

IMPACT OF PARENTAL ALCOHOL USE AND FAMILY STRENGTH
ON THE ONSET OF ADOLESCENT ALCOHOL USE

By

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ABSTRACT

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The Impact of Perceived Parental Alcohol Use and Family Strength on the Onset
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This correlational study was designed to investigate the relationship between perceived parental alcohol use and the onset of adolescent alcohol use. It was also designed to investigate the relationship between perceived family strength during adolescence and the onset of adolescent alcohol use.

A convenience sample of 25 graduate students at the University of Wisconsin-Stout completed three surveys in addition to a demographic

information form. A portion of the Adolescent Alcohol Involvement Scale measured onset of adolescent alcohol use. The Family Strengths scale measured perceived family strength during adolescence and the Parental Substance Use Scale measured the adolescent's perceptions of frequency of parental alcohol use.

Three Pearson's correlational tests were performed on the data for the above subject sample to investigate the relationships of interest.

It was expected that a negative relationship would exist yielding a result that indicates that adolescents with perceptions of high frequency of parental alcohol use, both mother and father use, would correspond with low age of onset of adolescent alcohol use. It was also expected that a positive relationship would exist yielding a result that indicates that high perceived family strength would correspond with high age of onset of adolescent alcohol use.

When looking at perceived parental alcohol use and onset of adolescent alcohol use, parental alcohol use was divided into perceived alcohol use by the adolescent's mother and perceived alcohol use by the adolescent's father. The results indicate that a significant negative relationship exists between perceived alcohol use by the adolescent's mother and onset of adolescent alcohol use. However, no significant relationship was found between perceived alcohol use by the adolescent's father and onset of adolescent alcohol use. In addition, the results indicate that no significant relationship exists between family strength and onset of adolescent alcohol use.

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CHAPTER 1

Introduction

John W. Santrock (1996) defined adolescence as the developmental period of transition from childhood to early adulthood, entered at approximately 10 to 12 years of age and ending at 18 to 22 years of age. Adolescence can be seen as a volatile time in a person's life. It is the time when one finds out what one's aspirations and roles for the future may be. Because this is characteristically seen as an unstable time of life for many people, a person may experiment with adversity. When one is uncertain of the true core of one's being, this may be a cause of turmoil, which in turn makes one vulnerable to outside influences, some of which may be adverse. These outside influences greatly determine how easily the transition from childhood to adulthood occurs.

Prevalence rates of alcohol use and abuse as well as problems related to alcohol of adolescents continue to be high and are a major source of concern (O'Malley, Johnston, & Bachman, 1998). In the 1997 Monitoring the Future (MTF) study, 82% of twelfth graders (ages 17 to 18) reported having consumed alcohol. In addition, 72% of tenth graders (ages 15 to 16) and 54% of eighth graders (ages 13 to 14) reported having consumed alcohol (Johnston, O'Malley, & Bachman, 1998). It was also found that adolescent alcohol has been steadily increasing over the years. Therefore, understanding the factors involved in

adolescent alcohol use is critical due to the high number of adolescents initiating drinking during this developmental period, often occurring at an early age.

Prior research that has addressed adolescent alcohol use has focused on a plethora of relational factors. Duncan, Duncan, and Hops (1994) found that peer encouragement is related to initial and elevated levels of alcohol use. Epstein, Botvin, Diaz, and Schinke (1995) not only addressed the impact of peers but also found that individual variables such as attitudes about alcohol and health-related knowledge about alcohol lowered adolescent drinking. In one study conducted by Needle, Su, Doherty, Lavee, and Brown (1988), family instability was found to be a risk factor associated with adolescent alcohol and drug use. Another study found that parental support and monitoring were significant contributors of adolescent outcomes of drinking (Barnes & Farrell, 1992). Anderson and Henry (1994) found that family bonding, family flexibility, and adolescent perceptions of openness in parent-adolescent communication were negatively correlated to adolescent substance use.

Another specific factor that has bearing upon adolescent alcohol use is family modeling. Children imitate their parents, and this is one of the ways that they learn who they are. For instance, a child's first experiences with alcohol typically occurs within the context of the family, where parents serve as role models for how to drink, for what occasions it is acceptable to drink, and for what reasons alcohol is consumed (Collins, Leonard, & Searles, 1990). That is why

parental alcohol use is of considerable interest when exploring adolescent alcohol use. There have been many studies (Newcomb, Maddahian, & Bentler, 1986; Anderson & Henry, 1994; Webb & Baer, 1995) that have reported a significant relationship between parental alcohol use and adolescent alcohol use. Brook, Whiteman, and Gordon (1983) found that lower stages of alcohol and other drug use occurred among adolescents who were not exposed to models of alcohol and drug use by parents. Barnes, Farrell, and Cairns (1986) also found that adolescent drinking is explained in part by parental models of drinking behavior.

A review of the literature shows that parental alcohol use positively correlates with adolescent alcohol use, while family strength variables, such as family bonding and family flexibility, negatively correlates with adolescent alcohol use. Studies have also shown that the use of alcohol by early adolescents has steadily increased over the years. Therefore, one research hypothesis for this study is that there will be a strong negative correlation between adolescent's perception of frequency of parental alcohol use and onset of adolescent alcohol use. The second research hypothesis for this study is that there will be a strong positive correlation between adolescent's perception of family strength and onset of adolescent alcohol use.

The importance of this study will be to determine if parental models of alcohol use and family strength have bearing upon the age at which adolescents initiate the use of alcohol. This is to determine which adolescents are particularly

vulnerable to alcohol consumption. A finding that relates the onset of adolescent alcohol use to parental alcohol use and family strength would provide insight into an important step for the development of developmental alcohol prevention programs for adolescents.

Statement of the Problem

The purpose of this study is to investigate the relationship between adolescent's perceptions of frequency of parental alcohol use, as measured by the Parental Substance Use Scale, and onset of adolescent alcohol use, as measured by the Adolescent Alcohol Involvement Scale for University of Wisconsin-Stout graduate students in Play Therapy and Career/Occupational Placement and Transitions courses during the summer of 2001.

Another purpose of this study is to investigate the relationship between adolescent's perceptions of family strength, as measured by the Family Strengths scale, and onset of adolescent alcohol use, as measured by the Adolescent Alcohol Involvement Scale for University of Wisconsin-Stout graduate students in Play Therapy and Career/Occupational Placement and Transitions courses during the summer of 2001.

Null Hypotheses

There is no statistically significant correlation between adolescent's perceptions of frequency of parental alcohol use and onset of adolescent alcohol use for University of Wisconsin-Stout graduate students. In addition, there is no

statistically significant correlation between adolescent's perceptions of family strength and onset of adolescent alcohol use for University of Wisconsin-Stout graduate students.

Definition of Terms

For clarity of understanding, the following terms need to be defined.

Adolescence- A developmental period of transition starting at age 10 to 12 years and ending at age 18 to 22 years.

Family- A kinship/structural group of persons related by blood, marriage, or adoption: usually related to the marital unit and including the rights and duties of parenthood.

CHAPTER 2

Review of Literature

Introduction

Adolescence has been considered the developmental period that individuals are at the most risk of initiating alcohol use. With this in mind, it is important to look at the risk factors that may predispose adolescents to alcohol use. By looking at the literature, risk factors for adolescent drinking can be organized into categories that include peers, adolescent characteristics and belief factors, and family.

In previous research studies, Duncan, Duncan, and Hops (1994) and Epstein, Botvin, Diaz, and Schinke (1995) found that peers have an impact on adolescent alcohol use. Epstein et al. (1995) also found that individual variables such as attitudes about alcohol and health-related knowledge about alcohol lowered adolescent drinking. Many studies have focused on family factors that influence adolescent alcohol use. Some of the family factors that have been found to influence adolescent alcohol use are family instability (Needle et al., 1988), parental support and monitoring (Barnes & Farrell, 1992), and family bonding, family flexibility, and adolescent perceptions of openness in parent-adolescent communication (Anderson & Henry, 1994).

Another family factor that is of importance is the effect that parental alcohol use has upon adolescent alcohol use. Collins, Leonard, and Searles (1990)

indicate that parents serve as role models for how to drink, for what occasions to drink, and for what reasons to consume alcohol. With all of the above in mind, this chapter will include a review of the literature concerning parental alcohol use, family structure, and family characteristics and their effect on adolescent alcohol use.

Parental Alcohol Use

Prior research has found that adult alcohol use is a risk factor for adolescent's alcohol use (Newcomb, Maddahian, & Bentler, 1986). Anderson and Henry (1994) hypothesized that adolescent's perceptions of frequency of parental substance use and problems due to parental substance use would positively relate to adolescent substance use. In fact, a significant positive relationship was found. Adolescent's perceptions of the frequency of parental substance use and problems with parental substance use did serve as significant predictors of adolescent substance use. A study conducted by Brook, Whiteman, and Gordon (1983), using 932 adolescents (403 black, 529 white) in their freshman or sophomore years of high school, indicated that lower stages of alcohol and other drug use occurred among adolescents who were not rebellious and were not exposed to models of alcohol and drug use by parents. It has been found that a high percentage of alcoholics come from homes where one or more of their parents abused alcohol and that some adolescents may develop an aversion to alcohol, but more do not develop this aversion (Woititz, 1987). Therefore, it can be seen that parent's use

of alcohol predisposed or conditioned their children to have alcohol problems themselves.

More specifically, it has been found that when one or both parents in a family are alcoholics, their children were more likely to become alcoholics if family rituals such as dinner time, holidays, weekends, or vacations were disrupted during the period of heaviest drinking (Collin et al., 1990). Not only was parental drinking seen to be associated with adolescents' drinking, but the severity of parental drinking may determine whether or not these adolescents developed their own use of alcohol and to what extent that occurred, whether it be moderate drinking or heavy drinking.

Another aspect that should be combined with this is a separation of the general term of parents into mother's use and father's use of alcohol and how this dichotomy affects adolescent's use of alcohol. Hundleby and Mercer (1987) found in their study of 1,008 male and 1,040 female ninth grade students (middle adolescence) from 40 Ontario schools that there was a moderate to low-moderate positive correlation between parent's alcohol use and adolescent's alcohol use. More specifically, the highest positive correlations were found when comparing mother's alcohol use to their daughter's adolescent alcohol use and father's alcohol use to their son's adolescent alcohol use. Within both parental use conditions the positive correlations found were highest when analyzing female adolescent alcohol use. It would appear that for girls, but less so for boys, the

extent of parental alcohol use had notable and rather general effects upon female adolescent's drug use with the greatest effect being upon alcohol use (Hundleby & Mercer, 1987).

Of interest in other research conducted by Needle, Su, Doherty, Lavee, and Brown (1988), was the effect of interpersonal variables on an adolescent's drug use when looking at clinical and non-clinical drug-using samples in addition to non-clinical, non-drug using adolescent samples. The interpersonal variable explored within this study that is of interest was parental drug use. Within this study, drug use consisted of the use of cigarettes, beer, liquor, marijuana, and illicit drugs. It was found that the highest percentages of use in the clinical and non-clinical samples were found regarding the use of beer. Needle et al. (1988) additionally found that the clinical and non-clinical drug-using adolescents significantly differed from the adolescents who were not drug users in the drug-using behavior of their parents. Specifically, mothers, but not fathers, of drug-using adolescents were found to use significantly more drugs than mothers whose adolescents were not using drugs were. Also, clinical families compared with those in non-clinical drug-using and non-clinical non-drug-using groups were characterized by greater use of substances by mothers.

This gave great insight into the differences between alcohol use of adolescents whose mothers use alcohol compared to those whose fathers use alcohol. A study which gave even greater insight into the differences between the

extent of alcohol use of both mothers and fathers and the effect it had upon the alcohol use of their adolescents was conducted by Barnes, Farrell, and Cairns (1986). Adolescent drinking was explained in part by parental models of drinking behavior. For example, it was found that mothers who abstain from drinking were more likely to have children who abstained than were those mothers who were infrequent-to-moderate drinkers or moderate-heavy to heavy drinkers. Barnes et al. (1986) also found that mothers who were heavy drinkers had the highest rate of heavy drinking among their adolescents. In addition, abstaining mothers also had a rather high rate of heavy drinking adolescents. The highest percentage of adolescents using alcohol that was found within all of these categories was where mothers were infrequent-to-moderate drinkers and their adolescents were also infrequent-to-moderate drinkers. This confirmed that mothers were likely to be models for their adolescent's drinking behavior.

On the other hand, the relationship between fathers in the infrequent-to-moderate and moderate-heavy to heavy drinkers groups (only two groups were examined because very few fathers could have been considered abstainers) and adolescent drinking was not found to be statistically significant with the above study. It was found, however, that parents in general who were moderate drinkers within one's societal context may have less alcohol abuse among their adolescents than those at the extremes of either abstainers or heavy drinkers. However, one research study conducted by Kafka and London (1991) refuted the findings of

Needle et al. (1988) and Barnes et al. (1986) due to the fact that Kafka and London found that only father's alcohol use correlated significantly with adolescent substance use. These findings are sketchy though because they do not give any information about the gender of their subjects, which could account for such a finding.

Family Structure

Family instability was found in one research study to be a risk factor associated with adolescent alcohol and drug use (Needle et al., 1988). Because this was raised as a risk factor it is important to look at the composition of the family and whether or not its structure, as far as parental marital status was concerned, had a lasting effect upon adolescent use of alcohol.

Marital Status

In a study conducted by Newcomb and Harlow (1986), parents divorced and parents remarried were considered family and parent events included in the classification of uncontrollable stress events in the life of adolescents. The study's main finding was that perceived loss of control and meaninglessness mediated the relationship between the above uncontrollable stress events and substance use. Therefore, family structure was seen to have significant implications on the substance use of adolescents.

Looking at family structure or more specifically the marital status of parents, within a study may shed light into the above finding. When examining

the demographic characteristics of clinical drug-using, non-clinical drug-using and non-clinical non-using adolescents presented in the study by Needle et al. (1988), the sample of adolescents with the highest percentage of parents in their first marriage was found in the non-using adolescent sample (91.3%). Although the other two groups had a high percentage of parents in their first marriage (clinical sample- 68%, non-clinical using sample- 59%), of more interest was the fact that the clinical adolescent sample had the highest percentage of separated parents. In addition, the non-clinical using adolescent sample had the highest percentage of divorced parents. This alone should trigger insight into the fact that marital status affects adolescent's alcohol and drug use behaviors or maybe even vice versa.

A longitudinal study conducted by Needle, Su, and Doherty (1990), examined substance use in a sample of adolescents from three different groups: parental divorce during childhood, parental divorce during adolescence, and adolescents from continuously married families. Within this research it was found that, overall, alcohol and drug use among adolescents became more prevalent throughout the period of time in which the study was conducted. However, the alcohol and drug use of adolescents was significantly greater for adolescents from families in which divorce occurred than for those from the continuously married group, while the adolescence divorce group also had greater involvement than the childhood divorce group, although no statistical significance was found.

Adolescents in the maritally disrupted groups, had higher usage levels, in addition, more adolescents in this group than any other group experienced consequences of alcohol and drug use.

In another study, conducted by Doherty and Needle (1991), the results yielded similar findings with the one just presented in which it was found that adolescents from disrupted families reported more substance use than their counterparts from a continuously married group. In other words, the process of marital disruption appeared to affect the substance use of the adolescents studied. From a study of 2,102 adolescents, Flewilling and Bauman (1990) also found that children of disrupted families were at a higher risk of initiating the use of controlled substances, with significantly higher levels of ever-usage for children of non-intact families. Within this research study a crucial operational definition of marital disruption was given in which marital disruption was defined as any deviation in family structure from an intact, two-biological-parent unit.

A more specific breakdown of family structure or marital status may help to further understand its role in adolescent alcohol use. Flewilling and Bauman (1990) did this by dividing family structure into six different groups that consisted of intact, stepfather, stepmother, stepparents, single mother, and single father categories. The prevalence of adolescents that participated in drinking behavior was given for each category. The stepmother category consisted of the highest percentage of adolescents who participated in this behavior, while half of the total

sample of adolescents from single-parent families were more likely to have elevated levels of alcohol use than were those from two-parent families. Also, in a similar study by Burnside, Baer, McLaughlin, and Pokorny (1986), adolescents in single and stepparent families reported more alcohol use than adolescents did from intact families when both frequency and quantity of alcohol use were considered. A tendency had also been found for adolescents who lived with both natural parents to have fewer alcohol related problems when compared to those adolescents who lived with either a single parent or a parent and stepparent (Barnes & Windle, 1987).

Using the specific classification of gender may also be helpful in revealing family structure's implications on adolescent alcohol use. In the study conducted by Doherty and Needle (1991), it was found that there were always more adolescents in the maritally disrupted group using substances than those in the married condition whether before separation or after divorce. More specifically, it was found that the increase in the substance use of boys from the maritally disrupted group was significantly greater than that of boys from the continuously married group and also the girls from the disrupted group. Another study conducted by Needle et al. (1990) found that divorce had negative affects on boys but not on girls and that custodial parents' remarriage led to increased substance use consequences among boys.

Family Characteristics

Within the topic of family structure, it was sometimes implied that a family that was in marital discord or was maritally disrupted was a family that is either going through the process of divorce or one in which divorce had already occurred. This viewpoint was not necessarily true because there could have been alcohol problems in the family and severe marital discord within a family where the topic of divorce may never have been brought up. The level of discord or disruption within the family was of importance whether the structure was classified as continuously married, divorced, or remarried. Two family characteristics that were of interest in explaining adolescent's alcohol use were parent-child relationships and stressful life events.

Parent-child Relationship

The interaction within the family that had serious implications for the use of alcohol by adolescents was the socialization or relationship between parent and child. Rollins and Thomas (1979) saw the key components of this relationship as the aspects of support and control. They defined support as parental behaviors toward the child; such as praising, encouraging, and giving physical affection, which indicated to the child that he or she was loved, approved of, and accepted. The construct of control was defined as parental behavior toward the child with the intention of directing the child's behavior in a manner acceptable to the parent. Also within the parental control construct lies the concept of monitoring.

Monitoring was seen as a parent's awareness of their child's companions, awareness of where their child is at, and what their child is doing (Barnes & Farrell, 1992).

A study conducted by Barnes and Farrell (1992), found that parental support and monitoring were significant contributors of adolescent outcomes of drinking. More specifically, they found that levels of high support by both mothers and fathers, respectively, were associated with the lowest levels of drinking. The very best and consistent predictor of adolescent drinking outcomes was parental monitoring. In other words, the highest levels of parental monitoring were associated with the lowest levels of adolescent drinking instances.

Another study, which touched upon a similar topic of interest, was one conducted by Barnes et al. (1986). The researchers within this study found that, overall, parental socialization, particularly support and to a lesser extent control, were significant contributors to the development of adolescent drinking behavior. A more specific finding concerning mothers and fathers was also found. The level of maternal support was a significant factor accounting for adolescent drinking behavior. In fact, adolescents who report that their mothers gave a high level of support engaged in less alcohol-related problem incidences than adolescents whose mothers provided a low level of support did. Regarding the paternal support aspect, it was found that high paternal support was associated with fewer alcohol problems among adolescents than if parental support was low. Problem

drinking among the adolescent sample was found to be highest when mother's support was low and control levels were low, whereas, fathers who gave low levels of support and high levels of control were associated with the highest amount of adolescent drinking problems. In both the maternal and paternal conditions, the lowest degree of alcohol problems was observed when mother's support and father's support was high and control was medium or low.

In another study concerning support and other aspects, the hypothesis was that adolescent's perceptions of parental support and induction were negative predictors of adolescent substance abuse (Anderson & Henry, 1994). In fact, the findings revealed that parental support was negatively related to adolescent substance use.

The overall theory of support and control indicates those high levels of parental support and moderate levels of parental control were associated with non-problem behaviors (Collins et al., 1990). Not only were the aspects of support and control of interest, but also other areas such as bonding, communication, and cohesion were of significant importance.

Anderson and Henry (1994) also found that family bonding, family flexibility, and adolescent perceptions of openness in parent-adolescent communication were negatively correlated to adolescent substance use. In fact, the results indicated that adolescents who perceived their families as highly bonded reported fewer problems with substance use.

Closeness between parents and children also had significant effects in determining alcohol use (Collins et al., 1990). Looking at the degree of communication between parent and child, Kafka and London (1991) found in a study of 146 high school students, that the degree to which an adolescent could talk openly with their parents influenced the extent of the adolescent's substance use. The study, in fact, found that the presence of a least one "open" parental figure was associated with lower levels of all substance use.

In a study concerning family cohesiveness, Duncan et al. (1994) found that an adolescent's perception of family cohesion functioned to reduce or interrupt initial levels of alcohol use. In general, family cohesion was predictive of lower initial levels of alcohol use during late adolescence (Duncan et al., 1994). Therefore, highly cohesive families did not wipe out adolescent alcohol use, but they were able to stunt its growth and level of use.

Other aspects, which were said to influence adolescent alcohol use, were lack of parental affection, concern, and involvement with their children (Hundleby & Mercer, 1987). In addition, in the study conducted by Needle et al. (1988) clinical and non-clinical drug (alcohol) using adolescents reported lower family cohesion, lower family flexibility, more strain with parents, and more frequent stressful events and changes in the family, than did adolescents who did not use drugs (alcohol).

Stressful Life Events

Potentially all of the topics discussed thus far could constitute stressful life events, but other family related topics are also of interest for future studies. For example, Newcomb and Harlow (1986) hypothesized that stressful life events led to a perceived loss of control, which led to meaninglessness, which in turn led to substance use. Of great importance in this study was the context of what constitutes uncontrollable stress events, which was hypothesized to put an adolescent at risk for substance use problems.

Newcomb and Harlow (1986) indicated that uncontrollable stress events were comprised of three different subsets- family and parent events, accident and illness events, and relocation events. The components of these were things such as family and money problems, parents argued or fought, death in the family, parent changed jobs, family moved, and even more. It was found that uncontrollable stress events had significant implications for substance use among the sampled population (Newcomb & Harlow, 1986).

In another study by Newcomb, Maddahian, and Bentler (1986), the number of risk factors in an adolescent's life were associated with ever using, frequency of use, and heavy use of alcohol. In fact, the number of different risk factors was predictive of increases in the use of all substances. In other words, the more risk factors that were present the more likely an adolescent was to have increased substance use.

CHAPTER 3

Methodology

Subjects

The subjects participating in this study consisted of a convenience sample of 25 graduate students enrolled in Play Therapy and Career/Occupational Placement and Transitions courses at the University of Wisconsin-Stout. Of the 25 subjects, 24% were male ($n = 6$), and 76% were female ($n = 19$). The subjects ranged in age from 23 to 51 years of age ($M = 27.8$).

Instrumentation

Adolescent Alcohol Involvement Scale (AAIS)

The AAIS is a 14-item multiple choice, self-report scale developed by Mayer and Filstead (1979). This scale is designed to examine current and past alcohol consumption of adolescents for both clinical and non-clinical samples. The item of interest on the AAIS is item 6, which addresses when the adolescent took their first drink.

The AAIS in its entirety places the respondents into one of four categories (Mayer & Filstead, 1979). These four categories consist of abstainers and those that rarely drink, adolescents who drink that have no problem behaviors, adolescents that misuse alcohol, and adolescents with alcoholic-like drinking. Scores for the four categories range from 0-19, 20-41, 42-57, and over 58 respectively.

Test-retest correlations calculated for the AAIS yielded values of .88 (Moberg, 1983) and .89 to .91 (Mayer & Filstead, 1979). In addition, a validity measure comparing reported consumption and scores on the AAIS found correlations of .70 to .79 (Gliksman & Smythe, 1982).

Parental Substance Use Scale

The Parental Substance Use Scale is a 2-item Likert scale developed by Anderson and Henry (1994). This scale is designed to examine adolescent's perceptions of mother/stepmother and father/stepfather use of alcohol. The Likert scale ranges from (1) tried alcohol/drugs but has not used them regularly to (7) daily.

The researchers have not calculated test-retest, validity, and reliability measures for this scale. Therefore, they are not available for analysis of this scale.

Family Strengths

The Family Strengths scale is a 12-item Likert-scale that measures perceived family strength (Gliksman & Smythe, 1982). The components of family strength that are measured by this scale include communication and shared values within the family unit. Gliksman and Smythe (1982) have broken down the scale into pride and accord dimensions. However, for the purpose of this study the full-scale score was utilized.

Split sample reliability, test-retest reliability, and construct validity (factor analysis) measures were calculated upon the scale. The values obtained are .83, .58, and .47 to .76 respectively.

Procedure

The participants in the two graduate classes were asked to participate in the research study and a packet of materials was administered to each participant (see Appendix A). The packet of materials included 2 informed consent forms, 1 Family Strengths Scale, 1 Adolescent Alcohol Involvement Scale, 1 Parental Substance Use Scale, and a demographic information sheet. The informed consent forms gave the participants information about the study and included the rights of each subject's participation. The participants read and signed the informed consent forms that indicated they understood their involvement in the study and gave them the chance to eliminate themselves from participation. The subjects were assured that their responses will be confidential and that they have the right to discontinue their participation at any time.

The participants were then asked to sign each informed consent form giving their permission to include them in the study. Each participant retained one informed consent form, if further questions would arise. The researcher retained the second informed consent form. The participants were then asked to complete the remaining scales included in the packet of materials. These materials were stapled together along with a demographic information sheet. The subjects were

instructed to answer the questions as honestly as possible. The packet of materials was then collected when finished by each participant.

Data Analysis

The researcher tabulated the scores. The scores were then analyzed using Pearson's r . Frequencies for onset of adolescent alcohol use, perceived alcohol use by mother, and perceived alcohol use by father were also calculated. The number of males and females, age, number of undergraduate and graduate students, and major were also summated.

Limitations

The limitations that exist in this study include:

1. The size of the convenience sample is small and could impact the results found.
2. The subjects were asked to use recall as the method for answering the questions and what the subjects recalled may not be completely accurate.
3. The subject of alcohol use of the individual subject and within the family may hold a stigma for the participants that could therefore affect the honesty of the responses obtained.

CHAPTER 4

Results

This chapter will present the results of the relationship between the onset of adolescent alcohol use and perceived parental alcohol use in addition to the relationship between the onset of adolescent alcohol use and perceived family strength during adolescence. The demographic information and frequency statistics will be reported first. Data collected on each of the research hypotheses will then be given.

Demographic Information

The convenience sample for this study consisted of 25 graduate students. No undergraduate students were included in this study since many of them would currently be considered adolescents due to the definition of the term adolescence used. The 25 graduate students were made up of 76% (n = 19) females and 24% (n = 6) males. The major of study of the subjects consisted of Guidance and Counseling (n = 17) and School Psychology (n = 8). The subjects ranged in age from 23 to 51, with a mean age of 27.8.

Frequency Statistics

When examining the total sample (N = 25), for onset of adolescent alcohol use, 4 subjects (16%) indicated having their first drink after the age of 17, 9 subjects (36%) indicated having their first drink at age 16 or 17, 4 subjects (16%)

indicated having their first drink at age 14 or 15, and 8 subjects (32%) indicated having their first drink between the ages of 10 to 13.

The total sample ($N = 25$) was examined regarding the perceived alcohol use by the adolescent's mother and the perceived alcohol use by the adolescent's father. It was found that 4 subjects (16%) reported that their mother used alcohol never or it was not applicable, 4 subjects (16%) reported that their mother tried alcohol but did not use it regularly, 1 subject (4%) reported that their mother used alcohol regularly when they were young but not when they were adolescents, and 7 subjects (28%) reported that their mother used alcohol only at parties or with friends and less than once a month. In addition, 5 subjects (20%) reported that their mother used alcohol once or twice a month, 1 subject (4%) reported that their mother used alcohol about once per week, and 3 subjects (3%) reported that their mother used alcohol daily. The frequencies found for the perceived alcohol use by the adolescent's father were 3 (12%), 3 (12%), 0 (0%), 4 (16%), 2 (8%), 6 (24%), and 7 (28%) respectively.

Hypothesis 1

Hypothesis 1: There is no statistically significant correlation between adolescent's perceptions of frequency of parental alcohol use and onset of adolescent alcohol use for University of Wisconsin-Stout graduate students. A Pearson's r correlation analysis was run on the data pertaining to this hypothesis. The results indicated that there was no significant relationship ($r = -.350$, $p =$

.086) between perceived alcohol use by the adolescent's father and onset of adolescent alcohol use, therefore the null hypothesis for the father use variable was not rejected. The results indicate that there was a significant negative relationship ($r = -.453$, $p = .023$) between perceived alcohol use by the adolescent's mother and onset of adolescent alcohol use, therefore the null hypothesis for the mother use variable was rejected.

Hypothesis 2

Hypothesis 2: There is no statistically significant correlation between adolescent's perceptions of family strength and onset of adolescent alcohol use for University of Wisconsin-Stout graduate students. A Pearson's r correlation analysis was run on the data pertaining to this hypothesis. The results indicated that there was no significant relationship ($r = .070$, $p = .740$) between perceived family strength and onset of adolescent alcohol use, therefore the null hypothesis was not rejected.

Discussion

The results indicated that a negative relationship existed yielding a result that indicated that adolescents with perceptions of high frequency of maternal alcohol use corresponded with low age of onset of adolescent alcohol use. This result was not found when looking at an adolescent's perceptions of the frequency of paternal alcohol use and onset of adolescent alcohol use. It was also not found that a positive relationship existed yielding a result that indicated that high

perceived family strength corresponded with high age of onset of adolescent alcohol use.

CHAPTER 5

Discussion, Conclusions, and Recommendations

Introduction

This chapter will include a discussion of the results of the study and conclusions. The chapter will conclude with some recommendations for further research.

Discussion

According to the research findings, there was a moderate negative correlation between perceived maternal alcohol use and onset of adolescent alcohol use. There was no significant correlation found between perceived paternal alcohol use and onset of adolescent alcohol use. Previous research conducted by Barnes et al. (1986) and Needle et al. (1988) concurred with the study's findings. These research studies found that mothers are models for their adolescent's alcohol use with higher levels of alcohol use among adolescents whose mothers use. They also found that father's use did not have a significant impact upon adolescent alcohol use (Barnes et al., 1986; Needle et al., 1988).

However, Kafka and London (1991) refute the above findings. They found that father's, not mother's, alcohol use correlated significantly with adolescent alcohol use.

In addition, the research findings yielded that there was no significant correlation between perceived family strength during adolescence and onset of

adolescent alcohol use. Previous research (Duncan et al., 1994; Stice, Barrera, & Chassin, 1998) refutes the study's findings. Duncan et al. (1994) found that family cohesion was a factor that suppressed initial alcohol consumption. In addition, Stice et al. (1998) found that adolescents who reported parental support indicated that it impacted their adolescent alcohol use.

Conclusions

Although the sample size was small, the results regarding an adolescent's perceptions of mother's and father's alcohol use and onset of adolescent alcohol use concur with most of the previous research conducted. However, this was not found when looking at family strength variables such as family cohesiveness and parental support and the impact on the onset of adolescent alcohol use.

Further research should be conducted on this topic with a larger sample size to have a sample that is more representative of the total population. The other limitations addressed in the methodology, the undependable method of recall and the stigma attached to family alcohol use, may have been confounding variables that impacted the research results.

Recommendations for Further Research

Replication of this research topic regarding perceptions of parental alcohol use and perceptions of family strength need further addressing. This is important because it gets right to the heart of the topic of what alcohol problem use is all about. This research shows that it not only matters what is actually happening

with alcohol use, but that it matters what people see or perceive is actually happening. Just because an outsider may not think that a particular person abuses alcohol really does not matter to an adolescent who is viewing what they believe to be problem usage of alcohol by their parents.

Adding a measure of parental self-reports of their own substance use could further this research. This would add to the present research because it would address the concept of denial. This issue would be touched on within such research because a difference between an adolescent's perception of parental alcohol use and a parental self-report measure indicating if problem usage exists could be detected. This result could determine if the adolescent is denying the fact that there is a problem with alcohol in the family.

Another measure that could shed even more light onto this topic would be observation. An objective observer may see a problem behavior that the people in the family would not because they are removed from the situation and can be impartial.

The use of more than one instrument to measure a particular construct would be useful. Instead of just using self-reports obtained through a recollection of happenings in adolescence, parental self-reports and observations could have also been used in conjunction with them in order to get a more accurate depiction of what has taken place within the family unit. In addition, replication of this study using a larger sample size and a more diversified sample of subjects could

enhance the results found by the researcher. A standardized introduction and debriefing could also be used during replication to control for confounding variables.

By looking at the research that has been conducted and using the above suggestions, a researcher may be able to fill in the gaps in the research to obtaining a greater knowledge of family contributions to adolescent's alcohol use that may currently be missing. It is clear that this topic should not remain at the point that it stands at presently, but rather future research studies should be conducted.

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Appendix A

PACKET OF MATERIALS

Consent for Participation

This research examines the perceptions of parental alcohol use, family strength, and personal alcohol use during adolescence. The goal of this study is to evaluate questionnaires that measure these variables and examine any relationships that might exist. Before completing the packet of questionnaires, please read and then sign the consent form, indicating that you understand the potential risks and benefits of participation, and that you understand your rights as a participant. If you have any questions, please contact Amy M. Bauman, the primary researcher, at kabauman@nelson-tel.net, or Rod Crist, the research advisor, at cristro@uwstout.edu.

RISKS

There is little or no risk to you in filling out these questionnaires. Your responses are completely confidential.

BENEFITS

Although the results of this study may be of benefit to others in the future, there is no direct benefit to you by participating in this study.

CONFIDENTIALITY OF RESPONSES

Your answers are strictly confidential. Only the primary researcher or her designee will have access to the confidential raw data.

RIGHT TO WITHDRAW OR DECLINE TO PARTICIPATE

Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. Should you choose to participate and later wish to withdraw from the study, you may discontinue your participation at this time without incurring adverse consequences.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher or research advisor and second to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI 54751, phone (715) 232-1126.

I attest that I have read and understood the above description, including potential risks, benefits, and my rights as a participant, and that all of my questions about the study have been answered to my satisfaction. I hereby give my informed consent to participate in this research study.

Signature _____

Date _____

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Signature _____

Date _____

FAMILY STRENGTHS

Please rate the following items with the provided response choices as they applied to your family while you were growing up as an adolescent (ages 10 to 18) throughout your secondary schooling. **This requires you to think back to this period in your life and recall the perceptions you had of your family.**

Response Choices

1	2	3	4	5
Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree

- _____ 1. We could express our feelings.
- _____ 2. We tended to worry about many things.
- _____ 3. We really trusted and confided in each other.
- _____ 4. We had the same problems over and over.
- _____ 5. Family members felt loyal to the family.
- _____ 6. Accomplishing what we wanted to do seemed difficult for us.
- _____ 7. We were critical of each other.
- _____ 8. We shared similar values and beliefs as a family.
- _____ 9. Things worked out well for us as a family.
- _____ 10. Family members respected one another.
- _____ 11. There were many conflicts in our family.
- _____ 12. We were proud of our family.

Adolescent Alcohol Involvement Scale (AAIS)

Please circle the response to the following item that applies to you.

When did you take your first drink?

- a. never
- b. after age 17**
- c. at age 16 or 17
- d. at age 14 or 15
- e. between the ages 10 to 13
- f. before age 10

Perceived Parental Alcohol Use Scale

Please rate the following items by circling the appropriate response as they applied to your parents while you were growing up as an adolescent (age 10 to 18) throughout your secondary schooling. **This requires you to think back to this period in your life and recall the perceptions you had of your parents' alcohol use.**

How frequently did your mother/stepmother (*that you lived with*) use alcohol?

1. Never or not applicable
2. Tried alcohol but did not use it regularly
3. Regularly used alcohol when I was young, but did not use it regularly when I was an adolescent
4. Used only at parties or with friends and less than once a month
5. Used once or twice a month
6. Used about once a week
7. Used daily

How frequently did your father/stepfather (*that you lived with*) use alcohol?

1. Never or not applicable
2. Tried alcohol but did not use it regularly
3. Regularly used alcohol when I was young, but did not use it regularly when I was an adolescent
4. Used only at parties or with friends and less than once a month
5. Used once or twice a month
6. Used about once a week
7. Used daily

Demographic Information

Please fill in the appropriate information by circling or filling in the blank to the questions below.

1. Gender: Male or Female
2. Age: _____
3. Classification: Undergraduate Student or Graduate Student
4. Major: _____