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**Report Number 2**

**HISTORY OF PARENTAL PROBLEM DRINKING  
AND ITS RELATIONSHIP WITH  
HELP-SEEKING COLLEGE STUDENTS' DISTRESS SCORES & ALCOHOL USE**

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### **Abstract**

Utilizing a large nation-wide sample collected under the initiative of The Research Consortium of Counseling and Psychological Services in Higher Education, a sub-sample of help-seeking college students was studied in regard to the presence of problematic parental drinking. The intent of the study was to examine the incidence of problematic parental drinking and to ascertain whether or not this was related to greater distress levels in students as measured by the Outcome Questionnaire 45 (OQ45). Using chi square analyses, we found that Hispanic participants reported a significantly higher incidence of parental drinking, and Asian-Americans reported a lower incidence as compared to other ethnic groups. It was also found that participants who reported problematic parental drinking endorsed greater distress than those who did not. Results indicate that growing up in a family in which a parent has a drinking problem may have enduring effects on psychological well-being into adulthood.

## **History of Parental Problem Drinking and Its Relationship with Help-Seeking College Students' Distress Scores & Alcohol Use**

When college students seek psychological help from college counseling centers, they bring with them an array of family background experiences that vary in nature and severity. Research suggests that such family background experiences influence the degree, and perhaps, the type of distress (Nilzon & Palmerus, 1997; Mothersead, Kivlighan, & Wynkoop, 1998).

Examination of the literature on parenting variables affecting children's subsequent development reveals that parental alcohol abuse is one that has attracted considerable theoretical and empirical attention. Individuals who were raised in homes where a parent abused alcohol are believed to be a population at risk for developing psychopathology in childhood, adolescence, and perhaps into adulthood (Anzilotti, Poggi, & Dionisi, 1980; Black, Bucky & Wilder-Padilla, 1986; Stice, Barrera, & Chassin, 1998; Williams & Corrigan, 1985). For example, children born with Fetal Alcohol Syndrome are more likely to exhibit conduct and emotional disorders in later life. This population is especially more likely to exhibit conduct and emotional disorders during childhood and adolescent years (Bennett, Wolin & Reiss, 1988; Fitzgerald, Sullivan, Ham & Zucker, 1993). In adulthood, these individuals are prone to develop alcoholism themselves (Chassin, Rogosch, and Barrera, 1991; Drake & Vaillant, 1988) and possibly other psychopathology in the form of antisocial behavior, depression, and low self-esteem (Sher, 1997).

Psychopathology in children of alcoholics (COAs) tends to manifest most prominently as conduct, hyperactivity, and aggressive problems (Fitzgerald, Sullivan, Ham & Zucker, 1993; Knop, Teasdale, Schulsinger & Goodwin, 1985; Landesman-Dwyer, 1979). Fitzgerald, et al. (1993) found a greater prevalence of behavioral problems in COAs than NCOAs (non-children of alcoholics) in a sample of three-year-old boys. In a sample of adolescents aged 13-18 who resided in group homes for abused or delinquent youths, Lund and Landesman (1979) found that COAs also had more conduct problems than NCOAs. A study by Orenstein and Wolfe (1993) also lends support for similar types of concerns in COAs. They found that in a sample of 11<sup>th</sup> grade COAs, there were more self-reported behavioral problems and alcohol and drug abuse than NCOAs. There is also some evidence for the beginnings of depression and anxiety symptomatology in childhood (Bennett, Wolin, & Reiss, 1988; Rubio-Stipec, Bird, Canino, Bravo, & Algeria, 1991). Rolf, Johnson, Israel, Baldwin, and Chandra (1988) examined depressive affect in children aged 6-18 years, which was assessed in the study by self-report and maternal ratings. The researchers discovered a greater incidence of depressive affect in COAs than NCOAs.

Despite much evidence for the presence of distress in some form in COAs, there is uncertainty about whether or not such problems have a long-term impact on functioning (Windle & Tubman, 1999). It is particularly unclear as to whether or not adult children of alcoholics (ACOAs) display more depression and anxiety symptoms than other populations because studies in this area show an inconsistency of results (Windle & Tubman, 1999). Clair and Genest (1987), for example, studied undergraduates aged 18-23 years and found that ACOAs are more prone to depression and use less adaptive coping strategies than non-adult children of alcoholics (NACOAs), but there was no difference in self-esteem between the two groups. Similarly, in

their study of undergraduates, Jarmas and Kazak (1992) found that ACOAs with alcoholic fathers displayed higher depression, as measured by the Depressive Experiences Questionnaire (Blatt, D'Afflitti & Quinlan, 1979), and relied more on aggressive defenses than NACOAs. Another study that provides support for the negative effects of parental alcoholism, but not necessarily for the presence of anxiety and depression symptoms, is a study conducted by Hower, Potter and Williams (1991). This study found that ACOAs have lower self-esteem and social support, and more personal problems and alcohol abuse than NACOAs. Bush, Ballard, and Fremouw (1995) in their comparison of undergraduate ACOAs and NACOAs did observe that ACOAs had a greater prevalence of depression and depressive attributional style, and lower self-esteem. Orford (1989) studied individuals 16-35 years of age and found that ACOAs were more likely than NACOAs to abuse substances themselves, but did not exhibit internalizing difficulties such as lowered self-esteem and life satisfaction.

In his review article, Sher (1997) concludes that although there is much data that suggest an elevated risk for ACOAs to develop anxiety and depression symptoms, the research is inconclusive. Many unanswered questions pertaining to the severity and longevity of the effects of problematic parental drinking remain. Moreover, little is known about the role of parental alcohol misuse within a population of help-seeking college students. Specifically, the prevalence and impact of problematic parental drinking in this population has not been studied. The current study endeavors to examine the relationship between problematic parental drinking and distress in ACOAs and NACOAs in a population of help-seeking college students. Furthermore, we examined whether or not problematic parental drinking is related to students' own alcohol use. Data were collected in a naturalistic setting, allowing for a view of what actually occurs in counseling centers across the nation. The study investigated the hypothesis that ACOAs will experience more distress than those who grew up in homes without a parent with problematic drinking.

## **Methods**

The present data were collected under the auspices of The Research Consortium of Counseling and Psychological Services in Higher Education. It was founded in 1990 and has been responsible for the collection of data from college counseling centers nation-wide with the intent to investigate the evolving counseling concerns of students. The data investigated in this report were gathered in a psychotherapy outcome study conducted in 1997-1998. A total of 42 counseling centers participated, resulting in a clinical sample of 4,679 clients. Campuses were primarily state-supported, with nine being private institutions. Enrollment ranged from 2,000 to 48,000, with most schools in the range of 15,000 to 25,000.

### Participants

Participants were drawn from college counseling centers participating in a nationwide research consortium. This sample was obtained by recruiting participants from those students attending intake appointments and referred for individual counseling. The academic classification of participants who responded was as follows: 77.5 % Undergraduates, 20.9% Graduate Students, and 1.6% Special Students. The following age distribution was obtained: 38.9% 20 years or younger, 16.1% from 20 to 21, 19.4% from 22 to 24, 14.0% from 25 to 29, 5.7% from 30 to 34,

3.2% from 35 to 39, 1.6% from 40 to 44, 0.7% from 45 to 49, and 0.5% 50 and older. Of the 3,214 clients who reported their gender, 1030 were male (33.4%) and 2,062 were female (66.6%). Of the 3,214 participants in the sample, 809 (24.6%) reported having a parent with a drinking problem, 2,486 (75.4%) reported that they do not have a parent with a drinking problem, and 145 (4.2%) reported that they were unsure whether or not a parent had a drinking problem.

For analyses using ethnicity as a factor, a slightly different sample was used. The Native-American (n=13) participants were excluded in these analyses due to insufficient sample sizes. International (n=199) participants were excluded because this is a heterogeneous and poorly defined group. With missing data on ethnicity, the overall sample was thus reduced to 3,082 participants, of which 135 (4.4%) were African-American, 187 (6.1%) were Asian-American, 344 (11.2%) were Hispanic, and 2,416 (78.4%) were Caucasian, with 34.1 % of the data on ethnicity missing

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[Click here to See Table 1](#)

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### Measures

*Alcohol Use.* An 18-item questionnaire entitled “Family Experiences,” constructed by The Research Consortium, was administered to all participants upon intake. The questionnaire inquired about the occurrence of a wide array of experiences within the family environment during childhood and adolescence, and therefore it provides data on troubled family occurrences that may impact overall psychological development. Instructions for completing the questionnaire read as follows:

Below is a list of experiences which may occur in families. Read each experience carefully. Some of these may have been true at one point in your life but not true at another point. Think about your childhood and your adolescence. If the experience happened in your family during either of these periods, please fill in the oval labeled ‘Yes.’ If the experience never happened in your family, please fill in the oval labeled ‘No.’ If you are unsure whether or not the experience occurred in your family at some time, please fill in the oval labeled ‘Unsure.’

Participants were asked to indicate whether or not each of the 18 experiences did occur, did not occur or if there was uncertainty about its occurrence. Sample items included the following: physical abuse in the family, family member committed suicide, and family member with an eating problem. One item from this questionnaire was used to classify participants as to the presence of parents’ problematic drinking. The item reads: “Did the following occur in your family? Parent(s) with a drinking problem.” On the basis of this question, participants were then categorized into those who reported a parent with a drinking problem, those who reported that their parents did not have a drinking problem, and those who reported being unsure about whether or not a parent had a drinking problem.

It is usually preferable to use several items to assess a construct such as parental alcohol. However, single items have been shown to be reliable indicators of constructs that are easily observed and straightforwardly defined (Abdel-Khalek, 1998; Wanous & Reichers, 1996). Wanous and Reicher (1996) made a conservative estimate of the reliability of single-item measures to be .70. Abdel-Khalek (1998), in his study of death anxiety which is an admittedly different construct than our own, reports that single-item measures correlate at least moderately with multi-item instruments.

Four auxiliary questions to the Family Experiences Questionnaire measured the participants' own alcohol use. The items are as follows: (1) I drink 5 or more drinks in a 24-hour period; (2) I drink 4 or more drinks in a 24-hour period; (3) I have missed a class due to drinking; (4) After drinking, I have forgotten where I was or what I did. These four questions are presented in a 5-point Likert scale with each item being answered according to the frequency with which it occurs (0 = Never to 5 = Daily). The items indicate a cumulative increasing risk for problematic drinking. Items one and two represent the threshold for alcohol abuse for males and females, respectively. That is, 5 drinks in a 24-hour period for males and 4 drinks in a 24-hour period for females are considered thresholds for alcohol abuse. Since each item is a stepwise increase in risk for problematic drinking behavior, the items were weighted accordingly. Items one and two were weighted by one point, item two by 1.5 points, and item four by 2 points. These items were summed to yield a total measure of alcohol use, ranging from 0 to 22.5.

*Outcome Questionnaire.* The Outcome Questionnaire (OQ45) was constructed by Lambert, Lunnen, Umphress, Hansen, and Burlingame (1994) and is a measure of subjective distress. The 45 items are presented in a 5-point Likert scale and summed to yield a total measure of distress. Furthermore, the total scale consists of three sub-scales that measure symptom distress, social-role functioning, and interpersonal relationships. The symptom distress sub-scale primarily measures depression and anxiety symptoms; the social role functioning sub-scale taps the efficacy and adequacy of social role adjustment; and the interpersonal relationship sub-scale measures the quality and satisfaction with interpersonal relationships of a familial, romantic, and friendship nature. The total score is the sum of all three sub-scales, ranging from 0-180. A high score suggests that the participant is reporting a large number of symptoms of distress, difficulties in interpersonal relationships, social role functioning, and the overall quality of life. Typically, a cutoff score of 63 is used to distinguish a clinical from a nonclinical population (Kadera, Lambert & Andrews 1996). A low total OQ45 score suggests the participant is not unusually distressed and is satisfied with his or her quality of life.

Kadera, Lambert, and Andrews (1996) report an internal consistency of .93 and a test-retest reliability of .84 for the total measure. Our analyses of the present data yielded an internal consistency of .92 for the total measure. Concurrent validity with similar instruments in some studies range from .53 to .88 (Kadera, Lambert & Andrews 1996).

### Procedures

Students who sought counseling at their college counseling center were asked to participate in the study. During the intake session, participants were asked to complete demographic information, a presenting problems questionnaire, the OQ45, the Family Experiences Questionnaire, and four auxiliary questions regarding personal alcohol use. Although participants filled out the OQ45 at each subsequent session of therapy they attended, this study only utilized information collected at intake. On the OQ45, participants were asked to answer the 45 questions by “looking back over the past week, including today.” The intake OQ45 items were tallied to provide a total score which is an index of distress at the onset of therapy. The mean intake OQ45 score was 62.25,  $SD = 21.95$  (range = 2-137; possible range = 0-180).

## Results

We conducted our analyses in three parts. First, we looked at descriptive statistics of the sample to determine any patterns in the distribution of parental drinking behavior; second, we addressed our research question of whether or not distress level is associated with parental drinking by using a series of ANOVAs; and third, we examined the relationship between problematic parental drinking and participants’ alcohol use.

A chi square analysis showing the distribution of the incidence of parental drinking across ethnicity in this clinical college sample yielded significant results [chi square (3,  $N = 2921$ ) = 32.56,  $p < .000$ ]. A greater proportion of Hispanic participants reported problematic parental drinking as compared to other ethnic groups, whereas, Asian-American participants reported significantly lower rates of parental drinking than other ethnic groups. Specifically, 32.2% of Hispanics, 27.6% of African-Americans, 25.0% of Caucasians, and 9.4% of Asian-Americans report having had a parent with problematic drinking. There were no significant differences in the distribution of parental drinking behavior between male and female participants [chi square (1,  $N = 3050$ ) = 2.40,  $p < .12$ ]; that is, males and females are equally likely to have a parent with problematic drinking.

To investigate how distress level is associated with growing up in a family with an alcoholic parent, a series of two-way ANOVAs were conducted. OQ45 scores were used as the dependent measure in these analyses to indicate distress level. In one analysis, factors were presence of parental drinking problem (yes, no) and ethnicity (Caucasian, Hispanic, Asian, and African-American). This analysis yielded significant results for main effects of both parental drinking [ $F(1, 2667) = 15.59$ ,  $p < .000$ ] and ethnicity [ $F(3, 2667) = 9.82$ ,  $p < .000$ ], but no interaction. Participants who reported that their parent had a drinking problem reported more subjective distress ( $M = 64.50$ ,  $SD = 21.92$ ) than those who reported no parental drinking problem ( $M = 61.02$ ,  $SD = 21.83$ ). Bonferroni post hoc comparisons between ethnic groups revealed that Asian-American participants reported significantly higher levels of distress than other ethnic groups ( $M = 69.15$ ,  $SD = 22.57$ ). Hispanics also reported more distress ( $M = 64.41$ ,  $SD = 21.47$ ) than Caucasians ( $M = 60.99$ ,  $SD = 21.80$ ) and African-Americans ( $M = 61.04$ ,  $SD = 21.33$ ). See Table 2 for a summary of these results.

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[Click here to See Table 2](#)

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A 2 (parental drinking) X 2 (gender) ANOVA yielded significant results for both main effects but no interaction. Again, those participants with a parent who had problematic drinking reported more distress than those without such a parent ( $F(1, 2781) = 8.048, p < .005$ ). Moreover, females ( $M = 62.94, SD = 21.57$ ) reported higher levels of distress than males ( $M = 61.08, SD = 22.50$ ). This finding was significant but modest in size [ $F(1, 2781) = 4.22, p < .040$ ]. We sought to investigate this gender difference more closely by examining ethnic differences within each gender. However, cell sizes were inadequate to conduct these analyses.

Additionally, a one-way ANOVA was used to investigate whether or not parental drinking behavior was associated with participants' self-report of problematic alcohol use. Significant results were found in this analysis for both males [ $F(1, 1002) = 8.23, p < .004$ ] and females [ $F(1, 1997) = 10.39, p < .001$ ]. Based on the weighted composite score described earlier of the four auxiliary questions regarding personal alcohol use, male participants who had a parent with problematic drinking behavior tended themselves to report more alcohol use ( $M = 3.15$ ) than male participants with no history of parental alcohol misuse ( $M = 2.44$ ). Similarly, female participants who had a parent with problematic parental drinking behavior tended to report more alcohol use ( $M = 2.50$ ) than female participants who did not have a history of parental alcohol misuse ( $M = 2.01$ ).

Due to the direct and seemingly straightforward nature of the question about a parent with a drinking problem, an "unsure" response to this question might indicate that there were mixed messages in the home about parents' drinking. Relatedly, it might mean that the participant was engaged in a coping mechanism such as denial that obfuscated their awareness of their parents' problematic drinking. To examine this question, an auxiliary analysis was performed by including participants who reported that they were not sure whether or not they had a parent with a drinking problem. A 2 (gender) X 3 (parental drinking) yielded a significant main effect for parental drinking [ $F(2, 3143) = 9.91, p < .0001$ ]. Participants who had a parent with a drinking problem reported higher levels of distress ( $M = 64.58, SD = 21.92$ ) than those who did not have a parent with a drinking problem ( $M = 61.32, SD = 21.83$ ). Furthermore, participants who reported that they were unsure as to whether or not they had a parent with a drinking problem also reported significantly greater levels of distress ( $M = 67.37, SD = 22.93$ ) than those who did not have a parent with a drinking problem ( $M = 61.32, SD = 21.83$ ). The unsure participants also reported higher distress levels than those who reported having a parent with a drinking problem, but this was not a statistically significant difference.

## Discussion

In the present study, we examined the relationship between problematic parental drinking behavior and subsequent distress level in our population of help-seeking college students. Additionally, we sought to find out whether or not parental drinking is related to elevated levels of alcohol use in these students. Data were collected at university counseling centers across the nation under the direction of The Research Consortium of Counseling and Psychological Services in Higher Education.

Findings from this study indicate that in this population of college students who were seeking counseling, a history of parental alcohol abuse was equally distributed across gender but not

across ethnicity. The incidence of problematic parental drinking is most prevalent in families of Hispanic participants and least prevalent in families of Asian-American participants as compared to other ethnic groups. Moreover, regardless of the presence or absence of parental alcohol abuse, women tend to report slightly more overall distress than men, and Asian-Americans report significantly more distress than other ethnic groups at the onset of counseling. In regards to distress associated with parental alcohol abuse, it was found that among college students who seek counseling, those who were raised in a home in which a parent had problematic drinking behavior report more overall distress than those who were not raised in such an environment. In addition, participants who had parents with problematic drinking behavior were found to have higher levels of problematic alcohol use themselves. A surprising additional finding was that those who reported that they were uncertain as to whether or not a parent had a drinking problem were more distressed than those who did not, and also slightly more distressed than participants who did report problematic parental drinking, although the latter was not statistically significant.

Previous research paints an inconsistent picture of the ramifications of growing up in a home where parental alcoholism is present. This study contributes evidence to the ongoing debate about whether or not adult children of alcoholics suffer personal distress beyond childhood. Consistent with the findings of Bush et al.(1995) and Jarmas and Kazak (1992), the college students who were affected by problematic parental drinking in this study do report significantly more distress (depression and anxiety symptoms) than others. These results would lend some support to the notion that distress and other pathology associated with growing up in the dysfunctional environment in which a parent abuses alcohol do not cease to exist after childhood, but extend to some degree into later years after these children leave the home environment, at least among help-seeking college students. One prominent area of dysfunction seen in ACOA's is the tendency to abuse alcohol themselves in adolescence and adulthood (Orenstein and Wolfe, 1993; Potter and Williams, 1991; Orford, 1989; Drake and Vaillant, 1988; Black, Bucky, and Wilder-Padilla, 1986). Our data suggest that higher levels of alcohol use do exist in this subpopulation.

Of particular note is the finding that participants who were unsure about problematic parental drinking report the highest levels of distress, which leads to interesting interpretive ideas. One possibility is that this group of "unsure" participants, by not having knowledge of, or being unwilling or unable to confront, a possible reality of parental alcoholism, have not allowed for any type of resolution to occur. Thus, they may experience more symptomatology. In fact, family systems literature proposes a process of distortion of reality and denial in families called *mystification*. R. D. Laing (1965) describes mystification as a family's efforts to maintain dysfunctional status quo practices by denying a child's genuine perceptions and feelings about what is occurring in the home. Children are taught that their perceptions are inaccurate, e.g., that the parent does not really have a drinking problem, contrary to what the child is experiencing. The result is that these individuals grow up with a sense of confusion and disingenuousness (Laing, 1965). It is possible that this particular result in our study is an example of the process of mystification.

Also, research in the area of emotional suppression supports the notion that avoidance as a coping strategy is ineffective and increases the likelihood of adverse psychological and physiological symptoms (Gross & Levenson, 1997; Leitenberg, Greenwald & Cado., 1992). In

their study of survivors of rape, Leitenberg et al. (1992) found that although they are the most common methods of coping, denial and emotional suppression were the least conducive to psychological well-being. Although rape survivors and ACOAs are different populations with different experiences, in effect, by not acknowledging such a situation, one's life experiences cannot be integrated into a healthy sense of self, which may result in various forms of pathology. This line of research certainly deserves further investigation in future studies.

A merit of the present study is that it represents a naturalistic and true-to-life scenario of students who present for mental health services in college counseling centers across the country. There was no implementation of controls or contrived situations. In addition, data were collected on a large sample of students from various geographical locations, ethnic backgrounds, ages, and presenting concerns. Therefore, the study should have sufficient generalizability to a help-seeking college student population.

A shortcoming of this study is that it does not provide information about the mechanisms that mediate the parental alcoholism / psychological distress relationship. Although there is support for the existence of this relationship, a number of variables are uncontrolled for and therefore do not allow definitive interpretation of this association. For example, a more comprehensive means of assessment of the degree and nature of parental alcoholism, perhaps beyond self-report, is needed because it is a complex construct. For the purposes of a more in-depth study to follow up on these findings, future studies should focus on more stringently defining parental alcoholism as well as mediating variables such as the nature of parental alcoholism and environmental factors associated with parental alcoholism. In addition, future studies could examine the nature of the relationship between an "unsure" response and psychological well-being. In particular, studies could delineate the difference between denial and uncertainty, and examine its effects on psychopathology. Such studies would clarify the nature of the long-term psychological ramifications for children who were raised in homes affected by parental alcoholism and possible factors that predict psychological resiliency in later life.

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**Table 1**  
**Demographic Information**

		Valid Frequency
Participants	N=4679	100 %
<b>Sex</b>		
	Males	33.4 %
	Females	66.6 %
<b>Age</b>		
	20 or Younger	38.9 %
	20 to 21	16.1 %
	22 to 24	19.4 %
	25 to 29	14.0 %
	30 to 34	5.7 %
	35 to 39	3.2 %
	40 to 44	1.6 %
	45 to 49	0.7 %
	50 and older	0.5 %
<b>Parental Drinking</b>		
	Yes	24.6 %
	No	71.2 %
	Unsure	4.2 %
<b>Ethnicity</b>		
	African-American	4.4 %
	Asian-American	6.1 %
	Hispanic	11.2 %
	Caucasian	78.4 %
<b>Academic Classification</b>		
	Undergraduate	77.5 %
	Graduate	20.9 %
	Special Students	1.6 %

**Table 2**  
**Outcome Questionnaire 45**

	<u>M</u>	<u>SD</u>
African-American	61.04	21.33 *
Asian-American	69.15	22.57 *
Hispanic	64.41	21.47
Caucasian	60.99	21.80 *
Male	61.08	22.50
Female	62.94	21.57 *
Parental Drinking	64.58	21.92 *
No Parental Drinking	61.32	21.83
Unsure	67.37	22.93 *

N=2,921

\*Significant at  $p < .05$  level