



# Elementary and middle school predictors of high school drinking problems and maladaptive coping

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## HIGHLIGHTS

- Fifth grade urgency and low conscientiousness predict 10th grade drinking problems
- These traits negatively predict 10th grade task-oriented coping and positively predict 10th grade emotion-oriented coping
- Sixth grade urgency mediates between 5th grade drinking and 10th grade drinking problems
- Sixth grade drinker status mediates between 5th grade urgency and 10th grade drinking problems

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## ABSTRACT

By ages 15–16, a subset of adolescents report problem drinking and engagement in maladaptive coping behaviors, both of which presage future alcohol use disorders. This paper reports on a test of whether these behaviors can be predicted by characteristics of those youth at ages 10–11. In a sample of 1889 adolescents measured in the spring of 5th, 6th, and 10th grade, we found that early pubertal onset, 5th grade drinking behavior, negative affect, low conscientiousness, and urgency all predicted adolescent problem drinking and dysfunctional coping five years later. Reciprocal mediation pathways between 5th and 6th grade drinker status and urgency levels (the disposition to act rashly when highly emotional) predicted 10th grade problem drinking. Fifth grade drinker status positively predicted 10th grade emotion-oriented coping and negatively predicted 10th grade task-oriented coping, and these effects appear to have been mediated by 6th grade urgency. Mid-adolescent drinking problems and maladaptive coping may be influenced by transactions among multiple factors. Implications for intervention are discussed.

## 1. Introduction

By ages 15–16, some adolescents demonstrate a maladaptive pattern of adjustment, characterized by notable drinking problems together with the use of dysfunctional coping strategies. This set of behaviors is associated with numerous concurrent problems, including delinquency, social dysfunction, and increased current and future risk for physical harm, sexual assault, and death (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Wills, Sandy, Yaeger, Cleary, & Shinar, 2001). Better understanding of risk for this pattern of problem drinking and maladjustment may lead to more effective prevention efforts. To help achieve this aim, we tested whether early pubertal onset, a set of high-risk personality traits, and early-onset drinking behavior, measured in elementary school, predicted the experience of drinking problems, as well as reduced engagement in adaptive, task-oriented coping and increased engagement with less adaptive emotion-

oriented coping, five years later, at the end of 10th grade. We also tested a theoretical model specifying transactions between behavior and personality as predictors of subsequent drinking problems and dysfunctional coping.

### 1.1. Early pubertal onset

Early pubertal onset (occurring before 75% of one's peers: Lynne-Landsman, Graber, & Andrews, 2010) is associated with early engagement in addictive behaviors including substance use (Lynne-Landsman et al., 2010). The years immediately following pubertal onset tend to be associated with heightened levels of emotionality and ill-advised risk-taking (Spear, 2011); those experiencing early puberty begin those experiences at younger ages. As a result, they might be more likely to learn to drink problematically and to rely more heavily on emotion-oriented coping (characterized by emotional expression, fantasizing,

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and avoidance) and thus less heavily on task-oriented coping in high school.

### 1.2. Early-onset alcohol consumption

Approximately 10% of 5th grade children have consumed more than a sip or taste of alcohol (Donovan, 2007). Drinking at this young age is concurrently associated with elevations in subjective distress, reduced task-oriented coping, tobacco and illicit drug use, risky sexual behavior, and delinquency, and it prospectively predicts drinking and driving, health problems, and increased early mortality (Chung et al., 2012; Guttmanova et al., 2012; Settles et al., 2012; Wills et al., 2001). We hypothesized that fifth grade alcohol consumption would predict elevations in problem drinking and emotion-oriented coping, and less task-oriented coping, in high school.

### 1.3. Personality factors

Fifth grade urgency (the disposition to act rashly when distressed; Smith & Cyders, 2016) concurrently predicts 5th grade problem drinking, and both urgency and low conscientiousness prospectively predict 6th grade drinking frequency (Guller, Zapolski, & Smith, 2015). Negative affect does not predict drinking beyond urgency (Settles et al., 2012), but it does positively predict emotion-oriented coping and negatively predict task-oriented coping (Vollrath, Alnaes, & Torgersen, 1994). We hypothesized that 5th grade urgency and low conscientiousness would predict 10th grade problem drinking, beyond prediction from 5th grade drinking. Additionally, 5th grade negative affect would predict elevations in emotion-oriented coping in high school.

According to urgency theory, rash acts for those high on the trait serve an emotion-oriented purpose: they distract from distress or heighten positive mood (Cyders & Smith, 2008). They are at odds with task-oriented behaviors, such as identifying and alleviating the original cause of distress. Rash behaviors predicted longitudinally by urgency include early substance use, risky sex, and non-suicidal self-injury (Smith & Cyders, 2016). Each of these behaviors provides immediate, emotion-oriented reinforcement but long-term harm. Thus, we hypothesized that elementary school urgency would predict elevations in high school emotion-oriented coping. On each occasion in which a high-urgency person acts rashly to alleviate distress, the person misses an opportunity to respond to the distress in a different way; specifically, by focusing on solving the problem that led to the distress. We hypothesized that high-urgency individuals would be less likely to develop and report task-oriented coping skills. Lastly, we hypothesized that low levels of 5th grade conscientiousness would predict less reliance on task-oriented coping in 10th grade.

### 1.4. Transactions between early drinking and urgency

Past research has documented a reciprocal predictive process between early drinking behavior and urgency levels in the early adolescent years (Riley, Rukavina, & Smith, 2016). Those authors argued that, over time, just as drinking itself is reinforced through reduction of negative and enhancement of positive moods, the disposition to engage in drinking would be reinforced, leading to gradual increases in that disposition, i.e., in urgency. Accordingly, because the reciprocal process heightens risk for dysfunction, we hypothesized reciprocal mediation predictive influences from 5th grade drinker status to 6th grade urgency and from 5th grade urgency to 6th grade drinker status on 10th grade problem drinking. Second, we hypothesized that the same reciprocal relationship would positively predict later emotion-oriented coping and negatively predict later task-oriented coping.

### 1.5. The current study

We report on a sample of 1889 youth assessed in three waves: wave 1) the spring of 5th grade (the last year of elementary school), wave 2) the spring of 6th grade (the first year of middle school), and wave 3) the spring of 10th grade (the second year of high school). The first goal of the study was to determine if problem drinking and coping style in 10th grade could be predicted by factors present in 5th grade, following the hypotheses described above. The second goal was to test whether reciprocal mediation between early drinking and urgency predicted 10th grade problem drinking and coping style, as described above.

## 2. Materials and methods

### 2.1. Sample

At wave 1 of the study, participants were 1889 youths in 5th grade. Participants were drawn from 23 public schools across two school systems. The sample was equally divided between boys (50.1%) and girls. The breakdown of the sample by ethnicity was as follows: European American (60.9%), African American (18.7%), Hispanic (8.2%), Asian American (3%), and “Other” (8.8%). The majority of 5th graders sampled at wave 1 were 11 years old (66.8%).

### 2.2. Measures

#### 2.2.1. Demographic and background questionnaire

Participants were asked to self-report their sex, ethnic background, and age.

#### 2.2.2. The pubertal development scale (PDS: Petersen, Crockett, Richards, & Boxer, 1988)

This scale consists of five questions for girls (“have you begun to have your period?”) and for boys (“do you have facial hair yet?”). Reliability and validity evidence are strong (Coleman & Coleman, 2002). We used the common dichotomous classification in which scores above 2.5 indicate pubertal onset.

#### 2.2.3. Drinking styles questionnaire (DSQ)

The DSQ (Smith, McCarthy, & Goldman, 1995) measures drinking frequency with a single item, asking participants to self-report how often they drink alcohol. A drink was defined as follows: “... a ‘drink’ is more than just a sip or a taste. (A sip or a taste is just a small amount or part of someone else’s drink or only a swallow or two. A drink would be more than that.)” Youth who endorsed a “0” on the question were categorized as “non-drinkers” while youth who endorsed any other response were categorized as “drinkers.” Problem drinking was measured as the sum of lifetime experience of each of 14 problems, ranging from nausea and blackouts to legal difficulties. There is good evidence the measure is internally consistent, stable over time, and valid (Smith et al., 1995). Internal consistency in the current sample was  $\alpha = 0.92$ .

#### 2.2.4. Positive and negative affect scale- child version (PANAS-C)

The PANAS-C (Laurent et al., 1999) was used to measure negative affectivity in children. Items were adapted from asking how one feels over “the past few weeks” to how one “generally” feels. Internal consistency at wave 1 was 0.90; at wave 2 was 0.91.

#### 2.2.5. UPPS impulsivity scale child version (UPPS-R-C)

This questionnaire (Whiteside & Lynam, 2001; Zapolski, Stairs, Settles, Combs, & Smith, 2010) was used to assess negative urgency, positive urgency, lack of planning, and lack of perseverance. All scales included 8 items scored on a four-point Likert scale from 1 (not at all like me) to 4 (very much like me). In the current study, estimates of internal consistency at wave 1 were 0.85 (negative urgency), 0.89 (positive urgency), 0.77 (lack of planning), and 0.65 (lack of

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