



Family functioning and adolescent alcohol use: A moderated mediation analysis



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ABSTRACT

The primary goals of this longitudinal study were to examine the relationship between family functioning and adolescent alcohol use and to examine whether depressed mood mediates this relationship. An additional goal was to explore whether these relations were moderated by gender. The sample included 1031 high school students from the Mid-Atlantic United States. Participants completed surveys in school during the spring of 2007, 2008, and 2009. Path analysis results indicated that family functioning predicted alcohol use for girls. Moreover, depressed mood mediated this relationship. None of the direct paths between family functioning and adolescent alcohol use were significant for boys. However, similar to girls, depressed mood negatively predicted alcohol use for boys. Taken together, the findings highlight the need for prevention programs targeting adolescent substance use to consider gender-specific trajectories.

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As children progress through adolescence and become young adults, they often engage in exploration and experimentation as they establish a sense of self. However, risk behavior during this time can mark the beginning of dysfunctional patterns of behavior; for instance, adult substance use disorders often have their early roots in adolescence (Degenhardt et al., 2013; Marshall, 2014; McCambridge, McAlaney, & Rowe, 2011; Zucker, Donovan, Masten, Mattson, & Moss, 2008). In addition to increasing the risk for alcohol use disorders, the effects of alcohol use during adolescence may be acute. Especially concerning for adolescent well-being is engagement in heavy episodic drinking behavior, also called binge drinking (Courtney & Polich, 2009). Research indicates that the prevalence rates for binge drinking increase across the adolescent years, climbing from approximately 10% for 8th grade students to over 20% for 12th grade students (Johnston, O'Malley, Bachman, & Schulenberg, 2010; Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2015). Also concerning is that binge drinking behavior may continue to escalate across the late adolescent years into emerging adulthood (Brown et al., 2008).

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Binge drinking may be potentially problematic for a number of reasons, including the likelihood of later alcohol dependence (McCambridge et al., 2011). Especially relevant for adolescents and emerging adults, binge drinking is associated with cognitive impairment which may lead to acute and enduring risks. Importantly, it is the acute effects of alcohol use that carry the most severe consequences for adolescents, as impaired cognition and poor judgment resulting from alcohol use are associated with accidents, homicide, and suicide – the three leading causes of morbidity and mortality among adolescents (CDC, 2015; Hingson & Kenkel, 2004; Miniño, 2010; USDHHS, 2007; Windle & Windle, 2005).

The family and adolescent substance use

According to developmental systems models of human development (Fitzgerald, Zucker, & Yang, 1995; Overton & Lerner, 2014), contextual factors play a key role in the organization, disorganization, and reorganization of developmental pathways (Fitzgerald et al., 1995; Overton & Lerner, 2014). In keeping with a developmental systems perspective, prior research suggests that the family may play an important role (e.g., via family conflict, parental monitoring) in the development of alcohol use disorders (Chassin, Curran, Hussong, & Colder, 1997; Keller, Cummings, Davies, & Mitchell, 2008; Nargiso, Friend, & Florin, 2013; Ohannessian, 2013).

Through the lens of family systems theory, problematic drinking behavior can be understood as an indicator of struggles within the larger family as a social unit (Bowen, 1974). Family systems theory emphasizes the role of emotional connectedness in understanding individual behavior, and research has found that family relationship quality during adolescence predicts social and emotional wellbeing (Broderick, 1993; Pesola et al., 2015; Van Ryzin, Fosco, & Dishion, 2012). Of note, prior research has established predictive associations between family variables, such as communication, as well as relationship cohesion and satisfaction, and subsequent adolescent problem drinking (Chan, Kelly, & Toumbourou, 2013; Ohannessian, 2013). Accordingly, adolescent problem drinking can be interpreted as a maladaptive psychosocial outcome influenced by family discord and negative or impaired family communication.

There is evidence that family conflict predicts adolescent drinking across cultures and ethnic groups. For instance, in a large longitudinal sample of 6522 White, Mexican American, and African American intermediate school students, Bray, Adams, Getz, and Baer (2001) found that family conflict predicted alcohol use across all ethnic and racial groups. Similar results have been reported more recently from large school-based samples from Australia, Iceland, and the United States (Kelly et al., 2011; Kristjansson, Sigfusdottir, Allegrante, & Helgason, 2009; Skeer et al., 2011). Likewise, Chan et al. (2013) found a predictive relationship between family conflict and adolescent problem drinking in a sample of 886 Australian adolescents aged 12–14 years, but only for adolescent girls.

Although family conflict has been found to consistently predict adolescent substance use, the relationship between family communication and adolescent drinking is more complex. Research examining family communication has indicated that open communication may act as a buffer against maladaptive psychosocial outcomes, including depression and substance use (Ohannessian, 2013; Yu et al., 2006). Conversely, problem communication has been found to predict a variety of negative behaviors, including substance use and delinquency (Wang et al., 2013). Moreover, there is evidence of a differential gender effect, indicating that adolescent girls experience increased sensitivity to the effects of family communication compared to their male counterparts (Ohannessian, 2013).

Similar to open communication, family cohesion (perceived sense of unity or togetherness) may act as a buffer against adverse psychosocial outcomes. Research has shown that family cohesion is inversely related to drinking behaviors (Soloski, Kale Monk, & Durtchi, 2015), and that elements of family cohesion or bonding may buffer against the ill effects of parental problem drinking (Farrell, Barnes, & Banerjee, 1995; Kuendig & Kuntsche, 2006). Family satisfaction, adolescents' perceived happiness with the amount of personal freedom, support, and emotional intimacy within the family, also appears to be negatively related to drinking behavior during adolescence. In a study of Italian adolescents, researchers found that heavy drinkers reported the lowest levels of family satisfaction (Laghi, Baiocco, Lonigro, Capacchione, & Baumgartner, 2012). Collectively, these indices of family life have important implications for adolescent drinking behavior, as well as other psychosocial outcomes, including depression.

Depression and substance use

While it is important to note that reciprocal relationships likely exist between depressed mood and substance use (Buckner, Keough, & Schmidt, 2007), research examining adolescent and young adult populations consistently indicates that depressed mood predicts substance use, alcohol use in particular (King, Iacono, & McGue, 2004; Sihvola et al., 2008). Of note, there is evidence that gender differences emerge in late adolescence as rates of substance use disorders (SUDs) are greater for young men than for young women at age 18; however, these differences do not exist earlier in adolescence (Schulte, Ramo, & Brown, 2009; Young et al., 2002). The differential increase in diagnosis rates has led to a research emphasis on articulating pathways to problem drinking for young men, without comparable investigation into gender-specific problem drinking pathways for young women (Schulte et al., 2009). Importantly, research suggests depressive symptomology may uniquely account for problem drinking behavior among adolescent and emerging adult females, pointing to a potentially important gender-specific pathway for young women (Chan et al., 2013; Dakof, 2000; Harrell & Karim, 2008; Kelly et al., 2011). More specifically, the link between depressed mood and problem drinking appears stronger for girls than for boys during adolescence (Saraceno, Heron, Munafò, Craddock, & van den Bree, 2012). However, the reason for this propensity remains

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