



## Parents' concordant and discordant alcohol use and subsequent child behavioral outcomes



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### HIGHLIGHTS

- The impact of couple's pattern of drinking on their children's behavior was examined.
- Harsh parenting was associated with higher levels of child externalizing problems.
- Parenting and externalizing problems were associated for concordant drinking couples.

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### ABSTRACT

Alcohol problems have variable outcomes for marital relationships depending on whether drinking patterns are concordant or discordant among the members of the dyad; however, it is unclear what impact these variations in drinking patterns have on children. The current study was designed to explore several gaps and limitations in the parent heavy drinking literature. In particular, the prospective associations over 3 years between parent heavy drinking, parenting, and child externalizing behavior were investigated in an integrated model to examine the influence of concordant and discordant drinking within couples on subsequent outcomes for their children. The study consisted of 180 couples recruited by mailings with children primarily between the ages of 4 and 11 years old (52% male children). Parent-report of marital conflict, parenting, alcohol use, and child externalizing behavior were measured in a longitudinal study. Actor-Partner Interdependence Model analyses were conducted. Higher levels of maladaptive parenting were associated with higher externalizing for children of concordant drinking couples as opposed to discordant drinking couples. Implications for research and practice are discussed, including investigating mediators and moderators of the current findings such as quality of the parent-child relationship.

### 1. Introduction

Parental alcohol problems are a significant public health concern as 10.5% of children lived with a parent with an alcohol use disorder in 2011 (NSDUH, 2012). Alcohol use presents a dialectic within families as it is associated with both positive indicators, such as a lower risk for divorce (Leonard, Smith, & Homish, 2014), as well as negative factors, such as conflict (Leonard & Eiden, 2007) depending on the pattern of use within the couple. Given the heterogeneity of the impact on family processes, it is of interest to understand outcomes for children who live in households with adults who drink heavily.

#### 1.1. Alcohol use and child outcomes

Parent alcohol problems are a well-established risk factor for the development of child externalizing problems (e.g., disruptive, inattentive, and hyperactive behaviors; Loukas, Zucker, Fitzgerald, & Krull, 2003). Parent alcoholism interferes with positive parenting practices (Eiden, Chavez, & Leonard, 1999; Eiden, Edwards, & Leonard, 2002) and is associated with other psychopathology that negatively impacts parenting, particularly depression (e.g., Eiden, Edwards, & Leonard, 2007). Parents who drink heavily are less positively involved, have higher negative affect (Eiden, Edwards, & Leonard, 2004; 2007), and use ineffective parenting strategies (Keller, Cummings, & Davies, 2005). Harsh parenting and ineffective practices are associated with poor behavioral outcomes for children (e.g., Dodge, Coie, & Lynam,

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2006). Most of this research focuses on alcoholic fathers (Leonard & Eiden, 2007), but little is known regarding the impact of dyadic alcohol use patterns.

### 1.2. Alcohol use within couples

The impact of heavy drinking on relationships is complex and dependent on a variety of factors (Levitt & Cooper, 2010). For instance, negative effects may be more common for couples in which one partner is a heavy drinker while the other is not (i.e., discordant drinking couples) versus couples where both partners are heavy drinkers (i.e., concordant heavy drinking couples). Concordant heavy drinking is associated with more positive marital interactions (Floyd, Klotz Daughtery, Fitzgerald, Cranford, & Zucker, 2006) and is predictive of higher marital satisfaction (Homish & Leonard, 2007) and lower divorce rates (Leonard et al., 2014). Thus, dyadic drinking patterns are associated with differential outcomes for discordant versus concordant drinking couples and couple outcomes are associated with child behavior. However, to date there is no research that addresses how a couple's pattern of drinking subsequently impacts their children.

### 1.3. Present study

The present study investigates whether dyadic parental alcohol use predicts their child's externalizing behaviors. We hypothesized that children of discordant drinkers, relative to concordant heavy or light drinkers, would evidence the highest levels of problem behavior. We explored the role of parenting style as a predictor of child externalizing behavior and hypothesized that maladaptive parenting would also predict externalizing behavior, replicating previous research.

## 2. Method

### 2.1. Participants

Participants were 180 community couples participating in a larger longitudinal study of drinking and marital functioning (Testa et al., 2012). The procedures were approved by the university's Institutional Review Board. A sample of married or cohabitating couples was recruited from the community via a mail survey in Erie County, NY. Households with residents between the ages of 18 and 45 were mailed screening questionnaires, a non-conditional one-dollar incentive (see Homish & Leonard, 2009), and a letter explaining the purpose of the study and assessing interest in participating. Overall, 21,000 surveys were mailed to households with a resulting 26% response rate to those mailings. Responses from the mailed questionnaire were used to assess eligibility (between the ages of 18 and 45, married or living together for at least one year) and to determine husband and wife heavy episodic drinking status (HED). The remaining eligible, participating sample was 280 couples, 180 of whom had children within the specified age range.

The original larger study on drinking and marital functioning initially included 280 couples assessed three times; 79 couples in which both were HED drinkers, 80 in which only the husband was, 41 in which only the wife was, and 80 in which neither was a HED drinker. We received 1584 reports across all three assessments. However, approximately 1/3 (34%) did not have children in the specified age range. Further due to the nature of longitudinal research, some cases were omitted from analyses due to missing data. An additional 82 reports were excluded for missing Level-2 data and 35 were excluded for missing Level-1 data, resulting in a total of 929 viable observations (50.6% female) representing at least one observation from the 180 couples across Wave 1 ( $n = 336$ ), Wave 2 ( $n = 310$ ), and Wave 3 ( $n = 283$ ).

The sample was predominantly European-American (91.1%), with small proportions of African-American (6.1%), Asian/Pacific Islander (1.4%), Native American (0.7%), and other or no response (0.7%).

Participants were well educated, with 87.7% obtaining post-secondary education, and 85.5% were employed at Wave 1. The median household income at Wave 1 was between \$55,000 and \$74,000. Age among husbands ( $M = 36.9$ ,  $SD = 5.8$ ) and wives ( $M = 35.4$ ,  $SD = 5.9$ ) ranged from 19 to 48 years. Data were collected on the youngest child (52% male and 48% female), the majority of who were between the ages of 4 and 11 years old (82%;  $M = 7.58$ ,  $SD = 3.81$ ,  $Range = 3$  to 18 years).

### 2.2. Measures

#### 2.2.1. Relationship satisfaction

The 32-item Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to assess relationship satisfaction with higher DAS scores representing greater satisfaction. The DAS demonstrated acceptable internal consistency ( $\alpha = 0.94$ , 0.95, 0.96 for mother-report and  $\alpha = 0.92$ , 0.92, 0.94 for father-report across Times 1, 2, and 3, respectively).

#### 2.2.2. Heavy episodic drinking

Responses to a standard quantity frequency index were used to determine HED drinking status (e.g., Derrick et al., 2010), with 5 or more standard beer, wine, or hard liquor drinks constituting a HED drinking episode for husbands and 4 or more standard drinks for wives. Participants who reported drinking this amount at least monthly were classified as HED drinkers.

#### 2.2.3. Parenting style

Parenting behavior was assessed with the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993). Parents were instructed to respond to a variety of parenting behaviors as they would if their child was misbehaving. The 31 items assessed several dimensions of dysfunctional practices: laxness (i.e., inconsistent, ineffective parenting), over-reactivity (i.e., harsh, punitive parenting), and verbosity (i.e., providing excessive, ineffective explanation). The subscales were all highly correlated ( $0.11 \leq r \leq 0.71$ ,  $p < 0.001$ ) in the current sample and were aggregated to produce a single composite score that reflects the level of maladaptive parenting ( $\alpha = 0.87$ ). Higher scores are indicative of more maladaptive parenting practices. This scale is associated with observations of parent discipline (Arnold et al., 1993) and child behavioral problems (Rhoades & O'Leary, 2007). Both mother's ( $\alpha = 0.81$ , 0.79, 0.81) and father's reports ( $\alpha = 0.77$ , 0.77, 0.79) demonstrated adequate reliability.

#### 2.2.4. Child behavior

Behavior problems were assessed with the 4–18 year old version of the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). The behavior ratings yield two broad dimensions of internalizing and externalizing behavior problems. In this study, the 33 item externalizing behavior scale was used. Parents responded on a three point scale ranging from "Not True" to "Very or Often True" to items such as "Argues a lot." Higher scores indicate more child behavioral problems. The externalizing behavior scale demonstrated acceptable internal consistency ( $\alpha = 0.71$ , 0.89, and 0.90 for mother-report and  $\alpha = 0.66$ , 0.88, and 0.88 for father-report at Times 1, 2, and 3 respectively).

### 2.3. Procedure

Participants completed the series of questionnaires sent and returned through the mail. Both parents provided written informed consent to participate at the first mailed assessment. Parents were instructed to complete questionnaires independently. Participants were compensated \$25.00 for completion of each mailed assessment.

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