



Alcohol expectancies in young children and how this relates to parental alcohol use



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HIGHLIGHTS

- The BPI is an age-appropriate way to measure alcohol-related cognitions in children
- Young children already have clear ideas about the effects of alcohol
- For older children, maternal alcohol use is related to less positive expectancies
- Paternal drinking relates to more positive expectancies for older girls

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ABSTRACT

According to the cognitive model of intergenerational transference, modeling of alcohol use is an indirect process in which parental drinking shapes alcohol expectancies of children, which in turn are associated with later alcohol use in adolescents. The present study examined whether parental alcohol use was related to alcohol expectancies and experimentation with alcohol use in young children. A community sample of 240 children aged 8.02 ($SD = 1.13$) participated. Alcohol expectancies were assessed by means of the Berkeley Puppet Interview. Children reported consistently and reliably on the positive and negative consequences of alcohol use among adults. Their positive and negative expectancies were equally strong. Compared to younger children, older children had more negative and less positive expectancies. For girls, more paternal alcohol use was associated with less negative alcohol expectancies. For older children, more alcohol use of the mother was related to less positive expectancies, while more alcohol use of the father was related to more positive expectancies. The present study showed that young children already have clear ideas about the positive and negative consequences alcohol can have among adults, which can be captured with the Berkeley Puppet Interview. These expectancies are partly associated with alcohol use of their parents.

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1. Introduction

Problems concerning alcohol use in (young) adults are for a great deal attributable to the presence of the same problems in one or both of their parents (Cuijpers, Langendoen, & Van Bijl, 1999; Sher, Grekin, & Williams, 2005). This intergenerational transmission of alcohol use is rather consistent. Already in fairly young children (8 years and older) the link between parental alcohol use and child experimentation with alcohol use has been confirmed (Donovan & Molina, 2008; Johnson, Greenlund, Webber, & Berenson, 1997). Also, the link between parental alcohol use and alcohol use of their offspring has been shown throughout adolescence (Alati et al., 2005; Duncan, Duncan, &

Strycker, 2006; Van Der Zwaluw et al., 2008; White, Johnson, & Buyske, 2000). The cause of this similarity has been attributed to several factors, such as genetic and environmental, and a combination of these two (Biederman, Faraone, Monuteaux, & Feighner, 2000; Irons, Iacono, Oetting, & McGue, 2012). Since understanding the environmental family circumstances is essential to be able to change child and adolescent drinking preferences and behaviors, unraveling the environmental link is an important avenue of research.

Derived from social learning theory, modeling has long been an important explanatory mechanism (Bandura, 1986). Building on this work, this and other cognitive theories, such as the Alcohol Expectancy Theory, have suggested that modeling is probably an indirect process (Campbell & Oei, 2010; Pajares, 1997; Zimmer-Gembeck & Collins, 2006). Some refer to this indirect process as a cognitive model of intergenerational transference (Campbell & Oei, 2010), while others refer to this as delayed modeling (Bandura, 1986). Both theoretical frameworks state that children will not immediately adopt the behaviors they see

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from others, for example their parents. There will be an extended period of time between the observed behaviors and the actual modeling of these behaviors. During this period of time, children will process the behaviors they observe and create their own ideas and representations of these behaviors, so-called internal working models (Bretherton, 1999). Consequently, these internal working models are hypothesized to guide future behaviors of children.

According to the social cognitive theory, such internal models partly consist of outcome expectancies (Pajares, 1997), for example the expectancies children have about the effects alcohol use can have on people. Evidence for alcohol-related expectancies as a possible intervening factor between parental and child alcohol use can be found in studies that have shown that these expectancies are dependent on parental alcohol use behaviors (Martino, Collins, Ellickson, Schell, & McCaffrey, 2006; Pieters, van der Vorst, Engels, & Wiers, 2010). That is, more parental alcohol use has been associated with more positive or arousal expectancies in children. Further, previous research has shown that these expectancies exist even before children start drinking alcohol themselves (Noel & Thomson, 2012), and that they are related to adolescent actual alcohol use (Anderson, Grunwald, Bekman, Brown, & Grant, 2011; Larsen, Engels, Wiers, Granic, & Spijkerman, 2012) and even predict future changes in adolescents' alcohol use behaviors (Bekman, Anderson, et al., 2011). Taken together, these studies provide evidence for the cognitive model of intergenerational transference, in which the link between parental and child alcohol use might be explained through the formation of alcohol-related expectancies.

What does not appear from these studies, however, is when these processes start to become salient. The previously mentioned studies all examined these factors in adolescents and children from the age of eight years and older. However, children probably form alcohol-related outcome expectancies at a much younger age, since they are already able to identify different alcoholic beverages from the age of three (Fossey, 1993; Zucker, Kincaid, Fitzgerald, & Bingham, 1995). Moreover, young children's preferences for toys and beverages with the smell of alcohol are already associated with parental alcohol use when they are as young as six months old (Mennella & Beauchamp, 1998; Mennella & Garcia, 2000). These findings provide an indication that expectancies regarding alcohol might also be formed at a very young age and that these expectancies might be related to parents' alcohol use in the early stages of life. Therefore, the present study examined the strength of alcohol-related outcome expectancies in children from six to nine years old and examined whether these expectancies and their association with parental alcohol use differed between younger compared to older children. In accordance with social learning theory (Bandura, 1986), the link between parental alcohol use and actual child experimentation with alcohol in the form of having sips of alcohol was also examined.

Besides ages, gender of the child as well as the parent might also be a defining factor in the formation of alcohol-related expectancies in relation to parental alcohol use. It appears that paternal alcohol use shows a stronger association with children's expectancies compared to maternal alcohol use (Handley & Chassin, 2009; Pieters et al., 2010), and this association appears to be stronger for boys (Handley & Chassin, 2009). While this is a first indication of gender differences, to our knowledge there is very little research on gender differences in alcohol-related expectancies in young children. There is one study indicating that patterns of expectancies are the same for boys and girls (Dunn & Goldman, 1996). However, information is lacking on whether young boys' and girls' expectancies are equally strong and how these are related to paternal and maternal alcohol use.

In sum, the current study examined the strength of alcohol-related alcohol expectancies in 6–9 year old children. Further, it was examined whether these expectancies and children's experimentation with alcohol use were associated with parental alcohol use. These associations were compared between boys and girls and younger and older children. The hypotheses were that a) children as young as six years old have

reliable expectancies about alcohol-related outcomes; b) these expectancies are stronger for older children; c) parental alcohol use is related to children's alcohol-related expectancies and experimentation with alcohol use, and d) the associations between parental alcohol use and children's expectancies are stronger for paternal alcohol use and older children.

2. Material and methods

2.1. Participants and procedures

Parent–child dyads participating in the Kind in Zicht study (Stone et al., 2012), a cohort study into child mental health, were informed about this new part and asked to participate by mail. Of the 480 dyads that provided active parental consent, only 300 parents and their children were selected randomly to participate due to financial constraints. These children were first interviewed on a range of parenting and child variables from January–February 2011. Of these, 288 children still participated in interviews held during the second year at schools from January–February 2012, when alcohol-related questions were added. The data collected from these 288 children in 2012 were used for the current study. Since only 7.3% of the dyads included fathers, these were excluded in order to control for parent's gender, leading to a final sample of 240 children. Children (47.9% boys) were six (23.7%), seven (23.7%), eight (25.9%) or 9 (26.7%) years old, with a mean age of 8.02 ($SD = 1.13$). Most children were of Dutch origin (97.8%) and came from two-parent families (92.1%). Of the mothers, 53.2%, 37.9% and 7.2% had a high (bachelor), medium (tertiary education) and low (upper secondary education) educational level, respectively. To ensure confidentiality, the videotaped interviews were conducted in a separate room at the schools. When the interview was completed children received stickers as a small token of appreciation.

2.2. Measures

2.2.1. Child measures

All child measures were collected using the Berkeley Puppet Interview (BPI; Measelle, Ablow, Cowan, & Cowan, 1998), which uses hand puppets to accomplish an interactive age-appropriate interview eliciting children's perceptions of their social environment and self-perceptions from 4.5–8 year-olds. The BPI has proven a reliable and valid instrument to assess children's perceptions (Arseneault, Kim-Cohen, Taylor, Caspi, & Moffitt, 2005; Measelle et al., 1998). During the actual BPI children are interviewed by using two identical dog hand puppets, named Iggy and Ziggy. Throughout the interview the puppets make opposing statements about themselves and then ask the child 'How about you?' The puppet with whom the child agrees then repeats the child's answer, thereby appraising the child's answer. Interviewers were certified BPI administrators.

Nuance was given to the BPI scores as interviews were coded by four trained observers on a 7-point scale. Responses that reflect the presence of expectancies are coded 5, 6 or 7, depending on the weight the child puts in its answer. Whereas a 7 would reflect the highest end of presence (e.g., Adults always become friendly/mean when they drink alcohol), the 6 would reflect the average presence response and the 5 a low presence response (e.g., Most of the time, adults become friendly/mean when they drink alcohol). At the opposite end of the spectrum, 1, 2 or 3, reflects absence of expectancies. Here 1 refers to the highest end of absence (e.g., Adults never become friendly/mean when they drink alcohol), 2 reflects the average absence response and 3 again reflects a low absence response indicating absence of expectancies (e.g., Most of the time, adults do not become friendly/mean when they drink alcohol). When a child is not able to choose either one of the statements, this is coded a 4. To test whether coders were reliable, 15% of the videos were double-scored. Inter-rater agreement was satisfactory (ICC .93).

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