The Collection
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 First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research.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 http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire_text&docId=InU-Ar-VAC0859
THE C.O.D.E. MANUAL

USING THE C.O.D.E. CHECKLIST FOR DETERMINING CO-DEPENDENCY AMONG UNIVERSITY STUDENTS

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FORWARD

College personnel are concerned about providing opportunities for students to reach their maximum potential, both during the collegiate years and subsequently as productive citizens. Alcohol problems often interfere with this individual achievement. To assist college personnel and students with one aspect of alcohol-related problems - co-dependency - the CODE was developed. This is a valid and reliable eleven-item instrument which identifies individuals who are co-dependent. It can easily be used in several ways by a variety of college personnel. The attached documentation will assist in utilizing this instrument.

Permission is granted to the purchaser of this Manual to make unlimited copies of the CODE instrument for use on his/her campus. The authors advise that when the CODE instrument is used, it be used intact. Should any data-gathering be done for profit or funding, advance written permission must be received from the authors.
LITERATURE REVIEW

The literature and research on children of alcoholics or co-dependents has grown dramatically during the past decade. We know that there is some correlation between problems of living and an individual's family background. Research is increasingly striving to identify the relative influences of nature and nurture. The impact on college campuses is that students arrive with some behavior patterns which, if identified, can be the basis for prevention and intervention activities. This brief literature review serves as a foundation for college personnel attempting to understand this area of co-dependency.

Genetic Foundations

Increasingly, there is recognition that alcoholism and problem drinking can be a chronic, progressive and ultimately fatal condition. The latest Report to Congress on Alcohol and Health summarizes much of the research leading to this understanding. It indicates that "among the most compelling studies indicating a genetic contribution in at least some types of alcoholism have been those that compared the incidence and patterns of alcoholism in children who were adopted from their biological parents at an early age (p. 28)."

This report further indicates that "there is good evidence that children of alcoholics are, for genetic reasons, at greater risk of developing alcoholism (p. 111)". Whether it is totally based on genetic factors is not resolved, nor is this the critical issue. As we will indicate in the sections that follow, one's upbringing in an alcoholic home significantly increases the subsequent risk for becoming an alcoholic as well as for having other problems throughout life. Russell et al. confirm this with their observation that, in general, studies have shown more severe symptoms of alcoholism and an earlier onset of alcohol use and abuse in patients with a family history of alcoholism (p. 8)."

Family Background
Children of Alcoholics (COAs), when compared with children of nonalcoholics, described their families as more dysfunctional and reported receiving less guidance during their childhood years. Family patterns typically described include unpredictability, inconsistency, and emotional pain.

The results of this upbringing are that children and spouses repress their feelings, and build defense systems to protect themselves. Typically, they have low self-esteem and low self-confidence. Based on the turbulent and unpredictable family milieu, COAs have reported engaging in avoidance coping behaviors more often than non co-dependents (Clair and Genest, 1987).

Further research on family backgrounds has been conducted by Black et al. (1986). They compared adults raised in an alcoholic home with those raised in a nonalcoholic home on perceptions of difference in the home, in regards to violence, sexual abuse, communication, and interpersonal difficulties experienced as adults. Their results show that COAs, compared with non-COAs, cite greater incidents of physical and sexual abuse, more frequent behavioral problems, increased family disruption, overall more problematic areas in adulthood. Gravitz and Bowden (1984) note "a continuum of common personal and clinical issues in the recovery or healing process that many of these adult children of alcoholics experience (p. 25)."

In the home setting, according to Black, COAs adopt one or more the roles characterized as the responsible child, the placater, the adjuster, or the acting out child. How valid are these roles? Rhodes and Blackham investigated the extent to which adolescents from alcoholic families tend to perceive themselves as exhibiting the roles described by Black. They found a lack of significant differences between groups on 3 of the 4 roles, possibly reflecting an invalidity of Black's typology.

Other typologies which are similar to these categories are illustrated in Appendix C. While any of these typologies may not be totally accurate for an individual, the fact remains that patterns from problem drinking families persist into adulthood. Ingram's research also demonstrates that COAs perceive issues with anger, awareness and expression of feelings in their lives.
Current Behaviors

Students who arrive on campus often continue the behavior patterns from their home environment. Regressed behaviors, immature reaction patterns and defenses are found. Family roles (such as Black's typology) may carry forward. Students may continue to feel a sense of responsibility for what is continuing to occur at home, particularly due to the fact of being away from home. This may be evidenced by the feeling that, if they were at home, they could "fix" things. Also, they may feel responsible for continued problems at home. These feelings may result in stress, anxiety, poor class performance, and even problem drinking.

The National Association for Adult Children of Alcoholics indicates that "COAs often adapt to the chaos and inconsistency of an alcoholic home by developing an inability to trust, an extreme need to control, excessive sense of responsibility, and denial of feeling, all of which result in low self-esteem, depression, isolation, guilt, and difficulty maintaining satisfying relationships. These and other problems often persist throughout adulthood."

NCACA further states that COAs are "prone to experience a range of psychological difficulties, including learning disabilities, anxiety, attempted and completed suicide, eating disorders, and compulsive achieving." The implications for college leaders are widespread, including a greater understanding of the potential impact of this family background upon the students with whom they deal on a daily basis.

The implications carry beyond the collegiate environment through the activities faced throughout adulthood. NCACA indicates that the majority of people served by Employee Assistance Programs are COAs. Emphasis upon this background at the collegiate level could have broad-reaching implications for health-care and human service mechanisms throughout society, as well as for maximizing the potential of these affected individuals.

This discussion is not to suggest, however, that the mere fact of having been raised in an alcoholic home environment will result in negative outcomes. Clair and Genest (1987) affirm this observation as they indicate that research on adult children of alcoholics has focused "on identifying psychological and behavioral difficulties, whereas positive adjustment
generally has been ignored (p. 345)." They cite a range of adjustment to the family difficulties; there are many children of alcoholics who function at or well above the average level of others. Certainly, many individuals do handle this upbringing in an effective way. Others convert this background to their benefit. Many COAs become the people who help others or who are leaders, since these are similar to the roles they held in the home.

It needs to be kept in mind in terms of degree of co-dependency, that most home environments have some level of dysfunction whether or not there is problem drinking in the family. This results in everyone being placed somewhere on a continuum from having very mild to very severe co-dependency symptoms. It can be hypothesized that individuals who are more strongly co-dependent probably have a higher probability of becoming problem drinkers or engaging in any of the other addictive behaviors. However, to date, little research has been done in this area.

| 0 | Mild | Moderate | Severe | 100 |

Degree of Co-Dependency

Strategies

Through this briefly cited literature, it is clear that family background deserves attention. The fact is that being brought up in an alcoholic home has clear implications for one's personal risk for becoming a problem drinker, as well as for how one copes with and addresses adult challenges. Nonetheless, there is a strong need for increased knowledge so that more effective prevention and intervention programs can be developed.

Black et al.'s (1986) suggest that, "once a person is identified as having been raised in an alcoholic home, the problem areas described here should be carefully assessed (p. 229)."

Even with this increasing research on identification of COAs and how to address best their unique issues, there is limited
research yet conducted to assess the effectiveness of prevention and intervention programs. Clearly, this is an area which deserves greater attention.

There are, however, some useful instruments which have been used to learn more about children from alcoholic homes. One of the most popular is the Children of Alcoholics Screening Test (CAST) (Jones, 1981). This 30-item instrument identifies responses to parental drinking behavior, and was developed to aid in the identification of COAs. All of its questions deal directly with alcohol-related issues. Other instruments identify perceptions of role behavior, family communications patterns, parental alcohol use, and current coping skills.

A desire of the authors was to identify an instrument which would be useful in identifying co-dependency patterns in a broad-based manner. This might include confirmation of a problem drinking home background for an individual, or general information about the extent of this potentially problematic background for an overall audience (e.g., a college campus). To do the latter in an effective way requires that the instrument be constructed in a manner which does not reveal its underlying intent. Specifically, to have questions which emphasize alcohol-related issues suggests the emphasis of the instrument. With much of the denial surrounding alcohol concerns throughout the society, and particularly with young people, it appears important to have an assessment instrument which appears value-neutral.

Summary

In overview, there are a variety of issues surrounding adult children of alcoholics. This is a recent area of interest for researchers and practitioners. Not only is this based on recent findings from the genetic perspective, but it is also based on the patterns of behavior and attitudes which emerge from the alcoholic home. The impact for addressing better the concerns and potential development of individuals with this background is broad-based. With the college campus, the audience addressed by campus administrators and other concerned individuals is relatively easily identified. Assessment (broad-based and individual), prevention activities, and intervention approaches are all easily conducted within the current emphasis and
organizational structure of most colleges and universities. The basis for an easily-administered, valid, and useful instrument to aid in this process appears clear.
DEVELOPMENT OF THE INSTRUMENT

Phase One

Before this instrument was developed, a literature search was performed to identify similar questionnaires in the field. Because any instruments identified tended to ask many questions pertaining to drinking (which could possibly lead to erroneous results), the researchers decided to develop an instrument with few alcohol-related variables. The literature was searched to identify all relevant variables, signs and symptoms, and characteristics of co-dependents. These items were then organized into four discrete categories: (1) Family Background; (2) Current and Past Feelings; (3) Childhood Environment; and (4) Other Addictive Behaviors.

Under the Family Background section, individuals were asked to rate the drinking patterns of their relatives. Specifically, the section asked respondents to classify their relatives as "does not drink/has never drunk", "sometimes drinks or drank", "sometimes drinks or drank too much", and "often drinks or drank too much." Various demographic variables, such as sex and race, were also asked.

For the remaining three sections, the individual was asked to respond to them in terms of "never", "rarely", "sometimes", or "often". For all four of these sections, a Likert-type scale format was used (never = 1, rarely = 2, sometimes = 3, and often = 4).

Classification of Co-Dependency

Individuals were classified as Co-Dependent or Non Co-Dependent by the following procedures. If the respondent indicated that either parent or any grandparent "sometimes drinks/drank too much" or "often drinks/drank too much", they were classified as Co-Dependent. Individuals whose parents or grandparents "Never drink/drank" or "sometimes drinks/drank"seldom were classified as Non Co-Dependents. Individuals who only indicated that a sibling, uncle or aunt "sometimes or often drank too much" were eliminated from the analysis.
Face Validity

From the literature, sixty-three items were identified as possibly being identified with co-dependency. A preliminary instrument was developed with these sixty-three co-dependency plus family background material, resulting in a total of 79 items. This preliminary instrument was administered to a group of alcohol professionals enrolled in a graduate workshop on alcohol and other drugs. These professionals were asked to comment on the questions and to make changes. Wording was adjusted as necessary based on this process. This revised form was then shown to several alcohol and other drug professionals for an assessment of its face validity. Following this, the instrument was given to college student, and adult co-dependents in a seminar on co-dependency for their comments. The revised version was then administered to an undergraduate class of students, with a request for them to assess the wording and clarity of each question.

Reliability

The finalized version was sent to four colleges and university campuses which volunteered assistance. Their locations were diverse, including the South, East, Midwest and North Central regions of the United States. Also, a test-retest procedure was used to determine how well each question held up over time. The 79-item questionnaire was administered to approximately one hundred undergraduate students enrolled in a personal health class. This class had students from all majors and class levels enrolled. The test was readministered to the same individuals three weeks after the initial administration. Questions which had a reliability $r < 0.6$ were eliminated.

A t-test was performed between Co-Dependents and Non Co-Dependents for each of the 63 possible co-dependency items on the questionnaire. There was a significant difference ($p < 0.05$) for all items with the exception of three. A mean score on each item for the Co-Dep and the Non Co-Dep groups was calculated. This mean score ranged from 1 to 4. Item analysis reliability was also performed on the 63 items, using 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**

After the test-retest reliability, the item analysis, and the t-test between Co-Deps and Non Co-Deps, a search for underlying themes was conducted using a factor analysis. Using a minimum eigenvalue of 1.0, two factors were found to account for 59% of the variance. However, since the reliability between Factor One and Factor Two was 0.8, it was determined that the items constituted one factor and could be pooled for purposes of the development of a questionnaire.

A total mean score was determined for each individual by adding the number (from 1 to 4) of each item. For example, if an individual indicated the response of "never" for an item, a score of "1" would be recorded; similarly, responses of "often" would result in a score of "4". The scores for all eleven items for all individuals, resulting in a total mean score for the instrument. To examine the reliability of these eleven items, the Spearman-Brown Prophecy Formula and the Guttman Split-Half Technique were accomplished. Both predicted the reliability of the questionnaire to be 0.87.

**Predictability**

The next step was to examine the predictability of the questionnaire in actually predicting co-dependency. Discriminant analysis determined that the eleven items correctly classified individuals as Co-Dependent 69% of the time and as Non Co-Dependent 78% of the time, with a total of 71% of all individuals being classified accurately. A post-hoc lambda test indicated this probability was 25% above chance.

**Phase Two**

At this point, eleven items had been found to be reliable. The eleven items were prepared in two new survey instruments. The testing of two shorter versions was accomplished to determine whether or not the eleven items could stand alone or would need
to be embedded, as was the case with the original instrument. One instrument *Form A*, contained the eleven items only. The second instrument, *Form B*, contained these same eleven items embedded with eleven other items from the original long 63-item questionnaire. Family consumption patterns were included with each of these two new versions.

The two forms of the instrument were administered on twelve new campuses scattered around the country. In administering these instruments, the campus facilitator was asked to randomly distribute to every other student either *Form A* or *Form B*. From this administration, a total of 614 students responded. Students were coded into a status of **Co-Dependent** or **Non Co-Dependent** as before.

Responses to the core eleven items on each of the two forms — *Form A* and *Form B* — were compared through the use of t-tests. There was no significant difference between the two forms. Separate factor analysis, reliability and discriminant analysis were accomplished for the eleven items for each of the forms.

For *Form A*, a factor analysis with a minimum eigenvalue of 1.0 was carried out. Two factors were identified with a correlation reliability of 0.68 for the total sample. For males, $r=0.70$, and for females $r=0.69$. Because of this high relationship, they were once again collapsed into one factor of eleven items. A mean score of all eleven items was determined. Once again, a total mean score was determined for each individual by adding the number (from 1 to 4) of each item.

Item analysis (Pearson correlation) was accomplished for each item with co-dependency status. All items scored greater than 0.2. The Spearman Brown Prophecy Formula indicated a reliability of 0.76; Guttman Split-Half technique showed a reliability of 0.74.

Cronbach's alpha measurement of internal consistency indicated a highly significant alpha of .88 for the total group, .83 for males and .89 for females.

To determine possible differences between **Co-Dependents** and **Non Co-Dependents**, a t-test for each item was run. There was a highly significant difference ($p < .0001$) for each item on the instrument and for the total mean score of the instrument. In
all items, Co-Dependents exhibited a higher mean score than Non Co-Dependents.

To determine if the instrument could predict co-dependency, discriminant analysis was performed with the total mean score of the eleven items on the instrument. Discriminant analysis correctly classified co-dependent individuals 70% of the time, and non co-dependents 83% of the time, for an overall correct prediction rate of 74%. For males, discriminate analysis correctly classified co-dependents 57% and non-codependents 64% of the time with an overall prediction of 60%. For females, 63% of co-dependents and 77% of non-codependents were correctly classified with an overall accuracy of 69%.

For Form B, the same procedures were accomplished. Three factors were identified. The mean reliability when these three factors were combined was .63 for the total group. For males, the mean reliability was .52 and for females, it was .64. Once again, they were collapsed into one factor of eleven items. The mean score and item analysis were performed, with scoring greater than 0.2. Both Guttman Split-Half and Spearman Brown indicated a reliability of .67.

Cronbach's alpha procedure indicated a highly significant alpha of .84 for the total group, .82 for males and .86 for females.

The t-test for each item was run, resulting again in a highly significant difference (p < .0001) for each item and the total mean score between Co-Dependents and Non Co-Dependents.

Again, for all items, Co-Dependents exhibited a higher mean score than Non Co-Dependents. Regarding the prediction of co-dependency, the discriminant analysis was performed. This had an overall correct prediction rate of 67%, with accurate prediction for co-dependent individuals of 62%, and for non co-dependents 75% of the time.

For males, Co-dependents were correctly classified 58% and Non Co-Dependents 74% of the time. The overall correct classification was 65%. Among females, 63% were correctly classified as Co-Dependents and 74% were correctly identified as Non Co-Dependents with an overall correct classification of 66%.
Range of Scores

To develop a range for interpreting an individual's score, standard deviation ranges were used. One-half of a standard deviation above and below the total mean score (from a minimum of 11 to a maximum of 44) was computed for both forms. From this, a scale was developed for which the individual could determine from his/her score where s/he fits.

The standard deviation for the total sample for Form A was 6.96; for males, SD = 5.78 and for females, SD = 7.54. The mean (X) for the total sample, males and females was X = 24.38, X = 23.31 and X = 25.45 respectively.

For Form B, the mean score and standard deviation for the total sample was X = 23.53 and SD = 6.09. For males, X = 23.80, SD = 5.73, and for females X = 23.52 and SD = 6.64.
ADMINISTRATION AND APPLICATION OF THE INSTRUMENT

The name of CODE (for Co-Dependency) has been adopted for the final eleven-item instrument. The authors have identified three ways of using the CODE. These include use with (a) individuals, such as by counselors or health professionals in a private setting; (b) general profile data, such as may be gathered by administrative and staff personnel; and (c) personnel training, such as with those working with students who might benefit from understanding traits and characteristics of co-dependents. For any of these uses, careful attention must be paid to the standards outlined in this, the Interpretation, and the Ethics Sections of this Manual.

Individual Uses

Counselors, social workers, nurses, physicians and others working with students on an individual or small group basis will find the CODE useful. Specifically, these individuals often deal with students who are co-dependent. The professional may know, may believe, or may wonder about a particular student's co-dependency. In any of these situations, the CODE can be used. It can be used to confirm the professional's judgment, both to the professional and to the student. This can be found to be particularly useful with students who believe that they do not come from a family which might possibly have alcohol problems. A student's denial surrounding this is very typical, and a validated instrument such as the CODE may assist the professional in addressing this denial.

In a similar manner, the professional might find the instrument helpful in determining the co-dependency status of a student. Whether this is a hypothesis of the professional or simply an exploratory question, the CODE can be administered to determine the likelihood of an individual's co-dependency status.

In any of these cases, as will be described in the Interpretation Section of this Manual, care must be taken to address any results in a tentative manner. Specifically, a high score does not confirm positively an individual's co-dependency status; however, it does provide some indication and probability of this being the case.
It is also worth noting that the process of administering this instrument and of discussing the results serves a helpful role. That is, individuals may know of the existence of particular behaviors in their background, but do not like the placement of labels on this (i.e., co-dependent). The comments described earlier about the values associated with co-dependency are also important for inclusion in this administration and interpretation.

General Profile Data

As indicated in the Background Section of this Manual, administrators and other campus leaders wish to maximize the use of their limited time and resources. They undoubtedly desire to address issues of importance to their campus and students, and also not to waste time addressing issues which are not important.

Campus professionals are aware of the importance of conducting needs assessments in a variety of areas. This might include life skills issues, academic skills, personal interests, and potential student problems. Acknowledging that co-dependency can have an effect (both positive and negative) on individual students and subsequently on the staff, it will be helpful for campus professional to have some awareness of the extent of co-dependency on their campus. With this awareness, they can implement programming and other intervention efforts aimed to address this issue.

For example, should a campuswide profile reveal that only 1% of the campus appeared to be co-dependent, little if any attention would probably be given to this area. On the other hand, if this profile demonstrated that 40% of the campus student body was co-dependent, significant activity in this area would undoubtedly be implemented.

For all of this profile information, it is assumed that the information is gathered in an anonymous manner and is never linked to a specific individual.

There are two ways of gathering this profile information. First, campus professionals can administer the CODE as an intact, 11-
item instrument. To do this, one simply needs to photo-copy the master CODE instrument included with this Manual. Second, the CODE can be implemented as part of a larger needs assessment profile instrument. Thus, the eleven questions can be included (intact or randomly) with questions gathering other types of information. As cited in the previous section, this embedding does not significantly affect the reliability or validity of the eleven items.

When gathering any of this profile information, campus professionals might find higher levels of co-dependency among certain groups, whether these be by sex, age, race, living group, or other demographic variable. Clearly, prevention and intervention activities can target those groups with the greatest need.

Personnel Training

A final use of the CODE instrument is to heighten the awareness of co-dependency issues with faculty and staff members. The traits and characteristics found on the CODE are typically characteristics found among co-dependents. If a faculty or staff member observes that a student discusses with them some of these issues, there is a higher probability that the student is a co-dependent. This increased awareness on the part of the University staff and faculty provides them with greater insight, and thus can facilitate the referral of those who might benefit from other assistance.

Based upon the results of the items in the CODE and other authors, possible family dynamics which might lead to a variety of emotional problems among co-dependents has been placed in Appendix D.

An Additional Note

The authors request that when the CODE instrument is used, that it be used intact. Specifically, when the eleven-item instrument is utilized, it should be copied directly from the enclosed master. When it is embedded within other
instrumentation used on the campus, all eleven items must be used to obtain valid results.

Should any data-gathering be done for profit or funding, advance written permission must be received from the authors. In addition, any research articles including the use of the CODE should provide proper credit to the authors.
INTERPRETATION

For scoring of the Code instrument by either the professional or the student in the appropriate setting, the following procedure needs to be accomplished.

All Never responses are given a rating of 1;
All Rarely responses are given a rating of 2;
All Sometimes responses are given a rating of 3;
All Often responses are given a rating of 4.

The numbers for all of the eleven items are summed for a Mean Score. This is placed on the Total Score line at the bottom of the sheet.

Form A

In using the eleven items in the intact listing as given on the master, the following procedures should be followed for determining co-dependency status.

This Total Score can be put in the following Regression Formula for all students.

\[ r = .15 \times \text{(Total Score)} - 3.89 \]

If the "r" is positive, this means that the individual has a 70% probability of being co-dependent.

For female students, the formula is:

\[ r = .15 \times \text{(Total Score)} - 3.87 \]

For male students, the formula is:

\[ r = .18 \times \text{(Total Score)} - 4.2 \]

However, this procedure is probably more suitable to researchers than for individual counseling. Note, as a "rule of thumb"
based upon the data in the validation of this instrument, if an individual receives a Total Score of 26 they will then have a 70% probability of being a co-dependent. If they are female, a score of 26 indicates a 90% probability of being a co-dependent; for males, a score of 26 indicates a 58% probability of being co-dependent.

Form B

If the eleven items are embedded with other assessment measurements, the procedures are the same as for Form A. However, the following Regression Equations must be used to determine co-dependency status.

The Total Score for all students would use the following Regression Formula:

\[ r = 0.17 \times \text{(Total Score)} - 4.01 \]

If the \( r \) is positive, this means that the individual has a 70% probability of being co-dependent.

For female students, the formula is:

\[ r = 0.15 \times \text{(Total Score)} - 3.6 \]

For male students, the formula is:

\[ r = 0.18 \times \text{(Total Score)} - 4.3 \]

The "rule of thumb" for Form B is that if an individual receives a Total Score of 25, they will then have a 70% probability of being a co-dependent. If they are female, a score of 25 indicates a 65% probability of being a co-dependent; for males, a score of 25 indicates a 77% probability of being co-dependent.

Use of the Scale
For the counselor, it is probably easier to compare the individual's score with Table 1 or Table 2 (pages 17 and 18) to determine if the individual is at high, medium or low risk of being co-dependent.

**Scoring Tables**

The following tables provide a range of scores and the percentage of individuals in the normative sample who were co-dependent in that score range. For example, if an individual received a score of 39 on the CODE instrument, 100% of these individuals were co-dependent. These normative tables have been arranged for everyone, for males, and for females. Table 1 applies for Form A (the instrument used intact) and Table 2 applies for Form B (the embedded instrument).
### TABLE 1
Percentage of Co-Dependents Receiving Scores on Form A
(use for the 11 items being used intact)

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Percent</th>
<th>Score Range</th>
<th>Percent</th>
<th>Score Range</th>
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<td>39 +</td>
<td>100</td>
<td></td>
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</tbody>
</table>

Note: Thirty-nine people did not indicate their sex, but were included for the calculations for the total sample. Because of this, the upper range for the total population exceeds that for both the males and females.
### TABLE 2
Percentage of Co-Dependents Receiving Scores on Form B
(use for the 11 items being used embedded with other questions)

<table>
<thead>
<tr>
<th>Score Range</th>
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<th>Percent</th>
<th>Score Range</th>
<th>Percent</th>
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<td>0</td>
<td>&lt; 14</td>
<td>16</td>
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<tr>
<td>14 - 17</td>
<td>28</td>
<td>15 - 17</td>
<td>41</td>
<td>15 - 17</td>
<td>33</td>
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<tr>
<td>18 - 20</td>
<td>52</td>
<td>18 - 20</td>
<td>62</td>
<td>18 - 20</td>
<td>53</td>
</tr>
<tr>
<td>21 - 24</td>
<td>50</td>
<td>21 - 23</td>
<td>54</td>
<td>22 - 25</td>
<td>71</td>
</tr>
<tr>
<td>25 - 27</td>
<td>89</td>
<td>24 - 26</td>
<td>58</td>
<td>26 - 29</td>
<td>90</td>
</tr>
<tr>
<td>28 - 31</td>
<td>73</td>
<td>27 - 29</td>
<td>67</td>
<td>30 - 32</td>
<td>90</td>
</tr>
<tr>
<td>32 - 34</td>
<td>92</td>
<td>30 - 31</td>
<td>88</td>
<td>33 +</td>
<td>100</td>
</tr>
<tr>
<td>35 - 38</td>
<td>95</td>
<td>32 +</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 +</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: With this form, sixty-two people did not indicate their sex, but were included for the calculations for the total sample. Just as with Form A, the upper range for the total population exceeds that for both the males and females.
ETHICS AND CAVEATS

As has been previously mentioned, this instrument provides a way of correctly classifying an individual's co-dependency status with 70% accuracy. As also stated, if the individual has a score above 34, it has been shown in the norms that virtually 100% of individuals with this or higher scores were classified as co-dependents. However, it needs to be kept in mind that "false-negatives" and "false-positives" with this and all other psycho-social measurements occur. Therefore, an extremely high or low score may, in fact, not be indicative of a given individual's co-dependency status. Needless to say, it would be unwise, if not unethical, to use this as a mass screening device to screen for co-dependency for inclusion into or exclusion from any group or process. This instrument has been developed to assist in helping individuals who possibly might be co-dependent and need some assistance, and for research; as with any other psycho-social instrument, it is not a definite determinant of co-dependency status.

The authors also wish to address the issue of "unobtrusive measures." When profiles of students are being determined for a variety of issues, these questionnaires must be given on an anonymous basis. The instrument must not be linked with a specific individual. When used on an individual basis, the professional administering the instrument should be trained with basic helping skills and should adhere to the standards and ethics of their specific profession, particularly with regard to confidentiality issues.
REFERENCES


Charter Statement, National Association for Children of Alcoholics.


APPENDIX A

Various definitions of co-dependency

1. Having a parent or grandparent who sometimes or often drank too much.

2. Being a spouse or child of a problem drinker.

3. Emotional dependence on a problem drinker or other addict.

4. Condition which can lead to problem drinking and other addictive behaviors.

5. A person who has various signs and symptoms including: low self-esteem, lack of trust, inability to express feelings, needs to be in control, an "either-or" viewpoint of the world and prone to addictive behaviors.

6. A person who has been raised in a dysfunctional family with conflicts between parents, tension and emotional abuse.

7. A child of an alcoholic.
APPENDIX B

Characteristics of Individuals from Problem Drinking Families

Some characteristics of individuals from problem drinking families, according to numerous authors, include the following:

- Low self esteem
- Self-delusion
- Compulsive/addicted behaviors
- Suicidal thoughts
- Inability to express feelings
- Have hair-trigger tempers
- Health problems
- Procrastination
- Problems making decisions
- Being late a lot
- Feeling helpless
- Running away from problems
- Trying to control others, self or environment
- Anxiety and depression
- Inability to trust others
- Fear of abandonment
- Poor relationships
- "Either/or" outlook on life
- Inability to ask for help
- Deep rooted shame, guilt and feelings of inadequacy
- External focus
- Minimize how bad it is (or was) at home
- Denial of abuse at home (or as a child)
APPENDIX C

Roles Children Play in Problem Drinking Families

Family hero or "little parent." Always does what is right; over achiever; over responsible. Provides self worth to the family. Becomes workaholic, needs to control and to manipulate. Can't say no. Can't fail. Becomes compulsive. Perfectionist.

Scapegoat or the "problem kid" of the family. Rebel, hostile, troublemaker, sullen. Feels abandoned, angry and rejected. Gets negative attention and takes focus off family problems. Often get into alcohol or drug abuse in adolescence and in adulthood.

Lost child or the "loner." Day dreamer, quiet, shy, ignored. Feels lonely, unimportant, abandoned, defeated. Provides relief in family and is the kid that no one worries about. Stays withdrawn and may get chronic serious illness and die at an early age.

Mascot or clown. Super cute, does things for a laugh. Provides comic relief, fun and humor in the family. Can't handle stress. Becomes dependent and may marry hero type.
### APPENDIX D

Possible family dynamics leading to co-dependency

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Addicted or Dysfunctional</th>
<th>Emotional Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Support</strong>&lt;br&gt;(you're OK just the way you are)</td>
<td><strong>Emotional Abuse</strong>&lt;br&gt;(you're a dumb, bad, fat kid. You're OK only when you get good grades)</td>
<td><strong>Low self-esteem</strong>&lt;br&gt;<strong>Shaky self-esteem</strong></td>
</tr>
<tr>
<td><strong>Open Communication</strong>&lt;br&gt;(Yes, your father has a drinking problem)</td>
<td><strong>No-talk rule</strong>&lt;br&gt;(There's nothing wrong with your father)</td>
<td><strong>Deny problems</strong></td>
</tr>
<tr>
<td><strong>Consistent rules and values</strong></td>
<td><strong>Inconsistent rules and values</strong></td>
<td><strong>Either/or outlook</strong></td>
</tr>
<tr>
<td><strong>Certainty in parental behavior</strong>&lt;br&gt;(Mother home from work at 6:00)</td>
<td><strong>Uncertainty in parental behavior</strong>&lt;br&gt;(Don't know if or when mother will be home)</td>
<td><strong>Lack of trust/feeling of abandonment</strong></td>
</tr>
<tr>
<td><strong>Support between parents</strong></td>
<td><strong>Conflict between parents</strong></td>
<td><strong>Feeling of abandonment</strong></td>
</tr>
<tr>
<td><strong>Support of parent</strong></td>
<td><strong>Conflict between me and parent</strong></td>
<td><strong>Anxiety</strong></td>
</tr>
<tr>
<td><strong>Express feelings</strong>&lt;br&gt;(I'm unhappy)</td>
<td><strong>Not OK to express feelings</strong>&lt;br&gt;(Big boys don't cry)</td>
<td><strong>Deny feelings</strong></td>
</tr>
<tr>
<td><strong>Stress OK</strong>&lt;br&gt;(It's OK to feel upset)</td>
<td><strong>Avoid pain</strong>&lt;br&gt;(Don't want to hear about it)</td>
<td><strong>Deny stress</strong></td>
</tr>
<tr>
<td><strong>Healthy people</strong></td>
<td><strong>Lots of illness</strong></td>
<td><strong>Illness</strong></td>
</tr>
<tr>
<td><strong>Keep promises</strong>&lt;br&gt;(We'll go to the movies Sat.)</td>
<td><strong>Broken promises</strong>&lt;br&gt;(We aren't going; Dad has to work again)</td>
<td><strong>Lack of trust</strong></td>
</tr>
<tr>
<td><strong>You are only responsible for your own behavior</strong>&lt;br&gt;(It's not your fault that your dad drinks)</td>
<td><strong>You are responsible for others actions</strong>&lt;br&gt;(If you would make your bed maybe your mother wouldn't drink so much)</td>
<td><strong>Perfectionism</strong>&lt;br&gt;<strong>Guilt</strong>&lt;br&gt;<strong>Manipulation</strong>&lt;br&gt;<strong>Control</strong></td>
</tr>
<tr>
<td><strong>Expressing anger OK</strong></td>
<td><strong>Not OK to express anger</strong></td>
<td><strong>Depression</strong></td>
</tr>
<tr>
<td><strong>Feel good by being</strong></td>
<td><strong>Feel good by escaping</strong></td>
<td><strong>Addictive behaviors</strong></td>
</tr>
</tbody>
</table>
PROFILE ON THE AUTHORS

Ruth C. Engs has been in the area of prevention, intervention and statistics concerning college students' alcohol and other drug use for 15 years. She, with co-author David Hanson (SUNY-Potsdam), collect nationwide statistics tri-annually concerning university students' drinking patterns and problems. Besides numerous research publications concerning college students, she also has published four books and two films. Her latest is a textbook entitled Alcohol and Other Drugs: Self-Responsibility. She has also served as a consultant to various universities, national organizations and communities in helping them to develop drug and alcohol education programs.

David S. Anderson is a substance abuse prevention specialist. After serving as a college administrator for nearly fifteen years, he has devoted himself to this area on a full-time basis. He is the co-author of That Happy Feeling (1979) and for nationwide College Alcohol Surveys with Angelo Gadaleta (West Chester University). He is the Developer and Senior Editor of the U.S. Department of Transportation manual A Winning Combination: An Alcohol, Other Drug and Traffic Safety Handbook for College Campuses. He has published several articles and five risk assessment Guides, and currently is an Associate Research Professor at George Mason University. He serves as a consultant to universities, communities and business.
### FEELINGS CHECK LIST (Form B)

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

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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<tbody>
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<td>1.</td>
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</tr>
</tbody>
</table>

- Emotional abuse (told I was bad, fat, dumb, etc.).
- Physical abuse (hit, beat, spanked, etc.).
- Conflict between parents.
- Conflict between me and one or both of my parents.
- Tension.
- Uncertainty.
- Overreaction on parents' part to a minor misbehavior.
- Parent cancelling commitments (back out of something like a movie at the last minute).
- Lateness in picking me up from an activity (ie, school).
- 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:**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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</thead>
<tbody>
<tr>
<td>11.</td>
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<td>16.</td>
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</tbody>
</table>

- Left school, job or went to a new location to get away from problems.
- Observed myself to be an approval seeker losing my own needs in the process.
- Felt that I was a victim in a career or personal relationship.
- Thought that I was different from other people.
- Never felt that I really belonged to any group.
- Felt depressed.
17. __ __ __ __ Felt no sense of power or choice in the way I lived.
18. __ __ __ __ Saw myself as a failure.
19. __ __ __ __ Had difficulty in establishing boundaries between myself and others.
20. __ __ __ __ Ignored my personal needs.
21. __ __ __ __ Have had others express concern over my drinking.
22. __ __ __ __ Drank when bored, lonely, angry, etc.
23. __ __ __ __ Thought of myself as a problem drinker.

C. How would you characterize each of the following relatives in regard to their alcohol consumption:

<table>
<thead>
<tr>
<th>Does not drink/has never drunk</th>
<th>Sometimes drinks/drank</th>
<th>Sometimes drinks/drank too much</th>
<th>Often drinks/drank too much</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. __ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
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<td>25. __ __ __ __</td>
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<td>__ __ __ __</td>
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<tr>
<td>26. __ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
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<tr>
<td>27. __ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
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<tr>
<td>28. __ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
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<td>29. __ __ __ __</td>
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<td>30. __ __ __ __</td>
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<td>32. __ __ __ __</td>
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<tr>
<td>33. __ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
</tr>
</tbody>
</table>

34. Indicate by circling the appropriate numbers (\#24 to \#33) any individual(s) you consider was or is an alcoholic.

35. Sex: __ Male __ Female

36. Race: __ White __ Black __ Other
FEELINGS CHECK LIST
(Form A)

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

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.     |        |           |       | Emotional abuse (told I was 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:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
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.
C. How would you characterize each of the following relatives in regard to their alcohol consumption (FH scale):

<table>
<thead>
<tr>
<th>Does not drink/has never drunk</th>
<th>Sometimes drinks/drank</th>
<th>Sometimes drinks/drank too much</th>
<th>Often drinks/drank too much</th>
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<tr>
<td>12.</td>
<td></td>
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<td>Mother</td>
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<td>Uncle</td>
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<td>Maternal grandfather</td>
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<td>Maternal grandmother</td>
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<td>21.</td>
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<td>Paternal grandmother</td>
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</tbody>
</table>

22. Indicate by circling the appropriate numbers (#12 to #21) any individual(s) you consider was or is an alcoholic.

23. Sex: ______ Male ______ Female

24. Race: ______ White ______ Black ______ Other
CODE CHECK LIST

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

<table>
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<th>Rarely</th>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>11.</td>
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</tr>
</tbody>
</table>

Score

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Samples of this questionnaire also found at: http://hdl.handle.net/2022/17248