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Clinical Perspectives on the Applicability of “ACOA” as a Diagnosis

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CLINICAL PERSPECTIVES ON THE APPLICABILITY
OF “ACOA” AS A DIAGNOSIS

by

VALERIE MANLEY

Under the Direction of Sarah Cook, PhD

ABSTRACT

In the 1980’s, a handful of authors distilled the anecdotal experiences of adult children of alcoholics (ACoAs) into a syndrome of dysfunctional characteristics that they proposed were shared by most ACoAs. The books they published were commercially successful and launched a popular movement and a self-help industry, which mental health clinicians would eventually need to either acknowledge or refute. In the ensuing years, the ACoA syndrome has become broadly accepted among laypersons, but efforts to validate this syndrome through empirical research have been inconclusive. To date, there is little evidence regarding the degree to which mental health clinicians have embraced the validity of an ACoA symptomology. In this study, mental health clinicians in a southeastern state were surveyed regarding both their endorsement of a distinct ACoA syndrome and the therapeutic utility of ACoA support groups. The results indicated a lack of support for either.

INDEX WORDS: adult children of alcoholics, ACoA

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Undergraduate Research Honors
In the Honors College
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Introduction

Alcohol use disorders impact a significant subset of the U.S. population: in 2012, roughly 17 million adults over 18 years old, or approximately 7.2%, suffered from an AUD (National Institute of Health, 2013), and over 10% of the children in the U.S. lived with one or more parent so affected (National Institute of Health, 2014). Seventeen million alcoholics, however, are not a homogeneous group; and as individual as alcoholic parents are, their children are eventually exposed to experiences and influences far beyond their alcoholic parent, potentially representing even greater heterogeneity. Despite this variability, do adult children of alcoholics have characteristics in common, and do some of those characteristics have the potential to manifest as a distinctive cluster of behavioral disorders in adults?

Dr. Janet Woititz distilled observations of counseling clients at the Rutgers Center for Alcoholic Studies into thirteen broadly characterized behaviors (Appendix A) in her book *Adult Children of Alcoholics*, published in 1983 (Woititz, 1983). By 1987, the book had become a *New York Times* bestseller. Though the symptomology she described had not been empirically validated, the book spawned a “grassroots following” (Saxon, 1994). In 1984, Dr. Timmen Cermak applied the term “codependency” to adult children of alcoholics, developed diagnostic criteria, and proposed its inclusion as a personality disorder in DSM-III-R (1986). Though the APA did not accept his proposal, Dr. Cermak published his own book in 1989, *A Primer on Adult Children of Alcoholics*, in which he described five indications of codependency specific to family members of alcoholics (1989). Melodie Beattie published *Codependent No More* in 1986, which quickly sold eight million copies and contributed to the public conflation of the concepts of codependency and a syndrome unique to adult children of alcoholics (1986). Popular literature on adult children of alcoholics (ACoAs) peaked at nine books in both 1987 and 1988, four in

1989, and five in 1990, after which the number declined to zero by 2003 (Appendix B). By then, the terms “codependency” and “ACoA” had entered both the public’s and mental health clinicians’ lexicons despite scholarly criticism (Gomberg, 1989) and a continued lack of clear empirical support (Harter, 2000).

The research needed to provide that empirical support faces significant methodological challenges. If the intent of a study is an examination of any of the characteristics described by Woititz, the researcher must first operationally define the characteristic under scrutiny. Critics have described the list of characteristics as so ambiguously worded that anyone could interpret any of them as applicable, a phenomenon called the Barnum Effect (Fineran, Laux, Seymour, & Thomas, 2010). Where researchers have attempted to operationally define and measure them, reported results have been inconsistent and therefore inconclusive (George, LaMarr, Barrett, & McKinnon, 1999). If the intent is to independently develop and validate symptomology for a syndrome unique to ACoAs, researchers must control for several significant variables, including but not limited to: the severity and status of the parent’s alcoholism; comorbid disorders in the alcoholic parent; age and sex of the child at onset of the parent’s alcoholism; whether the ACoA is also a victim of the statistical heritability of alcoholism; whether study participants self-identify as ACoAs; and whether participants are already in treatment for a psychological disorder (Sher, 1997). Research remains sparse and results have been largely contradictory. A survey of pertinent journal articles published since 2010 indicates a shift in interest to possible correlations between status as an ACoA and depression, resilience, adjustment issues, and substance use disorder (Appendix C).

The term “ACoA,” therefore, persists, as both an identifier for a specific population and as a reference to a broadly defined cluster of dysfunctional traits. A layperson searching the

Internet for information on ACoAs will find at the top of their search results links to a support group called Adult Children of Alcoholics (Adult Children of Alcoholics World Service Organization, n.d.), the Awareness Center founded by Dr. Woititz (Woititz, n.d.), and Adult Children of Alcoholics Resources (Characteristics of Adult Children of Alcoholics, n.d.). All of these sites present Woititz's thirteen characteristics as indications of an acknowledged disorder. The layperson may self-identify as a victim of the ACoA syndrome; in the absence of clinical evaluation, there is a risk that such self-identification may be unwarranted and may in turn perpetuate an equally unwarranted sense of deviance (George, LaMarr, Barrett, & McKinnon, 1999). Whether unwarranted or not, self-identification may result in a decision to present to a clinician, or to seek non-clinical support, or both.

There are three major organizations devoted to supporting ACoA/codependents: ACA (Adult Children of Alcoholics World Service Organization, n.d.), Al-Anon/Alateen (Al-Anon Family Groups, n.d.), and CoDA (Co-Dependents Anonymous, n.d.). All three acknowledge the medical model of alcoholism and subscribe to the same spiritually based twelve steps originated by Alcoholics Anonymous; the steps focus on surrender to an external locus of control, specifically a higher power. The Al-Anon website includes resources and an electronic newsletter specifically for healthcare professionals in which they offer anecdotal endorsement of their efficacy. Given their code of anonymity, the extent to which clinicians refer patients to any of these groups as an adjunct to individual therapy cannot be successfully examined through surveys of group members.

Purpose of the Study

The questions at hand, therefore, are: 1) whether clinicians, specifically those in the mental health field, currently subscribe to the construct of ACoA as a diagnosis based on a

distinctive cluster of symptoms, and 2) if so, whether they also find sufficient merit in the precepts of the support groups described to warrant therapeutically referring patients to them. If clinical experience validates the construct, research is needed to refine the highly publicized symptomology characterized by some as Barnum statements into more definitive information, reducing the risk of misguided and potentially self-fulfilling and unhealthy assumptions. If participation in a support group were a recommended part of a therapeutic course, those support groups would better serve their members with more accurate guidance. On the other hand, if there is no significant endorsement among clinicians of a diagnostic construct called “adult child of an alcoholic”, researchers should shift focus from a hypothesized syndrome to the specific existing disorders for which adult children of alcoholics may be at a higher risk; the “cottage industry” that has developed around the purported ACoA syndrome should no longer benefit from presumed empirical support and clinical acceptance (Searles & Windle, 1990).

Method

Participants

Given that the questions under examination involved perspectives among mental health professionals in counseling practices, the participants were recruited for this study from a population of clinical psychologists and clinical social workers in a southeastern U.S. state. Recruitment followed a two-pronged approach. First, ads were placed in the newsletters of professional organizations, The National Association of Social Workers and the Georgia Psychological Association, which explained the subject and extent of the study and directed potential participants to an online survey. Second, emails with the same information were sent to campus mental health clinic directors and faculty members with psychological counseling experience; each was asked to forward the recruitment message to other psychologists and social

workers in counseling practices. Since participation was anonymous and private in deference to professional ethics and confidentiality, no demographic data were captured for the participants (N = 23). Participants were not compensated.

Procedure

A survey was created and published on a web-based service designed in compliance with IRB standards for psychological studies. Responses were securely encrypted and anonymized. Participants were required to read and indicate their acceptance of the terms of the study and their consent to participate before being allowed to access questions.

Primary question. Each participant responded with a Yes or a No to the primary question: “Do you consider ‘adult child of an alcoholic’ to be a useful diagnostic term?” If the response was No, the participant was directed to an open-ended and final question.

Secondary question. If the response to the primary question was Yes, the participant was asked to respond with a Yes or a No to the following: “Do you typically refer patients who self-identify or are diagnosed as ACoA to a 12-step support group such as ACA, CODA, or AlAnon?” If the response was No, the participant was directed to the same open-ended and final question as described above.

Tertiary question. If the response to the secondary question was Yes, the participant was asked to respond to the following: “In your experience, are 12-step support groups effective for ACoA patients who have not also been diagnosed with a substance use disorder?” Response options were Yes, No, or “Variable, depending on specific diagnosis”.

Open-ended question. Participants who responded with a No to the primary or secondary question were asked to respond to the following: “Briefly, what is your diagnostic approach with a patient who self-identifies as an adult child of an alcoholic?”

Results

Primary Question

Participants were required to respond to the primary question, which therefore yielded the highest number of responses. A chi-square test of goodness-of-fit was performed to determine whether there was an equal distribution of Yes and No responses. Responses were not equally distributed, $\chi^2(1, n = 23) = 13.14, p < .005$, Cohen's $W = .76$ (large effect size). Figure 1 illustrates the predominance of No responses.

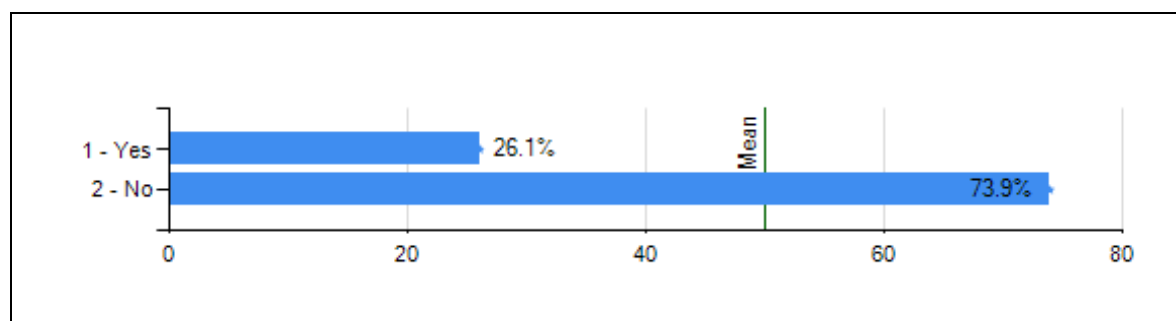


Figure 1. Responses to the question "Do you consider 'adult child of an alcoholic' to be a useful diagnostic term?" $n = 23$; Yes = 6 (26.1%); No = 17 (73.9%).

Secondary Question

Five out of six of the participants who responded with a Yes to the primary question responded to the secondary question. Given the low response rate, no statistical analysis was done; results were expressed as simple proportions. Sixty percent responded with a Yes, forty percent with a No.

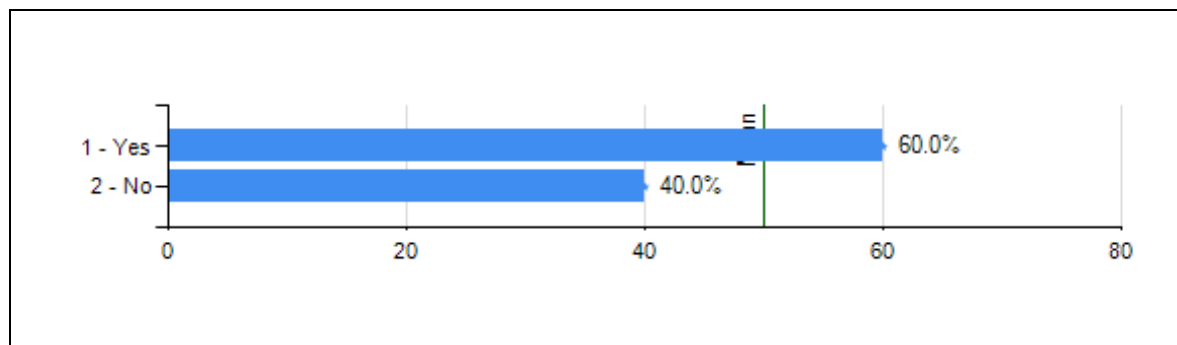


Figure 2. Responses to the question "Do you typically refer patients who self-identify or are diagnosed as ACoA to a 12-step support group such as ACA, CODA, or AlAnon?" n = 5: Yes = 3 (60.0%); No = 2 (40.0%).

Tertiary Question

Two of the five participants who responded with a Yes to the secondary question responded to the tertiary question. One hundred percent of those participants selected the "variable" response.

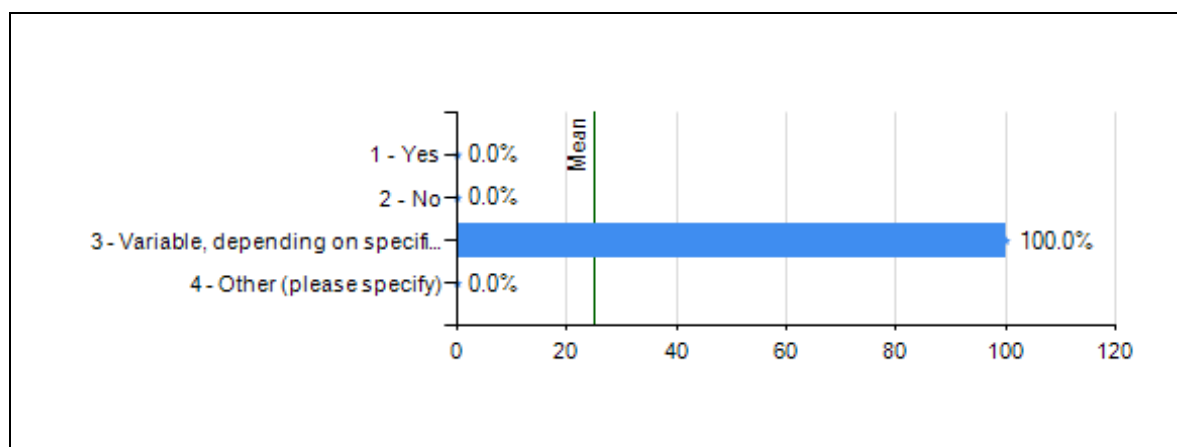


Figure 3. Responses to the question "In your experience, are 12-step support groups effective for ACoA patients who have not also been diagnosed with a substance use disorder?" n = 2; Yes = 0 (0.0%); No = 0 (0.0%); Variable, depending on specific diagnosis = 2 (100%).

Open-Ended Question

Fourteen participants provided responses to the open-ended question ("Briefly, what is your diagnostic approach with a patient who self-identifies as an adult child of an alcoholic?").

Responses were analyzed and encoded into two categories: 1) a patient's status as an ACoA does not affect the intake, diagnostic, and treatment process, or 2) identifying the patient as an ACoA aids the process of diagnosing standard disorders. Eleven responses (79%) fell into category 1; three (21%) fell into category 2. All responses are listed in Appendix D.

Discussion

The current study was designed to assess the extent to which mental health clinicians subscribed to the popularized ACoA syndrome and, if so, whether they considered the 12-step support groups tailored to ACoAs to be therapeutically beneficial. To that end, recruitment solicitations went to 3,210 clinicians through professional newsletters (892 subscribers via the Georgia Psychological Association publication and 2,318 via the National Association of Social Workers Georgia Chapter publication); additional solicitations were sent directly to regional university faculty members who were also in clinical practice. The response rate was extraordinarily low at 23 (approximately 0.99%). The small sample did, however, yield suggestive results.

Degree of Acceptance of an ACoA Syndrome among Clinicians

Survey results demonstrated strong disagreement with the diagnostic utility of the term "adult child of an alcoholic". The majority of the comments in support of this response reflected the degree to which participants did not perceive a patient's experiences as an ACoA to be sufficiently defining to alter the normal diagnostic process. One participant criticized any diagnostic differentiation based on specific forms of dysfunctional parenting: "If we dx (diagnose) adult children of alcoholics are we going to add diagnoses?: Adult children of Narcissistic parent, AC of depressed parents, AC of inadequate parents, AC of divorced parents,

etc.” Another participant pointed out the danger of introducing diagnostic error based on assumptions about patients who identified as ACoA: “I think that using this as a diagnostic category would generate too many false positives, and false negatives, since this label applies to such a diverse array of people.” As early as 1992, Seefeldt and Lyon similarly warned that counselors who diagnosed patients based primarily on their identification as ACoAs risked falling victim to a type of confirmation bias (p. 592).

From within the subset of participants who indicated that the ACoA designation was meaningful in the diagnostic process, comments diluted the degree of support. One participant described its utility as follows: “I consider this identification to be potentially important for understanding the experiences that the individual sees as salient in his/her history . . . however I do not consider the experience of having had a parent with alcoholism to be diagnostic in and of itself.” Another comment more pointedly qualified any support: “I do use ACoA as a term in therapy indicating a group of common experiences and outcomes . . . (however) using ACoA as a diagnosis is like using sexual assault as a diagnosis.”

In summary, even among participants who expressed acceptance for the utility of the term ACoA in the diagnostic process, none expressed unequivocal support for a distinctive ACoA symptomology.

Therapeutic Applicability of 12-Step Programs for ACoAs

Only three participants indicated routine referral of patients identified as ACoA or diagnosed with the ACoA syndrome to one of the predominant support groups established specifically for adult children of alcoholics. ACA, CoDA, and Al-Anon are all founded on the twelve steps originated in Alcoholics Anonymous. There has been very little empirical research on the efficacy of the 12-step approach in the treatment of patients who are not diagnosed with

substance use disorders, however some researchers have recommended that an individual who identifies as an ACoA may benefit from the emotional support available in such groups if his or her diagnosis is determined to be directly attributable to having had an alcoholic parent (Fineran et al., 2010; Jones et al., 2007).

Possible Benefit of Self-Identification as an ACoA

There is growing evidence of the heritability of alcoholism (Wetherill et al., 2014). Haller and Chassin studied possible protective aspects of childhood experiences of parental alcoholism (2010). In their findings, individuals who believed that they were at a greater risk for inheriting alcoholism, notably ACoAs, were more likely to moderate their own drinking, particularly during the vulnerable period of early adulthood. This suggests the need for more advanced study of the specific circumstances in which increased awareness may most effectively play a part in interrupting familial transmission of alcohol use disorder.

Limitations

The generalizability of this study is limited by the small sample size and by the geographic constraint of that sample to one southeastern state. It is possible that the extraordinarily low response rate was a reflection of clinical professionals' disinterest in the specific topic. Repeating the study on a larger scale may yield a more representative statistic.

Conclusions

The results of this study strongly suggest that mental health clinicians do not endorse the popularized idea that adult children of alcoholics share a cluster of symptoms that constitute a distinct disorder. The results marginally support clinical use of identification as an ACoA as a tool with which to refine the process of gathering a patient history.

This purported disorder originated in self-help literature produced by the comparatively small collection of niche publishers listed in Appendix B: 15 by Health Communications, Inc., 4 by Hazelden Publishing (a branch of the Hazelden Betty Ford Foundation), and 2 by Recovery Publications, Inc. These publications and the support groups that have embraced their symptomology have, as Seefeldt and Lyon described, “fostered the growth of the ACoA treatment industry” (1992, p. 588). Empirical research in the years since the inception of an ACoA syndrome has failed to validate the syndrome but has, as illustrated in Appendix C, explored correlations between status as an ACoA and well-defined disorders such as depression and substance use disorders.

The layperson’s first line of inquiry on concerns arising from childhood experiences with an alcoholic parent includes popular literature and the support groups found through the Internet. There, he or she will invariably find Janet Woititz’s list of Barnum statements (Appendix A). As researchers cited within this study have suggested, self-identification as a victim of a purported syndrome based on this list may result in a sort of psychological hypochondria (George et al., 1999; Logue et al., 1992; Seefeldt et al., 1992). There is a vacuum in the base of information accessible to the general public that qualified researchers and mental health clinicians should be urged to fill with empirically supported guidance on what it does and does not mean to be the adult child of an alcoholic.

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Appendix A

Characteristics of adult children of alcoholics, as listed in *Adult Children of Alcoholics*

(Woititz, 1983)

1. Guess at what normal behavior is.
2. Have difficulty following a project through from beginning to end.
3. Lie when it would be just as easy to tell the truth.
4. Judge themselves without mercy.
5. Have difficulty having fun.
6. Take themselves very seriously.
7. Have difficulty with intimate relationships.
8. Overreact to changes over which they have no control.
9. Constantly seek approval and affirmation.
10. Usually feel that they are different from other people.
11. Are super responsible or super irresponsible.
12. Are extremely loyal, even in the face of evidence that loyalty is undeserved.
13. Are impulsive – tend to lock themselves into a course of action without consideration of alternatives or consequences.

Appendix B

Table B1 lists the results of a survey of popular literature for which the topic is specific to adult children of alcoholics.

Table B1

YEAR	TITLE	AUTHOR	PUBLISHER
1983	Adult Children of Alcoholics	Woititz, Janet G.	Health Communications, Inc. (HCI)
1983	Children of Alcoholics	Pickens, Roy	Hazelden
1985	Daily Affirmations: For Adult Children of Alcoholics	Lerner, Rokelle	HCI
1985	Children of alcoholism: a survivor's manual	Seixas, Judith S., & Youcha, Geraldine	Harper & Row
1986	Codependent No More	Beattie, Melodie	Hazelden
1986	A workbook for healing: adult children of alcoholics	McConnell, Patty	Winston Press
1986	Guidelines for support groups: adult children of alcoholics	Woititz, Janet G.	HCI
1987	Recovery: A Guide for Adult Children of Alcoholics	Gravitz, Herbert L.	Touchstone
1987	Children of Alcoholics	Bean-Bayog, Margaret, & Stimmel, Barry	Psychology Press
1987	Let go and grow: recovery for adult children of alcoholics	Ackerman, Robert J.	HCI
1987	The 12 steps for adult children	Friends in Recovery	Recovery Publications, Inc.
1987	Same House, Different Homes: Why Adult Children of Alcoholics are Not All the Same	Ackerman, Robert J.	HCI
1987	The 12 Steps: A Way Out: A Working Guide for Adult Children of Alcoholics	Friends in Recovery	Recovery Publications, Inc.
1987	Healing the Child Within: Discovery and Recovery for Adult Children of Alcoholics	Whitfi, Charles L.	HCI
1987	Choice-making: For Co-dependents, Adult Children, and Spirituality Seekers	Wegscheider-Cruse, Sharon	HCI
1987	Letting Go of the Need to Control	Ann M.	Hazelden
1988	Adult Children of Alcoholics Syndrome: A Step By Step Guide to Recovery	Kritsberg, Wayne	Bantam
1988	Adult children of alcoholics	Tainey, Phyllis	Manticore Publishers
1988	Coming Home: Adult Children of Alcoholics	Anderson, Peggy King	Glen Abbey Books

YEAR	TITLE	AUTHOR	PUBLISHER
1988	Hope: New Choices and Recovery Strategies for Adult Children of Alcoholics	Marlin, Emily	Harpercollins
1988	12 Steps to Self-parenting: For Adult Children of Alcoholics	Oliver-Diaz, Philip & O'Gorman, Patricia A.	HCI
1988	Grandchildren of alcoholics: another generation of co-dependency	Smith, Ann W.	HCI
1988	Adult Children: The Secrets of Dysfunctional Families	Friel, John & Friel, Linda D.	HCI
1988	Hope for Healing: Good News for Adult Children of Alcoholics	McDonnell, Rea & Callahan, Rachel	Paulist Press
1988	Feeding the empty heart: adult children and compulsive eating	McFarland, Barbara & Baumann, Tyeis Baker	Hazelden
1989	A Primer on Adult Children of Alcoholics	Cermak, T.	HCI
1989	Perfect daughters: adult daughters of alcoholics	Ackerman, Robert	HCI
1989	Unfinished business: helping adult children resolve their past	Sell, Charles M.	Multnomah Books
1989	"It's never too late to have a happy childhood": Inspirations for Inner Healing	Black, Claudia & Zagon, Laurie	Ballantine
1990	Adult Children of Alcoholics: Ministers and the Ministries	Callahan, Rachel & McDonnell, Rea	Paulist Press
1990	The Laundry List: The ACoA (Adult Children of Alcoholics)	Tony A. & Dan F.	HCI
1990	Beyond Survival: The New Testament Solution for Adult Children of Alcoholics	Curtis, Nancy	Spiritual Warfare Ministries
1990	An Adult Child's Guide to What's Normal	Friel, John & Friel, Linda D.	HCI
1990	The Healing Journey for Adult Children of Alcoholics	Quick, Daryl E.	IVP Books
1991	Children of Alcoholics: A Critical Appraisal of Theory and Research	Sher, Kenneth J.	University of Chicago Press
1992	Codependents' Guide to the Twelve Steps: New Stories	Beattie, Melody	Touchstone
1992	Children of Alcoholics: How a Parent's Drinking Can Affect Your Life	Stafford, David	Piatkus Books
1993	Group Psychotherapy with Adult Children of Alcoholics: Treatment Techniques and Countertransference Considerations	Vannicelli, Marsha	Guilford Press

YEAR	TITLE	AUTHOR	PUBLISHER
1993	Design for Growth: Twelve Steps for Adult Children	Ray, Veronica	Ballantine Books
1996	Treating Adult Children of Alcoholics: A Developmental Perspective	Brown, Stephanie	Wiley
1999	Codependent Forevermore: The Invention of Self in a Twelve Step Group	Irvine, Leslie	University of Chicago Press
2001	Treating Adult Children of Alcoholics: A Behavioral Approach	Ruben, Douglas H.	Academic Press
2002	The Complete ACOA Sourcebook: Adult Children of Alcoholics at Home, at Work, and in Love	Woititz, Janet G.	HCI

Appendix C

Table C1 lists the results of a survey of peer-reviewed journal articles published since 2010 for which keywords included “adult children of alcoholics.” The results were further refined to exclude articles on neurological research, focusing therefore on psychosocial topics.

Table C1

YEAR	FOCUS	CITATION
2010	Attachment style	Kelley, M. L., Schroeder, V. M., Cooke, C. G., Gumienny, L., Platter, A. J., & Fals-Stewart, W. (2010). Mothers’ versus fathers’ alcohol abuse and attachment in adult daughters of alcoholics. <i>Journal of Family Issues</i> , 31(11), 1555-1570.
2010	Alcohol use	Brook, J. S., Balka, E. B., Crossman, A. M., Dermatis, H., Galanter, M., & Brook, D. W. (2010). The relationship between parental alcohol use, early and late adolescent alcohol use, and young adult psychological symptoms: A longitudinal study. <i>The American Journal on Addictions</i> , 19(6), 534-542.
2011	Personality type	Hinrichs, J., DeFife, J., & Westen, D. (2011). Personality Subtypes in Adolescent and Adult Children of Alcoholics: A two part study. <i>The Journal of Nervous and Mental Disease</i> , 199(7), 487.
2011	Coping and depression	Klostermann, K., Chen, R., Kelley, M. L., Schroeder, V. M., Braitman, A. L., & Mignone, T. (2011). Coping behavior and depressive symptoms in adult children of alcoholics. <i>Substance Use & Misuse</i> , 46(9), 1162-1168.
2011	Group therapy options	Osterndorf, C. L., Enright, R. D., Holter, A. C., & Klatt, J. S. (2011). Treating adult children of alcoholics through forgiveness therapy. <i>Alcoholism Treatment Quarterly</i> , 29(3), 274-292.
2011	Trauma recall	Mackrill, T., & Hesse, M. (2011). The Adult Children of Alcoholics Trauma Inventory. <i>Substance Use & Misuse</i> , 46(9), 1099-1104.
2011	Resilience	Kim, H. K., & Lee, M. H. (2011). Factors influencing resilience of adult children of alcoholics among college students. <i>Journal of Korean Academy of Nursing</i> , 41(5), 642-651.
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2011	Parentification	Vernig, P. M. (2011). Family roles in homes with alcohol-dependent parents: An evidence-based review. <i>Substance Use & Misuse</i> , 46(4), 535-542.
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2012	Potential for alcohol use disorder	Elliott, J. C., Carey, K. B., & Bonafide, K. E. (2012). Does family history of alcohol problems influence college and university drinking or substance use? A meta-analytical review. <i>Addiction</i> , <i>107</i> (10), 1774-1785.
2012	Potential for alcohol use disorder	Windle, M., & Windle, R. C. (2012). Intergenerational relations for drinking motives: invariant for same-and opposite-sex parent-child dyads? <i>Journal of Studies on Alcohol and Drugs</i> , <i>73</i> (1), 63.
2013	Parental relationship	Järvinen, M. (2013). Understanding Addiction Adult Children of Alcoholics Describing Their Parents' Drinking Problems. <i>Journal of Family Issues</i> , 0192513X13513027.
2013	Depression	Fuller-Thomson, E., Katz, R. B., Phan, V. T., Liddycoat, J. P., & Brennenstuhl, S. (2013). The long arm of parental addictions: The association with adult children's depression in a population-based study. <i>Psychiatry Research</i> , <i>210</i> (1), 95-101.
2013	Resilience, depression	Lee, H., & Williams, R. A. (2013). Effects of parental alcoholism, sense of belonging, and resilience on depressive symptoms: A path model. <i>Substance Use & Misuse</i> , <i>48</i> (3), 265-273.
2013	General adjustment	Amodeo, M., Griffin, M., & Paris, R. (2011). Women's Reports of Negative, Neutral, and Positive Effects of Growing Up With Alcoholic Parents. Families in Society. <i>The Journal of Contemporary Social Services</i> , <i>92</i> (1), 69-76.
2014	Depression, potential for substance use disorder	Kelley, Michelle L., Ashley N. Linden, Robert J. Milletich, Cathy Lau-Barraco, Erin D. Kurtz, Gabrielle M. D'Lima, Jessica A. Bodkins, and Brynn E. Sheehan. (2014). Self and partner alcohol-related problems among ACOAs and non-ACOAs: Associations with depressive symptoms and motivations for alcohol use. <i>Addictive Behaviors</i> <i>39</i> (1), 211-218.

Appendix D

Responses to Survey Open-Ended Question

1. Complete my typical initial intake and interview, focusing on the presenting problems and other relevant background information. If a diagnosis is warranted based on the presenting problems (not just based on the client's self-identification), then they would be given that diagnosis.
2. No different from any other client/patient except that I will ask about their experiences with their alcoholic parent.
3. explore the life with PT that they have been through . Open up their own use of sub. and if they have any fears about own use of subs. Explore med - psych. history explore mood issues - open up self image concerns . Discuss relationship concerns - codependent concerns.Rx for Tx if needed.
4. For "diagnosis," I assess symptoms via interviewing. I do use ACoA as a term in therapy indicating a group of common experiences and outcomes that may result in a broad array of diagnoses and interpersonal patterns, but which may help a patient feel less guilt and better understand what is going on. Using ACoA as a diagnosis is like using sexual assault as a diagnosis.
5. Take a history and look at their current thought patterns and behaviors.
6. Patients rarely if ever present themselves as, " I am an adult child of an alcoholic". Rather in collecting a history they describe their parent or parents or guardian as, a drinker or alcoholic. So the diagnostic approach is collect a relevant history and current functioning and symptom complaint. With that information a treatment plan and diagnosis is established.

7. Children raised by addicted parents adapt in various ways. Some exhibit "classic" signs of codependency, etc., while others do not exhibit significant pathology. They are all children of alcoholics. I think the focus needs to be on their behavior, thoughts, and feelings rather than label it as specific to being a child of alcoholic parents. If we dx adult children of alcoholics are we going to add diagnoses?: Adult children of Narcissistic parent, ACof depressed parents, ACof inadequate parents, ACof divorced parents, etc.

8. ACOA's often present with a similar constellation of childhood experiences and issues related to these experiences. However, when they come to therapy, they may present with a multitude of other presenting diagnoses such as dysthymia, anxiety disorders (PTSD, panic), other mood disorders, etc. The ACOA designation simply helps me to place the person in context and understand possible roots or precipitating factors for the other disorders. It is important to note that not all ACOA's experience the same factors as children, or react to them the same way.

When approaching them diagnostically, I do the same with them as with any other patient: gather extensive childhood and other psychosocial history, gather current precipitating factors, and presenting symptoms experienced.

9. I would need a lot more information about the patient before I would formulate an approach. Couldn't do it based on this information alone.

10. I consider this identification to be potentially important for understanding the experiences that the individual sees as salient in his/her history; it also would trigger questions about the client's own history with alcohol and other substances, as well as questions about how that individual coped with, responded to, etc. the parent's behavior. All of this information might be useful toward establishing a diagnosis--the client might, for example, experience persistent sadness in response to the parent's behavior associated with alcoholism in ways that are

consistent with a depression diagnosis. However, I do not consider the experience of having had a parent with alcoholism to be diagnostic in and of itself.

11. Rather than focusing on labeling, I will do a functional assessment of presenting concerns in terms of the client's activities and their maintaining psychosocial factors.

12. I just assess for depression, anxiety, substance abuse, and family history as I usually do. I do keep an eye out for a tendency to avoid conflict.

13. Integrative (primarily interpersonal, with CBT & family systems underpinnings)

14. I focus on what symptoms the person presents with. I would conduct the standard psychodiagnostic interview. Covers symptoms now, history of symptoms, current stressors, current level of functioning, trauma history, interpersonal history and current relationship dynamics, family history, current supports and coping skills, medical history, medication history, previous mental health treatment, substance use history, self harming suicidal homicidal ideation. While there are important things to consider - e.g. potential emotion regulation problems, relationship dysfunction, I would treat based on symptoms not so much on a diagnostic category. I think that using this as a diagnostic category would generate too many false positives, and false negatives, since this label applies to such a diverse array of people.