

FAMILY SYSTEM CHARACTERISTICS AND PARENTING
BEHAVIORS AS PREDICTORS OF ADOLESCENT
SUBSTANCE USE

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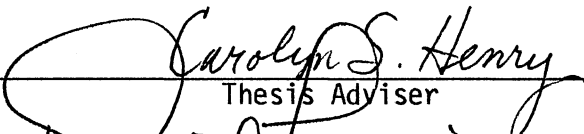
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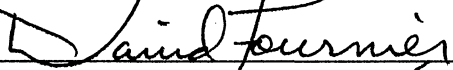
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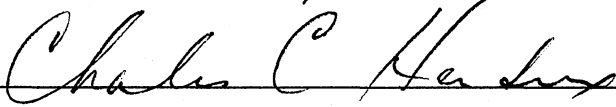
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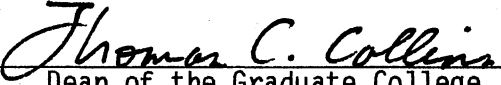
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Family System Characteristics and Parenting
Behaviors as Predictors of Adolescent
Substance Use

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Abstract

The purpose of this study was to examine adolescent perceptions of family system characteristics and parental behaviors as predictors of adolescent substance use. Self-report questionnaire data were collected from a sample of 467 high school students. Pearson correlation coefficients and multiple regression analysis were used to examine the research hypotheses. Results indicated that less effective parent-adolescent communication, love withdrawal, coercion, and parental substance use was positively related to adolescent substance use. Thus, the results provided support for considering both family system characteristics and parental behaviors to be factors related to adolescent substance use patterns.

Family System Characteristics and Parenting
Behaviors as Predictors of Adolescent
Substance Use

Introduction

In recent years both adolescent substance use (Levine, 1985) and the family as a context for adolescent development (Leigh & Peterson, 1986) have received considerable attention. Much of the literature on substance abuse in adolescents focuses on the relation between parental substance abuse and adolescent substance use (Barnes, 1990; Leigh & Peterson, 1986; Levine, 1985). Yet, recent scholarship indicates that adolescent substance use is more common in certain types of family systems (Barnes, 1990). Minimal empirical examination of the relationship between adolescent substance use and family systems has been conducted.

When viewing the family as a system, individual family members are viewed as having bonds that emerge through shared attributes. As a systems approach is increasingly used to investigate family relationships, the importance of considering adolescent substance use in relation to family system characteristics becomes evident (Barnes, 1990; Steinglass, 1984). Although conceptual works emphasize the importance of examining family system characteristics in relation to adolescent substance use, there is a sparsity of empirical research relating adolescent substance use to family systems theory (Barnes, 1990).

Since family systems develop qualities that may encourage or support substance use among one or more members, there is an interrelation between adolescent behaviors and the qualities of the family unit. There is a growing recognition that family system characteristics serve as important variables in understanding the initiation, maintenance, cessation, and prevention of substance use by one or more of family members (Needle, McCubbin, Wilson, Reineck, Lazar, & Mederer, 1986).

As youth explore the opportunities and choices of life, their needs for growth and autonomy and parental needs for maintenance and continuity of family structure present challenges to families (Kidwell, Fischer, Dunham, & Baranowski, 1983; Pearson, 1989). Consequently, families may vary in the extent to which they provide a supportive atmosphere from which adolescents may establish a sense of self beyond the family system (Nichols, 1987; Peterson & Leigh, 1990). The importance of maintaining a delicate balance between autonomy and stability for adolescents is highlighted in the study of how overall family system qualities and parental behaviors may be associated with adolescent substance use (Barnes, 1990).

In addition to overall family system characteristics, there is persuasive theoretical and empirical evidence showing the importance of parent-child relationships in relation to a wide range of adolescent behaviors, including adolescent substance use (Barnes, 1990; Peterson & Rollins, 1987). Specific parental behaviors (support, induction, love withdrawal, coercion, and parental substance use) have been found to be associated with adolescent substance use patterns (Barnes, 1990; Needle et al., 1986). Qualities of parental behaviors, therefore, may be closely associated with adolescent characteristics (Peterson & Rollins, 1987), including adolescent substance use (Barnes, 1990). Consistent

with these ideas, the purpose of this study was to determine the degree to which overall family system characteristics and parenting behaviors predicted adolescent substance use.

Family System Characteristics and Adolescent Substance Use

By conceptualizing families as systems, patterns of interaction that involve regularities or redundancies may be identified (Becvar & Becvar, 1982). The systems perspective emphasizes the understanding of individual behavior in the relationship context. Thus, each member of a family system is examined in relation to other family members (Becvar & Becvar, 1982). A major premise of a systems perspective is that the behavior of family members is intertwined and that such behavior can best be understood in the family context (Peterson & Rollins, 1987; Levine, 1985).

Several overall family system qualities have been identified as being associated with adolescent substance use. For example, bonding within the family is defined as the degree to which the family is emotionally joined together into a meaningful and integral family unit (McCubbin & Thompson, 1987). Although adolescents seek increasing autonomy from the family, they also need to retain close emotional ties to family members to provide a sense of connectedness (Cooper, Grotevant, & Condon, 1984; Peterson & Leigh, 1990).

Flexibility refers to a family's ability to change its interaction patterns when situational or developmental stresses require change (McCubbin, Thompson, Pirner, & McCubbin, 1988). While flexibility is needed to promote change and development, stability is needed for well-defined internal family space. How effectively families adapt to change

can be seen as an indicator for their functional or dysfunctional level of adaptability to stressors over time (Simon, Stierlin, & Wynne, 1985).

Watzlawick, Beavin, and Jackson (1967) postulated that every interpersonal communication is not only an exchange of information, but at the same time also contains a message regarding the relationship between the interactional partners. Thus, communication is recognized as the facilitator for family flexibility and bonding (Olson, McCubbin, Barnes, Larsen, Muxem, & Wilson, 1983; Barnes & Olson, 1985).

However, family system variables are likely to be related to adolescent substance use behaviors (Barnes, 1990). Ineffective parent-adolescent communication, low bonding, or low flexibility (Barnes, 1990) are predicted to be related to the substance using behavior of an adolescent. The model hypothesized, therefore, that effectiveness in parent-adolescent communication, bonding, and flexibility would be negative predictors of adolescent substance use (see Figure 1).

Parenting Behaviors and Adolescent Substance Use

In addition to overall family system characteristics, the systems approach focuses on the transactions between the parent-child dyad and the surrounding social environment (Peterson & Rollins, 1987). Thus, parent-child relationships are examined in terms of the relationship with the family, the neighborhood, and larger social institutions. There is persuasive theoretical and empirical evidence showing the importance of parent-child relationships in relation to a wide range of adolescent behaviors, including adolescent substance use (Barnes, 1990; Peterson & Rollins, 1987).

Parental behaviors may be closely associated with outcomes in adolescents (Peterson & Rollins, 1987), including adolescent substance use (Barnes, 1990). One type of parental behavior, substance use, has been shown to be positively associated with adolescents' substance use (Barnes, 1990; Steinglass, 1984). The first experience a child has with alcohol is often in the family setting, with parents serving as role models for the appropriate use of alcohol (Barnes, 1990). Many substance abusers report that their first substance experiences took place in the family home (Jurich, Polson, Jurich, & Bates, 1985).

Brown, Creamer, and Stetson (1987) suggested that adolescents who have a family history of psychoactive substance use/abuse may be at risk for future substance use themselves. Adolescents' perceptions and expectations of the effects of chemicals are derived in part from parental expectations and perceptions of psychoactive substance use (Brown et al., 1987; Barnes, 1990; Jurich et al., 1985). A review of the empirical literature documents that the paradigm of psychoactive substance use among adolescents closely mirrors the psychoactive substance using behaviors of adults in the same sociocultural context (Barnes, Farrell, & Cairns, 1986).

Another parental behavior that has been shown to be associated with a variety of development outcomes in youth is support (Peterson & Rollins, 1987). Parental support towards adolescents includes behaviors such as praising, encouraging, and giving physical affections, indicating to the child that he or she is accepted, loved, and approved of (Rollins & Thomas, 1979; Barnes, 1990). Parental behaviors toward adolescents such as praising and encouraging indicate to adolescents that they are approved of and accepted, showing support for adolescents (Barnes, 1990). In general, parental support is related to the adaptation of adolescents

and low-risk for problem behaviors such as substance abuse (Barnes, 1990; Peterson & Leigh, 1990).

Another important category of parental behavior is the approach used to control youth (Peterson & Rollins, 1987). For example, although adolescents may conform when they perceive their parents to have the potential to bring about unwanted consequences for the adolescents' undesirable actions, the actual use of coercive behaviors and love withdrawal have been found to be negative indicators of adolescent conformity to parental expectations (Henry, Wilson, & Peterson, 1989). Love withdrawal is defined as a control effort which threatens to withdraw or temporarily discontinue the affectionate bond established between parent and child (Peterson & Rollins, 1987). Parental coercion can be defined as the direct and arbitrary use of force as a control measure (Peterson & Rollins, 1987).

Parental use of induction has been found to be positively related to effective adolescent development and may be expected to be negatively associated with problem behaviors (Peterson & Rollins, 1987). Parental induction is an influence attempt by parents that places rational maturity demands on children, offers explanations, and makes children aware that their actions have consequences for themselves and others (Peterson & Rollins, 1987). Positive parental induction as a means to control the behavior of adolescents has been shown to be negatively related to the substance abuse patterns of adolescents (Pearson, 1989).

Love withdrawal is a control attempt that threatens to withdraw or temporarily discontinue the affectionate bond with a child (Peterson & Rollins, 1987). This type of control attempt places expectations on youth in a manner that threatens parent-adolescent relationships.

Therefore, such control attempts by parents may be expected to increase the vulnerability of youth to problem behaviors such as substance use.

Parental behaviors, therefore, may be expected to be predictors of adolescent substance use (Peterson & Rollins, 1987; Pearson, 1989).

Based upon these ideas, parental support and induction were hypothesized to be negative predictors of adolescent substance use, while parental love withdrawal, coercion, and substance use were expected to be positive predictors of adolescent substance use (see Figure 1).

Insert Figure 1 about here

Some studies postulated birth order and gender to be related to adolescent substance use (Werner, 1985; Needle et al., 1986; Kaufman, 1984; Levine, 1985). Substance use among first-borns has been portrayed as a relief from pressures to achieve, while substance use among last-borns preserves their status as the baby of the family (Levine, 1985).

As the size of the family increases, the relationships become more complex and families may experience increasing levels of frustration (Barnes, 1990). Therefore, as the number of children increases, the parents may exercise more coercive control attempts and less supportive behaviors toward the child, resulting in more adolescent problem behaviors, such as substance use (Barnes, 1990). The literature states that both the highest and the lowest birth order rank (Barnes, 1990; Keltner, McIntyre, & Gee, 1986) would be related to increased adolescent

substance use. Therefore, birth order was included and it hypothesized that birth order, as a "control" variable, would have no relationship to adolescent substance use. The model further hypothesized that family size would be a positive predictor of adolescent substance use.

Previous studies of the gender differences in adolescent substance use have found that boys are more likely than girls to be consumers of substances (Werner, 1985). Thus the model hypothesized that adolescent boys would report significantly greater substance use than would adolescent girls.

Method

Sample and Procedure

This study was part of a larger research project of parent-adolescent relations. The overall project recruited 488 adolescents through four high school English classes in a southwestern state. Due to incomplete data from 21 respondents, a sample of 467 was used for the present study.

The mean age of the participating adolescents was 16.10 (SD=1.23), ranging from 13 to 20. The mean number of children reported in the families was 1.78 (SD=1.27), with a range from 1 to 9. Of those surveyed, a total of 193 students reported that they had consumed alcohol within the last month, while an additional total of 93 students stated that they used some form of substance at least once per month.

Thirty-one percent of the sample were seniors, 22% juniors, 30% sophomores, and 17% freshmen. Gender was represented by 44% males and 56% females. Parental marital status was reported as follows: married

(57%), divorced (29%), separated (3%), widowed (5%), single (2%), and other (4%) or not reported. The majority of the participants (90%)

Insert Table 1 about here

indicated that they were Caucasian, 5% were American Indian, 4% were Black, and 1% were other races.

Measurement

A self-report questionnaire used for the study included an instrument developed specifically for the overall project, previously established instruments, and a standard fact sheet to assess sociodemographic information. Family system characteristics were assessed using instruments reported in McCubbin et al. (1988) and the Parent-Adolescent Communication Index (Barnes & Olson, 1982). Parental behaviors were assessed using instruments utilized by Peterson (1982).

Measure of Adolescent Substance Use. Adolescent substance use was measured using a 9-item scale, the Substance Use Indicator, developed specifically for this project. This scale was designed to measure the level of substance use among the subjects, based upon the DSM III-R criteria for psychoactive substance abuse and psychoactive substance dependence (American Psychiatric Association, 1987). The items assessed the frequency of substance use, substance tolerance, attempts to stop

using substances, changes in activities, and problems stemming from substance use. A "yes" response was coded 2, a "no" response was coded 1, and a "not applicable" response was coded 0. The "not applicable" response was for those adolescents who did not use substances. The internal consistency reliability coefficient (Cronbach's alpha) for the scale was .96 (see Table 2).

Insert Table 2 about here

Measures of Family System Characteristics. The measures of family system characteristics used previously established Likert-type scales. Bonding was measured using the Family Bonding Index (McCubbin et al., 1988), a 14-item adaptation of FACES II (Olson, Portner, & Bell, 1982), which measures adolescents' perceptions of family connectedness. The scale choices were: "Almost never" (5), "Once in awhile" (4), "Frequently" (3), "Sometimes" (2), and "Almost always" (1). The Cronbach's alpha (internal consistency reliability coefficient) using the present sample was .71.

Flexibility was measured using the Family Flexibility Index (McCubbin et al., 1988), a 14-item adaptation of FACES II (Olson et al., 1982) that was used to measure adolescents' perceptions about their families' ability to change roles, rules, responsibilities, and decision-making to accommodate change. The Likert-type scale choices were: "Almost never" (1), "Once in awhile" (2), "Frequently" (3), "Sometimes"

(4), and "Almost always" (5). Using the present data, a Cronbach's alpha (internal consistency reliability coefficient) of .86 was established for this scale.

Parent-adolescent communication was measured using a 22-item modification of the Parent-Adolescent Communication Index (Barnes & Olson, 1982). The original scale was composed of 20 items assessing openness and problems in parent-adolescent communication, to be answered twice (i.e., once for father and once for mother). For the purposes of conformity to the overall model of family system characteristics, the original 20-item instrument was reduced to 10 items by selecting the items relating only to parent-youth openness in communication. Rather than separate characteristics for mothers and fathers (i.e., in each family unit), the selected items were combined to establish a 20-item scale with an internal consistency reliability coefficient (Cronbach's alpha) of .92. The response categories were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Measures of Parental Behaviors. The parental behaviors (i.e., support, positive induction, love withdrawal, and coercion) were measured utilizing scales from Peterson's (1982) Survey of High School Students. These scales are combined modifications of Schaefer's (1965) Parent Behavior Inventory (PBI), and items measuring parental induction that were consistent with the concept of induction formulated by Hoffman (1970) (see Henry et al., 1989 and Peterson, Rollins, & Thomas, 1985). The subjects responded to each of the five Likert-type parental behavior scales twice (i.e., once for mothers and once for fathers). The scales for this study combined responses about fathers and mothers.

Adolescents' perceptions of parental support were measured by a 4-item Likert-type scale assessing the extent to which adolescents saw their mothers and fathers as providing emotional and resource support to the adolescents. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Adolescents' perceptions of parental induction were measured using a 5-item Likert-type scale assessing the degree to which adolescents viewed their parents as attempting to control adolescents through the use of logical reasoning. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Adolescents' perceptions of parental coercion were measured by a 7-item scale assessing the adolescents' perceptions of parental control attempts based on punitiveness. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Parental love withdrawal was measured by a 2-item Likert-type scale assessing adolescents' perceptions of their parents attempting to control their behavior through avoiding contact with the youth until cooperation is gained. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5). Based on the data collected for this study, respective internal consistency reliability coefficients (Cronbach's alpha) were established for support, induction, love withdrawal, and coercion as .86, .86, .78, and .86.

Parental substance use was measured by responses to two questions for each parent. One, "How frequently does your mother/stepmother (or father/stepfather) use alcohol or drugs"; and two, "My mother/stepmother's (father/stepfather's) use of alcohol or drugs has been a problem for our family." A five-item Likert-type scale was used

assessing adolescents' perceptions of parental substance use and problems associated with parental substance use. Based on the data collected for this study, an internal consistency reliability coefficient (Cronbach's alpha) was established and parental substance use was .72.

Analysis

Data analysis consisted of Pearson correlation coefficients and multiple regression analysis. Pearson correlations coefficients were examined to see if (a) any of the individual variables were highly correlated with other independent variables, and (b) to determine significant relationships to the dependent variable. Next, family systems characteristics (i.e., effectiveness in parent-adolescent communication, parental substance abuse, bonding, and flexibility), parenting behaviors (i.e., support, love withdrawal, coercion, and induction), and sociodemographic variables (i.e., number of children, birth order, and gender) were entered into a multiple regression equation with adolescent substance use as the criterion variable. A dummy variable for gender of adolescent (male coded 0, female coded 1) was included as a predictor in each regression equation to test for differences in responses by adolescent males and females (Cohen & Cohen, 1983; Pedhazur, 1983).

Results

The means, standard deviations, and Cronbach's alphas were reported in Table 2. The Pearson correlations coefficients revealed significant negative bivariate relations between communication ($r = -.32, p < .01$), flexibility ($r = -.23, p < .01$), support ($r = -.32, p < .01$), induction ($r = -.17, p < .01$), and adolescent substance use (see Table 3). Love

Insert Table 3 about here

withdrawal ($r = .28, p < .01$), coercion ($r = .22, p < .01$), and parental substance use ($r = .32, p < .01$) were shown to have positive correlations with adolescent substance use (see Table 3). The model anticipated that bonding would have a negative correlation with adolescent substance use, while the opposite direction was found ($r = .20, p < .01$) (see Table 3).

Birth order ($r = .04, p < .01$) and number of children ($r = -.01, p < .01$) did not demonstrate significant correlations with adolescent substance use. Gender was shown to have a significant correlation ($r = -.07, p < .01$) to adolescent substance use, with males reporting greater substance use than females (see Table 3). While the variable of gender was significant to the overall model, there is some question that a bivariate correlation of $r = -.07$ is truly meaningful (Pedhazur, 1982).

Results of the multiple regression analysis provided partial support for the research hypothesis. Effective parent-adolescent communication yielded a significant negative beta coefficient (see Table 3). In contrast, bonding and flexibility demonstrated nonsignificant beta coefficients (see Table 3).

Love withdrawal and parental substance use manifested significant positive beta coefficients (see Table 3). In contrast, parental induction, support, and coercion manifested nonsignificant beta coefficients in relation to adolescent substance use (see Table 3).

Support was provided for gender of the adolescent as a predictor variable based upon the significant negative beta coefficient (see Table 3). Specifically, adolescent males reported significantly greater substance use than females. Birth order yielded a nonsignificant beta coefficient (see Table 3). The overall model demonstrated significance, accounting for 20% of the variance in adolescent substance use (see Table 3). Finally, tolerance tests using the value of .01 indicated that multicollinearity was not a problem among the predictor variables.

Discussion

The results of this study provided support for the proposals that family system characteristics and parenting behaviors would predict adolescent substance use. One family system characteristic that showed a strong negative relation to adolescent substance use was effective parent-adolescent communication (Barnes, 1990). That is, effective parent-adolescent communication was associated with lower instances of adolescent substance use. Positive parent-adolescent communication may discourage adolescents' initiation into substance use (Vicary & Lerner, 1986). The study provides support for the importance of establishing effective parent-child communication patterns to reduce the risk for adolescent substance use.

The more frequently examined family system quality of flexibility (Barnes, 1990; Steinglass, 1984) was also shown to be a significant negative indicator related to adolescent substance use in the bivariate correlation, but not in the regression model. Also consistent with systems theory was the hypothesis that bonding would be an important factor related to adolescent substance use (Barnes, 1990). While the bivariate correlation demonstrated a significant relationship to

adolescent substance use, the correlation direction was not what was anticipated. Bonding, according to the data, showed a positive relationship with adolescent substance abuse while the model had hypothesized a negative correlation.

The positive bivariate correlation between adolescent substance use and bonding may be explained by normative development (Doueck, Ishisaka, & Greenaway, 1988). The adolescent period is a time for experimentation (Erikson, 1968). Being an adolescent is one of only a few times in the life cycle when the culture will allow greater latitude for nonconforming behavior (Kidwell et al., 1983; Levine, 1985).

Experimentation is often considered a sign of normative adolescent development (Erikson, 1968). Adolescence is a time when open rejection of authority is tolerated to a greater extent, and is thought of as being a normal part of differentiation from the family of origin (Levine, 1985). The degree of bonding may vary during the adolescent development beginning with a high level of bonding during the preadolescent and early adolescent period and ending closer to a lower level when the adolescent is older and about to leave home (Larson & Lowe, 1990).

The literature also demonstrates that adolescence is the time a level of conflict between parents and adolescents is normative as adolescents strive for autonomy while retaining connectedness to the family (Peterson & Leigh, 1990). By the time the child moves into adolescence, it may be more difficult to find continuity between what was learned and experienced as a child and what will be learned and experienced as an adolescent (Erikson, 1968). This highlights the importance of family connectedness as a base for adolescents to explore the world and to develop a sense of personal identity.

The parenting behaviors of induction, support, love withdrawal, coercion, and parental substance use were shown to be significantly related to adolescent substance use in the bivariate correlation (Pearson, 1989; Rollins & Thomas, 1979; Barnes, 1990; Peterson & Leigh, 1990; Henry et al., 1989). Love withdrawal, coercion, and parental substance use were shown to have a positive bivariate correlation to adolescent substance use, while support and induction were shown to have a negative bivariate correlation with adolescent substance use (Pearson, 1989; Rollins & Thomas, 1979; Barnes, 1990; Peterson & Leigh, 1990; Henry et al., 1989; Barnes et al., 1986; Jurich et al., 1985). Yet, only love withdrawal and parental substance use were significantly related to adolescent substance use in the overall model.

The finding that love withdrawal was an important negative predictor of adolescent substance use underlined the importance of parental methods of control in relation to substance use. This highlights the importance of using alternative ways of trying to control the behaviors of children and adolescents. Love withdrawal, or the use of "hold back" affection communicates that the parent-youth bond is vulnerable. It is important to assist parents in developing means of trying to control their adolescents without using the parent-youth relationship as a threat. Parents trying to control their adolescents' behavior by withdrawing affection or threatening to withdraw affection appears to be associated with an increased risk of substance use.

Consistent with previous research (Barnes, 1990; Levine, 1985), the significance of parental substance use as part of the overall model demonstrates the need for parents to recognize that the incidence and prevalence of adolescent substance use increases with increased parental substance use. The success of intervention in problematic families where

adolescent substance use has been identified will depend in part on the parental substance use behaviors. The significance of the overall model indicates that families presenting adolescents as the "identified client" need intervention strategies formulated and promulgated with the family unit, not just the adolescent. This treatment approach would be consistent with family systems theory.

While not a major focus of the model, birth order and number of children in the family were anticipated to have a more significant correlation (Barnes, 1990; Levine, 1985) than they did. One possible explanation would have to do with the spacing of the siblings, that wider spacing would allow for more effective socialization by the parents (Barnes, 1990).

Gender was shown to be related to adolescent substance use (Toray, Coughlin, Vuchinich, & Patricelli, 1991) in that adolescent males were more likely to use substances than were adolescent females. While significant in the overall model, the bivariate correlation was not as significant. A caveat that this variable may be statistically significant, the low level of significance does not allow for strong conclusions about the role of gender differences in adolescent substance use. Thus, additional studies need to more fully explore factors associated with gender differences in adolescent substance use.

Future studies may focus on overall family system characteristics and parenting behaviors in relation to adolescent substance use. Since the predominant factor associated with adolescent substance use both in the bivariate correlation and the overall model was parental substance use, future studies may benefit from the use of path models to determine the relationship between that parenting behavior and other parenting behaviors and family system characteristics.

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Figure 1. Theoretical model of family system characteristics and parenting behaviors as predictors of adolescent substance use.

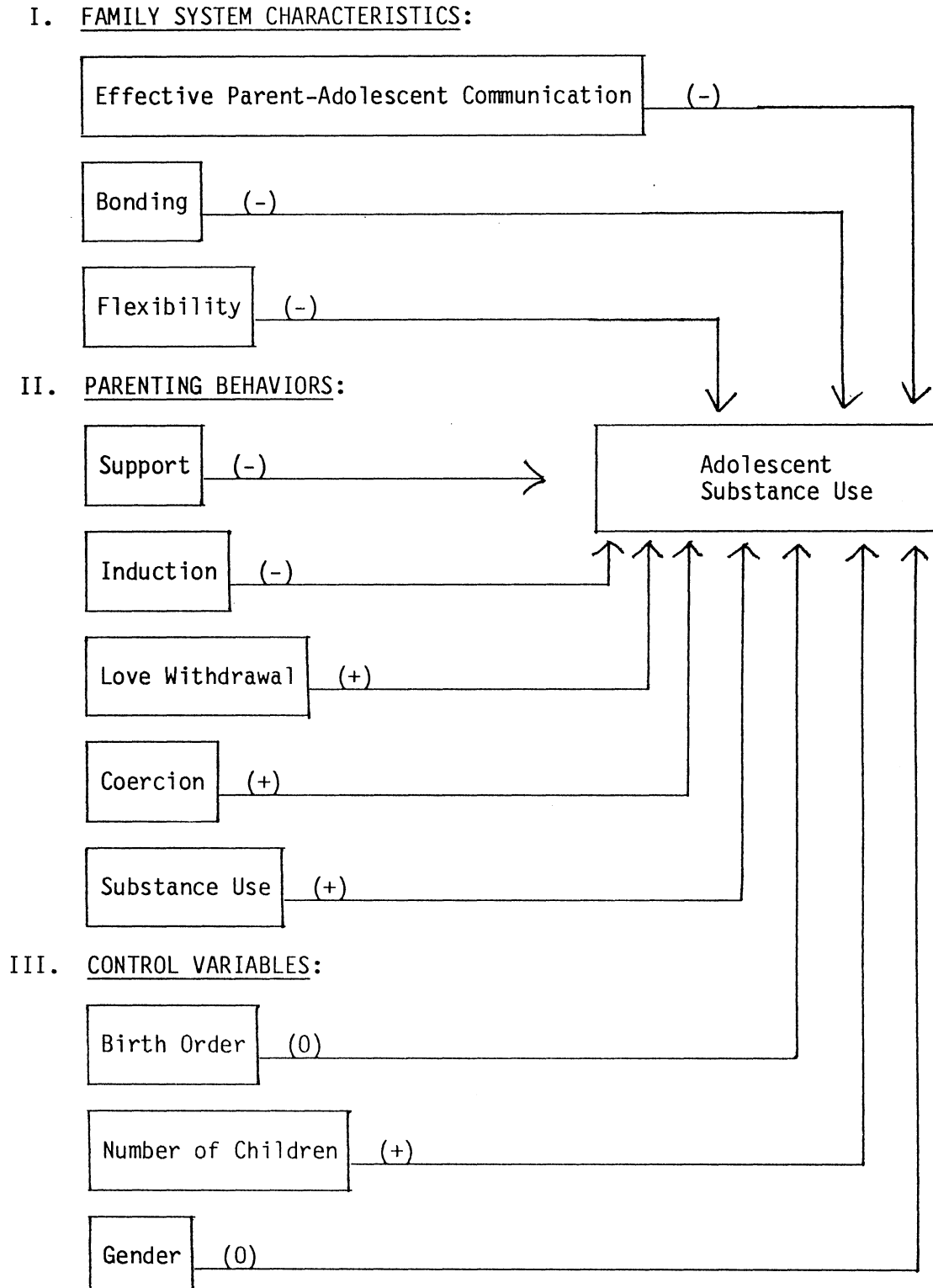


Table 1

Demographics

Group	Percentage
<u>Year in High School</u>	
Seniors	31
Juniors	22
Sophomores	30
Freshmen	17
<u>Gender of Adolescent</u>	
Male	44
Female	56
<u>Parental Marital Status</u>	
Married	57
Divorced	29
Separated	3
Widowed	5
Single	2
Other	4
<u>Race</u>	
Caucasian	90
American Indian	5
Black	4
Other	1

Table 2
Values of Cronbach's Alpha, Means, and Standard Deviations for
Family System Characteristics, Parenting Behaviors, and
Adolescent Substance Use

Scale	No. of Items	Alpha	n	Mean	SD
Communication	20	.92	488	71.83	14.74
Flexibility	14	.86	488	44.85	10.53
Bonding	14	.71	488	44.99	8.15
Support	8	.86	415	32.29	6.37
Induction	10	.86	414	34.77	7.33
Love Withdrawal	4	.78	488	10.00	3.92
Coercion	10	.86	488	25.43	8.59
Parental Substance Use	4	.72	462	6.28	4.73
Birth Order	1			2.16	1.27
Number of Children	1			2.78	1.27
Gender	1			1.57	.50
Adolescent Substance Use	9	.96	461	4.72	5.38

Mean = Scale mean

SD = Standard Deviation within the scale mean

Table 3.

Multiple Regression and Pearson Correlation Coefficients of Family System Characteristics and Parenting Behaviors as Predictors of Adolescent Substance Use

Predictor Variables	<u>r</u>	<u>b</u>	<u>B</u>	<u>F</u>
Communication	-.32**	-.05	-.16	4.56***
Flexibility	-.23**	-.02	-.03	.39
Bonding	.20**	.04	.04	.66
Support	-.32**	-.06	-.08	1.46
Induction	-.17**	.02	.03	.33
Love Withdrawal	.28**	.13	.10	3.07***
Coercion	.22**	-.01	-.01	.01
Parental Substance Use	.32**	.28	.25	30.32***
Number of Children	-.01	-.22	-.05	1.11
Birth Order	.04	.29	.07	1.88
Gender	-.07	-.69	-.06	2.26***
Multiple Correlation (R)				.45
Multiple Correlation Squared				.20
F-Value				10.40***

n = 467 *p < .05 **p < .001 ***p < .0001

r = Pearson Correlation Coefficients

b = Unstandardized Betas

B = Standardized Betas

APPENDIX A
LITERATURE REVIEW

Present Adolescent Alcohol and Drug Use Perspectives

During the past two decades, considerable attention has been given to the increases in the amounts of alcohol and other substances consumed by adolescents (Smart, 1976). America's youth are now abusing a wider variety of substances, more often, and beginning at a younger age than at any other time in history (Needle, Glynn, & Needle, 1983). Adolescent substance abuse represents a major health problem, with important implications for adolescent development.

The acute type of adolescent substance abuse is in sharp contrast with chronic substance abuse, characterized by more prolonged and routinized substance use (American Psychiatric Association, 1987). This latter type of abuse is often loosely associated with deeply troubled adolescents and their families (Needle et al., 1983). Family reaction to adolescent substance use has included shock, fear, denial of the problem, and rage and hostility toward the substance-using adolescent (Alibrandi, 1978).

The pervasiveness of adolescent substance use is highlighted by a 1976 study conducted by the Alcoholism Council of Orange County, California, and reviewed by Alibrandi (1978) in Young Alcoholics. That study showed that two-thirds of the 2,500 children and young adults (ages 7 to 21) polled had reached drinker status (Alibrandi, 1978). Drinker status was defined as having had more than two or three drinks in their lives. The Orange County survey showed that 85% of the 11th and 12th

graders reported drinking alcohol at least occasionally, a 400% increase over youth drinking patterns surveyed in 1964. Six percent of the children polled aged 7 through 11 were showing early signs of alcoholism.

The report showed that these children were drinking larger amounts of alcohol, or were drinking over a longer period than the children intended. For example, the children had experienced either a persistent desire to drink or a preoccupation with drinking, had made one or more unsuccessful efforts to control use or to cut down, or had experienced impairments in fulfilling major role obligations at work, school, or home. Further, important social, occupational, or recreational activities were given up or were reduced because of drinking. The majority of children polled (85%) used only alcohol, while about one-fourth (25%) favored marijuana over alcohol.

Recently, the United States Department of Health and Human Services released a report entitled, National Trends in Drug Use and Related Factors Among American High School Students and Young Adults (Johnston, O'Malley, & Bachman, 1987). They found that in a nationwide survey of the 1986 senior high school class, 50.9% had used marijuana/hashish, 20.1% had used inhalants (including amyl and butyl nitrites), 11.9% had used hallucinogens (including LSD and PCP), 16.9% cocaine, 1.1% heroin, and 9% had used other opiates. Stimulants had been used by 23.4% of the senior class, 10.4% had used sedatives, 10.9% had used tranquilizers, 67.6% had smoked regular cigarettes, and 91.3% had used alcohol. This data would tend to support the earlier Orange County survey (Alibrandi, 1978), pointing out the seriousness and pervasiveness of alcohol and other substance use among adolescents.

Substance Use Defined

Substance use lends itself to research problems in a number of ways, such as definitions and terminology. An example of the diversity of definitions of substance use was provided by Levine (1985, p. 3), who stated that "the scholarly literature on opiate addiction seems to us chaotic and bewildering. It teems with theories in the vocabularies of all the major branches of psychology." For the purposes of this paper, the criteria of the American Psychiatric Association for psychoactive substance abuse and dependence found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) (3rd ed.) (American Psychiatric Association, 1987) was used for alcoholism, substance addiction, and chemical dependency.

That criteria indicated that three of nine clearly delineated symptoms must be present for psychoactive substance dependence. The nine symptoms are (a) substance often taken in larger amounts or over a longer period than the person intended; (b) persistent desire or one or more unsuccessful efforts to cut down or control substance use; (c) a great deal of time spent in activities necessary to get the substance; (d) frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home; (e) important social, occupational, or recreational activities given up or reduced because of substance use; (f) continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance; (g) a marked increase or decrease in tolerance; (h) characteristic withdrawal symptoms; and (i) substance often taken to relieve or avoid withdrawal symptoms. The identified symptoms must have persisted for at least one

month, or have occurred repeatedly over a longer period of time for the individual to be diagnosed as a substance abuser. The severity of dependence can range from mild to severe.

The diagnostic class of psychoactive substance use disorders refers to symptoms and maladaptive behavioral changes that are associated with the more or less regular use of psychoactive substances that have an effect on the central nervous systems (American Psychiatric Association, 1987). Classes of substances associated with both use and dependence include, but are not limited to, alcohol, barbiturates and similar sedatives, hypnotics, opioids, amphetamines or similar sympathomimetics, and cannabis. The DSM-III-R (American Psychiatric Association, 1987) associates phencyclidine (PCP) and hallucinogens with substance use only as physiological dependence has not been demonstrated. The psychoactive substance nicotine is not associated with use, but is aligned only with dependence (Daley, Moss, & Campbell, 1987).

The key property of the psychoactive substance abuse condition ". . . is a cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences" (American Psychiatric Association, 1987, p. 166). Some of the literature suggests that there is little difference between clients diagnosed as having alcohol abuse as opposed to those diagnosed as having alcohol dependence (Daley et al., 1987). The only difference has been a defined exception which posits that only dependent clients will experience a withdrawal syndrome. The terms alcoholism, substance addiction, and chemical dependency will be used interchangeably in this thesis. It is further assumed, based on the American Psychiatric Association's (1987) definition, that the three terms can be synonymous

with psychoactive substance use and dependence. Adolescent substance use therefore denotes the use of mood-altering chemicals by adolescents.

Normative Adolescent Development in the Family Context

Recent societal attention to substance use has been focused most notably on adolescents. There are many definitions of adolescence. Adolescence has been treated as a definitive span of years, a stage in the developmental cycle, a subculture, a frame of mind, or a combination of these concepts (Pearson, 1989). Adolescence is a period of developmental transitions or "a necessary turning point, a crucial moment when development must move one way or another, marshalling resources of growth, recovery, and further differentiation" (Erikson, 1968, p. 15). Adolescence is often characterized as a time of extreme narcissism, of intensified sexuality and aggressiveness, or reawakened conflicts from childhood and of a growing exigency for independence, coupled with periods of increased dependence (Levine, 1985). Being an adolescent is one of only a few times in the life cycle when the culture will allow greater latitude for nonconforming behavior.

Experimentation is often considered a sign of normative development (Erikson, 1968). Adolescence is a time when open rejection of authority is tolerated to a greater extent, and thought of as being a normal part of differentiation from the family of origin (Levine, 1985). The rule systems of the family may come under challenge as it is viewed from the different and critical eyes of the young person in transition to adulthood. Accommodating these challenges often involves changing established attitudinal patterns and behaviors or compromising standards.

If families cannot adapt to the shifts in adolescent members, family systems become exposed to some degree of stress (Kidwell et al., 1983).

There is an interrelation between the identity of adolescents and the identity of family units. The hurdles and deviations common in quests of adolescents are often difficult to conform to a stable family expectations. Adolescents' need for growth and autonomy and parental needs for maintenance and continuity of family structure may conflict with one another (Kidwell et al., 1983; Pearson, 1989).

Relationships and communication patterns change during the period of adolescence. Certain subjects are now off limits to be discussed with parents, such as sex, friends' secrets, parties, alcohol, substances, boy/girl friends, and feelings of insecurity (Pearson, 1989).

Theoretical Approaches and Adolescent Substance Use

Substance use often begins during adolescence (United States Department of Health and Human Services, 1987). Scholars and clinicians have developed a variety of approaches to understanding adolescent substance use. First, it has been proposed that genetic factors may be involved and that alcoholics are genetically predisposed to the illness (Ohms, 1982), or that chronic drunkenness is a characteristic of a small group of people with an inbred susceptibility to alcoholism (Peele, 1984). Secondly, social learning theory has been used to propose that adolescent substance use is a part of the adolescent socialization process that serves as a prelude to the transition from child to adult status (Barnes et al., 1986). A third model suggests that during adolescence, youth look toward their peer groups for information and attitudes about substance and alcohol use (United States Department of

Health and Human Services, 1987). Inherent within this model is the assumption that peers serve as a more important referent group for adolescents than do families.

An alternative perspective proposes that patterns of adolescent substance use may be predicted, in part, by factors within individuals' family systems (Steinglass, 1984). The progression to including families in the research focus and treatment is a logical one, since the substance-involved adolescents very often cite their substance use as a "cause" or "effect" of severe family stress (Steinglass, 1984).

Systems Theory and the Life Development Cycle

Systems theory is a set of interacting units with relationships among them, or a systems of relationships among relationships (Kidwell et al., 1983). Family systems theory identifies each member of a family in relation to the other family members. Each family member is affected by and affects the other family members. The family is seen as a systems, with the members of the family as interdependent parts. Family systems theory describes the application of general systems concepts to the family as a behavioral systems, and views the individual as part of the larger family systems (Steinglass, 1984; Braden & Sherrard, 1987). This wider framework does not view behavior as being independent of environmental conditions and as the product of intrapsychic processes, but as the result of the interplay of reciprocal processes between interactional partners (Braden & Sherrard, 1987). This approach is based upon family systems theory which proposes that patterns of adolescent substance use can best be understood in the family context.

The family encompasses several subsystems with generational connections and boundaries, communication networks, splits and alliances,

rules, conspiracies, and legends (Steinglass, Tislenko, & Reiss, 1985). Individual behaviors are viewed as important, as they represent part of systems function. Symptoms are considered to be efforts of the family to maintain the status quo (Steinglass et al., 1985).

Family systems vary in the degree of involvement of members in each other's lives. Bonding within the family is defined as the degree to which the family is emotionally bonded together into a meaningful and integral family unit (McCubbin & Thompson, 1987). For example, an enmeshed family is characterized by unclear boundaries between individuals and minimal individual autonomy, where one family member's behavior affects other members strongly and immediately (Simon, Stierlin, & Wynne, 1985). At the other extreme, families may be disengaged where there is an overlooking or denying of the fact that people are engaged in some kind of relationship to one another (Simon et al., 1985).

During the family life cycle stage, when young children are added to family systems, the families begin accepting a new generation of members into the existing systems, the marital dyad is adjusted to make space for children, spouses begin to assume parenting roles, and there is a realignment of relationships with the extended family to include parenting and grandparenting roles (Carter & McGoldrick, 1980). As the children grow into adolescents, the status quo of family systems again becomes unbalanced as the family boundaries are flexed to include children's independence. Much of the parent-adolescent conflict could be explained by the fact that individual developmental tasks of adolescents challenge the developmental tasks of their middle-aged parents (Kidwell et al., 1983). There is a shifting of parent-child relationships to permit adolescents to move in and out of the systems, while parents refocus on midlife marital and career issues (Carter & McGoldrick, 1980).

Much of the stress experienced by families during the adolescent years arises out of normative life stage developmental events, experienced to varying degrees in all families with adolescents (Kidwell et al., 1983). This process within the life cycle is enough to precipitate stress and dysfunction within the family systems and substance use only serves to exacerbate the situation.

A stimulus to the family systems from the environment is called input (Kidwell et al., 1983). Adding a new member to the family, information, or income, can be classified as input. Transformation of the input by the family or reactions to the input result in output (i.e., responses emitted by the family systems to the environment). Solutions and information can be seen as output (Kidwell et al., 1983). Rules of transformation between the input and output of a family systems govern change and stability in the family unit. In a process called morphogenesis, new rules of transformation may be introduced by the family systems to meet the needs which are created by stressful new or unprecedented situations. When an adolescent challenges the values, beliefs, and standards of the parents, there is a break in established agreements requiring reorganization of the family rule systems (Kidwell et al., 1983).

Individuals are not completely independent to act according to their individually focused drives, motivations, or personality characteristics, but rather are constrained and fashioned in their conduct by the temperament of the relationships they have with the other members of the family systems (Steinglass, 1984). The family is involved in multitudinous ways in the substance abuse structure (Levine, 1985). Recent literature highlights the importance of examining family systems characteristics as predictors of adolescent substance use (Barnes, 1990;

Steinglass, 1984; Kaufman, 1984). Bonding, flexibility, communication patterns, and parental psychoactive substance use are examples of family systems characteristics which may serve as predictors of adolescent substance use. Further, the parenting behaviors of support, love withdrawal, coercion, or induction may also serve as indicators of adolescent psychoactive substance use (Barnes, 1990).

The Role of Families in Adolescent Substance Use

There is a growing recognition that families are clearly important to the initiation, maintenance, cessation, and prevention of substance use by one or more of its members (Needle et al., 1986). Problems that are brought about or maintained by family systems serve a stabilizing function for the family (Steinglass, 1984). An adolescent's behavior may serve the function of removing attention from problems of the parents. It is important to recognize how problem behaviors of youth relate to family dynamics rather than to individual pathology. An adolescent's sudden bouts of substance abuse may bring together parents who may have been on the verge of separation. The cause of the substance abusing behavior lies within the family because the adolescent attempts to keep the family together by removing the focus from marital strife to the substance abuse (Braden & Sherrard, 1987).

As family units progress through their life cycles, other factors have been shown to have a relationship to adolescent substance use and dependency. Research as early as the 1960's suggests that family systems operations play a substantial part in the genesis and maintenance of alcoholism in a family member (Kaufman, 1984). The familial make-up of alcoholism has been clearly fixed (Steinglass et al., 1985). Family

models of substance use can be differentiated into two general categories: adolescent substance use and adult substance use (Levine, 1985). The premise of family as a systems is not routinely linked to adolescent substance use in the literature (Levine, 1985). Adolescent substance use is a paradigm of use of alcohol and other substances by persons who are significantly connected developmentally and typically physically to their family of origin.

Current literature examines the role of parental substance use in relation to adolescent substance use. There is a sparsity of empirical research relating adolescent substance use to family systems theory (Barnes, 1990). If a system can be defined as a set of units with relationships among them, and if the implication is that the units are bound together because of shared properties, then the family fits the definition and can be viewed as an operational systems (Steinglass, 1984). The family may be viewed in several ways in the substance use structure (Levine, 1985). Probably the most striking aspect of the substance-abusing family with a substance-abusing member is the resistance to precise labeling or predictable pattern of behavior. A wide array of variables such as the type of substance used, measurable stress as the source or the result of substance use, sibling use, family communication patterns, parental modeling occurrence of recent death or loss, or availability of community support systems may influence the incidence, prevalence, and patterns of use within a family (Steinglass et al., 1985; Barnes, 1990). There is rarely a single identifiable cause (Needle et al., 1983).

Consistent with a family systems approach, Brown, Creamer, and Stetson (1987) suggested that adolescents who have a family history of psychoactive substance use/abuse may be at risk for future substance use

themselves. Adolescents' perceptions and expectations of the effects of chemicals are derived in part from parental expectations and perceptions of psychoactive substance use (Vicary & Lerner, 1986). A review of the empirical literature documents that the paradigm of psychoactive substance use among teenagers closely mirrors the psychoactive substance using behaviors of adults in the same sociocultural context (Barnes et al., 1986). Further, many substance abusers report that their first substance experiences took place in the family home (Jurich et al., 1985).

Family System Characteristics and Adolescent Substance

Satisfactory relationships, general climate, emotional support within the family, and moderation in the use of alcohol are factors which appear to be related to adolescent initiation into substance use. These supports are developed over a long period of time and attempts to make up for their absence often lead to increased adolescent substance use. Adolescents who report a lack of closeness, support, and affection are more likely to begin to use substances and to maintain the abuse of substances (Needle et al., 1983). In addition, adolescents often experiment with drinking, sex, and substances in an effort to be autonomous and independent from their family (Pearson, 1989).

Adolescents use their communication patterns to maintain a sense of connectedness to their families while gaining greater autonomy. Although communicative behaviors are in transition during adolescence, effective communication is identified as one of the keys to a satisfactory parent-adolescent relationship (Pearson, 1989). Barnes and Olson (1985) found that families who believed that they had positive parent-adolescent

communication patterns also saw themselves as having more family cohesion, adaptability, and family satisfaction. Further, when adolescents perceived their parents to be immersed in a great deal of discord, felt their relationships with their parents was poor, and/or saw one of their parents as either resentful or repeatedly depressed, they more frequently reported negative behaviors such as substance use.

Intergenerational relationships, especially parent-adolescent conflict, for example, have been associated with adolescent substance abuse (Pearson, 1989). Researchers have noted the role of substance use on parent-child over-involvement. Over-involvement has been defined as the child or adolescent being highly influenced by the parents (especially mother-son), and by parental disengagement (especially father-family) patterns (Needle et al., 1983). Other factors associated with substance abuse among adolescents include family communication and interaction, family context and environment, cultural disparity within families or between the family and the majority culture, and experiences with death and loss of an intimate friend (Needle et al., 1983, 1986; Kidwell et al., 1983).

Family stress events have been linked to adolescent substance use. Increased arguments with parents, increased arguments between parents, divorce of parents, marital separation of parents, and marriage of parent to stepparent have been cited as stressors, prompting drinking behavior by the adolescent (Needle et al., 1983).

McCubbin and Patterson (1981) postulate that family crises result from imbalances of family functioning. Adaptation to crises reflects efforts to achieve balance in these relationships. Positive adaptation results in maintaining or strengthening of family integrity, continuing promotion of both individual and family development, and having a sense

of control over environmental influences and maintenance of family independence. The negative end of the continuum is typified by a lack of balance in family functioning, or managing to balance these relationships with a consequent deterioration in family integrity, curtailment, or deterioration in member of family development, or a decline in family independence (McCubbin & Patterson, 1981).

Adaptability refers to the ability of a marital or family system to change its power structure, role relationships, relationship rules in response to situational and developmental stress (Olson et al., 1983). The adaptability of a family depends upon the family's capacity to create a flexible balance between too much change (leading to chaotic systems) and too much stability (leading to rigid systems) (Olson, Sprenkle, & Russell, 1979).

The variable used to measure adaptability in the present study was flexibility. Flexibility is necessary to facilitate change and development within the family systems (McCubbin et al., 1988). The flexibility a family demonstrates to variable environmental conditions (both internal and external) must be seen as decisive for their functional or dysfunctional level of adaptability (Simon et al., 1985). A family depends on its ability to create a flexible balance between too much change, creating a chaotic systems, and too much stability, leading to a rigid systems (Simon et al., 1985).

The behavior of each family member is best understood by addressing the rules of communication and interaction governing the family as a whole and the type of reciprocal relations that exist among members of the family (Simon et al., 1985). It has been postulated that every interpersonal communication is not only an exchange of information, but at the same time also contains a message regarding the relationship

between the interactional partners (Watzlawick, Beavin, & Jackson, 1967). Within this framework, the behavior problems that children exhibit serve the family interaction systems in some unique way, which is often unrecognized by the family. Through communication, families are able to convey their wants and preferences relative to bonding and adaptability (Simon et al., 1985).

Parenting Behaviors and Adolescent Substance Use

In addition to examining family systems characteristics, adolescents' perceptions of parental support and control behaviors may be expected to predict patterns of adolescent substance use (Barnes, 1990). Support, love withdrawal, coercion, and induction are parental behaviors designed to direct the child's behavior in a manner acceptable to the parents (Barnes et al., 1986). Parental support has been entitled warmth, affection, nurturance, or acceptance in other parent-child research (Peterson and Rollins, 1987; Barnes et al., 1986). Parental support can be seen as a gesture or a noteworthy symbol communicating that the child's self and actions are prized by the parents (Henry et al., 1989). Supportive behavior is utilized by parents to ameliorate and foster adolescent conduct which is consistent with parental expectations.

Love withdrawal is a type of parental control attempt that threatens to pull away or temporarily freeze the bond with a child (Peterson & Rollins, 1987). This dimension threatens the bond between parent and child by conveying that the child's person and conduct are being spurned. Love withdrawal is a communication to the child that a defect of the child's behavior must be altered before the affectionate bond can be reinstated (Peterson & Rollins, 1987).

Parental coercion is the straightforward and subjective utilization of force as a control attempt (Peterson & Rollins, 1987). The frequent use of coercion by parents communicates disapproval of the child and a low appraisal of the child's self. Children exposed to high levels of coercion frequently manifest beliefs and expectations that contrast sharply from those of their parents (Peterson & Rollins, 1987). Coercion does not communicate the reasoning underlying a parent's expectations for the conduct of a child as does parental induction parenting behavior (Peterson & Rollins, 1987).

Parental induction acts as an information-giving conduit that communicates parental conviction that adolescents will eventually comprehend and manage successfully with their social and physical environments. Induction serves as a primary mechanism through which parents transmit, confirm, and promote the internalization of role expectations (Peterson & Rollins, 1987).

The perceptions of adolescents in regard to their parents changes from childhood. Adolescents often feel their parents do not understand, do not help, and do not spend enough time with them (Pearson, 1989). In data collected from the New York Longitudinal Study (NYLS) sample, utilizing 133 middle-class children (66 males and 67 females), parental behaviors which seemed to be implicated in adolescent substance use were: strict controls and disagreement about discipline between the parents, lack of maternal involvement in activities with children, and inconsistent parental discipline (Vicary & Lerner, 1986).

Generally, parental use of substances and alcohol are positively related to adolescent substance and alcohol use (Needle et al., 1983). Intra-systemic dependency parents use substances as an excuse to avoid their own problems, especially the problem of marital dissatisfaction.

To gain attention and concern from the parents, the abusing adolescent regresses to some form of antisocial or self-destructive behavior to shift the focus of attention toward himself and away from the parents and their relationship, often to the relief of all three (Kidwell et al., 1983; Needle et al., 1983).

Growing up in a chemically dependent household sets the stage for an unpredictable family atmosphere, with inconsistent behavioral expectations and limits (boundaries), arbitrary physical and emotional care, as well as incongruous responsiveness to communication and interaction (Black, Bucky, & Wilder-Padilla, 1986). Parents' ability to provide fair, consistent discipline and flexible, loving, external control is significantly impaired by their psychoactive substance dependency (Black et al., 1986). Beardslee, Son, and Vaillant (1986) demonstrated in a study of 456 inner city youths that antisocial youth coming from chemically dependent homes where there were social disadvantages developed psychoactive substance dependency more frequently than did comparison subjects coming from nonchemically dependent homes. Other researchers have noted parental influence to be important in adolescent substance abuse but have devoted significantly less attention to the dynamics of the influence itself (Needle et al., 1983).

Black et al. (1986) found that children of alcoholics had problems with unresolved emotional bonds within the family, inferior communication skills, role confusion, lack of trust, and avoidance on intimacy. There was evidence of problems in identification, fear, and denial of feelings. The children also demonstrated an assumption of excess obligation as children.

It is clear through the literature that several issues need to be addressed to gain a greater understanding of adolescent substance use.

This study was designed to examine how adolescents' perceptions of family system characteristics and parental behaviors related to adolescent substance use patterns.

APPENDIX B

METHODOLOGY

Methodology

Sample and Procedure

Members of the research team met with the school district officials to receive approval to conduct the study through four high schools in a southwestern state. The school representatives were provided at that time with samples of the types of information that would be provided to the school systems as a result of the study. Two days were arranged for the research team to visit each of the schools.

The research team consisted of the principal investigator and graduate students/assistants who were familiar with the project, instrument, and procedures. On the first visit, the research team visited all participating English classes at the four selected high schools and described the study and distributed consent forms. Parental consent was required for the study and the parents and adolescents each needed to sign the consent forms. During this visit, the subjects were assured that participation was voluntary and that confidentiality of the subjects' individual answers would be maintained.

The questionnaires were administered during the subjects' English classes on the research team's second visit to the high schools. The research team exchanged a survey for a completed parental consent form from the student.

The sample for this study was part of the sample of 488 adolescents who participated in the overall project on family issues. Twenty-one survey forms were not used because they were not completed, so the sample size used for the thesis was 467. The mean age of the participating adolescents was 16.10. The subjects were 13 (1), 14 (42), 15 (118), 16 (113), 17 (127), 18 (61), 19 (3), and 20 (2). Completing the survey

instrument were: 31% seniors, 22% juniors, 30% sophomores, and 17% freshmen. Gender was represented by 44% males and 56% females. Parental marital status was reported as follows: married (57%), divorced (29%), separated (3%), widowed (5%), single (2%), and other (4%). The majority of the participants (90%) indicated that they were Caucasian, 5% were American Indian, 4% were Black, and 1% were other races.

Of those sampled, 89.3% of the fathers/stepfathers in the home were employed, with 86.3% working full-time. Of the mothers/stepmothers in the home, 73.2% were employed, with 62.1% working full-time.

Of the sample's mothers, 1.5% had completed only grade school, while 12.7% had completed some high school. The remainder of the cases reported that their mothers had completed high school (36.8%), and 49% had some education beyond high school.

Responses indicated 2% of the respondents' fathers had only grade school educations, 13% reported their fathers had some high school, and 20% reported that their fathers were high school graduates. The sample stated that 65% of their fathers had some education beyond high school.

The sample reported one child in the home (10.3%), two children in the home (36.4%), three children in the home (32.6%), four children in the home (12.8%), five children in the home (4.3%), six children in the home (1.4%), seven children in the home (1.2%), eight children in the home (.4%), and nine children in the home (.4%). The mean number was reported at 1.78, with the mode at 1.00 and the median at 2.00.

Measurement

Pilot studies were conducted prior to administration of the instrument to the subjects. This assured a reasonable length for the instrument and clarity in wording. Two churches of different

denominations were surveyed, with 23 adolescents participating. It was thought that this mix of denominations would allow access to the type of population found in the selected public schools. Subsequently, the churches were given identification numbers for confidentiality. The adolescents in church #1 were tested by the sections of the instrument, and each section was timed. In a one hour period, with explanation and distribution of materials, the adolescents were able to only partially complete the questionnaires. Participants from church #2 were allowed to finish the questionnaire without interruption by section. One-half of the group started the questionnaire from the front; one-half of the group started the questionnaire from the back. It was thought that no one would complete all of the questions; hence, the need to have some kind of measurement on the questions at the end of the questionnaire. Based on comments from the students and actual performance on the survey instruments, numerous changes were made to make the instrument more legible, less confusing, and shorter.

The self-report questionnaire for the overall project included two instruments developed specifically for the overall project, previously established instruments, and a standard fact sheet to assess sociodemographic information. Family systems characteristics were assessed using instruments reported in McCubbin et al. (1988) and the Parent-Adolescent Communication Index (Olson et al., 1983). Parental behaviors were assessed using instruments utilized by Peterson (1982). Permission to use the previously established instruments was obtained from the authors.

Adolescent substance use was measured using a 9-item scale, the Substance Use Indicator, developed specifically for this project. This scale was designed to measure the degree of substance use among the

adolescents. The items were based upon the DSM III-R criteria for psychoactive substance abuse and psychoactive substance dependence (American Psychiatric Association, 1987). The items assessed the frequency, tolerance, attempts to stop, changes in activities, and problems stemming from substance use. The internal consistency reliability coefficient (Cronbach's alpha) for the scale was .96. As part of the overall project, principal components factoring with variable factoring yielded a single factor. A "yes" response was coded 2; a "no" response was coded 1, and a "not applicable" response was coded 0. The "not applicable" response was for those adolescents who did not use substances. All factor loadings were .75 and above.

The measures of family systems characteristics used previously established Likert-type scales. Bonding was measured using the Family Bonding Index (McCubbin et al., 1988), a 14-item adaptation of FACES II (Olson et al., 1982) which measures adolescents' perceptions of family connectedness. The scale choices were: "Almost never" (5), "Once in awhile" (4), "Frequently" (3), "Sometimes" (2), and "Almost always" (1). The Cronbach's alpha (internal consistency reliability coefficient) using the present sample was .71.

Flexibility was measured using the Family Flexibility Index (McCubbin et al., 1988), a 14-item adaptation of FACES II (Olson et al., 1982) that was used to measure adolescents' perceptions about their families' ability to change roles, rules, responsibilities, and decision-making to accommodate change. The Likert-type scale choices were: "Almost never" (1), "Once in awhile" (2), "Frequently" (3), "Sometimes" (4), and "Almost always" (5). Using the present data, a Cronbach's alpha (internal consistency reliability coefficient) of .86 was established for this scale.

Parent-adolescent communication was measured using a 22-item modification of the Parent-Adolescent Communication Index (Barnes & Olson, 1982). The original scale was composed of 20 items assessing openness and problems in parent-adolescent communication, to be answered twice (i.e., once for father and once for mother). For the purposes of conformity to the overall model of family systems characteristics, the original 20-item instrument was reduced to 10 items by selecting the items relating only to parent-youth openness in communication. The numbers of the 10 items were: 4, 5, 15, 20, 29, 32, 33, 38, 40, and 43. Rather than separate characteristics for mothers and fathers (i.e., in each family unit), the items were combined to establish a 20-item scale with an internal consistency reliability coefficient (Cronbach's alpha) of .92. The response categories were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Measures of Parental Behaviors. The parental behaviors (i.e., support, positive induction, love withdrawal, and coercion) were measured utilizing scales from Peterson's (1982) Survey of High School Students. These scales are combined modifications of Schaefer's (1965) Parent Behavior Inventory (PBI) and items measuring parental induction that were consistent with the concept of induction formulated by Hoffman (1970) (see Henry et al., 1989 and Peterson, Rollins, & Thomas, 1985). The subjects responded to each of the five Likert-type parental behavior scales twice (i.e., once for mothers and once for fathers). The scales for this study combined responses about fathers and mothers.

Adolescents' perceptions of parental support were measured by an 8-item Likert-type scale assessing the extent to which adolescents saw their mothers and fathers as providing emotional and resource support to

the adolescents. The number of the items chosen was: 2, 3, 7, 28, and 44. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Adolescents' perceptions of parental induction were measured using a 5-item Likert-type scale assessing the degree to which adolescents viewed their parents as attempting to control adolescents through the use of logical reasoning. The numbered items selected were: 1, 16, 22, 25, and 27. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Adolescents' perceptions of parental coercion were measured by a 7-item scale assessing the adolescents' perceptions of parental control attempts based on punitiveness. The survey numbers were: 18, 19, 21, 23, 26, 30, and 34. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5).

Parental love withdrawal was measured by a 2-item Likert-type scale assessing adolescents' perceptions of their parents attempting to control their behavior through avoiding contact with the youth until cooperation is gained. The choices were questions 10 and 42. The scale choices were: "Strongly disagree" (1), "Disagree" (2), "Neutral" (3), "Agree" (4), and "Strongly agree" (5). Based on the data collected for this study, respective internal consistency reliability coefficients (Cronbach's alphas) were established for support, induction, love withdrawal, and coercion as: .86, .86, .78, and .86.

Parental substance use was measured by responses to two questions for each parent. One, "How frequently does your mother/stepmother (or father/stepfather) use alcohol or drugs"; and two, "My mother/stepmother's (father/stepfather's) use of alcohol or drugs has been a problem for our family." A five-item Likert-type scale was used in

assessing adolescent perceptions of parental substance use and problems associated with parental substance use. Based on the data collected for this study, an internal consistency reliability coefficient (Cronbach's alpha) was established and parental substance use was .72.

Analysis

Data analysis consisted of Pearson correlation coefficients and multiple regression analysis. Specifically, family system characteristics (i.e., effectiveness in parent-adolescent communication, parental substance abuse, bonding, and flexibility), parenting behaviors (i.e., support, love withdrawal, coercion, and induction), and sociodemographic variables (i.e., number of children, birth order, and gender) were entered into regression equations with adolescent substance use). Pearson correlation coefficients were established between all variables to be used in the regression model.

Limitations

The method called for self-report measures by the adolescents, seeking their perceptions of their family systems and parenting behaviors. It does not allow for any input by the parent as to their perceptions of the family and parenting behaviors.

It is difficult to gauge how honestly a group of adolescents would answer a self-report questionnaire administered by someone believed to be working with school teachers and administrators. There were some concerns on the part of the participants that scorers would in some way be able to identify individual respondents.

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APPENDIX C

INSTRUMENTS

OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF FAMILY RELATIONS AND CHILD DEVELOPMENT

SURVEY OF ADOLESCENT/FAMILY ISSUES

PART I: Complete the following items:

1. How old are you? _____ years old
2. What is your grade in school? Circle your answer.
8 9 10 11 12
3. What is your sex? Circle your answer.
1 Male 2 Female
4. What is your race? Circle your answer.
1 Black 3 White 5 Mexican American (Hispanic)
2 Asian 4 American Indian (Native American) 6 Other _____
5. Do you live in: Circle your answer.
1 a town or city 2 a rural area
6. Do you live at home? Circle your answer.
1 Yes 2 No
If no, with whom do you live? _____
7. Are your natural parents: Circle your answer.
6 Married 4 Separated 2 Single
5 Divorced 3 Widowed 1 Other, please explain _____
8. Which of the following best describes the parents or guardians with whom you live? Circle your answer.
5 Both natural mother and natural father 2 Natural father only
4 Natural father and stepmother 1 Natural mother only
3 Natural mother and stepfather 0 Some other person or relative. Please describe _____

18. Circle the highest level in school that your father/ stepfather (male guardian) has completed.

- | | |
|---------------------------------------|--|
| 1 completed grade school | 5 some college, did not graduate |
| 2 some high school | 6 graduated from college |
| 3 graduated from high school | 7 post college education (grad/law/medicine, etc.) |
| 4 vocational school after high school | 8 other training after high school, please specify,
_____ |

19. If you live in a remarried or a single parent family how frequently do you have contact with the parent you do not live with?

- | | | |
|---------------------|-------------------|------------------|
| 1 daily | 4 once a year | 7 not applicable |
| 2 1-4 times a month | 5 every few years | |
| 3 every few month | 6 never | |

20. How many miles does your other parent live from you?

- | | | |
|--------------------|------------------|------------------|
| 1 20 miles or less | 3 60-100 miles | 5 not applicable |
| 2 20-59 miles | 4 over 100 miles | |

21. If you live with a parent and a stepparent, how many years have they been married to each other?

_____ Years _____ Not applicable

This section deals with your brother(s)/stepbrother(s) and/or sister(s)/stepsister(s) **both in and outside of your home.**

22. List the ages of your natural and adopted brothers and sisters.

23. List the ages of your stepbrothers and stepsisters.

FLEXIBILITY

PART II: For the next section, you will be asked questions about your family. **Answer each question about the family members who live in your home (including stepfamily members).**

DIRECTIONS: Think over how your family changes and adjusts to changes. Decide for each statement listed below how often the situation occurs in your family: **ALMOST NEVER (1), ONCE IN A WHILE (2), SOMETIMES (3), FREQUENTLY (4), or ALMOST ALWAYS (5).** Please circle a number from 1 to 5 which best represents how you see your family. Please respond to each and every statement.

To what degree do these statements describe your family?	Almost Never	Once in a While	Sometimes	Frequently	Almost Always
1. Family members say what they want	1	2	3	4	5
2. Family member's ideas and suggestions are usually appreciated and encouraged	1	2	3	4	5
3. Each family member has input in major family decisions	1	2	3	4	5
4. We can change family rules if we have good reasons to do so	1	2	3	4	5
5. In solving problems, the children's suggestions are followed	1	2	3	4	5
6. We can and do chip in to help each other with chores and tasks	1	2	3	4	5
7. Children have a say in their discipline	1	2	3	4	5
8. Everyone seems to know what other family members are doing and can count on them to follow through	1	2	3	4	5
9. Our family tries new ways of dealing with problems	1	2	3	4	5
10. We face problems with confidence that we can change our family rules and ways of behaving to manage the problem without too much trouble	1	2	3	4	5
11. When problems arise, we compromise	1	2	3	4	5
12. We keep track as to whom has what chores and duties	1	2	3	4	5
13. We shift household responsibilities from person to person	1	2	3	4	5
14. We have set rules and expectations of each other and we expect to keep them no matter what happens	1	2	3	4	5

BONDING

DIRECTIONS: Decide for each statement listed below how often the situation described occurs in your family and circle the appropriate answer: **ALMOST NEVER (5)**, **ONCE IN A WHILE (4)**, **SOMETIMES (3)**, **FREQUENTLY (2)**, **ALMOST ALWAYS (1)**.

To what degree do these statements describe your family?	Almost Never	Once in a While	Sometimes	Frequently	Almost Always
1. It is easier to discuss problems with people outside the family than with other family members	5	4	3	2	1
2. The family comes first; we agree to put our personal needs second to the needs of the family	5	4	3	2	1
3. Family members feel closer to people outside the family than to other family members	5	4	3	2	1
4. We need to check everything with each other in the family before we make a major decision	5	4	3	2	1
5. In our family, everyone goes his or her own way	5	4	3	2	1
6. Family approval of friends and close relationships is very important	5	4	3	2	1
7. Family members pair up with each other rather than do things as a total family	5	4	3	2	1
8. It is difficult to be your own person and to be very independent in our family	5	4	3	2	1
9. Family members avoid each other at home	5	4	3	2	1
10. We spend very little time together as a family	5	4	3	2	1
11. We have difficulty thinking of things to do as a family	5	4	3	2	1
12. We keep problems to ourselves to avoid conflicts and tensions that upset our family	5	4	3	2	1
13. Family members go along with what the family decides to do	5	4	3	2	1
14. Family members seem to be putting their noses in each other's private business	5	4	3	2	1

PARENT-ADOLESCENT COMMUNICATION INDEX
AND PARENTING BEHAVIOR

PART III - Directions: Think about your relationship with your mother/stepmother (or female guardian) and or father/stepfather (or male guardian). Circle the answer that best describe your thoughts and feelings about each parent/stepparent (or guardian). Respond regarding the family with whom you live. SD = STRONGLY DISAGREE; D = DISAGREE; N = NEITHER DISAGREE OR AGREE; A = AGREE; SA = STRONGLY AGREE.

1.	This parent explains to me that when I share things with other family members, that I am liked by other family members.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
2.	This parent shares many activities with me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
3.	This parent seems to approve of me and the things I do.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
4.	When I ask questions, I get honest answers from this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
5.	I am very satisfied with how this parent and I talk together.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
6.	This parent tells me that if I loved him/her, I would do what s/he wants me to do.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
7.	This parent says nice things about me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
8.	This parent insults me when s/he is angry with me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
9.	This parent tells me about all the things s/he has done for me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
10.	This parent will not talk to me when I displease him/her.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
11.	This parent has a tendency to say things to me which would be better left unsaid.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
12.	This parent nags/bothers me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
13.	This parent tells me that I will be sorry that I wasn't better behaved.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
14.	This parent tells me that someday I will be punished for my behavior.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
15.	This parent is always a good listener.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA

16.	This parent explains to me how good I should feel when I do what is right.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
17.	Sometimes I have trouble believing everything this parent tells me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
18.	This parent is always finding fault with me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
19.	This parent spansks or hits me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
20.	This parent tries to understand my point of view.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
21.	This parent punishes me by sending me out of the room.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
22.	Over the past several years, this parent explains to me how good I should feel when I shared something with other family members.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
23.	This parent complains about my behavior.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
24.	There are topics I avoid discussing with this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
25.	This parent tells me how good others feel when I do what is right.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
26.	This parent punishes me by not letting me do things with other teenagers.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
27.	This parent explained to me how good I should feel when I did something that s/he liked.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
28.	This parent tells me how much s/he loves me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
29.	This parent can tell how I'm feeling without asking.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
30.	This parent does not give me any peace until I do what s/he says.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
31.	When we are having a problem, I often give this parent the silent treatment.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA

32.	I find it easy to discuss problems with this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
33.	I can discuss my beliefs with this parent without feeling restrained or embarrassed.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
34.	This parent punishes me by not letting me do things that I really enjoy.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
35.	I don't think I can tell this parent how I really feel about some things.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
36.	This parent enjoys doing things with me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
37.	I am careful about what I say to this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
38.	If I were in trouble, I could tell this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
39.	When talking to this parent, I have a tendency to say things that would be better left unsaid.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
40.	I openly show affection to this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
41.	I am sometimes afraid to ask this parent for what I want.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
42.	This parent avoids looking at me when I have disappointed him/her.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
43.	It is very easy for me to express all my true feelings to this parent.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
44.	This parent has made me feel that s/he would be there if I needed him/her.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA

PARENTAL SUBSTANCE USE

PART IV - Directions: Respond to the following questions about your family (i.e., the family with whom you currently live) by circling your responses.

1. How frequently does your mother/stepmother (or female guardian) use alcohol or drugs?

1. Never	5. Once or twice a month
2. She tried alcohol/drugs, but has not used them regularly	6. About once a week
3. She regularly used alcohol/ drugs in the past, but not now	7. Daily
4. Only at parties or with friends and less than once a month	8. Not applicable - I have no mother/stepmother (or female guardian living in my home)

2. How frequently does your father/stepfather (or male guardian) use alcohol or drugs?

1. Never	5. Once or twice a month
2. He tried alcohol/drugs, but has not used them regularly	6. About once a week
3. He regularly used alcohol/ drugs in the past, but not now	7. Daily
4. Only at parties or with friends and less than once a month	8. Not applicable - I have no father/stepfather (or male guardian living in my home).

3. How frequently do you use alcohol or drugs?

1. Never	5. Once or twice a month
2. I tried alcohol/drugs, but have not regularly used them	6. About once a week
3. I regularly used alcohol/ drugs in the past, but not now	7. Daily
4. Only at parties or with friends and less than once a month	

4. Please circle each of the following substances you have used within the past month.
 1. alcohol
 2. marijuana
 3. cigarettes/tobacco
 4. crack or cocaine
 5. other, please specify _____

5. Please circle each of the following substances you have used within the past year.
 1. alcohol
 2. marijuana
 3. cigarettes/tobacco
 4. crack or cocaine
 5. other, please specify _____

DIRECTIONS: Please circle your answer to the following questions using these choices: NA = NOT APPLICABLE, THIS PARENT DOES NOT DRINK OR USE DRUGS, SD = STRONGLY DISAGREE, D = DISAGREE, A = AGREE, SA = STRONGLY AGREE. If the parent/stepparent (or guardian) does not live in your home, circle the corresponding statement.

5. My mother's/stepmother's (or female guardian's) use of alcohol or drugs has been a problem for our family.

NA	SD	D	A	SA	
					No mother/stepmother or female guardian lives in our home.

6. My father's/stepfather's (or male guardian's) use of alcohol or drugs has been a problem for our family.

NA	SD	D	A	SA	
					No father/stepfather or male guardian lives in our home.

SUBSTANCE USE INDICATOR

PART V: The following questions are about your patterns of alcohol/drug use. Do not include cigarettes/tobacco in your responses. Circle your answers as follows: (1) NOT APPLICABLE - I DO NOT USE ALCOHOL/DRUGS; (2) YES; (3) NO.

	Not applicable	Yes	No
1. I find that I am drinking or using more alcohol/drugs now than I thought I would when I started.	1	2	3
2. I have tried to quit or cut down on my drinking/using more than once.	1	2	3
3. I spend some time thinking about the next time I am going to drink or use drugs.	1	2	3
4. Sometimes it seems like I get high or drunk faster on fewer chemicals or on less alcohol than I used to.	1	2	3
5. It seems like it takes more to get me high now than it used to.	1	2	3
6. I have driven when I was high or intoxicated.	1	2	3
7. Once I begin drinking or using I find it difficult to stop.	1	2	3
8. I drink or use at least once a week.	1	2	3
9. I have been in trouble at home or work, school, or with the law because of drinking or using.	1	2	3

APPENDIX D

PERMISSION AND CONSENT FORMS



UNIVERSITY OF MINNESOTA
TWIN CITIES

Family Social Science
290 McNeal Hall
1985 Bulford Avenue
St. Paul, Minnesota 55108
(612) 625-8247

PERMISSION TO USE FAMILY INVENTORIES

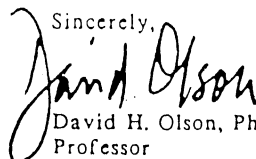
I am pleased to give you permission to use the instruments included in **Family Inventories**. You have my permission to duplicate these materials for your clinical work, teaching, or research project. You can either duplicate the materials directly from the manual or have them retyped for use in a new format. If they are retyped, acknowledgements should be given regarding the name of the instrument, developers' names, and the University of Minnesota.

If you are planning to use FILE, A-FILE, and F-COPES, you need to obtain separate permission from Dr. Hamilton McCubbin. His address is 1300 Linden Drive, University of Wisconsin, Madison, WI 53706.

Separate permission is also required to use the ENRICH inventory in either clinical work or research. This is because the inventory is computer scored and is distributed through the PREPARE/ENRICH office. For your clinical work, we would recommend that you consider using the entire computer-scored Inventory. We are willing, however, to give you permission to use the sub-scales in your research. We will also provide you with the ENRICH norms for your research project.

In exchange for providing this permission, we would appreciate a copy of any papers, thesis, or reports that you complete using these inventories. This will help us in staying abreast of the most recent development and research with these scales. Thank you for your cooperation.

In closing, I hope you find the **Family Inventories** of value in your work with couples and families. I would appreciate feedback regarding how these instruments are used and how well they are working for you.

Sincerely,

 David H. Olson, Ph.D.
 Professor

MARRIAGE AND FAMILY INVENTORIES PROJECT
Inventories Developed by Olson and Colleagues

ABSTRACT ON PROPOSED STUDY*

NAME:	<u>Carolyn S. Henry, Ph.D.</u>	PHONE:	<u>(405) 744-5057</u>
ADDRESS:	<u>Family Relations & Child Development Oklahoma State University</u>	ABSTRACT DATE:	<u>4/19/90</u>
CITY:	<u>Stillwater</u>	START DATE:	<u>5/90</u>
STATE:	<u>Oklahoma</u>	COMPLETION DATE:	<u>8/92</u>
ZIP:	<u>74078</u>	DISSERTATION PROJECT:	() Yes (x) No

TITLE OF PROJECT:

Perceptions of Family Dynamics as Predictors of Adaptation During Adolescence

BRIEF DESCRIPTION:

This project is designed to examine adolescents' perceptions of qualities of family systems, parental qualities, and sociodemographic variables as predictors of adolescent adaptation (i.e., satisfaction with family life, high self-esteem, and lack of substance abuse).

THEORETICAL VARIABLES: Family Satisfaction, Parent-Adolescent Communication Patterns, Coherence, Hardiness, Flexibility, Bonding, Celebrations, Time and
SAMPLE: Routines, Self-Esteem, Substance Use Patterns, Parenting Behaviors

Type of Group(s): High School Students

Sample Sizes: 500

DESIGN: The self-report instruments will be used to measure adolescents' perceptions of family system qualities, parenting behavior/qualities, and sociodemographic information. Multiple regression analyses will be used to test the hypothesized models.

METHODS: (over)

(OVER)

*This Abstract should be completed and returned when requesting permission to use or copy any of the Inventories. Thank you for completing this form. Please return to:

David H. Olson, Ph.D.
Family Social Science
290 McNeal Hall
University of Minnesota
St. Paul, MN 55108

METHODS:

A. RESEARCH INSTRUMENTS DEVELOPED BY OLSON & COLLEAGUES
(Check One or More)

1. Self-Report Scales

- FACES III
 - Perceived Only
 - Perceived and Ideal
- FACES II
 - Perceived Only
 - Perceived & Ideal
- FACES I (Original)
- Family Satisfaction
- Marital Satisfaction
- ENRICH - Marital Scales
- PREPARE - Premarital Scales
- PAIR - Marital Intimacy
- Parent-Adolescent Communication

2. Behavioral Assessment

- Clinical Rating Scale on Circumplex Model
- Inventory of Premarital Conflict (IPMC)
- Inventory of Marital Conflict (IMC)
- Inventory of Parent-Child Conflict (IPCC)
- Inventory of Parent-Adolescent Conflict (IPAC)

B. OTHER RESEARCH SCALES

FHI, Family Hardiness Index

FCELEB, Family Celebrations Index

FTRI, Family Time and Routines Index

FFI, Family Flexibility Index (adapted from FACES II)

FBI, Family Bonding Index (adapted from FACES II)

Rosenberg Self-Esteem Scale

Measures of adolescent perceptions of parental support, companionship, positive induction, negative induction, coercion, love withdrawal (as used by Peterson, 1982).
 Instruments developed for this project--Adolescent Family Life Satisfaction Index,
 Adolescent Substance Use Patterns Index

 Do you wish to be kept on our mailing list?

- Yes
 - No
-

ABSTRACT OF PROPOSED STUDY*
 FAMILY STRESS COPING AND HEALTH PROJECT
 Research Inventories Developed by Research Team

NAME: Carolyn S. Henry, Ph.D.

PHONE: (405)744-5057

ADDRESS: FRCD Dept.

Oklahoma State University

CITY: Stillwater

DOCTORAL
 DISSERTATION PROJECT

STATE: Oklahoma

Yes

No

ZIP: 74078

MASTER'S THESIS

Yes

No

TITLE OF YOUR PROJECT:

Perceptions of Family Dynamics as Predictors of Adaptation During Adolescence

BRIEF DESCRIPTION:

This project is designed to examine qualities of family systems, parental qualities, and sociodemographic variables as predictors of adolescent adaptation (i.e., satisfaction with family life, high self-esteem, and lack of substance abuse).

RESEARCH VARIABLES:

SAMPLE:

Type of Group(s): High school students

Sample Sizes: 500

DESIGN & METHODS:

Self report questionnaires will be completed in the subjects' high school English classes, using the scales listed on back. Multiple regression analyses will be used to test the hypotheses.

*This Abstract should be completed and returned when requesting permission to use or copy any of the Inventories. Thank you for completing this form.

SEND TO:

Dr. Hamilton I. McCubbin, Director
 Anne K. Thompson, Associate Director
 Family Stress, Coping, and Health Project
 1300 Linden Drive
 University of Wisconsin-Madison
 Madison, WI 53706

METHODS:

A. RESEARCH INSTRUMENTS DEVELOPED BY FAMILY STRESS, COPING AND HEALTH PROJECT (Check all that apply to your project)

1. Stress and Strain Scales

- A-FILE- Adolescent-Family Inventory of Life Events & Changes
 FILE- Family Inventory of Life Events and Changes
 YA-FILE Young Adult Family Inventory of Life Events

2. Coping Scales

- A-COPE-Adolescent-Coping Orientation for Problem Experiences
 CHIP-Coping-Health Inventory for Parents
 DECS-Dual-Employed Coping Scales
 FCI-Family Coping Inventory
 F-COPES-Family Crisis Oriented Personal Scales
 YA COPEs Young Adult Coping Orientation for Problem Experiences

3. Family Resources and Social Support Scales

- FIRM-Family Inventory of Resources for Management
 Social Support Index
 Social Support Inventory

4. Appraisal Scales

- FAM-AIDS Family Adaptation Index of Developmental Support
 FIB-Family Index of Balance
 FIC-Family Index of Coherence

B. OTHER RESEARCH SCALES USED IN YOUR STUDY

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FACES I, II, III | |
| <input type="checkbox"/> FAD--Family Assessment Device | Parent-Adolescent Communication |
| <input type="checkbox"/> FAM--Family Assessment Measure | (Barnes & Olson) |
| <input type="checkbox"/> FES--Family Environment Scales | Family Satisfaction |
| <input type="checkbox"/> APGAR | FFI, Family Flexibility Index |
| <input checked="" type="checkbox"/> Others--Describe briefly | FBI, Family Bonding Index |
| FHI, Family Hardiness Index | Rosenberg Self-Esteem Scale |
| FCELEB, Family Celebration Index | Measures of adolescent perceptions |
| FIRI, Family Time and Routines Index | of parental support, companionship, |
| C. ANY PHYSIOLOGICAL MEASURES () Yes (x) No | positive induction, negative |
| Describe briefly | induction, coercion, love withdrawal |
| | parental substance use patterns, |
| | adolescent substance use patterns, |
| | adolescent family life satisfaction. |

Do you wish to be kept on our mailing list?

- Yes
 No



Oklahoma State University

DEPARTMENT OF FAMILY RELATIONS
AND CHILD DEVELOPMENT
COLLEGE OF HOME ECONOMICS

STILLWATER, OKLAHOMA 74078-0337
241 HOME ECONOMICS WEST
(405) 744-5057

DATE: October 15, 1990
TO: Parents of High School Students
FROM: Carolyn S. Henry, Ph.D., Assistant Professor *Carolyn S. Henry*
in Family Relations, Oklahoma State University
RE: Adolescent/Family Issues Study

On October 22, 1990, a survey of adolescent/family issues will be conducted through the English classes at _____ High School. This study is designed to examine adolescents' perception of the types of family characteristics that predict adaptation during adolescence. Your son or daughter has been selected as a potential participant in the study.

The attached Participant/Parent Consent Form describes the study and how confidentiality of your son or daughter's responses will be protected. Please indicate your willingness to allow your son or daughter to participate in the study by signing the attached Participant/Parent Consent Form. Signed forms must be returned by Monday, October 22, 1990, for your daughter or son to participate in the study.

Thank you for your assistance.



Celebrating the PAST... Preparing for the Future

PARTICIPANT/PARENT CONSENT FORM

Department of Family Relations and Child Development
Oklahoma State University

I authorize the participation of _____ in a study of adolescent/family issues conducted by Dr. Carolyn Henry, Assistant Professor of Family Relations at Oklahoma State University and her associates.

Participants in the study will complete a questionnaire asking about parent and adolescent relationships, self-esteem, substance use patterns, and other general information about the family. The questionnaires will be administered to the church youth group in group sessions lasting approximately 50 minutes.

No names will be asked for or will appear on the questionnaires. All information from the questionnaires will be treated as confidential. Results from the questionnaires will be used only as group information with no report of individual answers.

The questionnaires are part of a study entitled "Perceptions of Family Dynamics as Predictors of Adaptation During Adolescence." The purpose of this study is to better understand the relationship between parents and their adolescents. Benefits of the study will include and increase understanding of how parental qualities, family characteristics and sociodemographic factors can predict how an adolescent will adapt to life.

Participation is voluntary and there is no penalty for refusing to participate. I am free to withdraw my consent and participating in this project at any time without penalty. If I want further information about the research, I may contact Dr. Carolyn Henry at (405)744-5057 or Terry Maciula at (405)744-5700.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Signature of the Participant/High School Student

_____ Date & Time _____

Signature of the Parent/Guardian

_____ Date & Time _____

I certify that I have personally explained all elements of this form to the participant before requesting that the parent/guardian of the participant signs the consent form.

Signature of Project Director/Authorized Representative

_____ Date & Time _____

APPENDIX E

INSTITUTIONAL REVIEW BOARD FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS RESEARCH

Proposal Title: Family Characteristics and Parental Qualities as Pre-
dictors of Adaptation during Adolescence

Principal Investigator: Carolyn S. Henry

Date: April 13, 1990 IRB # HE-90-027

This application has been reviewed by the IRB and

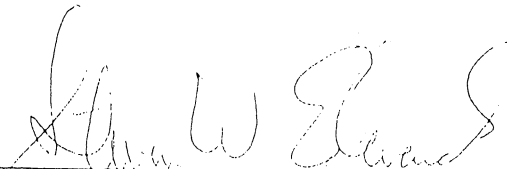
Processed as: Exempt Expedite Full Board Review
Renewal or Continuation

Approval Status Recommended by Reviewer(s):

Approved Deferred for Revision
Approved with Provision Disapproved

Approval status subject to review by full Institutional Review Board at
next meeting, 2nd and 4th Thursday of each month.

Comments, Modifications/Conditions for Approval or Reason for Deferral or
Disapproval:

Signature:  Date: June 11, 1990
Chair of Institutional Review Board

VITA 

Allan R. Anderson

Candidate for the Degree of
Master of Science

Thesis: FAMILY SYSTEM CHARACTERISTICS AND PARENTING BEHAVIORS AS
PREDICTORS OF ADOLESCENT SUBSTANCE USE

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Banana River, Florida, March 4, 1944, the son of Donald and Martha Piper and later adopted by Alvin Anderson.

Education: Graduated from Central High School, Sioux City, Iowa, in June, 1962; received Bachelor of Arts degree in English from Morningside College in January, 1972; completed requirements for the Master of Science degree at Oklahoma State University in May, 1992.

Professional Experience: Teaching Assistant, Department of Family Relations and Child Development, Oklahoma State University, January, 1990, to May, 1991; nationally certified drug and alcohol counselor working as the Program/Clinical Director at Crossroads Halfway House in Enid, Oklahoma, from March, 1989 to present.

Professional Affiliations: National Council on Family Relations, Oklahoma Drug and Alcohol Professional Counselors Association, National Association of Drug and Alcohol Counselors.