Parental Problem Drinking and Youth Internalizing Problems: The Moderating Effect of Peer Support

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Abstract

The goal of this study was twofold - to examine whether parental problem drinking is associated with youth internalizing problems (depression and anxiety) one year later and if so, whether peer support moderates this relationship. Research has shown that youth with a problem drinking parent are at an elevated risk for internalizing disorders. Relatively fewer studies have examined depressive symptoms and specific anxiety disorders within the same study and considered the protective effects of peer relations. Surveys were administered to 516 adolescents in the Spring of 2007. Results suggested that parental problem drinking increased late adolescents' anxiety but not depressive symptoms. More specifically, maternal problem drinking predicted increased separation anxiety and panic disorder symptoms for males but not females. The protective effects of peer support for lowered depressive symptoms and specific anxiety disorders was evident for males and females. For females, however, the interactions between paternal problem drinking and peer support were significant for separation anxiety and panic disorder, indicating that when paternal problem drinking was low peer support protected females from higher separation anxiety and panic disorder symptoms but not when paternal problem drinking was high.

Method

Participants

- ❖ 516 10th and 11th grade adolescents (53% females)
- ❖ 58% White, 22% African American, 11% Hispanic, 2% Asian American
- ❖ Age ranged from 14 to 19 years; $M = 16.15$, $SD = .75$
- ❖ All participants attended a public high school in Delaware, Pennsylvania, or Maryland
- ❖ The majority of the adolescents (56%) lived with both biological parents; 85% lived with their biological mother and 61% lived with their biological father

Procedure

During the spring of 2007 (Time 1) and 2008 (Time 2) self-report surveys were administered to youth who provided assent and parental consent. Surveys were administered in school and took approximately 40 minutes to complete . Trained research personnel were available to answer questions. Upon completion of the survey the adolescents were given a movie pass for their participation.

Measures

Depressive Symptoms

The 20-item Center for Epidemiologic Studies Depression Scale for Children (CES-DC) was utilized to assess depressive symptoms. Depressive symptoms were measured in reference to symptoms an individual may have experienced over the course of the past week (Weissman, Orvaschel, & Padian, 1980). The CES-DC has been shown to have good reliability and concurrent validity in previous research (Faulstich, Carey, Ruggiero, Enyart, & Gresham, 1986; Ohannessian, 2009). Cronbach's alpha was .90.

Anxiety

The 41-item Screen for Child Anxiety Related Disorders (SCARED) was utilized to assess specific anxiety disorders including school avoidance, generalized anxiety, social anxiety, separation anxiety disorder, and panic disorder (Birmaher, Khetarpal, Cully, Brent, & McKenzie, 1995). In previous research studies the SCARED measure has been shown to have good internal consistency and discriminant validity (Linyan, Kai, Fang, Yi, & Xueping, 2008; Muris, Merckelback, Ollendick, King, & Bogie, 2002). Cronbach's alpha ranged from .59 to .87.

Parental Alcoholism

Maternal and paternal alcoholism were assessed through the Short Michigan Screening Test (SMAST). The SMAST is a 9-item version of the MAST (Michigan Alcoholism Screening Test). The SMAST includes items that evaluate the problem drinking of an adolescent's mother and father (Crews & Sher, 1992). Adolescents completed the SMAST for their mother (M-SMAST) and father (F-SMAST) separately. Both the M-SMAST and F-SMAST have been shown to have good reliability and validity (Crews & Sher, 1992; Ohannessian, 2010). Cronbach's alpha for maternal and paternal problem drinking were .81 and .86.

Peer Support

Peer support was assessed by the 6-item Close Friend subscale of the Social Support Scale for Children (SSSC; Harter, 1985). The measure is presented in a structured alternative format with a four-point response scale. A representative item is "Some kids have a close friend who they can tell their problems to BUT other kids don't have a close friend who they can tell their problems to. Cronbach's alpha was .90.

Figure 1: Paternal Problem Drinking and Females' Separation Anxiety Symptoms Moderated by Peer Support
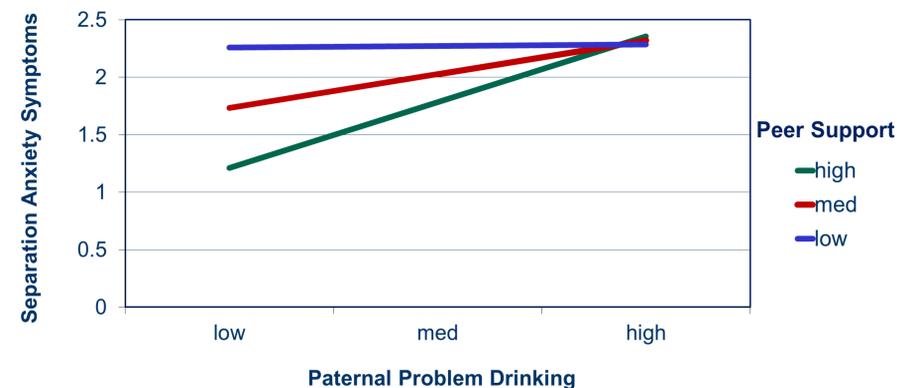
Results & Discussion

❖ Separate hierarchical regression models were conducted for depression and anxiety. The analyses also were conducted by gender. Parental problem drinking and peer support were assessed at Time 1 and depression and anxiety were assessed at Time 2. For each model, Step 1 included the standard scores for parental problem drinking and peer support, and Step 2 included the interaction terms between parental problem drinking and peer support.

❖ Main effects for parental problem drinking (maternal or paternal) were not found in the depression models. In contrast, peer support significantly predicted lowered depressive symptomatology for both males (β = .25, $p < .001$) and females (β = -.15, $p < .01$). None of the interactions were significant in the depression models.

❖ Parental problem drinking did not predict school avoidance, generalized anxiety, or social anxiety symptomatology. However, maternal problem drinking predicted higher separation anxiety (β = .14, $p < .05$) and panic disorder symptomatology (β = .17, $p < .01$) for males.

❖ Conversely, peer support predicted lowered school avoidance (β = -.19, $p < .01$), generalized anxiety (β = -.21, $p < .01$), separation anxiety (β = -.18, $p < .01$), and panic disorder symptoms (β = -.23, $p < .01$) for males, and lowered social anxiety for males (β = -.25, $p < .001$) and females (β = -.14, $p < .05$).

❖ In addition, for females, the interactions between paternal problem drinking and peer support were significant for separation anxiety (β=.13, p<.05) and panic disorder (β=.15, p<.05) (see Figures 1 and 2).

Figure 2: Paternal Problem Drinking and Females' Panic Disorder Symptoms Moderated by Peer Support
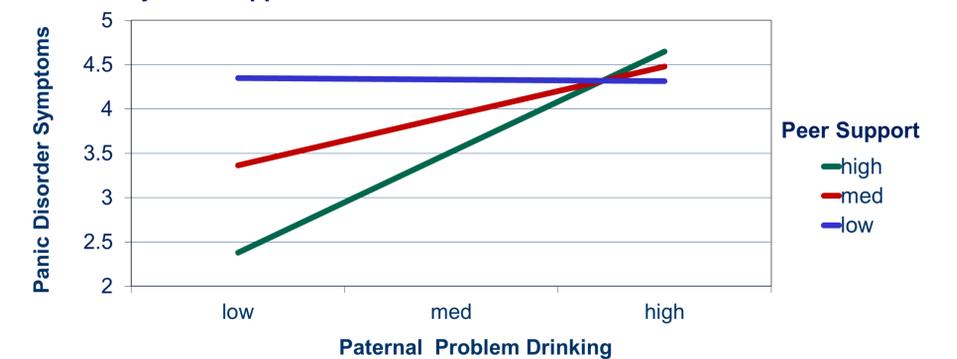
❖ Consistent with the concept of protective but reactive moderation (Luthar, Cicchetti, & Becker, 2000), these interactions indicated that peer support protected females from separation anxiety and panic disorder symptoms when paternal problem drinking was low, but not when parental problem drinking was high.

❖ Taken together, results from this study suggest that maternal problem drinking may lead to increased internalizing distress, particularly for males. Importantly, the findings also indicate that peer support may protect some youth from experiencing internalizing distress.