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Resiliency and Protective Factors in Adult Children of Alcoholics: A Narrative Review

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Resiliency and Protective Factors in Adult Children of Alcoholics: A Narrative Review

By

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MSW Clinical Research Paper

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Abstract

It is estimated that twenty eight million Americans are adult children of alcoholics. There are risk factors that are associated with being a child of an alcoholic. Throughout the majority of the research studies on adult children of alcoholics the research is focused on these risk factors. However, the majority of adult children of alcoholics grow into mentally and physically healthy adults, who through resiliency and protective factors have been able to overcome and thrive in adulthood despite being raised by a parent that is an alcoholic. This narrative analysis discovered what resiliency and protective factors have been identified. It also found the variety of the definitions on what resiliency and protective factors are and it found how clinical social workers might implement these research findings into their practice. This narrative analysis produced codes and categories that led to the major themes to produce the findings of the protective and resiliency factors in adult children of alcoholics, definitions of resiliency, and protective factors, and the clinical implications for clinical social work practice. The major themes that were produced for resiliency and protective factors were: positive personality traits, positive coping skills, average to high IQ, positive support systems, having had at least one secure attachment, human needs met, spirituality, and privilege. The major themes that were found for defining resiliency and protective factors were: a process to overcome adversity, internal characteristics, personality traits, positive outcomes, environmental factors, and biological factors. The major themes for clinical implementation were: education programs, assessment of the client, therapy, and resource accessibility.

Keywords: Adult Children of Alcoholics, Resiliency, and Protective Factors

Acknowledgements

I have to first acknowledge and thank my dear grandparents who are in heaven for being my protective factors throughout my childhood. I also have to acknowledge my fourth grade teacher Mrs. Renee Miller for teaching me to always believe in myself and not to quit when things got difficult.

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Of most importance, I thank God for blessing me with the opportunity to peruse my education and for blessing me with all the beautiful people in my life who have touched my heart and made me strong. I am grateful for the opportunity to help others overcome their challenges as a clinical social worker.

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The following is a narrative analysis about adult children of alcoholics (ACOAs) and the resilience and protective factors that are associated with them, and how this information can be implemented by clinical social workers. Twenty-nine articles were analyzed for this study. Part of the risk, resiliency, and protective factors that affect ACOAs stems exactly from having an alcoholic parent, and the experience of being raised by an alcoholic parent and how that directly impacts a child of an alcoholic and ACOAs. To begin the definition of an alcoholic for the purpose of this study will be defined from the Mayo Clinic. The Mayo Clinic uses the term Alcohol Use Disorder and defines this as a pattern of alcohol use that involves problems controlling, one's drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect or having withdrawal symptoms when one rapidly decreases or stops drinking. If the pattern of drinking results in repeated significant distress or includes problems functioning in one's daily life one has Alcohol Use Disorder and is considered an alcoholic. This study will also analyze the professional literature for the definitions of protective factors and resiliency. Last implementation for clinical social workers will be found in this study.

When a child is raised, by parent who is an alcoholic, significant distress or problems functioning in daily life may expose a child to many negative circumstances and does put that child at risk for many mental health issues as a child and as an adult. A child raised by an alcoholic parent, may be affected by this in every aspect of that child's life. However, many of these children and ACOAs do not grow into negative lives. Many

thrive and survive. This study will examine what the resiliency and protective factors are for these survivors. Protective strength factors coincide with resilience factors in this analysis and protective factors will be considered resiliency factors. There are many risks and of equal importance resiliency and protective factors for ACOAs and it is important for clinicians to examine ways to intervene when working with this population. It is of great importance for clinicians to accurately understand the resiliency and protective factors for children and ACOAs. This is significant information to gain so therapists may support the client's strengths with their own resiliency and protective factors, in efforts to help treat these clients more effectively.

History of Adult Children of Alcoholics

The United States of America has 30 million people who claim to be a child of an alcoholic (Rubin-Salzberger, 2006). This is a vast amount of people who have been exposed to living with or being raised by a person who is addicted to alcohol. It is of great concern that there are so many Americans that are ACOAs. Having so many people exposed to family dysfunction due to alcoholic misuse has the potential to cause generations to continue the pattern of dysfunction and mental health issues. There is an extensive amount of literature research on the risks associated with being ACOAs and much less research on resilience and protective factors. This may be because the risks associated with this population are easier to identify. There is some conflict in this area of study because it is complicated to determine if the alcoholic abuse is the root cause of the dysfunction or whether there are there other causes, and how is it determined which is the true cause for the risks.

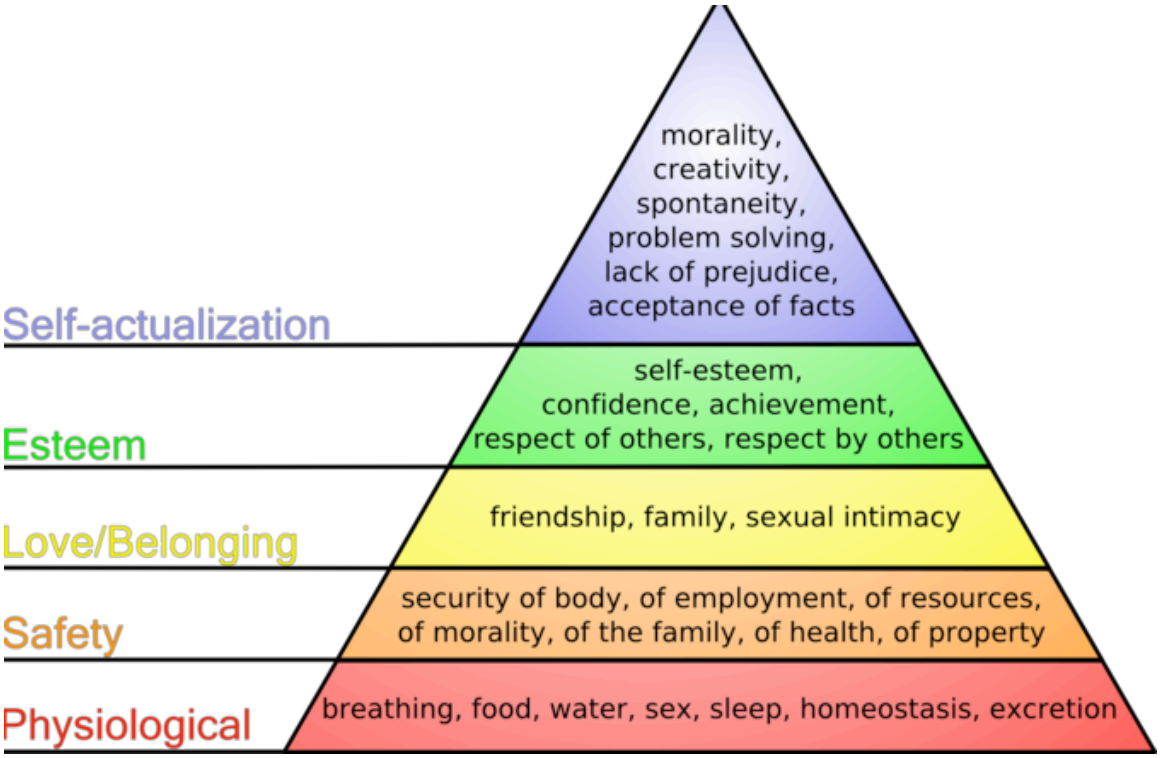
There are many resilience factors that children of alcoholics and ACOAs have that help them grow and transition into mentally and physically healthy adults. However, the amount of research about resilience has been studied minimally in comparison to the risk factors. It is also concerning that there is virtually no research on resiliency and protective factors related to a person's culture or diversity. This is an area that needs much more research and study.

Survival Mode for Children of Alcoholics

Through the research for this study many articles discussed throughout the literature found models that pertain to resilience, resiliency, and protective factors in children and adult children of alcoholics. Dowie, Hay, Horner, Wichmann, and Hislop (2009) found that there are many protective factors in children of alcoholics and adult children of alcoholics. This is highly important because often times children of alcoholics are exposed to family trauma, abuse, and other dysfunction in the family. These children of alcoholics may need to survive and function sometimes alone, without parent support due to the parent's alcohol misuse. Children from dysfunctional families who have an alcoholic parent may mean that these children need to provide these basic human needs for themselves. Dowie, Hay, Horner, Wichmann, and Hislop (2009) provided Maslow's Hierarchy of Needs Pyramid in their study as a way to describe what these basic human needs are. Children raised in alcoholic families may have to acquire on their own their basic human needs, they may accomplish this via their resiliency and protective factors. Healthy children require the following needs to be met by their parents: physiological needs, basic physical needs, safety and security, love, care, belonging, and family contact. Children of alcoholics can be put in survival mode situations living in a

household with an alcoholic parent. Using Maslow's Hierarchy of Needs Pyramid to identify these needs, it becomes apparent why researchers need to identify the resilience and protective factors of our children and ACOA clients, so through their own resiliency and strength they can heal and survive the trauma that can be associated with being a young or adult child of an alcoholic. The following diagram reflects Maslow's Hierarchy of Needs Pyramid.

Table 1. Maslow's Hierarchy of Needs Pyramid



Maslow's_hierarchy_of_needs.png

Strengths Perspective as a Model for Intervention

Camille Hall's (2007) study found the Strengths Perspective to be a conceptual framework for resiliency for adult children of alcoholics. She found that when working

with families that value their own diversity that was part of their strength. Hall's study focused on the kin relationships with and among African American ACOAs. The Strengths Perspective coincides with resiliency and protective factors and is useful to find these strengths in adult children of alcoholics. When focusing on the clients and families strengths rather than their problems it may become easier to find healing. The Strengths Perspective theory directly equals resilience with ACOAs who have survived and overcome their being raised by an alcoholic parent.

Family Systems as a Model for Intervention

Two different studies found that the Family System Theory was a part of the resiliency model in their studies. Jones and Kinnick's (2001) research stated that counselors and therapists have used the Family System Theory when working with the alcoholic family. The concept of alcoholism being a family disease began around 1976. This Family System Theory continues to be a crucial part of resiliency for children and ACOAs. This theory will be used to demonstrate resiliency as well as to demonstrate that there are strengths in all families including those families that consist of having a parent who misuses alcohol.

Rubin-Salzberger's (2006) research uses the Family System Theory both as a risk factor, and a resilient factor for children and ACOAs. She states that alcoholic's maladaptive behavior reflects on the family system causing the family system to malfunction. One the other hand, Rubin-Salzberger claims that the Family System Theory can also be a resilient factor because the family can develop survival roles and regain a sense of balance encouraging the alcoholic to redefine his or her role in the family.

Infrequently Used Models for Intervention

The disease model, the damage model, and the challenge model were also used in Rubin-Salzberger's (2006) study. The disease model was admitted to be a controversial model to use on the topic of alcoholism and for treating ACOAs. However, the disease model suggested the genetic factor in ACOAs and other physical damage to the organs alcohol causes. The damage model found by Wolin and Wolin (1993) states that adversity causes harm to ACOAs sooner or later and that children that come from these families will suffer negative effects. The challenge model is a model that challenges the client to empower themselves which is a pivotal part of resiliency. To be noted, most researchers commonly disagree on which systems and models should be used in different studies and research. As this research was being conducted it was very apparent the researchers of all the literature reviewed, did not all agree one system or model that was better or worse than another.

Throughout the research studies, many more models, interventions, and theories were used and discussed; they included the Differential Model (Palmer, 1997), the Risk and Protective Factor Theoretical Model (Moe, Johnson & Wade, 2007), the Resilience Based Model (Alvord & Grados, 2005), the ABCX Model of Family Crisis (Menees, 1997), The Circle of Courage and Resilience Model (Werner, 2001), and the Framework Theoretical Model of Resilience (Kumpfer & Bluth, 2004). All the theories and models that were used as therapeutic intervention models may be used with ACOAs. The two that were the most commonly used were the Strengths Perspective theory model and the Family Systems model.

Purpose of the Paper

The purpose of this paper is to discover through a narrative research analysis resiliency and protective factors in children and ACOAs. It is important for clinical social workers to further study resilience and resiliency factors in efforts to provide the best clinical social work possible with these clients. There are many types of therapies and interventions that follow a resiliency model. With ACOAs the therapist may empower the client to change their negative beliefs, thoughts, and emotions by starting with the client's strengths and often times the client's strengths coincide with their resiliency factors. These types of therapies that include resiliency and client strengths empower the client to overcome the pain that came from being raised by an alcoholic parent. When the therapist starts with resiliency and strengths the client can begin to identify those factors for themselves. Eventually then the client may began to cope and over time obtain more realistic thinking then healing.

> The strengths perspective honors two things: the power of the self to heal and right itself with the help of the environment, and the need for an alliance with the hope that life might really be otherwise. Helpers must hear the individual, family, or community stories, but people can write their own stories of their near and far futures only if they know everything they need to know about their condition and circumstances. The job is to help individuals develop the language, summon the resources, devise the plot, and manage the subjectivity of their world (Saleebey, 1996, p. 303).

As stated above healing of the client may be made possible if the client has the whole picture. The whole picture includes client's strengths and resiliency and should be considered just as important to the clinician as the negative behavior, thoughts, or

emotions the clinician is helping the client heal from. Clinical social workers are much more limited when only focusing on the risk factors of ACOAs. For this reason, clinical guidance will be a focus of the findings for this study.

Family History of Alcoholics

There are many factors that will determine how a child develops into an adult. Children who are raised by an alcoholic parent are nine times more likely to become alcoholics than children who are not raised by an alcoholic parent. ACOAs are four times more likely to develop other forms of psychopathology disorders compared to children whose parents do not misuse alcohol (Burke, Schmied, & Montrose, 2006). There is truth to alcoholism being genetic and therefore being part of a family's history with alcoholism. The research also states that environmental factors contribute more to reasons for family alcoholism then purely genetics (Burke, Schmied, & Montrose, 2007). The same study also suggests that families with a lower socio-economic status have a higher rate of alcoholism.

In some families where there is an alcoholic parent some children do not get their basic needs met due to the severity of the parents drinking problem. There are greater risks involved for this type of family that include "missed days off work, job loss, alcohol related medical costs, inability to pay bills, cost to purchase alcohol and as a consequence, lower financial security" (Tunnard, 2002; Winde, 1996) (Burke, Schmied, & Montrose, 2007).

In other alcoholic families there are multiple factors associated with an alcoholic parent. Hall and Webster (2007) explained that some children with an alcoholic parent might be exposed "to possible abuse, neglect, divorce, learning disabilities, or death of a

family member". All of these factors are stressful for any family and a child. However, when an alcoholic is parenting the child these factors cause more difficulty for the child and the family. Hall and Weber (2007) found that these additional major stressors deplete a child's coping strategies even more. Menees (2009) findings reaffirmed the pervious study by describing that the stressors in families with an alcoholic parent can pile up and they can become a crisis situation. This information explains that children of alcoholics are often times living in crisis situations because of the effects of stress placed on an alcoholic parent, and due to their alcoholism, the inability to deal appropriately with stress that families often times encounter. Menees (2007) also found that "parental alcoholism in addition to an adverse family environment can increase the risk for maladjustment in their offspring" (Menees, 2007). While these findings are true there are many more ACOAs who are resilient and can thrive in adulthood.

Trends for ACOAs' Mental Health and Recovery

There are many recovery options for ACOAs. Adult Children of Alcoholics was founded in 1978 in New York to help support ACOAs. The National Association of Adult Children of Alcoholics was started in 1983. There are many groups and foundations all over the United States of America that support ACOAs and provide healing for ACOAs. For the purpose of this section, the oldest organization Adult Children of Alcoholics will be the main focus of mental health and recovery. This is due to the fact that there are so many therapeutic facilities that are treating all members of the alcoholic family not just the alcoholic. An entire study could be done just on these facilities and treatments alone.

Alateens is a specially focused group that came out of the Adult Children of Alcoholics program. Alateens is a group that meets together to provide support and treatment for each other directly related to being a teen of an alcoholic parent or parents. ACOAs are also welcomed at these meetings. There are groups of teens and adults that meet all over the country in effort to try and gain the healing that is needed because they are products of an alcoholic parent and family. Al-Anon became one of the first groups that came out of Adult Children of Alcoholics. They focus on the ability to recover from the effects of being raised by an alcoholic family, rather than being focused on being powerless over alcohol. These groups stem from Alcoholics Anonymous (AA), which consists of alcoholics in recovery of the disease of alcoholism. These programs are based on the 12-step program model that the alcoholic client in Alcoholic Anonyms use themselves. The 12 steps of AA are:

1. We admitted we were powerless over alcohol-that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over the care of God as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to other human beings the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

www.recovery.org

In general these groups explore the impact of being raised by an alcoholic and address the nature of codependency in children and ACOAs. This means that they also have some of the behavior associated with their alcoholic parent and they may feel obligated to please that parent. Being codependent is another barrier for this population to overcome. These meetings help these ACOAs gain the skills to get their own needs met. The discussions at the meetings involve neglect and the fear associated with living in their family. The groups provide the members a feeling of support, love, empathy, and understanding. These groups also focus on a family systems concept of addiction and family dysfunction. Before all of these group programs started the majority of addiction

healing came from mental health models and focused mostly on the alcoholics themselves and traditional therapy models.

It is important for clinicians to understand that some individuals may do better in a traditional model and or group support. It is extremely important to consider all treatment options for children and ACOAs. The client's input is valuable to develop the appropriate treatment that is best for the client. A combination of individual sessions as well as a group program or treatment center may be a better option for some. Many modern treatment facilities incorporate all available therapies, group, family, individual, and the 12-step model. The client and the clinician should work together to develop the best treatment plan for the client.

Studies on Risk

There are other studies that confirm the risks to ACOAs, "maladaptive outcomes spanning all areas of development, including the cognitive, behavioral, psychological, emotional and social domains" (Burke, Schmied, & Montrose, 2006, p. iii). There are several factors that lead to these problems in ACOAs. "Children themselves report feeling socially excluded, frequently being left home alone, having a sense of not being loved, and having feelings of low self-worth" (Bruke, Schmied, & Montrose, 2006, p. iii). These children may also take on the role of parent to their alcoholic parent and siblings if they have them. Families are all different and these differences amongst families are factors that go into how the ACOAs will develop. As Burke, Schmied, and Montrose (2006) describe below, numerous factors affect one's development:

> The effects of parental alcohol misuse appear to be cumulative. The longer the child has been exposed to parental alcohol misuse, the greater the impact may be.

Disruptive behavior, such as aggressiveness, hyperactivity, and mental health problems, are particularly apparent in sons of parents who misuse alcohol (Burke, Schmied, & Montrose, 2006, p. iii).

- There findings also identify that "parents who misuse alcohol may have other more complex problems and it can be difficult to separate the problems created by the alcohol misuse" (Burke, Schmied & Montrose, 2006, p. iv) vs. the other impairments the parent or parents have. Burke, Schmied, and Montrose (2006) suggest that when assessing families it is important to consider the following four items:
- "The place of alcohol in the life of the parent".
- " The effects of alcohol on the parents."
- " The effects of alcohol on the child and possible protective factors". (Burke, Schmied, & Montrose, 2006, p. iii).

The empirical literature that Crespi (1995) researched supports the previously stated research as follows: "Johnson and Rolf (1990) have noted that children raised by an alcoholic are at risk for psychosocial and or psychopathological difficulties" p.81). Crespi (1995) also indicated "parental alcoholism can instill a legacy which impacts on the development of both the individual family members, as well as the patterns carried forward to one generation to the next" (p.82). Crespi (1995) found that there was strong empirical support for the model of genetic transmission.

Coleman and Fink (1994) conducted research-comparing ACOAs to a control group in efforts to compare the MMPI scales between the two groups. They compared 69 ACOAs to 39 people who were not ACOAs, their findings agreed with their hypothesis:

"These findings are consistent with the hypothesis that personality characteristics play an important role in understanding the intergenerational cycle of alcohol abuse that long has been documented and researched" (Coleman & Fink, 1994, 452). There is an abundance of research to support the risk factors and failures of ACOAs.

The systemic review research of Park and Schepp (2014), corresponds with the risk factors found in other studies of ACOAs. They found that some adult children age 18 or over to have the following negative effects as adults: "internalizing problems, chemical dependency, interpersonal anxiety, fearful attachment, low self-esteem, shame and low academic and cognitive performance and less verbal ability" (Park & Schepp, 2014, p.3).

A 2001 research study was done on adult children of alcoholics who were students in a university setting. First, the report found "that one out of three Americans is touched by the destructive effects of alcoholism" (Jones & Kinnick, 2001, p.1). Second, they provided the information that came from the Charter Statement of The National Association for Children of Alcoholics (1987). The following statement is historically important to the possible risk associated with being ACOAs:

- *An estimated 28 million Americans have at least one alcoholic parent.*

- *Children of alcoholics are at the highest risk of developing alcoholism or marring someone who becomes alcoholic.*

- *In up to 90% of child abuse cases, alcohol is a significant factor.*

- *Children of alcoholics are prone to: learning disabilities, anxiety, eating disorders, stress-related illness, and compulsive achieving.*

- *Children of alcoholics often develop characteristics which can persist throughout adulthood; inability to trust, extreme need to control, excessive sense of responsibility, and denial of feelings.*

- *The problems of most children of alcoholics remain invisible because their coping behavior tends to be approval seeking and social acceptable.*

(The National Association for Children of Alcoholics, 1987 (Jones, & Kinnick, p.2).

The report also included that the problems with ACOAs "manifest themselves in the areas of external locus of control, low self-esteem, depression, hostility, obsessive – compulsive style, and disturbed interpersonal relationships" (Beletis & Brown, 1981; Black, Bucky, & Wilder- Padilla, 1986) (Jones & Kinnick, 2001, p.2). It was also found that even though the risk is high for serious mental health issues, "youth and young adults of alcoholics, who exhibit acceptable behavior, are in the majority compared to those identified as problematic. This lack of overt behavioral problems can often be attributed to the survival roles adopted by siblings in homes" (Jones & Kinnick, 2001, p.2). Though the risk factors to children of alcoholics and ACOAs have been dominant in the literature, there are also resiliency and resilience factors that need to be reviewed.

The Economic Cost Related to Alcoholism

The economic cost related to excessive drinking in the United States of America in 2014 was approximately $223.5 billion dollars. That amount takes into account emergency room visits, clinic visits and mental health related care. It is also important to identify that the individual who is the alcoholic in the family is not the only one who is in need of care and interventions. The problem drinker's actions affect their family members in negative ways, and this also accounts for those dollars. This economic cost is

another reason why it is useful to find the resiliency and protective factors for these family members, especially the ACOAs, to provide assistance to these people, and to reduce the costs associated with excessive drinking.

Conceptual Framework

The children who are raised by alcoholic parents are often times the silent victims of their parent's alcoholism. Alcoholism affects not only the alcoholic but also their family members, especially their children. Being that parents are the most influential people in their child's life it is certain that the alcoholic parent will affect the child in some negative ways. Many of these children will grow up and function well in society. There are others that will be diagnosed with different types of mental illness or have addiction issues themselves. It is important for clinical social workers to understand the risk and resiliency factors when working with these children and adult children of alcoholics. These adults and children who have been raised in this type of unstable and often times freighting environments can and do thrive in adulthood. With the proper clinical care these children and adult children can be well and live happy lives.

There are several models and theories that have been used in the research about the risks, resiliency, and protective factors of children and adult children of alcoholics. For the purpose of this narrative analysis study the Family Systems theory, Strengths, and Resilience Models will be looked for to assist in identifying resiliency.

The Family Systems theory branches out of the Systems theory. System theory describes that there are many complex systems in a human being's life. One of the systems that impacts ACOAs is the Family System. The Family Systems theory states in general that the effective family system is based on individual needs, rewards,

expectations and attributes of the family in the system (http:/www.Blog.socialwork.simmons.edu.). The Family Systems theory directly involves the family being directly involved in resolving a problem even if it is an individual problem. In this analysis the family problem is an alcoholic parent and the whole family needs to be directly involved in the healing of the family.

The "Strengths Perspective and strength based approaches offer service providers ways of working that focus on strengths, abilities, and potential rather than problems, deficits and pathologies" (wordpress.com. May 30, 2012.). There are seven key principles that are used in this perspective. They are all based on empowerment, the capacity for the client to learn grow and change, self-determination, social environments of support, and focusing on the client's strengths and aspirations to change and thrive. It is often assumed that children and ACOAs will end up an alcoholic themselves or marry someone who is an alcoholic. In fact this is not always the case with the vast majority of ACOAs. Research supports that many ACOAs end up healthy and happy in adulthood. It is important for society to recognize the resiliency in ACOAs. If these children and ACOAs experience emotional damage because of how they were raised it does not mean they are broken and unfixable. The resiliency and protective factors of these clients must be discovered and utilized so they can be used for the client to heal and overcome their personal situations.

Methods

Research Design

A narrative method analysis was used as the framework to find the resiliency factors in children and adult children of alcoholics for the purpose of this study. A

narrative analysis examined different studies so that data could be analyzed and conclusions could be determined. This qualitative study was completed through a narrative content analysis by completing a search of the professional literature. The professional literature was obtained by using the following key words in the literature search: adult children of alcoholics, resilient, resiliency, and protective factors. Literature that was included in the study was included only if resiliency was integrated in the study. The hypothesis was that resiliency factors in children and adult children of alcoholics will vary based on individuals. This is dependent on the different family or individual variables related to strengths or lack of strengths either in the family of origin or in the individual. Literature that was excluded was excluded if risks were the entire topic of the study without discussing resiliency. Next a data collection form was used to obtain the resiliency factors, shared definitions, and other shared factors. Once all data was collected the findings were categorized and the interpretation of the findings were discussed. The interpretation of the findings answered the questions: what are the resilience and protective factors, and how can the findings can be useful for children of alcoholics, ACOAs, and clinicians that provide treatment to them, and what are the definitions for resiliency and protective factors?

Sample

The professional literature was found using the University of St. Thomas Library Summons search. Once the literature was collected it was then read and data was extracted via the data collection form (Appendix B). When the factors and definitions were clearly defined they were then processed and the concrete details of the data were developed into the actual findings. The research findings have been laid out through the

qualitative coding process and were: categorized, discussed, and displayed through tables of explanation.

Data Collection

The data collection process for this study consisted of a data collection form created by the researcher of this study. A data collection form (Appendix B) was conceptualized to extract the data needed from the professional literature to collect the resiliency and protective factors of children and adult children of alcoholics. The summary of the data collection form consisted of: the definition of resilience and resiliency, protective factors in ACOAs and any other types or resilient factors of children and ACOAs outside of themselves such as other positive people of factors that contributed to their resiliency. The data extraction form was also used to find implementation for social workers.

Data Analysis Plan

The data analysis for this study consisted of construing the resiliency factors and definitions of resiliency through the data collection form (Appendix B). The professional literature was collected using the University of St. Thomas's Library online journal search system Summon. There were over 700 professional published journal and research studies available on the subject of adult children of alcoholics. Then the search was refined to full online text journal articles or dissertations in the academic discipline of social work. To minimize the sample set key words were used to find the articles related to this study. The keys words that were used were: adult children of alcoholics, resilient, resiliency, protective factors, adult children of alcoholic's. The vast amount of studies available on adult children of alcoholics made collecting the professional literature a

fairly easy task in this research process. Exclusion factors for omitting articles were, if the subject of the risks was the only issue discussed and resilience was not discussed in the literature. Much of the articles found on resiliency in children and adult children obtained for this research also included many of the risk factors to this population. The majority of the professional literature studies on this topic pertained to the risks only of this population and resilient and protective factors.

Findings

The purpose of this analysis was to determine: what are the resilience and protective factors for ACOAs, how does the professional literature define resilience and protective factors, and how can this information be implemented by clinical social workers? The research analysis found that there were many types of protective and resiliency factors for children and adult children of alcoholics as listed in Table 3. The main themes that developed from the research for resilience and protective factors were: positive personality traits, positive coping skills, average to high IQ, positive support systems, having had at least one secure attachment, human needs met, spirituality, and privilege. The main themes developed from the codes and categories. The most common that were discussed amongst the research were: positive personality traits, positive self-esteem, functional problem solving ability, high coping skills, positive life view, achievement in school, average IQ, positive support systems inside and outside of the home, monetary resources, the ability to hold a profession, a secure attachment, spiritual beliefs, having basic needs met, being a first born, and being female. The collective data described these factors as being directly associated with resilience and being a resilient ACOAs. The more protective and resilience factors that were identified in ACOAs, the

more resilient they were. Even having had only one protective or resilience factor was enough for an ACOA to be resilient however, the more factors equaled more resilience.

Table 2: Listing of Analyzed Articles

Author	Year	Research	Content
Bernstein, J.Graczyk, A.,Lawrence,. D., Bernstein., E., & Strunin., L.	2011	60 youth independent trial	protective factors, definitions
Burke. S. Schmied,V.,& Montrose, M.	2006	literature review	protective factors, clinical guidance
Coleman, F., & Frick, P.	1994	comparison study of 69 ACOAs to 30 non ACOAs control group	protective factors
Condly, S.	2006	literature review resilience	definitions, resiliency and protective factors
Commbs, K. & Anderson, R.	2000	social workers examined experiences of ACOAs	protective and resiliency factors, clinical guidance
Crespi, T.	1995	empirical research study ACOAs	definitions, resilience, protective factors, clinical guidance
Downie, J., Hay D., Horner, B., Wichmann., & Hislop, A	2010	mixed methods/ self report measures full time care givers of 20 children	protective factors/resiliency factors/definitions
Dumont, K., Jenkins, D., Hinson, V., & Sibcy, G.	2012	267 participants ACOAs screening	protective factors, clinical guidance
Hall, C., & Webster, R.	2007	ACOAs self report measures	protective factors, resiliency, clinical guidance, definitions
Hall, J.	2010	exploratory study African American ACOAs and non-ACOAs, surveys college students	protective factors, resiliency, clinical guidance
Jones, A., Perera-Diltz, D., Salyers, K., Laux, J., & Cochrane, W.	2007	comparison among ACOAs and non ACOAs, using Abuse Subtle Screening Iventory-3	protective factors, resiliency, definitions,
Jones, J., & Kinnick, B.	2001	ACOAs college students 319 volunteer study, screening	resiliency and protective factors, clinical guidance
Karapetian Alvord, M., & Johnson Grados. J.	2005	literature review proactive approach	definitions, resiliency and protective factors, clinical guidance
Kashubeck, S. & Christensen, S.	1991	79 ACA support group members compared to 67 ACA college students 30 item	definitions, resiliency and protective factors, clinical guidance

		inventory	
Kumpfer, K. & Bluth, B.	2004	professional article on resilience ACOAs	definitions, protective and resiliency factors, clinical guidance
Lease, S.	2002	comparison between ACOAs and non-ACOAs	definitions, resiliency and protective factors/clinical guidance
Mahoney, D.	2009	professional article	Resiliency
Marsiglia, F., Kulis, S., Parsai, M., Villar, P., & Garcia, C.	2009	ELL participants Latino 120 adolescents, interviews	protective and resiliency factors
Mize Menees, M.	1997	coping social support of ACOA professional article 143 questionnaire	resiliency and protective factors, clinical guidance
Moe, J., Johnson, J., & Wade, W.	2007	qualitative study data from interviews of 50 children of alcoholics	definitions, resiliency, protective factors, clinical guidance
Palmer, N.	1997	examined articles using differential resiliency model	resiliency, definitions
Park, S., & Schepp, K.	2014	systematic review COA inherent resilience and vulnerability	definitions, resiliency and protective factors,
Rubin-Salzberger, A.	1991	questionnaire, screening test, survey or ACOAs	definitions, protective and resiliency, clinical guidance
Saleebey, D.	1996	professional article	strengths perspective
Stein, G., Hussong, A., & Chassin, L.	2015	Latino ACOAs compared to Latino non ACOAs, longitudinal study	protective factors, resiliency
Tinnfalt, A., Eriksson, C., & Brunnberg, E.	2011	interviews with 27 adolescents ACOAs attending support groups, narratives	Protective and resiliency factors, clinical guidance
Werner, E.	Interview No date provided	published interview by, Larry Brendtro	definitions, resiliency and protective factor
Werner, E., & Johnson, J.	2004	Kauai longitudinal study of 65 children of alcoholics	resiliency factors, protective factors
Alcohol Alert	July 1990	National Insistitute on Alcohol Abuse and Alcoholism Article	protective factors

Positive Personality Traits

The codes that described the positive personality traits that were discovered in the research process were: a developed sense of self, personality and temperament of the

individual, easy temperament, self-esteem, ability to identify ones feelings, ability to have hope, a personal control over oneself, and personal views. These traits were found to be most beneficial when the protective and resiliency factors were within the ACOA when they were a child. However, the child could gain protective and resiliency factors over their childhood and adolescence which enabled them to become resilient ACOAs.

A developed sense of self was found to be a major protective factor. Having a developed sense of self, meant, that a person understood who they were regardless of the actions of whom they were raised by. They were able to define who they were regardless of what others around them were or how they behaved. They accepted that they were a separate person different than the alcoholic parent. The ability to identify ones feelings was found to be an important protective factor because the person had an understanding of their own feelings. This meant they were more likely to be able to express how they were feeling to a supportive person and by having the skills to do that they received the appropriate response they needed. When the child of an alcoholic had feelings of hope this was a protective factor in its self because they understood that their life and the situation they were living in could change. Because of this hope they had the heart to keep moving forward and did not give up on what was hard for them. This also helped them attain personal control over their life. When children of alcoholics understood that that they were separate beings from the alcoholic parent and they had control over their own behavior this was found to be a resilience factor because they understood they had control over what their future would become. They were able to realize they were not stuck in a dysfunction of alcohol abuse. When the ACOAs had positive personality traits they were found to be more resilient. All of the above described personality traits were

found to be resiliency and protective factors and they directly coincided with the self-esteem and self-worth of the ACOAs. Those who were able to develop self-esteem were found to be resilient in adulthood. All of the protective and resiliency factors contribute to a positive self-esteem.

Functional Skills

The analysis also found that ACOAs were found to be resilient if they were able to function in a positive way. This meant that they were able to solve problems in a positive way. A simple example of this was: if a child or adolescent, needed help they were able to ask for help and then got their needs met. The ACOAs who were resilient of being raised by an alcoholic parent or parents were also found to have positive coping skills. Again, this meant that to cope with negative circumstances they developed positive coping skills rather than negative coping skills, which enriched their resiliency. It was also found that when a child of an alcoholic achieved academic success in school they were found to be more resilient. This also coincided with having had an average to high average IQ.

The protective factors that resilient ACOAs had in common or that they had at least one of were: that they lived in a stable home, that the family had monetary resources, that as adults they were able to hold a profession. The most reported protective factor found in the professional literature was that the child of the alcoholic had at least one secure attachment in their childhood. In one article, it was found that this secure attachment could even be with God. However, not all the research would support that finding. Other protective factors for ACOAs were that in childhood the child had at least one supportive adult in their life inside or outside of their family. These supportive

people could have included: teachers, friends, pastors, coaches, grandparents, aunts, uncles, neighbors, social workers, or other positive supportive adults. Not common amongst the literature, but in some of the articles it was found that for some ACOAs spirituality and spiritual beliefs were a protective factor. Also, less mentioned but found to be protective factor was being a first-born child in the family of an alcoholic. This was considered to be a protective factor because first born ACOAs were found to have more responsibility in caring for others in the family and this sense of responsibility became a resiliency factor for them. Last of the resiliency and protective factors vaguely identified as a protective factor was being a female child. Being female was determined to be a protective factor because it has been found that females are more likely to tell others about their feelings and ask for help as compared to males in several studies.

Table 3: Codes, categories, and themes

Protective Factors and Resiliency Factors for ACOA's

Codes	Categories	Themes
Developed sense of self Personality and temperament of individual Easy temperament Self-esteem Identification of feelings Sense of hope and personal control Awareness of feelings Temperament Personal views High self-esteem Valued by self and others Self-Worth Having a high differentiation of self Self-regulation Personal control Able to problem solve	Personality	Positive Personality Traits
Emotional and physical strength Personal determination	Value of self	

Personal temperament Coping skills Self-esteem High problem solving skills Humor Positive self-esteem		
Able to verbalize problems Recovery from previous problems Autonomy, generosity, altruism Sense of coherence about life	Problem Solving Skills	Positive Coping Skills
Coping buffers to life stress Hopefulness Independence Caring attitude Belief in self-help Interpersonal skills Loyalty Helpful self-criticism	Adaptive Social Skills	
Happy or mostly happy with current state of life View hardships as learning experiences	Growth Mindset	
Taking initiative in one's own life Internal drive Regard themselves as survivors Creates meaning through dreams and ones talents	Intrinsic Motivation	
Academic achievement School achievement and involvement Sustained periods of stability	Achievement in school	Average to high IQ
Intellectual skills Intelligence Quotient (IQ) Cognitive abilities Cognitive processing	Intellectual Ability	
Extended family support Grandparent co-parenting People who believe in them	Home/Family Support	Positive Support Systems
School connectedness School promotion Good schools Academics Education Positive school system	School Support	
Support in external environment External support system Support outside the home Positive support system External support people External institutional support Connections to positive adults Community support	Community Support	

Access to prevention programs		
Positive relationship with teachers At least one secure attachment Family contact Attachment with non-alcoholic caregiver	Positive relationship with at least one adult	Secure Attachment
Emotional integration with in the family Effective parenting Parent as social support	Family Cohesiveness	
Food Shelter Safety Sleep Health	Basic Needs	Human Needs Met
Emotional health Felt love and belonging	Feels Unconditional Positive Regard	
Religious faith Church affiliations Secure attachment with God Personal relationship with God	Faith in God	Spirituality
Sense of faith Religion Spiritual strength Spiritual Identified spiritual dimension as helpful and essential	Faith	
Parent's level of education Higher education Vocational training	Education Level	Privilege
Socioeconomic advantages Material factors Social and economic resources Ability to support family monetarily	Monetary Resources	
Joined armed forces	Job Skills/ Professional	Other
Birth order	First Born	
Gender	Female	

Definition of Resilience and Protective Factors

Within the research there were similarities to the definitions of resilience and protective factors. Though the definitions are similar to one another there are slight differences. Although, the basic understanding is conclusive amongst all, see Table 4. The main themes for the definitions of resilience and protective factors were: a process to over come adversity, internal characteristics, personality traits, positive outcomes, environmental factors and biological factors. The main themes came from the most discussed codes and categories which were: resilience is a process, a capacity to overcome, resilience can strengthen and grow over time, it meant having had positive skills and abilities, it was the ability to thrive despite challenges, it was the ability to recover from life challenges, it was the ability to be positive in spite of negative circumstances, it contained variety in levels of exposure to trauma, the less exposure to trauma the more resilient, it was the ability to rise above adversity, and included positive characteristic strengths.

Resiliency as a process

The research found that a major theme on defining resilience is that being resilient is a process. Therefore the research defined resiliency as something that did develop and grow over time, for resilient ACOAs. It is not that a successful ACOA was born resilient or is not resilient it is something that was developed over time. By having had the ability to overcome life challenges, ACOAs would be defined as resilient and that ability stemmed from the process to overcome. It is true that people are born with certain personality traits however, the research found that the personality was something that

continues to grow and can change over the life span for all people. The ability to be positive in spite of negativity is part of the process of that growth of resiliency.

Protective Factors

Protective factors for children and ACOAs, were found to be far less fluid than resiliency traits. Protective factors were found to either be in the child's life or not. It was found that these factors could move in and out during the childhood but protective factors are outside of the child or ACOAs. In the majority of the research protective factors were found to be part of the external piece of resiliency.

Table 4: Codes, categories, and themes

Definitions of Resilience and Protective Factors

Codes	Categories	Themes
Process in which the development of substantive character is made up of greater or lesser periods of disruption and the development and use of greater or lesser competencies in life management. The process of capacity for outcome of successful adaptation despite challenging or threatening or circumstances. Resilience is a process that takes time. We cannot label a person as resilient; it is a process. Resilience can be strengthened and learned.	Varying adaptation over time	Process to Overcome Adversity

Resilience as those skills, attributes, and abilities that enable individuals to adapt to hardships difficulties and challenges. Resilience is not one-dimensional attribute that persons either have or do not have, rather resilience implies the possession of multiple skills in varying degrees that help people cope. Resilience is better perceived as a label that defines the interaction of a child with trauma or a toxic environment in which success, as judged by societal norms is achieved by virtue of the child's abilities, motivations, and support systems. Protective factors are attitudes, beliefs, situations, or actions that build resilience in an individual. Resilience referring to successful adaptation despite risk is manifested when individuals drew on inner strengths, skills, and supports to keep adversity from derailing their lives. Resiliency is centered around the personality construct of hardiness or stress resistance. Resilience can be defined as the ability to recover from any illness challenge or misfortune.	Positive skills, abilities, and attitudes	Internal Characteristics / Personality Traits
DeSantis, (2008) described resilience as showing positive and good outcomes in spite of adverse life experiences or serious threats to one's adaption or development. Children who succeed despite being exposed to multiple risk factors are resilient.	Ability to persevere in spite of negative circumstances	Positive Outcomes

Despite their adverse environments some of these children have grown up, incurring no negative outcomes similarly to children from without an alcoholic parent. Wolin and Wolin (2003) define resilience capacity to rise above and forge lasting strengths in the struggle.		
ACOAs termed as resilient might have been exposed to a less violent drinking style with result healthier familial and adult attachments. Interactions are the heart and soul of resilience and arguably the most important distinguishing feature of this concept.	Level of exposure to trauma	Environmental Factors
You can develop resiliency given the brain is geared in that direction, but if you struggle with adversity over time, it takes something out of you even if you do well in terms of mastery and caring. Protective factors: those dispositional attributes, environmental conditions, biological dispositions, and positive events that can act to contain the deviancy or pathology.	Biological traits moderating the effects of trauma	Biological Factors

Clinical Guidance

There were several findings that demonstrated how evidence based practices were implemented by clinical social workers for their ACOA clients, see Table 5. The main themes that arose from the research for clinical practice were: education programs, assessment of the client, therapy, and resource accessibility. The main themes arose from

the most discussed codes and categories throughout the articles which were: education and prevention programs, therapists taught positive coping skills, therapist completed full assessments of client, therapists focused on clients social and emotional strengths, therapists focused on clients self-esteem, therapists validated client emotions and experiences, therapists educated clients about the genetic component of alcoholism, therapists addressed codependency with client, therapists maintained clear boundaries with clients, and therapists supported the clients spirituality as a strength. The clinical therapies that were found to be most effective with ACOAs were: Cognitive Behavior Therapy, Strengths based therapy, and the methods of the Social Learning Theory. It was also found the therapist must complete a thorough assessment for each client so that their strengths could be identified and that they could collaborate on the best course of treatment for the client.

Clinical Guidance

Table 5: Codes, categories, and themes

Codes	Categories	Themes
Prevention programs 12 step recovery Intervention programs Social support of alcoholic	Educate client about alcoholism Prevention and Intervention training	Education Programs
Treat as a family illness Teach problem solving skills Teach parents to foster resilience, warmth, limit setting, and consistency	Family Education	

Provide parent education and support groups Provide family focused programs		
Teach optimistic thinking and perspective Teach relaxation and self-control Educate them	Therapist teach positive coping skills	
Early Identification of issues can lead to more support Ask questions to get client to disclose Assess for extra family support and community support Explore behaviors that were exhibited while parent was drinking Address parental supervision, discipline and communication of family Understand that abusive drinkers caused more harm Address family culture Assess for parentified child, over responsible child, mediator child all within the person. Assess Codependency Make home visits	Assess clients to determine individual needs	Assessment
Focus on social and emotional adjustment Continue to develop and understand resiliency	Focus on strengths emotional/social	Therapy
Work on self-esteem, dependency and control issues	Focus on self- esteem	

Guide parents to foster their children's self-esteem		
Encourage clients to express their feelings Show them they are cared for and that there are other ways to live Acknowledge that not all alcoholics exhibit the same behavior Help them express their feelings	Validate emotions and experiences	
Treat co-dependence via restorative counseling Challenge their mindset	Encourage Personal Growth	
Address the concept of intergenerational transmission of alcoholism and substance misuse Family history and genetic vulnerabilities The client may deny own needs to care for others	Identify genetic component with client	
Ability to maintain appropriate boundaries Be sensitive in reading signals, send clear messages	Maintain clear boundaries with client	
Integrate God attachments into counseling Support their religious beliefs	Support their spirituality	
Reframing Strengths Perspective Focus on strengths and abilities Help them identify their strengths	Use evidence-based methods with clients	

Strengths Perspective Cognitive Behavioral Therapy Teach Cognitive Behavioral Therapy skills Social Learning Theory Family Therapy		
Help find quality childcare and educational opportunities Help parents and children improve social skills and behavioral skills Help provide interventions for the alcoholic	Connect family to resources	Resource Accessibility

Discussion

Adult children of alcoholics and children of alcoholics are faced with many challenges that are directly related to being raised by a parent who is an alcoholic. Often times these children are faced with neglect, abuse, lack of resources, and other challenges that can arise from being raised in an alcoholic home. The purpose of this research, in contrast to risk factors, was to find protective and resilience factors that are also part of the life of a child of an alcoholic. The research defined what resilience and protective factors were for children and ACOAs, and in general terms resilience, was found to be a process that could grow and develop over time. Clinical implementations were found through the professional literature as well.

"Resilience can be defined as the ability to recover from any illness, change, or misfortune (The American Heritage Dictionary, 2012), and also described resilience as showing positive and good outcomes in spite of adverse life experiences or serious

threats to one's adaption or development" (Park & Schepp, 2014, p.2). This research study found that definitions for resiliency that it is a process to overcome. Resiliency is a process that will grow and develop over time. Park and Schepp (2014) found it was important to research the risk factors in conjunction with the protective factors and resilience factors of ACOAs, to gain full understanding of reducing the negative outcomes in the children and ACOAs. They believed by conducting their research this way they, would find it better to develop prevention strategies and interventions with this type of client population. ACOAs have both risk and resilient factors and resiliency. The majority of ACOAs do well in life despite their childhood challenges. It is agreed upon the research that was found for this analysis that it is limiting to focus on the risk factors alone when trying to develop an understanding of ACOAs. The understanding of what resilience and protective factors in definition alone assist clinical social workers in their understanding of what to be expecting with their clients and what to seek out for them. It also gives the Clinician ideas of what the strengths to assess for or focus on.

Park and Schepp's (2014) research found many findings in their systematic literature review. It was found that parents are the most influential adults in the lives of children, and that children are affected greatly by the attachment level they have to their parent or parents. It was also found that in ACOAs, the following negative effects of these children living in the environment with at least alcoholic parent were: "Externalizing behaviors, Internalizing problems, Chemical dependency, Interpersonal anxiety, Fearful attachment, Low self-esteem Shame, and Low academic and cognitive performance and less verbal ability" (Park & Schepp, 2014, p.3). Protective factors are of equal importance to resiliency. However, the protective factors are both biological factors

and environmental factors. As a child these factors are an external part of the child's life, which the child does not have control over. As children grow into a ACOAs they do have control over the environmental piece of their protective factors. Throughout the research risk factors were the focus of most of the literature and protective and resilience factors with in this population are least focused on which is why this topic needs further study.

Resilience

Other findings on resilience factors throughout the literature about ACOAs were the following: older children were more resilient than younger ones, gender was found to be a resilience factor, women were thought to be more vulnerable to internalizing symptoms and men seemed more vulnerable to aggressive behaviors. These factors were put into the main theme of other and are factors the client themselves does not have control over. Self-Esteem levels were found to be a resilience factor. The higher the ACOAs self-esteem was the more resilient they were. Self-Regulation was also discussed to be a resilience factor. It was found that "high levels of self-regulation buffered against alcohol-related problems" (Park & Schepp, 2014, p.4). These are examples of what the main themes for protective and resiliency factors were in explaining some of the positive personality traits. Cognitive and academic ability was found to be a resiliency factor amongst ACOAs. The more cognitive abilities the ACOAs have, the more resilient they were to their life environment.

The optimistic attitude of the way the ACOAs saw their future was an important resiliency factor as well. The term hope puts all optimistic attitudes into perspective. If the ACOAs had hope for their future they were resilient. The ACOAs who had a positive

outlook for their future were found to be more resilient to the effects of the alcoholic parent or parents in their family.

If the ACOAs had a secure attachment with an adult while they were children, that was also found to be a resiliency factor. Having had a secure attachment was a dominant theme throughout the literature. When children, the ACOAs that were exposed to some kind of "positive parenting with, consistency, appropriate discipline, and parental monitoring with parental warmth, and this moderated the relationship between family alcohol problems and externalizing behaviors in children" (Park & Schepp, 2014, p.5), this was found to also be a resiliency factor. It is important that children of alcoholics are exposed to some healthy interactions with adults and not just exposure to their alcoholic parent or parents. If the child of an alcoholic had a positive family culture it was also proven to be a resiliency factor in ACOAs. This means that if the family has traditions that they celebrate or even some kind of weekly routines that all instilled consistency it was found that that was a protective factor. The literature also noted that if the families of children of alcoholics had at least one family member or members they could trust that was found to be a factor in reducing negative outcomes in ACOAs.

The last few resiliency factors that were found throughout the literature were: having support from older siblings (if they have siblings) that is considered a protective factor. This was because they would be responsible for each other. Having had a positive maternal figure in the child of an alcoholic especially if the alcoholic was female was found to be a protective factor. If this trusted adult was a maternal grandmother this was found to be a significant protective factor.

Families with a functional alcoholic who could maintain a job was found to be a protective factor. The higher the socio-economic status, because of a profession, and if children of alcoholics are raised in a higher socioeconomic class they are found to be more resilient than children of alcoholics who are raised in poverty. This was found to be a protective factor due to the fact that they would have the ability to access more resources.

A child of an alcoholic having had someone they could trust outside of the family for example a teacher was found to be a positive protective factor alone. Also, exposure to healthy families and friends, was a protective factor. If the child participated in extracurricular activities, this was also found to build resilience and was a protective factor. Religion and spirituality was a resiliency factor for many ACOAs, however this factor was less supported amongst the literature. The bulk of the professional literature that was found to agree upon the main themes of this research analysis.

The 2009 research completed by Downie, Hay, Horner, Wichmann, and Hislop was solely focused on the child of an alcoholic living with their grandparents as opposed to their alcoholic parent, and that living arrangement is the cause of resilience and wellbeing for the ACOAs. This knowledge is very important because having had a secure attachment with at least one person was a protective factor that contributes to resilience. One finding for secure attachments was having one with a family member. This is a protective factor itself because it limits the amount of separation anxiety the child is exposed to if the child has to live with someone who was not their parent. The grandparent also provides more stability for the child than a foster parent. This relationship with a grandparent or family member enables the child to form a secure

attachment. This also allows for the child to hold on to their culture. Living with the grandparent preserves the family for the child. This protective factor is found to be extremely important because if the alcoholic parent is unable to parent because of their alcoholism their child or children might end up in foster care, and that has the potential to cause more emotional damage to the child. The literature found in those circumstances when the parent cannot parent their child, the child being placed with a healthy grandparent is the least harmful for that child and therefore is a protective factor.

The 2007 qualitative research provided by Moe, Johnson, and Wade let the ACOAs themselves describe their resilience to growing up with a substance abuser. First they found that in 1992, 43 % of U.S. children "were members of households with one or more adults who had abused or were dependent on alcohol at some time in their lives" (Moe, Johnson, &Wade, 2007, p.382). They found that children with higher self-esteem were more resilient those children of alcoholics that had lower self-esteem. They also found that children who could "reframe negative experiences into a positive light" (Moe, Johnson, & Wade, 2007, p.383) reported less depression. These children were also able to seek out more emotional support than the children who were known to have lower self-esteem. Moe, Johnson, and Wade (2007) described how the term resilience came from the mental health field. Moe, Johnson, and Wade (2007) also described:

> Risk factors are those attitudes, beliefs, behaviors, or environmental circumstances that put an individual in jeopardy (Glantz & Johnson, 1999; Johnson and Wiechelt, 2003; Masten and Powell, 2004; Mills, Dunham and Alpert, 1988; Resnick, 2000; Rutter, 1997; Werner & Smith, 1992, 2001)" (Moe, Johnson & Wade, 2007, p.383).

It is important to define the risk factors and the preventative factors to understand all of the factors affecting ACOAs. The overwhelming amount of research is focused on the risks for ACOAs and creates the importance of identifying more protective factors to counterbalance this disproportionally.

Moe, Johnson, and Wade (2007) found through the research of Matsten (1994) that there are 10 protective factors that account for the resilience in childhood development of children of alcoholics. They are:

> effective parenting, connections to other competent adults, appeal to other people, particularly adults, good intellectual skills, areas of talent or accomplishment valued by self and others, self-efficacy, self-worth, and hopefulness, religious faith or affiliations, socioeconomic advantages, good schools and other community assets, and good fortune" (Moe, Johnson & Wade, 2007pp.383-384).

Those born into families who have parents that were educated and functioning alcoholics who could maintain a profession had more access to resources and therefore were exposed to privilege, which was found to be an extremely valuable protective factor for this population. By having monetary advantages their human needs were much easier to meet than those of this population who lived in poverty.

This information on resilience and protective factors is beneficial for clinicians who work with children and ACOAs. As found many of these clients come to clinical social workers with many strengths and protective factors. It is useful for the social work profession to understand what these are and to help the client build up on them. Working with the children of alcoholics and the family as unit is knowledge that can make not only

the child client well, but hopefully it will heal the entire family. Helping a family find resources and heal it the ultimate goal for children and ACOAs.

Clinical Implementations

It is enlightening to understand the thoughts of some ACOAs themselves through interviews conducted in the Moe, Johnson, and Wade (2007) study. Clinical social workers must understand their client's perspective through assessments to use the best therapeutic methods with their clients. On guilt, their research paper described, "Several children expressed the opinion that they must relieve themselves of the blame for their parents drinking. If they were able to accomplish this, it would lead to a life that turned out ok" (Moe, Johnson, & Wade, 2007, p.388). On the Importance of Treatment and Recovery: "Most children indicated that treatment and recovery were important components of resilience. To obtain treatment would lead you down a road to recovery, and this road is a shot at resilience"(Moe, Johnson, & Wade, 2007, p.388). An interview respondent described, if you are in treatment, it can lead to resilience because:

> they come back to their self. That this place is always open for me and I can still come which is treatment and recovery is: I'll be able to recover:
>
> … this would be a good place to go because a lot of people get… become a lot better. Become better and if you do this kid's program, it will teach kids not to do what their parents did. And one of the things that I think the Betty Ford Center helps you with: it kind of gives you stuff, but takes away stuff. So, if you take things, I think the Betty Ford Center will give you something that you will still want. Because it takes you away from your family. Then it gives you all these

reasons to stop drinking and your family back (Moe, Johnson, & Wade, 2007, p.389).

On negative role models an interview respondent from the Moe, Johnson & Wade research said, "*Well, he doesn't want to end up like his mom and stuff. If their mom is drinking, they watch them, what can happen to them and they won't drink or they won't do drugs. If they know about their parents… like if Josie knows about her mom's problem and what happened so she doesn't do what her mom did"* (Moe, Johnson, & Wade, 2007, p. 389).

The third theme of resilience that Moe, Johnson, and Wade (2007) found was that it is as is important for clinical social workers to understand is that the client needs to be able to express feelings, knowledge, and life choices. An interview respondent from their research stated:

"*To express your feelings and to have someone that you can trust. Then… that's about it. Because they let out all their rocks and they talked about it and stuff with people… or I could talk to other people… my friends… cause if you keep your feelings in, that makes you… your bag gets more heavier and that helps because you let all your feeling out from your bag that carries all your little rocks. …It's going to sound corny, but you really do feel alone, and that you just, you know, there is no one who can help you. But I just, you know,? I've talked to my friends about it cause I have a lot of, you know, really close friends but they… can't relate to my situation so you, you know, Alateen and you can go there but, I didn't want to go there to be embarrassed, you know, cause there are probably kids that I've known or something but coming here is really*

good cause you don't you know use last names or anything, you just come here and you meet friends who are just like you" (Moe, Johnson & Wade 2007 p.389).

There are two more responses that are valuable for discovering and validating resilience in ACOAs that should be lastly included in this discussion for the purpose of clinical social workers to know. Moe, Johnson & Wade, 2007 found there is knowledge and life choices in resilience and the following is the response of two separate interviewees:

"Learning what happens… what can happen in the future and to know what's ahead of them. Like if… say when I grow up I 'm just saying in my place like people tell me it's going to happen to you when you're growing up, like one of your friends maybe asking if you want to smoke a cigarette or something. That you should learn that that's going to happen to you in your life and that you should know what to do when that happens. To deal with the fact that a parent has addiction problems. Well. First of all, if your parents are ill like that, like an alcoholic or a drug fanatic, and you get… you have more chance of being an alcoholic or a drug addict than any body else. Learn about it. Say no to addiction and run away… if you learn about it, it's easier to not get it… cause addiction is a disease. That, that it's when other people teach you something besides your family and friends, it's more effective I think. At least to me it is. And that it's just, it's just. I don't know. That helped me the most. I think like… I think everything does. All the information, all the things that just, you know, you don't want it teaches you like you don't want these things to happen to you, so it's probably not a good idea to do things. Um, not to judge people if they are addicted. Because I thought people who were addicted usually were bad people, but we learned that they just do bad things, they are

*not bad people. And that's probably the most important thing" (*Moe, Johnson, & Wade, 2007) p.390).

The last interview response was applicable to life choices as being an important part of resilience in ACOAs and the attitudes of thinking about the future and future life activities:

> *"I mean your life basically depends on your attitude. If you have a good attitude, you'll have a good life. If you have a bad attitude, you'll have a bad life. Well, stay in school. I guess everybody says this, but don't do drugs. Don't … if you have drinking in your family, don't even tempt it. Hang out with the right friends. Get good grades. Just be a, be a role model for other people. Just do your best. Your absolute best and then your life will probably turn out ok… Oh and have a goal. Have goals. You start getting negative and you'll start being stressed and then you'll wind up being addicted and stuff. Having fun. Either go outside and play or go to the movies or whenever we could go to the fair. Either go play football or soccer. Going to places like this. Doing sports to help the kid inside of you. To help your mind: read. To help your body: Exercise. To help your spirit: Exercise too. A good job, a nice house. A nice husband without alcohol. And no yelling, no fighting, no drugs, no nicotine, nothing. Having a good job and a good house. Play with your friends and everything and go on vacation and stuff. Have fun. Go camping, play sports, go to sports games. Learning and reading and I really draw… soccer, wrestling, cause I'm wrestling and I get medals… I'm on a team*

and my name is on a shirt, too. That you can do other things. You can do other things that … you can do other things except for drinking. And if you can't figure out, one yesterday we got an activity, and we put a bag and we colored it and every day, or every three days of the week we have to pull out a card and on the card it says read or do that. So, if you still have a bag, you can do one of those every day. And that, without help, might help you get some of these rocks out of your bag. Cause you have to pull out one without looking, jiggle it up, and pull one out. Last night I did it, and picked out journal… and read. So I did my journal in the daytime. I went outside and sat in my hammock and did my journal and then at night after my favorite TV show, I did. I read 10 pages of my book…my favorite book…. So little things like that, like if you don't have enough money to go to the Betty Ford Center, or one of these centers and you have enough money to get a paper bag and some paper and a pen and write down that thing. … I think that will help you. But when you are an alcoholic, you need help. That this is just one of the many places that you can go to get help, but I think it's one of the best because, I mean, it doesn't just tell you these things that you can do instead of drinking. It lets you do all the things you can do instead of drinking. Like swimming, or walking, or maybe playing Frisbee, working out, running or all the other things…"

(Moe Johnson & Wade, (2007) p.390).

The extensive amount of literature has really been summed up with this discussion and in so, assists in developing the research study for this narrative research

study. Focusing on resilience and resiliency, and defining the resiliency factors of ACOAs and understanding these resiliency factors important to clinical social workers who, work with these clients. It is important for clinical social workers to assess these clients and then meet them where they are at and provide the best methods of therapy. If possible, clinical social workers should encourage the family to participate in family therapy. With the proper therapy and with focus on the client's resiliency and protective factors, children and ACOAs will not repeat the cycle of alcohol abuse and the negative impacts on the self and the families they will have in the future.

The National Institute on Alcohol Abuse and Alcoholism, report findings that suggest that children of alcoholics are at risk for a range of cognitive, emotional, and behavioral problems (National Institute on Alcohol Abuse and Alcoholism). They also find that genetic studies indicate that alcoholism tends to run in families and that a genetic vulnerability for alcoholism exists (National Institute on Alcohol Abuse and Alcoholism). Research states that children of alcoholics "exhibit such problems as lying, stealing, fighting, truancy, and school behavior problems, and they often are diagnosed as having conduct disorders (National Institute on Alcohol Abuse and Alcoholism)." While these negative implications of growing up in an alcoholic family may be true, this does not mean the ACOAs are forever damaged or stuck with those problems. With the help of trained clinical social workers who work with the ACOAs and help them through therapy, to find their strengths and power to increase resiliency, these clients can and will heal. It is of equal importance to note that the majority of ACOAs never develop life changing addictions or psychopathologies because they had protective and resiliency factors.

Strengths and Limitations

The strengths of this study are that the findings were found based on an ample amount of quality professional literature. Time was taken to carefully study all the literature used in this research process. Adult Children of Alcoholics were themselves used as research participants for the studies used in this study. This is a strength because it was their own words and experiences that led to the majority of the resiliency and protective factors found.

There were limitations to this study. This research study does not take into account all the different cultures or diversity factors that can be considered resiliency factors. This study touched only minimally on how diversity and culture may be resiliency factors for this population. The study was also limited on spirituality and how it impacts resilience for this population. This fact is interesting because the 12-step model is based highly on spirituality. One article was solely discovered and used on how God, faith, religion, and spirituality serves a resiliency factor in children and adult children of alcoholics. Christianity was the only religion even discussed throughout the literature. Other religions and beliefs are believed to be as equally important as a resiliency factor to ACOAs and more study needs to be done to explore all beliefs and spirituality as resiliency factors.

It is of importance to note about the research found in this study is that it was an accumulation of research that has already been conducted. Time was a factor as a limitation for not being able to use more than twenty-nine professional articles to extract data from. Much more research is needed in this area of study for resilience and protective factors. What other factors may be the cause for healthy adult children of

alcoholics. There was virtually no research done on diversity and spirituality as a resilience and protective factors. Despite the limitations of this study, the resiliency factors that were found are very dependable and valuable for clinical social workers to use and work upon with these clients**.**

Conclusion

In conclusion, a narrative analysis discovered what the resiliency and protective factors for ACOAs . It also found the variety of the definitions on what resiliency and protective factors were and last it found how clinical social workers might implement these research findings into their practice. This narrative analysis produced codes and categories that led to the major themes to produce the findings of the protective and resiliency factors in adult children of alcoholics, definitions of resiliency, and protective factors, and the clinical implications for clinical social work practice. The major themes that were produced for resiliency and protective factors were: positive personality traits, positive coping skill, average to high IQ, positive support systems, having had at least one secure attachment, human needs met, spirituality, and privilege. The major themes that were found for defining resiliency and protective factors were: a process to overcome adversity, internal characteristics, personality traits, positive outcomes, environmental factors, and biological factors. The major themes for clinical implementation were: education programs, assessment of the client, therapy and resources. ACOAs are not the only clients that can benefit form the resilience and protective factors in their life. Helping all clients identify their resilience and protective factors will help the clinical social worker and the client collaborate together to serve the client in the best way to heal and overcome their personal struggle. That is the purpose of clinical social work.

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Appendix A

Approval of Clinical Research Proposal

STUDENT NAME: _____ **Student UST ID#**_____

MSW CLINICAL RESEARCH COMMITTEE ACTION:

1. COMMITTEE MEMBER:

____Proposal is Approved with minor amendments
____Proposal is Approved with required amendments
____Proposal is Not Approved

_____ _____ _____
Name **(PLEASE PRINT)** Signature Date

2. COMMITTEE MEMBER:

____Proposal is Approved with minor amendments
____Proposal is Approved with required amendments
____Proposal is Not Approved

_____ _____ _____
Name **(PLEASE PRINT)** Signature Date

Attach details of amendments that must be in place for the Clinical Research Proposal to be approved by the chair.

____ All amendments completed

3. CHAIR:

_____ _____ _____
Name **(PLEASE PRINT)** Signature Date

Appendix B

Data Collection Form/ Resiliency in Adult Children of Alcoholics

1. What is the definition of resilience and or resiliency found in the study?
2. What are the resilience factors and protective factors that were described for children and adult children of alcoholics?
3. Does the study address clinical guidance?
4. If yes what did they suggest for clinical guidance?
5. What were the methods used to collect the resiliency factors for this population?
6. Do the authors find the resiliency factors as important as compared to the factors for this population?
7. Did this study include any diversity strengths in the study?
8. If yes to 7. What is the culture and diversity strengths found as resiliency for children and adult children of alcoholics?
9. Did the study address spirituality or religion to be a resiliency factor?
10. If yes to 9. What are the resiliency factors associated with spirituality and or religion?
11. What else may have been found in the research that was considered a factor of resilience?