

Fathers' Alcohol Problems and Parenting Behaviors with Adolescents

**Thamar Barthelemy, McNair Scholar
The Pennsylvania State University**

**McNair Faculty Research Adviser:
Rina D. Eiden, PhD,
Professor of Psychology
College of the Liberal Arts
The Pennsylvania State University**

Abstract

Fathers' excessive alcohol usage can cause problems in a family. Fathers' alcohol problems are also associated with higher depression and antisocial behavior, that may both have negative associations with family processes. This research paper examined the association between fathers' alcohol problems and associated risks (depression, antisocial behavior) and fathers' parenting behavior during father-adolescent interactions. We hypothesized that a father's alcohol problem may increase the risk of fathers' harshness and insensitivity during father-adolescent interactions. The sample consisted of 227 families (51% female children recruited as infants) through New York State birth records. Families were assessed at periodic intervals between infancy and late adolescence. Fathers reported their alcohol problems and depression at all time points and father-adolescent interactions were observed and coded in early adolescence. These measures were used in the current research project. Results suggested that fathers' alcohol problems were not significantly correlated with father harshness and sensitivity. Also, father alcohol group status was not significantly correlated with father harshness and father sensitivity. However, we did find that both father alcohol problems and father sensitive parenting during a laboratory task were associated with fathers' antisocial behavior. Together, these results suggest that paternal alcohol problems measured in infancy were not directly associated with fathers' parenting behavior during laboratory-based discussion tasks in adolescence but may be indirectly related via paternal antisocial behavior.

Since birth, children are taught to depend on their mothers and fathers. Because of this, parents are particularly important in a child's life. Research has shown that positive parenting is the foundation of children's well-being and healthy development (National Academies of Sciences, Engineering, and Medicine, 2016). Fathers' parenting especially can impact the well-being of a child (Towe-Goodman et al., 2014). In fact, Towe-Goodman and colleagues (2014) suggest that fathers' sensitive parenting in toddlerhood has an individualistic and vital role in toddlers executive functioning, which shows the importance of early caregiving for the development of these skills. Specifically, fathers' sensitive parenting during play at 24-months predicted children's executive functioning at 3-years of age. In addition, Tavassolie and colleagues (2016) found that fathers' authoritarianism in parenting predicted increased child behavior problems. This suggests that father parenting style has an impact on the behavior problems of young children.

Similarly, Rinaldi and colleagues' (2012) findings revealed that fathers' authoritarian parenting predicted toddlers' problem behaviors while authoritative paternal parenting predicted adaptive behaviors. This provides more evidence to show that paternal parenting does in fact impact child development. Besides evidence showing that fathers' parenting impacts children's development, there is also evidence to suggest that paternal parenting can affect adolescent development too. In fact, Bronte-Tinkew and colleagues (2006) suggest that having a positive father-to-child relationship reduces the possibilities of participating in risky activities in adolescence. The authors also suggest that fathers authoritarian parenting style increases the risk of adolescents getting involved with delinquent activities and substance use. Although we have evidence that paternal parenting impacts child and adolescent development, less is known about parenting styles in fathers with alcohol problems.

While we know less about parenting styles in fathers with alcohol problems, we do know that paternal alcohol problems have negative effects on children (Eiden et al., 2007). Indeed, Eiden and colleagues (2007) found that there was an indirect association between fathers' alcohol problems and children's internalization of rules of conduct or conscience through fathers' sensitivity during play interactions at age 2 years. In this sample, fathers with alcohol problems displayed lower levels of sensitivity with their toddlers than fathers without alcohol problems. This in turn was associated with children's later internalization of rules (Eiden et al., 2007). Furthermore, children with parents who have alcohol problems were at an increased risk of using alcohol and other substances in adolescence (Eiden et al., 2016). Likewise, Eiden and colleagues (1999) found that fathers with alcohol problems had more negative interactions with their infants than fathers without alcohol problems. In fact, fathers with alcohol problems had lower sensitivity, lower positive affect, fewer verbalizations, higher negative affect, and lower infant responsiveness (Eiden et al., 1999). From the literature, we know that fathers with alcohol problems tend to parent their young children less sensitively and more negatively than fathers without alcohol problems. Further research suggests that the negative association between paternal alcohol problems and developmental outcomes extends into adolescence. In one study, paternal alcohol problems predicted less of an attachment between adolescents and their fathers, and it also predicted higher adolescent alcohol involvement (Cavell et al., 1993). Likewise, adolescents of fathers with alcohol problems reported higher levels of positive expectancies (expectancies concerning positive alcohol effects for adolescents) than children of fathers without alcohol problems (Cavell et al., 1993). Adolescents with positive expectancies reported higher levels of heavy drinking (Colder et al., 1997). However, what is less clear is whether fathers with alcohol problems parent their adolescent children less sensitively or more harshly than fathers without alcohol problems.

When considering father alcohol problems and father parenting, it is also important to consider paternal depression and antisocial behavior because these psychological symptoms have been associated with both parenting and alcohol problems. For example, fathers' depression mediated the relationship between fathers' alcohol problems and fathers' sensitivity during play interactions with their infants (Eiden et al., 1999). Likewise, fathers' report of their own depressive symptoms predicted overactivity in disciplinary encounters in fathers with substance use disorder (Kelley et al., 2015). This literature shows that the relation between depression and

alcohol problems has been shown to affect fathers' parenting style. Furthermore, when fathers engaged in high levels of antisocial behavior, the more time they lived with their children, the more behavior problems their children had (Jaffee et al., 2003). Also, children born to antisocial fathers had higher rates of externalizing behavior (Blazei et al., 2003). Therefore, these studies show the importance of considering paternal depression and antisocial behavior when studying the relation between father alcohol problems and father parenting.

In the current study, we will consider whether fathers with alcohol problems parent their adolescent children less sensitively or more harshly than fathers without alcohol problems. Based on the current literature we hypothesize that fathers with alcohol problems will parent their children more harshly and less sensitively, than fathers without alcohol problems.

Methods

Participants

The initial sample consisted of 227 families (111 girls, 116 boys) with 12-month-old infants. These families were classified into two groups at the time of recruitment: the nonalcoholic group consisting of parents with no or few alcohol problems and the alcohol problem group with families in which at least one parent met a diagnosis for alcohol abuse or dependence ($n = 125$). Within the alcoholic group at recruitment, 76% of the families had only the father ($n = 95$) who met criteria for alcohol abuse or dependence, 6% had only the mother who met criteria for alcohol abuse or dependence ($n = 7$), and 18% had both parents who met criteria for alcohol abuse or dependence ($n = 23$). Given the study hypotheses regarding the potential effects of fathers' alcohol problems and antisocial behavior, families in which only the father met diagnostic criteria for alcohol abuse or dependence were included in this study. Thus, the final sample consisted of 197 families, with 102 in the nonalcoholic (NA) group and 95 in the father alcoholic (FA) group. The study was approved by the University at Buffalo Social Science Institutional Review Board.

The majority of parents in the study were White (92%), approximately 6% were Black, and 2% were Hispanic, Native American, or other. Parental education ranged from less than a high school degree to postgraduate degree, with more than half of the mothers (59%) and fathers (54%) having completed some post-high school education. Annual family income ranged from \$4,000 to \$100,000 (U.S. dollars), with the mean income \$43,626 ($SD = \$20,937$). The mother's age at recruitment ranged from 21 to 41 years ($M = 30.8$, $SD = 4.40$) and the fathers from 21 to 58 years ($M = 33.14$, $SD = 5.94$). All of the mothers were living with the father of the infant in the study at the initial assessment, and most parents (88%) were married to each other.

Procedure

The names and addresses of families were obtained from the New York State birth records for Erie County. Parents who indicated an interest in the study were screened by telephone with regard to sociodemographic characteristics and other eligibility criteria. Parents were primary caregivers and cohabitating since the infant's birth. Women who reported drinking moderate to heavy amounts of alcohol during pregnancy were excluded from the study to control

for potential fetal alcohol effects. During the telephone screen, mothers were administered the Family History Research Diagnostic Criteria for alcoholism with regard to their partners' drinking (Andreasen et al., 1987), and fathers were screened with regard to their alcohol consumption, problems, and treatment. Because we had a large pool of families potentially eligible for the nonalcoholic group, once a family was recruited into the alcohol problem group, they were matched with a nonalcoholic family on race/ethnicity, maternal education, child gender, parity, and marital status. The sample was predominantly White (informed written consents were obtained from both parents, and child assents were obtained in fourth and sixth grade).

Families were assessed at seven different child ages (12, 18, 24, and 36 months; kindergarten [5–6 years of age]; fourth grade [9–10 years of age]; and sixth grade [11–12 years of age]). Extensive observational assessments with both parents and children were conducted at each age. This article focuses on 12-month alcohol problem data and effortful control data in the fourth and sixth grades. Families were compensated for their time in the form of gift cards, toys, and monetary compensation.

Measures

Father Alcohol Problems

The University of Michigan Composite International Diagnostic Interview (UM-CIDI) adapted to a self-report questionnaire (Anthony et al., 1994) was used to assess alcohol abuse and dependence at 12 months. Several questions of the UM-CIDI were reworded to evaluate “how many times” a problem was experienced instead of whether it happened “very often.” For abuse criteria, recurrent alcohol problems were described as those occurring at least three to five times in the past year or one to two times in three or more problem areas. In addition to the screening criteria *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV; American Psychiatric Association, 2000), criteria for alcohol abuse and dependence diagnoses for current alcohol problems (in the past year at 12 months) were used to assign final diagnostic group status (American Psychiatric Association, 2000). Fathers were assigned to the alcohol problem group if they met one or more of the following: (a) Research Diagnostic Criteria for alcoholism according to maternal report on the screening interview (Andreasen et al., 1986); (b) acknowledged having a problem with alcohol or having been in treatment for alcohol problems, was currently drinking, and had at least one alcohol-related problem in the past year; or (c) indicated having alcohol-related problems in three or more areas in the past year or met DSM-IV criteria for abuse or dependence in the past year based on the UM-CIDI.

Father Antisocial Behavior

We used a modified, 28-item version of the Antisocial Behavior Checklist (Eiden et al., 2004; Zucker and Noll, 1980) to assess paternal antisocial behavior when the infant was 12 months old. Fathers were asked to rate their frequency of involvement in aggressive and antisocial activities over the course of their lifetime with a 4-point Likert scale ranging from 1 = *never* to 4 = *often* (e.g., shoplifted, taken part in a robbery, been questioned by police, defaulted on a debt). The scores were summed to create a composite score for antisocial behavior.

Higher scores indicate higher levels of antisocial behavior. The internal consistency of the 28-item measure in the current sample was quite high ($\alpha = .90$).

Father Depression

The Center for Epidemiological Studies Depression scale (CES-D; Radloff, 1977) was used to measure fathers' depressive symptoms at several time points from infant age 12 months to fourth grade. The CES-D is a scale designed to measure depressive symptoms in community populations. It is a widely used, self-report measure with high internal consistency and strong test-retest reliability (Boyd et al., 1982). Paternal depressive symptoms were fairly stable, with across time correlations ranging from 0.49 to 0.72. Fathers' scores on this measure were averaged across time and the internal consistency of this final composite variable was high (Cronbach's $\alpha = .88$).

Father-Adolescent Interaction

First, father and child were asked to discuss and try to resolve four issues on which they disagreed based on parent and adolescent ratings on the Issues Checklist (Prinz et al., 1979). This interaction was videotaped and lasted 5 minutes. Following the conflict task father and child participated in the happy task. Dyads were given 3 minutes and asked to talk about the positive aspects of one another and their family. Participants were videotaped during this discussion as well. The two interaction tasks were not counterbalanced; all parent-child dyads were given the conflict task first. These interactions were coded for father harshness and sensitivity using the Iowa Family Interaction Rating Scales (Melby et al., 1998) by two coders who were unaware of other information regarding the families including fathers' alcohol problems. The sensitivity scale included items such as positive reinforcement, child centered behaviors, humor, positive mood, warmth-support, prosocial behaviors, and physical affection. The harshness scale included items such as intrusiveness, angry coercion, hostility, and antisocial behavior from father to child. Coders were trained on the scales until they achieved at least 80% reliability. Inter-rater reliability was calculated on 16% percent of the interactions and the Intra-class correlation coefficients ranged from .81 to .87 for fathers' harshness and sensitivity variables.

Results

In order to test our question of if father alcohol problems predict harsh and sensitive parenting in adolescence, we conducted bivariate correlations. First, we examined associations among fathers' education, total family income, fathers' total antisocial behavior, fathers' sensitivity, fathers' harshness, fathers' alcohol problems, and fathers' depressive symptoms. We found that father antisocial behavior and a total number of alcohol problems variables had high skewness and kurtosis. Because of this, we did a square root transformation on father antisocial behavior and total number of alcohol problems variables and used the transformed variables in our analyses.

When we ran our bivariate correlations, we included our predictor variables (average father alcohol problems from 12 months to fourth grade and father alcohol group status), our outcome variables (father sensitivity and harshness at fourth grade), and our covariates (lifetime

measure of antisocial behavior and fathers' average depression from 12 months to fourth grade). We included a lifetime measure of father antisocial behavior and fathers' depressive symptoms from 12 months to fourth grade as covariates because depression has been strongly correlated with high substance use (Stover et al., 2012) and fathers' antisocial behavior was associated with the child's conduct problems (Jaffee et al., 2003).

After running our bivariate correlations, we found that father alcohol problems were not significantly correlated with father harshness $r(148) = -.03, p = .7$, or sensitivity, $r(148) = -.09, p = .25$. Father alcohol group status was also not significantly correlated with father harshness $r(148) = .010, p = .91$ and father sensitivity $r(148) = -.13, p = .12$. However, there was a significant association between father alcohol problems and father antisocial behavior, $r(148) = .37, p < .001$, and father' antisocial behavior and fathers sensitive parenting, $r(148) = -.23, p = .004$.

Table 1
Correlations Between Variables of Interest

Variables	1	2	3	4	5	6	7	8
1. Father Education	1							
2. Total Family Income	.41**	1						
3. Antisocial Behavior	-.32**	-.31**	1					
4. Sensitive Parenting	.26**	.14	-.23**	1				
5. Harsh Parenting	-.07	.03	-.09	.43**	1			
6. Alcohol Problems	-.12	-.12	.37**	-.09	-.03	1		
7. Depression	-.08	-.19**	.29**	-.08	-.01	.25**	1	
8. Alcohol Group Status	-.21**	-.05	-.38**	-.13	.01	.59	.158	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Figure 1

Bivariate Correlation Between Average Alcohol Problems and Antisocial Behavior

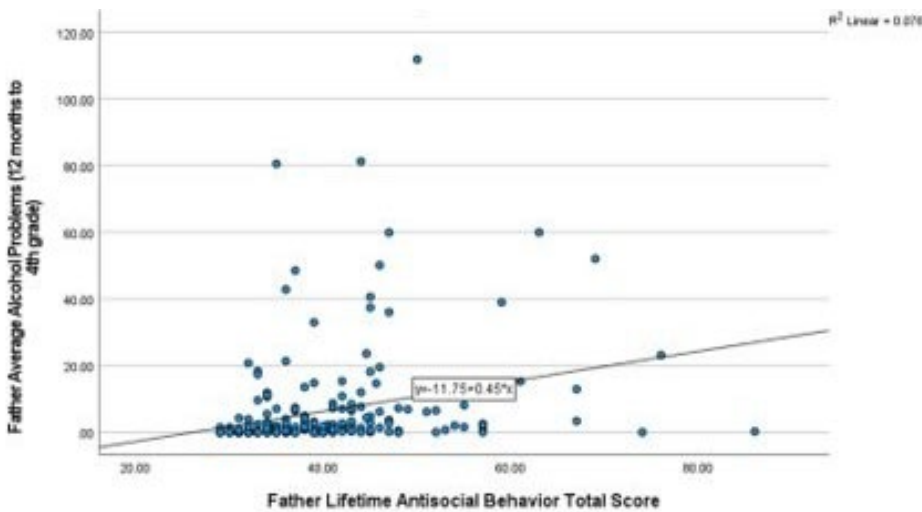
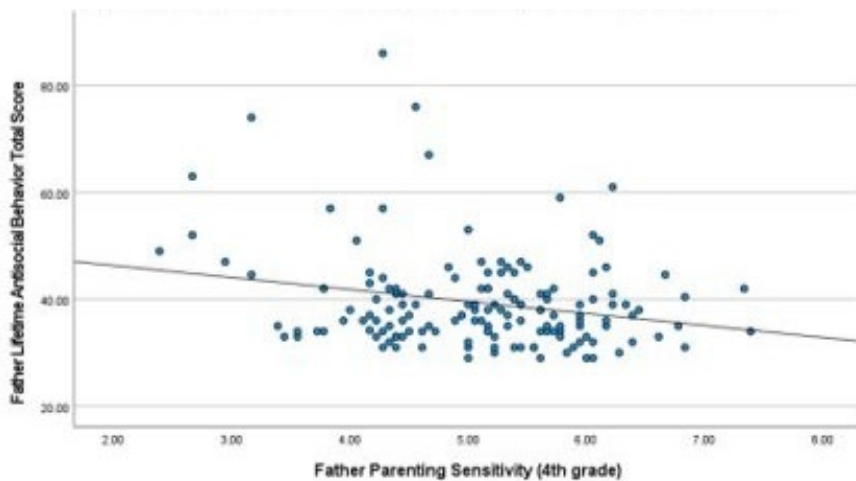


Figure 2

Bivariate Correlation Between Father Antisocial Behavior and Father Parenting Sensitivity



Discussion

We wanted to consider whether fathers with alcohol problems parented their adolescent children less sensitively or more harshly than fathers without alcohol problems. Based on the current literature we hypothesized that fathers with alcohol problems would parent their children more harshly and less sensitively than fathers without alcohol problems. Our hypotheses were not supported by the data. Father alcohol problems were not significantly correlated with father harshness or father sensitivity. Also, father alcohol group status was not significantly correlated with father harshness and father sensitivity. This suggests that paternal alcohol problems measured in infancy were not directly associated with fathers' parenting behavior during laboratory based discussion tasks in adolescence.

However, father alcohol problems were significantly correlated with father antisocial behavior and father antisocial behavior was significantly correlated with father sensitive parenting. The correlation between father antisocial behavior and both fathers' alcohol problems and fathers' sensitive parenting suggests that antisocial behavior might be the link between fathers' alcohol problems and fathers' harshness and sensitivity. In support of this conclusion, other researchers have found that parents with antisocial behavior tend to discipline in unpredictably and exhibit more neglectful parenting (Tory et al., 2011). Further, previous research with the current sample has found that fathers with alcohol problems tend to exhibit more antisocial behavior than fathers who do not experience alcohol problems (Eiden et al., 1999). Together, these findings support our conclusion that antisocial behavior may link father alcohol problems and sensitive parenting practices.

Another potential reason we did not find significant results could be because of social desirability bias. Social desirability bias is "the tendency of research subjects to give socially desirable responses instead of choosing responses that reflect their true feelings" (Grim, 2010). We believe that social desirability bias may have influenced fathers' responses to questions about their alcohol use and problems because they might not have been honest about the amount of alcohol they consumed and want to appear socially competent. We also believe that social desirability bias may have influenced fathers' harsh parenting behavior in the interaction task. Fathers may not have parented as harshly as they typically would because they know that they were being observed.

Finally, it is possible that fathers' alcohol problems measured closer in time to fathers' interactions with their adolescents would be significantly associated with fathers' parenting behavior. One possibility is that fathers' who had alcohol problems in infancy may have gotten treatment and have fewer or no longer have alcohol problems when their children are adolescents. Indeed, several studies have found that child behavior outcomes improved when fathers received treatment for alcoholism (Andreas et al., 2006) and that father parenting behavior improved and CPS involvement decreased when heavy-drinking fathers of adolescent children entered family-therapy (Lam et al., 2009). For this reason it is possible that father alcohol problems do predict father parenting behavior, however, father alcohol problems may need to be measured in adolescence to accurately predict father parenting in adolescence.

Limitations

Although our study had many strengths including the number of participants, particularly the number of fathers who participated, our study also had its limitations. One especially important limitation was the racial composition of the fathers. The majority of fathers were Caucasian (89%), African American (7%), and the rest were Hispanic or Native American (4%). Race is an important thing to consider because this study cannot be generalized to fathers of different races. In addition, the majority fathers (55%) had received some post-high school education or had a college degree. Because the majority of fathers had relatively high levels of education, this study may not relate to fathers who had a relatively low level of education.

Future Directions

In general, more research on father parenting is needed. According to our results, father parenting may be indirectly related to father alcohol problems and future studies should look at other variables like antisocial behavior that may be indirect variables in this relation. Other variables may include the role of mother parenting as a protective buffer. Having a mother who is sensitive and does not parent harshly may protect against fathers harsh parenting (McKee et al., 2007). Furthermore, couple relationship qualities could be another variable that may impact father parenting. Also, research should take into consideration sex differences in father-child interactions as a variable. As found by other researchers, fathers tended to parent their sons in a more authoritarian style, than their daughters (Conrade et al., 2001). Lastly, future studies should include more racially diverse samples. The sample should have more diversity in their range of education and socioeconomic status.

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