The Relationship Between Parental Alcoholism and Adolescent Adjustment:
The Mediating Role of Adolescent-Parent Communication

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Abstract

The primary goal of the present study was to explore whether adolescent-parent communication (mother and father) significantly mediates the relationship between parental alcoholism (paternal and maternal) and adolescent adjustment (as indicated by depression, anxiety, and alcohol use). Surveys were administered to 1,001 adolescents in the spring of 2007 and 2008. Paternal problem drinking significantly predicted alcohol and drug use for boys, but not for girls. In contrast, maternal problem drinking significantly predicted drug use for girls, but not for boys. For boys, parental (paternal and maternal) problem drinking also indirectly predicted anxiety via negative adolescent-father communication. In contrast, for girls, maternal problem drinking indirectly predicted depression and anxiety via negative adolescent-mother communication. These results underscore the need to consider both the gender of the adolescent and the gender of the parent when examining parental problem drinking and the adolescent-parent relationship.

Sample

- 1,001 10th and 11th grade students (53% girls)
- Participants were attending a public high school in Delaware, Maryland, or Pennsylvania
- 57% Caucasian; 22% African-American; 12% Hispanic, 2% Asian
- Age range = 15-17; Mean age = 16.09 (SD=.68)
- The majority of the adolescents (56%) lived with both biological parents; 89% lived with their biological mother and 61% lived with their biological father

Measures

Parental Problem Drinking. A revised version of the Short Michigan Alcoholism Screening Test (F-SMAST/M-SMAST; Crews & Sher, 1992) was used to measure alcohol problems in fathers and mothers. This measure consists of nine items that assess children's perceptions of their parents' use of alcohol. A representative item is "Has your father/mother ever attended a meeting of Alcoholics Anonymous?" Separate total scores were calculated for fathers and mothers. Adolescents who responded to this measure in regard to non-biological parents were not included. Cronbach alpha coefficients for the F-SMAST and the M-SMAST were .86 and .80, respectively.

Adolescent-Parent Communication. The Parent-Adolescent Communication Scale (Barnes & Olson, 2003) was used to assess communication between adolescents and their parents. A representative item is "I find it easy to discuss problems with my mother/father." The response scale ranges from 1 = *strongly disagree* to 5 = *strongly agree.* The 20-item total communication score was used in the present study. Total communication scores were obtained separately for adolescents and their mothers and adolescents and their fathers. Previous research has supported the validity of this measure (Barnes & Olson, 2003). In the present sample, the Cronbach alpha coefficient was .90 for both adolescent-father communication and adolescent-mother communication.

Measures

Adolescent Anxiety. The Screen for Child Anxiety Related Disorders (SCARED; Birmaher et al., 1995) was used to measure adolescent anxiety. This measure includes 41 items that are completed in reference to the prior three months. A sample item is "I get really frightened for no reason at all." The response scale ranges from 0 = *not true or hardly ever true* to 2 = *very true or often true.* Items may be summed to reflect overall level of anxiety symptomatology. Prior research has indicated that the SCARED has good reliability and validity characteristics (Birmaher et al., 2003). In the present sample, the Cronbach alpha coefficient for the SCARED total score was .94.

Adolescent Depression. The Center for Epidemiological Studies Depression Scale for Children (CES-DC; Weissman et al., 1980) was used to assess adolescent depressive symptomatology. A representative CES-DC item is "I felt sad." Individuals respond to the CES-DC items in relation to how they felt or acted during the past week. The response scale is a four-point Likert-type scale ranging from 1 = *not at all* to 4 = *a lot.* In this study, the 20 CES-DC items were summed to create a total score. The CES-DC has been reported to have good psychometric properties (Faulstich et al., 1986). The Cronbach alpha coefficient for the CES-DC total score in this sample was .91.

Adolescent Alcohol Use. The adolescents were asked to report how much, on the average day, they usually drank (beer, wine, or liquor) in the last six months. They also were asked to report how often they usually had a drink (beer, wine, or liquor) in the last six months. Based on these questions, a total alcohol quantity x frequency score was calculated. Because this score was positively skewed, the logarithmic transformation was used.

Adolescent Drug Use. The youth also were asked how frequently they had used marijuana, sedatives, stimulants, inhalants, hallucinogens, cocaine or crack, and opiates in the last 6 months. The response scale ranged from 0 = *no use* to 7 = *every day.* A total drug use score was calculated by summing the scores of the seven different types of drugs. Because this score was positively skewed, the logarithmic transformation was used.

Procedures

In the spring of 2007, adolescents who provided assent, and who had parental consent, were administered a self-report survey in school by trained research personnel. The survey took approximately 40 minutes to complete. Upon completion of the survey, the adolescents were given a movie pass. Participants were invited to participate again the following spring.

Table 1
Correlations Between the Parental Problem Drinking, Adolescent-Parent Communication, and Adolescent Adjustment Measures

Variable	1	2	3	4	5	6	7	8
1. Paternal Problem Drinking	--	.12	-.21**	-.06	.04	.03	.19**	.17**
2. Maternal Problem Drinking	.22***	--	-.15*	-.10	.10	.18**	.14*	.07
3. Adolescent-Father Communication	-.16**	-.01	--	.32***	-.19**	-.19**	-.09	-.07
4. Adolescent-Mother Communication	-.09	-.12*	.27***	--	-.22**	-.07	-.01	-.07
5. Depression	.04	.12*	-.20***	-.36***	--	.53***	.15*	.03
6. Anxiety	.09	.11	-.10	-.19**	.51***	--	.13*	-.02
7. Alcohol Use	.00	.09	-.10	-.11	.15**	-.01	--	.57***
8. Drug Use	.08	.18**	-.08	-.04	.10	.08	.47***	--

Note. Correlations for boys and girls are presented above and below the diagonal, respectively.
*p<.05; **p<.01; ***p<.001.

Results

SEM Results for Boys

The model for boys fit the data extremely well (X^2(12) = 8.99, p = .70; NFI = .97; CFI = 1.00; RMSEA = .00). Significant direct paths were observed between paternal problem drinking and boys' alcohol use (β = .18, p < .01), and between paternal problem drinking and boys' drug use (β = .17, p < .01) (see Figure 1). Indirect effects also were found. As shown in Figure 1, both paternal problem drinking and maternal problem drinking negatively predicted adolescent-father communication (β = -.17, p < .01; β = -.13, p < .05, respectively). In turn, adolescent-father communication negatively predicted boys' anxiety symptomatology (β = -.15, p < .05) and adolescent-mother communication negatively predicted boys' depressive symptomatology (β = -.18, p < .01) (see Figure 1).

SEM Results for Girls

The model for girls also fit the data quite well (X^2(14) = 14.41, p = .42; NFI = .95; CFI = 1.00; RMSEA = .01). For girls, a significant direct path between maternal problem drinking and girls' drug use was found (β = .14, p < .01). Indirect effects also were observed. As shown in Figure 2, maternal problem drinking negatively predicted adolescent-mother communication (β = -.13, p < .05); adolescent-mother communication, in turn, negatively predicted girls' depressive symptomatology (β = -.33, p < .001) and girls' anxiety symptomatology (β = -.19, p < .001). As shown in Figure 2, paternal problem drinking negatively predicted adolescent-father communication (β = -.15, p < .01).
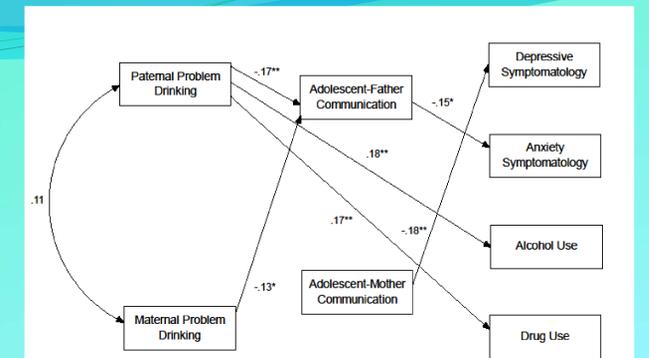

Figure 1. Final model for boys. Standardized regression coefficients are presented. For ease of interpretation, only significant paths are shown. *p<.05; **p<.01; ***p<.001.
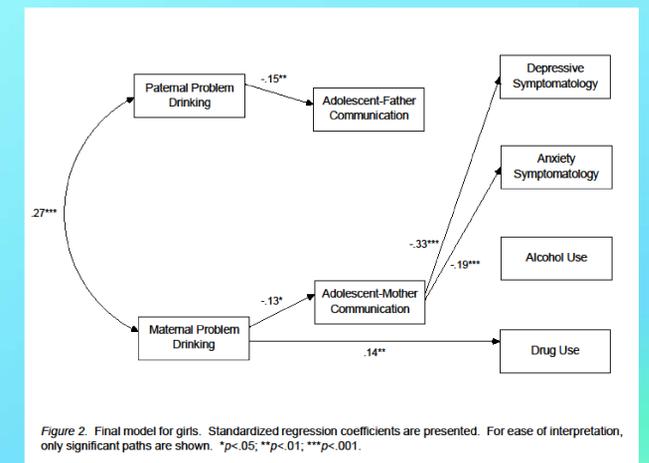

Figure 2. Final model for girls. Standardized regression coefficients are presented. For ease of interpretation, only significant paths are shown. *p<.05; **p<.01; ***p<.001.

Conclusions

Results from this study are consistent with a relatively large literature indicating that children of alcoholic parents (COAs) are at an elevated risk for psychosocial problems. Findings from this study also extend the literature by suggesting that the same-sex parent is relatively more important in the transmission of this risk. For boys, paternal problem drinking predicted substance use (alcohol and drug use), whereas maternal problem drinking did not. The reverse pattern was observed for girls. That is, maternal problem drinking predicted substance use (drug use), whereas paternal problem drinking did not. Moreover, adolescent-father communication played an indirect role in the relationship between parental problem drinking and internalizing problems for boys, whereas adolescent-mother communication played an indirect role in this relationship for girls. These findings are consistent with Social Learning Theory, which suggests that children are more likely to emulate same-sex role models than opposite-sex role models. These findings also underscore the importance of considering both the gender of the parent and the gender of the adolescent when examining the adolescent-parent relationship.