

2006

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Recommended Citation

Winters, Andrea (2006) "Influential Factors of Parental Substance and Alcohol Abuse on Children's Academic Achievement," *PSU McNair Scholars Online Journal*: Vol. 2: Iss. 1, Article 32.
[10.15760/mcnair.2006.378](https://doi.org/10.15760/mcnair.2006.378)

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Portland State University McNair Research Journal 2006-2008

**Influential Factors of Parental Substance and Alcohol Abuse on
Children's Academic Achievement**

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Citation: Winters, Andrea. Influential Factors of Parental Substance and Alcohol Abuse on Children's Academic Achievement. Portland State University McNair Scholars Online Journal, Vol. 2, 2006-2008: pages [378-396].

Influential Factors of Parental Substance and Alcohol Abuse on Children's

Academic Achievement

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Abstract

There is much research to support the idea that parental involvement benefits a child's educational performance. There is also strong evidence demonstrating that parental substance or alcohol abuse increases a child's risk for behavioral problems that include drug and alcohol abuse, social-skill deficits, and low educational attainment. Very little current research has focused specifically on children of substance abusers who, against the odds, achieve academically. This study investigates the relationship between parental substance or alcohol abuse and children's academic achievement. Data will be collected using a self-report survey from adult-children who self-identify as being a child of a past or present substance or alcohol abuser. This study hopes to identify strategies that were used by the subjects to surmount family dysfunction and which helped them to achieve academically. It is expected that these strategies could be used as interventions to help other students by encouraging their academic progress and achievement even amid dysfunctional, substance abusing family situations. Positive psychological theory and resilience theory concepts are used as a backdrop. Substance abuse, specifically alcohol abuse, is the most prevalent psychiatric disorder in the United States (Murray & Lopez, 1996), with an estimate in 1992 of 14 million adults who abused or were dependent upon alcohol (Grant et al., 1994). The problems of drug and alcohol addiction are worthy of attention as they create concomitant social, economic, and psychological consequences for everyone involved. For example, the collective effects of tobacco, alcohol, and drugs exact greater consequences on the welfare of the American people than any other single preventable factor (Mulvihill, 2005). The total costs ascribable to addiction are approximated at more than \$400 billion every year, including health care costs, low worker productivity, and crime (McGinnis & Foege, 1999).

Substance and alcohol abuse can have deleterious effects not only on the individual user but on immediate family members as well, especially children. In 1992, approximately 10 million children under the age of 18 were living in homes with at least one parent classified by DSM-IV criteria as having a past-year diagnosis of alcohol abuse or dependence. The same study found an estimated 28 million children living in households with at least one parent who'd been dependent or abused alcohol at some time in their life

(Grant, 2000). Abuse of alcohol or drugs by one or both parents has been observed to create high levels of family dysfunction (Blackson, Tarter, Martin, & Moss, 1994). Children of alcoholics and substance abusers (COA's and COSA's, respectively) are typically exposed to disorganization in the home including negligent and/or abusive parenting, financial hardships, and possible social isolation in attempting to conceal the disease from family and friends. Parental substance and alcohol abuse threatens the achievement of the child's full potential by exposing them to a stressful, chaotic, and often frightening home (Black, 1981, Fillmore, 1987). Though alcohol abuse and its effects have been prominent topics in research for decades, issues involving substance abuse other than alcohol have been given less attention. For this reason, few national studies exist that estimate the number of children living in homes with parents who abuse or are dependent upon substances other than alcohol.

Much of current psychological research has focused on the negative aspects and risks involved for children who grow up in a dysfunctional home plagued by drug and alcohol abuse. Though a causal relationship is difficult to establish, there is a substantial research base supporting a relationship between parental substance abuse and ensuing problems in offspring. These children are considered to be "at-risk" for many developmental problems including substance abuse, psychiatric problems, social-skill deficits, and educational attrition (Claydon, 1987; Potter-Efron, 1987; Kinney 1991; McGinnis & Foege, 1999).

A new trend in psychological research has emerged called positive psychology that emphasizes positive features of human behavior categorized as human strengths and virtues (Peterson & Seligman, 2004; Goleman, 1992). Positive psychologists have developed a classification system of virtues and character strengths in the way that the DSM has cataloged mental illness and problematic behavior. As this is a new field of psychology,

specific theories have yet to be articulated (Peterson & Seligman, 2004). The classification system identifies six virtues consisting of twenty-four measurable character strengths. The system is as follows:

1. **Wisdom and Knowledge:** creativity, curiosity, open-mindedness, love of learning, perspective
2. **Courage:** bravery, persistence, integrity, vitality
3. **Humanity:** love, kindness, social intelligence
4. **Justice:** citizenship, fairness, leadership
5. **Temperance:** forgiveness and mercy, humility and modesty, prudence, self-regulation
6. **Transcendence:** appreciation of beauty and excellence, gratitude, hope, humor, spirituality

(Peterson & Seligman, 2004)

This research changes the focus from that of maladaptation to positive adaptation. With respect to this study, positive psychologists would focus upon the children of substance or alcohol abusers who do not develop adverse outcomes. The child's strengths, those that allowed them to "achieve more than the absence of distress and disorder" (Peterson & Seligman, 2004, p. 17), would also be highlighted.

Positive psychology and its classification system parallels psychological and sociological research on resilience. Though the definition of resiliency differs between theorists, generally resilient people are those who have adapted well psychologically despite a context that significantly threatens their development. In fact, according to a longitudinal study of at-risk youth performed by Benard (1997), when tracked to adulthood, 50% to 70% of the youth grew up to be successful, confident, competent, and caring individuals. Resilience is used in this paper in its most general form and adds attending college as a definition of successful adaptation.

One aspect of a successful adaptation for at-risk children who were raised in homes where one or more parents/guardians were drug abusers or alcoholics is attending college. In today's society, those who hold a college degree still earn more than those who do not (Hecker, 1998) and are more employable (Bureau of Labor Statistics, 1999). A college degree is not only important on an individual level but also on a societal level as, "educational attainment, measured in terms of the highest degree or level of schooling attained by the adult population, is the international currency used to assess the strength of a country's economy and its standard of living" (Ruppert, 2003, p. 7). Forging a path to obtain a college degree is an academic achievement, especially for those who have matured in an environment not necessarily conducive to this accomplishment. So, how did these children of alcoholics and drug addicts accomplish this feat?

Research indicates that when parents show an interest in their child's education by getting involved, students adopt a mastery goal orientation to learning where they are more likely to seek challenging tasks, persist through academic challenges, and experience satisfaction in their homework (Gonzalez-DeHall, Willems, & Holbein, 2005). Unfortunately, a plausible reason for lack of parental involvement in a child's education is parental substance or alcohol abuse. Concerned parents and educators alike may be interested in the question of where did this child's commitment to education come from? What factors influenced their development of academic skills that led them to pursue a college degree? In this study, I have chosen to focus on the children of substance and alcohol abusing parents who have overcome family challenges to achieve in academics. This study will explore how parental substance and alcohol abuse affect children's academic achievement. Working from the adult-child's perspective, achievement will be operationalized as enrolling in and attending college. Responses to a self-report survey and

questionnaire will highlight family struggles that have been overcome in order to pursue academic achievement. It will also determine strategies used by the students to overcome family dysfunction in order to attend college. It is possible these strategies will help other students who find themselves in similar family situations who must implement special techniques to advance academically. The main hypothesis for this study is that adult-children's academic achievement may have been fueled by a need to distance themselves from parents' lifestyle or perhaps by fears of finding themselves in situations similar to that of their parents. It is also hypothesized that sources other than the parent(s)--whether a person, establishment, or the media-- were major influences in helping to encourage the adult-children to achieve academically.

METHOD

Design

This was a descriptive, convenience sample whereby data was collected in-person using an anonymous self-report questionnaire that employed open and close-ended questions. The questionnaire gathered information about the respondent's perspective of his/her family's dysfunction, specific parental involvement in the respondent's schooling, and what, if any, were the influences that led them to enroll in and attend college. Snowball sampling was also used by asking participants about their knowledge of other students who qualify for the study and asking for referrals.

Participants

Subjects were currently enrolled college students, 21 years of age or over, who identify as being a child of a past or present substance or alcohol abuser. The expected recruitment for this study is approximately twenty subjects.

Procedure

Questionnaire Development

Items for the questionnaire were developed based on themes found from research on the topics of parental substance abuse and its effects on children and parental involvement in education and its effects on children's academic motivation. Actual items were designed by the researcher. A mixture of closed and open-ended questions was used to obtain the most information and experience from participants.

In order to access this population, flyers were posted about the research around Portland State University's campus and Portland Community College's Cascade campus. The researcher's contact information was placed on the flyers and it was assumed that participants fit the criteria for participation if they contacted the researcher. After initial contact was made, a meeting time and public meeting place were set up in order that the participant take the questionnaire.

Data Collection from Questionnaire

The researcher was available for all sessions so that during completion, the participant could ask questions about the items as needed. It was felt that participants would be more forthcoming if they completed the questionnaire themselves. In the presence of the participant, the researcher read over the completed survey so as to ask any questions of clarification pertinent to the participant's responses. The answers of clarification were added to the corresponding items by the researcher.

Data Processing

Quantitative data were entered using Microsoft Excel software. Qualitative data were entered using Microsoft Word software.

Data Analysis

Once data had been entered, summary statistics were calculated using Microsoft Excel software. Descriptive statistics and qualitative themes were summarized in tables using Microsoft Word software.

RESULTS

There were a total of 18 participants in this study of whom 50% were male and 50% were female. 83% of participants were Caucasian, 11% were African-American, and 6% were multi-racial. The mean age of participants was 31 years with a S.D. of 7.0 years. Of the participants, 11% were of freshmen/sophomore academic year status, 72% were of junior/senior status, and 16% were graduate students. In accordance with Portland State University's criteria for academic programs, 16% of participant's majors were in the humanities, 6% were in business, 6% were in the physical sciences, 55% were in the social sciences, and 16% had majors that didn't fit into any of these categories. The mean GPA of respondent's was 3.41 with a S.D. of 0.43. Forty-four percent (44%) of participants did not experience any change in parenting before the age of 18, while 22% experienced one change in parenting before 18, and 33% experienced two or more changes in parenting before 18. A change in parenting was categorized as anything that related to a parent's divorce, marriage, change of custody of the child, or move of the child into another adult's care. Forty-four percent (44%) of participants had a parent/guardian who abused only alcohol, 11% had a parent/guardian who abused only one substance, and 44% of participants had a parent/guardian who abused more than one substance (this includes alcohol). Eleven percent (11%) of respondents were acutely exposed to a parent/guardian's drug or alcohol abuse while 89% were chronically exposed to a parent/guardian's drug or alcohol abuse. In accordance with the participant's rating of the period of their lifetime in which their parent/guardian abused drugs or alcohol they were placed in the categories of "acute

exposure” or “chronic exposure.” A rating of “2” meant that their parent abused drugs or alcohol during 0-10 years of their lifetime and therefore, this rating was placed in the acute exposure category. A rating of “1” or “4” meant that their parent abused drugs or alcohol during their whole lifetime or for multiple years with breaks, respectively. These ratings were placed in the chronic exposure category (Please see Table 1 for participant demographics).

The mean ratings for all participants for items Q11-Q18 are shown in Table 2. As some participants did not answer all items, each sample size is given next to each item number. All items were rated on a 0-4 scale with “0” being a bad rating and “4” being a good rating, or the reverse, depending on the item number (Please see Table 2 for mean ratings). The average rating for item Q11b, the family’s amount of emotional abuse, is the highest rating of 3.6 with “4” being a poor rating. Item Q11c, the family’s amount of verbal abuse, is also a fairly high average rating of 3.0, again with “4” being a poor rating. Ratings overall on items Q15-Q18, parental involvement in participant’s primary education, are on the low side although not extremely.

Table 3 summarizes and compares the average ratings by participant groups. The researcher chose three different categories of items to compare as they held the most evenly distributed number of participants in each group. The categories were gender, parent’s drug of choice, and changes in parenting before 18 years of age. In the gender category, males and females had a large difference (≤ 0.8) on items Q13 (neglect), Q14 (financial problems), Q16 (parent-teacher conferences), and Q18 (monitored academic progress). As a group, females rated their experience as worse than that of males. For the category of parent’s drug of choice, all ratings were comparable. Participants from alcoholic parents did not rate their experience as any better or worse than that of participants from substance abusing parents. The category of changes in parenting before 18 only yielded one rating difference. On item

Q13 (neglect), participants that came from families that had one or more parenting changes before the age of 18 rated this item as worse than that of participants who came from a family where no change in parenting had occurred.

Again, note that tests for statistical significance were not performed for the mean difference due to group size limitations.

Frequent and infrequent themes represented in the qualitative data, along with their occurrence, and a quoted example are listed in Table 4. The researcher assessed the qualitative data to see if any matching themes were presented when comparing all the participant's answers on each item. When a theme occurred 8 or more times in the participant's responses, it was labeled as very frequent. When a theme occurred 4-7 times in participant responses, it was labeled as frequent. When a theme occurred less than four times, it was labeled as infrequent. For item Q19, the "parent's reaction to the participant's grades," the following themes were established: Indifference (frequent occurrence), critical (frequent), anger, (infrequent), and positive/supportive (infrequent). For item Q20, obstacles that have been overcome to attend college, financial issues were a very frequent response, with lack of role model only second to that with a frequent occurrence. Also with frequent occurrences were, lack of self-esteem and drug/alcohol addiction as obstacles to attending college. The main influence that convinced the participants to attend college, item Q21, was a person other than their parents. This response occurred very frequently. Following that theme in frequency of response, was participants' desire to distance themselves from their parent's lifestyle. For the participants so far, college has been personally difficult overall (Q22; very frequent theme) but at the same time stimulating (very frequent theme). The last item in the qualitative data, Q23, a chance for the participant to list what they felt the survey lacked in addressing issues about attending college for a child of a substance or alcohol

abuser, a frequent theme was about family dysfunction as a hindrance to attending college. Inter-rater reliability was established by a second party, the mentor of this research, checking over the qualitative data to establish themes and then comparing them to those established by the researcher. It should be noted that no calculations were performed to establish the level of inter-rater agreement since there were too few respondents.

DISCUSSION

This study observed many relationships between parental substance and alcohol abuse with adult-children's academic achievement. It was hypothesized that participants attended college as a means to distance themselves from their parent's lifestyle and that they were encouraged by a source other than their parents to do so. Hypotheses were supported in this study by themes in the qualitative data. A very frequent theme listed in participant responses was encouragement from a person other than their parents as a main influence in participant's decision to attend college. A desire to distance themselves from their parent's lifestyle was also a frequent theme listed as a main influence.

An interesting observation made while performing the research was that despite the participant's academic achievement in attending college, the development of their own drug or alcohol addiction was not exclusive and separate from attendance. They had apparently learned this coping style from their parents. This was asserted frequently by participants. Participants also emphasized "lack of a role model" as a frequent theme in obstacles that have been overcome to attend college. This echoed the aspect of resilience theory that highlights the need for at least one caring adult in a child's life to help develop resiliency. Females more than males rated their parents as being neglectful in the family as well as in aspects of their schooling like attending parent-teacher conferences and monitored academic progress. It is interesting to ask why this was observed in the data. Despite the fact that

society is changing to a more egalitarian approach to gender (Harris & Firestone, 1998), the finding may relate to the context of learned gender roles in a society where women are usually taught to be submissive, perhaps not asking for parental attention as much as a boy and therefore, being more neglected (Horwitz & White, 1987). Or, perhaps female children's needs and expectations are higher for emotional support from their parents.

These results should be interpreted in the context of both the strengths and limitations of a descriptive, convenience sample of small size. Future research is imperative to gaining more information about the relationship of parental substance abuse and resiliency by way of college academic attendance and achievement. This study is valuable for its description of what children face when trying to break the cycle of substance and alcohol abuse by increasing their earning potential with a college degree. The results of this study begin to define a framework for future studies with larger samples that will more rigorously test predictions from positive psychology and resilience theory.

Table 1: Demographics of Study Participants

Total participants	N=18		
Gender			
-Male	N=9	50%	
-Female	N=9	50%	
Ethnicity			
-Caucasian	N=15	83%	
-African-American	N=2	11%	
-Multi-racial	N=1	6%	
Age			
-M=31			
-SD=7.0 yrs			
Academic Year			
-Freshmen/Sophomore	N=2	11%	
-Junior/Senior	N=13	72%	
-Graduate	N=3	16%	
Academic Major			
-Humanities	N=3	16%	
-Business	N=1	6%	
-Physical Sciences	N=1	6%	
-Social Sciences	N=10	55%	
-Other	N=3	16%	
GPA			
-M=3.41			
-SD=0.43			
Experiences with parenting changes before 18			
-No change	N=8	44%	
-1 change	N=4	22%	
-2 or more changes	N=6	33%	
Experiences with parental substance or alcohol abuse			
-Acute exposure	N=2	11%	
-Chronic exposure	N=16	89%	
-Type			
-Alcohol only	N=8	44%	
-1 substance only	N=2	11%	
-1 or more substance	N=8	44%	

Table 2: Mean ratings for Items Q11-Q18

Item #	Mean rating	Standard Deviation
Family history of dysfunction		
Q11a (N=13)		
-Physical abuse	1.8	1.1
Q11b (N=14)		
-Emotional abuse	3.4	0.8
Q11c (N=15)		
-Verbal abuse	3.0	1.5
Q12 (N=18)		
-Communication	2.3	1.3
Q13 (N=17)		
-Neglect	2.4	1.4
Q14 (N=18)		
-Financial problems	2.6	1.7
Parental history of involvement in child's education		
Q15 (N=18)		
-helping w/ homework	1.1	1.2
Q16 (N=18)		
-Parent/teacher conferences	1.6	1.5
Q17 (N=18)		
-extracurricular activities	1.3	1.4
Q18 (N=18)		
-monitored academic progress	1.7	1.4

*Ratings are based on a 0-4 scale

*For items Q11a-Q11c and Q13-Q14, a rating of 0=good and a rating of 4=bad

*For items Q12 and Q15-Q18, a rating of 0=bad and a rating of 4=good

Table 3: Cross Tabulations of Average Ratings by Participant Groups

Item #	Gender		Parent's drug of choice		Changes in parenting before 18	
	M (N=9)	F (N=9)	Alcohol (N=8)	Substances (N=10)	No change (N=8)	1+ change (N=10)
Q11a	1.6	2.0	2.0	1.6	1.7	1.8
Q11b	3.0	3.1	3.0	3.1	2.9	3.3
Q11c	3.0	2.4	2.6	2.8	2.5	2.9
Q12	2.2	2.3	2.3	2.3	2.3	2.3
Q13	1.5	2.3	1.9	2.0	1.4	2.3
Q14	2.1	3.1	2.3	2.9	2.5	2.7
Q15	1.3	0.9	1.3	1.0	1.0	1.2
Q16	2.0	1.2	1.6	1.6	1.4	1.8
Q17	1.3	1.2	1.5	1.1	1.4	1.2
Q18	2.4	0.9	1.9	1.5	1.9	1.5

*Ratings are based on a 0-4 scale

*For items Q11a-Q11c and Q13-Q14, a rating of 0=good and a rating of 4=bad

*For items Q12 and Q15-Q18, a rating of 0=bad and a rating of 4=good

Table 4: Themes Represented in Qualitative Data

Item # w/ Themes	Occurrence	Quoted Example of Theme			
Q19 (Parent's reaction to grades)					
-Indifference	frequent	"They only showed a moderate concern at best. I cannot remember either parent being very attentive toward my grades."			
-Critical	frequent	"Though I regularly brought home A's, he (father) said I could do better."			
-Anger	infrequent	"My mother and stepfather were very angry if I didn't get good grades. Sometimes they would try to ground me."			
-Positive/Supportive	infrequent	"My father and mother always told me I was smart and verbally rewarded me when I received good grades."			
Q20 (Obstacles that have been overcome to attend college)					
-Financial issues	very frequent	"Financial, my parents didn't support my choice to attend college and therefore did not support me financially."			
-Lack of role model/family support	frequent	"My parents not knowing what college was like, but saying that I had to go and my having to figure out everything on my own."			
-Lack of self-esteem	frequent	"Most importantly, I had to prove to myself that I could succeed on my own in my college career."			
-Drug/alcohol addiction	frequent	"I had to overcome my own drug addiction and learn how to properly take care of myself emotionally, physically, spiritually."			
Q21 (The main influence that convinced participant to attend college)					
-Encouragement from a person other than their parents	very frequent	"My sister...encouraged me to pursue a degree mainly for financial reasons."			
-Wanted to distance themselves from parent's lifestyle	frequent	"I didn't want to be like my parents, struggling to survive."			

Q 22 (So far, how has college been overall)							
-Personally difficult	very frequent	"It has been a major struggle to cope with anxiety related to school. I have panic attacks when I feel overwhelmed with academic responsibility."					
Q23 (any other issues relevant to attending college that weren't addressed in survey)							
-Dysfunction of family as hindrance	frequent	"People who are from an alcoholic family usually have to overcome a huge obstacle called self-esteem or self-confidence. The sooner this is addressed, the sooner they will be able to achieve in any type of academic barrier."					

*Occurrence rating is as follows:

- Very frequent: 8 or more responses to theme
- Frequent: 4 or more responses to theme
- Infrequent: less than 4 responses to theme

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