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, 2005).
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 to households with a resulting 26% response rate to those turned through the mail. Both parents provided written informed consent. The 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 (α = 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 (α = 0.81, 0.79, 0.81) and father's reports (α = 0.77, 0.77, 0.79) demonstrated adequate reliability.

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 (α = 0.94, 0.95, 0.96 for mother-report and α = 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 ≤ r ≤ 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 (α = 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 (α = 0.81, 0.79, 0.81) and father's reports (α = 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 (α = 0.71, 0.89, and 0.90 for mother-report and α = 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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