and he has not had any contact with his father since that time.
Like his parents, E55 was divorced, but has not yet remarried. He currently has custody of two teenage sons (ages 17 and 14) whom he has reared as a "solo parent" since his divorce thirteen years ago.

E55 dropped out of school in 10th grade in order to begin work on a full-time basis. Although he had no interest in returning to school himself, E55 shared with the group how much he desired for his sons to complete their education.

The client entered the group as a mild-mannered person who, except for frequent smiling, rarely expressed emotion of any type. E55, by his own admission, did not "talk about my problems." During a group session in which the members randomly selected various kinds of feelings, E55 stated that he had selected "sadness", a feeling which he described as seeming like "I feel that way every day." This statement was in contrast to the smile which was so often seen on E55's face. When the therapist initially met the client, he appeared to be the most well adjusted member of the group. However, as time went by it seemed increasingly clear that the smiles he wore upon his face were merely a facade which sheltered him from the pains and hurts of a cruel world.

It eventually became clear that this client had deep and still painful emotional wounds locked away inside. E55's "life script" (see group notes) revealed that much
of the emotional pain he had felt seemed to be related to repeated failures to maintain long-standing intimate relationships with women. The client stated that he often fell in love, but "it never lasted." On the surface, E55 seemed resigned to a life of continued bachelorhood, but buried deep within there appeared to lay a longing for the one thing in life he never had . . . a loving relationship with a member of the opposite sex.

Perhaps the client's slight increase in the use of denial was a reflection of his efforts to keep the emotions of his past buried. E55 showed very little displeasure at what others said or did in the group, but rather tended to wait for others to give their opinions before giving his own. This behavior was repeated often and led the therapist to conclude that E55 frequently had difficulty making his own decisions and would therefore depend on others for help in this area of his functioning. This tendency to be led by others was particularly evidenced in one group session that focused on identifying and understanding "assertiveness." E55, like most of his fellow group members, described himself as being assertive, but in the final weeks of the sessions stated that he recognized a need to become "more assertive" and would work to improve himself in this area.

Although E55 did not tend to use denial as his preferred coping mechanism, he often utilized regression
and in so doing would try to avoid conflict and negative interaction with others, no matter what the emotional cost to himself. The client often talked about the "frustration" he felt at having been ordered by his probation officer to "be in the house by 7:30 p.m.", and to take antabuse (an anti-alcohol substance) despite the fact that he did not feel himself to be alcoholic. Rather than risk being assertive, E55 often seemed to isolate himself and look "sad and depressed." Although he verbalized his need to be more assertive, the fact was E55 seemed more passive, i.e., allowing his peers to "go first" in any group activity.

The counselor's checklist indicated that the client's day-to-day task functioning was essentially unchanged. E55 appeared to have exhibited appropriate behaviors, on the surface, but his verbal comments in group often implied some resentment at not being able to have freedom of choice with regard to his own life. In the therapist's opinion, the unchanged scores in the counselor's observations did not reflect a true positive change because in reality, E55 appeared to become more passive-aggressive. This change in behavior, the therapist thinks, may have occurred due to E55's long played role of "placater" or "people pleaser"—a role which seemed to satisfy others, but which left the client with little self satisfaction.
Psycho-Social Group Evaluation

The following chart contains a summary of the responses of the seven clients who attended the final group session on 11 April 1985. Actual responses may be found in appendix.

<table>
<thead>
<tr>
<th>Useful Information</th>
<th>Not Useful</th>
<th>Exceeded Expectations</th>
<th>Behavior Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#88</td>
<td>-</td>
<td>-</td>
<td>Self-centered</td>
<td>Learned</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>shared feelings</td>
<td>about</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>self</td>
</tr>
<tr>
<td>#77</td>
<td>Identifying with others</td>
<td>Pre/Post Tests</td>
<td>Therapist listened</td>
<td>Is better listener</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#14</td>
<td>Reviewing past imagery</td>
<td>-</td>
<td>Positive approach of therapist</td>
<td>More thinking about negatives of drinking and driving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#12</td>
<td>Identifying with others</td>
<td>-</td>
<td>Was &quot;much more&quot;</td>
<td>More patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#44</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Found resources within</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#55</td>
<td>Assertiveness training</td>
<td>Family Sculpture</td>
<td>Was educated</td>
<td>Is more assertive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#66</td>
<td>Identifying with others</td>
<td>Time too short</td>
<td>-</td>
<td>More aware of feelings</td>
</tr>
</tbody>
</table>

- = Did not respond
In summary, it appeared that the psycho-social group experience was beneficial to the clients. Association and identification with persons of similar backgrounds seemed to have been the most frequently mentioned benefit. There did not appear to be one particular session nor activity which was identified by the clients as a group as being not useful, but rather the responses were specific to the preference of the individual.

As for behavioral changes observed, the clients seemed to have felt that their needs were met in ways that were unique to them as individuals. The overall evaluation of the group experience appeared positive for each client.

Discussion

The results of the analysis of hypothesis one through four indicated that there were no significant relationships between the clients' use of denial as a coping pattern and their perceptions of their parents' feelings and behaviors toward them. This finding appears to be inconsistent with the literature reviewed for this study.

Deutsch's contention that "the source of the damage is the child's interpretation of family events and the self-image and defense patterns based on that interpretation" seems inconsistent with the data analysis for hypotheses one through four in this study.¹

¹Deutsch, *Children of Alcoholics*, p. 15.
Authors such as Knaunert, Ackerman, Hindman, Clinebell, and Sloboda allude to the significance of the correlation between the child's perception of his relationship with his parents and the manner in which he copes with the stresses of life. Although neither of the authors mentioned refer specifically to the parents' "behavior" nor "feeling", their reference to "lack of parental nurturance, inconsistency of discipline, and role reversal, etc. imply that the relationship which the child of the alcoholic had with his parent(s) is critical to his "coping ability" and involves both feeling and behavior. An analysis of the case study on client E66 lends support to the literature reviewed but seems to be in conflict with the findings of hypotheses three and four (referring to the clients' perception of the fathers' behavior and feeling). The E66 study appears to conflict also with hypotheses one and two which focused on the client's perception of the mother's behavior and feeling. The case study on clients E55 however, seems to support the findings of hypotheses one through four in that his use of denial increased in spite of the LIPHE scores indicating that he perceived his parents' behavior and feeling toward him to be positive.

The findings of hypothesis five as predicted indicated that participation in a psycho-educational group experience did not effect a significant change in the clients' use of denial as a coping mechanism. Deutsch's study tended
to support hypothesis five and to further suggest that indeed the development of defense patterns are deep rooted, complex, and intertwined with many other factors and therefore not easily changed. ¹ Cermack reported that post-traumatic stress disorders hamper the alcoholic's coping ability. ² This finding would also seem to suggest that the coping patterns of the alcoholic would be negatively effected by his inability to manage stress.

Denial is viewed by Wegscheider, Black and others as a primary coping mechanism for members of an alcoholic family. Deutsch and Cermack are among those authors who imply that "stripping" the alcoholic of denial as a defense (coping) mechanism may leave him/her much more vulnerable to the stresses of life, while Alcoholics Anonymous members are emphatic in pointing out that this "stripping" is the initial step toward abstaining from and abuse of alcohol.

The case studies of two of the randomly selected clients (E66 and E33) were observed to show decreased preference for the use of denial as a coping mechanism while the third client (E55) exhibited a slight increase in the use of this coping mechanism. These studies then would suggest that, at least for the three clients

¹Ibid., p. 15.
²Cermak, Journal of Alcohol Studies, p. 5.
presented in the case studies, there was a difference in the pre/post treatment coping patterns. The case study findings then would appear to be in conflict with those of hypothesis five.

Taking the findings of hypothesis five into consideration, it seemed to the author that the use of denial as a coping mechanism may be essential to the psychological survival of the alcoholic and therefore not easily changed.

The analysis of hypotheses six and seven revealed that there were no significant differences in the clients' levels of emotionality nor their tendency toward alcoholism as a result of a psycho-educational group experience. Woititz, Kritsberg, Worden, Maivro, and Black are among several authors who have emphasized that the suppression of emotions is a major problem for the child of the alcoholic. Thus, the results of hypothesis six seem to be in agreement with the study's findings. Changing the pattern in which the child of the alcoholic handles emotions is difficult in most every instance. Reacting to life situations in an emotional manner seemingly becomes "a normal" reaction. Hindman's statement that "although the children (of alcoholics) may vow not to drink and are cognizant of the potential harm of alcohol abuse, this position may give way to use of drinking as a means of
escape during real or perceived crises in later life also tend to support the findings of hypothesis seven.

Hindman's comments would also suggest that a tendency toward alcoholism is inevitable despite the alcoholic's earlier vow never to abuse the substance. The case presentation of client E66 seemed to be in conflict with the findings of hypotheses six and seven. This client's level of emotionality and tendency toward alcoholism appeared to have been significantly reduced. This client also showed a movement in a positive direction despite his having attended group sessions only 58 percent of the scheduled time.

Small and Wolf state that abstaining from alcohol involves more than "not drinking." Their study suggests that the many complexities affecting the alcoholics' tendency toward alcoholism would not support a movement toward change as a result of a psycho-educational group experience.

The findings of hypothesis eight suggested that the client's behavior as observed by the counselors was not affected by the treatment modality. Polich et al. noted that in comparing persons who received minimal or partial treatment with persons receiving increasing amounts of

---

2Small and Wolf, "Beyond Abstinence," p. 3.
treatment, the former group showed the lowest abstention, but higher problem rate.¹ A review of the findings for hypothesis eight suggested that there was neither an advantage nor disadvantage in use of a psycho-educational group experience. It seemed significant to note, however, that although the treatment time was minimal for both groups (six weeks), neither group evidenced a significant increase in problem areas (i.e., items noted on the counselor's checklist).

The case presentation for client E33 supports the findings of hypothesis eight in that there was no change in the client's day-to-day tasks as observed by the counselors. Case presentations for clients E55 and E66, however, did show these clients to have made positive changes in the appropriate use of their day-to-day behaviors suggesting that the findings of hypothesis eight were not acceptable for these particular clients.

As for the treatment approach, the findings of hypothesis eight did not appear to be supported by Brunn's study² which observed the relative effectiveness of the multidisciplinary approach compared to that of individual psychotherapy. Although a multidisciplinary approach was utilized with both groups, the psycho-educational group's

¹Polich, The Course of Alcoholism.
²Brunn, "Outcome of Different Types of Treatment on Alcoholics."
utilization of this particular approach was more detailed. The results of the counselors' observations, nevertheless, suggested that there was no significant change in the clients' behaviors irrespective of the intense nature of the approach.

While the literature was at times in agreement with the findings of this study, it appeared to be more often in conflict. This also was the tendency with regard to the case studies.
CHAPTER V

FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This chapter presents a recapitulation of the purpose of this study, the research design, clients, instruments, definitions and literature review. In addition, the findings, conclusions, implications, and recommendations for further study are also presented.

Purpose

This study was designed to determine: (1) if a correlation existed between the clients' perceptions of their early relationships with their parents and their current tendencies toward alcohol abuse, and (2) the effects, if any, of an eclectic psycho-educational treatment approach on the clients' alcoholic behaviors.

1-4H₀: There is no statistically significant relationship between clients' coping patterns and their perceived behaviors or feelings of their fathers or mothers.

5H₀: There is no statistically significant difference in the experimental and control clients' pre/post mean coping patterns as a result of exposure to a psycho-educational group experience.
6-7 Ho: There is no statistically significant difference in the clients' tendency toward alcoholism and level of emotionality as a result of a psycho-educational group experience.

8 Ho: There is no statistically significant difference in the clients' behavior as observed by their counselors which results from exposure to a psycho-educational group experience.

Research Design

The design used in this study was a pretest-posttest control group design. Two treatment groups were randomly formed. Group 1 was exposed to a psycho-educational group experience; group 2 was provided basic therapy and served as the control group. Both groups were given pretests and posttests for the purpose of determining whether the psycho-educational experience had any impact on the clients' alcoholic behaviors and to discover what impact the clients' early childhood exposure to alcoholic parent(s) may have had on their present ability to cope with the stresses of life.

Clients

The clients consisted of sixteen males assigned to a public alcoholism treatment center. Over 80 percent of the clients were under fifty years of age and over 50 percent had either a high school diploma or a GED. The majority of the clients at the center from which the groups were selected were court ordered to enroll in the center because of reported drunk driving offenses.
Instruments

There were four instruments utilized in this study. The Alcohol Addiction Test (ALCADD), the Coping Operations Preference Enquiry (COPE), the Life Interpersonal History Enquiry (LIPHE), and the Counselors' Checklists.

The ALCADD and COPE were used for the purpose of measuring the clients' life skill functioning in the areas of emotionality and the use of defense mechanisms. LIPHE tests were used to measure the clients' perception of their preadolescent experiences as children of alcoholics. The counselors' checklist was the author's adaptation of Tarter's characteristics of children of alcoholics.

Definitions

In carrying out this study the following terms were operationally defined:

1. **Perception of Past Experiences**—these are the perceived behavior and feeling of the father and mother. The term is operationally defined as the results measured on the Life Interpersonal History Enquiry (LIPHE).

2. **Coping Pattern**—operationally defined as the results measured on the Coping Operations Preference Enquiry and the E (excessive emotionality) scale of the ALCADD.

3. **Primary Alcoholic/Second Generation Alcoholic**—operationally defined as an individual who (a) states that one or both parents or parental surrogates were "alcoholic" or heavy drinkers, (b) scores 12 or more points on the ALCADD test; or (c) admits to alcohol related difficulties in two or more life functions, i.e. social, job, financial, legal, etc. These terms were used interchangeably.
4. Denial—refusal to grant the truth of a statement or allegation. Operationally defined as the measured outcome of COPE.

5. Psycho-educational Experience—operationally defined as the six bi-weekly group sessions within which the experimental group participated.

6. Level of Emotionality—operationally defined as the measured outcome of scale E (excessive emotionality) of the ALCADD test.

7. Tendency Toward Alcoholism—operationally defined as the measured outcome of the ALCADD test.

Summary of Literature

In the literature reviewed for this study, it appears that the themes of inconsistency of nurturance, inability to express feelings, and generation revisiting consistently and repeatedly appeared.

While Ackerman and Hindman were among the authors who observed that the inconsistency of nurturance was a major factor in the development of psycho-social problems for alcoholic off-springs, other authors to include Mayer, Black, and Wegscheider emphasized generation revisiting as a highly significant variable. Woititz, Kritsberg, Worden and Black, on the other hand, are among the authors who noted that suppression of feeling is an additional major concern.

Knaunert, Ackerman, Hindman, Clinebell, and Sloboda are among the authors who concerned themselves with the significance of the correlation between the child's perception of his early childhood relationship with his parent(s) and his later tendency to abuse alcohol and use of denial as a coping pattern.
Several authors suggested that the use of defense patterns, i.e., denial, are essential to the emotional survival of the alcoholic and therefore would be most difficult to change. Deutsch and Cermack are among this group.

Woititz, Kritsberg, Worden, Maivro and Black are included in a group of authors who referred to the inability of the alcoholic to cope with suppressed emotions. This may result in him being more emotional and thus more inclined to utilize alcohol as a coping mechanism.

As for the treatment methodology, the findings of Brunn and Polich, for example, would suggest that a multidisciplinary approach over an extended period of time is the most effective method for increasing the level of abstinence while decreasing the problem rate.

Tarter, Berry, Wotitz, Black, Sloboda, Wegscheider and others stress the importance of identifying and effectively intervening in the lives of children of alcoholics in order to reduce and prevent the continued cycle of psycho-social pain that comes with being the child of an alcoholic.

Findings

A number of findings evolved from the study:

1. Neither the perceived parental behavior nor feelings were significantly related to the clients' coping patterns.
2. There were no significant pre/post treatment differences relative to the use of denial as a coping mechanism.

3. There were no significant pre/post treatment differences in the clients' behaviors as related to levels of emotionality or tendency toward alcoholism.

4. Pre/post treatment differences as observed by the counselors were not significant.

Conclusions

Based on the statistical and descriptive analyses, the following conclusions seem to be warranted.

1. There was no relationship between the child of the alcoholic's perception of his parent(s) behavior or feeling and his own alcoholic behavior.

2. Significant reduction in the alcoholic's preference for the use of denial as a coping mechanism did not necessarily result from insight into his own or that of his alcoholic parent's behavior.

3. Factors indirectly related to early childhood experiences, i.e., personality, individual perception, ability to cope with stress, etc. may be crucial to the development and maintenance of high levels of emotionality and tendency toward alcoholic behaviors in alcoholics.

4. There were no significant improvements in the group's behavior relative to their overall responses to day-to-day life tasks functioning. However, when the groups were compared relative to their actual and expected direction of improvement, task by task, the group exposed to the psycho-educational group experience showed significant improvement on seven of the eight life tasks as compared to two of the eight for the group exposed to a basic therapy group experience as observed by the counselors.
5. Clients' reports of self-evaluations revealed behavioral changes in ways unique to them as individuals.

Implications

The implications resulting from the study are presented below and indicate that:

1) the length of treatment time appears to be critical to the reduction of denial as a coping pattern

2) the use of denial as a coping pattern may be learned behavior

3) an eclectic approach seems feasible as a treatment method but only when the length of treatment is considered as a critical variable

4) family participation seems essential to the resolution of conflicts in interpersonal relationships of the alcoholic.

5) more adequate assessment methods and individualized treatment plans are needed to assess the impact of the study design

6) despite the promotion of the disease concept of alcoholism, clients continue to view alcoholism negatively and not as "a disease", i.e. subjects admitting to having "a drinking problem", but not to being "alcoholic."

Recommendations

In view of the findings, conclusions, and implications, the following recommendations are made:

1. Extend the period of treatment time in order to maximize the clients' use of new or relearned skills.

2. Include both male and female clients in the group in an effort to create a more "normal" family type environment.
3. Incorporate more relationship/intimacy skill-building techniques into the sessions inasmuch as this was a recurring theme.

4. Execute a follow-up and longitudinal study to determine the impact of the experience over an extended time period.
APPENDIX A

STATEMENT OF CONSENT

-92-
STATEMENT OF CONSENT

Dear ____________________.

You have been selected to participate in group activities for the treatment of family addiction. The purpose of these activities is to educate you regarding the possible relationship between your own abuse of alcohol and/or drugs and that of other members of your family. An additional objective is for you to become aware of some of the alternatives for coping with the many problems associated with alcohol and/or drug abuse.

The activities will be held in twelve sessions beginning March 5, 1985. The sessions are scheduled for Tuesdays (6:30-8:00 p.m.) and Thursdays (7:30-8:30 p.m.) in the group room at the South Dekalb Mental Health Center. The procedure will involve your taking four tests (written) at the beginning and at the conclusion of the session. The group activities will involve discussions, viewing a film, and participating in exercises that are designed to help you better understand the problems associated with alcohol/drug abuse. No activities are planned that may cause physical injury to occur.

You may be assured that any results generated during the implementation of this project will be kept confidential. Group members' names will be converted into numerical codes for identification purposes. All information will be reported as group findings.

Although there is no monetary compensation available, it is expected that your personal growth and understanding of the addiction process will be highly rewarding. In addition, your participation in the project may contribute much in the way of helping other people who have similar problems.

Should you have questions about the project or need more information, you may contact me or my academic advisor, Dr. W. Coye Williams, Professor of Education, Atlanta University (681-0251).

Thank you for your willingness to participate.

Sincerely,

Marva S. Sanders, Ph.D. Candidate
STATEMENT OF CONSENT

I have read and do understand the information regarding my participation in the twelve sessions of the alcohol and/or drug group activities, and do CONSENT to my involvement in the project.

__________________________  ______________________________
Date               Signed – Client’s Name

__________________________  ______________________________
Date               Witness
APPENDIX B

INSTRUMENTS:

LIPHE
COPE
ALCADD
# THE ALCADD TEST

By MORSE P. MANSON, Ph.D.

Published by

[Western Psychological Services logo]

12031 Wilshire Boulevard
Los Angeles, California 90025

---

## Name
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
</tr>
</thead>
</table>

## Sex

1. Male
2. Female

## Age

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

## Date

- 19
- 20

## Occupation:

- Professional
- Student
- Other

## Circle one of the following: I am—

- Single
- Married
- Divorced
- Separated
- Widowed

## Circle the last school year you completed:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

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**DIRECTIONS**

Your full cooperation is necessary. Answer each question sincerely. Make every effort to answer as many questions as you can. There are no “right” or “wrong” answers. Many people will answer “yes” to a certain question, while many others will answer “no” to the same question. If your answer to a question is “yes,” mark the space under the YES for that question. If your answer is “no,” mark the space under the NO for that question. You will have all the time you need to answer all the questions, but work as fast as you can. YOU MAY NOW TURN THE PAGE AND BEGIN.
1. I like to swim.
2. I am a good dancer.
3. I like to read detective stories.
4. I enjoy watching a football game.
5. I would rather go to a dinner or banquet than drink.
6. Drinking speeds up life for me.
7. I need a drink or two to get started in my work.
8. I often take a drink or two in the middle of the afternoon.
9. I drink only to join the fun.
10. I drink at regular times.
11. I drink because I am unlucky in love.
12. I would rather go to a dance than drink.
13. Drinking puts me at ease with people.
14. I control my drinking at all times.
15. I prefer to dine in restaurants which serve drinks.
16. I often have the desire to take a drink or two.
17. I have good reasons for getting drunk.
18. A drink or two is the best way to get quick energy or pep.
19. Drinking has changed my personality a good deal.
20. I drink entirely too much.
21. Drinking disturbs my sleep.
22. I drink to get over my feelings of inferiority.
23. I drink about a pint or more of whiskey a week.
24. I drink because I am unhappy or sad.
25. I drink because I like to drink and want to drink.
26. I would rather attend a lecture or concert than drink.
27. I drink much more now than five years ago.
28. Some of my best friends are heavy drinkers.
29. I drink to make life more pleasant.
30. I take a drink or two before a date.
31. A drink or two before a conference, interview, or social affair helps me very much.
32. I often go to a cheaper neighborhood to do my drinking.
33. I get drunk about every pay-day.
34. I drink because it braces or lifts me up.
35. I need the friendship I find in drinking places.
36. It is necessary for some people to drink.
MALE FORM

DIRECTIONS: The following questionnaire is designed to see how you would guess
 certain kinds of people might feel in various situations. Several situations are
described here by a person who has observed an incident. You are to guess which
of the five alternatives best describes the way the person in the story feels. In the
space beside each choice, rank your guesses: Place a 1 beside that alternative you
feel is most likely, a 2 beside the one next most likely, down to 5 for the alternative
least likely to apply in the situation.

EXAMPLE: Harassed Harry

3. a.  
1. b. (most likely)  
2. c.  
5. d. (least likely)  
4. e.  

NAME  

GROUP  

DATE __  AGE  OTHER  

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ACTIVE ALEX

"Yesterday something happened to Alex which seemed to make him feel disturbed. Alex usually does everything together with people, and when others do things, he tends to join them.

"Yesterday a group of friends came over and asked him to go out with them. Alex seemed not to want to go, but went anyway. He appeared to realize that he might enjoy himself more if he didn't always join people but spent more time by himself.

"He still appears to be concerned about this. How would you guess he really feels now?"

COOL CLYDE

"Yesterday Clyde realized something about himself which appeared to disturb him. When he is with people, he usually acts rather cool and reserved. He is the kind of person who doesn't get very close to people or confide to them his feelings and worries.

"During a long conversation yesterday, Clyde seemed to want to confide in a friend the things he worries about and how he feels—but he didn't. It appears that he became aware for the first time of the fact that he might enjoy his relations with people more if he were not so cool and reserved; if he were warmer and more personally involved with his friends.

"Today Clyde still appears concerned about his realization of yesterday. How would you guess he really feels now?"

DOMINANT DAN

"During a club meeting yesterday, Dan appeared to realize something about himself which seemed to disturb him. When he is with people, he is usually quite domineering. He takes charge of things and makes most of the decisions.

"After volunteering for the role of chairman, it occurred to him that he would have been happier just being a committee member. He seemed to realize for the first time that he would enjoy people more if he were not so domineering; not always making decisions for people.

"Today Dan still appears concerned about his new realization of yesterday. How would you guess he really feels now?"
PERSONAL PAUL

"Paul is a very outgoing type of person. He tends to become very close and personally involved with others. He confides to them his innermost feelings and worries.

"Yesterday, he spoke to a friend and told him a great deal about himself. After thinking over his talk, he seemed to feel that he would have felt more comfortable if he had not confided so much. Perhaps he would enjoy his relations with people more if he didn't become so close and personal; if he were more cool and reserved.

"This morning Paul still appears concerned. How would you guess he really feels now?"

SUBMISSIVE SAM

"In a group meeting yesterday, Sam, who rarely takes charge of things even when it might be appropriate, appeared to be very disturbed. When a request was made for volunteers for the chairmanship, Sam suddenly seemed to realize that he might like the job. He appeared to feel that he might enjoy his relations with people more if he were not so reluctant to be more assertive.

"Today he appears to be still concerned. How would you guess he really feels now?"

WITHDRAWN WALTER

"Last night Walter was thinking over the fact that he usually does things by himself and hardly ever includes other people in his activities.

"Some time later a group of students from one of his classes came by and asked him to go out with them. Almost automatically, he refused. After they left, he seemed to realize that he would enjoy his relations with others more if he didn't always do things by himself; if he spent more time with people.

"This morning he still seems concerned. How would you guess he really feels now?"

Please check your answers and make sure you have ranked the alternatives 1, 2, 3, 4, 5 for each item. Thank you.
Add numbers in each column to obtain total; then enter deciles from table below. In the bottom row, columns may be ranked from highest to lowest decile.

<table>
<thead>
<tr>
<th>Decile Conversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decile Score</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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DIRECTIONS: The items below are expressed in terms of what actually happened to you as a child compared to what you wanted to have happen. We assume that for everyone some areas of childhood were probably not as satisfactory as they might have been. Please take a few minutes now to think back to your early childhood, perhaps around age six, and to recall the events and feelings of that period. Try to reconstruct the way you spent your time, the places you lived, your family, the things that interested you, the things you liked and disliked, the feelings you had about the people around you. In short, try to place yourself back in that period of your life as well as you can while you answer this questionnaire. (If you did not have a father or mother, answer for the person who acted most like your father or mother.)

Please answer as honestly as you can. Remember, we want your impressions now of these childhood situations.

For every item, place a number from 1 to 6 in the space next to the item. The numbers mean:
1. Definitely not true
2. Not true
3. Tends to be not true
4. Tends to be true
5. True
6. Especially true

NAME

GROUP

DATE AGE SEX

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ICA ICA
For every item, place a number from 1 to 6 in the space next to the item. The numbers mean:

1. Definitely not true 2. Not true 3. Tends to be not true
4. Tends to be true 5. True 6. Especially true

I wanted my father to—

1. Allow me more freedom. 6
2. Display more affection for me. 5
3. Feel more attached to me. 6
4. Have more respect for my judgment. 5
5. Engage more in activities with me. 6
6. Treat me in a warmer and friendlier manner. 6
7. Be more interested in my activities. 3
8. Have more confidence in my ability to take care of myself. 5
9. Play with me more. 5
10. Allow me to make more decisions. 6
11. Display more love for me. 6
12. Feel more strongly that I was a significant aspect of his life. 5
13. Have more respect for my ability to think for myself. 5
14. Share more of his recreational time with me. 2
15. Expect less accomplishment in school from me. 5
16. Be more interested in me. 6
17. Be warmer and closer in his behavior toward me. 5
18. Feel more strongly that I was an important member of the family. 5
19. Have more confidence in my ability to learn things. 5
20. Spend more time with me. 5
21. Give me more freedom to choose my friends. 5
22. Be more interested in the things I was interested in. 3
23. Spend more time reading stories to me. 3
24. Restrict my choice of playthings and toys less. 5
25. Give me more praise for my accomplishments. 6
26. Be more confident that I would succeed in life. 5
27. Give me more attention. 6
28. Feel more love for me. 5
29. Be more interested in helping me to learn. 6
30. Feel more confident about my ability to think critically. 5
31. Allow me to think more for myself. 5
32. Feel closer to me as a person. 5
33. Feel more strongly that I was a significant person. 5
34. Have more respect for my ability to solve problems. 5
35. Take me more on trips and excursions. 5
36. Criticize me less for my conduct and manners. 3
37. Feel more strongly that I was an important person. 5
38. Feel more confident about my ability to succeed at difficult tasks. 5
39. Spend more time playing games with me. 5
40. Supervise my activities less. 5
41. Feel more affection for me. 5
42. Be more confident that I could be trusted with responsibilities. 4
43. Spend more time showing me how to do things. 6
44. Insist less on respect from me. 6
45. Feel more warmth for me. 6

My father wanted me to—

1. Get better grades in school. 5
2. Stick up for my own rights more. 5
3. Be more obedient. 6
4. Play better at games. 5
5. Be more considerate of others. 5
6. Help more around the house. 6
7. Be more polite. 6
8. Have better manners. 6
9. Leave him alone more.
For every item, place a number from 1 to 6 in the space next to the item. The numbers mean:

1. Definitely not true 2. Not true 3. Tends to be not true
4. Tends to be true 5. True 6. Especially true

I wanted my mother to—

1. Allow me more freedom. 4
2. Display more affection for me. 5
3. Feel more attached to me. 6
4. Engage more in activities with me. 1
5. Limit my play activities less. 2
6. Be more interested in my activities. 3
7. Have more confidence in my ability to take care of myself. 4
8. Play with me more. 5
9. Allow me to make more decisions. 6
10. Feel more strongly that I was a significant aspect of her life. 1
11. Share more of her recreational time with me. 2
12. Be more of a friend and pal to me. 3
13. Be more interested in me. 4
14. Have more confidence in me to do things well. 5
15. Take me more to places I wanted to go. 6
16. Hold me less to strict rules of behavior. 1
17. Feel more strongly that I was an important member of the family. 2
18. Have more confidence in my ability to learn things. 3
19. Spend more time with me. 4
20. Give me more freedom to choose my friends. 5
21. Give me more proof of her love for me. 6
22. Have more respect for my ability to make decisions. 1
23. Restrict my choice of playthings and toys less. 2
24. Give me more praise for my accomplishments. 3
25. Feel more strongly that spending time with me was important. 4
26. Be more confident that I would succeed in life. 5
27. Give me more attention. 6
28. Hold me less to strict bedtimes.

My mother wanted me to—

1. Stick up for my own rights more. 6
2. Play better at games. 5
3. Be more considerate of others. 4
4. Help more around the house. 3
5. Be more polite. 2
6. Have better manners. 1
7. Be more sociable. 6
8. Leave her alone more. 5
9. Assert myself more.
High scores:
If no inclusion criteria, some moderate. Some did not feel pain is perceived them to be important.
If (assumption) = indicates sm dissatisfaction with the
patient, then if the removed from
* contains wk Note: need of isolation.
37. After a few drinks, I swear easily.
38. When I am sober, I feel bored and restless.
39. I drink whenever I have the chance.
40. I drink to ease my pain.
41. I go on a bender or binge at least once a month.
42. I usually pass out after I start drinking.
43. I often have pleasant burning sensations in my throat.
44. I drink too fast.
45. I often have blackouts when I am drinking.
46. I drink because it takes away my shyness.
47. I get high about once or twice a week.
48. I drink often at irregular times.
49. I take a drink or two when I feel happy.
50. I drink to relax.
51. I need a drink or two in the morning.
52. I drink to forget my sins.
53. I take a drink or two every day.
54. I would rather drink alone than with others.
55. I drink to forget my troubles.
56. My family thinks I drink too much.
57. I go on a week-end drunk now and then.
58. People who never drink are dull company.
59. My friends think I am a heavy drinker.
60. My father is (or was) a heavy drinker.
61. I would rather go to a movie than drink.
62. I go on a spree every few months and stay drunk for a few days.
63. All people who drink get drunk at some time or another.
64. A spree gives me a wonderful feeling of release and freedom.
65. Almost from the very first drink I took, I had a strong craving for alcohol which nearly always led to my getting drunk.

— END —
### THE ALCADD PSYCHOGRAPH

#### PROFILE

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#### SUMMARY:
APPENDIX C

DETAILED SCHEDULE OF ACTIVITIES
DETAILED SCHEDULE OF ACTIVITIES

Overview

The six-week psycho-social group experience described in the following pages was utilized as a model for the simultaneous education, prevention and treatment of primary alcoholics. The author has attempted to bring together the "whole" person. Thus, the most striking aspect may be the multidisciplinary activities and approaches. The study, it appears, was representative of several disciplines, i.e., education, counseling, psychology, etc. and so would be expected to have wide appeal to any person working in the field of alcoholism.
Week #1: Goal - To introduce the study, discuss ground-rules, and administer pretests.

Orientation

Materials: LIPHE, COPE, ALCADD Tests, pencils.

Week #2: Goal - To create an awareness of the past as it relates to the present.

Focus on "Here and Now"

A) Introduction
   1. Purpose of group
   2. Introduction to members
   3. Ground-rules

B) Show film: Soft Is The Heart of a Child and discuss. Ask each participant if he can identify with either of the children in the film—if so, in what way?

C) Distribute S. Weidscheider's chart on "The Roles" off-spring of alcoholics play. Discuss and relate to the roles group participants believed they play(ed) as off-spring of alcoholics.

D) Ask participants if they see themselves as continuing in the identified role and if so what "feeling", i.e., sadness, anger, etc. is associated with the role.

Closure

E) Tell the group that for the next five weeks they will be focusing on the past as it related to their present and that they may begin to become aware of past emotional pains, but in the end will learn to accept them while living in the present.

Week #3: Goal - To aid subjects in accepting the reality of their circumstance.

Focus on "Here and Now"

A) Ask each participant to share a significant event from their week's activity--were they aware of any particular emotion?

B) Read and discuss Weidscheider's definition of a family: "A group of people who are emotionally invested in each other." Ask participants who are members of their families and what is their "emotional investment" to each member?
C) Have participants engage in an imagery exercise. Say: "Now we're going to get a better look at our past lives and the people we had or have an emotional (whether positive or negative) investment in. I would like you to close your eyes and relax. Let your arms hang over your chair sides and imagine that you are back at your childhood home. You are going into the front entrance. Do not talk. Let your mind wander. See the pictures on the walls? How does it feel to be in this house again? Is anyone else there, if so who? After approximately two minutes, ask participants go again open their eyes and verbally respond to the above questions.

Closure

D) Close today's session by asking each participant to give a "positive" statement to other group members; or use "Magic Shop" exercise where each subject writes down positive traits about himself and barter with other subjects for what he thinks he lacks.

Week #4: Goal - To highlight the Family is Family's influence and its effect on coping styles.

Focus on Past

A) Ask each participant to describe his or her week in reference to thoughts about their family of origin.

B) Inform the group that they will now participate in an exercise which will help them to clarify the relationships between members of their family of origin. Each participant (beginning with the facilitator) is asked to utilize group members to represent family members and place each in relationship to each other as the participant perceived it.

C) Discuss the impact of each relationship on the participant "then and now."

D) Have participants to create a "Life Line" (a straight line on which the significant "ups and down's" of the participants' life is graphed) and share with other group members.

Closure

E) End session by asking participants what things they might do to "recreate" one of the joyous or "up" moments which they had particularly enjoyed. Try to do so during the next week.
Homework:

Materials: Pencils, plain paper.

Week #5: Goal - To graphically present the inter-relationship between the past and the present.

Focus on Past

A) Begin group by asking each participant to share a positive experience which they attempted to "relive" during the past week.

B) Share with the group that the next three exercises are designed to continue to focus on the past so that it can be seen in view of its relationship on the present.

C) Discuss results of LIPHE scale. Ask subjects individually if they can see any relationship between past desired and present behavior.

D) Facilitator shares with the group a "genogram" (see appendix) and ask participants if they can view any type pattern in their own lives that was known to be present in the lives of their parents or grandparents, i.e., personality traits and tendency toward alcoholism.

E) Using children's dolls, ask each participant to recreate family relationships as they presently view them. Discuss the significance.

Closure:

Tell subjects that the homework assignment will allow them to use fantasy to create the kind of family he/she desires.

Homework: Make a "Relationship Wish List"—describing how the participant would like each family member to relate to each other.

Materials: LIPHE Scale results, pencils, paper, 8-10 small dolls.

Week #6: Goal - To develop self-help skills.

Focus on "Nurturing"
A) Ask each participant to share the Wish List. Group brainstorms ways to make participants' most wanted wish come true.

B) Review participants LIPHE scale results and ask them individually and as a group to make suggestions about how to nurture him/herself and obtain a consistent nurturance of self for the significant "high score" items.

C) Share with group that one of the best ways to nurture him/herself is to develop a positive regard for self. Assertive training can help.

D) Introduce resource person who will teach a two hour block of assertive training.

Closure:

Share with group that being assertive is a way of caring for him/herself.

Homework: Practice being assertive.

Materials: LIPHE results

Week #7: Goal - To further develop self-help skills.

Focus on "Nurturing"

A) Teach group relaxation skill using pre-recorded tape or individual skilled in this technique.

B) Focus on interpersonal relationship skill utilizing "I" message. Have each participant practice using the format: When you ____________, I feel describe behavior ____________________ and it causes result describe feeling ____________. 

C) Utilize exercises to assist participants in becoming more aware of his/her senses:

1) touch: have each participant greet other members of group in a way which demonstrates how he/she "feels" about the member, i.e., hug, hand shake, pat on back, kiss on cheek, etc.
2) **hearing:** have each participant make a statement regarding his/her beliefs about how alcohol abuse has or has not affected his/her life. Before each of the other group members speak, he/she must paraphrase the previous participant's statement.

**Closure:**

Have participants "brainstorm" a list of alternatives to drinking including self-help books, groups, etc., i.e., H. Bloofield's "Inner Joy", R. Schuller "Self Love" Alcoholics Anonymous.

**Materials:** Relaxation tape, blackboard, chalk, paper, pencils.

**Week #8:** Goal - Administer posttests.

**Materials:**
1. ALCADD
2. Supervisor Checklist
3. COPE
4. Paper, pencils
5. Give written and oral evaluation

**Closure:** Thank subjects for their participation.
APPENDIX D

GROUP NOTES
NOTES FROM GROUP SESSIONS

This section contains the therapists' notes of observations of the clients' responses to the psycho-social group experience.

March 7 - Introductions/viewed film

#44 - Client was extremely quiet. Shared with group that he attends AA, but does not believe he is alcoholic—tries to keep a positive attitude about life—"resents" being "forced" to come to the group, but will try to keep a positive attitude about it.

#55 - Client was open and verbal—smiled often. Shared with the group that he had his first drink at age 15 with his peers—comes from "a poor family... a broken home... did not complete high school.

#12 - Client verbalized about his deceased father who "drank heavily"—believes his father was alcoholic. Subject has eleven siblings several of whom are heavy drinkers—views himself as the "black sheep" of the family.

#22 - Client was quiet, but intense in his observation of group—did not volunteer any input unless called upon. Shared with the group that he feels "bad" about being "forced" into rehabilitation after having received a DUI—Is not sure group will be helpful to him—puts his trust in God.

#88 - Client describes himself as "a country boy"—began drinking as "a kid when my uncle made moonshine"—father was "a weekend" drinker. Subject shared with group that he has had three in DUlIs in three years—believes he is alcoholic.
March 12 - Discussed Wegscheider's "Roles of Children of Alcoholics"

#12 - Client shared that "something" happened which caused him to feel angry and depressed with another person, but that he "stuffed" his anger and did not confront the situation. Client also verbalized his problem of relating poorly to his live-in-mate's children—feels that he is not accepted . . . "less than a man . . ." resentful about "real father" continuing to come around. Subject described himself as a "mascot" in relation to the role he played as the child of an alcoholic.

#88 - Client says he was quiet and shy as a child—sees himself as "somewhat like the lost child." Shared that liquor helped him get over his shyness.

#55 - Client shared that he worked hard and earned money as a child—views himself as a "family hero" in relation to the role he played as a child.

#22 - Client appeared more relaxed than last session—interacted more with group—shared that he is "daddy" to his live-in-mate's children and has three of his own by two previous marriages. Client described himself as a "family hero" in relation to the role he played as a child.

#44 - Client was more verbal than last session—asked for feedback regarding how to handle the problem of his live-in-mate's 14 year old son using his personal items without permission. Shared with group that he saw himself as a "family hero" when he was a child.

March 14 -
. Definition of family
. Characteristics of "ideal family"
. "Pick A Feeling" exercise

#55 - Subject says he is aware of a feeling of "sadness. . . ." Seems like I feel that way every day. It is always mixed with another feeling i.e., anger. The last time was when I was frustrated about some thing and accidentally hurt my pet bird.
March 14--Cont'd.

#44 - Subject says "fear" is the feeling he is most aware of. "I am fearful daily that something bad will happen to a member of my family before we get together again."

#12 - Subject says the last time he was "happy" was when he had a job as a school bus driver.

#14 - Subject says he was last "upset" when he got his last DUI. Subject shared that he dealt with this feeling by suppressing it.

#22 - Subject was last "angry" today when he had a conflict with his live-in-mate's child. Subject also continues to express much anger at having being "forced" to participate in rehabilitation.

#88 - Subject says he was last "confused" when he separated from his first wife and had to explain to his children why he was leaving. Subject smiled throughout the time he was commenting despite his later admission that this was a very painful time for him.

March 19 - Imagery exercise regarding recall of the house where he grew up

#88 - Subject recalls living with his maternal grandmother when he was 10 years old--says the memories are pleasant--recalls his uncle buying a bicycle for him and rescuing him from a tree because he was too afraid to climb down.

#44 - Subject recalls living in a two bedroom apartment with nine people--father did not work.

#55 - Subject recalls living with his mother and stepfather in an old farmhouse where the family were sharecroppers. Subject recalls two violent arguments his parents had while living in this house.

#33 - Subject recalls his father being "alcoholic" and mother drinking heavily. Subject says he recalls living in a big white house and having "fun" with his
March 19—Cont'd

siblings. Subject says his father left when he was young. Subject seemed empty of any emotion as he related this recollection. The exception was a tiny smile when he spoke of "fun" with his siblings.

#14 - Subject recalls having "good" feelings regarding the house where he lived—recalls living with his grandmother and having much work to do.

March 21 - Life Script (see appendix)

#33 - Subject was extremely quiet, seemed withdrawn and depressed. Life script revealed more low than high points.

#14 - Subject was somewhat reserved, but open to direct questioning. Life script revealed a relatively content life until subject was divorced at age 32.

#55 - Subject was open, verbal, good group interaction. Subject's life script revealed a number of broken relationships with members of the opposite sex and an instability reference jobs and geographical location.

#88 - Subject was less jovial, smiling and open. Life script indicates that subject has experienced more lows than highs since his divorce from his first wife at age 26.

#12 - Subject was open, verbal, and seemed less distressed than during the last session. Life script indicates that subject has experienced a series of lows in his life since the age of 17.

March 26 - Sculptering Exercise/Play Therapy (Family of Origin)

#55 - Subject sculptured his family in such a manner that he was protective of and responsible for his mother and younger brother, but separated from his stepfather.
March 26--Cont'd.

#66 - Subject sculptured his family with him being protective of his younger siblings. Subject shared with the group that this was because his father was "out of the picture" and his mother had had several "nervous breakdowns."

#88 - Subject sculptured his family with him being closer to and protected by his mother who died when subject was 21 years old. Subject saw his younger sister as being closer to his father.

#77 - Subject sculptured himself as the "father figure" to his siblings as there was not a father in the home and he felt responsible for everyone including his never married mother.

#14 - Subject chose not to sculpture his own family, but gave feedback to other group members.

#33 - Subject chose not to sculpture his own family, but gave feedback to other members when asked.

#44 - Subject did not sculpture his family, but initiated a discussion reference male and female relationships.

#12 - Subject stated that he feels his relationship with women has been a problem. Subject viewed himself as having been "dominated" by women.

#22 - Subject did not sculpture his family but verbalized his feeling that women are to be dominated. Shared with group that he made the mistake of not being "a man" in two previous marital relationships. Subject seemed to equate manhood with being in control.

March 28 - Construction of Genogram

#14 - Client was quiet, but seemed eager to share his genogram with the group. As client had often verbalized his inability to read and write, the therapist assisted him in the construction of the family situation as he perceived it.
March 28--Cont'd.

#55 - Client stated that in reviewing his genogram, he believed himself to have an "alcohol problem", but did not feel he was alcoholic.

#88 - Client verbalized a fear that his own children might one day become alcoholic. Client compared himself to his father and stated that he is a lot like him.

#12 - Client stated that he definitely believes himself to be alcoholic. Described himself as being "an outcast" from his family of orientation. Client seemed depressed and hurt by this perception.

#66 - Client verbalized his desire to "straighten out" his family. Client seemed to feel responsible for all members of his family of orientation and his nuclear family client verbalized his frustration over his wife's laziness and keeping their home like "a pig's pen."

April 2  - Assertiveness Training

#22 - Subject verbalized that his week was "ok." Subject viewed himself as being "assertive" i.e., aggressive, but stated that he is trying to be "more passive."

#14 - Subject stated that he views himself as "assertive."

#12 - Subject viewed himself as "assertive." Agreed to role play father of a group member who has difficulty expressing his views to his father.

#66 - Subject viewed himself as "assertive"--verbalized much anger and hostility toward father who left his family. The group heavily confronted the subject, however, he continued exhibiting anger i.e., hostile, swearing, etc. subject later admitted to being afraid that he was going to be alcoholic . . . "like my father." Subject verbalized that he is not going to let people "walk over" him.
April 2--Cont'd.

#44 - Subject was quiet--verbalized that he views himself as "assertive"--stated that he feels "good" about himself as he making more money and feels less in a financial bind.

#88 - Subject verbalized that he is often "passive" especially with respect to women.

#55 - Subject was unusually quiet--verbalized that he is "assertive . . . depending on the situation."

#33 - Subject was quiet, but shared with the group that he visited his father who is hospitalized. Subject stated that this was his first contact with the father in seven years. Subject shared that he had "mixed feelings" about this event.

#77 - Subject was extremely verbal. Shared with group that he is usually "aggressive" except with his girlfriend with whom he is passive. Subject was very confrontive with member who repeatedly expressed anger at his father. Subject volunteered to role play a situation reference initiating a conversation with a female. Subject stated that "independent women scare me", yet he admitted to preferring to be involved with independent women.

April 4 - Reviewed LIPHE, Tactile Therapy

#22 - Subject stated that he is trying to live a better life--viewed himself as a "good parent"--tended to agree with the interpretation of LIPHE results--volunteered to provide tactile therapy to other group members.

#12 - Subject stated that he agreed with the LIPHE results. Expressed concern about the poor relationship he has with his 13 year old daughter--volunteered to provide tactile therapy to group members.

#88 - Subject stated he agreed with the LIPHE results. Subject voluntarily participated in the tactile therapy exercise.
April 4--Cont'd.

#55 - Subject stated that he agreed with the LIPHE results that his relationship with his parents was basically a good one. Subject verbalized his concern over giving his sons "the things I did not have as a child" because of being economically disadvantaged.

#66 - Subject stated that he very definitely agreed with the LIPHE results indicating much conflict between his father and him. Subject said he saw his father today, but did not speak. Subject admitted to having difficulty "getting and receiving affection." Subject stated that he is trying to be more positive--"especially with my children."

#14 - Subject stated that he generally agreed with the LIPHE results which indicated that he had a good relationship with his parents.

April 9

#14 - Subject was quiet--little interaction except when asked a direct question. Subject stated that he saw himself as needing to be more assertive--especially at work. Subject seemed more relaxed than in previous sessions.

#44 - Subject stated that he saw himself as having a "possible attitude." Subject stated that he sometimes needs to be more assertive--used an illustration of himself as he told another member that he should not feel sorry for himself. . . . "What about people on death row?" Subject admonished his peer to "try Christ and the church."

#88 - Subject stated that he needs to learn to be more assertive--especially with women . . . "I need to learn to say no."

#77 - Subject felt he was "too domineering" and needs to be less so especially with his love ones. Subject also admits to wanting to drink when he sees alcohol.
April 9--Cont'd.

#55 - Subject stated he was "too soft" (non-assertive). Subject admitted to becoming tense and angry when people "walk over me."

#12 - Subject talked extensively about his live-in spouse and his feeling of frustration that their relationship seemed to be deteriorating since he stopped drinking. Subject felt he needed to be more assertive.

#66 - Subject stated that he has a tendency to be angry when he feels he has been "too easy going." Subject felt he needs to become more assertive. Subject stated that his relationship with his wife has improved since they started attending couples group.

April 11 - Goodbyes and Group Evaluations

#12 - Subject stated that he has become more open with his feelings since being in the group.

#55 - Subject was open and positive in attitude. Subject hugged the group facilitator and stated that he enjoyed the group and learned the importance of his need to be more assertive.

#66 - Subject admitted to being "aggressive and too emotional." Encouraged group to be more sensitive to the needs of other. Talked about the Goldberg book, The Hazards of Being Male.

#44 - Subject stated that he now feels good about being a part of the group even though he resented being "forced to come" initially.

#88 - Subject stated that he has learned that he needs to work on improving relations with females—has enjoyed being a member of the group.

#14 - Subject stated that he has enjoyed the group—especially the imagery exercise in which he recollected his childhood home.
April 11—Cont'd.

#77 - Subject volunteered to give hug to group facilitator and group members—would now be less aggressive toward others.

#28 - Genogram

#55 - Subject shared his genogram—saw himself as a problem drinker, but continues to deny that he is alcoholic.

#66 - Subject shared his genogram which showed him as having problems with alcohol and described as "outgoing, hard working, and domineering." Subject talked a lot about "straightening" his family out—appeared to continue to feel responsible for everyone. Verbalized frustration over his wife being "lazy" and keeping house like a "pig's pen."

#12 - Subject shared his genogram in which he identified himself, his father, and three brothers as having problems with alcohol. Subject talked about how painful it was to be emotionally distant from his family and to be seen by them as "an outcase."

#14 - Subject's genogram presented his father, two uncles, one cousin, one brother and himself as having problems with alcohol.

#88 - Subject's presentation of his genogram presented his grandfather, an aunt, an uncle, a cousin, his father and himself as being problem drinkers. Subject expressed some concern about his children possibly becoming alcoholic as his ex-wife has begun to abuse the substance. Compared himself to his father—thinks they are alike in many ways.
APPENDIX E

ROLES OF CHILDREN OF ALCOHOLICS
<table>
<thead>
<tr>
<th>SURVIVAL ROLE</th>
<th>WHAT YOU SEE</th>
<th>WHAT THEY FEEL</th>
<th>WHAT THEY TRY TO BRING TO TROUBLED FAMILY</th>
<th>WHAT DEFENCES THEY USE</th>
<th>FUTURE WITHOUT HELP</th>
<th>FUTURE WITH HELP</th>
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<tbody>
<tr>
<td>VICTIM</td>
<td>Blame</td>
<td>Guilt</td>
<td>Irresponsible</td>
<td>Deny the problem</td>
<td>Fatal illness</td>
<td>Responsible</td>
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<td></td>
<td>Aggression</td>
<td>Fear</td>
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<td>Set high standards for others</td>
<td>Brain Damage</td>
<td>&quot;Weller than Well&quot;</td>
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<td></td>
<td>Charm</td>
<td>Remorse</td>
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<td>Strike out</td>
<td>&quot;Accidental Death&quot;</td>
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<td>Inadequacy</td>
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<td>CHIEF ENABLER</td>
<td>Martyr</td>
<td>Hurt</td>
<td>Responsibility</td>
<td>Deny the problem</td>
<td>Fears &quot;going crazy&quot;</td>
<td>Insides match</td>
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<td>Physical illness</td>
<td>Anger</td>
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<td>Become super</td>
<td>Cannot make</td>
<td>outsiders</td>
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<td>Hostility</td>
<td>Guilt</td>
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<td>serious</td>
<td>decisions</td>
<td>Capable of</td>
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<td>Super</td>
<td>Low self worth</td>
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<td>Cries</td>
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<td>Inadeguacy</td>
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<td>decisions</td>
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<td>Hard worker</td>
<td>Inadequacy</td>
<td>Worth</td>
<td>Excells at school</td>
<td>Marries dependent</td>
<td>Accepts failure</td>
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<td>Does what's right</td>
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<td>Trouble in life</td>
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<td>Fun &amp; humor</td>
<td>Hyperactivity</td>
<td>Ulcers</td>
<td>Takes care of</td>
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<td>humor</td>
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APPENDIX F

LIFE SCRIPTS
Happy Kid 15
first girlfriend, got a car

18

married

20
got first job

40

39
remarried

had church wedding

41

got divorced

1st DUI

1st DUI

2nd DUI
APPENDIX G

GENOGRAM
SAMPLE GENOGRAMS

This appendix contains sample genograms that were constructed from clients' recollection of their family members' personality traits and tendency toward alcoholism.
APPENDIX H

COUNSELOR CHECKLIST
COUNSELORS' CHECKLIST

The Alcohol and Drug Program will be conducting a special project on alcohol abuse among the Alcoholism Treatment Center clientele. The study would be greatly benefited if you would respond to the checklist items you think represent the normal behaviors of the client listed below. Please place the number chosen in the appropriate space.

a. Individual uses time appropriately. ___

b. Individual interacts negatively with peers. ___

c. Individual is highly emotional. ___

d. Individual works below his/her ability. ___

e. Individual sticks to assigned task until completed. ___

f. Individual is frustrated. ___

g. Individual has difficulty accepting directions. ___

h. Individual shows poor concentration. ___

i. Individual arrives late or leaves early. ___

0 1 2 3 4
Not Observed Never Seldom Often Almost Always
APPENDIX I

COUNSELORS' OBSERVATIONS
<table>
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<tr>
<th>Item</th>
<th>Description</th>
<th>Pre-Treatment</th>
<th>Post-Treatment</th>
<th>Actual Direction*</th>
<th>Expected* Direction of Pre/Post Change</th>
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<td>Often/ Always</td>
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<td>A.</td>
<td>Individual Uses Time Appropriately</td>
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<td>B.</td>
<td>Individual Interacts Negatively with Peers</td>
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<td>C 100</td>
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<td>C.</td>
<td>Individual is Highly Emotional</td>
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<td>88</td>
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<td>C 86</td>
<td>14</td>
<td>86</td>
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<td>D.</td>
<td>Individual Sticks to Assigned Task Until Completed</td>
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<td>67</td>
<td>22</td>
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<td></td>
<td>C 14</td>
<td>86</td>
<td>14</td>
<td>+</td>
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<td>E.</td>
<td>Individual is Frustrated</td>
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<td>67</td>
<td>-</td>
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<td></td>
<td></td>
<td>C 71.43</td>
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<td>86</td>
<td>-</td>
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<td>F.</td>
<td>Individual Has Difficulty Accepting Directions</td>
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<td>33</td>
<td>100</td>
<td>-</td>
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<tr>
<td></td>
<td></td>
<td>C 86</td>
<td>14</td>
<td>86</td>
<td>-</td>
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<td>G.</td>
<td>Individual Shows Poor Concentration</td>
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<td>44</td>
<td>78</td>
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<td></td>
<td></td>
<td>C 71.43</td>
<td>28.57</td>
<td>86</td>
<td>-</td>
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<tr>
<td>H.</td>
<td>Individual Arrives Late or Leaves Early</td>
<td>E 78</td>
<td>22</td>
<td>100</td>
<td>-</td>
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<tr>
<td></td>
<td></td>
<td>C 86</td>
<td>14</td>
<td>86</td>
<td>-</td>
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</table>

*Actual direction of pre/post change and expected direction of pre/post change across the eight items for the E & C groups as observed by the counselors was significantly different favoring the E group ($X^2 (.05)_{(1)} = 4.063$).
APPENDIX J

CLIENT EVALUATIONS
PSYCHO-SOCIAL EDUCATIONAL GROUP
EVALUATION

1) What did you find useful about the group?
Communication (speaking) with peers & family
Promotes socialization, problem-solving, & trust

2) What did you not find useful?
Probly the role-playing with the children

3) Was this group what you expected it to be? If so, in what way?
Yes, I wanted it to be helpful & beneficial, but it was educational & meaningful.

4) In what way, if any, has your behavior changed in the past six weeks?
I have become a little more attentive.

5) Comments: I think that the group was good, informative, and more helpful than expected. The sessions were well-structured and beneficial. Some sessions were more enjoyable, but overall, they were worth it. Since my progress was slow, I am glad to finish these past six weeks.
PSYCHO-SOCIAL EDUCATIONAL GROUP EVALUATION

1) What did you find useful about the group?

2) What did you not find useful?

3) Was this group what you expected it to be? If so, in what way?

4) In what way, if any, has your behavior changed in the past six weeks?

5) Comments:

OUR COUNSELOR WAS WELL SUITED TO HIS PROFESSION, NEVER DID I GET A HINT OF DISAPPROVAL OR WHAT ANYBODY SAID, VERBALLY OR OTHERWISE. I THOUGHT I ENJOYED THESE SESSIONS
PSYCHO-SOCIAL EDUCATIONAL GROUP
EVALUATION

1) What did you find useful about the group?

2) What did you not find useful?

3) Was this group what you expected it to be? If so, in what way?

4) In what way, if any, has your behavior changed in the past six weeks?

5) Comments: Well, I have found within the group useful talks to better my future life style by sharing and carrying within the group program. The group wasn't what I wanted it to be, just even better. In the last six weeks, my mind have been open more!
1) What did you find useful about the group?
I found a lot of things useful. Helped me see things in a new light. I was able to see things from other people's points of view.

2) What did you not find useful?
Nothing.

3) Was this group what you expected it to be? If so, in what way?
This group was much more than I had expected.

4) In what way, if any, has your behavior changed in the past six weeks?
I have learned experiences, and to understand people more.

5) Comments: I would like to see more of a group like this so that I may get more help with the right things. It was very good. I would like to see Sanders again.

To be continued...
1) What did you find useful about the group?
   Discussing issues

2) What did you not find useful?

3) Was this group what you expected it to be? If so, in what way?

4) In what way, if any, has your behavior changed in the past six weeks?

5) Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
PSYCHO-SOCIAL EDUCATIONAL GROUP
EVALUATION

1) What did you find useful about the group?
I think that I have learned that I am not the only person in the world that has a drinking problem, but we have a future.

2) What did you not find useful?
The tests wasn't, because it is hard to tell the truth.

3) Was this group what you expected it to be? If so, in what way?
It was more than I expected because we had an instructor that listen.

4) In what way, if any, has your behavior changed in the past six weeks?
It has been only two weeks, but in the last week I have thought about being a more witness to my friend.

5) Comments:
I would like to recommend this Sanduson on a Job well done.
10 of a group of 11 in 5 of 1.

_________________________
1) What did you find useful about the group?

2) What did you not find useful?

3) Was this group what you expected it to be? If so, in what way?

4) In what way, if any, has your behavior changed in the past six weeks?

5) Comments:
APPENDIX K

PRE/POST TEST RESULTS FOR EXPERIMENTAL
AND CONTROL GROUP
# CONTROL GROUP (BASIC THERAPY)

<table>
<thead>
<tr>
<th>Subject</th>
<th>ALCADD Pre</th>
<th>ALCADD Post</th>
<th>ALCADD E Pre</th>
<th>ALCADD E Post</th>
<th>COPE (Denial) Pre</th>
<th>COPE (Denial) Post</th>
<th>LIPHE (Behavior) Mother</th>
<th>LIPHE (Behavior) Father</th>
<th>LIPHE (Feeling) Mother</th>
<th>LIPHE (Feeling) Father</th>
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# Experimental Group (Psycho-Educational)

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| SD        | 20.98      | 15.92       | 6.78               | 3.31               | 3.89             | 3.48              | 14.67                  | 18.08                  | 14.58                  | 14.59                  | .39           | .16         |
# RECORD OF ATTENDANCE

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|    | 9      | 5      | 5      | 6      | 5      | 5      | 9      | 5      | 9      | 6      | 7      | 7      |

M - 8.66  
SD - .292
BIBLIOGRAPHY


Squires, Sally. "Children are Among Alcoholism's Primary Victims." Atlanta Journal, 4 April 1984.


Small, Jacquelyn, and Wolf, S. "Beyond Abstinence." Alcohol Health and Research World (Summer 1978).


Western Psychological Services. ALCADD. Consulting Psychologist Press.