

**The purpose of this study is: With Adult Children of Alcoholics (ACOA);
Do psychoeducational group sessions have an impact on relationship satisfaction?**

by

Paula Wheaton

RN, MSN

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University, Lynchburg, VA

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APPROVED BY:

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ABSTRACT

Objective: The research's emphasis is Adult Children of Alcoholics [ACOA] and psychoeducational group sessions. Can psychoeducational group sessions be an effective treatment to heal the psychological effects of ACOAs, with the focus on relationship satisfaction? Psychoeducation groups lead to healing for ACOAs and can be an element in facilitating ACOAs having low relationship satisfaction. There was a gap in the research regarding psychoeducational groups' use in improving relationship satisfaction in ACOAs.

Method: A quantitative research study using a between and a within-group design applied with the psychoeducational group sessions. Participants will take the CAST survey and qualify with a score of >6. Participants eligible for the research study; will be selected for Group A or Group B.

Results: The survey methodology will measure the hypothesis; is there an improvement in Experience in Close Relationship Scale [ECR-S] survey scores (avoidance/ anxiety) for Group A after attending eight-week psychoeducational group sessions. According to the post-test results, Group A had lower scores on the anxiety/avoidance personality domains with the [ECR-S] than group B with no psychoeducational group sessions.

Conclusion: Future research should look at ACOAs and the effectiveness of online psychoeducational group sessions and support within psychosocial issues; specifically, anxiety and forgiveness. Exploration is needed with forgiveness since alcoholism and forgiveness require emotional healing. Is there potential for ACOAs acquiring successful relationship satisfaction and getting past the hurts, the habits, and the hang-ups?

Keywords: ACOA, depression, couple attachment, anxiety, psychoeducational class, ECR-S.

Dedication

This dissertation is dedicated to my mom, Mardella Wheaton, as she has provided the opportunity to spend time on my classwork and the dissertation process. I praise God for her understanding of my times of stress and joy during the Doctorate process. My mom has asked, “What are you going to do when you get done?” I am still working on that and appreciate her patience in the process. Mom, you provided the ability to complete my doctorate and dissertation process. I will be forever thankful for that. We have grown in our uniqueness, acceptance, and love for each other because of the beautiful times together. The best times have been at Myrtle Beach, and I could still do doctorate work away from home. I will do something with my degree when I am done, in the name of Jesus, to further the Kingdom of God.

Thank you, mom, and I love you,

Paula

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Isaiah 61:1-2 English Standard Version ESV

“The Spirit of the Lord GOD is upon me because the LORD has anointed me to bring good news to the poor; he has sent me to bind up the brokenhearted, to proclaim liberty to the captives, and the opening of the prison to those

who are bound; to proclaim the year of the LORD's favor, and the day of vengeance of our God; to comfort all who mourn."

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List of Abbreviations

ACOA: Adult Children of Alcoholics

ANOVA: Analysis of Variance

AUD: Alcohol Use Disorder

CAST: Children of Alcoholics Screen Test

CDC: Center for Disease Control

COA: Children of Alcoholics

COVID-19: Coronavirus Disease 2019

DALYs: Disability-adjusted life years

DV: Dependent Variable

ECR-S: Experience in Close Relationship Survey

FOO: Family of Origin

IV: Independent Variables

MDE: Major Depressive Disorder

NACOA: National Association of Alcoholics.

QOL: Quality of Life

CHAPTER ONE: INTRODUCTION

Overview

There is a gap in testing the effects of Psychoeducational groups with Adult Children of Alcoholics [ACOAs] in psychological health areas. The psychological issues affecting ACOAs are depression, anxiety, communication difficulties, low self-esteem, and deficiency in the quality of interpersonal relationships (Osterndorf et al., 2011). So, employing effective strategies for protective barriers in improving relationship satisfaction and other issues ACOAs confront will be valuable for mental health professionals and counselors specialized in treating ACOAs.

The study's core value is understanding how psychoeducational group sessions work with ACOAs and its effectiveness in improving relationship satisfaction. The dissertation will ask the question; Research Question 1; ACOAs who receive the eight-week psychoeducational sessions will show improvement in assessment scores (avoidance/ anxiety) scores on the ECR-S after the psychoeducation sessions

There is a widening implication with the health care setting; counseling and medical setting about getting their clients relief fast, being cost-effective, and expertise for the client's need. In the age of quick comfort and healing, psychoeducational group sessions are an avenue that ACOAs can implement with getting an effective cure quickly. Due to the COVID pandemic at the beginning of 2020, the psychoeducational needed to be via zoom. There was a need to do it safely within the CDC requirements. That is why the researcher did her Psychoeducational classes via zoom.

Karatzias et al. (2014) uncovered that participants in psychoeducational group sessions had apprehension before starting group sessions. After completing the program, the participants identified and accepted the difficulties they were facing. In psychoeducational group sessions,

members in the group found explanations for their “unhealthy patterns” and felt validated within a safe environment (Karatzias et al., 2014, p. 508). Lazar (2014) concluded that psychoeducational group sessions save in medical costs, societal costs, and effectiveness for clients' first line of treatment. Psychoeducational group sessions improve recovery and are critical in healing the hurts, habits, and hang-ups that ACOAs face as adults.

Background

Concerns about the effect of alcohol on families ' and families' engagement in alcohol treatment began at the **Temperance Movement** in the 1800s (inspired by women's concerns about the impact of male drinking in taverns). Families engaged in therapy in the 1800s programs; were involved in "dipsomania and inebriety" (McCrary et al., 2013 p. 455). Many new approaches drew on the psychodynamic principles, speculating marriage's effects on a man with Alcohol Use Disorder [AUD]. Alcohol use disorder represented psychological conflicts by the wives, and therapy focused on the woman's emotional issues. By the mid-1970s, behavioral approaches went towards conjoint therapy for AUDs, and empirical studies began to appear. As research focused on the family, it realized the impact AUD had on the children (McCrary et al., 2013).

During the 1950s, families of alcoholics began a group called Al-Anon, a support system and 12 step process for primary spouses of Alcoholics. Claudia Black and Sharon Wegscheider-Cruise looked at individuals growing up in families where alcohol was prevalent and looked at developmental consequences (Goeke, 2017). In the late 70s and 80, Claudia Black and Sharon Wegscheider-Cruise (1989) began working with children impacted by substance abuse, and the formation of the ACOA movement came about. (as cited in Goeke, 2017). Black and Wegscheider-Cruise (1989) brought about struggles with the caregiver's addiction to children

when one or two members (adults) in the household displayed AUD. Much of the family dyad impact the caregiver's struggles with AUD. Dayton (2012) says that “naming and defining the ACOA syndrome also gave [ACOAAs a way to understand themselves (pg. 17)]” getting out of their “frozenness” and begin to grow up on the inside (Dayton, 2012). That frozenness is dealing with becoming accepted emotionally within social situations—ACOAAs trapped emotionally, and there is a need to use healthy coping skills.

The Adult Children of Alcoholics [ACOAAs] have felt silent about their struggles and are not attuned or aware of their efforts, space, and place to not be silent anymore (Dayton, 2012). ACOAAs were able to express their grief and move from the past to the here and now. The ACOAAs established hope and empowered to transform how they respond, behave, and incorporate themselves as adults. The ACOA plus the National Association of Children of Alcoholics [NACOA] (founded in 1983) helped define and raise awareness of the behavioral effects of ACOAAs (Goeke, 2017).

Substance Abuse and Mental Health Services Administration [SAMSHA] (2014) stated that 16.3 million American adults in the United States [US] are symptomatic and diagnosed with Alcohol Use Disorder (AUD) in 2014. There are roughly 43% or 76 million in the US exposed to heavy drinking (Alcoholism Statistics, 2013). Adult children of alcoholics ACOAAs, struggle to keep the alcoholism a secret, resulting in negative feelings of self-worth, fear, and disapproval from others (Haverfield et al., 2016). The effects of parental drinking will pass on negative family traits to their children, depending on the family's dyad, as resilience is an influential healing factor for ACOAAs.

Woititz (1984) noted that attention within psychological literature incorporates ACOAAs in research measurements (as cited in Osterndorf et al., 2011). The research dealing with ACOAAs

focuses on the effects of parental consequences on the child as it followed the child into adulthood. Results showed the impact of the adverse consequences on the ACOAs. The psychological effects most damaging to ACOAs are depression and anxiety (Osterndorf et al., 2011). Hinz (1990) referenced that ACOAs have difficulty with interpersonal relationships (as cited in Park & Schepp, 2015). According to Woititz (1985), ACOAs acquire a lack of trust and abandonment issues at an early age because of inconsistent affection given to them by their parents. Lack of trust and abandonment issues influence relationship satisfaction. Two points of abandonment that affect ACOAs are avoidant and anxiety domains of attachment issues.

Ainsworth (1979) and associates defined attachment as an affectional bond that a child forms with their primary caregiver. Relationships that are secure develop through interactions between the child and their caregivers, which creates an internal working pattern or stable expectations and beliefs about the caregiver's responsiveness. As the child grows, the internal working model and their opinions concerning self-worth; usually advance to the primary caregiver and the world (Bowlby, 1973). Bowlby (1973) focused on attachment issues and discovered that secure attachment comes from available attachment figures. People who have confidence are less prone to extreme or recurring fear. There are also expectations of how others will behave and feel towards them (Hazan & Shaver, 1987; Fraley & Shaver, 2000).

Attachment clashes within ACOAs are insecure attachment styles, increased dependence on alcohol, or marrying an alcoholic (Hendrickson, 2016). Misuse of alcohol has many harmful physical, social, household, professional, and lawful disruptions. Because of these unhealthy disruptions, counselors' time with their clients who misuse substances will also exacerbate other mental health symptoms (Scherer et al., 2015).

The research will help serve the ACOAs population better by understanding how psychoeducational group sessions affect better relationship satisfaction. For ACOAs, there is a need to recognize healing areas within relationships while enhancing a more significant commitment within their relationships. The dissertation's purpose statement and significance look at the psychoeducational group session's effectiveness with relationship satisfaction.

Purpose Statement

This study's purpose is: With Adult Children of Alcoholics (ACOAs), do psychoeducational group sessions have an impact on relationship satisfaction, and relationship satisfaction is individually examined by looking at the ECR-S.

The two *independent variables* are ACOAs and psychoeducational group sessions, relieving psychological stress and improving relationship satisfaction in ACOAs.

The *covariate* is the psychological stressors, including low relationship satisfaction as demonstrated in adulthood, using the ECR-S, because of the other offender (alcoholic), as ECR-S observes the avoidant and anxiety traits ACOAs.

The Significance of the Study

Osterndorf et al. (2011) noted that injustices from the Family of Origin [FOO] lead to traumas deep within the core of the heart. ACOAs are vulnerable to emotional difficulties related to the ongoing injustices from the alcohol abuse of the alcoholic. The significance of the study will implement psychoeducational group sessions, along with survey methodology within the research. Psychoeducational group sessions are accessible for any socioeconomic status; they are cost-effective and shown to be equally effective as private counseling (Burlingame et al., 2013).

The advantages of clinicians are becoming informed and knowledgeable about interventions that are best for specific areas of clinical practice.

Those choosing psychoeducational groups have received additional attention and are a favorable choice because of their cost-effectiveness and ease of use (Black et al., 2015; Champe & Rubel, 2012; Lazar, 2014). Gitterman and Knight (2016) incorporated the increasing popularity of psychoeducational and curriculum classes because of its strong evidence-based structure and the simplicity of implementation. The authors advocate that a flexible presentation of the curriculum is vital to the participant's ability to understand the information presented with minimal concern for the class's material and success. "Collaboration" is essential along with "interaction" with one another and the teacher (Gitterman & Knight, 2016, p. 1). The article by Gitterman and Knight (2016) had three purposes regarding psychoeducational group sessions; 1) identify themes related to the curriculum and need of the groups, 2) incorporate an approach that helps learners interact with the curriculum to make it (personal and relevant), and 3) a standard progression to help the participants build on process and the application of the material (Gitterman & Knight, 2016 p.1).

In the psychoeducational group sessions, the participants will be able to look at forgiveness and incorporate the triad of forgiveness. Part of that will be through the psychoeducational group sessions' homework phase, looking at an inventory of those who have hurt them and redirecting feelings of guilt. In week two of the Psychoeducational course, it will ask, "What does forgiveness look like?" "How can we begin to forgive ourselves and others?" Martincekova (2015) distinguished a need for research-based intervention for family members of substance abuse in promoting forgiveness that can be beneficial for the entire family. Forgiveness helps family members heal the wounds of the past and strengthen family relationships. Forgiveness improves participants' mental health, decreases anger, depression, anxiety, and increases hope and self-esteem. Martincekova (2015) also talked about the triad of forgiveness

as; it is important to forgive others, its implementing self-mercy, and its receiving forgiveness. ACOAs ineffectively communicate forgiveness, and further exploration in research is needed with forgiveness since alcoholism and forgiveness require detailed understanding (Creswell, 2013).

Donker et al. (2009) researched psychoeducational interventions as education offered to individuals with psychological disorders. Their review looked at responses in their delivery to the clients, from "passive" materials, single leaflets, audio-visual aids, lectures, internet material, which aims to educate about the nature and treatment of the topic. Donker et al., (2009) meta-analysis study revealed that *passive* psychoeducational interventions for depression and psychological distress reduce symptoms, as they are easy to implement and are not expensive. Mattanah et al. (2012) applied that psychoeducational support groups' benefits include: reduced isolation, improved social skills, social learning, increased social support, and strengths-focused action growth. Psychoeducational group sessions provide a supportive environment for the participants, allowing them to learn critical skills and coping mechanisms through feedback and sharing experiences (DiVento & Saxena, 2017).

There is a need to provide practitioners insight into helping clients overcome their painful past while changing aspects of ACOA's poor judgment. The research will look at this as a framework for the impact of psychoeducational sessions with ACOAs.

Research Question(s)

RQ1: ACOAs who receive the eight-week psychoeducational sessions will show improvement in assessment scores (avoidance/ anxiety) scores on the ECR-S after the psychoeducation sessions

H₀: There will not be any changes in ACOAs receiving eight-week psychoeducational

courses in a post-assessment score of ECR-S.

RQ2: ACOAs who receive the eight-week psychoeducational sessions will show improvement on the ECR-S scores, compared to the ACOAs who do not receive the eight-week psychoeducational sessions

***H₀*:** There will be no difference in ECR-S between ACOAs who received the psychoeducational sessions and the ACOA group that did not receive any intervention.

Definitions

1. ACOAs: grow up having at least one alcoholic parent (Osterndorf et al., 2011).
2. Alcoholism: The Diagnostic and Statistical Measures of Mental Disorder [*DSM-5*] breaks alcohol use into three categories mild, moderate, and severe. Severe alcohol use is the presence of 6 or more symptoms, according to [APA], 2013).
3. Anxiety: Feelings of tension characterize anxiety; worried thoughts and physical changes are high blood pressure along with sweating, trembling, dizziness, and palpitations. (American Psychological Association [APA] 2019)
4. Depression: depressed mood, decreased interest in daily pleasures, change in appetite, difficulty in sleep patterns, psychomotor agitation, fatigue, low concentration, feelings of guilt and worthlessness (American Psychiatric Association [APA], 2013).
5. Forgiveness: interpersonal forgiveness acknowledges they were wronged and relinquishes resentment despite the injustice (Worthington, 2005)
6. Psychoeducational Group: Psychoeducational groups offer balance, self-understanding, interpersonal relationships, and solving problems that affect the client, and understanding why issues are affecting them (Brown, 2018).

7. Relationship Satisfaction: Is satisfaction in having needs met within long-term couple relationships. Fulfillment is in love, intimacy, affection, acceptance, understanding, support, and security, as well as autonomy, growth, and competence (Mikulincer & Shaver, 2007).

Summary

Chapter one was filled with information about the value of the research presented in this dissertation. I discussed an overview of where the first research came about studying alcoholism. It began in the 1800s through the Temperance movement. It focused mainly on the effects of alcoholism on women living with men AUDs. Thank God its focus is now on the family dyad as it should. But should it just begin there? There are so many areas of focus needed needing implementation within the ACOAs dynamic of mental health and function. Their many advantages of being informed on the effects of ACOAs growing up in the dysfunctional cycle of alcoholism.

As you continue to enjoy the information, *Chapter two* will look at Literature Review and why there is such a need for this research and investigate the literature to back up the importance of ACOAs. There is a need to assist ACOAs to establish healthy relationship values and habits. ACOAs can also be quite resilient, as we will see in the research. There is value in bringing out resiliency and helping the ACOAs bring up the skills they already have. The medical team will help incorporate healthier skills to help with relationship satisfaction. Psychoeducational group sessions are significant, and *chapter two* will prove that through the Literature Review.

CHAPTER TWO: LITERATURE REVIEW

Overview

Chapter Two

The comprehensive Literature review will discuss the contextual framework on alcoholism and address psychoeducational group sessions and their effectiveness with ACOAs. Within the Literature Review, it will address addiction and ACOAs with subheadings, alcohol impact on family, depression, and anxiety on ACOAs. Next, the Literature Review will discuss relationship satisfaction and summarize how psychoeducational group sessions impact ACOAs' relationship satisfaction issues.

Chapter Three

The research design is quantitative, within, and between-group design. Inclusion criteria included a score greater than six on the *Children of Alcoholics Screen Test* (CAST). Post-screening participants for CAST scores were eligible participants were randomly assigned to one of two groups. The Wilcoxon signed-rank test correlated the distributions of the groups. Wilcoxon signed-rank test and the independent-samples *t*- a Mann-Whitney U-test followed test. The Wilcoxon signed-rank test is nonparametric and equivalent to the paired t-test. It is accurate for analyzing the distribution of between pairs in non-normally allocated data Warner (2013), using the *dependent variables* of the ECR-S. The *independent variables* will be a pretest-posttest control group. The *control group design* has two groups. 1) Group A takes psychoeducational sessions, and 2) Group B does not attend the psychoeducational sessions). Participants who qualified were divided after meeting the qualifications. The participants are randomly chosen for each group after completing the CAST survey and acquiring a score of >6. The conclusion will summarize the measures used to get the statistical dimensions of the research.

Chapter Four

The quantitative research transcribes results, Pretest-Posttest using controlled group design, and the findings' statistical values implemented by plugging in the *Wilcoxon* signed ranked test. It's a nonparametric equal in the practice of the paired t-test and is appropriate for analyzing the distribution of differences between pairs ascetically non-normally distributed data (Warner, 2013)

Chapter Five

Although group A found to have lower post-test scores on the anxiety dimension of ECR-S, in comparison to group B, in contrast to what was hypothesized (H2a), findings indicated that there was no significant difference in mean scores between groups $t(16) = -1.592$, $p = .131$). Chapter Five will present interpretations of the study's findings and the conclusion of the study's report.

Conceptual or Theoretical Framework

This quantitative study's conceptual framework focused on ACOAs and avoidant and anxiety dynamics of attachment theory using the ECR-S survey. Attachment theory is useful to help enhance the understanding of family dynamics within ACOAs. Attachment theory offers specific aspects of how ACOA's are currently affected by romantic relationships. Therefore, providing a conceptual framework guiding the methodical literature review (Hendrickson, B. 2016). The theoretical framework distinguishing the attachment theories of ACOAs will be the ECR-S. They focused on the relationship satisfaction survey's avoidant and anxiety dynamics, complimenting that with the psychoeducational sessions focusing on building healthy concepts of a healthy relationship's dynamics.

Psychoeducational group sessions have three components: condition-specific information, skills training to help with challenging circumstances, and emotional support, including an emphasis on health, collaboration, and competency, including empowerment. Psychoeducational groups are strength-based sessions and focus on the here and now (Rowe et al., 2014). The researcher will deliver psychoeducational classes within a webinar-based setting over an eight-week session. The thematic literature review will look at; alcoholism and its effect on family dynamics, especially as it pertains to the ACOAs concerning coping skills, depression, communication skills, and relationship skills. Within the context of the ACOAs relationship, the researcher will review the specific focus on Avoidant and Anxious attachment theories. It will conclude with the dynamics of relationship satisfaction. One of the key ingredients within the thematic literature review is psychoeducational class sessions and their effect and relativity for ACOAs. Do psychoeducational group sessions assist with the psychological issues of ACOA's?

Related Literature

Alcoholism

Alcoholism is a common problem that impacts the physical, mental, emotional, social, the spiritual, occupational, and financial well-being of individuals negatively. Approximately 3.3 million deaths accounted for worldwide because of AUD (World Health Organization [WHO], 2014). The group affected primarily by death with alcoholism is 20-39-year-old, and approximately 25 percent of the total deaths are alcohol-attributed. National Institute on Alcohol Abuse and Alcoholism [NIAA] (2018) reported that Alcohol abuse is the third leading cause of death in the U.S., with an estimated 62,000 men and 26,000 women dying each year from alcohol abuse consumption (NIAA, 2018). Rehm and Monteiro (2005), overall, 5.1 percent of the global burden of disease and injury from alcoholism can be traced and measured in

disability-adjusted life years (DALYs). Alcohol consumption is a factor for DALYs in all 34 countries of America (as cited by Dohn et al., 2014). SAMHSA (2011), there are 133.4 million current Americans aged twelve and older that abuse alcohol. These are staggering statistics. Society will benefit from retrieving alcoholism by looking at ACOAs and serving them by transforming their hurts habits and hang-ups and discontinuing the destructive cycle of the ACOA.

Disparities within the society and culture of alcoholism include Jones (2015). It presents that 47 percent of those who attend church weekly drink alcohol, compared with 69 percent who attend church (drink less often or not at all). The differences in drinking by gender are that men drinking was (69%), while women's drinking was (59%). Racial disparities are that non-Hispanic whites who drink were (69%), and nonwhites drank (52%).

Researchers with WHO (2014) mentioned the vast array of disorders within the overuse of alcohol are acquainted with mental disorders, behavioral disorders, social and economic losses to society at large. Richards and Nelson (2012) realized that controlling health and illness due to alcoholism will help healthcare providers set realistic expectations about what is and not under one's control regarding unhealthy measures with addiction. Downing and Walker (1987) revealed: "that alcoholism has its greatest impact on the lives of those closely related with the drinker: spouse and children" (Downing & Walker, 1987 p. 65). The behavior presented with alcohol abuse has detrimental effects on the family's youngest members due to the alcoholic malady (Park & Schepp, 2015).

Understanding the impact of alcoholism on children and its effect on multiple health issues is vital for clinicians. It can help mental health professionals effectively support those dealing with addiction by implementing the best treatment. An aspect of implementing the best treatment is knowing who ACOAs are and the difference between non-ACOAs. French et al.

(2008) observed that brief psychoeducational group sessions are cost-effective for the client and useful for decreasing; alcohol use, emergency room visits, and hospitalization stays for alcoholics (as cited in Lazar, 2014). Looking at psychoeducational group sessions' effectiveness will decrease the complications of ACOAs inundating the medical clinics, ER's, and healthcare facilities.

Alcohol impact on the family.

Wegscheider-Cruse (1989) describes alcohol dependence as a "family disease" where other family members experience the effects of alcoholism, not just the alcoholic within the family. Hussong et al. (2008) disclosed that DALYs increase internal distress in Children of Alcoholics (COAs). The increase of inner pain drains coping resources and increases the risk for maladaptive abnormal psychology. Parent and peer-related stressors impacted by parental alcoholism in early childhood result in functional impairment, as the ACOA now becomes the stressor (Hussong et al., 2008). Evidence of the importance of family, peer relations have been found to help with individual adjustment, decrease depression, and provides positive development (Finan, Ohannessian & Gordon, 2018).

Humiliation affects the COAs as well as the family dyad (WHO, 2014). Within the COAs, disputes have been about the misuse of alcohol by the family member that does not drink. This dispute may provoke the adult family member who misuses alcohol to depend more frequently on alcohol as a way of dealing (adjusting) to added arguments by family members. So, finding a way to reduce the increasing stress of ongoing tension will improve relationship satisfaction among family members (Worthington et al., 2015). Worthington et al. (2015) reported that ACOAs had decreased levels of experiencing trust and forgiveness from the family member who misused alcohol compared to the parent who did not drink. This study supports

alcohol misuse related to unsettled issues with confidence within the family relationship (Worthington et al., 2015)

COAs in their teen years are at a higher proneness to display characteristics of depression, feelings of self-consciousness, perfectionism, and phobias. Other unhealthy habits for COAs (teens) are not talking about issues within the AUD family. The problems noticed are ambivalence. And poor social skills (Mukesh et al., 2017; Lingeswaran, 2016). Keller et al. (2008) indicate that women ACOAs whose parental AUD was the **father** were prone to adverse outcomes concerning relational issues, psychological issues, and even physical well-being. The National Longitudinal Surveys of Youth 1979; Children and Young Adults, found that gender parental alcoholism affects children differently and social stigma with classmates. The NLSY79-CY revealed more internalizing and externalized problems between COAs of **mothers** who abused alcohol (Wolfe, 2016). Creswell (2013) showed a negative impact on maternal alcohol use in the mother-daughter relationship, but not within the daughter's network of friends. The system of friends was a positive element within the context of internalizing and externalizing problems. A daughter's cycle of friends can be a tremendous help with resilience.

Carr and Wang (2012) stated, "familial relationships" may be the most hurtful, but they are the most enduring" (p 41). ACOAs, in college, were more likely to drink earlier than non-ACOAs, and the daughters of maternal alcoholics were more likely to model their mother's drinking (Braitman et al., 2009). Regarding parental effects on alcoholism, it can affect ACOAs in a healthy relationship satisfaction Haaz et al. (2014) deduce from their research that parental involvement is high in COAs. Then there are higher levels of intimacy, commitment, and trust in young adults' intimate relationships. Whereas there is minimal involvement in paternal

involvement, their projection was for higher levels of insecure attachment styles in close relationships (Haaz et al., 2014).

Osterndorf et al. (2011); Carr and Wang (2012) discovered that parental alcoholism affects the ACOA way into adulthood because familial relationships are the most hurtful when there is an injury most impactful. Positive parent–adolescence relationships include effective communication and closeness. Increased communication and intimacy predict less substance abuse with adolescents in their formidible years (Lac et al., 2011; Tharp & Noonan, 2012). With alcoholism, the alcoholics' ability to have healthy increases their feelings of isolation and affects their personal and intimate relationships. Therefore, passing on these traits is possible within the alcoholics' individual and community circle. It is essential to serve ACOAs better, and researching their coping skills, anxiety/depression, communication skills, and attachment issues in ACOAs will benefit the medical community.

Adult Children of Alcoholics (ACOAs)

The Adult Children of Alcoholics World Service Organization [WSO] uses “adult children” as those growing up in a home where an adult (caregiver) is an alcoholic. ACOAs may display traits that are consistent with abuse or neglect (Woititz, 1990). Ten percent of the children in the United States America [USA] intermingle with a parent displaying alcohol problems. An estimated 28 million Children of Alcoholics [COA] are addicted to alcohol, related to genetic and environmental causes. COA's have a higher tendency to be alcoholics themselves, and at least 11 million COAs are under eighteen (Family Alcoholism Statistics, 2013). Compared to adult children who grew up in non-alcoholic households, ACOAs displayed higher proneness to depression, anger, anxiety, low self-esteem, and troubled interpersonal relationships (Osterndorf et al., 2011). Adult children of alcoholics tend to struggle to initiate relationships and maintain

social relationships. Troubling interpersonal relationships and poor social relationships influence ACOAs and increase their risks for alcoholism, loneliness, and depression (Rangarajan, 2008). ACOAs also take themselves very seriously and can be self-defeating and lean towards anxiety and depression (Woititz, 1990).

Parental unpredictability practices associated with AUD diminishes occasions for the COA to learn appropriate coping skills, leaving COAs susceptible to not giving voice to their difficulties through the life cycle (Keller et al., 2008; Ohannessian, 2012). With ACOAs, there is a higher proneness of depression, anger, and low self-esteem. ACOAs have a higher incidence of risky drinking and encounter alcohol consumption problems when one or both parents drink instead of Non-ACOAs (Pearson et al., 2012). The impacts of ACOAs just mentioned factors in how they communicate and effectiveness within relationships. Lee and Williams (2013) uncovered in their study that ACOAs, have a fragile or nonexistent sense of belonging, which is a powerful predictor of depressive symptoms. ACOAs feel an inability to display self-reliance because of stress, feeling overwhelmed by life, and wanting to give up (Haverfield & Theiss, 2014).

Destructive behaviors associated with growing up in an alcoholic family are painful and may continue into adulthood, even after alcohol use (Vernig, 2011). They are growing up in an unhealthy environment where there is lying, secrets, and denial, which affects the ACOAs issues of trust (Woititz, 1990). The disgrace of a parent's alcoholism foreshadows children from effectively tackling issues and managing their surroundings (Haverfield & Theiss, 2016).

Throughout the literature review, we see that alcohol impacts children and the following are the dynamics of alcoholism within the family structure.

Coping Skills for ACOA.

Woititz, and Garner (1990) recorded the characteristics of coping skills for ACOA's are the following. While the *Superhero*; (high achiever) provides a sense of worth for the family. In comparison, the *Scapegoat* provokes a great deal of (negativity) and is blame for the family problems. The *lost child* is withdrawn (shy child) and retreats from the chaos at home. Finally, the *Mascot*, the clown, tries to relieve the stress. Vernig (2011) incorporated in their study how these roles are internal and interpersonal, as the functions protect the family and help continue the addiction with minimal consequences.

Because of the lack of coping skills for ACOAs, interventions should be in a place where strong family unity and a willingness to discuss issues. The family tries to hide the effects of alcoholism, but topics related to addiction need addressing depression and anxiety to decrease. Dehn (2010) incorporated the lack of coping skills for ACOAs within the family circle that the family system is unhealthy. The ACOAs family system, as mentioned above, controls the action of everyone. The current cultural crisis is only symptomatic of a deep-seated spiritual problem, God, and Satan's Spiritual warfare. The family is where spiritual battles are fought (Köstenberger & Jones, 2010). The study will incorporate how psychoeducational group sessions effectively heal the hurt, habits, and hang-ups of COA.

Depression/Anxiety in ACOA

When compared to ACOAs, those who grew up in non-alcoholic households displayed lower levels of depression, anger, and anxiety, as well as higher self-esteem and less troubled interpersonal relationships (Osterndorf et al., 2011). Klostermann et al. (2011), in their research, concluded that “ACOA (college students) reported more depressive mood symptoms than non-ACOA, indicating that parental alcohol abuse is associated with a greater likelihood of

symptoms of depressive mood in young adulthood” (p. 1165). ACOAs also displayed less effective coping strategies than non-ACOAs (Klostermann et al., 2011).

Dehn (2010) indicated that ACOAs complain of somatic symptoms. Increased somatic symptoms result from chronic stress associated with their upbringing, resulting from the *raging war* within an ACOAs emotion. Lee and Williams (2013) learned that for ACOAs, there is a nonexistent sense of belonging that is a powerful predictor of depressive symptoms with an increased proneness to alcoholism. Thapa et al. (2017) concluded that a parent's addiction and tendency towards depression are significant and bring up a need for depression screening for ACOAs.

In the United States US, Substance Abuse and Mental Health Services Administration [SAMHSA] (2014), depression is the most diagnosed psychological disorder and highest among 18-25-year-old. Major depressive episodes (MDE) are more common in females, and the differences between sexes increase throughout adolescence into adulthood. Given the burden and increase in the prevalence of depression and anxiety, there is a need for brief, inexpensive, and effective interventions, such as psychoeducation group interventions, to enhance depression treatment in ACOAs. Ermer and Proulx (2016) linked unforgiveness to poor health and associated it with depression in the United States. Depression measured using the eight-item form from the Center for Epidemiologic Studies-Depression (CES-D) scale indicated that forgiving others and self may be a defense for well-being (Ermer & Proulx, 2016).

Psychoeducational classes can serve as part of an initial response to those experiencing psychological distress in primary care or community models (Donker et al., 2009).

Psychoeducational groups can help ACOAs with social skills, intermingle with others dealing with the same issues, and decreasing depression. The findings have implications for forgiveness

intervention programs, and literature about forgiveness and health emphasis needs further research.

Communication skills of ACOAs.

Haverfield and Theiss (2014); Haverfield et al. (2016) coordinated that ACOAs keep things to themselves, not express feelings, or discuss alcohol use and its abuse issues. Communication strategies are essential in being able to talk about the hurts, habits, and hang-ups. However, ACOAs are reluctant to discuss alcoholism with their parents, siblings, and those outside their family unit related to the stigma surrounding alcohol abuse (Theiss & Leustek, 2016).

Family members avoid discussing alcohol because seen as a taboo, and the need to avoid upsetting the problem drinker. Thus, hostile communication styles, carrying the caregiver role, and personal embarrassment (related to parental alcoholism) are issues ACOAs must cope with (Haverfield & Theiss, 2014; Haverfield et al., 2016; Osterndorf et al., 2011). Haverfield et al. (2016) focused on the gap between family communication in alcoholic families. Individuals struggling with alcohol dependency habitually behave in ways that make it awkward to maintain close relationships. Haverfield et al. (2016) identified characteristics of communication within the ACOAs family. It took a National sample of (n=682) ACOAs and, in the theme analysis, reviewed communication dynamics in Family of Origin [FOO]. There were four overarching themes. 1) aggressive communication, 2) protective communication, 3) adaptive communication, and 4) inconsistent communication.

Poor communication skills can affect the client's ability to have healthy relationships and increase feelings of isolation. Further research can help understand familial relationships within the communication processes impacted by alcoholism (Breshears, 2015; Carr Wang, 2012;

Haverfield et al., 2016). Research suggests that alcoholism negatively impacts the quality of family relations, but studies rarely consider the specific ways in which the dynamics of addiction affect family communication. COAs are prone to avoid interactive contact about their hurts, habits, and hang-ups with alcohol abuse within the family. Not communicating about the dynamics of alcoholism can reinforce views that alcoholism is off-limits, humiliating, and brings about stigmatization. Haverfield et al. (2016) identified the characteristics of communication in families of alcoholics and developed a model to guide future investigations in the context of a discussion. Not communicating about AUD within the family or even in social circles; leads to aloneness, impulsive actions, undue stress, and relationship dissatisfaction (Afifi et al., 2014).

This aspect of not expressing feelings affects many areas, such as improper communication skills and sharing the hurt and pains they may feel. In ACOAs, there is an inability to express one's feelings and is discouraged within the family of alcoholism. There is also a tendency for unhealthy communication, and a failure to express one's emotions leads to an inability to communicate effectively. However, families that facilitate discussions about alcoholism allows family members to convey their concerns, take ownership of their situation, and cope with their circumstances in a healthier way (Haverfield & Thesis, 2014).

Communication is vital in discussing ACOAs effectiveness to have healthy personal relationships. In the ability to have a healthy communication process, what does that look like for an ACOA? That is where psychoeducational group sessions can have a positive impact on working on communication skills. Let us look next at ACOAs and attachment dynamics in relationships and how does attachment issues affect ACOAs.

Attachment issues in relationships of ACOAs

Working models of attachment guide and shape relationship behavior throughout life. Attachment Theory's use is expectations of how others will behave and feel towards them (Hazan & Shaver, 1987; Fraley & Shaver, 2000). Research on romantic relationships defined relationship satisfaction as; meeting an emotional need, a security need, and takes on responsibilities of life in an interdependent way (Finkel & Eastwick, 2015). Researchers focusing on attachment issues have predicted that a caregiver's attachment style and sexual behavioral systems intertwine in an adult's relationship (Mikulincer & Shaver, 2007). Mikulincer and Shaver (2007) surveyed significant others, those with secure attachment and those without, and established that attachment uncertainty (anxiety and avoidance) affects sexual satisfaction.

Relationship satisfaction depends on an individual's evaluation of his or her relationship as being healthy and positive. Being in a social environment and getting in contact with people are important factors affecting an individual life and subjective well-being. Therefore, anxious, and avoidant attached individuals described a reduced reporting of sexual satisfaction (Mikulincer & Shaver, 2007). Persons displaying avoidant attachment in relationships are more independent and rarely expose themselves to their partner or feel a need to rely on them (DeVito, 2014).

Moreover, people's QOL determines their interaction and bonding with others (friends, family members, or co-workers). When there is an expression of needs and desires within the relationship, it is more conducive to ACOAs growth in healthy ways. There is authenticity without restraint or restriction. Brown (2010) identifies social connection as "the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance from the relationship" (Brown, 2010, p. 19).

A relationship that expresses as unfavorable is when needs and emotions are hinder.

Communication is transformational and keeps the relationship healthy (Öztürk & Mutlu, 2010).

Hendrickson's (2016) systemic review delves into: does the ACOAs parent's alcoholism affect adult attachment and relationship satisfaction? The literature showed ACOAs, do not feel connected emotionally, physically, and sexually in their relationships when contrasted with non-ACOA's. As ACOAs connect in relationships and have families of their own, there was a display of; denial, fear, hypervigilance, and an intimate relationship that would trigger childhood fears (Dayton, 2009). Primary relationship science emphasizes that relationships are dynamic and reciprocal, and each reaction of one partner influences those of the other partner within the dyadic component. If they have a partner who displays avoidant attachment, they are unlikely to provide a high level of assurance and support; when a partner is secure, needs are appropriately met (Pietromonaco et al., 2013). Hazan and Shaver (1987) established that adults who were confident in their romantic relationships most likely recalled their parents as affectionate, caring, and accepting.

Secure attachment. Secure attachment is vital in having the ability to heal from the effects of parental alcoholism and psychological implementations within an ACOA. Those low in anxiety/avoidance dimension have a secure idea of self and others and have established healthy concepts of a relationship (Péloquin et al., 2014). Main et al. (2005) proposed four categories of attachment for adults as (a) secure, (b) dismissive, (c) preoccupied, and (d) disorganized (Main et al., 2005). When the opposite parent is the alcoholic, expected that the child lacks an adequate learning model and how to engage in many different gender interactions (Kearns-Bodkin & Leonard, 2008).

Hendrickson (2016) revealed that if the fathers abused alcohol, there was more abuse in the family unit than if the mother drank. When the mother drank, there was less emotional attachment and manipulation within the family unit. ACOAs develop and incorporate childhood unhealthy behaviors and dysfunctional coping strategies. People who have secure attachments are less prone to intense or chronic fear. In romantic relationships, the ability for attachment security reduces an absence of anxiety or abandonment (Brennan et al., 1998). Bowlby (1973) mentioned that affectional bonds develop through interactions between children and their caregivers and breed internal working models, expectations, and beliefs about their responses. Several research studies have confirmed that secure attachment affects relationship satisfaction (Chung, 2014; Givertz et al., 2013; Parker et al., 2013).

Kearns-Bodkin and Leonard's (2008) longitudinal design concluded that children raised in stable families influence early attachment and adulthood. The covariance revealed in the study tested (N=634) married couples at the time of marriage and at first, second, and fourth anniversaries. Questioners administered and assessed marital satisfaction associated with alcoholism in opposite gender parent. The husband, who has an alcoholic mom related to "lower marital satisfaction" and wives whose father drank, revealed "lower marital intimacy," and there were also high levels of aggression among the ACOA (Kearns-Bodkin & Leonard, 2008 p. 941).

The source of problems with intimate relationships in ACOAs is consistent with the theoretical and empirical attachment theories. ACOA who do not have responsive attachment figures developed expectations of being unloved or unworthy of love within their relationships into adulthood. In the study by Klostermann et al. (2011), ACOAs tend to connect to more significant avoidance coping strategies than non--ACOA's (Klostermann et al., 2011). Griffin and Bartholomew (1994) focused on the two dimensions that affect self-worth; avoidance and

anxiety dimension of attachment. The anxiety dimensions represent the self-worth (feelings) of one's worth, and others' reliability responding negatively or positively is the avoidance dimension (Haverfield & Theiss, 2018). In their study, Haverfield and Theiss (2018) also discussed how anxiety and avoidance attachments affect resilience in ACOAs. Both factors affect how others see themselves and what they expect from others, so it will be valuable in this dissertation for the researcher to present to the participants the ECR-S survey. To establish how anxiety and avoidance domains affect relationships.

Avoidant attachment. ACOAs will experience ambivalence in their relationship. Feelings of uncertainty can have negative consequences on relationships like discomfort and emotional distress. Spielmann et al. (2013) expressed that lower intimacy with potential partners and a negative evaluation across relationship contexts involved avoidant attachment. Etcheverry et al. (2013), in the wake of prior research, discussed how avoidant individuals have negative perceptions and expectations of others while investing less in romantic relationships.

Macdonald et al. (2013) research reviewed attachment anxiety (threatened perception) in a relationship, and attachment avoidance (rewarded perception) can be a defense for getting close in a relationship. There are perceptions of threat that stir up unwanted negative feelings with those who display avoidant attachment issues. Also, anxiety and avoidance attachment showed vacillation in close relationships (MacDonald et al., 2013).

Highly ambivalent individuals express emotions less frequently and are more prone to conceal less within their situations (Barr et al., 2008). Uncertain individuals feel more alienated from themselves and self-disclose less regularly than their non-ambivalent peers (Bruno et al., 2009). Bruno et al. (2009) theorized ambivalence over emotional expression is associated with authenticity. Ambivalence is related to low authenticity.

Avoidance attachment displays a negative model of others, with self-reliance on self and a lesser need for closeness. Joel et al. (2011) revealed conflicting devotion accounts for the uncertainty (poor decision making) because of wanting to be close but having ambivalence towards the relationship. Anxiously attached individuals need to be close because of a lack of self-security. Most of the issues facing an anxiously attached individual are contextualized in the next section about why there are insecurities and making decisions while not implementing appropriate coping skills.

Anxious Attachment. Research focusing on attachment anxiety noticed, there are regrets over decisions made, especially when it comes to relationship-related decisions. As anxiously attached, individuals blame themselves for adverse outcomes, which leads to disappointment (Joel et al., 2012). Because of the regrets within anxiously attached individuals, relationships feel like a roller coaster ride, as they are prone to on-again/off-again commitment. The adults with hyperactivation in anxiety attachment arise from the lack of attachment needs met in previous relationships and lead to excessive restraint in engagement in relationships (Etcheverry et al., 2013).

Larson et al. (2001) found an increase in dating anxiety, less relationship commitment, and relationship satisfaction among ACOA than non-ACOA (as cited by Osterndorf et al., 2011). Joel et al. (2011) discussed that those with anxious attachment issues want to accept acceptance desperately. Because of self-worth feelings, there is doubt the other partner in the relationship will provide the needed security they seek and unwilling to sustain the relationship. There is also ambivalence (mixed feelings) on whether they should maintain or dissolve the ties (Joel, S. et al., 2011). The researcher focused on the anxiety and avoidance dimension of attachment within the dissertation's research process.

Psychoeducational groups

Psychoeducational groups help establish secure attachment as relationships formed within the groups. MacDonald and Borsook (2010) confirmed that ambivalence (more threats/fewer rewards) correlates with attachment insecurity, as it factors in the anxiety of rejection and hope for connections. Psychoeducational group sessions will work on improving and build on relationships because of commonality within the ACOA group. Participants who “experience cohesiveness,” in psychoeducational groups experience a stronger sense of belonging and trust (Webber et al., 2020 p 238).

An ACOA lacks the necessary skills for adulthood attachment required for healthy relationships. Some of the consequences of ACOAs include attachment-related anxiety and avoidance (Haverfield & Theiss, 2014). Psychoeducational group sessions can benefit these tension and avoidant attachment areas by establishing strong bonds within the group dynamic. Next is how the literature backs that up as a focus on psychoeducational groups.

Knicht & Gitterman (2014),

“Group members walk in the same shoes and, therefore, have a keener understanding of each other’s life stressors, challenges, and distress. Their provision of support and demand for work has a unique impact, given the credibility that comes with being in the same boat” (p., 5).”

Research on group therapy started in 1895 by Gustav LeBon to interpret the “group mind” (as cited in Rutan, Stone & Shay, pg. 10, 2014). LeBon observed, “the ways groups influence individuals potentially degrading their civilized behaviors” (Rutan, Stone & Shay, 2014, p. 9). Freud (1955), in “Group Psychology & the Analysis of the Ego,” endorsed the value of group therapy as having a positive impact on the person's advancements (Frosh, 2016, p. xxiii).

In the early 1900s, U.S. authors Pratt, Lazell, and Marsh, Moreno, and Slavson developed equivalent hypotheses on group impact on participants healing (Rutan et al., 2014). After World War II, group therapy was a practical approach for an effective treatment for different emotional issues (Schlapobersky, 2016). Rutan, Stone, and Shay (2014) factored that group sessions enhance individual work. The curative factors of the group became unmistakable.

Psychoeducational group sessions have three components: condition-specific information, skills training (to help with challenging circumstances), and emotional support with (emphasis on health), collaboration, and competency (including empowerment). Gitterman and Knight (2016) addressed four beneficial factors observed in Psychoeducational groups: 1) clients obtain new ways of assessing their situation; 2) participants understand feelings of empowerment and improve coping skills; 3) being around others helps with increased optimism because jobs are similar; 4) participants become aware they are not alone, which helps with implementing reassurance and reduces feelings of isolation (Knight, 2016). The "abstract world" has connected to the "real world" of concepts, and individuals need to process and work through new teachings presented in psychoeducational groups (Gitterman & Knight, 2016 p. 3).

Gitterman and Knight (2016) discussed that the interplay between content taught, what's taught, and teaching methods are essential in curriculum-driven groups. Client's lives are unpredictable, and curriculum-driven groups may hold little relevance. The learner needs to take personal experiences from personal meaning to abstract concepts, and when applied in curriculum-driven groups, the idea of interaction takes on new meaning. It is essential to have process and content within the psychoeducational group sessions (Gitterman & Knight, 2016). Psychoeducational sessions are an opportunity for members to become more independent,

receive support, and share with others who have similar experiences (Gitterman & Knight, 2016).

ACOA's and psychoeducational groups

Psychoeducational groups help ACOAs communicate their needs effectively and help cope with the lasting effects of parental alcoholism. The relationships in psychoeducation sessions are interactive. When individuals build new relationships, previous expectations make them likely to behave in ways they presently act towards their partner. In developing new relationships, ACOAs incorporate healthier goals to implement in their immediate contact (Fraley & Shaver, 2000).

Psychoeducational groups are strength-based sessions and focus on the here and now (Rowe et al., 2014). The counselor doing the psychoeducational sessions will integrate the learners' needs with the curriculum and foster each member's interactions within the courses and its effectiveness contained by the group's structure. Within the sessions, an open discussion will begin at the first session, which helps establish each member's role in the group. There is a need to work through new ideas and transformation from abstract concepts to personal meaning (experiences) (Gitterman & Knight, 2016).

As therapists leading groups, an expectation is disgruntled clients and conflict within the group. Expressing strong feelings needs to come out within the group for healing to begin. Competition within the group is healthy and releases members from guilt and bondage Cermak & Brown, 1982 (as cited in Gitterman and Knight 2016). The goal within the psychoeducational group sessions will implement resources to help the participant in their journey to embark and partake in the healing process. The most crucial issue with a therapist working in groups is

continually self-reflection, addressing their feelings and attitudes with a response to the individual or group (Vannicelli, 1991).

Research is now evaluating group treatments through technology online. Also, COVID-19 came into effect at the beginning of 2020. Future research should look at using technology through zoom and other media outlets.

Goals for ACOAs in groups

Four specific goals with psychoeducational groups are: 1) assist the ACOA with isolation character traits (it dispels silence and incorporates a safe zone), 2) give the participants an ability to confront denial, a characteristic of co-dependency and guilt, 3) the focus on educational material; include films, discussion, and handouts, 4) finally help participants understand and become aware of the characteristics of ACOA while moving them forward to support groups (Downing & Walker, 1987).

Campus-based ACOA group

Downing and Walker (1987) described a Campus-based ACOA psychoeducational group because of its need within the campus setting to address ACOA. It was a secondary prevention-focused group instead of a remedial focus group because it did not experience the full psychological impact of their parent's drinking. According to the evaluation of the psychoeducational classes in the post-group screening, the sessions were overwhelmingly positive. The data from six groups, $n = 48$; on a rating scale of 1-5, was 4.51 (SD = .64) (p. 442). The other impact was that the university increased awareness of issues facing ACOA's and improved the university's overall clinical services (Downing & Walker, 1987). Downing and Walker (1987) concluded by noting that the program's effectiveness can help develop additional interventions to evaluate the effectiveness of ACOA, so more services are available throughout the life of ACOAs.

Psychoeducational groups improve depression/ anxiety

Donker et al. (2009) used a meta-analysis approach to integrate results evaluating the effectiveness of passive psychoeducation in reducing depression and anxiety compared to no interventions. Donker et al. (2009) defined passive education; as information that participants did not undergo explicit homework or active treatment. The study included psychoeducation classes targeting areas of depression, anxiety, and psychological distress. The study aims to measure a reduction in depression, anxiety, and psychological distress. The identifying factors contributed to the sequential re-education in the levels related to delivering the psychoeducation method. Results from 9,010 abstracts were retrieved and revealed a small but significant effect ($d = 0.20$) on depression and psychological distress in intervention groups compared to control groups (Donker et al., 2009). Klostermann et al. (2011) reported that ACOA college students appeared to be more depressive than non-ACOA's, indicating parental alcohol abuse is associated with more significant depressive symptoms in young adulthood. It would be adequate to use psychoeducational group sessions to help with the effects of depression on ACOA's.

Communication

Secrecy is a characteristic of alcoholic families. Many of those participating in psychoeducational classes have not discussed family issues of alcoholism with anyone and usually feel isolated and alone as an ACOA (Downing & Walker, 1987). Psychoeducational classes are a safe place for ACOA's to talk about their experiences' commonalities and acceptance (Downing & Walker, 1987; Clark & Jette, 1991). In psychoeducational group sessions, the ACOA will communicate their needs without feeling guilty about sharing their feelings. The communication process and feeling comfortable sharing their hurts, habits, and hang-ups will form during the psychoeducational group sessions.

Relationship satisfaction

Kelley et al. (2010) revealed in their research that low attachment issues might present apparent risk factors for short-and long-lasting emotional adjustments among ACOAs.

Psychoeducational groups help establish secure attachment as relationships from within the groups. Psychoeducational groups help ACOAs communicate their needs effectively and help cope with the lasting effects of parental alcoholism as the sessions' links are interactive. ACOAs from AUD families deal with psychosocial development issues from the beginning (Ślaski, 2016).

MacDonald and Borsook (2012) summed up in their study that avoidant individuals are receptive to positive social interactions and experiences but deny a desire to incorporate them. Avoidantly attached individuals maintain the attachment system within a deactivation mode. Attachment insecurity depends on others to help obtain intimacy (new partners) and social rewards, making the participant uncomfortable (Speilmann et al., 2013). ACOA's lack of relationship satisfaction, trust, and control issues are complicated. Everyday experiences in childhood had a significant impact on their adult relationships. Avoidant attachment individuals may not activate the attachment system process as there is a perception of lower opportunity for connection with the potential for intimacy (Speilmann et al., 2013).

Positive peer relationships decreased depressive mood disorder; however, there is a gap in the literature regarding the effects of peer relationships and psychosocial adjustments in ACOAs. The results would be necessary for mental health professionals working with ACOAs, as there is an inability to form familial relationships due to the dynamics of alcoholism and its effects on peer relationships (Kelley et al., 2010). Relationships are crafted within the group setting and are the primary change agents within the group's structure (Burlingame et al., 2011).

Psychoeducational group sessions will support ACOAs with avoidant attachments by establishing a healthy social environment.

Summary

What makes it essential for researchers to understand the importance of attachment issues and their effect on relationships in the ACOAs in psychoeducational groups? According to the literature review, empirically established research has said that psychoeducational group sessions help with physical and emotional well-being issues. Kelly et al. (2010) revealed significant results for mental health professionals working with ACOAs; due to the dynamics of alcoholism and its effect on peer relationships. As ACOAs move away from parents as the primary relationship, it is essential to understand how they connect with others to establish secure attachment in their relationships. Other literature review areas of focus were on how parental addiction and its impact on the child disrupts the FOO and the importance of therapists working with families. Incorporating FOO issues will benefit attachment quality and psychological well-being for a healthier, holistic approach to incorporating psychoeducational group sessions with ACOAs.

The literature review presented positive cases for psychoeducational groups to help ACOAs cope with life situations that prevent them from moving forward and being stuck in their past. Lee and Williams (2013) discussed approaches to treat ACOAs at risk for depression to help them monitor a sense of belonging, resilience, and social support. Cermak and Brown (1982) concluded that ACOA's concerns are personal needs, trust, the effects of our lack of control, and group therapy as beneficial therapeutic modalities.

Psychoeducational classes can empower the participant and improve their coping skills with current information and correct misinformation. Specifically, healthy marital

communication, dyadic harmony, low verbal disagreement levels, and discord positively influence ACOAs (Park & Schepp, 2015; p. 1228). For collaborative implementation in relationship satisfaction with ACOAs and healing, psychoeducational group sessions have many benefits to help ACOAs. The next section (Chapter 3) will look at the methods used in the dissertation research.

CHAPTER THREE: METHODS

Overview

The literature review, as noted above, reviewed the fact that Alcoholism has been around for a long time. As in the 1800's *Temperance Movement*, alcoholism addressed, but its focus was on the wife within the family unit (McCrary et al., 2013). Research began to impact the vitality and importance of alcoholism on the family unit and not just the wife. Downing and Walker's (1987) study revealed that alcoholism's impact on the non-drinking family member is the greatest. National Institute on Alcohol and Alcoholism [NIAA] (2018) quoted quite an important stat; that alcohol abuse is the third leading cause of death in the US. An estimated 62,000 men and 26,000 women perish from alcohol abuse consumption annually.

Alcoholism is the third leading cause of death. There are psychological factors that affect those growing up as ACOAs. Some of the critical issues that can go undetected are anxiety, depression, anxiety/avoidance abandonment issues, communication, and relationship effects. But there was a lack of addressing anxiety/avoidance issues in relationships with ACOAs and psychoeducational group sessions and their effectiveness.

Psychoeducational group sessions address areas of healing and work through emotional and psychological issues that ACOA's face. Psychoeducational group sessions have three components: condition-specific information, skills training to help with challenging circumstances, and emotional support, emphasizing health, collaboration, and competency, including empowerment. Psychoeducational groups focus on the here and now (Rowe et al., 2014) and are essential for ACOAs who still tend to live in the past's hurts, habits, and hang-ups. The literature review looked at the psychological effects of ACOAs and their symptoms later in life, leaving a gap of psychoeducational groups appropriate for individuals with CAST scores

higher than six. The literature review about psychoeducational groups and ACOAs will be studied so that counselors will help ACOAs implement effective treatment.

The within-group and between-group design was the research-focus and assessed that Group A participants could reduce avoidance/ anxiety dimensions of attachment. Attending psychoeducational group sessions helps decrease non-secure attachment issues. The group sessions' emphasis will be looking at ACOA definition, communication skills, forgiveness, self-care, and assertiveness healthily.

Chapter 3 presents a convenience sample model in which participants will participate in a pretest-posttest control group design using the ECR-S measurement scale. Group A will receive group sessions, and group B will not partake in psychoeducational group sessions. After Group A completes the group sessions, Group A will retake the ECR-S. The post-test will assess the psychoeducational group's effectiveness with quality-of-life issues related to relationships and improve anxious and avoidant attachment issues.

Design

The research will be a quantitative design concentrating on ACOAs (CAST scores >6) with apprehensions for forgiveness, depression, anxiety, and avoidance/anxiety dimensions of attachment. A quantitative study will measure anxious/avoidant attachment issues with the ECR-S. The research will be using a convenient sample, between-group, and within-group design, establishing pretest, and post-tests parametric tests followed by their non-parametric equivalent. Process Macro's test of parallel multiple regression analysis using SPSS will test the associations of avoidance and anxiety dimensions as evaluated by the ECR-S. Pearson correlations will help determine the strength between Group A and Group B and allow for the identification concern within group A and Group B, ECR-S scores.

Researchers frequently employ a t-test, ANOVA, or multiple regression (McCarthy et al., 2017). McCarthy et al. (2017) also discussed the importance of a meta-analysis (for smaller groups) to determine the overall effectiveness within data design across different designs. Quantitative researchers who are doing group intervention work like to conclude their hypothesis with an ANOVA.

Independent Variables

The quantitative study will incorporate the independent variables of an ACOA by using the CAST survey in assessing the ability to participate in the research process. The independent variable will use CAST scores higher than six and set up a pre-interview session to establish acquiescence within the research. Independent variables are essential in “establishing,” “interpreting” casual relations in a study (Heppner et al., 2015 p 426). According to the pre-interview outcome with answering the questions, they randomly placed in Group A (8 weeks) group sessions or Group B (no) psychoeducational group sessions.

Dependent variables

The dependent measure will use statistical methods incorporated in the pre and post-tests of the ECR-S. Group A post-test will have lower attachment-related avoidance and anxiety scores than group B pre-test, as the dependent variable must “reflect” the constructs within the research question (Heppner et al., 2015 p 442). ACOAs have higher attachment-related avoidance and anxiety dimensions, which affects relationships.

Research Question(s)

RQ1: ACOAs who receive the eight-week psychoeducational sessions will show improvement in assessment scores (avoidance/ anxiety) scores on the ECR-S, after the psychoeducation sessions?

RQ2: ACOAs who receive the eight-week psychoeducational sessions will show improvement on the ECR-S scores, compared to the ACOAs who do not receive the eight-week psychoeducational sessions?

Hypothesis(es)

H1: It is hypothesized the ECR-S scores (anxiety/avoidance) scores would be lower in adults scoring >6 on the CAST after taking the 8-week psychoeducational group sessions

H1a: There will be lower attachment-related anxiety on the ECR-S scale subscale will be lower in adults scoring >6 on the CAST after taking the 8-week psychoeducational group sessions.

H1b: Lower attachment-related avoidance on the ECR-S scale subscale will be lower in adults scoring >6 on the CAST after taking the 8-week psychoeducational group sessions.

H10: There will be no difference in post-test scores on the ECR-S (anxiety/avoidance) scores for ACOAs who, after receiving the psychoeducational sessions

H2: It's hypothesized the ECR-S scores would be lower for the ACOAs taking the 8-week psychoeducational group sessions than for the ACOAs that did not receive the psychoeducational sessions

H2a: There will be lower attachment-related anxiety on the ECR-S scale subscale in the ACOAs after taking the 8-week psychoeducational group sessions than in the ACOAs who did not.

H2b: There will be lower attachment-related avoidance on the subscale of the ECR-S scale in the ACOAs after taking the 8-week psychoeducational group sessions than in the ACOAs who did not

H20 There will be no difference in post-test from ACOAs who received Psychoeducational

courses, then the ACOAs that did not receive Psychoeducational sessions.

Participants and Setting

For this study, the sample consisted of (n=3) males and (n=15) females—the participants obtained by sending flyers across the Celebrate Recovery community and within the researcher's community. The researcher used the CR director board's information in different states. I obtained permission to hang up flyers or present the information to those within their CR community. The researcher also sent and hung-up flyers within the community and churches in the Monroe County, FL area, upon receiving permission. The advertising flyers, consent forms, and questionnaires will be in English with links to complete the online surveys.

The recruitment flyers will reflect what the study is about and what is needed to be a participant. The recruitment flyers include that individuals received, included participants, must be 18 years of age to 65 years of age and have good internet access. The flyer also contains inclusion criteria for the research, information about the study, compensation to participate in the study, and the researcher's contact information. Participants will receive a 50\$ Visa gift card (completion of pre-test); for every (50th, 100th, 150th, 200th, 250th, 300th, 350th, 400th, 450th, and 500th) individual responding to the flyer and taking the survey. Participants chosen for Group A will participate in Webinar group sessions and will all receive a 25\$ Visa gift card. Selected participants for Group B completing the pre-test will all receive a 15\$ Visa gift card.

The researcher will send the participant to the survey site once they acknowledge they want to participate in the survey. The online questionnaires hosted by SurveyMonkey will include the CAST survey and inclusion information, as mentioned in flyers. Grieve and de Groot (2011) investigated the equivalence of the internet and pen-and-paper for self-report measures. Grieve and Groot (2001) found no significant difference—proving that web site survey

administration (more efficient/cost-effective) produces similar results as the standard pen-and-paper processing.

Liberty University International Review Board approved the research (IRB), guidelines set by the American Psychological Association [APA] (2010) American Counseling Association [ACA] (2014), and participants are voluntary. Confidentiality within the study was applied and kept throughout the research process.

Inclusion Criteria

The *first* inclusion criteria to qualify for the study are that participants must score >6 on the CAST survey, and once contacted, a pre-interview screening done. Participants **are** accepted into the research if the CAST score is >6.

The second inclusion criteria will be those not under the medical or psychological care of a professional dealing with substance abuse between 2015-2020.

The third inclusion will be an age restriction is sixty-five years old or younger. Original measures regarding "romantic attachment" usually do not apply to the elderly, as older adults begin to form attachments with their children regarding the need for care. (Hazen & Shaver, 1987).

Instrumentation

The instrumentation will be a pretest-posttest control group design containing Group A and Group B. Group A will participate in psychoeducational group sessions. Treatment for group B will factor in participants not participating in psychoeducational group sessions. Still, both groups will do the pretest (ECR-S), and again Group A will take the ECR-S after the psychoeducational classes.

The information within the screening process will include the importance of honest interpretation explained within a group structure. There is an eight-week commitment (two-months), acknowledging that educational and informational material about ACOAs is implementing into the eight-week sessions. In the interview sessions, the participants chosen for Group A informed by the researcher that psychoeducational group sessions may be intense because of the possibility of personal conflict (Cermak & Brown, 1982). A list of five items discussed with the prospective individual was any psychological issues from 2015-2020, substance abuse from 2015-2020, an ability to maintain group sessions for the eight weeks, and what issues are vital for them to have incorporated within the psychoeducational group sessions.

Sociodemographic Questionnaire

This sociodemographic questionnaire incorporates gender, age, marital status, race, and ethnicity. It also includes faith or denomination or faith tradition that they most identify with, current employment status, and schooling degree. Essential within the context of counseling research is a robust research base of the population counselors are studying. Value is establishing diverse populations to develop a firm knowledge base and successive theories within the research design (Heppner et al., 2015).

Children of Alcoholics Screen test [CAST] (Jones 1983)

The CAST is a 30 item self-report inventory using a yes-no scale, where "yes" answers added to a score range of 0-30. The CAST test assists the researcher in knowing if the participant is an ACOA. The scale includes questions about adult children's feelings, attitudes, perceptions, and experiences related to their parent's drinking behavior (Lee & Williams, 2013). "Have you ever heard your parents fight when one of them was drunk?" "Did you ever wish a parent would stop drinking?" Other questions on the 30 scale CAST scale are: "Did you ever think your father

was an alcoholic?" "Have you ever felt sick, cried, or had a knot in your stomach after worrying about a parent's drinking?" (Richards & Nelson, 2012). Those that score higher than six are considered ACOA (Jones, 1983).

Respondents answered each question with a yes (1) or no (0) depending on issues growing up in a family with alcohol use/abuse on the CAST survey. Participants scoring 2-5; were considered undetermined, and with a six and above were found to have dealt with alcohol abuse issues within the family (Kelley et al. 2010). The study's convergent validity and internal reliability were 0.98 (Osterndorf et al., 2011; Braitman et al., 2009; Sheridan, 1995). The Children of Alcoholic Screen Test [CAST] assesses the emotional distress associated with parental drinking, the exposure to drinking-related violence, the perception of marital dissonance, and attempts to control parental drinking to divert from the drinking environment.

Experiences in Close Relationship- Scale [ECR-S] (Brennan et al., 1998)

The ECR-S measures romantic attachment; 36 items divides into two subscales: *Anxiety* and *Abandonment*. "I worry about being rejected and abandoned," "I need much reassurance that close relationship partners care about me," and avoidance of intimacy, "I get uncomfortable when a romantic partner wants to get very close." The answers are on a 7-point Likert scale, 1= strongly disagree, and 7= strongly agree. Elevated scores reveal attachment anxiety and avoidance (Gabby & Lafontaine, 2017; Oldmeadow et al., 2013). In the current sample, Gabby and Lafontaine (2017) found that alpha coefficients are .90/anxiety and .87/ avoidance. The scale has shown excellent validity and reliability (Oldmeadow et al., 2013). It is appropriate for this research because it yields two different dimensions scores - anxiety and avoidance attachments. According to Brennan et al. (1998), individual differences with attachment issues are

perpendicular dimensions, attachment anxiety (worry over one's relationship figure), and attachment avoidance (discomfort with intimacy).

Hazen and Shaver (1987) began adopting Ainsworth's three-category scheme in their work with romantic attachment. Ainsworth's three-category systems include secure, anxious-ambivalent, and avoidant. Hazen and Shaver (1987) used Ainsworth's method to help organize how adults think, feel, and behave within romantic relationships. The self-reported romantic attachment patterns are related to theoretically relevant variables; beliefs about love relationships and memory of early experiences with their parents (Hazen and Shaver, 1987),

Psychoeducational Session via Webinar (Woititz & Garner, 1990)

Woititz and Garner (1990). Life skills for Adult Children, the workbook used as a resource during the 8-week sessions. They were implementing the discussion and individual work within the book. Each week begins with an icebreaker, a review of the week before, asking about any pressing issues, a short mini-lecture, another short period of discussion, small group sessions (with break-out rooms) within zoom setting, conclusion, and discussing homework for the week. The goals for weeks 1-4 will be: recognize the detrimental effects of the origin of growing up as an ACOA, distorted cognitive thinking, implement moments of authenticity, issues of unforgiveness, issues of self-assertiveness, and self-care. Psychoeducational sessions impact honest and open moments of self-disclosure of hurt, abandonment, and worthlessness. There are areas of verbalization of self-dependence and positive self-worth. It decreases independence of relationships (detrimental/unhealthy) and begins to meet its own needs with healthy habits, increase confidence, and move towards positive assertiveness. Goals for week 5-8 are: move towards positive assertiveness and what does forgiveness look like; problems that arise

in relationships and how forgiveness and manipulation affect relationships, building trust and working on trust issues and problem-solving.

The benefits of group sessions include reducing isolation, decreased psychopathology symptoms, improve social skills, social learning, decision making, increase coping mechanisms, and strength-focused action and growth (Brown, 2011). Group leader responsibilities are responsible for determining goals, objectives, forming groups, selecting activities, and monitoring them (Brown, 2011). Working with ACoAs to conquer their feelings linked with alcoholism within the family, such as shame, intolerance, or biases, will help ACOAs improve their physical and mental health (Haverfield & Theiss, 2016).

Procedures

No pilot study needed for this research., The participants will sign consent for the psychoeducational sessions once they are accepted into the research. It will be an online consent signature before taking the ECR-S survey. The informed consent will define the research goal as gaining a better understanding of ACOA with psychoeducational group sessions' effectiveness. Data will be collected over 20 weeks once IRB acceptance. Participants will complete a quantitative questionnaire through a web-based survey site, the ECR-S. The web-based survey is considered efficient and enhances privacy and anonymity for respondents worried about exposing experiences related to having alcoholic parents (Dillman, 2011). The web site also creates comfortable access for the respondents to do at their convenience. The entire survey will take about 10-20 minutes, and upon completion, participants will receive a 50\$ Visa gift card (end of pre-test); for every (50th, 100th, 150th, 200th, 250th, 300th, 350th, 400th, 450th, and 500th) individual who participated in the survey.

The pre-research survey will consist of participants taking the CAST survey and scores >6. The researcher will then contact the participant to do a pre-interview questionnaire. The participant, through a pre-interview process, is assessed for eligibility into the research. Once the participant accepts the research process, the researcher will send the research participant a website link to do the first set of ECR-S. This site will include information related to the study, electronic consent to be signed, and demographics.

Once those results come in, the researcher will randomly divide the groups into Group A and Group B. Group A will participate in the psychoeducational classes, and group B will not. Group A, once the 8-week educational courses completed, will retake the ECR-S survey. The Psychoeducational session is broken down into eight weeks sessions via webinar Zoom sessions for approximately 90 minutes. Each session followed a specific guideline according to the Psychoeducational format. The beginning of the meeting will be a welcome time and review of the following week (10 minutes), then a Mini lecture (20 minutes), break-out rooms (20 minutes), short intro on next discussion (10mins), breakout rooms (20 minutes), and conclusion with a homework assignment (10 minutes). The researcher gave the book Lifeskills for Adult Children by Janet Woititz and Alan Garner, given to Group A before the Psychoeducational class sessions as a resource. The instructor will be familiar with the psychoeducational process and use of Zoom.

Data Analysis

Data screening will ensure ethical validity and accuracy, and the researcher (after entering data, will check it twice. Data screened for entry errors, missing data, and outliers within the output of the SPSS measurements. The researcher used the IBM SPSS Statistics Standard Grad Pack software version 23.0 for Macintosh (Corp, I. B. M., 2015) for data analysis for the

collection in correlation with the study. The descriptive research s conducted to examine rates, correlations, univariate t-test, ANOVA, and a Mann-Whitney U test was implemented as a non-parametric as an alternative chi-square test because of the small ratio of participants. The within-group analysis is performed to establish the effectiveness of psychoeducational classes on ACOAs. They were participating in the Psychoeducational sessions. A paired sample t-test will measure pre/post-tests of ECR-S scores with Group A and Group B.

ACOA's who receive the eight-week psychoeducational sessions will show improvement in assessment scores (avoidance/ anxiety) scores on the ECR-S after the psychoeducation sessions. Method analysis plays a role in research by implying cause-effect, and the experimentalists' preference for research is an Analysis of Variance [ANOVA] (Hayes, 2017). ACOA's who receive the eight-week psychoeducational sessions will show improvement in assessment scores (avoidance/ anxiety) scores on the ECR-S. However, a meta-analysis has its controversy and critics. The fundamental problems are (1) study heterogeneity, (2) study quality, (3) inclusion and exclusion criteria, (4) dissemination bias, Levy et al. (2014). An Analysis of Variance (ANOVA) or F-test assesses the variables' compatibility. Reese and Thompson (2001) noted that an ANOVA is the most common statistical technique used in psychological research (as cited by Blanca et al., 2017). ANOVA is a dependent analysis measure to assess statistical significance between group means on outcome variable scores between two or more groups. ANOVA compares the means of the Y outcome variable across two or more groups (Warner, 2013). Warner (2013), the categorical variable represents naturally occurring groups or research formed a group and those exposed to different interventions.

The ANOVA (F-test) assumes that the research variables will be equally distributed among groups; however, real data not normally distributed, and variances are not always equal

(Blanca et al., 2017). Non-normality on F-test robustness extensively studied since 1930. Blanca et al. (2017) study aimed to examine F-test robustness regarding the terms of Type-I error, independent effect (non-normality) through literature reviews to assume variance homogeneity. The finding by Blanca et al. (2107) concluded that ANOVA is useful in research because, in terms of Type I error, it remains a reasonable procedure under non-normality for a variety of variables.

Data Analysis Plan

The demographic variables will assess male and female participants, social status, and education status as demographics affect treatment retention and attribute of recovery. A sample *t*-test conducted to compare group A's (intervention group) mean post-test scores on the subscales of the ECR-S to that of group B's (control group) mean baseline scores on the *subscales* of the ECR-S. The subscales determine the linear correlation between ACOA in group A and ACOAs in Group B regarding relationship satisfaction. Charles et al. (2001), evaluating the relationship dynamics (satisfaction/ instability/ relational length), implemented that controls needed to add regarding; education, race/ethnicity, and relational distance (as cited by Knapp et al., 2017).

For research question one, a within-group design will use a paired sample *t*-test. This is implemented to determine if ACOAs who receive the eight-week group sessions improve assessment scores (avoidance/ anxiety) scores on the ECR-S after the psychoeducation sessions. A paired sample *t*-test will be implemented by SPSS of scores of ECR-S from pre/posttest from Group A after psychoeducational classes. A one-way ANOVA, a between-group design, will be implemented to determine the variances' validity when statistically looking at *research question two*. Research question two: ACOAs who receive the 8-week group sessions will improve assessment scores on the ECR-S instead of the ACOAs that did not receive psychoeducational

group sessions pre ECR-S scores. The null states: that there will be no difference in post-test from ACOAs who received the group sessions than the ACOAs that did not receive psychoeducational group sessions. A repeated measure ANOVA will be factored in, as it measures different times and different conditions between variables (Blanca et al., 2017).

Limitation

The quantitative studies' limitations will be that it is not multicultural as it does not put into action others not having English as a primary language. Therefore, it limits the generalizability of the findings, diversity, different age groups. The within-subjects data collection in the survey group will examine data from participants simultaneously without accounting for differences in emotional and psychological factors over time like COVID-19. Future research would benefit from a longitudinal design in participants who have engaged in resolving interpersonal transgressions (Jeter & Brannon, 2015). Jeter and Brannon (2015) discussed that further research would benefit by examining additional variables that affect motivation to forgive and other techniques used to forgive others. Situational factors, social support, and religious background will be helpful for further research.

The *exclusions* within the survey participants will be those that did not finish the study, did not complete one of the scales, and could not complete the psychoeducational group sessions. Participants took longer than 45 minutes to complete the survey (the researcher will look at it) and assess difficulty in understanding the questions. The researcher will review exclusion issues that needed checking with Dr. Dumont, the researcher's chair once the reviews come back. Another exclusion is an inability to validate if the participant is ACOA or non-ACOA outside the CAST score. A limitation of the quantitative studies with the psychoeducational groups is that the length of group sessions may be too short and not have enough time for healing for the level

of distress the client may be experiencing. There can also be environmental factors and time constraints, as well as security with confidentiality. Concluding the limitations are the *internal validity* that can factor in with the group settings as a setback of group polarization. *External validity* will be emotional barriers and the stage of healing individually. Other external limitations are the significance of confidentiality, and participants in the group settings are ACOAs.

Summary

Chapter 3 gave a detailed description of the research designed to measure ACOAs and their effects on psychoeducational group sessions in helping anxious/ avoidant issues within a relationship dyad. The purpose of this study was to ask if psychoeducational group sessions help ACOAs. It will be useful in professional situations to help ACOAs whom they see for different psychological issues. The selections include research design, research questions, and hypotheses. Continuing with participants/setting and concluding with instrumentation, procedures, and data analysis.

A quantitative research design using between the group and the within-group strategy used. The participants from Group A and Group B were from multifaceted dimensions. Those who have been receiving help in CR or AA groups. Those just beginning to understand their past dynamics from growing up as an alcoholic family and dynamics played out in their history to spark issues in the present. Areas that helped the researcher establish participants for the research were the CAST survey (Jones 1991), a pre-interview questionnaire, demographic form, and ECR-S survey (Fraley et al., 2000). The consent forms were signed online, along with the demographic study and the ECR-S. Participants finishing the first section of the research process, as described above, were randomly placed in Group A and Group B. Group A participated in

psychoeducational group sessions for eight weeks. Discussing the dynamics of ACOAs, forgiveness, assertiveness, communication, self-care, and continue care after the classes end.

The methods within chapter three explored the effects of ACOAs and how avoidance/anxiety dimensions factors look at the impact of relationship satisfaction; do psychoeducational group sessions help implement elements to improve relationships. Chapter three focused on research design, methods used to acquire participants, instruments executed, research performed, data processing, and SPSS programs to analyze the study's data. The research intended to help professionals working with ACOAs has another arsenal in the artillery to help minimize the emotional, social, and psychological effects of alcoholism.

CHAPTER FOUR: FINDINGS

Overview

The purpose of the research is to explore if psychoeducational group sessions improve avoidance/anxiety dimensions within the ECR-S survey of ACOAs. Statistical measures of pre-ECR-S scores for group A are compared to the post scores of the ECR-S scores of Group A. The post statistical measure of the ECR-S from group A compared to the statistical measure of the ECR-S from group B. The within-group measurement of group A scores pre-and-post-ECR-S scores to compare group A's mean pre-test and post-test scores on the subscales of the ECR-S. by implementing a paired-samples *t*-test. The between-group measurements were compared by implementing a paired-samples *t*-test used for the Pre ECR-S scores of group A to pre-ECR-S scores of group B. For example, the mean differences were not normally distributed and violated the assumption of equal variances related to small sample size; therefore, a Mann-Whitney U-test followed a Wilcoxon signed-rank and the independent samples *t*-test.

The research attempts to answer two research questions. The first question is ACOAs who receive the eight-week group sessions will show improvement in assessment scores (avoidance/ anxiety) scores on the ECR-S after the psychoeducation sessions? The second question is: ACOAs who receive the eight-week psychoeducational sessions will show improvement on the ECR-S scores, compared to the ACOAs. The latter does not receive the eight-week psychoeducational sessions. A paired-sample *t*-test had answered the first research question to assess group A's scores on the ECR-S before/after participating in an 8-week educational group session. The researcher used a paired-samples *t*-test for both attachment avoidance, and anxiety group A. T-test was done to see if there is a significant decrease in the avoidant or anxious attachment. In answering the second research question, a *t*-test was obtained

by doing independent samples *t*-test. The independent sample *t*-test followed by its non-parametric equivalent and Mann-Whitney *U*-test (to make a meaningful comparison from group A post scores ECR-S with group B Pre ECR-S scores.

Participants

Results

The within and between-group design is researching ACOAs and does psychoeducational classes assist in relationship improvement with anxiety/avoidant issues of abandonment. According to group A (pre/post) scores and group B (pre) ECR-S scores, the research results were reviewed. The concluding of the findings of research questions one/two summary be followed next, Concluding with the findings of research question one and research question two and the summary findings.

Demographic Data

The sample ($N = 18$) for the present study consists of both men ($N = 3$) and women ($N = 15$) between the ages of 25 to 74. As for the race, most of the sample identified as Caucasian (72.2%), followed by African American (22.2%), and other (5.6%). When asked to report their relationship status, 10 (55.6%) of the participants reported being married, 4 (22.2%) reported divorced, 2 (11.1%) reported separated, and 2 (11.1%) reported being single or not previously married. Participants asked to report any substance abuse from 2015 to 2020, with 3 (16.7%) indicating “yes” and 15 (83.3%) indicating “no.” The present study also included an analysis of demographic differences across the two groups.

Both group A ($N = 9$) and group B ($N = 9$) were identical in terms of gender, both consisting of 2 men (22.2%), group A, and seven women (77.8%). In group B, one man (11.1%) and eight women (88.8%). In terms of ethnicity, both groups consisted of 2 African American

respondents (22.2%); however, group A included a single respondent (11.1%) that reported “other.” As such, group A had 6 Caucasian (66.7%) respondents, whereas group B had 7 Caucasian respondents (77.8%). The only notable differences between the two groups existed in relationship status, with (66.7%) of group A reporting being married and (22.2%) of group B reporting being married, a difference of (44.5%). Minor differences were found in substance abuse in the last five years (2015 to 2020) across groups, with group A including 2 (22.2%) that indicated “yes” and group B, including only 1 (83.3%) who indicated “yes.”

METHOD

The researcher used a within and between-group design with the present study. The study aimed to assess if those attending group sessions could reduce the maladaptive attachment orientations (avoidant and anxious) of ACOAs. Inclusion criteria included a score greater than six on the *Children of Alcoholics Screen Test* (CAST). Post-screening participants for CAST scores, eligible participants were randomly assigned to one of two groups, the intervention group that underwent 8-weeks psychoeducational group sessions (Group A) or a control group that did not attend any of the sessions (Group B). Before the onset of the intervention period (8-week sessions), participants in both groups took the ECR-S, which measures maladaptive attachment. The ECR-S consists of two subscales, one of which measures attachment avoidance and another that measures attachment anxiety. After the intervention (group sessions), group A retook the ECR-S to assess whether the group sessions reduced the avoidant and anxious attachment. Additionally, the present study aimed to compare group A’s mean post-test scores on the two subscales of the ECR-S to Group B’s pre-test ECR-S scores to assess whether the mean scores differed the condition of the psychoeducational sessions. It is worth mentioning that group A (N = 9) participants scored on both subscales before and after treatment. Group B took the ECR-S at

baseline, and group A (mean post-test scores), were compared by the researcher to group B's mean baseline scores.

The present study aimed to compare mean scores within- and between groups. A paired-samples *t*-test compared group A's mean pre-test and post-test scores on the subscales of the ECR-S (H1). Next, an independent samples *t*-test compared group A's (intervention group) mean post-test scores on the subscales of the ECR-S and group B's (control group) mean baseline scores on the *subscales* of the ECR-S. However, the data utilized was found to violate certain assumptions required to conduct such parametric tests. For example, the mean differences in some instances were found not to be normally distributed; much of the data violated the assumption of equal variances, and the sample was smaller than recommended for conducting parametric tests. As such, each of the previously mentioned parametric tests followed with their non-parametric equivalent. The paired-samples *t*-test conducted to test hypothesis 1 was followed by a Wilcoxon signed-rank test, and the independent-samples *t*- a Mann-Whitney U-test followed test. Doing so aids in eliminating concerns about the reliability of findings considering various limitations regarding the nature of the present study's data.

Hypotheses

H1: It hypothesized that the intervention group (group A) would score significantly lower on both avoidant (H1a) and anxious (H1b) attachment after the eight-week sessions in comparison to their pre-test scores. That is, group A's mean scores had significantly decreased post-treatment compared to their baseline scores on the avoidant and anxious attachment subscales of the ECR-S.

H2: It hypothesized that the group that attended eight-week psychoeducational group sessions (group A) would score significantly lower scores on both avoidant (H2a) and anxious

attachment (H2b) than would the group that did not receive the intervention (group B).

Between-group comparison of scores would show that group A's mean post-test scores were lower than group B's scores on both attachment subscales of the ECR-S.

RESULTS

As stated, it was hypothesized in hypothesis 1 that the group that attended the sessions would score significantly lower on both avoidant and anxious attachment after the eight-week sessions in comparison to their pre-test scores. That is, a comparison of group A's pre-test scores and post-test scores would suggest that the intervention led to a reduction in avoidant and anxious attachment scores. A paired-sample *t*-test compared group A's mean scores on the ECR-S subscales before and after attending the 8-week sessions to assess whether the intervention led to a significant decrease in the avoidant or anxious attachment.

Attachment Avoidance from the paired samples *t*-test.

Descriptive statistics (see Table 1) indicated that group A means avoidance scores after treatment ($M = 2.203$, $SD = .963$) were lower than at pre-test ($M = 2.784$, $SD = 1.128$). However, in contrast to what was hypothesized (H1a), findings from the paired samples *t*-test indicated that there was not a significant difference between group A's mean pre-and post-test scores ($t = 2.019$, $p = .078$). Although findings showed that on average, group A's avoidance scores were .581 points lower after treatment than before treatment, the mean differences were not significant (95% CI [-.083, 1.245]). As such, findings did not provide sufficient evidence to reject the null hypothesis (H10a) that there would be no significant difference between group A's pre-test and post-test scores on the subscales of the ECR-S.

Variable	N	Mean	SD
Avoidant Attachment			
Pre-test	9	2.784	1.128
Post-test	9	2.203	0.962
Anxious Attachment			
Pre-test	9	3.246	1.177
Post-test	9	2.500	0.799

Table 1. *Descriptive Statistics of (Group A)*

Attachment Anxiety from paired-samples t-test

For attachment anxiety, findings indicated that group A's mean anxiety scores after the 8-week sessions ($M = 2.500$, $SD = .799$) were lower than those at the pre-test ($M = 3.246$, $SD = 1.177$). Consistent with expectations (H1b), results from the paired-samples t -test indicated that there was a significant difference between group A's mean pre-and post-test scores ($t = 2.703$, $p < .05$) on the attachment anxiety subscale. On average, scores after treatment were .746 points lower than before treatment (95% CI [.110, 1.382]). The findings together suggest a significant difference between mean scores before and after the eight-week sessions, indicating that the intervention leads to a reduction in anxious attachment scores, and support the rejections of the null hypotheses (H10b). Table 2 summarizes the findings from the paired samples t -test for both attachment avoidance and anxiety for group A.

Table 2. Paired Samples *T*-test for Intervention Group (Group A)

Variable	Paired Differences			95% CI	t	df	p
	M	SD	n				
Avoidance	.581	.864	9	-0.083, 1.245	2.019	8	.08
Anxiety	.746	.827	9	0.110, 1.382	2.703*	8	<.05

Non-Parametric Follow-Up Test Group A’s pre-post avoidant/anxious scores.

As stated, there were instances in which the present study’s data violated assumptions required to conduct parametric tests. For example, a Shapiro-Wilk test of normality indicated that Group A’s pre-and post-test avoidant and anxious attachment scores were not normally distributed (see Figures 3 and 4). They were considering that the data violated the assumption of normality required for dependent samples *t*-test, in addition to the small sample size, a Wilcoxon signed-rank test conducted as a non-parametric equivalent test for hypotheses 1.

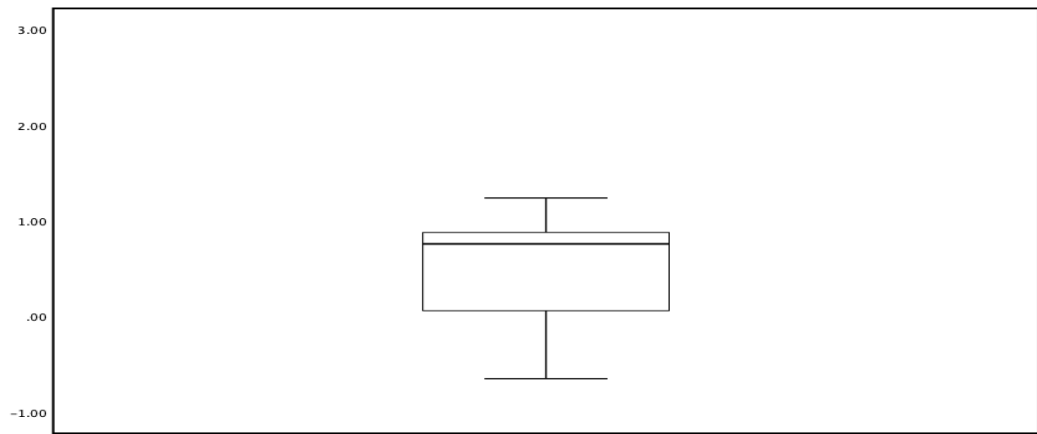


Figure 1. Distribution of Avoidant Attachment Group A

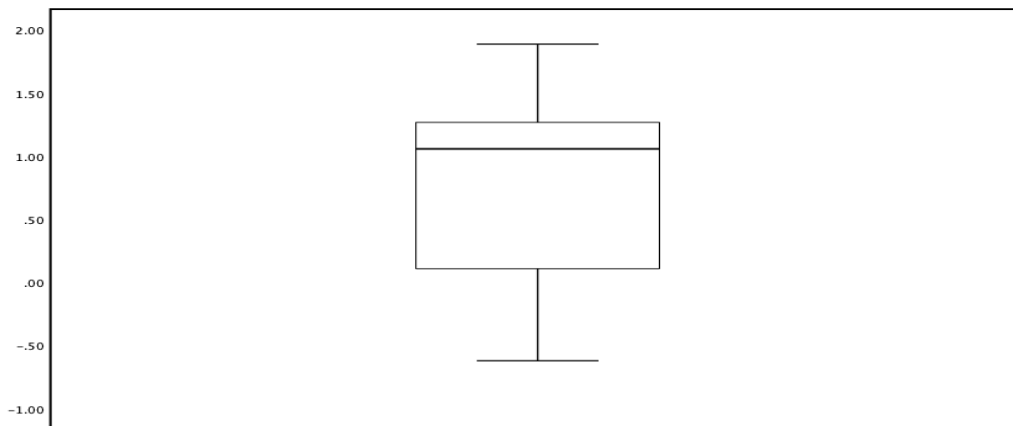


Figure 2. Distribution of Anxious Attachment Group A

Attachment Avoidance implemented the Wilcoxon signed-rank test.

The Wilcoxon signed-rank test findings showed that Group A's mean avoidant attachment scores were lower after treatment ($M = 2.20$) than before treatment ($M = 2.78$). Specifically, a comparison of participants' (Group A) scores on the avoidant attachment subscale before and after the intervention showed that 7 participants showed decreased avoidance, and 2 showed an increase in a release. Though findings showed that Group A's scores decreased after the intervention, the Wilcoxon signed-rank test indicated that the difference was not significant ($Z = -1.836, p > .05$). Despite an improvement in avoidant attachment, findings did not provide sufficient evidence that the scores' reduction was due to the eight-week sessions and not chance (H1a). Again, the results did not provide evidence against the null hypothesis (H1a0).

Attachment Anxiety implemented the Wilcoxon signed-rank test.

Findings from the Wilcoxon signed-rank test showed that Group A's mean anxious attachment scores were lower after treatment ($M = 2.500$) than before treatment ($M = 3.246$). Specifically, a comparison of participants' (Group A) scores on the anxious attachment subscale before and after the intervention showed that 7 participants showed decreased anxious attachment, 1 showed an increase in anxious attachment, and 1 participant scores remained the

same. The findings from the paired-samples *t*-test showed consistency with what was hypothesized (H1b). The Wilcoxon Signed-rank test indicated that post-test avoidance scores for group A were significantly lower than they were at pre-test ($Z = -2.100, p < .05$); as such, hypotheses H1b supported. Findings provide sufficient evidence to reject the null hypothesis (H10b), suggesting that the intervention may have had a significant adverse effect on participants in group A's anxious attachment scores.

As stated in hypothesis 2, the group that attended eight-week psychoeducational group sessions (group A) would score significantly lower on both avoidant (H2a) and anxious attachment (H2b) than would the group that did not receive the intervention (group B). That is, group A's mean post-test scores would be lower than group B's scores on both attachment subscales of the ECRS. Group A ($N = 9$) scores before and after treatment. Group B's measured at baseline as group A's scores, post-test scores compared to group B's baseline scores. As previously outlined, an independent samples *t*-test, followed by its non-parametric equivalent, Mann-Whitney *U*-test, was conducted to make a meaningful comparison by group A and group B.

Independent-Samples t-test scores after treatment.

Descriptive statistics indicated both that group A's mean avoidance scores after treatment ($M = 2.203, SD = .963$) were lower than group B's ($M = 2.968, SD = 1.072$) and that group A's mean anxious scores after treatment ($M = 2.500, SD = .799$) were lower than group B's ($M = 3.537, SD = 1.625$). Levene's test for homogeneity of variance tested for any variance violations and consistency across group means. Group B had no violation in avoidance scores [$F(2, 16) = 0.194, p = 0.665$]. Table 3 includes the descriptive statistics for the control group, including mean scores on both subscales of the ECR-S.

Table 3. Descriptive Statistics of the Control Group (Group B)

Variable	N	Mean	SD
Avoidance	9	2.968	1.072
Anxiety	9	3.537	1.625

Although group A had lower post-test scores on avoidance in comparison to group B, in contrast to what was hypothesized (H2a), findings indicated that there was no significant difference in mean scores between groups $t(16) = -1.592, p = .131$). Although there was a -.764-average difference between mean scores on avoidant attachment between groups, Group A showed reduced avoidant attachment, which did not indicate that the difference was statistically significant. As such, decreasing group A score is not due to chance, and findings do not provide evidence to reject the null hypothesis (H20a).

For attachment anxiety: Levene's test for homogeneity of variance was conducted to test for violations of variance assumption's sameness across the groups; on anxious attachment scores. The Levene's test suggested that the data violated the assumption of equal variances [$F(2, 16) = 9.734, p = 0.007$]. Group A had lower post-test scores on anxiety in comparison to group B. What was hypothesized (H2b) findings from the independent samples t -test indicated that there was no significant difference in mean scores between groups $t(16) = -1.718, p = .105$). Although there was a -1.718-average difference between mean scores on anxious attachment between groups, with Group A showing reduced anxious attachment post attending the eight-week sessions, results did not indicate that the difference was statistically significant (see table 4). It cannot be concluded that the reduced scores found in group A were not due to chance, and findings do not support the rejection of the null hypothesis (H20b).

Table 4. Independent Samples *T*-Test Results

Variable	Levene's Test		t-test for Equality of Means			
	F	Sig.	t	df	p	MD
Avoidance	.194	.665	-.1592	16	.131	-.764
Anxiety	9.734	.007	-1.718	16	.105	-1.037

Non-Parametric Follow-Up Test: data violated assessment

As in certain circumstances, the data broke the assumption required for independent samples *t*-test. So, the researcher conducted a Mann-Whitney U test as an alternative. Group A had, on average, scored lower on avoidant attachment in comparison to Group B, and post-test scores for group A had a mean rank of 7.56. Group B had a mean rank of 11.44; the Mann-Whitney U test indicated that group A's post-test avoidant scores were not significantly different from Group B's avoidant scores ($U = 23.00$, $Z = -1.545$, $p = .122$). As such, consistent with findings in the independent samples *t*-test, it cannot say that the differences between groups on avoidant attachment found were not due to chance. Hypotheses H2a findings were not supported and did not support the null hypothesis's rejection (H20a).

For attachment anxiety, Group A scored lower on anxious attachment compared to Group B. The post-test scores for group A had a mean rank of 8.11, and group B had a mean rank of 10.89. The Mann-Whitney U test indicated that group A's post-test anxious attachment scores were not significantly different from Group B's anxious attachment scores ($U = 28.00$, $Z = -1.105$, $p = .269$). It cannot consider that the differences between groups on anxious attachment found were not due to chance. Hypotheses H2b were not supported, and findings do not support the rejection of the null hypothesis (H20b).

Note: below are graphs showing mean scores for the ECR-S subscales at pre-test and post-test for Group A and a comparison of Group A's post-test scores to Group B's pre-test scores. They show that, as expected, scores were lower at the post-test for Group A in both. Although most of the differences were insignificant, this is likely due to the small sample size. In the discussion, the figures show that the 8-week sessions did lead to reduced scores; however, there cannot rule out chance as there were no significant differences.

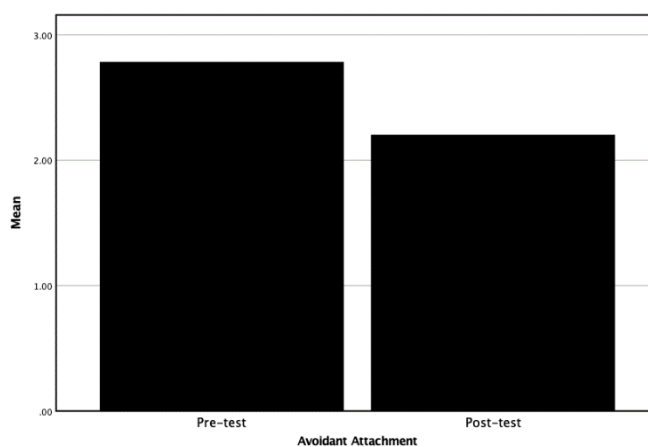


Figure 3. Mean Attachment Avoidance Group A

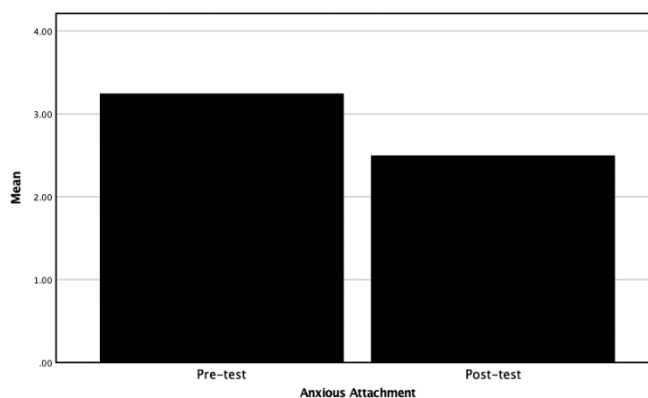


Figure 4. Mean Attachment Anxiety Group A

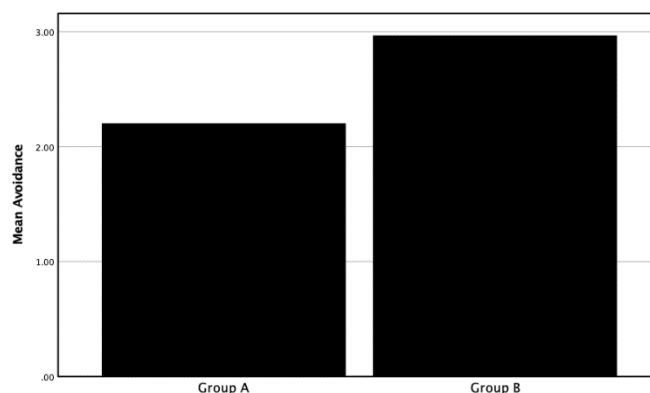


Figure 5. Mean Attachment Avoidance by Groups

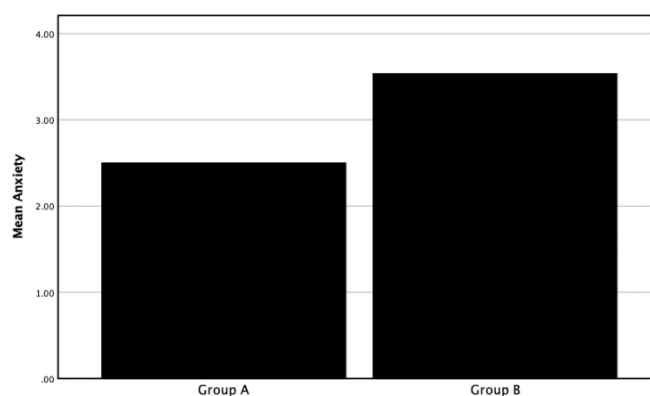


Figure 6. Mean Attachment Anxiety by Groups

Summary

A sample of 18 participants was from multiple communities within the Celebrate Recovery group and those within the researcher's hometown. And the sample ($N = 18$) consisted of 3 men and 15 women between 25 and 74; ethnicity consisted of two categories: Caucasian, African American, and others. When asked about their relationship status, 10 participants reported being married, four said divorced, 2 reported separated, and two reported being single or not previously married. Participants reported any substance abuse from 2015 to 2020 was 3 and 15 (83.3%), indicating “no.”

Hypothesis 1 hypothesized that the intervention group (group A) would score significantly lower on both avoidant and anxious dimensions of ECR-S after the eight-week sessions compared to their pre-test scores. Group A's mean scores were found to substantially decrease post-treatment compared to their baseline scores on the avoidant and anxious attachment subscales of the ECR-S. On average, scores after treatment were .746 points lower than before treatment (95% CI [.110, 1.382]), indicating that the intervention leads to a reduction in anxious attachment scores and supports the rejection of the null hypotheses.

Hypothesis 2 hypothesized that the group attending an eight-week psychoeducational group sessions (group A) would score significantly lower on both avoidant and anxious dimensions than the group that did not receive the intervention (group B). There was a -.764-average difference between mean scores on avoidant attachment between groups. Group A showing reduced avoidant attachment; results indicated the difference was not statistically significant. The reduced scores found in group A did not assume that it was not due by chance. Findings do not provide proof to reject the null hypothesis.

CHAPTER FIVE: CONCLUSION

Discussion

The research emphasized that Adult Children of Alcoholics [ACOA] who participate in psychoeducational group sessions can acquire healing. Psychoeducational group sessions to treat attachment issues' avoidance/anxious dimensions. The focus is on relationship satisfaction through the implementation of using group sessions, forgiveness, assertiveness training, self-care, and using "I statement." The literature review showed a gap in the research regarding using psychoeducational groups while improving relationship satisfaction in ACOAs. The method in the study was quantitative research using between and within-group design. A participant in the study, the dependent variable, had CAST scores >6 . Once a participant was eligible, they took a pre-interview questionnaire. Those selected and willing to be in the research study were then randomly selected for Group A or Group B. Group A took part in an eight-week psychological group session, and Group B did not take the sessions.

Results from the survey methodology using ECR-S measured the hypothesis. *Hypothesis One: Hypothesized that the intervention group (group A) would score significantly lower on both avoidant and anxious dimensions of ECR-S after the eight-week sessions compared to their pre-test. According to the post-test results, Group A had lower scores on the avoidant and anxiety personality domains with the [ECR-S] than group B with no psychoeducational group sessions.* *Hypothesis 2: Hypothesized that the group attending an eight-week psychoeducational group session (group A) scored significantly lower on both avoidant and anxious dimensions than the group that did not receive the intervention (group B).*

Future research will explore specific psychosocial issues like anxiety and avoidance, as psychoeducational sessions improve stress. The sessions need to be longer, from 8 weeks to 16

weeks, to improve anxiety/avoidance issues to be statistically significant. Another phase of future research will be the implementation of zoom classes instead of (in person). The study was an easy way to distinguish the effectiveness and use of psychoeducational courses, or are there more issues that need to be addressed?

Summary of Findings

Adult Children of Alcoholics who engage in group therapy had five noted characteristics. A need to control, denial of being an ACOA with repressed feelings, inability to feel trust within relationship or self-trust, there is over responsibility or irresponsibility and finally expressing personal needs of guilt, vulnerability, and dependence (Cermak and Brown, 1982). The following research questions are related to the literature review and its lack of research on psychoeducational classes and ACOAs in anxiety and avoidance with relationship satisfaction.

In answering RQ1: ACOAs who receive the eight-week psychoeducational sessions will improve the ECR-S scores, compared to the ACOAs. The latter does not receive the eight-week psychoeducational sessions. Psychoeducational classes are a dependable place for ACOAs to work out and talk about their experiences. With encouragement as the researcher accomplished in the psychoeducational courses. Feelings of not being alone, experience commonalities, and acceptance are express (Downing & Walker, 1987; Clark & Jette, 1991). Goals with psychoeducational groups are: 1) to assist with isolation character traits and dispel silence and acquire it as a safe zone), 2) participants can confront denial, issues of co-dependency and guilt, 3) there is educational material helpful for participant 4) concluding with understanding and becoming informed of the characteristics of ACOA; while moving the ACOA forward (Downing & Walker, 1987). In social environments, there is contact with others, which affects the individual's well-being. Connection with others happens within psychoeducational classes.

Therefore, anxious and avoidant ACOAs reduce unhealthy attachment issues and increase sexual satisfaction (Mikulincer & Shaver, 2007).

Implications

This section addresses the theoretical, empirical, and practical implications of the research study. The academic, pragmatic, and functional substances that the research used are issues of practice areas for the community in which the ACOA receives care. An ACOAs tendency is towards insecure attachment styles. There is a struggle to increase self-esteem, overcome depression, and have resiliency in the face of hardship. Adopting more positive mental results as an adult can be accomplished through finding healthy attachment relationships and is an essential step in the healing process (Haverfield et al., 2018).

Implications the research has for health professionals understand the importance of helping ACOAs in many psychodynamic factors within their care. The study focused on psychoeducational aspects via the zoom of avoidance/anxiety dynamics of attachment issues. Because of COVID-19, the research assessed the new area of a reawakening of mental health counseling (Zoom). The Zoom classes (psychoeducational sessions) could host other ACOAs, not necessarily taking courses within the community they do business. Zoom sessions may feel safer within the context of their own home. The classes reached ACOAs within different communities and dimensional backgrounds that may have had resources to receive support or not have the resources to receive support. Zoom provides care in a safe environment at this time, where the nation is facing a pandemic.

Theoretical Implications

In their study, Dayton (2012) mentioned that [COAs/ACOA] can become purposeful, healthy, and resolute adults. They are great at toughing it out and are very creative, innovative,

and risk-takers. ACOAs develop distinctive strengths at the same time as working on the challenges of their childhoods. ACOAs often become independent and resourceful adults (Dayton, 2012, p.15). So, building those resources through the psychoeducational classes, implementing social structure and accountability, and information about the effects of ACOAs are practical implications of the research used. There was a definite improvement within the anxiety attachment areas in Group A post-test of the ECR-S. The practicality of being less anxious could be from becoming more sensitive to one's feelings and actions and their effect on relationships.

RQ1:

ACOAs, who receive the eight-week psychoeducational sessions will show improved assessment scores (avoidance/ anxiety) scores on the ECR-S after the group sessions. Kelley et al. (2010) revealed that low attachment issues are risk factors for short-and long-lasting relationships with emotional impact among ACOAs.

Individuals with *Avoidance* attachment displayed a negative paradigm of others, self, and a less critical need for closeness. Joel et al. (2011) revealed ambivalence towards the relationship because of wanting to be close. Those with avoidant attachment issues in relationships display an increase in independence and frequently are vulnerable to their partner (DeVito, 2014). *Anxious* individuals acquire a need to be close because of poor self-security. Joel et al. (2012) research stated that anxiously persons with attachment difficulty have a lot of self-blame and are disappointed. The regrets within themselves mirror relationship-related decisions, and they always feel like they are on a rollercoaster. Anxiously attached ACOAs have excessive restraint within relationships and lack attachment needs (Etcheverry et al., 2013).

RQ2:

ACOA's who receive the eight-week psychoeducational sessions will show improvement on the ECR-S scores, compared to the ACOA's who do not receive the eight-week psychoeducational sessions? Psychoeducational groups prove useful in helping cope with the ACOA effects of parental alcoholism. The sessions were interactive via zoom. MacDonald, G., & Borsook, T. (2010) study revealed that avoidant individuals with positive social interactions and experiences incorporate them into their life skills. ACOA deficiency is within relationship satisfaction. Establishing trust issues, control issues, positive assertiveness is complicated. Everyday experiences in childhood impact adult relationships. ACOA's are mostly not attuned to lasting effects of being an ACOA, and according to Dehn (2010), there are 78 positive and negative aspects of an ACOA that need awareness and the transparency of its effect on ACOA's (Dehn, 2010)

The study collaborated or confirmed with a previous study. Persons displaying avoidant attachment in relationships are more independent and rarely expose themselves to their partner or feel a need to rely on them (DeVito, 2014). Rogers (2017) indicated that ACOA's are positively/negatively affected by avoidant and anxious attachment. The Wilcoxon signed-rank test findings showed that Group A's mean avoidant attachment scores were lower after treatment ($M = 2.20$) than before treatment ($M = 2.78$). There was an increase from a -1.718 difference of mean scores on anxious attachment between groups (Group A/Group B). Therefore, because of the decrease in anxious and avoidant dimensions of the ECR-S survey, hope through the classes' interaction affected the hope of knowing that they are not alone, and anxiety lessened in areas where they feel safe and have a voice. Psychoeducational group sessions improve relationships

because commonality helps them experience a stronger sense of belonging and trust (Webber et al., 2020).

Hope affects relationships and impacts satisfaction in relationships, and ACOAs were predictors of affecting hope the future will look at an increase in group interaction not just within the group but activities and accountability outside the group. The group sessions will last for 16 weeks so that Improvement on avoidance may have more impact.

The study diverged from the previous study. Jones (2015) presented an earlier study that 47 percent of those who attend church weekly drink alcohol, with 69 percent non-attenders drank 69% and women 59%. The demographics within the course reported substance abuse from 2015 to 2020, with 3 (16.7%) indicating “yes” and 15 (83.3%) indicating “no.” Future research can include those struggling with AUD and assess if the research methods help those still seeking recovery. Even though it was a small sample size, there was no increase in alcohol use among ACOAs, and it was lower than average according to the demographical stats.

The unique contributions of the study. ACOAs have a higher proneness for depression, feelings of self-consciousness, perfectionism, phobias; are due to ambivalence. and poor social skills. (Mukesh et al., 2017; Lingeswaran, 2016). The study revealed the issues of avoidance and anxiety issues of attachment prevalent in ACOAs, and psychoeducational sessions could help implement strong social ties. Findings showed that Group A’s avoidance scores decreased after the intervention. The Wilcoxon signed-rank test indicated that the difference was not significant ($Z = -1.836, p > .05$). With attachment anxiety, outcomes of group A’s mean anxiety scores after the 8-week sessions ($M = 2.500, SD = .799$) were lower than those at the pre-test ($M = 3.246, SD = 1.177$).

The study's unique contributions are that avenue of looking at avoidance aspects of attachment and why were they are not more of a decrease within the eight-week course. The study's implications are

looking at avoidance with ACOAs and knowing that individual sessions may increase, decrease avoidance issues, and work more on communication and social issues.

The study sheds new light on the theory about ACOAs. The value of developing new relationships will incorporate healthier goals and improvement in having more of an immediate contact (Fraley & Shaver, 2000). Group sessions focused on healing areas and the here and now (Rowe et al., 2014). There was a decrease in anxiety dimensions of attachment issues and established stronger relationships within the group. As many of the participants mentioned how helpful it was, one participant had just started to form a new relationship bond with the opposite sex. As clients are less anxious and more receptive to increasing attachment issues, there is healthier communication between couples and increased intimacy. Psychoeducational classes are a safe place for ACOAs to talk about commonalities and receive acceptance (Downing & Walker, 1987; Clark & Jette, 1991).

Practical Implications

Quality of Life affects how people bond and interact with others, especially relationships they interact with daily. If the environment is conducive to an ACOA's growth and healing, there is more authenticity without restraint. Brown (2010) identifies standard connections as "the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance from the relationship" (Brown, 2010, p. 19). The study was instrumental in understanding the practical issues facing ACOAs. The main ones within the survey focused on anxious/avoidant attachment issues. ECR-S shows that ACOAs lack in those areas. Understanding that psychoeducational classes help with anxious attachment and affect bonding helps those in the health field implement them. Psychoeducational group sessions are accessible through zoom and more feasible in assisting easier access for the care of ACOAs. Work on avoidance issues may take longer than eight weeks.

The study confirms with previous research

The research has practical implications that helping ACOAs understand what they are feeling and why they make choices the way they do can help them make healthier choices. Hazan and Shaver (1987) recognized in their study that confident adults are likely to be satisfied in their relationships. So, working on assertiveness, community building, and forgiveness even though they may not have had that growing up should not be their cross to bear. But ACOAs are resilient, can learn how to build on what they have, and form healthy, emotionally strong relationships.

Practical research showed that growing up in an alcoholic family affects your relationships and as an ACOA. The primary factors affecting the relationship is anxious/avoidant attachment factors. Carr and Wang (2012) stated, "familial relationships" are most hurtful but the most enduring" (p 41). Working on ACOAs in improving relationship satisfaction can affect others within the family, having issues with the dynamics of being an ACOA. Suppose the parents helped with aspects of health issues in relationships? Those within the family's influence area can increase the healthy dynamics of a relationship and have less anxious/avoidant problems.

The study diverged from the previous study

Dehn (2010) reflects how most ACOAs complain of symptoms resulting from chronic stress associated with a raging war upbringing within the ACOA. ACOAs with insecure attachment styles, increased dependence on alcohol, or married an alcoholic (Hendrickson, 2016). The demographics of the study did not prove that. Researchers work on attachment issues, then insecure attachment and anxious the client improves in these issues, then relationships with the children and others will improve. The study proves that ACOAs can have difficulty growing

up in a relationship, but it does not have to be. As an ACOA works on its issues, it can decrease the domino effect of their children.

The unique contributions of the study

The study's contribution by Pietromonaco, Uchino, and Dunkel (2013), is that relationships can continue to be reciprocal and dynamic as one person influences the relationship results from others. As the health care team understands, the practical effects of psychoeducational classes have on relationships help the ACOAs relationships within each aspect of their practical understanding. Findings showed that group A's avoidance scores were .581 points lower after treatment than before treatment. The Wilcoxon signed-rank test findings showed that Group A's mean avoidant attachment scores lower after treatment ($M = 2.20$) than before treatment ($M = 2.78$).

The study sheds new light on the theory about ACOAs

Communication is transformational and keeps the relationship healthy (Öztürk, A., & Mutlu, T., 2010). In the psychoeducational group sessions, ACOAs were able to express themselves freely and within a safe environment. With areas of feeling safe through psychoeducational classes, communication areas are improved and implemented into society because ACOAs feels safe. ACOAs can be free to share their voice and not feel critical of speaking forth their feelings.

Future Implications

Future implications can improve attachment issues within the relationship satisfaction of ACOAs. As clinical workers work on ways to help ACOAs, psychoeducational classes will benefit from addressing the deeper issues that ACOAs face and doing it with others. Much research is on working on ACOAs and assisting them in subjects of their addiction. The study

addresses attachment issues' main issues and how it affects relationships through communication, forgiveness, self-assertiveness, and self-care focus. It will then affect others the ACOAs come in contact with by looking at social skills and understanding what makes them have less healthy relationships.

Recommendations for Future Research

According to findings in the study and literature review, limitations, and delimitations, there are recommendations for further research, research, and design. Tedgård, Råstam, and Wirtberg (2019) emphasized that COAs should receive early support of ACOA's effect and acquire cognitive and emotional language to understand their childhood situation. Helping the COAs understand their voice will help them identify their feelings and needs. Mill et al. (2019) study highlight that online psychoeducational classes are relevant in delivering needed information for psychiatric conditions and delivering information relevant to those at familial risk of psychiatric disorders.

The study confirms with a previous study

ACOAs have factors affecting healthy relationships for necessary skills for adulthood attachments. Haverfield and Theiss (2014) state that psychoeducational groups establish bonds between the group participants concerning the lack of essential healthy attachment skills, affecting relationships. Knowing there is a lack of attachment skills, the ECR-S survey was a perfect tool to confirm Haverfield and Theiss (2014). Anxiousness in improving the ECR-S scale affects future research on anxiety areas with the ACOAs psychological healing. Also noted, the avoidance aspect of attachment had not made a significant change. Future implications can improve psychoeducational classes working more on avoidance issues and areas that can draw them closer personally. Because of COVID-19, there was not much personal interaction, and

possibly having direct psychoeducational classes may help with avoidance issues. The information relevant to delivery through psychoeducational classes is knowledge of risk factors, strategies to assist in preventing continued behavior, and precision of risk factors that affect future behavior. Health care professionals should continue to invest in developing online psychoeducational classes for psychiatric conditions (Mills et al., 2019).

The study diverged from the previous research.

The act of presence in a social environment gets the individual in contact, affecting their QOL and social well-being. The subject matter was not focused on typical psychosomatic symptoms but generalized so that further studies will look at specific areas of focus. The course diverged from the previous focus as it worked on issues towards relationships and that avoidant and anxious attachment issues affect relationships. In previous research, the priorities were on the addiction within the ACOA or the family. Here was a focus on the adult and those not in recovery for alcohol use or drugs. But it was explicitly focusing on relationship improvement through psychoeducational classes.

The unique contributions of the study

Etcheverry et al. (2013) found that relationships are prone to on-again/off-again in their committed relationships within anxiously attached individuals. The future study helps decrease those on and off again relationships as connections are maintained with the psychoeducational group sessions. When working with specific groups, you can work on the relationship issues and prevent giving up on the relationship. You have a safe area of discussing subjects that might not be safe to discuss within an intimate relationship. Feel safe to express it within the group and then take it back into the relationship and feel safe discussing it. By making connections and

helping in communication, then issues in relationships can be addressed more accessible—less tendency to give up on the relationship because the problems were addressed.

The study sheds new light on the theory about ACOAs

Psychoeducational classes are useful and vital in assisting ACOAs in avoidant/ anxious attachment issues. It sheds new light on matters needing to be addressed and focus on as communication issues are addressed and communicated. That ACOAs feel like there is no hope and psychoeducational class factor in working on future problems that can move an ACOA into a healthy adult with strong relationship bonds. Brown (2010) identifies that social connection affects those in groups because the participant feels seen, heard, and valued without judgment (Brown, 2010). Implications are to future in more psychoeducational classes with individual classes as group classes will enhance individual therapy.

Potential Implications and Applications

For Counseling

Clinicians and professionals laboring with ACOAs may use this study's results to tailor their approach to implement specialized treatments and address the negative aspects of growing up in an alcoholic environment (Vaught et al., 2013). On average, scores after psychoeducational group sessions were .746 points lower than before treatment (95% CI [.110, 1.382]), indicating that counselors using group sessions help ACOAs reduce anxious attachment scores.

ACOA's working with a specific therapist may come in for depression, anxiety, or poor social relationships. They know that ACOAs deal with all the above but may not factor in the Family of Origin [FOO]. Osterndorf et al. (2011) reported how injustices within the Family of Origin [FOO] affect the heart of the ACOA because of trauma associated with alcoholics' FOO.

Because of emotional difficulties related to the ongoing injustices, the study implemented psychoeducational group sessions, along with ECR-S.

The researcher used psychoeducational group sessions within the research as group sessions are accessible for any socioeconomic status, cost-effective, and as practical as private counseling (Burlingame et al., 2013, Black et al., 2015; Lazar, 2014). The study will help the clinicians become more informed in the value and use of psychoeducational classes. Along with using the ECR-S it is shown that anxious/avoidance dynamics of attachment are issues ACOAs face.

Treatment with ACOAs will incorporate goals relating to depression, attachment issues, anxiety, social issues, and working on relationship issues. Getting the ACOA relief in these areas can help them, especially implementing the ECR-S, knowing that anxiety problems are within the attachment issues ACOAs face. Psychoeducational group sessions can affect ACOAs positively. Group sessions would contain areas of developing improvement adaptive to have healthier relations. The dynamics of its effect will continue to pass onto the next generation and assist the client immediately, so there are better productivity and healing within the client's family, job, and community.

Group therapy sessions should incorporate individual issues of ACOA's psychological issues as presented within the research. But there are also implications that there needs to be specific focuses on attachment issues and looking at anxious and avoidant issues within the sessions. Another focus in group therapy as a potential implication within counseling is working with those in addiction and beginning to help them in relationships while taking individual counseling and progressing them into group therapy.

Therapists and counselors also need to include the whole family and at an earlier age of the ACOAs. Relationship satisfaction comes down to the FOO and needing to work out relationship issues at the family level. So, family counseling and relationship skills training could affect the outcome of ACOAs positively. The treatment approach in counseling benefits those growing up in dysfunctional families. The therapist can implement the religious beliefs of the ACOAs for support to strengthen their interaction in working out the issues of ACOA. The counselor needs the education to accept the spiritual problems to help the ACOAs become more assertive in who they are and how they can be resilient in facing relationship and making them healthier and more approachable.

Graduate Counseling Programs

Downing and Walker's (1987) research was a Campus-based ACOA psychoeducational group whose setting was on campus addressing ACOAs. The prevention-focused group was a remedial focus group, as it lacked the full psychological impact ACOAs face. The psychoeducational classes post-group screening had complimentary measurements. Another influence increased awareness of problems facing ACOA's and improved the university's overall clinical services (Downing & Walker, 1987). Downing and Walker (1987) finished the study's effectiveness helped develop additional interventions and more benefits for the ACOAs.

The studies can help universities understand the value of relationships and the impact of ACOAs psychosocial issues in assisting them as they begin their college years. College is when an ACOA begins to stop relying on the alcoholic attachment that they were so entangled in growing up. Now they will be building need relationships and not being able to have trust issues, communicate well; depression and anxiety will affect relationship building at one of the most

critical times of an ACOAs. The Wilcoxon signed-rank test confirmed that the intervention group (A) anxious attachment scores after treatment ($M = 2.500$) were lower than before treatment ($M = 3.246$).

Working on group support within the college as graduate counseling groups will improve the ACOA's self-esteem and implement value. They are beginning to build new attachment support and implementing attachment issues from the past. So, working on issues facing an ACOA such as anxious/avoidant attachment issues can be beneficial. It will also help the ACOAs in college know they are valued, hope, and establish resilience.

So, the benefits to individuals pursuing counseling are aware of their attachment issues as it can factor into their issues when counseling and their counseling techniques. Counseling programs will benefit ACOAs by looking at the attachment issue. For these reasons, it would be beneficial to both individuals pursuing a career in counseling and graduate counseling programs to evaluate counselor trainees' attachment and how these may impact their counseling techniques.

The counselor and trainees can develop insight into how their counseling techniques affect their attachment. In that case, they will be better prepared to amend or augment their processes in such a way as to create enhanced therapeutic relationships.

For the Church

The study provided implications and applications for the church (lay leaders) and those in leadership regarding working with ACOAs. It is not just about the ACOA and the problems they are going through, but it's essential to focus on the family. Many psychosocial issues **are** addressed within the church by setting up areas of support CR or AA and letting the ACOA knows they are welcomed and not an outcast within the church family. Findings showed that

Group A's scores decreased in avoidance by implementing the Wilcoxon signed-rank test, but the difference was not significant ($Z = -1.836, p > .05$). In prevention, the church can be a resource of reaching out and not avoiding the issues but addressing them and welcoming ACOAs in all their degree of healing.

The ACOAs are anxious, depressed, and have difficulty in social issues when dealing with attachment issues. Hosting psychoeducational group settings within the church can help the ACOAs know they are welcomed. It is an area where the ACOAs can feel safe and accepted by the church. Alcohol should not be a taboo within the church, but one spoken openly and receptive to know that healing can be from the Lord.

The church family can help group sessions implement a warm and welcoming environment to come and be transparent. Christ calls ACOAs to be transparent in their relationship with Him. If ACOAs can display that to others, then ACOAs will be incorporating more of a willingness to be transparent. That transparency with ACOAs needs to flow over into the family and skills within the research issues.

Christians must identify with healthy relationships. It not only affects how ACOAs deal with others but with God. Issues from FOO related to alcoholism factors into ACOAs relationships. Those issues are lack of communication, trust, anxiety, lack of confidence, and getting to like self and seeing self-worth and the importance of revealing that in our Faith. An aspect of building a relationship with God and others is through prayer. Prayer is talking or communing with God. As connection formed, trust in Him and others developed. Prayer translates to an improvement in Faith and relationship with others.

The church could factor into their discipleship program areas of prayer. If there is not a discipleship program, implement one that focuses on discipline and discipleship. Within

discipleship, ACOAs need to focus on the inward issue and become more on the here and now, not the past and problems that continue to draw them away from being transparent. The church can ask themselves why don't they do more for ACOAs?

In a church, family involvement as issues facing ACOAs affects the individual, community, family, and the nation. If the church does not get involved, there will be no real relief that ACOAs face. The Mann-Whitney U test points towards group A's post-test anxious attachment scores were not significantly different from Group B's anxious attachment scores ($U = 28.00, Z = -1.105, p = .269$). If the church gets involved earlier and focuses on family, then the home's secrecy issues are addressed. Then anxious and avoidant issues may not be so high from the beginning.

Delineations and Limitations

The rationale behind the study's scope and focus was knowing how ACOAs are affected by the psychodynamics of growing up with alcoholism in the family; it affects relationship building's emotional characteristics. The researcher is an ACOA and personally aware of its effects. Part of the healing comes from coming out of the denial phase and realizing you can heal and work out things through others' support.

Delineations

The delineation that helped the psychoeducational group sessions implemented was COVID 19, as the classes needed to be done by zoom. Zoom meetings happened related to the effect of the pandemic. It let a broader range of participants participate because of the access to the convenience of the internet and the easy accessibility of Zoom and implementing meetings.

A delineation that factored into the study was each participant was an ACOA. So, each one had something in common. Therefore, the issues addressed within the psychoeducational

group sessions were relatable to each participant—the delineation of an ACOA leading an ACOA group, because of the researcher's empathy. The researcher received a benefit before facilitating the psychoeducational classes as her assistance in healing through Celebrate Recovery. The researcher has been in recovery for the last two years; therefore, she benefited and assisted the participants through her recovery and increase sympathy. There is value in knowing the areas of working on the counselor's issues before being able to address them in the psychoeducational classes themselves.

Limitations

Limitations are potential weaknesses of the study that could not be controlled. COVID-19 unexpected timing forced the psychoeducational group session to be taught via Zoom meetings. The levels were supposed to be in the safe setting of the church and without interruption. So, having to be shut in because of quarantine, the classes' dynamics and makeup changed. Therefore, the geographical location changed. Not just from the researcher's community but because of COVID, the research included participants from Key Largo Fl, to California. The psychoeducational sessions were via zoom so that anyone could participate from anywhere.

Several limitations of this study considered restrictions were in the ethnicity (African Americans/ Caucasians); it only included ACOAs; there was an age limit (25-65) and lower group participants than what was first established. Therefore, the few participants decrease the effectiveness of generalizing the outcomes of this research to all ACOAs. Continued research needs to evaluate if the study's results characterize the dynamic range of the ACOAs population.

The demographic analyses revealed that the participants' characteristics in group A and Group B were similar except for education and marriage satisfaction, which could relate to the specific area the participant lives in and age status. Different demographics and marital status

variables may have affected the results and not be according to the general ACOA population. One area of the demographics that could have affected the study would be the participants' non-clinical population, involved in support groups like CR and AA. Some had not received any clinical assistance recently for their issues of being an ACOA. Some of the participants had received counseling on child-related problems growing up. Because some have received care or support for their psychological issues associated with ACOAs and some not, it may have affected the results. Future research should investigate this possibility. The next study to investigate ACOAs and psychoeducational groups should include participants for each group having equal demographic variables, each having received support for issues of ACOAs or no recent support from ACOAs issues.

Finally, the limitation is also using self-report instruments. Participants in the study taking the ECR-S or pre-interview could report only socially desirable responses. The instrumentation was in English, and participants needed to have English as a primary language. Continued studies should add one auxiliary instrument for each variable to assess if participants answer truthfully and authentically.

Furthermore, alcoholism is a sensitive topic, especially within the Protestant community and individually as well. It is harder to participate in a study when it is taboo to talk about what is going on between the family structure, especially as Christians, within a small community as Key Largo, Florida. It was almost impossible but the need being great. So that along with the pandemic of Covid-19. It was impossible to get a large study group. The blessings were in using technology to advance the study through Zoom meetings. One-dimensional measures may inaccurately model overall attitudes toward the relationship and, therefore, may “yield ambiguous findings and contribute little to an understanding of [relationship] process” (Johnson

et al., 1986, p. 42). Grieve and de Groot's (2011) advantages to online data collection were accessibility, minimization of misplaced data, and electronic allocation, decreasing entry error.

There could be influences on online data collection on self-reported data. Faking “occurs when an individual strategically alters their self-representation in a particular test” (Grieve & de Groot, 2011; p. 2386). Faking good enhances one’s perception of oneself in a positive approach to oneself. Faking “bad” enhances oneself in a negative direction. The researcher is an ACOA, and there could be limitations due to an ACOA teaching an ACOA group, especially if the leader is in recovery themselves. COVID-19 also may have influenced the statistical results because of the anxiety and depression that has come from the pandemic. There was a time within the sessions that the focus was on the epidemic and the civil unrest.

Summary

Understanding the issues of ACOAs is valuable. Knowing that Psychoeducational group sessions give the safest, cost-effective, comprehensive, and best care for the client, let's find ways to use it more, especially amid a pandemic that does not seem to be going away soon. We want the safest environment for ourselves and our clients. The use of Zoom meetings was sufficient for that. The study revealed issues presented via ACOAs, anxious and avoidant dynamics of the psyche that psychoeducational group sessions. Amid a pandemic, it was the safest way for the participants and clinicians to receive the best care without endangering the clients' medical aspect through Zoom. Because there was no significant change in the anxious/avoidant issue within the within and between-group. A problem to be addressed could be longer sessions from 8 weeks to 16 weeks and larger sample groups.

Avoidance pulls us away from getting close hands-on, and interaction physically may have helped these issues. Anxiety was relieved in a statistically acceptable way to reject the Null

Hypothesis (n1). Individuals' life achievements are positively related to communicating interactively in social environments. Öztürk, A., and Mutlu, T. (2010) said that people displaying secure attachment styles tend to deal with their own emotions or need themselves. The secure attachment includes safe relationships with honesty, sincerity, and unrestricted love (Öztürk, A., & Mutlu, T., 2010).

The research concluded that Psychoeducational group sessions assist ACOAs in decreasing anxious attachment issues by establishing the pre/post-ECR-S after an eight-week group session and compared it with a group that did not attend group sessions. It expanded on current research by Rogers (2017) in aiding health professionals and laypeople to better understand the underlying experiences that affect attachment issues (anxious/avoidant) in relationships. Through the ACOAs being able to disclose the emotional problems, healthier attitudes improve the individual to become healthier individuals.

The lack of support for Hypothesis 2 suggests a greater need for socialization for ACOAs. If the classes were more socially interactive and hands-on for the participants, there could have been a change in the avoidant attachment aspect within the ECR-S. There was also a small group that could have factored into the statistical measurement. A linear regression could have been done and maybe have more clarity on psychoeducational sessions and their effectiveness.

The previous quantitative studies focused on college students, as many graduate theses revolve around getting convenience samples. The researcher does her schooling online, so yes, that was an area of possibility. With the psychoeducational classes, the population needed to be accessed within the researcher's area. So, the dynamics of the general population of those in the research ranged from 25-65. Various age differences could have also impacted the study, and

maybe future research could have looked at a more specific age range. There the classes should focus on issues about that population. As the community gets older, there is more comfortability in who they are, where college students are beginning to expand on an array of issues in finding who they are.

Counselors, church, college universities, and counseling students could benefit from practices in helping ACOAs by implementing an ECR-S survey into their practice and assess if they benefit after treatment. Treatment should focus on individual needs as well as avoidance/anxiety issues of attachment. Focusing on family therapy dynamics and implementing that into family counseling programs as an ACOAs first relationship id within the family and affects continued areas of relationships and attachment. The focus needs to work on issues of healing as early as possible.

There have been no specific research areas focusing specifically on Psychoeducational group sessions on avoidant/attachment issues in ACOAs and a benefit to implementing it. What was unique and beneficial in the study is implementing Zoom and having access to more ACOAs and a safer environment due to COVID. There is no time limit when COVID will end, so more studies will be productive in looking into psychoeducational classes via zoom. The study developed an increase in security, healing, and building trusting relationships with others and its value on a relationship with God. So, whatever we do for our ACOA clients is vital that they know there is healing and abundant life in the issues they face if counselors are willing to work with them on anxiety or depression and the fundamental dynamics of who and what ACOA means. There is healing in the blood of Jesus. Recovery, as well as work, is done effectively and proficiently.

Jeremiah 33:6 New International Version (NIV)

⁶“Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security (*NIV*, 1984/1973)

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Appendixes

Appendix A

Liberty University Institutional Review Board [IRB]

December 20, 2019

Paula Wheaton

IRB Approval 3926.122019: Adult Children of Alcoholics (ACOA): Do Psychoeducational Group Sessions Improve Relationship Satisfaction and Other ACOA Concerns?

Dear Paula Wheaton,

We are pleased to inform you that Liberty University IRB has approved your study. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or changes the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The documents for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which applies to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research is employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional
Research Ethics Office

LIBERTY UNIVERSITY.

Liberty University Training Champions. For Christ since 1971

Appendix B

Children of Alcoholics Screening Test (CAST)

This screening test was developed by two social workers, Jones and Pilat.

Please check the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible.

1. Have you ever thought that one of your parents had a drinking problem?
2. Have you ever lost sleep because of a parent's drinking?
3. Did you ever encourage one of your parents to quit drinking?
4. Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?
5. Did you ever argue, or fight with a parent when he or she was drinking?
6. Did you ever threaten to run away from home because of a parent's drinking?
7. Has a parent ever yelled at or hit you or other family members when drinking?
8. Have you ever heard your parents fight when one of them was drunk?
9. Did you ever protect another family member from a parent who was drinking?
10. Did you ever feel like hiding or emptying a parent's bottle of liquor?
11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
12. Did you ever wish that a parent would stop drinking?
13. Did you ever feel responsible for or guilty about a parent's drinking?
14. Did you ever fear that your parents would get divorced due to alcohol misuse?

15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?
16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?
17. Did you ever feel that you made a parent drink alcohol?
18. Have you ever that a problem drinking parent did not really love you?
19. Did you ever resent a parent's drinking?
20. Have you ever worried about a parent's health because of his or her alcohol use?
21. Have you ever been blamed for a parent's drinking?
22. Did you ever think your father was an alcoholic?
23. Did you ever wish you home could be more like the homes of your friends who did not have a parent with a drinking problem?
24. Did a parent ever make promises to you that he or she did not keep because of drinking?
25. Did you ever think your mother was an alcoholic?
26. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?
27. Did you ever fight with your brothers and sisters about a parent's drinking?
28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
30. Did you ever take over any chores and duties at home that were usually done by a

parent before he or she developed a drinking problem?

31. Have you ever thought that one of your parents had a drinking problem?

32. Did you ever encourage one of your parents to quit drinking?

33. Did you ever argue or fight with a parent when he or she was drinking?

34. Have you ever heard your parents fight when one of them was drunk?

35. Did you ever feel like hiding or emptying a parent's bottle of liquor?

36. Did you ever wish that a parent would stop drinking?

Score: Total Number of Yes Answers

0-1 Most likely parent is not alcoholic. A score of 1 might suggest problem drinking.

2-5 Has had problems due to at least one parent's drinking behavior. This is a child of a
Drinker or possibly an alcoholic.

6+ More than likely the child of an alcoholic. Stage of alcoholism needs to be
determined.

(Modified CAST) CAST-6

These questions are a subsample of questions appearing on the Children of Alcoholics
Screening Test, developed by Jones and Pilat, and have also been rigorously tested.

Scoring: 3 or more yes answers - probably a COA

Source: The Center on Addiction and the Family (COAF) retrieved from

<http://www.coaf.org/professionals/screenCAST.htm>

Appendix C

Recruitment letter

Dear

I am a doctoral student in the Community Care and Counseling Department in the School of Behavioral Sciences at Liberty University. I am researching as part of the requirements for a doctoral degree. The purpose of my research is to determine if Webinar group sessions can be an effective treatment to heal the psychological effects of having an alcoholic parent with a focus on relationship satisfaction. You are receiving this email because you recently contacted me to express your interest in my study.

To complete the Children of Alcoholics Screening Survey (CAST), click on the link provided below: <https://www.surveymonkey.com/r/PwheatonCAST>

Once I review the CAST, I will contact you if your scores meet my study criteria, I will schedule a time to interview you and ask some additional screening questions. If accepted as a participant, you will sign a consent form and complete a demographic survey and ECR-S survey. I will email the link for the consent form and the demographic survey to you. The consent form contains additional information about my research. Please electronically sign and date the consent form to participate in the study.

You placed it into one of two groups. One group will participate in eight 90-minute Webinar group sessions (Group A), and the other group will not participate in group sessions (Group B). At the end of the eight weeks, both groups asked to complete the ECR-S again. Identifying information and your name will be requested, but the information will remain confidential. I will email the link for the consent form and the demographic survey to you. The consent form contains additional information about my research. Please electronically sign and date the consent form to participate in the study—those participating in the survey compensated for contributing to taking the CAST and ECR-S surveys. Every fiftieth individual completing the CAST surveys by April 30th, 2020, will receive a \$50 Visa gift card. All Group A participants will receive a \$25 Visa gift card for participating in the Webinar group sessions. Every twentieth participant in groups A and B completing the second ECR-S survey will have the opportunity to receive a \$15 Visa gift card. The researcher conducting this study is Paula Wheaton. If you have questions, **you are encouraged** to contact her at (305) 395-2308 or by email at Pwheaton@liberty.edu.

Sincerely,

Paula Wheaton
Doctoral Student

Liberty University
Community Care and Pastoral Care

Appendix D

Invitation to research study group A/B

Dear

Invited to be in a research study at

<https://www.surveymonkey.com/r/PWheatonDissertation>

The next stage is going to the web site. It will consist of information related to the research, consent form, demographic page, and Experiences in Close Relationship Survey [ECR-S]. Answering the questions within the website should take about **30 minutes**.

The emphasis of the research is on ACOA and webinar groups. Can webinar group sessions be an effective treatment to heal psychological effects with ACOAs, focusing on relationship satisfaction? Webinar groups lead to healing for ACOA and can be an element in helping ACOAs in couple satisfaction. There is a gap using webinar groups with improving couple satisfaction with ACOAs.

You qualified as a possible participant because; your Cast scale was >6. You are not under the medical or psychological care of a professional and have not used substance abuse for five years. You met the age restriction of 18-64 years old, or we discussed the previous issues in the pre-interview questionnaire.

Contacts and Questions: The researcher conducting this study is Paula Wheaton. You may ask any questions you have now. If you have problems later, **you are encouraged** to contact her at (305) 395-2308 and email: Pwheaton@liberty.edu. You may also contact the researcher's faculty chair, Dr. Karin Dumont, at kdumont@liberty.edu.

Suppose you have any questions or concerns regarding this study and would like to talk to someone other than the researcher. In that case, **you are encouraged** to contact the

Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515,
or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Paula Wheaton, a doctoral candidate in the School of Behavioral Sciences at Liberty University, is conducting this study.

Paula M Wheaton

Signature of Investigator

Date

Appendix E

Interview questions

- I will introduce myself and the goals and mission of the research
- Letting them know they scored higher six on the CAST survey (means that you are more than likely a child of an alcoholic/ or caregiver was).
- I will let them know that it will be an eight-week session and where and when the classes will be meeting
- Let them know they can leave the classes at any time but not hesitate to have problems with the material or feel uncomfortable letting me know before going.
- Confidentiality is of utmost importance to each member but especially with the researcher and the research material.
- Thank them for their time and how compensated for their time 25\$ (gift card).
- If they agree with the above, consent is signed before participating in the group sessions, and the second section will be the questions.
- **Interview questions:**
 - What knowledge do you have about Adult Children of Alcoholics?
 - Have you been treated for an addiction or symptoms related to addiction (When/ How long/ What was the outcome)?
 - Do you foresee any difficulty in doing eight-week group sessions between mid-October to mid-December?
 - Have you been in group settings before (Can you tell me about the experience)?
 - What are your normal functions in a group setting (helper/ leader/ follower/ etc.)?
 - What is an area of improvement in relationship satisfaction would you like to work on?
 - What do you consider as relationship satisfaction?
 - What would you like to get out of the Psychoeducational group sessions?
- I will let the participant know the sessions will not be easy to emotional accept and reinforce again at any point uncomfortable to please let me know.
- I will graciously thank them for participating in the sessions, contacting them with updates and schedules, and contacting me between now and time to start with any changes.

Appendix F
CONSENT FORM

The Liberty University
Institutional Review Board
has approved this document
for use from
12/20/2019 to 12/19/2020
Protocol # 3926.122019

Adult Children of Alcoholics (ACOA): Do Psychoeducational Group Sessions Improve
Relationship Satisfaction and Other ACOA Concerns?

Paula Wheaton

Liberty University

You are invited to be in a research study to assess whether psychoeducational group sessions are an effective treatment to heal the psychological effects of having a parent who is an alcoholic, with a focus on relationship satisfaction. You were selected as a possible participant because your CAST scale was >6, your ECR-S score was <25, you were not under the medical or psychological care of a professional or abused substances (drugs/alcohol) from 2014-2019, and you are between the ages of 18 and 65. Please read this form and ask any questions you may have before agreeing to be in the study.

Paula Wheaton, a student in the doctorate program in the Community Care and Counseling Department in the School of Behavioral Sciences @ Liberty University is conducting this study.

Background Information:

The research questions [RQ] for this study are **RQ1:** Will ACOAs who receive the eight-week psychoeducational sessions (Group A) show improvement on the ECR-S scores compared to ACOAs who do not receive the eight-week psychoeducational sessions (Group B)?

RQ2: Will ACOAs who receive the eight-week psychoeducational sessions (Group A) show improvement in assessment scores on the ECR-S after the psychoeducation sessions?

The psychological issues most affecting ACOA are depression, anxiety, communication difficulties, low self-esteem, and deficiency in quality interpersonal relationships. Employing effective strategies for protective barriers for improvement of satisfaction and other issues ACOA face is valuable for the medical and psychological fields treating the ACOA.

Procedures: If you agree to be in this study, I will ask you to do the following things:

1. Allow the researcher to use your scores from the initial Experiences in Close Relationships (ECR-S) survey you completed.
2. Group A will participate in psychoeducational group sessions. The eight-week sessions (one session per week) will last approximately 90 minutes each. Group B will not participate in the psychoeducational group sessions.
3. Group A and Group B will retake the ECR-S survey at the end of the eight weeks once the group sessions have concluded. It should take 30 minutes to complete the ECR-S.

*Eligible participants will be randomly placed into either Group A or Group B by the researcher.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants in Group A, those receiving psychoeducational group sessions, may expect to receive a direct benefit from taking part in this study. Participants in Group A may

Benefits to society include employing effective strategies for the medical and psychological fields treating the ACOA and professionals working with ACOAs to minimize the emotional, social, and psychological effects of being an ACOA.

Compensation: Participants were compensated for participating in this study.

Participants in Group A will receive a \$25 Visa gift card for participating in the psychoeducational group sessions. Every twentieth participant in groups A and B completing the second ECR-S survey will have the opportunity to receive a \$15 Visa gift card.

Confidentiality: The records of this study will be kept private. In any sort of report, I might publish, I will not include any information that will make it possible to identify a subject. Research records are stored securely, and only the researcher and faculty chair will have access to the documents. Data will be held on a password-locked computer and used in future presentations. After three years, all electronic records were deleted. I cannot assure participants that other psychoeducational group sessions will not share what was discussed with persons outside of the group. Participants will be assigned pseudonyms.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision about whether to participate will not affect your current or future relations with Liberty

University. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you decide to withdraw, data collected from you will be destroyed immediately and not included in this study.

Contacts and Questions: The researcher conducting this study is Paula Wheaton. You may ask any questions you have now. If you have problems later, **you are encouraged** to contact her at (305) 395-2308 or by email at Pwheaton@liberty.edu. You may also contact the researcher's faculty chair, Dr. Karin Dumont, at kdumont@liberty.edu.

Suppose you have any questions or concerns regarding this study and would like to talk to someone other than the researcher. In that case, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

Appendix G

Demographic Information Form

Instructions: Please respond to each of the following questions:

1. What is your age?

18-24 25-34 35-49 50-64 65+

2. What is your gender?

Female Male Choose not to report

3. What is your marital status?

Single Never Married Engaged Married Separated Divorced

Widowed

4. If you are in a committed relationship, how long have you been in that relationship?

Less than 1-year 1-5 years 6 years-10 years 11years or more extended

5. How would you rate your current relationship with your significant other?

Not all satisfied Slightly satisfied Moderately satisfied Very satisfied

Completely satisfied N/A

6. Do you currently have kids under the age of 18 years old living with you?

Yes No

7. What is your annual income (or combined yearly income if you have a spouse)?

Less than \$60,000 \$60,001 to \$70,000 \$70,001 to \$80,000 \$80,001 to

\$90,000 \$90,001 to \$100,000 Greater than \$100,000 Choose not to report

8. With which racial or ethnic category do you identify?

African American Asian/Pacific Islander Caucasian Latino Native

American Other _____

9. With what denomination or faith tradition do you most closely identify?

Buddhist Catholic Hindu Jewish Mormon Protestant

Muslim No religious preference Unaffiliated Other _____

10. What is your current employment status rank?

Un-employed Self-Employed Student Part-Time work Full-Time work

Retired

11. Degree of Schooling?

Didn't finish High School no GED Didn't finish High School with GED

High School Diploma Some college Vocational technical school

I graduated with an Associate degree Graduated with a Bachelor or Master degree

Graduated Upper-Graduate level

12. Do you see a Mental Health Professional?

Yes No

13. Are you seeing a Medical Professional for psychiatric symptoms?

Yes No

14. Any substance abuse within the last five years?

Yes No

15. Would you be able to complete an 8-week psychoeducational group session if selected to participate?

Yes No

16. If you marked yes to question 15, please go to the next page and fill out Name, Phone Number, and Email address.

Appendix H

Experiences in Close Relationships

The following statements concern how you feel in adult relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Responding to each statement by indicating how much you agree or disagree with it.

Write the number in the space provided, using the following rating scale

Disagree strongly Neutral/mixed Agree strongly

1 2 3 4 5 6 7

1. I prefer not to show a partner how I feel deep down. _____
2. I worry about being abandoned. _____
3. I am very comfortable being close to adult partners. _____
4. I worry a lot about my relationship. _____
5. Just when my partner starts to get close to me, I find myself pulling away. _____
6. I worry that adult partners won't care about me as much as I care about them. _____
7. I get uncomfortable when an adult partner wants to be very close. _____
8. I worry a fair amount about losing my partner. _____
9. I don't feel comfortable opening up to adult partners. _____
10. I often wish that my partner's feelings for me were as strong as my feelings for him/her. _____
11. I want to get close to my partner, but I keep pulling back. _____
12. I often want to merge completely with adult partners, and this sometimes scares them away.

13. I am nervous when partners get too close to me. _____
14. I worry about being alone. _____
15. I feel comfortable sharing my private thoughts and feelings with my partner. _____
16. My desire to be very close sometimes scares people away. _____
17. I try to avoid getting too close to my partner. _____
18. I need a lot of reassurance that my partner loves me. _____
19. I find it relatively easy to get close to my partner. _____
20. Sometimes, I feel that I force my partner to show more feelings, more commitment__
21. I find it difficult to allow myself to depend on adult partners. _____
22. I do not often worry about being abandoned. _____
23. I prefer not to be too close to adult partners. _____
24. If I can't get my partner to show an interest in me, I get upset or angry. _____
25. I tell my partner just about everything. _____
26. I find that my partner(s) don't want to get as close as I would like. _____
27. I usually discuss my problems and concerns with my partner. _____
28. When I'm not involved in a relationship, I feel somewhat anxious and insecure. _____
29. I feel comfortable depending on adult partners. _____
30. I get frustrated when my partner is not around as much as I would like. _____
31. I don't mind asking adult partners for comfort, advice, or help. _____
32. I get frustrated if adult partners are not available when I need them. _____
33. It helps to turn to my adult partner in times of need. _____
34. When adult partners disapprove of me, I feel really bad about myself. _____
35. I turn to my partner for many things, including comfort and reassurance. _____

36. I resent it when my partner spends time away from me.

Appendix I
Post Survey Site

To

I cannot thank you enough for your time and cooperation in participating in my Dissertation.

ECR-S is the last part of the survey. Once again, click on the link below and take 5-10 mins to complete the survey. Please take the time to read my thank you note. Please respond to this email with your mailing address. So the compensation presented at the beginning of the research provided. My heart is overwhelmed by the love and generosity shone throughout these last almost six months.

Blessings, love, and prayers, and anything I can do to help in your wellness journey, please let me know thanks. Please respond to the survey by August 23rd to begin to do the statistical section of my research.

Blessings and favor, Paula

<https://www.surveymonkey.com/r/FinalECR-S>