



# Paternal Alcoholism and Adolescent Depression: The Moderating Effects of Coping

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## Abstract

This study examined the relationship between paternal alcoholism and its relationship to adolescent depression. An additional goal was to examine whether coping mechanisms moderate this relationship. The sample included 249 adolescent girls and boys and their fathers. Results showed no relationship between paternal alcoholism and adolescent depression. In addition, paternal alcoholism only affected the adolescents’ use of growth coping. There also was a significant relationship between the coping measure PLAN and depression; however, none of the other coping measures were significantly related to depression. Finally, the relationship between adolescent depression and paternal alcoholism was not moderated by coping.

## Research Questions

- Is paternal alcoholism related to adolescent depression?
- Is paternal alcoholism related to coping?
- What is the relationship between coping and depression?
- Is the relationship between paternal alcoholism and adolescent depression moderated by coping?

## RISK Project

- A longitudinal study designed to follow offspring of alcohol and drug dependent fathers over time as they progress from adolescence into adulthood
- Primary goal is to examine the usefulness of the deviance prone model of vulnerability in predicting alcohol use behaviors and problems
- RISK began in 1993 and is currently ongoing
- Adolescents for the RISK project are recruited directly through the community (e.g., YMCA/YWCA, high schools) and indirectly via their parents (e.g., newspaper advertisements, presentations at alcohol/drug treatment programs)

## Sample

- 249 adolescent girls and boys (60% girls) and their fathers
- Age range = 15-19 years old; mean age = 16.70 (SD = 1.36)
- 62% Caucasian; 25% African-American; 10% Hispanic; 3% other
- Participants were from working class families from inner-city Hartford

## Measures

### Paternal Substance Dependence

The *Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA)* was administered to obtain lifetime diagnoses of alcohol dependence. The SSAGA is a clinical, diagnostic psychiatric interview with good psychometric properties (kappas range from .74–1.00). In this study, 125 fathers were diagnosed with alcohol dependence (56.1%)

### Coping Scale

The **COPE** was used to measure adolescent coping strategies. This measure includes the following scales : Planning, Seek Social Support (Emotional), Growth, Religion, Vent Emotions, Denial, Behavioral Disengagement, Substance Abuse, and Joke. Sample items from this measure are, “I laugh about the situation (Joke),” “I try to lose myself for a while by drinking alcohol or taking drugs (Substance Abuse),” and “I talk to someone to find out more about the situation (Seek Social Support Emotional).” The response scale ranged from 1 to 4, 1=, and 4=. Alpha coefficients ranged from .69 to .89

### Depression Scale

The SSAGA was used to measure depressive symptoms in the adolescents. A depression symptom count was calculated by summing twelve items from the SSAGA (see below). Since this variable was skewed it was linearly transformed.

Depressive Symptom Items	
1. Change in appetite	2. Gain/Loss of weight
3. More trouble sleeping	4. Fidgety or Restless
5. Moving/Speaking slower	6. Less enjoyment
7. Loss of energy	8. Excessive guilt
9. Feeling of failure	10. Thinking of death
11. Difficulty concentrating	12. Depressed all day

## Analyses

- An ANOVA was used to assess if paternal alcoholism is related to adolescent depression.
- Separate ANOVAs were conducted to examine if there is a relationship between paternal alcoholism and adolescent coping.
- Correlations were run between the adolescent coping scales and the depressive symptoms scale.
- Another ANOVA was run to examine whether coping moderated the relationship between paternal alcoholism and adolescent depression.

## Results

- Paternal alcoholism was not significantly related to adolescent depression.
- Paternal alcoholism was not related to any of the adolescent coping scales, with the exception of the GROWTH scale, {F (1, 215) = 4.60, p < .05}. This finding indicated that adolescents with an alcoholic father were less likely to use growth as a coping mechanism than those with a non-alcoholic father.
- PLANNING (see table 2) was the only coping scale that was significantly associated with adolescent depression. The significant correlation indicated that adolescents who had high levels of planning had lower levels of depression.
- The overall model testing moderation was not significant for any of the coping scales. In addition, the main effects for the paternal alcohol variable and the coping variables all were non-significant. Finally, all of the interaction terms between the paternal alcohol variable and the coping variables were non-significant.

Table 1 Means and Standard Deviations of the Coping and Depression Variables				
	Alcoholic Father		Non-Alcoholic Father	
	M	SD	M	SD
1. Depressive Symptoms	2.92	3.58	2.28	3.55
2. Planning	11.02	2.52	11.37	2.33
3. Seek Support (Emotional)	10.75	3.49	11.14	2.72
4. Growth	11.23	2.67	11.97	2.31*
5. Religion	8.67	3.75	9.39	3.84
6. Vent Emotions	7.97	2.47	7.73	1.96
7. Denial	7.04	2.43	7.69	2.96
8. Behavioral Disengagement	7.34	2.37	7.60	2.83
9. Substance Abuse	4.40	2.04	4.45	2.13
10. Joke	9.47	3.14	9.13	3.19

Note. \*  $p < .05$

Table 2  
Correlations between the Coping and Depression Variables

	Depression Scale (DepressIIlog)	
	Pearson Correlation	Sig. (2-tailed)
1. Planning	-.161*	.013
2. Seek Support (Emotional)	-.058	.376
3. Growth	-.120	.065
4. Religion	.000	.994
5. Vent Emotions	.098	.130
6. Denial	.003	.963
7. Behavioral Disengagement	.075	.247
8. Substance Abuse	.049	.449
9. Joke	-.052	.424

\*Correlation is significant at the .05 level (2-tailed).

## Conclusion

- Adolescents who had an alcoholic father did not have higher levels of depression than those who did not have an alcoholic father.
- Overall, paternal alcoholism did not have an effect on adolescent coping, with the exception of growth. Adolescent children of alcoholic fathers had lower levels of growth coping than did those without alcoholic fathers.
- In most cases, the way adolescents cope appeared to be unrelated to whether or not they were depressed. Adolescents who were depressed seemed to have the same styles of coping as adolescents who were not depressed, with the exception of the use of planning as a coping strategy. Adolescents who were more depressed had lower levels of planning compared to those who were less depressed.
- Paternal alcoholism and adolescent depression were not moderated by adolescent coping. In other words, none of the coping strategies served as “protective factor” for adolescents with an alcoholic father.

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