

1-1-1996

A Study Of Children Of Alcoholics At Risk For Early Onset Drinking Behavior

Theresa M. Leen

Eastern Illinois University

This research is a product of the graduate program in [Psychology](#) at Eastern Illinois University. [Find out more](#) about the program.

Recommended Citation

Leen, Theresa M., "A Study Of Children Of Alcoholics At Risk For Early Onset Drinking Behavior" (1996). *Masters Theses*. 654.
<http://thekeep.eiu.edu/theses/654>

This Thesis is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact tabruns@eiu.edu.

LB
1861
.C57x
P8
1996
L4
copy 2

A STUDY OF CHILDREN OF ALCOHOLICS AT RISK
FOR EARLY ONSET DRINKING BEHAVIOR

LEEN

THESIS REPRODUCTION CERTIFICATE

TO: Graduate Degree Candidates (who have written formal theses)

SUBJECT: Permission to Reproduce Theses

The University Library is receiving a number of requests from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow theses to be copied.

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS:

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university for the purpose of copying it for inclusion in that institution's library or research holdings.

Theresa M. Leen
Author

8-7-96
Date

I respectfully request Booth Library of Eastern Illinois University not allow my thesis to be reproduced because:

Author

Date

A Study of Children of Alcoholics At

Risk for Early Onset Drinking Behavior

(TITLE)

BY

Theresa M. Leen

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Specialist in School Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1996

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

8/7/96

DATE

J. Michael Henry

ADVISER

8/7/96

DATE

Fred Z. Goff

DEPARTMENT HEAD

Abstract

Children of Alcoholics (COAs) who have made it to college are underrepresented in the literature; this group has achieved some academic success despite the anticipated risk factors of being a COA. COAs in general have been called an at-risk population by various researchers. Collegiate COAs are an important group to examine because this age group has the greatest potential to abuse alcohol and begin to show problem drinking behaviors.

The hypotheses of this study were that the majority of COAs in college will not be significantly different from non-COAs in terms of academics but may differ from non-COAs when examining potentially problematic drinking behaviors. The results will be examined within the context of gender as well. One hundred and twenty-five college students were surveyed using a questionnaire that incorporated a version of the Children of Alcoholics Screen Test (CAST-6), questions involving demographic variables, and current drinking practices of the students and parents.

The results indicated main effects between COAs and each of the following variables: first independent drink, first sip of alcohol within a family context, and problem drinking score. Additionally, age of first sip of alcohol was positively correlated with age of first drink in an independent context for non-COAs; COAs tended to be older than non-COAs on both of these variables. Significant positive correlations were discovered between sex and age of first independent drink; males were more likely to drink at a younger age than females. Results of an anova indicated a significant difference between the problem drinking score for COAs and non-COAs with the latter tending to have higher problem drinking scores. Additional results of the study indicated no significant correlation between COA status and high school or college GPA. Complete discussion of the results will be presented with implications for practice and research.

Acknowledgments

I would like to thank my thesis committee for their help and support, Dr. J. Michael Havey, committee chair, and Dr. Joseph Williams. In addition, I am indebted to several of the faculty of Eastern Illinois University; in particular Dr. French Fraker, Dr. Gary Canivez, Dr. John David Moore, and the faculty of the English Department. I would especially like to thank my husband, Mark Sweeney, and my parents, Patrick and Margaret Leen, for their love and support. Last but not least, I must thank my fellow graduate students, Kelly Cook and Cindy Kincaid, for their friendship, advice, and assistance.

Table of Contents

List of Table	5
Chapter I	6
Chapter II	16
Chapter III	19
Chapter IV	21
References	26
Appendix	31

List of Tables

Table 1 p 32

CHAPTER I

Statement of the Problem

Almost all teens have experimented with alcohol by late adolescence (Stevens, Youell, Whaley, & Lindsey, 1991). In addition, there is an increasing body of research indicating that children of alcoholics (COAs) have a greater potential to abuse alcohol (Havey & Dodd, 1993; Sher, Walitzer, Wood & Brent, 1991), and that college students are drinking in increasing numbers (Engs, 1989). Approximately nine out of ten college students drink; this is a larger percentage than exists in any other group in the U.S. population according to Hughes & Dodder (1983). According to Crowley (1991), college students were more likely to consume alcohol, but tended to drink less quantity per drinking day than non-students of the same age. The population of college students who are COAs have to this point been underrepresented in the literature (Havey & Dodd, 1993). This group has attained some scholastic and social success (i.e., by making it to college) despite the anticipated risk factors of being a COA (Havey & Dodd, 1993; Perkins and Berkowitz, 1991). According to Kashubeck (1994), "those who have 1 or more alcoholic parents and yet make it to college may represent a group with extraordinary resiliency and coping abilities. Thus, this group may not be representative of COAs in general" (p. 541). Early drinking behavior is also said to be a risk factor in later problem drinking (Windle, 1991). In retrospective studies with alcoholics, reports have been made indicating an earlier onset of problem drinking (Pandina & Johnson, 1990).

Further involved in this issue are a variety of factors: life stress, gender, and other demographics. Russell, Henderson, & Blume (1985), based on a comprehensive review of the literature, define a COA as "any person...who has a parent identified in any way as having a significant problem related to alcohol use" (p. 10). According to Brown (1989), both adolescent COAs and substance abusing adolescents have a greater degree of stress involved in their life than do other youth. Adolescent COAs, who are not themselves

involved in substance abuse, have a greater degree of life stress involved with parental or family problems as a result of a parent's drinking than do other youth. Life stress and family discord may be integral components of family life for a COA.

There are various issues with respect to COA status and gender. Within the literature, there is disagreement regarding whether males or females are more susceptible to discord and stress involved within the family; some researchers indicate that boys are more seriously affected by family discord, while others declare that girls incur more serious repercussions. Both males and females may actually be equally affected, but react to the family dissension in differing ways (Dornfeld & Kruttschnitt, 1992). For example, according to Dornfeld and Kruttschnitt (1992), delinquency among females (i.e., inappropriate sexuality or adolescent drinking) may be a direct result of family discord, whereas delinquency among males is more independent of family problems. In other words, males may act out for reasons that are generally unrelated to family problems. On the other hand, boys generally react to discord in the family by presenting more internalizing behaviors (i.e., anxiety or depression). In general, according to Heller (1982), most studies of COAs have focused on males. Heller estimated the number of male to female COAs is estimated to be approximately even. It seems that the effects of parental alcoholism on daughters is neglected in favor of sons (Heller, 1982). The literature on males seems to indicate that "the early adult years are the period of highest alcohol abuse" (Crowley, 1991, 16). One thing that is known about female COAs (despite the neglect of this group in the literature) is that they appear to display a lower level of self-esteem than male COAs (Webb, Post, & Robinson, in press). Other gender studies indicate that, although boys consume a slightly greater amount of alcohol, the consumption of alcohol between boys and girls may be almost equal (Dornfeld & Kruttschnitt, 1992). According to a recent study by Crowley (1991), "Sex differences were smaller among college students" (p. 10). Gender may be further involved with COA status through transmission. According to a meta-analysis by Pollock, Schneider,

Gabrielli, and Goodwin (1987), a higher potential for alcoholism occurred in both males and females when the father was the substance abuser; if the mother was the alcoholic, daughters have a higher rate of alcoholism. Currently, there exists only speculation on the reasons behind this finding. More research is necessary in the area of gender and alcoholism as currently few studies address the issues involved (Russell et al., 1985). The current theoretical explanations of these discrepancies do not fully explain the current research findings. (Pollock, Schneider, Gabrielli, & Goodwin, 1987).

In summary, research suggests COAs are at greater risk to drink alcohol, but the current research may not accurately represent the population of COAs. The population of COAs in college may have overcome risk factors and adverse environmental characteristics in order to achieve one level of success (i.e., enrollment in an institution of higher learning). Despite assumed adverse environmental effects, the population of COAs in college may have beaten the negative factors and attained a certain level of scholastic accomplishment. As a result, this group may have actually turned the negative factors into positive coping strategies. This proposed study will attempt to address the aforementioned problems by looking at a college population of COA's age of onset of drinking behavior in the context of gender and the potential for problem drinking. It was hypothesized that the majority of COAs in college will not appear to be significantly different from non-COAs in the academic arena, but may be different from non-COAs when examining potentially problematic drinking behaviors (i.e., early onset drinking behavior).

Purpose of the study

As stated, it is established in the literature that COAs are at risk to become problem drinkers or alcoholics themselves. This 'danger' may be in part a function of the severity of the problem of the parents; these parents may seek treatment as their problem is more grim and severe as compared to others. Thus, any prediction of risk for the children of

these parents may be an overestimation for the children of parents with less keen alcohol related problems (Roosa, Michaels, Groppenbacker, & Gersten, 1991).

COAs in college are a group who have accomplished academic and social achievement in spite of the potential risk factors that come from their status of COA. The majority of the available literature indicates that COAs will develop problems as a result of a variety of negative factors (e.g., environment, hereditary, etc.). This group of collegiate COAs, on the other hand, has seemingly circumvented the negative effects of being a COA and achieved some academic success; thus, this group may be more resilient or may have utilized the negatives to create positive effects. It is difficult to determine fully at this point as clinical COAs have dominated the literature to this point. Actually, only 1 in 5 of the 28 million COAs seek some type of therapy (Webb et al., in press). This implies that only 20 percent have problems severe enough to warrant seeking assistance. Difficulties faced in childhood by COAs may foster personal development and growth and may contribute to the resiliency and resourcefulness of some COAs (Ryff & Dunn, 1985). The experience of an alcoholic family may encourage the growth of adaptive behaviors (Russell et al., 1985). They have not succumbed to the potential constitutional, familial, and environmental factors which threaten to develop problems in other areas of their life such as in school and with peers. Several researchers have criticized the "negative focus" of COA research (El Guebaly & Offord, 1977; Russell, et al., 1985). According to Berkowitz & Perkins (1988), "some studies suggest that aspects of COA personality development and behavior can be adaptive in a positive coping sense or simply similar to that of other peers" (p. 209). Pandina & Johnson, (1989) drew similar conclusions from the results of their study. Despite negative life experiences, many COAs are able to find happiness, develop self-esteem, and develop normally (Tweed & Ryff, 1989).

Collegiate COAs are a group that is possibly underrepresented and unknown within the available literature (Havey & Dodd, 1993). According to Perkins and Berkowitz

(1991), this population is worthwhile to study because these individuals have achieved in areas of their lives, such as academics, despite an adverse environment. Further, any problems with alcohol are likely to begin to come out at this age. Pandina and Johnson's (1990) longitudinal research on a general population of New Jersey adolescents (aged 12-21) suggested that the negative effects of an alcoholic family on one's own drinking may not emerge until late adolescence (ages 18-21) (Perkins & Berkowitz, 1991).

According to a recent study, the most striking finding was that only minimal differences existed between COAs and non-COAs in psychological well-being and personality development (Tweed & Ryff, 1991). Other empirical studies indicated that many COAs display no substance abuse, psychological or other negative problems (Burk & Sher, 1990). Finally, this group may actually better represent the COA population than the clinical groups which have traditionally been studied (Havey & Dodd, 1993; Roosa et al., 1991). Thus, there is merit to the study of the proposed population of collegiate COAs.

The literature attests that the earlier one begins to use alcohol, the earlier it is that problems will develop, and the individual may become more entangled with alcohol and the related problems (Windle, 1991). Recently, studies have also indicated that both the age that youth commence drinking and the age of alcoholism are declining (Zucker & Fitzgerald, 1991). A major portion of adolescents have had some experience with alcohol (80-93%), and abuse of alcohol is a common occurrence in adolescence (Chassin, Mann, & Sher, 1991). Windle (1991) reported a nationwide survey of eighth to tenth graders that indicated that over 75% of the eighth graders and over 87% of the tenth graders have tried alcohol. By ages 17-19, most adolescents have tried drinking at one time or another (Stevens et al., 1991). In the United States, it is the drug that is most abused by adolescents (Stevens et al., 1991). Further, as previously mentioned, retrospective studies with alcoholics, show that those that have the greatest problems with alcohol may have had an earlier appearance of problem drinking behaviors (Pandina & Johnson, 1990). Evidence exists that indicates alcohol use by adolescents may open

the gate for other drug use and additional problems. According to Stevens et al. (1991), users of illicit drugs initiate alcohol use early, and that starting to drink at age 12 and younger is also associated with dropping out of school. Pre-adolescent and early adolescent drinking patterns are therefore predictive of future alcohol related morbidity" (Stevens et al., 1991, p. 334).

Consequently, there is worth to this undertaking in order to add to the body of literature on COAs. Drinking is widespread among the college population, and relatively little is known about this subset of COAs. This study will attempt to determine whether collegiate COAs begin drinking at a younger age than non-COAs. The information obtained could potentially facilitate intervention with COAs, and could help to differentiate this group of COAs from a higher-risk group or from 'normals'.

Theoretical Background

In addition to the potential for later problems with alcohol, previous research indicates that COAs may develop other problems as well. According to Clair & Genest (1992), there is the chance that COAs will incur behavior problems, be anxious, develop low self-esteem, and/or dysphoric mood. Sher, Walitzer, Wood, & Brent (1991) indicate that COAs may be more prone to become involved in antisocial acts or hyperactivity. Adjustment problems may be present throughout life (Coleman & Frick, 1994). The literature further indicates that COAs expect more positives from using alcohol but actually deal with more negative repercussions. COAs may have lesser mental capacities and accomplish less academically (Sher et al., 1991). Also, many COAs develop problems with the law and in relationships (Burk & Sher, 1990). There lies the potential for many problems for COAs besides their own problem drinking.

There are 28 million COAs in the United States population (Coleman & Frick, 1994). According to various researchers, COAs are an at-risk population. The results of a meta-analysis, indicate as many as 33% of alcoholics report having at least 1 parent who was alcoholic (Cotton, 1979), and 82% of alcoholics report an alcoholic family member

when all relatives are included (Lucero, Jensen, & Ramsey, 1971). Research involving family, twin, and adoption studies argue that genetic components may play a role in the development of alcoholism within an individual or a family further increasing the risk (Stratton & Penney, 1992). According to Ullman & Orenstein, (1994), "[h]owever, no researcher claims that genetics can predict alcoholism very well. Most COAs do not become alcoholic, and most alcoholics do not have alcoholic parents" (p.1) Conversely, some research demonstrates that alcoholism among COAs is more prevalent than in the general population (Cotton, 1979; Vaillant, 1983). According to Coleman and Frick (1994), COAs are 4 to 6 times more likely to develop difficulties with alcohol than are controls.

Two misconceptions which complicate COA research are that the population of COAs is a homogeneous group, and that all alcoholic families manifest similar patterns of dysfunction. Neither of these are true. As with any individual or family, varying adaptive and maladaptive strategies are utilized to different degrees. Thus, this population can be difficult to describe (Wright and Heppner, 1993).

Within the research literature, the COA samples are defined differently. The major, traditional definition is parent's engagement in treatment for the substance abuse problem. A further categorization variable involves the child's identification of the parent as an alcoholic (Orenstein, Davis, & Wolfe, 1992). According to Roosa, Michaels, Groppenbacker, & Gersten (1991), COAs are generally accurate in the identification of their parent as alcoholic. In a study by O'Malley, Carey, & Maisto (1986), "the data showed a significant correlation between students and parental reports of parental frequency and quantity of drinking were interpreted as suggesting that subject's reports of their parent's drinking patterns can be used with some degree of confidence without obtaining the data directly from the parents" (p. 433). An individual is also defined as a COA based on the results of a psychometric battery (Orenstein et al., 1992) such as the Children of Alcoholics Screening Test (CAST), the Life Situations

Checklist II, the Substance Abuse Proclivity Scale, or the Student Alcohol Questionnaire (SAQ)-among others. The proposed study will combine the self-identification with the psychometric battery to determine who in the sample is a COA.

Review of Related Research

It is quite well accepted that there is the potential for problem drinking by COAs, and that the earlier one uses alcohol, the earlier s/he could have problems. Most of the available research has been done with clinical samples of troubled youth (Johnson, Leonard, & Jacob, 1989) or with children whose parents have been in treatment (Roosa et al., 1991). These samples have presenting problems that need to be studied, and they are readily available. The subjects in these samples have been criticized as having low generalizability as not all offspring of problem drinkers develop difficulties nor do all adults seek treatment for alcohol abuse (Havey & Dodd, 1993). As indicated, these groups may be different from the majority of COAs or these families may have the most significant problems (Roosa et al., 1991). The available supporting research of this assertion is not as solid as is necessary. (Webb et al., in press). The current course in the literature is an attempt at a more representative sample. As indicated, these families may have a more extreme problem or may be qualitatively different from families who do not seek treatment. This may contribute to COAs appearing to have so many problems (Orenstein et al., 1992). Utilizing a more representative sample "has led to a changed perception, from children of alcoholics being very troubled to being 'resilient'" (Orenstein et al., 1992, p. 59).

As indicated, a great deal of attention has been paid to the COAs who develop problems as a result of their experiences in an alcoholic household (Heller et al., 1982). "In general, there appears to be a minimal of attention paid to positive coping and resiliency factors, and 'overreporting of pathology'" (Heller et al., 1982, p. 189). What may be occurring is a 'pathology bias'; "instances of healthy adjustment rarely are noted or recorded" (Heller et al., 1982, p. 189). Many professionals operate under the belief

that for COAs who are not currently symptomatic, it is just a matter of time. These professionals do not acknowledge the possibility that one can become stronger from experiences in a negative environment (Heller et al., 1982).

There are several theories regarding the etiology of alcoholism; one such theory is of predisposition based on personality characteristics such as: external locus of control, low socialization, or low stress tolerance. Any of these characteristics may contribute to the development of a problem with alcohol. Other personality characteristics attributed to COAs include: overcautiousness, deficits in capacity to trust, and inadequate ability to distinguish and express emotions (Wright & Heppner, 1993). A second theory, according to Wilson and Crowe (1991), involves physical-neuropsychological deficiencies as the cause. Other theories include that the alcoholic has less sensitivity to alcohol's effects; that alcoholics do not metabolize alcohol in a manner similar to non-alcoholics; that alcoholics have different expectations about the effects from alcohol; or that these individuals develop a tolerance to alcohol more readily than normals (Wilson & Crowe, 1991).

There are additional theories on the etiology of alcoholism. The social learning perspective indicates that adolescents are at risk to develop their parents' drinking patterns; there is a significant correlation between parental and adolescent drinking which lends credence to the idea that adolescents are modeling drinking behavior (Barnes & Weet, 1990; Zucker, 1986). Individuals with a positive family history of alcoholism may develop an earlier problem with alcohol and a more severe problem than those with a negative family history of alcoholism (Pandina & Johnson, 1989). Also, the literature has consistently reported that a higher rate of alcoholism is found among COAs than among individuals with a negative family history (Valliant, 1983). None of these theories have as yet been very strongly substantiated.

As previously indicated, college students are an important and neglected population in the area of COA research. This population has an extremely high rate of alcohol use; the

highest rate of any group in the population. Also, this population may indeed be more representative of the population of COAs. Furthermore, if COAs are indeed 'resilient,' by achieving relative academic success, this population may be manifesting more of that resiliency factor in other areas of their life.

CHAPTER II

Method

The participants in the study were members of Introductory English and Psychology classes at Eastern Illinois University during the spring semester of the 1995-96 school year. These courses were selected because they both fulfill general education requirements and would best represent the student population because most students are required to take these courses regardless of their major. Two hundred twenty-five college students were surveyed within the context of their regular classes. Data from students answering questionnaires who were not traditional (i.e., 18-19 year olds) first year college students were not utilized in the final results. The resulting N equaled one hundred twenty-five students; data from this group of students were analyzed for this study. Fifteen (or approximately eight percent) of the one hundred twenty-five students were classified as COAs.

The instrument used was a version of the Children of Alcoholics Screen Test, a 30 item, dichotomous screener; (hereafter CAST-30) it was developed to identify children and adolescents from alcoholic families. The screener examines feelings, behaviors, and experiences related to parent's alcohol use. A score of zero indicates no alcoholic parent, and a cutoff score of 6 indicates that the student lives/lived with an alcoholic parent (Harmon & Arbona, 1991; Dining & Berk, 1989). The "cutoff score of 6 was reported to identify 100% of the COAs" according to Jones (1983, p. 157). There is a potential for false positives with the CAST-30 (23% of control group identified) (Jones, 1983). Because of the problematic false positive rate, Roosa, Beals, Sander, & Pillow (1990) added a question involving whether or not the respondent would identify a parent as an alcoholic. This resulted in an 18% false positive rate (Havey & Dodd, 1995). (This question has been incorporated into the current study-see question number 20.) In addition, Jones (1983) reported the CAST has a Spearman-Brown split half reliability of .98. This instrument was found to possess adequate internal consistency (Dining &

Beck, 1989; Havey & Dodd, 1995) as well as sufficient test-retest reliability over a two week period (Robinson, Post, Webb & Smith, 1990). The manual reported two validity studies in which there was "significant score differences between diagnosed or self-reported COAs and randomly selected controls" (Jones as cited in Dining & Berk, 1989, p. 336) with the COAs scoring in the expected manner. Overall, research with this instrument demonstrates promising results (Dining & Berk, 1989; Havey & Dodd (1995) & indicates that the "CAST is an internally consistent instrument for use with adolescents." (Dining & Berk, 1989, p. 5)

Several recent studies indicate that a shortened version of the CAST (6 items) may be as appropriate to use as a screener as the 30 item version. The CAST-6 is a shorter, but comparably reliable, version of the CAST (Havey & Dodd, 1995). On the CAST-6, a cut-off score of 0 indicated no alcoholic parent, and a cut-off score of 3 indicated an alcoholic parent (Havey & Dodd, 1995). According to Havey & Dodd (1995), "the classification rates based on the full CAST and on the shortened version were similar" (p. 501). But, the results of a study by Havey & Dodd (1995) yielded false negative rates of 1% and false positive rates of 0% in both samples surveyed. Results of a study by Hodgkins, Maticka-Tyndale, El-Guelbaly, & West (1993), yielded compelling correlations (ranging from .92 to .94) between the CAST-30 and the CAST-6. Finally, Hodgkins et al. (1993), concluded that the "CAST-6 is an efficient method of identifying ACOAs which compares favorably with the full 30 item CAST" (p. 342). The shorter version is a plus for researchers as it is an efficient as well as accurate method of identification (Hodgkins et al., 1993).

It is expected that this study will indicate that there may be significant differences between COAs and non-COAs on some/all of the variables of interest based on answers to the questionnaire and a cut-off score of 3 on the CAST-6. The subjects self-identified themselves as COAs based on their answers to the questionnaire and the results determined by the CAST-6. The questionnaire consisted of the CAST-6, and additional

questions that include demographic variables such as: age, gender, major in school, grade point average (high school and college), as well as age of first sip of alcohol within a family context (i.e., a taste from an adults drink), age of first independent drink with peers, frequency of current drinking behavior, consequences involved in drinking behavior (involving school, family, work etc.), family drinking behavior, how long the subject lived with an alcoholic parent, number of alcoholic parents in the home, and whether or not the individual would self-identify as a COA.

Two hundred twenty-five subjects completed the combination of the questionnaire/CAST-6; all questionnaires and resulting data were anonymous and protected to increase truthful responding. All subjects were given informed consent prior to the completion of the CAST-6. The subjects were given the opportunity to cease answering the questionnaire at any point, and the opportunity to receive the results of the study when completed.

The independent variables for this study are: 1 COA vs. non-COA and 2 male vs. female. The dependent variables include: age the subject first tasted alcohol within the context of a family setting; age the subject first tasted alcohol independently with peers; and the current problems one may be having with alcohol based on a score determined from items 7-13 on the questionnaire (the problem drinking score). MANOVAs were used to evaluate differences between the groups (i.e., COA male, non-COA female; etc.) in relation to the dependent variables (age the subject first tasted alcohol within the context of a family setting; age the subject first tasted alcohol independently with peers; and the problem drinking score). Further, correlations were conducted to examine the relationship (if any) between the age the subject first tasted alcohol within the context of a family setting and age the subject first tasted alcohol independently with peers in relation to any current problems with drinking (the problem drinking score). A positive correlation is anticipated in that, the earlier one tries alcohol it is expected there is an increased risk for problem drinking behaviors.

CHAPTER III

Results

Two hundred and twenty-five questionnaires (which incorporated the CAST-6) were distributed to students in Introductory English and Psychology courses. All subjects answered the questionnaires, but only first year students aged 18-19 years old were utilized in the final data analysis.

Significant positive and negative correlations resulting from the data analysis suggested that relationships do exist among the variables. (See Table 1.) The correlational analysis indicated that COA status was not related to sex of the respondent, high school GPA, or college GPA. However, significant positive correlations were discovered between sex of the respondent and the age of first independent drink; age of first sip of alcohol (within the family context) and age of first independent drink; and age of first sip of alcohol (within the family context) and the problem drinking score. A significant negative correlation was yielded between the age of first independent drink and COA status.

Multivariate analyses of variance (MANOVAs) were conducted using the independent variables (COA vs. non-COA and sex) to examine the effects on the dependent variables (age of first sip within the family context, age of first independent drink, and current problem drinking score). (As previously indicated, the problem drinking score was computed by summing each student's responses from items 7-13 on the questionnaire.)

An Analysis of Variance (ANOVA) (at the .05 level) (conducted as part of the above MANOVA) indicated that some significant effects exist between COA status and age of first independent drink [$F(1,78) = 4.68, p = .034$]; COA status and age of first sip within a family context [$F(1,78) = 5.01, p = .028$]; and COA status and the problem drinking score [$F(1,78) = 6.37, p = 0.14$]. Additional one-way ANOVAs were performed, and the results were consistent with those of the results discussed previously (significant between group effects exist between COA status and age of first sip of alcohol in the

family context [$F(1,95) = 6.22, p = .0143$], and COA status and the problem drinking score [$F(1,95) = 5.43, p = .022$]).

CHAPTER IV

Discussion

Five respondent's data were not included in the final group of COAs because, despite at least three "yes" responses to CAST items, these individuals responded negatively to question number twenty (Have you ever thought a parent was alcoholic?) Both a cut-off score of three "yes" responses as well as an affirmative response to question number twenty were required in order for the student to be considered in the group of COAs. Thus, these students did not fit the parameters of COA determined previously, and they were counted in the group of non-COAs. This occurrence may be related to the fact that COAs generally do not discuss and/or admit to their parent's problem drinking behaviors. (Black, 1981), and this may have occurred with these students.

As indicated, data analysis yielded significant positive and negative correlations suggesting that relationships do exist among several of the variables of interest. Significant positive correlations were discovered between sex of the respondent and age of first independent drink with males being more likely (than females) to drink alcohol independent of the family context at a younger age. Data from this study did not indicate a significant relationship between gender and COA status. The only apparent gender difference indicated from the available results is that boys are more likely to commence drinking in an independent context at a younger age than are girls.

Age of first sip of alcohol in a family context (Mean = 11.46) was positively correlated with age of first independent drink (Mean = 15.34). In other words, if a child has his/her first sip of alcohol in the family context at an older age, it is likely that he/she will have his/her first independent drink at an older age. Further analysis indicated the relationship between the aforementioned variables was true for non-COAs more so than COAs. But, a significant negative correlation existed between COA status and age of first independent drink. This seems to indicate that COAs are more likely to be older (by at least one year) when they have their first drink in an independent context. However,

the only correlation found between age of first sip of alcohol within a family context and COA status is that COAs tended to be older (by about three years) than the sample population when they had their first sip of alcohol within the family context. Alcohol is a part of a COA's environment but may or may not be readily accessible (i.e., a parent may be very protective of his/her 'stash,' or the alcoholic may be more aware of how much alcohol is in the home). Therefore, the child may be unable to pilfer from the alcohol in his/her home, and it may actually be more difficult for that child to obtain alcohol from home.

It was interesting to note that the age that a COA first sips alcohol within the family context does not appear to influence the age that a s/he has her/his first independent drink; this is despite the fact that the COA may be more exposed to alcohol within her/his environment. In contrast, according to the correlational data, the age of the first independent drink appears to be related to COA status in that COAs tended to be older than non-COAs when they had their first independent drink. Interestingly, the age of first sip appeared to be significantly relevant for male COAs when considering an individual's current problem drinking behaviors (e.g., the number of drinks consumed during one occasion of drinking). Non-COAs and female COAs tended to report that they consumed fewer drinks if they had their first sip of alcohol in a family context at an older age. Male COAs, on the other hand, reported being older when having their first sip of alcohol in the family context; this was strongly correlated to a higher number of drinks consumed during one occasion of drinking. Thus, despite the assumed prevalence of alcohol in their environments, male COAs may not be allowed by their parents to try alcohol in the family context until they are older. It may be the case that alcohol is more readily available as one gets older, thus, they drink more when the opportunity presents itself.

The age one first sips alcohol was positively correlated with the problem drinking score. However, results of an ANOVA indicated a significant difference between the problem drinking score for the population of COAs compared to non-COAs, indicating

that non-COAs have a greater likelihood to have a higher problem drinking score. As previously indicated for non-COAs, the earlier one drinks alcohol within the family context, the more likely s/he will drink alcohol independently earlier. Also, research in this area indicated that earlier drinking may set the stage for problem drinking behaviors later (e.g. Windle, 1991; Pandina & Johnson, 1990; and Stevens et al., 1991). Thus, for both male and female non-COAs and female COAs, one potential risk factor of early onset drinking behavior may be circumvented the longer one waits to try alcohol within a family context (as age of first sip in a family context is significantly correlated with age of first sip in an independent context. However, this does not seem to be the case for male COAs, as there was a strong correlation between an older age of first sip of alcohol in a family context and a higher quantity of drinks consumed in one occasion of drinking.

Correlational data lend support for the first hypothesis: that the majority of COAs in college will not appear to be significantly different from non-COAs in the academic arena. In fact, no significant correlations existed between COA status and high school or college GPAs. These results held true in terms of gender as well; GPAs were generally higher for females than for males and this was not effected by COA status. Thus, being a COA does not seem to effect one scholastically--at least in terms of GPA--and a COA will not necessarily accomplish less academically. It is possible that these particular students have developed coping strategies that appear to be successful thus far. A subset of the literature would predict that ineffective coping strategies may eventually break down, and these COAs will not experience achievement in this area (Black, 1981). A more optimistic perspective would entertain the notion that because these students are experiencing success in one area of their lives, this could positively effect other areas where they may be experiencing difficulties (i.e., family, intimate relationships). Another feasible possibility is that these particular COA students are more future/career focused or have higher cognitive abilities than their COA counterparts (who have opted

for a path other than college), and this has assisted them in their quest for higher education.

Results of the MANOVA supported the second hypothesis: that COAs may be different from non-COAs when examining potentially problematic drinking behaviors. There was a main effect when COA status was individually compared with each of the following variables: age of first sip within a family context, age of first independent drink, and the problem drinking score. In terms of this sample, these results indicated that COAs were indeed more likely to have their first sip of alcohol in a family context at an older age than the sample population of non-COAs. Because COAs as children mainly see role models involved with alcohol negatively, they may consciously choose to behave in a way that is different from their parents (i.e., they may say they will never drink alcohol).

In summary of this study, COAs seemed more likely to be older than non-COAs when they have both their first sip of alcohol within a family context and their first drink in an independent context. Also, the first sip of alcohol within the family context was positively related to the problem drinking score. In terms of gender, males do seem to start drinking at a younger age in independent contexts (with friends) than girls according to the results of this study, but male COAs are generally older when they have their first sip of alcohol in a family context and consume more drinks during an occasion of drinking. Regardless, the data from non-COAs seem to show that the earlier one tries alcohol within the family context, the earlier s/he will have their first independent drink and vice versa, and that there was a significant difference between the problem drinking score for the population of COAs compared to non-COAs, indicating that non-COAs have a greater likelihood to have a higher problem drinking score. Additionally, COAs do not appear different from non-COAs in terms of high school or college GPAs.

Academic success is generally an integral component in the lives of students of this age. However, information on COA status and academics is limited. Thus, certain

questions that result from information obtained from this study cannot be answered (i.e., Is the student also successful in social or employment aspects of life?)

Results of this study are based on an N of one hundred and twenty-five students; eight percent of the total N (N = fifteen) were categorized as COAs. This is a smaller percentage of COAs than is found in other studies, and some of the results of this study contradicted results from other studies. Thus, some of the findings may not be representative of collegiate COAs and non-COAs in the general population. Additional research in the area could help to support the assertions of this study.

The above limitations do lend themselves to future research in this area as much information could be gleaned in comparing the academic area of a COA's life with other areas (i.e., academics with employment). Utilizing data from a greater number of subjects in future studies could help to confirm results, and add additional information to the current literature base. As mentioned previously, minimal information is available regarding gender differences and COA status; in particular, the literature is very sparse regarding females and alcoholism. These research avenues, as well as others, may uncover valuable information regarding the makeup of COAs. Information from future research (i.e., aspects of resiliency of COAs) may prove invaluable in developing, implementing, and evaluating programs for intervention and prevention.

References

- Barnes, G.M. & Welte, J.W. (1990). Prediction of adult's drinking patterns from the drinking of their parents. Journal of Studies on Alcohol, 51(6), 523-527.
- Black, C. (1981). It will never happen to me! New York: Ballantine Books.
- Berkowitz, A. & Perkins, H.W. (1988). Personality characteristics of children of alcoholics. Journal of Consulting and Clinical Psychology, 56(2), 206-209.
- Brown, S.A. (1989). Life events of adolescents in relation to personal, family history alcoholism & adolescent alcohol involvement. Journal of Abnormal Psychology, 97(2) 206-217.
- Burk, J.P. & Sher, K.J. (1990). Labeling the child of an alcoholic: Negative stereotyping by mental health professionals and peers. Journal of Studies on Alcohol, 51(2), 16-163.
- Cahalon, D., Cisin, I.H., & Crossley, H.M. American Drinking Practices: A National Study of Drinking Behavior and Attitudes. Rutgers Center of Alcohol Studies Monograph No. 6, New Brunswick, N.J., 1969.
- Chassin, L., Mann, L., & Sher, K.J. (1988). Self-awareness theory, family history, alcoholism, and adolescent alcohol involvement. Journal of Abnormal Psychology, 97(2), 206-217.
- Clair, D.J. & Genest, M. (1992). The children of alcoholics screening test: reliability and relationship to family environment, adjustment, and offspring alcoholics. Journal of Clinical Psychology, 48(3), 414-420.
- Coleman, T.L. & Frick, P.J. (1994). MMPI-2 profiles of adult children of alcoholics. Journal of Clinical Psychology, 50(3), 446-454.
- Cotton, N.S. (1979). The familial incidence of alcoholism: A review. Journal of Studies on Alcohol, 40(1), 89-116.
- Crowley, J.E. (1991). Educational status and drinking patterns: How representative are college students? Journal of Studies on Alcohol, 52(1), 10-16.

- Dining, W.D. & Berk, L.A. (1989). The CAST: Relationship to sex, family environment, and social adjustment in adolescents. Journal of Clinical Psychology, 45(2) 353-339.
- Dornfeld, M. & Kruttschnitt, C. (1992). Do the stereotypes fit? Mapping gender-specific outcomes and risk factors. Criminology, 30(3), 397-419.
- Engs, R.C. (1989). Family background of alcohol abuse and its relationship to alcohol consumption among college students: an unexpected finding. Journal of Studies on Alcohol, 51(3), 542-547.
- Fingarette, H. (1988). Heavy drinking: The myth of alcoholism as a disease. Berkeley: University of California Press.
- Harman, M. & Arbona, C. (1991). Psychological adjustment among adult children of alcoholics: A cross-cultural study. The Journal of Psychology, 125(6), 641-648.
- Havey, J. M. & Dodd, D. K. (1993). Variables associated with alcohol abuse among self-identified collegiate COAs and their peers. Addictive behaviors, 18, 567-575.
- Havey, J.M. & Dodd, D. (1995). Classifying COAs with three variations of the CAST: Classification rates, stability, and gender differences. Addictive Behaviors, 20, (4), 501-507.
- Heller, K. (1982). Problems associated with risk overprediction in studies of offspring of alcoholics: Implications for prevention. Clinical Psychology Review, 2, 183-200.
- Hodkgins, Maticka-Tyndale, El-Guebaly, & West (1993). The CAST-6: Development of a Short-Form of the CAST. Addictive Behaviors, 18, 337-345.
- Hughes, S.P. & Dodder, R.A. (1983). Alcohol consumption patterns among college populations. Journal of College Student Personnel, 24 257-264.
- Johnson, S., Leonard, K.E., & Jacob, T. (1989). Drinking, drinking styles, and drug use in children of alcoholics, depressives and controls. Journal of Studies on Alcohol, 50(5), 427-431.

- Jones, J.W. (1983). Children of alcoholics screening test: a validity study. Addictive Behaviors, 2, 155-163.
- Jones, J.W. (1983). The children of alcoholic screen test: Test manual. Chicago: Camelot Unlimited.
- Kashubeck, S. (1994). Adult children of alcoholics and psychological distress. Journal of Counseling and Development, 72, 538-543.
- Lucero, R.J., Jensen, K.F., & Ramsey, C. (1971). Alcoholism and teetotalism in blood relatives of abstaining alcoholics. Quarterly Journal of Studies on Alcohol, 32, 183-185.
- Ornstein, A., Davis, R. B., & Wolfe, H. (1993). Parental substance abuse treatment and adolescent problems. Journal of Alcohol and Drug Education, 38, 50-61.
- O'Malley, S.S., Carey, K.B., & Maisto, S.A. (1986) Validity of young adults reports of parental drinking practices. Journal of Studies on Alcohol, 47(5), 433-435.
- Pandina, R.J. & Johnson, V. (1989). Familial drinking history as a predictor of alcohol and drug consumption among adolescent children. Journal of Studies on Alcohol, 50(3), 245-253.
- Pandina, R.J., & Johnson, V. (1990). Serious alcohol and drug problems among adolescents with family history of alcoholism. Journal of Studies on Alcohol, 51(3), 278-282.
- Perkins, H.W. & Berkowitz, A.D. (1991). Collegiate COAs & alcohol abuse: Problem drinking in relation to assessment of parent and grandparent alcoholism. Journal of Counseling and Development, 69, 237-240.
- Pollock, V.E., Schneider, L.S., Gabrielli, W.F., & Goodwin, D.W. (1987). Sex of Parent & offspring in the transmission of alcoholism: A meta-analysis. Journal of Nervous Mental Disorders, 175, 668-673.
- Robinson, B.E., Post, P., Webb, W. & Smith, E.J. (1990). Test-retest reliability of the CAST. Perceptual & Motor Skills, 70, 858.

- Roosa, M.W., Beals, J., Sandler, I.N., & Pillow, D.R. (1990). The role of risk and protective factors in predicting symptomatology in adolescent self-identified children of alcoholic parents. American Journal of Community Psychology, *18*, 725-741.
- Roosa, M.W., Michaels, M., Groppenbacker, N., Gersten, J. (1991). Validity of children's reports of parental alcohol abuse. Journal of Studies on Alcohol, 71-79.
- Russell, M., Henderson, C., & Blume, S.B. (1985). Children of alcoholics: A review of the literature. Buffalo: New York State Division of Alcoholism and Alcohol Abuse, Research Institute on Alcoholism.
- Ryff, C.D. & Dunn, D.D. (1985). A life-span developmental approach to the study of stressful life events. Journal of Applied Developmental Psychology, *6*, 113-127.
- Sher, K.J., Walitzer, K.S., Wood, P.K., Brent, E.E. (1991). Characteristics of children of alcoholics: putative risk factors, substance use and abuse, and psychopathology. Journal of Abnormal Psychology, *100*(4), 427-448.
- Stevens, M., Youells, F, Whaley, R., & Lindsey, S. (1991). Prevalence and Correlates of alcohol use in a survey of rural elementary school students: the New Hampshire study. Journal of Drug Education, *21*(4), 333-342.
- Stratton, P.A. & Penney, A. (1992). High school and college student children of alcoholics: a pilot educational program and assessment of readiness for assistance. Journal of Alcohol and Drug Education, *38*(1), 100-112.
- Tweed, S.H. & Ryff, C.D. (1991). Adult children of alcoholics: Profiles of wellness amidst distress. Journal of Studies on Alcohol, *52*(2), 133-141.
- Ullman, A.D. & Orenstein, A. (1994). Why some children of alcoholics become alcoholic: Emulation of the drinker. Adolescence, *29*(113), 1-11.
- Vaillant, G.F. (1983). The natural history of alcoholism. Cambridge, MA: Harvard University Press.
- Webb, W., Post, P., & Robinson, B. (in press). Self-concept, anxiety, and knowledge exhibited by adult children of alcoholics and adult children of nonalcoholics.

International Journal of Addictions,

- Wilson, J.R., & Crowe, L. (1991). Genetics of Alcoholism: can and should youth at risk be identified? Alcohol World-Health and Research, 15(1), 11-17.
- Windle, M. (1991). Alcohol and abuse: some findings from the national adolescent student health survey. Alcohol World-Health and Research, 15(1), 5-10.
- Wright, D.M. & Heppner, P.P. (1993). Examining the well-being of non-clinical college students: is knowledge of the presence of parental alcoholism useful? Journal of Counseling Psychology, 40(3), 324-334.
- Zucker, R.A., & Fitzgerald, H.E. (1991). Early developmental factors and risk for alcohol problems. Alcohol World-Health and Research, 15(1), 19-24.
- Zucker, R.A. & Gomberg, E.S.L. (1986). Etiology of alcoholism reconsidered: The case for a biopsychological process. American Psychologist, 41 783-793.

Appendix

Correlation Coefficients

Consent Form for Participants

Questionnaire (Including CAST-6)

CORRELATION COEFFICIENTS

	COA	SEX	AGEFSTIN	AGEFSTSP	PROBDRIN	COLGPA	HSGPA
COA							
SEX	0.0626						
AGEFSTIN	-0.1890*	0.2768**					
AGEFSTSP	-0.1816	0.1651	0.3881**				
PROBDRIN	-0.0393	-0.0183	0.0500	0.5851**			
COLGPA	0.0981	0.4034**	0.1763	0.1451	-0.0434		
HSGPA	0.0932	0.2722**	0.0653	-0.1474	-0.0586	0.2464*	

* - Signif. LE .05

** - Signif. LE .01

(2-tailed)

Number _____

Date _____

Families and Alcohol

Thank you for your willingness to take part in this survey. You will be asked several questions about you and your family; many of these questions may be of a personal nature. To ensure your privacy, you will not be asked for your name anywhere, and all answers will be kept confidential. Your responses will be utilized for the purpose of research only, and your participation is voluntary. If at any point the questions become too personal, and you decide to stop answering the questions, please stop and put your pencil down. Your materials will be collected with everyone else's.

Please answer the questions as accurately and as honestly as possible. There are no right or wrong answers; you are to put what you think are the right answers. Please answer all questions on the questionnaire. All materials will be collected at the same time, so if you are finished before everyone else, please be patient and wait for everyone else.

If you are interested in the results of this research, please check the appropriate box on the consent form and they will be mailed to you. Thank you again for your assistance.

Number _____

1. Age _____
2. Year in School Fr. Soph. Jr. Sr.
3. Sex M F
4. High School GPA _____
(if known)
5. College GPA _____
(if known)
6. Major _____
7. Age that you first tasted/sipped alcohol within a family context _____
(N/A if appropriate)
8. Age first drank alcohol independently with peers (not necessarily legal drinking age).
_____ (N/A if appropriate)
9. How often do you drink? a. never b. once or twice a year
c. once or twice a month d. several times a week e. every day
10. When (if) you drink, how many drinks do you have during an occasion of drinking?
_____ (N/A if appropriate)
11. How often do you get drunk as a result of drinking? a. never b. occasionally
c. frequently d. most of the time e. every time
12. Did you ever have negative consequences as a result of drinking? Yes No
13. Have you ever sought treatment/counseling for a problem with alcohol? Yes No

Instructions: For Questions 14 to 22, answer each using the following scale:

a. yes b. no

14. Have you ever thought that one of your parents had a drinking problem?
a. yes b. no
15. Did you ever encourage one of your parents to quit drinking?
a. yes b. no
16. Did you ever argue or fight with a parent when he or she was drinking?
a. yes b. no
17. Have you ever heard your parents fight when one of them was drunk?
a. yes b. no
18. Did you ever feel like hiding or emptying a parent's bottle of liquor?
a. yes b. no

Number _____

19. Did you ever wish that a parent would stop drinking?

a. yes b. no

20. Have you ever thought a parent was an alcoholic? *a. yes b. no*

21. If you ever thought a parent(s) had a problem with alcohol, did that parent(s) seek treatment for an alcohol problem? *a. yes b. no*

22. If you ever thought a parent(s) had a problem with alcohol, did you ever receive treatment/counseling for your parent(s)'s alcohol problem? *a. yes b. no*

23. If you lived with a parent(s) you thought may have had a problem with alcohol, how long did you live with that parent? _____