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This document is part of a collection that serves two purposes. First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research. Second, it is a public archive for data on college student drinking patterns on the national and international level collected for over 20 years. Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks.

Indiana University Archives

Paper manuscripts and material for Dr. Engs can be found in the IUArchives

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**THE CODE: A SHORT QUESTIONNAIRE FOR IDENTIFYING
CO-DEPENDENCY AMONG UNIVERSITY STUDENTS**

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BACKGROUND

University students often have a variety of emotional problems. These can include regressed behaviors, immature reactions to life situations, or poor interpersonal skills. Students may also continue to feel a sense of responsibility for continuing problems at home, particularly if it is a problem drinking parent. The student may focus his/her energy on trying to "fix" the domestic situation and continue to feel responsible for the home problems. These concerns can result in stress, anxiety, poor class performance and behavior problems. Many of these students are thought to be co-dependent.

A co-dependent is sometimes defined as a family member of a problem drinker. These individuals are thought to have a higher probability of addictive behaviors and other emotional problems including low self esteem, difficulty in expressing feelings, anxiety, and depression among others problems, compared to individuals who are not co-dependent. However, as most home environments have some level of dysfunction, whether or not there is problem drinking, most people probably have some co-dependency symptoms. This would result in everyone being placed somewhere on a continuum from having very few to many co-dependency symptoms.

A basic assumption is that the more co-dependent a person is, the more likely he/she will have emotional problems and come from a family environment with problem drinking. Identifying individuals who are co-dependent as part of intake interviews for psychological counseling, poor academic performance or disciplinary problems, or within the therapy process itself, might more easily facilitate university counseling personnel to help the person. This would be particularly true if there was problem drinking in the person's home

environment as students often deny this in their families. An instrument which could predict the probability of co dependency and family alcohol problems could be a tool for helping to break through this denial so more focused treatment could be undertaken.

Thus the purpose of this study was to develop an instrument to predict co-dependency problems among university students to assist psychologists, counselors and student personnel staff in one aspect of alcohol related problems.

DEVELOPMENT OF THE INSTRUMENT

Literature Search

Before the instrument was developed, a literature search was performed to identify similar questionnaires in the field. Those identified tended to ask questions pertaining to drinking (which could possibly lead to erroneous results) and were over 20 questions in length. For ease of administration we wished to develop an instrument under twenty items and to develop items which were not primarily related to alcohol or drinking.

The literature was also searched to identify relevant variables including signs and symptoms, characteristics of co-dependents and family backgrounds of co-dependents. From the literature search, 63 variables were identified and were organized into four discrete categories. 1) family background which included such items as conflict between family members and emotional abuse as a child. 2) current and past feelings which included items such as feeling like a failure and being depressed 3) childhood

environment which included parent being late in picking person up from activities or attempts by person to change parents drinking behavior. 4) other addictive behaviors which included items such as overeating and addictive relationships. Individuals were classified as **Co-Dependent** if they indicated that either a parent or grandparent had sometimes or often drank too much. Individuals were classified as non-co-dependent if all relatives had never or only sometimes drank.

Content Validity

Content validity was determined by a jury of over thirty professionals enrolled in a graduate workshop on alcohol and other drugs. These professionals were asked to comment on the items and to make appropriate changes. Following this procedure, the instrument was given to an undergraduate class of about 100 university students. They were also asked to make changes in wording of any items. Following this a group of 15 co-dependent individuals attending a seminar on co-dependency were asked to make comments concerning each item.

Reliability of the Items

The next step was to determine reliability of the items. The finalized version was sent to four universities who volunteered assistance. Their locations were diverse and included the South, East, Midwest and North Central regions of the United states. A t-test was performed between co-dependents and non-codependents for each of the 63 items. There was a significant difference in all items except three which were then eliminated. To determine reliability over time, the instrument was administered to a group of 80 undergraduate students enrolled in a general

personal health class open to all students and re-administered two weeks later. All items which had a reliability under .6 for this test-retest procedure were eliminated.

For the remaining items, item analysis reliability was performed using the Pearson's Correlation Coefficient between each item and co-dependency status. Correlation coefficients less than 0.3 were eliminated. Eleven items remained after elimination of the others due to non-significant t-test and low reliability.

Factor Analysis

The next step was to search for underlying themes and construct validity by the use of factor analysis. A total mean score was determined for each individual by adding the number (from 1 to 4) for each item on the four point likert scale. The score for all eleven items for each individual was summed resulting in a total mean score for each individual. Factor analysis was accomplished using a minimum eigenvalue of 1.0. Two factors were found to account for 59% of the variance. However, since the reliability between both factors was 0.8, it was decided that the items constituted one factor and could be pooled for purpose of questionnaire development.

Internal consistency

To examine internal consistence of these 11 items, the Spearman-Brown split half technique was accomplished. The reliability coefficient of the questionnaire for unequal lengths was found to be .87. The Cronbach alpha test for homogeneity resulted in an alpha of .89. These high

quantities indicated that there was high internal consistency reliability for this instrument.

Predictability

After these procedures the predictability of the instrument in actually predicting co-dependency was accomplished. Discriminate analysis determined that the eleven items correctly classified individuals as co-dependents 69% of the time and as non co-dependents 78% of the time, with a total of 71% of all individuals being classified correctly. A post-hoc lambda test indicated this probability was 25% above chance.

CROSS VALIDATION

The eleven items were now prepared in two new survey instruments. One with just the eleven item(Form A) and the other(Form B) embedded with eleven other items from the original long questionnaire. Both forms contained family and demographic information. The purpose of this procedure was to determine if the items could stand alone and/or would need to be embedded with other items.

These two instruments were administered on twelve new campuses in all regions of the United States. The campus instructors were asked to randomly distribute to every other student either Form A or Form B.

Responses to the core eleven items on each of the two forms were compared through the use of the t-test, There was no significant difference between any of the eleven items on the two forms. A t-test was accomplished to determine differences between co-dependents and non co-dependents with each of the two

forms. A highly significant difference ($p < .0001$) was found for both forms. Separate factor analysis, reliability and discriminate analysis were accomplished for the eleven items on each of the forms.

In this cross validation process, item analysis indicated all items had reliability coefficient of .2 or above on both forms. The Spearman-Brown test for internal consistency indicated a reliability of .76 for Form A and .70 for Form B. The Cronbach alpha measurement of homogeneity indicated a highly significant alpha of .88 for Form A and .84 for Form B. Discriminate analysis indicated that 74% of all individuals were correctly classified on Form A and 67% on Form B. The minimum score which resulted in a positive number in the regression formula and predicted co-dependency 70% of the time was 26 for both forms. For individuals who had a mean score of 39 or above, 100% were classified correctly.

These cross-validation procedures indicate that this eleven item instrument was highly reliable, had high internal consistency and could correctly predict a person's co-dependency status approximately 70% of the time. The instrument could be used either intact or embedded with other items.

USE OF INSTRUMENT

The instrument can be used in two ways. First of all it can be used by individual counselors, social workers, psychologists and others working with university students on an individual or small group basis. It can be used to help confirm possible family problem drinking or as a denial breaker in the therapeutic process.

The instrument can be used by campus administrations who wish to do a needs assessment of possible problems related to co-dependency. The

instrument can be administered on an anonymous basis for a campus wide profile of co-dependency status. With this awareness, programming and intervention efforts for these issues can be more efficiently addressed.

To sum up the eleven item CODE questionnaire is a highly reliable instrument which can predict co-dependency status of university students.

THE CODE OR FEELINGS CHECK LIST

A. Mark the extent to which each of the following occurred in the environment in which you grew up as a child:

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	
1. _____	_____	_____	_____	Emotional abuse (told I as bad, fat, dumb, etc.).
2. _____	_____	_____	_____	Conflict between parents.
3. _____	_____	_____	_____	Conflict between me and one or both of my parents
4. _____	_____	_____	_____	Tension.
5. _____	_____	_____	_____	Uncertainty.
6. _____	_____	_____	_____	Overreaction on parents' part to a minor misbehavior.
7. _____	_____	_____	_____	Attempts by me to change a parent's drinking behavior.

B. Mark the appropriate space regarding how often you have felt or experienced each of the following over your lifetime:

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	
8. _____	_____	_____	_____	Observed myself to be an approval seeker losing my own needs in the process
9. _____	_____	_____	_____	Felt no sense of power or choice in the way I lived
10. _____	_____	_____	_____	Had difficulty in establishing boundaries between myself and others.
11. _____	_____	_____	_____	Thought of myself as a problem drinker.

_____ **Score**