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ABSTRACT

This study examined the relationship between fathers' pattern of drinking and children's perceptions of family functioning. The study included 110 children, aged 9-20, who lived in the homes of, or were closely connected to, their alcohol-involved families. The pattern of fathers' drinking (irregular versus steady) was determined, and standardized instruments were employed to measure central aspects of family life, including, parent-child communication; family adaptability and cohesion; family environment; family social support; and family satisfaction.

A multivariate analysis of covariance was performed on the data, with age as a covariate, to determine if significant differences existed between the two groups of children. A multiple regression analysis then was conducted to determine which factors accounted for the most variability between children of irregular drinking homes and children of steady drinking homes. The differences between the groups were striking, with children of irregular drinking homes reporting significantly less togetherness, organization, cohesion, satisfaction, social support and communication; and significantly more chaos, conflict and control than children in steady drinking homes. Children's experience of family adaptability, control, expressiveness and satisfaction were the variables that accounted for most of the differences between these two subtypes of alcoholic families.
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In memory of my mother, Nina,
because things are alright now.
CHAPTER I
INTRODUCTION

Background of the Problem

Estimates suggest that 28 million North Americans are school-age or adult children of alcoholics (Sher, 1991). Research to date indicates that, in turn, one in four of these children will experience alcohol abuse problems as adults. Children of alcoholics are also at risk for a variety of difficulties that emerge in other realms of functioning such as behaviour, social adjustment, cognitive processes and neuro-psychological development (Johnson & Rolf, 1990). However, little is known about the factors that predispose particular children for difficulties later in life. For the most part, research investigations on the effects of alcoholism on children have tended to rely upon the recollections of adult children of alcoholics (Black, 1986). Comparatively few studies have incorporated the perceptions of children for whom parental alcoholism is still a condition of everyday life. However, as many as one third of the offspring of alcoholics are school-aged children still living within the alcohol abusing home (Ackerman, 1987; Black, 1981; Booz-Allen and Hamilton Inc., 1974; Sher, 1991). The difficulty in accessing school-age children and adolescents for the purposes of research has resulted in a paucity of literature that includes the perceptions of children
of alcoholics.

Over the years, research in the field of alcohol abuse has tended to envision alcohol dependency as a problem of the individual, and studies into alcohol abuse have tended to limit their attention to the alcohol dependent person. In recent years, investigations in the field of alcohol dependency have expanded in focus somewhat to include the dynamics of interpersonal relationships. However, while there is a trend to move away from individually-oriented models and attend to more systemic paradigms (Steinglass, Bennet, Wolin, & Reiss, 1987; Wegscheider, 1981), the scope of even these more recent studies tends to be limited to the spousal dyad (e.g., Billings, Kessler, Gomberg & Weiner, 1979; Jacob, & Leonard, 1988; Roberts, Floyd, O'Farrell, & Cutter, 1985; & Wiseman, 1981). There remains a shortage of research that includes perspectives of the children, even though calls for such research are not new. For example, Moos & Billings (1982) remark:

Since an individuals' perceptions of the family are a likely intervening step in the process by which a negative family environment mediates emotional disturbance, future work might profitably focus on children's perspectives of their family environment. (p.162)

Of note here is the observation that some of the studies that
have included the experiences of children have relied on parental reports of children's behaviour and perceptions (eg. Jacob, Seilhamer, & Rushe, 1989). Children's perspectives were not directly assessed.

In an examination of the effects of drinking on family life, Moos and Billings (1982) observe that, in and of itself, the severity of parents' drinking is not a strong predictor of the functioning level of the children. The damaging result of parental drinking appears to involve a complex combination of factors above and beyond the single factor of the amount of alcohol consumed. For example, some studies indicate that a number of children raised in alcoholic homes function relatively well (Kammeier, 1971; Werner, 1986). However, the conditions that serve to influence the effects of parental alcohol use on children's family experience are poorly understood and in need of further study (Black, 1986; Jacob, Favorini, Meisel, & Anderson, 1978; Jesse, 1989; Moos & Billings, 1982; Wilson & Orford, 1978).

Over the past decade, Theodore Jacob and his colleagues have conducted some compelling investigations into patterns of drinking and effects on the family. Examined collectively, this body of work reveals some of the factors that might combine to produce the differential effects of alcoholism on family life. For example, in a study of levels of drinking and marital satisfaction, Jacob, Dunn, and Leonard (1983) found that high alcohol consumption was associated with high marital satisfaction and fewer psychiatric symptoms in both the drinker and his
spouse, except where the pattern of drinking was episodic. Unlike the scores from chronic drinkers, heightened quantity-frequency scores for episodic drinkers were not associated with improvements in individual or marital functioning. Further differences emerged as well. Notably, episodic drinkers were linked with greater levels of psychopathology as recorded on the Psychopathic Deviate, Schizophrenia, and Mania scales of the MMPI, more negative social consequences from drinking, and more out of home drinking than steady drinkers. In summing their findings, Jacob and his colleagues comment that, "clearly, the binge group was involved in more sociopathic behaviour and showed disturbed relationships in domains other than the marital relationship" than steady drinkers (p. 384). Thus, the pattern in which a husband drinks may be as damaging, if not more damaging, to the marriage than the amount he consumes. However, as this study does not include information gathered from the children in these homes, we do not know if there are similarly significant interactions in terms of family satisfaction, as opposed to strictly marital satisfaction.

In a subsequent study involving non-drinking and drinking sessions (Jacob, 1989), the wives of episodic drinkers were observed in greater detail. In contrast to wives of steady drinkers, these women were found to be significantly more negative in their communications with their spouses. Furthermore, in drinking sessions that involved problem solving, steady drinking couples were found to be more task-focused and
more effective at determining solutions than episodic drinking couples. In contrast to theories that suggest that parental drinking plays a stabilizing role in alcoholic families (Steinglass, 1987), alcohol seems to play a disruptive role in the families of episodic drinkers.

It has been mentioned that children are not uncommonly excluded from research investigations. However, not only is the research community prone to limiting its focus to the exploration of marital functioning, but therapists working in the field of alcohol recovery are also likely to direct their interventions exclusively at the spousal dyad. Systemic clinicians argue that by focussing corrective efforts on the marital dyad alone, the professional community overlooks the need for intervention with the children (Morehouse, 1979; Black, 1986; & Jesse, 1989). Alternatively, the professional community often attempts to provide treatment for behaviour disordered children while failing to address the complicating factor of parental drinking. Furthermore, researchers have noted that very little is known about children who mask the problems at home and go unnoticed by professionals (Booz-Allen & Hamilton, Inc., 1974; El-Guebaly & Offord, 1979; and Black, 1979).

That research investigations, for example, have intervened only at the level of the spousal relationship is an important limitation given the evidence that family dynamics play a key role in reports of marital satisfaction (Jacob & Krahn, 1988). Furthermore, marital conflict over the children has been found to
be a significant factor in recovering alcoholics' reports of relapse (Moos & Billings, 1982). Elsewhere, marital and family conflict has been found to account for 48% of the reasons why alcoholics return to drinking (Conners, O'Farrell, & Pelcovits, 1988).

Additionally, neglecting the perspectives of the children increases the reliance on the adults' perceptions of family functioning. This dependence means that there is less possibility of exposing disharmony even if it does exist. For example, clinicians not uncommonly report that parents prevent themselves from experiencing distressing marital conflict by over-focusing on one particular child's behaviour. This over-focusing is often called "triangling". If parents are triangling a child in order to avoid contending with marital discord, then it is conceivable that they may present very well as a couple to outside observers. It is not impossible that the inclusion of children's scores may reveal a very different experience of family functioning. This argument has important implications in relation to above-cited studies by Jacob and his colleagues. It is possible to conceive that children of steady drinkers might in fact experience their family to be quite dysfunctional, despite the finding that their parents appear to both relate to each other and solve problems in positive ways. Whether or not this is the case, the relationship between fathers' pattern of drinking and children's experience of family is worthy of exploration.
Obstacles to getting help

Due in part to lack of awareness amongst professionals, children often encounter obstacles to receiving treatment for parental alcoholism issues. For example, the commonly held assumption that alcoholism is a symptom of other family problems leads to one barrier. This assumption is only partially correct in that alcoholism in and of itself generates difficulties. For example, the alcoholic may use alcohol to anesthetize uncomfortable feelings. As a result, he may not feel compelled to alter current circumstances and seek help. To accept that alcoholism is only a symptom that can be altered by addressing other "core" problems is to minimize the very real and disruptive role that alcohol plays.

Another problem commonly faced by children of alcoholics in receiving effective treatment is that parental alcoholism is rarely identified as the presenting problem. Professionals working with the children may not know to enquire about substance abuse or for that matter know how to gain such information. Perhaps for fear of unpleasant confrontations, or concern for embarrassing children's parents, child care professionals often avoid pursuing the issue of alcoholism in the home.

Rationale for Research

While the incidence of children living within alcohol-dependent families is high, very little of the information that guides our theories or determines our clinical interventions is
based on research (Sher, 1991). Because of the difficulty associated with accessing children as subjects, research and clinical communities experience a shortage of information gathered directly from children. The current study provided a unique opportunity to contribute to the existing body of knowledge. First, this study proposed to gather data from children who are still living in alcohol-involved homes. This information was seen to be more reliable than retrospective studies involving adult children of alcoholics. Second, as subjects were living in families who presented themselves for alcohol treatment, the results were generalizeable to other families seen by substance abuse professionals working with families in recovery.

Third, the current investigation broadened the scope of the research traditionally gathered in this field. Rather than focussing on the individual alcoholic or the alcohol-involved marriage, this study included a third level of the family system, the children. Fourth, the current study was intended to underscore the needs of children still living in the alcohol abusing homes, and to draw attention to this important area of intervention. Lastly, this study followed logically from the decade of work by Theodore Jacob and his colleagues. These studies suggest that pattern of drinking is an important factor in functioning levels of the family.

If children of alcoholics are to be assisted in developing healthy ways of coping as well as to be guided in participating
their families' recovery from paternal alcohol abuse, a better understanding is needed of their experiences. This study intended to explore the factors that mediate the deleterious effects of parental alcoholism, and to discern the perceptions and experiences that foster hardiness in children.

Research Questions

Following from the above discussion, this research will address the following questions:

(1) Do children of episodic drinking homes experience their families differently than children of steady drinking homes?

(2) What is the relative importance of children's perceptions of family satisfaction, family adaptability and cohesion, family environment, perceived social support, and parent-adolescent communication in explaining the differences in children's perceptions of episodic versus steady drinking homes?

In order to answer the above questions, 110 children from 61 families were included in the study. Specifically, this study is one in a series of investigations resulting from large-scale research project entitled The Alcohol Recovery Project (TARP). Carried out over a period of five years, TARP has received funding from the British Columbia Alcohol and Drug Program (now
part of the Ministry of Health and formerly in the Ministry of Labor and Consumer Services) and from the British Columbia Health Research Foundation (Health Services Research Programme). Other assistance has been extended by the University of British Columbia and the Humanities and Social Sciences Research Services. These funds and other forms of assistance have enabled the completion of this study, as well as others resulting from TARP activities. This body of research has been conducted under the general direction of the Principal Investigator, John D. Friesen, Ph. D., Co-investigator Robert Conry, Ph. D., and Project Co-ordinator, Darryl N. Grigg. It should be noted that only the families who had children of appropriate age took part in the current investigation.

**Methodology**

Data analysis was conducted in five stages, including

1) a descriptive analysis of the sample,

2) a test of subject independence,

3) an assessment of the inter-correlations of the independent variables,

4) a multiple analysis of covariance, with age as the covariate, and,

5) a multiple regression analysis.

The final two steps of statistical analysis were particularly important to the study, as these processes addressed Research
Questions 1 and 2. The multivariate analysis of co-variance was employed to determine if the perceptions of children of episodic drinking homes were significantly different from those of children of steady drinking families. Next, the multiple regression analysis was conducted in order determine which of the independent variables explained significant amounts of variance in the dependent variable, paternal drinking pattern.

Definition of Terms

Alcoholism  Alcoholism is the problematic consumption of alcohol such that one or more areas of the drinker's life are negatively effected. The complexity of alcoholism is reflected in the following working definition:

Alcoholism is a general term frequently used to indicate any of various types of alcohol use, misuse, abuse, or dependency problems, some of which may be progressive; may be of varying and multiple etiologies and may follow varying courses of development; may involve multiple organ systems to varying degrees; may pervade, to varying degrees, a variety of psychological, personal, interpersonal, occupational, spiritual, social, or other behavioral domains; may recur after attempted therapy; and may lead to the decline or death of the patient unless adequately and properly treated.  (Jacobson, 1989, p. 19).
For the purposes of this study, alcohol dependency was established by use of The Michigan Alcohol Screening Test (Seltzer, 1971), and was determined on the basis of a score of 5 or more on the 25 item questionnaire.

**Steady Drinking** Steady, or chronic, drinking is a pattern of alcohol use that is denoted by consistent amounts of alcohol consumed on a daily or almost daily basis. For the family of the alcoholic, drinking states are predictable, and are incorporated into the manner in which family matters are conducted. Regular drinking was determined by employing the binge-chronic subsection of the Marlatt Drinking Profile (Marlatt, 1976).

**Episodic Drinking** Episodic drinking is a pattern of alcohol consumption characterized by bouts of heavy drinking interspersed with periods of little or no alcohol consumption. Episodic drinking, sometimes called binge drinking, is distinguished from chronic drinking by its unpredictable, inconsistent nature such that the family of the alcohol dependent person must accommodate binge and non-binge states in the drinking member. Episodic drinking was determined by use of the binge-chronic subsection of the Marlatt Drinking Profile (Marlatt, 1976).

**Limitations of the Study**

This study restricted its participants to a very specific sample. First, all children came from intact or blended
families, in which there are no single parents. Second, all children were the offspring of male alcoholics: none of the children had mothers who were problem drinkers. Lastly, in all of the families, fathers were seeking treatment for alcoholism. These requirements of participation resulted in conclusions that can be generalized only to similar populations.
What is missing is information about how exactly having an alcoholic parent can lead to childhood problems, that is, the processes in the family...which mediate the impact of problem drinking on children. Wilson, 1982, p.151

The History of Approaches to Alcoholism

In her review of the literature, Seilhamer (1991) provides a summary of attitudes towards alcoholism over the past 100 years and observes that in the earlier years of this century, alcoholism was considered a character weakness within the individual alcoholic. Abusive drinking was considered a conscious choice of the individual and the self-destructive pattern was held to be the responsibility of the drinker. The problem was viewed strictly within the domain of the individual.

By the 1930's, the paradigm had shifted to one of seeing alcoholism as a medical condition, in which there were observable, physiological symptoms such as tolerance to the substance and withdrawal effects. Alcoholism was considered to be a particular kind of disease. However, this shift in explanation of the problem did not unfold with a reciprocal shift in the domain of the problem. The focus remained upon the
individual drinker, and perhaps as means of sparing loved ones undue pain and embarrassment, the family was left out of both the diagnosis of the problem and the treatment of the symptoms.

The mid-seventies saw a shift in emphasis as clinicians began to share the observation that recovering alcoholics felt their sobriety was most challenged when they returned to the family home and began to try to negotiate day-to-day struggles and challenges. Partners who had come to assume many of the drinker's responsibilities as a means of keeping the family together had a hard time surrendering those tasks (Wiseman, 1980; Jackson, 1954). Similarly, children who had adopted adult-like roles within the family were reluctant to give up their special status. Other children who had coped by keeping their feelings inside themselves began to act out, further challenging the parents' sobriety. The focus of intervention became the family and its interwoven network of relationships. This change in the way the problem was conceptualized brought with it a heightened interest in the particular impact of alcoholism on children.

**The Effects of Parental Alcoholism on Children**

Seilhamer and Jacob (1990) suggest an overarching organization to describe the effects of alcohol abuse on children.

1. **Primary effects of ethanol** The first concerns the effect of the alcohol itself, that is, the changes in the parent when he or she is intoxicated. Mood swings, heightened irritability and
blackouts characterize the parents' drunken state and often mean children cannot develop a sense of trust and safety with regard to the drinker. The contrast between drinking and sober states may leave children bewildered as to how to predict or respond to parents' behaviour. In addition to their parent's "short fuse" and increased unpredictability, children also lose out on the experience of social support and emotional availability when the parent is caught in a cycle of drinking. Not uncommonly, children of alcoholics become so adept at sensing the moods of others and responding to them in strongly patterned ways that they lose a sense of themselves.

2. Secondary effects Ancillary problems arise when the family begins to experience financial instability, bouts of unemployment, marital discord and social isolation brought on by the drinking. For children, the increased conflict within the home and the uncertainty about the family's economic stability increase the pressures they face. The unhappiness of family life may compound children's experience of isolation as they become reluctant to bring friends home for fear of embarrassment. In a report commissioned by the National Institute on Alcohol Abuse and Alcoholism, Booz-Allen & Hamilton, Inc. (1983) found that children commonly feel a sense of shame about their family's circumstances.

3. Role modelling When parents turn to alcohol as a means of coping with difficult circumstances, they are unwittingly teaching their children the use of substances to solve problems.
By turning to their parents as role models, children learn that substance abuse is the way to deal with personal problems. They fail to be taught alternative problem solving skills that may be more effective.

Research on Children of Alcoholics

Over the years, investigations have been conducted to explore the adverse effects of parental alcoholism on children (El-Guebaly & Offord, 1979; Jackson, 1954; Kaufman, 1984; Newall, 1950; Steinglass, 1976). Children of alcoholics have been shown to demonstrate higher levels of maladaptive behaviours, social adjustment problems and cognitive difficulties than children of non-abusing parents (Seilhamer & Jacob, 1990; Sher, 1987; and West & Prinz, 1987).

Children of alcoholics have been found to experience low self-esteem, hyperactivity, and manipulative and rebellious behaviour (El-Guebaly & Offord, 1977; Hughes, 1977). They have also been found to display more depressive affect than children of non-alcoholic parents (Rolf, Johnson, Israel, Baldwin, & Chandra, 1988; Roosa, Sandler, Beals, and Short, 1988). Similarly, it has been found that children of alcoholics experience high levels of negative mood, and difficulties with peer relationships (Hughes, 1977). Academic troubles have been noted in children of alcoholics, along with school suspensions, and antisocial and delinquent behaviour (Chafetz, Blane, & Hill, 1971; El-Guebaly & Offord, 1977; Herjanic, Herjanic, Pencik,
Tomelleri, & Armbruster, 1977; Hughes, 1977). While some controversy exists regarding the presence of cognitive deficits (West & Prinz, 1987), it has been observed that the cognitive functioning of children of alcoholics tends to be underestimated by both the mothers and children of alcoholics themselves (Johnson & Rolf, 1988). Toward early adulthood, or later, children of alcoholics have been shown to be vulnerable to developing character disorders or substance abuse problems of their own (Winokur, Reich, Rimmer, & Pitt, 1970).

Clinical Observations

Clinical reports based on interviews and clinical work with children of alcoholics document a host of additional concerns (Ackerman, 1979; Booz-Allen & Hamilton, Inc., 1974; Cork, 1969; and, Woititz, 1983). Emotional and physical neglect are not infrequent experiences of children of alcoholics, as children are often left alone or, alternatively, left in the inadequate care of older siblings (Booz-Allen & Hamilton, Inc., 1983). Risk of physical abuse from siblings or others arises from a lack of adequate parental supervision. In addition, risk of physical abuse from one or both of the parents increases as the functioning of the parental unit disintegrates and parents become unable or unwilling to intervene to protect their children from violence. Further, evidence suggests that there are increased rates of alcoholism amongst adults who abuse children (Hamilton & Collins, 1985), indicating a link between alcoholism and child
Clinical reports also document heightened levels of family conflict, regardless of whether or not violence is present (Booz-Allen & Hamilton, Inc., 1983). Children report being unable to do homework because of disruption due to fighting, and spend increased amounts of time isolated in their bedrooms as a shelter from the arguing (Booz-Allen & Hamilton, Inc., 1983).

Research has indicated that children of alcoholics feel increased levels of shame (Deutsch, 1982), and regard their family with an acute sense of humiliation (Bucky, 1979; Wilson and Orford, 1978). This may well contribute to the clinical observations that adult children of alcoholics recall having avoided bringing friends over to the family home (Morehouse, 1979) and to the observation that alcohol-involved families become isolated from neighbours and the larger community as a whole.

Neglect, family conflict and violence, and extraordinary pressures placed on the offspring of alcoholics leave these children feeling confused and overwhelmed. Children usually feel intense anger toward the drinking parent, coupled with feelings of loyalty and concern for their well-being (Booz-Allen & Hamilton, Inc., 1983). Conversely, children may feel love towards the non-drinking parent and yet resent that parent for not being more understanding of the alcoholic. In their report, Booz-Allen & Hamilton (1983) comment that there is "embarrassment over the chaos and dysfunctioning of the family, confusion over
what is right and wrong, and guilt about a powerlessness to make things right" (p.8).

When interviewed, children report that the two strongest feelings that they have about their circumstances are resentment and embarrassment (Booz-Allen & Hamilton, Inc., 1974). Their feelings toward the alcoholic parent, however, may simultaneously include "love, admiration and respect" (Booz-Allen & Hamilton, Inc., 1974, p.iii) While emotional neglect and family conflict are the predominant challenges that children of the alcoholics face, other problems include:

- non-fulfilment of parental responsibilities,
- instability, separation, divorce, death,
- inappropriate physical behaviour

(Booz-Allen & Hamilton, Inc., 1974, p.iii)

Harmful effects of the presence of alcohol are exacerbated by the tendency amongst children of alcoholics to blame themselves for their parents' drinking (Cork, 1979) and the tendency of the alcohol-involved parents to blame their children for the problems in the family (Booz-Allen & Hamilton, Inc., 1983).

Children of alcoholics also display an inability to trust other people, are overly independent, and tend to feel doubtful about the future (Cork, 1979). In later years, as parents themselves, children of alcoholics are likely to 1) interpret children's behaviours to have a negative intention that is not
actually present, 2) develop a parenting approach based on derogatory stereotypes such as "all children are bad"; and, 3) maintain a self-absorbed stance in interacting with their children (Creighton, 1985).

Not infrequently, the boundaries between parental and children's responsibilities are blurred. For example, parents might expect children to perform tasks that are beyond their developmental capabilities. Similarly, parents may choose to discuss their emotional, financial and sexual problems with their children, apparently oblivious to the possibility that their children are not equipped to cope with the pressure of such difficulties (Booz-Allen & Hamilton, Inc., 1983). As a result, children of alcoholics become familiar with the experience of feeling bewildered and helpless. Children of alcoholics also report being embarrassed in front of their peers when their parents behave in inappropriate ways, or fail to tend to personal appearance and hygiene, (Booz-Allen & Hamilton, Inc., 1983).

Research on Adult Children of Alcoholics

A growing movement focuses on the effects of being raised in an alcohol dependent environment through the eyes of the adult child. In a review of retrospective studies on adult children of alcoholics, Beletsis and Brown (1981) found that the themes of home life that tend to be common are 1) inconsistency in rules, 2) unpredictability of events and parental response, and, 3) generalized experience of chaos. In general, reports suggest
that children in alcoholic homes fail to receive clear, consistent behavioral guidelines, physical and emotional care, and dependable and sensitive communication and interaction (Beletis and Brown, 1981). Furthermore, adult children of alcoholics report excessive verbal arguing amongst family members, in particular, between parents (Black, Bucky & Wilder-Padilla, 1986). Black et al. (1986) surmise that the high divorce rate in adult children of alcoholics is directly related to the diminished conflict resolution skills in their families of origin. In comparing adults raised in alcoholic homes to those raised in non-alcoholic homes, Black and her colleagues (1986) found that the former:

1) sought out the help of others significantly less often,
2) had experienced more disruptive events such as divorce and death in their families of origin,
3) experienced more personal problems as adults,
4) suffered more physical and sexual abuse as children, and,
5) more frequently became an alcoholic or married an alcoholic

than did children raised in non-alcoholic homes.

While the recollections of adult children of alcoholics are important, they are retrospective accounts of experiences and feelings that took place years before. Black and Bucky (1986) warn:

It is essential for treatment practitioners to understand
the perceptions of the adult children of alcoholics and at the same time be cautious about potential perceptual and memory distortions as treatment proceeds.  (p.229)

Children's Reciprocal Influences on Family Functioning

The past decade has seen an upsurge in interest in the effects of family dynamics on the maintenance of alcoholism. As such, the behaviours of children have come to be viewed for their influence in perpetuating the problem drinking.

Children are actively in the process of learning values, beliefs, and a sense of self-concept each time they interact with family members. Their process of development involves experimenting with and imitating the behaviours of their loved ones, including parents, siblings and peers. If children feel that they are taken seriously and valued, then they treat themselves and others in a similar fashion. If children experience neglect, criticism, and rejection, then they will tend to view others as being deserving of ill-treatment. Their social skills will be severely diminished.

This troubled relationship dynamic may become unfortunately self-perpetuating as a CoA's approach to parents and other family members may contribute to a parent's difficulty in dealing positively with the child. For example, clinical reports have highlighted a tendency amongst some children of alcoholics to be deceptive, changing their agreements with others in order to secure things that they fear may be taken away from them.
(Morehouse & Richards, 1986). Elsewhere, clinicians working with families in recovery document a tendency for children to act out repressed emotional and developmental struggles as their parents begin to resolve their own respective conflicts (Jesse, 1989). Further, children's challenging behaviour may account for some of the reports from relapsed drinkers who declare that family conflict is the primary reason for returning to drinking. Connors, O'Flarrel, & Pelcovits (1988) concluded that marital and family conflict and the desire to gain control over family functioning accounts for almost one half of the reasons cited by relapsed alcoholics for their return to drinking. Further, Lang, Pelham, Johnston, and Gelertner (1989) found that interactions with unruly and hostile children can lead to increased rates of drinking in adult caretakers. Understanding the interaction between parents and children in the drinking family is becoming an increasingly important area of focus within the field of alcohol research.

**Differential Impact of Parental Alcoholism**

Evidence is also growing to suggest that alcohol's harmful effects may be somewhat mediated by the disposition and response of the child. For example, while much of the focus on children of alcoholics in the last 15 years has centered around the negative effects of parental alcoholism on children, certainly there exists an abundance of literature that indicates that not all children of alcoholics fair poorly. In fact,

A number of studies and clinical reports point to "resilient" or "invulnerable" children (Black, 1981; Clair & Genest, 1987; Jacob & Leonard, 1986; Seilhamer & Jacob, 1990; Wegscheider, 1981; Werner, 1986). These are children who seem to be impervious to the deleterious effects of familial alcoholism. In fact, some of these children seem to become exceptionally hardy, and unexpectedly competent (Clair & Genest, 1987). Seilhamer & Jacob (1990) discuss the inherent traits of these children, such as intelligence and temperament, as possible buffers to the deleterious effects of alcohol. Additionally, social factors such as the presence of extended family, or the availability of support within the community may serve to assuage the absence of effective parents.

Some studies have found that certain groups of children of alcoholics are functioning better than children of non-alcoholics. Jacob and his colleagues (1989) analyzed parents' perceptions of 296 children using the Achenbach Child Behaviour Checklist (Achenbach, 1978). These children came from 134 families, and the sample was comprised of 100 children of alcoholics, 105 children of normal controls and 91 children of depressed parents. The researchers found that the number of
children of alcoholics scoring within the impaired range were substantially in the minority. Furthermore, when a within group analyses of impaired CoA's versus non-impaired CoA's was conducted, impaired CoA's were found to be more likely to have parents who scored high on scales of psychiatric disturbance, or have fathers who had experienced more adverse effects because of drinking.

In a longitudinal study of 698 children of various troubled or normal backgrounds, Werner (1986) found that the majority of the children of alcoholics (n=49) were coping well at age 18. Almost 60% showed no serious impairments at work, at school or in their social lives. In addition, they were found to have set "realistic goals and expectations for the future" (p. 36). These findings occurred despite the complicating factor of chronic poverty that plagued many of those homes.

A summary of outcome studies shows a wide variation in adjustment amongst children of alcoholics. Some reports (Booz-Allen & Hamilton, 1974; Black, 1979), even indicate that certain children actually excel seemingly as a result of the adversity they experience. While it should be noted that these "family heroes" draw concern from a small but vocal group of therapists and theoreticians who stress that childhood "overcoping" leads to difficulty in adulthood (Black, 1979; Gravitz & Bowden, 1987), these findings point to the heterogeneity of this population and suggest the importance of enriching our awareness of the needs of each distinct group.
Limitations of Existing Research

Although the increased clinical focus on the needs of children of alcoholics has produced a wealth of descriptive and sympathetic reports, the current literature lacks comprehensive theories and sound empirical research. Seilhamer & Jacob, 1990, p.168

Nardi (1981) expresses concerns about conclusions that can be drawn from existing research on children of alcoholics. Specifically, he addresses issues with regard to the research and literature on children of alcoholics. Nardi observes, first, that this literature is often focussed on very specific subject pools and that conclusions drawn are difficult to apply to wider populations. Second, in the main the research tends to lack a strong theoretical foundation and demonstrates limited reliability. Third, topics of study and data collection techniques are so diverse that it is difficult to draw comparisons between research investigations. Lastly, a consistent weakness within the research is the lack of adequate control groups (Nardi, 1981).

Seilhamer and Jacob (1990) observe additional concerns regarding methodology. For example, they argue that there is a lack of attention paid to confounding stress factors such as marital distress, family violence, and chronic unemployment. Additionally, there is a lack of assessment of the mental health of the non-drinking partner, an important factor given that he or
she may act as a buffer between the behaviours of the alcoholic and the children. Jacob and Seilhamer (1990) also note that there is an overall lack of attention to "drinking-related variables such as duration, severity, consumption pattern and location of drinking, and interaction of sex of drinking parent with the sex of the child" (p.172). These shortcomings diminish the ability to confirm a causal relationship between the presence of alcohol in the family home and the wide variety of symptoms that are often seen in children of alcoholics, for example, depression, poor school performance and inhibited social development.

Principal reviewers of the literature on children of alcoholics, however, do tend to conclude that despite methodological deficiencies, the weight of the evidence indicates that children of alcoholics are at increased risk for deleterious symptoms. Russel, Henderson, & Blume (1984) conclude that, when all findings are taken into account, "studies convincingly demonstrate that children of alcoholics are at a particularly high risk for emotional and behavioural problems" (p.52). In addition, Of the above delineated concerns, the present study makes a contribution towards two of these problems. First, the two groups of children, those of episodic drinkers and those of steady drinkers, had very similar backgrounds, including comparable marital stability, family income and levels of parental unemployment. Second, the current investigation specifically examines one of the important drinking-related
variables indicated by Seilhamer et al., (1990), that being, paternal drinking pattern.

Impact of Subtypes of Alcoholism

Within the field of alcohol research, an awareness is growing about the various subtypes of alcoholism. Traditionally alcoholism has been viewed as a distinct ailment with a finite number of symptoms and a specific pattern of onset. However, just as evidence is mounting to say that children of alcoholics are not a homogenous group, so too research continues to draw distinctions between varying subtypes of alcoholics. In fact, the literature suggests that considerable diversity exists amongst alcoholics with respect to characteristics such as the pattern of drinking, the type of dependence, and the temperament of the individual problem drinker (Wanberg & Horn, 1983; Read et al., 1990; & Powell, Read, Penick, Miller, Bingham, 1987).

Important research has been conducted recently that further explicates differences amongst drinkers (Babor et al., 1992) In a cluster analysis of data obtained from 321 male and female alcoholics, Babor and his colleagues were able to construct a typology that consisted of 2 groups, based on a wide array of factors. Seventeen characteristics were examined in the cluster analysis, including biological, psychological and social factors. This research suggests that two broad but distinctive groups can be discerned, Type A and Type B. Type A is distinguished by a later onset of alcohol misuse, fewer childhood risk factors, less
personal and economic problems, (such as social isolation and chronic unemployment), and greater psychological stability. Type B, on the other hand, was characterized by "childhood risk factors, familial alcoholism, early onset of alcohol-related problems, greater severity of dependence, polydrug use, a more chronic treatment history (despite their younger age) greater psychopathological dysfunction, and more life stress" (Babor et al., 1992, p. 599). Babor (1992) also found encouraging similarity to subtypes previously hypothesized but not empirically documented.

Prior to the work of Babor and his colleagues, Connors, Tarox and McLaughlin (1986) examined factors associated with continuous versus bout drinking. They looked at 6 variables by means of a discriminant function analysis, and concluded that bout drinkers were significantly more likely to have experienced severe liver ailments and to have come from families in which there was parental alcoholism. In addition, they were found to report more alcohol-related arrests and hospital stays. Connors and his colleagues (1986) also observe that, whereas regular drinking may occur in conjunction with other, typical daily functions, episodic drinking becomes "a singular behavioral objective for variable periods of time" (p.105).

Vaillant (1983) found that sporadic drinkers tend to have a higher mortality rate due to alcohol-related causes than drinkers who consume more or less the same amount on a daily basis. Cahalan and Room (1974) found sporadic drinking to be strongly
associated with other particular alcohol problems such as symptomatic drinking, employment difficulties, inability to control amount of alcohol consumed at any one time, and hostility.

In an American nation wide survey, Clark & Midanik (1983) found some compelling differences between continuous and bout drinkers. First, they observed that sporadic drinking tended to be found only amongst the most severe drinkers. Bout drinking was relatively uncommon amongst average or non-drinkers. Second, sporadic drinkers reported more negative consequences from drinking, that is, more health problems, more social disruption and conflicts and more difficulty controlling the amount of alcohol consumed.

With regard to the issue of subgroups, Steinglass, Tislenko & Reiss (1985) also favoured an approach to alcoholism that incorporates the notion of heterogeneity. Steinglass and his colleagues found this particularly useful in studying the interpersonal dynamics of families. These researchers found that the family "temperament" was "strongly associated with different drinking patterns manifested by the alcoholic subjects...that is, there was a goodness-of-fit between 'drinking type' and 'family type'" (Steinglass et. al., 1985, p.366). Steinglass discerns three types of drinking patterns, stable wet, alternator (or transitional) and stable dry patterns. Steinglass groups daily and weekend drinkers together to form the "stable wet" category and compares his alternator group to the traditional descriptive
grouping of binge drinker. Lastly, stable dry were those alcoholics who entered this longitudinal study in sobriety, and maintained their sobriety throughout treatment.

The argument that there are varying subtypes of alcoholism has particular relevance to children of alcoholics. Sher (1991) observes that "while there are probably a number of other important, identifiable sources of heterogeneity among COAs, the issue of the form of the parental alcoholism has been largely unexplored" (p.10).

Obstacles to Getting Help

Children often encounter obstacles to receiving treatment for parental alcoholism issues. For example, one barrier arises from the commonly held assumption that alcoholism is a symptom of other family problems. This assumption is only partially correct in that alcoholism in and of itself generates difficulties. For example, the alcoholic may use alcohol to anesthetize uncomfortable feelings. As a result, he/she may not feel compelled to alter current circumstances and seek help. To accept that alcoholism is only a symptom that can be altered by addressing other "core" problems is to minimize the very real and disruptive role that alcohol plays.

Another problem commonly faced by children of alcoholics in receiving effective treatment is that parental alcoholism is rarely identified as the presenting problem. Professionals working with the children may not know to enquire about substance
abuse or for that matter know how to gain such information. Perhaps for fear of unpleasant confrontations, or concern for embarrassing children's parents, child care professionals often avoid pursuing the issue of alcoholism in the home.

**Statement of the Problem**

The evidence presented herein supports the idea that children are powerfully affected by the paternal abuse of alcohol. However, the offspring of alcoholics also would appear to play an influential role in the recovery process of the family. Understanding family life through the eyes of children of alcoholics has the potential to make a worthy contribution to the field of alcohol research. According to Seilhamer & Jacob (1990), the critical issue at this time is "the clarification of the parameters of risk, those biological and psychosocial factors that mediate vulnerability" (p. 169). The present study aims to clarify one such factor, that is, paternal pattern of drinking. In the light of the work to date by Jacob and his colleagues, (Dunn, Jacob, Hummon, & Seilhamer, 1987; Jacob, Dunn, & Leonard, 1983; Jacob, Favorini, Meisel, & Anderson, 1978; Jacob & Leonard, 1988) an important assumption guides the present work, namely,

**Hypothesis**

Children of episodic drinkers will report their families to be functioning significantly less well than children of steady drinkers, as measured by
1) The Family Adaptability and Cohesion Scale (FACES III) (Olson, Portner, & Lavee, 1985);
2) The Family Environment Scale (FES) (Moos, & Moos, 1981);
3) The Family Satisfaction Scale (FS) (Olsen & Wilson, 1982);
4) The Parent-Adolescent Communication Scale (PAC) (Barnes & Olson, 1982), and,
CHAPTER III
METHODOLOGY

The Purpose of the study

The purpose of the present study was to examine the differential perceptions of family functioning of children living in episodic drinking homes versus children living in steady drinking homes. The goal of this endeavour was to shed further light on factors that play a critical role in the adjustment of children of alcoholics.

Subjects

The subjects were 110 children, 9-20 years of age (m=13.7), identified from 61 families who presented themselves for outpatient counselling at one of two pre-selected clinics in British Columbia. One centre had a rural catchment area, whereas the second clinic was situated in an urban area. The children had fathers who were alcohol dependent men between the ages of 21 and 65, and each of their fathers scored 5 or greater on the Michigan Alcohol Screening Test (Seltzer, 1971) prior to being accepted into the study. Mothers did not have a history of alcohol or drug dependency, and scored less than 5 on the Michigan Alcohol Screening Test (MAST). The marital relationship was in a state of distress as reflected by a score of 100 or less on the Dyadic Adjustment Scale (Spanier, 1976). Despite the duress that they were experiencing, both parents were committed
to the marital relationship.

Families were excluded from the study if either member of the couple indicated serious psychiatric disturbance based on scores from the Symptom Checklist-90-Revised (Derogatis, 1983) and a clinical interview conducted by the researchers during the screening process. Neither parents nor children participating in the study were in the regular care of other health care professionals, limiting the possibility that outside professional involvement would serve as a confound to the study results. Families were intact, or blended, and in all cases parents had regular access to their children and were responsible for their care.

Questionnaires were administered to all families in a take-home format, after the parents had satisfactorily completed a semi-structured interview and had been accepted into The Alcohol Recovery Project. Research procedures were explained to the parents by researchers, and all question booklets had complete, step-by-step instructions included with them. Questionnaires were completed by the participant family members at their leisure and returned to the researchers in sealed envelopes that ensured the privacy of each person.

The battery of questionnaires that the children filled out included the Family Environment Scale (FES), the Family Adaptability and Cohesion Scale (FACES III), the Family Satisfaction Scale (FS), the Parent-Adolescent Communication Scale (PAC), and the Perceived Social Support Scale for Family (PSS-Fa). In addition to the above questionnaires, parents
completed the Family Demographic Form (FDF), the Binge-Chronic Differentiation Scale (BCDS), the Drinking Pattern Assessment Scale (DPAS), and the Inventory of Drinking Situations (IDS-42).

Description of the Instruments

Alcohol Measures

1. The Binge-Chronic Differentiation Scale (BCDS) is a subsection of a larger questionnaire, the Marlatt Drinking Profile (Marlatt, 1976), and was designed to assess the regularity of fathers' alcohol consumption. The BCDS was used to classify fathers' drinking pattern into either episodic or steady categories, and was a key questionnaire in the series of studies completed by Jacob and his associates (Jacob, Dunn & Leonard, 1983; Jacob & Leonard, 1988; Jacob & Krahn, 1988). In this series of studies, the Marlatt Drinking Profile questionnaire was utilized to assist subjects in classifying themselves by their weekly pattern of alcohol consumption as well as by a more overarching pattern assessed across a year's time. The questionnaire was selected for the present study in order to provide consistency with the methodology employed by Jacob in the course of his investigations. The questions ascertain the amount of alcohol consumed, the number of days per week drinking is occurring, and/or the number of drinking bouts per year (see Appendix A).
2. The Drinking Pattern Assessment Scale (DPAS) was constructed for the present study from subsections of existing alcohol measurement questionnaires. The DPAS was utilized in the current study to gather detailed information about fathers' drinking characteristics. The questionnaire was designed to assess factors such as the length of time drinking had been a problem, the typical amount consumed on drinking days, and the specific types of personal, family and work difficulties that had resulted from excessive alcohol consumption (see Appendix C).

3. The Inventory of Drinking Situations - Shortened Version (IDS-42) was created by Annis, Graham, and Davis in 1982 and is used to identify the places and times that put an alcoholic at risk for drinking. That is, the questionnaire assists alcoholics in clarifying the conditions that put them at risk for relapse. For its construction, eight situation categories were identified from interviews with clinicians and clients, and from an extensive review of parallel instruments. These eight categories fell under two general domains, 1) Personal States, and 2) Situations Involving Other People, as follows:

1) Personal States
   - Unpleasant Emotions
   - Physical Discomfort
   - Pleasant Emotions
   - Testing Personal Control
2) **Situations Involving Other People**

- Conflict with Others
- Pleasant times with Others
- Social Pressure to Drink

The eight subscales of the IDS-42 demonstrated moderate to high Cronbach's alpha coefficients for reliability, ranging from .80 to .92. The instrument designers report that the questionnaire shows strong content validity as confirmed through the process of having three raters sort the 100 items on the original scale into the eight categories. The resulting interrater reliability was between 92%-99%, suggesting that the construct of each subscale was being accurately reflected in the substance of the questions. These findings lend support for the position that the IDS-42 possesses acceptable levels of internal validity.

Regarding external validity, the full length version of the IDS was correlated to both situation-specific drinking patterns and instances of heavy drinking in a sample of 247 alcoholics (Annis et al., 1982). It was found that a relationship existed between the amount of alcohol consumed and scores on the IDS, that is, increased levels of heavy drinking bouts were related to higher scores on the IDS. In addition, the full version of the IDS was contrasted to responses on Alcohol Dependence Scores (Skinner and Horn, 1984) and the above findings were moderately reflected.
That is, Annis et al., (1982) found that high scores for frequency of heavy drinking on the IDS were reflected in increased levels of alcohol dependence on the ADS (see Appendix D).

4. The Alcohol Dependence Treatment History Questionnaire (ADTH) was constructed for the purposes of The Alcohol Recovery Project and was designed to assess fathers' prior experiences with treatment and therapy. In addition, the ADTH assesses for the presence of alcoholism amongst the drinkers' biological relatives. The questionnaire was employed by the current study to examine episodic drinking fathers versus steady drinking fathers on extensiveness of prior treatment (see Appendix E).

Family Measures

1. The Family Adaptability and Cohesion Scale (Olson, Portner, & Lavee, 1985) is a 20 item scale designed to measure family flexibility and family togetherness. The Family Adaptability and Cohesion Scale (FACES III) derives from the Circumplex Model, as developed by David Olson and his associates, which conceptualizes family functioning along the intersecting dimensions of adaptability and cohesion.

Olson et. al. (1985) maintain that the health of a family is reflected in the balance the family maintains
between a receptivity to change and an ability to retain a sense of continuity and family identity. Specifically, adaptability is a construct that measures the family's openness to accommodating new ideas and practises. Typically these new attitudes and behaviours are presented to the family by the children and by the larger community.

Along the dimension of adaptability, the scale was originally designed such that a family scored in one of four ranges: chaotic, flexible, structured, or rigid. Each range denoted particular qualities of family life. For example, in the extreme of "rigidity" at the one end, a family has a fixed set of accepted rules and maintains unyielding control over which behaviours are tolerated in the family. Most importantly, there is a lack of willingness to accommodate new practises and ideas that developing children will introduce to the family. On the other extreme is "chaotic", which according to the original design of FACES III, indicates that the family has no consensus on accepted family rules and is unable to control which behaviours become characteristic of the family. As will be discussed more thoroughly, Olson seems to have amended his position on this latter category, recommending that families that score high on this subscale be considered "very flexible" as opposed to chaotic (Olson, 1991).

Cohesion is a construct that reflects a family's sense of togetherness and belonging. The original range goes from
"disengaged" at the one end, reflecting a sense of detachment between family members, to "enmeshed" at the other end, indicating that the family members are overly involved with each other's activities and experiences. The two categories that form the middle-ranges of the cohesion continuum are "separated" or "connected". Like flexible and structured on the adaptability continuum, these two ranges express a middle ground that is thought to be "balanced", or healthy.

Concerns regarding the concepts of "enmeshment" and "chaos" as they pertain to the FACES III appear to have resulted in a modification to the scale. In particular, Olson (1991) now recommends that high scores for cohesion and adaptability be viewed as indicating that families are "very connected" and "very flexible" as opposed to "enmeshed" and "chaotic". Hence, the instrument is now being interpreted in a linear fashion such that high scores on the cohesion and flexibility scales reflect high levels of those constructs measured.

The reliability of FACES III as indicated in its accompanying manual (Olson et. al., 1985) was determined by estimates of internal consistency. The alpha coefficient for the Cohesion subscale is reported as .77, while the alpha coefficient for the Adaptability subscale is .62. Further, Olson et al. (1985) report that FACES III demonstrates very good face and content validity. Edman,
Cole, and Howard (1990) document that the instrument demonstrates good convergent validity. For the purposes of this study, FACES III demonstrates adequate psychometric properties (see Appendix F).

2. The Family Satisfaction Scale (Olson & Wilson, 1982) is based on the principles of the Circumplex Model, and assesses the overall level of contentment within the family home. The Family Satisfaction Scale (FS) is important in that it allows for a family to express satisfaction independently of the classification within the 16 potential categories of the FACES III. Thus a family may score in an extreme categorical range, like rigidly enmeshed, and yet report feeling comfortable with their way of functioning. If family members are satisfied with their status quo, then they may not feel the need for anything to change. The FS provides an important complement to the FACES III in that it allows for a subjective assessment of overall contentment with family functioning.

The FS is a 14-item scale which utilizes a 5-point Likert scale, with responses ranging from dissatisfied to extremely satisfied. Reliability, as indicated by the Cronbach alpha coefficient, was found to be .91 for a sample of 2,076 subjects. Test-retest trials, conducted over a five-week period on 106 subjects, resulted in a Pearson Product Moment correlation coefficient of .75. In terms of
test construction, a pilot instrument consisting of 28 items was subjected to a factor analysis. A varimax rotation was utilized on the principal factors, and only items that loaded more than .50 were retained (see Appendix G).

3. The Perceived Social Support Scale - Family (Procidano & Heller, 1983) was developed to explore the mediating role that networks of relationships play in mitigating the negative effects of stress. The Perceived Social Support Scale - Family (PSS-Fa) reflects the extent to which individuals believe they will receive support, nurturance and positive feedback from family members. The concept of perceived social support is unique in that it addresses the importance of the sense of support that the individual experiences as opposed to the sheer presence and structure of a social network (Procidano & Heller, 1983). The PSS-Fa assesses the extent to which individuals feel that their needs for assistance and understanding will be met by their family.

The PSS-Fa scale has demonstrated high test-retest reliability (r=.83 over a 1 month interval), and a high internal consistency estimate (Cronbach's alpha= .90). In a subsequent validation study, Lyons, Perrotta, & Hancher-Kvam (1988) found the PSS-Fa to be reliable, valid, and generalizeable. Validation studies of the instrument (Procidano & Heller, 1983) have shown high internal
consistency estimates and evidence of good construct validity (see Appendix H).

4. The Family Demographic Form (FDF) was created for the umbrella research project, The Alcohol Recovery Project, by adapting sections of the Family Assessment Device (Epstein, Baldwin, & Bishop, 1983). The FDF yields information on social-economic status, medical history, racial/cultural background, and other demographics. The FDF identifies which family members are currently living within the household, and which are residing outside the family home, either independently or with another parent (see Appendix I).

5. The Family Environment Scale (Moos, & Moos, 1981) measures aspects of social climate within the family home. Three versions of the scale are available, including the Real Form, the Ideal Form, and the Expectations Form; this utilized the Real Form, which is designed to measure the experience of family functioning in its current state. The Family Environment Scale (FES) is comprised of 10 subscales, which fall under 3 broad domains of family functioning, including Relationship, Personal Growth, and System Maintenance.

The Relationship domain addresses the quality of personal connections within the family, that is, how much
family members support one another, express themselves openly with each other, and deal with conflict amongst themselves. The Personal Growth grouping of subscales assess goal orientation along a number of different themes, the one selected for use in this study being independence. Independence in this use refers to "the extent to which family members are assertive, are self-sufficient, and make their own decisions" (Moos & Moos, 1981, p.3). The System Maintenance subscales assess the level of organization and structure within the family, as well as the existence of rules that guide home life. To summarize, out of a total of 10 subscales, 6 were selected for use in this study, as follows: the Relationship subscales were Cohesion, Expressiveness and Conflict; the Personal Growth subscale was Independence; and the System Maintenance subscales were Organization and Control.

**TABLE 1: RELIABILITY ESTIMATES FOR THE FES**

<table>
<thead>
<tr>
<th>Relationship Dimensions</th>
<th>2-Month Test-retest Reliability</th>
<th>Internal Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cohesion</td>
<td>.86</td>
<td>.78</td>
</tr>
<tr>
<td>2. Expressiveness</td>
<td>.73</td>
<td>.69</td>
</tr>
<tr>
<td>3. Conflict</td>
<td>.85</td>
<td>.75</td>
</tr>
<tr>
<td>Personal Growth Dimensions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Independence</td>
<td>.68</td>
<td>.61</td>
</tr>
<tr>
<td>System Maintenance Dimensions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Organization</td>
<td>.76</td>
<td>.76</td>
</tr>
<tr>
<td>6. Control</td>
<td>.77</td>
<td>.67</td>
</tr>
</tbody>
</table>

As Table 1 shows, test-retest and internal consistency-reliability estimates, as determined by Moos & Moos (1981), are within acceptable levels (see Appendix J).

6. The Parent-Adolescent Communication Scale (PAC) was developed by Barnes & Olson (1982) based on their Circumplex Model. The rationale for this instrument was that communication mediates the processes of adaptability and cohesion.

The final form of the instrument consists of two subscales:
1) Openness measures the ease with which dialogue takes place between children and their parents, and,
2) Problems measures the blocks to communication, and issues which are excluded from discussion.

Barnes and Olson (1982) explored the reliability of the final factors with two samples of adolescents (see Table 2).

<table>
<thead>
<tr>
<th></th>
<th>Sample I (n=925)</th>
<th>Sample II (n=916)</th>
<th>Total (n=1,841)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Family Communication</td>
<td>.87</td>
<td>.87</td>
<td>.87</td>
</tr>
<tr>
<td>Problems in Family</td>
<td>.78</td>
<td>.77</td>
<td>.78</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL SCALE</td>
<td>.87</td>
<td>.88</td>
<td>.88</td>
</tr>
</tbody>
</table>

The final version of the test consists of 20 items, and asks respondents to determine the degree to which they agree with statements about family communication on a 5 point Likert Scale. Adolescents answer each question twice, once with reference to their mother and once with reference to their father (see Appendices K & L).

**Determining Fathers' Drinking Type**

Efforts were made to gather as much information as possible about fathers' drinking pattern, including how many days of the week drinking took place, how many bouts of intensive drinking occurred in a year, and how much alcohol was consumed on a typical drinking day. In addition to completing the Binge-Chronic Differentiation form (BCDS) as presented in a semi-structured interview format, fathers' were describe their typical drinking routine in their own words. As detailed descriptions of fathers' drinking patterns began to emerge, it became evident to the researcher that fathers' patterns of drinking would not be fully represented by the standard categories of "episodic" and "steady". In order to confirm appropriate assignment to drinking pattern groups, two steps were taken. First, the raw data was examined by the primary researcher to determine if a modified set of categories would better describe fathers' drinking pattern. After comparing fathers' responses on the BCDS to the supplementary notes recorded by the interviewer, it was determined that four patterns existed. These included:
1) Steady - indicating that roughly the same amounts of alcohol were consumed on a daily basis,

2) Episodic - drinking occurred in bouts, with little or no drinking in between. Additionally, there was no set pattern to when the drinking took place,

3) Regular Weekly - reflected a pattern of drinking that occurred on weekends or days off, and,

4) Combination - a steady pattern of drinking punctuated with episodes of heavier drinking occurring on an irregular basis.

The second step in classifying fathers' drinking pattern involved training two additional raters to classify fathers' drinking pattern within the above four categories. A simple checklist was constructed and each of the three raters independently assigned fathers' to one of the drinking categories based on their determination of the best match. In addition, raters recorded their rationale for the assignment. The three-way rating system allowed for confirmation of appropriate assignment to drinking category. For 80% of the sample, there was complete consensus across all four categories. In the remaining 20% of cases, most revealed that 2 of the 3 raters agreed on an assigned category. At this point, the three raters conferred jointly and presented their rationale for assigning fathers to particular drinking classification for all cases in which there was discrepancy. Final classification of the
remaining cases was determined at this joint meeting. Within the population of 61 families, 33 were classified as steady, 10 were classified as episodic, 9 were classified as regular weekly, and 9 were considered combination drinkers.

Once the four subcategories were clarified, it became necessary to create a smaller number of overarching categories of paternal drinking pattern. This step was essential for three reasons. First, the number of subjects in each category was not sufficient to support the type of statistical analysis that was identified. Second, a conceptual justification for reducing the number of categories existed in that the steady drinkers demonstrated a pattern of drinking that was distinct from the others. Their typical consumption was consistent and predictable, and they interacted with their families in one state, intoxicated. The remaining subcategories of drinkers demonstrated patterns of drinking that were different from steady drinkers in that there was no consistent rate of consumption. Further, drinkers from the remaining three classifications interacted with their families in two conditions, sober and intoxicated. In other words, two categories seemed evident, steady and non-steady.

Lastly, an empirical rationale became evident that also supported two overarching classifications, steady and non-steady. An analysis of the mean scores from the childrens' data determined that children of steady drinkers responded uniquely in relation to the other three groups. They consistently scored in
or next to the highest position and reflected their families in
the most positive light.

Based on the above three arguments, children of episodic,
regular weekly and combination drinkers were merged into one
classification and further analysis was conducted on the basis of
two groups, children of steady drinkers and children of non-
steady, or irregular, drinkers. A steady pattern involving the
same levels of daily intoxication was held to be different from
patterns in which daily levels of intoxication fluctuated and the
family learned to relate to father in two phases, sober and
intoxicated. Steady drinkers were maintained as a distinct
group, and irregular drinkers were seen to subsume episodic,
regular weekly and combination drinkers. The original
distinction of episodic versus steady was preserved in that two
overarching groups subsumed the 4 categories. Later stages of
analysis incorporated this modified classification system, and
fathers' drinking pattern was referred to as either irregular or
steady.

Having identified two overarching categories of paternal
drinking pattern, the inter-rater reliability was recalculated to
determine levels of agreement on assignment to either steady or
irregular drinking classification. The inter-rater reliability
increased to 90%.

Data Analysis

The complete data analysis was conducted in five stages, as
follows,

1) descriptive analysis;
2) test of subject independence;
3) assessment of inter-correlations of independent variables;
4) multivariate analysis of co-variance, and,
5) multiple regression analysis.

Where appropriate, analysis was conducted on the sample of children in its entirety, discussing children of episodic drinking homes and children of steady drinking homes as a whole. For the most part, however, data analysis focused on the characteristics which discriminate these two subgroups of children from one another. The following is an explication of the data analytic strategy.

I. The descriptive analysis explored the characteristics of the collective sample of the 110 children of alcoholics involved in this study. This analysis provided a broad brush assessment of the attributes and features specific to this particular sample of children. The descriptive analysis involved, first, a discussion of the screening criteria for families entering the Project. Second, family demographics were presented, including a description of socio-economic status, ages of the children, and range of sizes of families. Third, the means and standard deviations of all the subscales were compiled and compared between subgroups of children. This information was used to
determine which if any variables needed to be covaried in the analysis. Also, information arising from a comparison of means and standard deviations was used to guide later stages of the analysis, particularly with reference to selecting variables which warranted more detailed scrutiny.

II. The second step, that of verifying subject independence, was in essence a part of the above process, but warranted a special discussion as it posed a potential threat to the validity of the study. Research principles demand that subjects should be free of similar influences; that is, subjects' observations should not be affected by shared experiences or conditioning. For the subjects in this study, the standard of independence was compromised by the fact that a number of participants were siblings. In order to ensure that the results derived from this data were valid, some precautionary measures were required. Specifically, a preliminary series of tests were conducted in order to ensure that final results were not significantly affected by the inclusion of family members. The preferred method of analysis was:

1) to separate the scores of children who have no siblings participating from those of children who do have siblings participating,

2) to examine the variance on all factors, and,

3) to explore these results for problematic differences in the amount of variance that the two groups demonstrated.
If no substantial differences in the amount of variance emerged between these groups, then it was reasonable to conclude that further analysis would be unaffected by the participation of siblings in the study.

III. Correlational analysis of the data entailed using a Pearson product-moment correlations to determine the relationships between the independent variables. By examining the inter-correlations of the independent variables, the shared variance could be assessed. This step was important in that it facilitated data reduction.

Correlations of independent variables is especially important where two variables have close theoretical ties. For example, both the FES and the FACES III have a subscale for Cohesion. By squaring the correlation between these two subscales, the overlap in the variance between the two variables could be determined. If the overlap was high, for example, 81%, the second step would be to assess which subscale accounted for more of the variance with the dependent variable. This evaluation was done by correlating the two independent variables with the dependent variables. The subscale which explained the greater amount of variance would be retained for use in the later stages of analysis.

To summarize the above process, the first step was to conduct an inspection of the correlation matrix of the independent variables. The second step was to determine the
shared variance of all highly correlated subscales by squaring the correlation score. The third step was to determine which of the highly correlated subscales explained more of the variance with the dependent variables by correlating the select independent variables with the dependent variables. The fourth step was to isolate the more important independent variables and retain them for further analysis, and to cast off the less significant variables.

IV. Following data reduction as outlined above, a multivariate analysis of co-variance (MANCOVA) was conducted, co-varying variables that demonstrated overarching influences on both groups of children. The MANCOVA determined, first, if there were significant overall differences between the two groups of children. Second, the MANCOVA determined which, if any, of the differences on particular variables were significant. The MANCOVA was performed to answer the question, "Do children of episodic drinking homes experience their families differently from children of steady drinking homes?"

V. Lastly, a multiple regression analysis was conducted as a means of ordering the importance of each variable, or group of variables, by its ability to explain the variance in paternal drinking pattern. Because this investigation is exploratory in nature, variables were entered into the equation free of any predetermined order. Thus, the multiple regression analysis
allowed for variables to be identified based on their contribution to the shared variance with fathers' drinking pattern. The variables that explained significant amounts of difference were selected out, and these factors were further analyzed to determine the amount of shared variance that they could account for. The multiple regression analysis was utilized to address the question, "What is the relative importance of children's perceptions of family satisfaction, family adaptability and cohesion, family environment, perceived social support and parent-adolescent communication in explaining the differences between children living in steady drinking homes and children living in irregular drinking homes?"

Results from this process generated new information regarding the differential experiences of children raised in episodic drinking homes versus steady drinking homes. Further, by distinguishing the differing problem areas of these two groups of children, the results may indicate ways in which the effectiveness of substance abuse interventions can be maximized.
Chapter IV

Results

Examination of the data provided by the children and their families in the study uncovered some important distinctions between children of irregular drinking homes and children of steady drinking homes. The first step in analyzing the results involved developing a descriptive analysis of the population, as is presented in the following pages.

Bio-demographic Information

These paragraphs will show that bio-demographic information for families in which there was a steady drinking father did not vary greatly from that of families in which father was an irregular drinker.

A total of 61 families and 110 children participated in the study. The intake sample included 13 fathers and mothers from the rural setting of Duncan, B.C., and 48 fathers and mothers from the urban site of Surrey, B.C. Fathers' mean age was 41.4 years and mothers' mean age was 39.4 years.

In terms of drinking pattern, 28 of 61 (45.9%) fathers were irregular drinkers and 33 of 61 (54.1%) fathers were steady drinkers. Forty-seven children came from irregular drinking homes, while 63 children came from steady drinking homes. Children ranged in age from 9 - 20 years. The mean age of children from irregular drinking homes was 13.7 years (SD= 3.22),
as was the mean age of children from steady drinking homes (SD = 3.47). Of the total sample of children, 48 (43.6%) were female, and 62 (56.4%) were male. In irregular drinking homes, 19 (40.4%) were female and 28 (59.6%) were male. In steady drinking homes, females comprised 46.0% of the sample, (n= 29) and males comprised 54.0%, (n=34).

**Socioeconomic Status**

In terms of employment status, 74.1% of the irregular drinking fathers and 81.3% of steady drinking fathers were employed full-time. Wives reported full-time employment in 57.1% of irregular drinking homes and in 56.3% of steady drinking homes. In 22.2% of irregular drinking homes, fathers stated that they were unemployed, while fathers' unemployment rates in steady drinking homes were 15.6%. In irregular drinking homes, 10.7% of mothers reported being unemployed, while in steady drinking homes 12.5% of mothers reported unemployment.

As Table 3 on the following page shows, annual income did not differ greatly between the two groups of families. The overall range of income was very similar and, as can be seen, families in which there was a steady drinking pattern were only slightly better off financially than their counterparts in irregular drinking homes. A Chi-square analysis revealed no significant difference between these categories.
TABLE 3. ANNUAL FAMILY INCOME BY DRINKING PATTERN

<table>
<thead>
<tr>
<th>Drinking Pattern (Number of Families)</th>
<th>Irregular Drinking Pattern</th>
<th>Steady Drinking Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(per $1000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 0-9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>$10-19</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>$20-29</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>$30-39</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>$40-49</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>$50-59</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>$60-69</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>$70-99</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>$100+</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Education

Fathers of episodic drinking homes reported their mean years of education as 12.2 (SD= 2.40). Their counterparts in steady drinking homes stated that they also had an average of 12.2 years of education (SD= 1.66). Wives of irregular drinkers reported that they had a total of 12.5 years of education (SD= 1.98), while wives of steady drinkers typically had 12.8 years of schooling, (SD= 1.85). No specific documentation was made with regard to the drop-out rate of children taking part in the study. Visual inspection of the data indicated that the vast majority of children were not early school leavers.

Marriage and Family Demographics

The marital status of couples of irregular drinking homes
was reported as 82.1% married, and 17.9% common-law. In steady drinking homes, 75.8% identified themselves as married and 24.2% stated that they were common-law. The mean number of years that irregular drinking couples had been together was 13.0 years (SD= 7.1), while steady drinking couples said that they were together an average of 13.7 years (SD= 6.6). The mean number of people living in the household of irregular drinking homes was 4.0 (SD= 1.19), while in steady drinking the mean number of people living in the household was 4.15 (SD= 1.20).

Symptoms in the Children

Maternal reports of symptoms in the children suggest that 10% of children experienced somatic complaints, 8.2% experienced school or learning difficulties and 6.2% of children experienced emotional problems. 75.5% of this sample population were described as exhibiting no discernable difficulties by their mothers.

Alcohol Consumption

Daily intake of alcohol did not significantly differ between the two groups of fathers. Fathers who had an irregular pattern of alcohol consumption reported that they consumed a mean of 21.1 standard drinking units on a typical drinking day (SD= 11.22). Fathers who had a more or less stable daily pattern of drinking reported that they drank a mean of 19.5 standard drinking units on a typical drinking day (SD= 8.02). Additionally, more steady
drinkers than irregular drinkers were likely to report tolerance effects, 63.6% versus 51.9% respectively.

In terms of typical time of drinking, irregular drinkers were divided almost equally between those who were more likely to drink during the day (48.1%) and those who tended to drink in the evening (51.9%). In contrast, 39.4% of steady drinkers reported drinking during the day, while 60.6% preferred to drink in the evening. Irregular drinkers were also evenly split between those who were likely to drink outside of the home and those who tended to drink within the home (50.0% for both groups). Steady drinkers, on the other hand, were more likely to consume alcohol within the home (86.2%). Only 13.8% said that they do most of their drinking outside of the home. Lastly, fathers who had an irregular pattern of consumption were more likely to drink alone than were steady drinkers, the respective proportion of drinkers being 37.0% and 18.2%, respectively. Table 4 outlines these findings on the following page.

Treatment History

All fathers were consulted regarding prior treatment history. With regard to attendance at Alcoholics Anonymous (A.A.), the two groups of fathers did not differ significantly in their attendance at this support group, a Chi-Square analysis determined a significance of 0.1683. Most of the fathers participating in the study, including 53.6% of irregular drinking fathers and 57.6% of steady drinking fathers, either had
TABLE 4: DRINKING VARIABLES BY FATHERS' DRINKING PATTERN

<table>
<thead>
<tr>
<th></th>
<th>Irregular Drinking Fathers (In percent)</th>
<th>Steady Drinking Fathers (In percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Drinking</td>
<td>48.1</td>
<td>39.4</td>
</tr>
<tr>
<td>Nighttime Drinking</td>
<td>51.9</td>
<td>60.6</td>
</tr>
<tr>
<td>In-Home Drinking</td>
<td>50.0</td>
<td>86.2</td>
</tr>
<tr>
<td>Out-of Home Drinking</td>
<td>50.0</td>
<td>13.8</td>
</tr>
<tr>
<td>Seldom Drink Alone</td>
<td>37.0</td>
<td>18.2</td>
</tr>
<tr>
<td>Mostly Drink Alone</td>
<td>63.0</td>
<td>81.8</td>
</tr>
</tbody>
</table>

never attended A.A. or had attended 2 or less meetings. Fathers were asked about previous attendance at detoxification, residential and outpatient programs for alcohol abuse. Again, no significant differences in previous attendance for alcohol treatment were found. Irregular drinking fathers attended a mean of 1.370 (SD=1.334) previous treatment programs, whereas steady drinking fathers attended a mean of 1.363 (SD=1.141) prior programs. It should be noted that no data were available on whether or not fathers completed these programs.

Consequences of Problem Drinking

The negative consequences of drinking were assessed by the Drinking Pattern Assessment Scale (DPAS), which asked fathers to respond to questions in a variety of areas, including medical, work, legal and social problems. The two groups of fathers did not differ in any significant way on these variables. Nor did they report differences in the realm of conflict, as was originally anticipated. Neither verbal nor physical fights with
partners occurred more frequently in one group in comparison to the other. All fathers but one reported verbal fighting with their spouses as a result of drinking. With respect to physical fighting with partners, the two groups of drinkers reported the same amount of difficulty, with 33.3% of both groups engaging in physical aggression as a result of drinking.

**Fathers' Emotional Status when Drinking Occurs**

One area in which fathers differed in a meaningful way was on their responses to the IDS - 42, an instrument that assesses heavy drinking risk situations. The following table presents the results of a series of t-tests.

<table>
<thead>
<tr>
<th></th>
<th>Irregular Drinking Fathers (Mean)</th>
<th>Steady Drinking Fathers (Mean)</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unpleasant Emotions</td>
<td>47.5296</td>
<td>63.3812</td>
<td>.016</td>
</tr>
<tr>
<td>Physical Discomfort</td>
<td>21.2926</td>
<td>42.4181</td>
<td>.001</td>
</tr>
<tr>
<td>Personal Control</td>
<td>43.6259</td>
<td>54.0394</td>
<td>.191</td>
</tr>
<tr>
<td>Urges and Temptations</td>
<td>44.7444</td>
<td>59.5909</td>
<td>.025</td>
</tr>
<tr>
<td>Conflict with Others</td>
<td>38.6000</td>
<td>51.5091</td>
<td>.038</td>
</tr>
<tr>
<td>Pleasant Emotions</td>
<td>53.3963</td>
<td>67.5212</td>
<td>.016</td>
</tr>
<tr>
<td>Social Pressure</td>
<td>48.1519</td>
<td>63.8879</td>
<td>.043</td>
</tr>
<tr>
<td>Pleasant Time</td>
<td>44.8519</td>
<td>58.2364</td>
<td>.048</td>
</tr>
</tbody>
</table>

For example, steady drinking fathers were significantly more likely to drink because of unpleasant emotions than were
irregular drinking fathers (p = .016). Similarly, steady drinking fathers were more likely to drink because of physical discomfort than were irregular drinking fathers (p = .001). These two groups of men also reported differences in their vulnerability to urges and temptations, with steady drinking fathers feeling more susceptible to drinking due to unexpected cravings than irregular drinking fathers (p = .025).

This strong trend for steady drinking fathers to report more sensitivity to external events and internal experiences than irregular drinking fathers continues across several additional variables. For example, fathers who have a regular pattern of drinking are more vulnerable to drinking due to 1) conflict with others (p = .038), 2) feeling social pressure to drink (p = .043), 3) a desire to enhance already pleasant feelings (p = .016), and 4) a wish to enjoy pleasant times with others (p = .048).

**Children's Results - Processes of Analysis**

Following the descriptive analysis of the participants in the study, the children's data was analyzed. A preliminary step in analyzing the children's data involved examining Kolmogorov-Smirnov Goodness-of-Fit tests on the distributions of the variables. This process ensures that the subject sample is responding with satisfactory consistency to the questionnaires and that the distribution of scores approaches a normal curve. Only one independent variable had a distribution which was different from a normal one, this being the FES subscale
Expressiveness (2-tailed p = .049). Two other variables approached being significantly different from a normal distribution: age in years (2-tailed p = .062) and the FES Conflict (2 tailed p = .088).

The second step in analyzing the children's data included examining the reliabilities of the 12 scales and subscales to ensure that children were responding to questions in consistent and meaningful ways. Table 6 presents these results.

**TABLE 6: ALPHA RELIABILITIES ON CHILDREN'S SCALES AND SUBSCALES**

<table>
<thead>
<tr>
<th>Cronbach's Alpha Reliability Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FES Subscales</strong></td>
</tr>
<tr>
<td>Cohesion</td>
</tr>
<tr>
<td>Expressiveness</td>
</tr>
<tr>
<td>Conflict</td>
</tr>
<tr>
<td>Independence</td>
</tr>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td><strong>FACES III Subscales</strong></td>
</tr>
<tr>
<td>Cohesion</td>
</tr>
<tr>
<td>Adaptability</td>
</tr>
<tr>
<td><strong>Family Satisfaction</strong></td>
</tr>
<tr>
<td>Total Score</td>
</tr>
<tr>
<td><strong>Parent-Adolescent Communication</strong></td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td><strong>Perceived Social Support</strong></td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

Nine of the twelve measures demonstrated adequate levels of internal consistency reliability, confirming that children were
responding in a consistent manner to the questions being asked of them. For the three variables that had low reliability estimates, the FES subscales, Expressiveness, Independence and Control, conclusions regarding them must be made with caution due to the high proportion of error variance.

The third step in analyzing the children's data involved calculating Pearson Product Moment correlations on the principal variables, including age and years of education. Overall, correlations among variables were low enough to suggest each was tapping a unique aspect of family functioning (Table 7 and Table 8). Of note was the finding that the Cohesion scores for the FES were only moderately correlated to the Cohesion scores for the FACES III (r = .5779). This suggests that the constructs of cohesion differ for the two scales. As explained by Olson et al. (1985), FACES III Cohesion measures the sense of separateness or closeness amongst family members, whereas the FES Cohesion subscale assesses the "degree of commitment, help, and support" (Moos & Moos, 1984) family members experience from one another. Given the moderate correlation between these two subscales, further analysis was conducted including both.

Another important correlation emerged from the initial series of analysis. It was found that the age in years was moderately but consistently correlated to responses on 7 of the 10 variables. With this in mind, further analysis investigated the effect of age by dividing the sample into 2 age groups, 9-12 year olds in one group, and 13-20 year olds in another. These
### TABLE 7: PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS BETWEEN VARIABLES (PART I)

**FES SUBSCALES**

<table>
<thead>
<tr>
<th>FES</th>
<th>COH</th>
<th>EXP</th>
<th>CONF</th>
<th>IND</th>
<th>ORGZ</th>
<th>CONT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXP</td>
<td>.279b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONF</td>
<td>-.524c</td>
<td>-.188a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IND</td>
<td>.247b</td>
<td>.298b</td>
<td>-.217a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORG</td>
<td>.423c</td>
<td>-.044</td>
<td>-.466c</td>
<td>.065</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONT</td>
<td>-.308b</td>
<td>-.353c</td>
<td>.246b</td>
<td>-.485c</td>
<td>-.024</td>
<td></td>
</tr>
</tbody>
</table>

**FACES**

<table>
<thead>
<tr>
<th>FACES</th>
<th>COH</th>
<th>EXP</th>
<th>CONF</th>
<th>IND</th>
<th>ORGZ</th>
<th>CONT</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>.578c</td>
<td>.308b</td>
<td>-.590c</td>
<td>.106</td>
<td>.433c</td>
<td>-.231a</td>
</tr>
<tr>
<td>ADAP</td>
<td>.201a</td>
<td>.173</td>
<td>-.003</td>
<td>.169</td>
<td>.101</td>
<td>-.231a</td>
</tr>
<tr>
<td>FSTOT</td>
<td>.571c</td>
<td>.323b</td>
<td>-.497c</td>
<td>.279b</td>
<td>.486c</td>
<td>-.256b</td>
</tr>
<tr>
<td>PACF</td>
<td>.514a</td>
<td>.127</td>
<td>-.638c</td>
<td>.147</td>
<td>.520c</td>
<td>-.130</td>
</tr>
<tr>
<td>PACM</td>
<td>.368c</td>
<td>.348c</td>
<td>-.261b</td>
<td>.219a</td>
<td>.129</td>
<td>-.328b</td>
</tr>
<tr>
<td>PSSFA</td>
<td>.618c</td>
<td>.362c</td>
<td>-.342c</td>
<td>.244a</td>
<td>.433c</td>
<td>-.284b</td>
</tr>
</tbody>
</table>

**KEY**

- a - p < .05; b - p < .01; c - p < .001
- Coh - Cohesion
- Exp - Expressiveness
- Conf - Conflict
- Ind - Independence
- Orgz - Organization
- Cont - control
- FSTOT - Family Satisfaction Total Score
- PACF - Parent-Adolescent Communication (Father)
- PACM - Parent-Adolescent communication (Mother)
- PSSFA - Perceived Social Support (Family)

### TABLE 8: PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS BETWEEN VARIABLES (PART II)

**FACES**

<table>
<thead>
<tr>
<th>FACES</th>
<th>COH</th>
<th>ADAP</th>
<th>FSTOT</th>
<th>PACM</th>
<th>PACF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAP</td>
<td>.257b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSTOT</td>
<td>.735c</td>
<td>.176</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACM</td>
<td>.444c</td>
<td>.125</td>
<td>.482c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACF</td>
<td>.655c</td>
<td>.030</td>
<td>.702c</td>
<td>.309b</td>
<td></td>
</tr>
<tr>
<td>PSSFA</td>
<td>.677c</td>
<td>.266b</td>
<td>.641c</td>
<td>.579c</td>
<td>.487c</td>
</tr>
</tbody>
</table>

**KEY**

- a - p < .05; b - p < .01; c - p < .001
- Coh - Cohension
- Adap - Adaptability
- FSTOT - Family Satisfaction Total Score
- PACF - Parent-Adolescent Communication (Father)
- PACM - Parent-Adolescent communication (Mother)
- PSSFA - Perceived Social Support (Family)
age divisions were consistent with the categories identified by Santrock (1988). He distinguishes periods of child development in rough age groupings, with late childhood beginning at about 9 years of age, and adolescence beginning between the ages of 11 and 13 years. Santrock (1988) suggests that adolescence ends at approximately 21 years of age. A univariate analysis of variance was conducted, comparing the younger children with the older children on the twelve independent variables. Since significant differences were found on 7 of the variables, it was determined that age should be co-varied in further analysis.

In a similar vein, the researcher examined the role of gender in the responses that children were providing. A similar univariate analysis of variance was conducted comparing female children with male children. No significant differences were found between these two groups, confirming that males and females were responding in a homogeneous manner.

Other correlations were examined as well. Although some correlations were moderate to strong, none of the correlations posed problems to the interpretation of further analysis. For example, it was found that responses on the FS were strongly correlated to responses on FACES III cohesion (r = .7352). Additionally, PSS Family scores were moderately correlated with, 1) FES cohesion scores (r = .6179), 2) FACES III cohesion (r = .6766), and, 3) FS total score (r = .6408). Lastly, children's responses on the PAC-Father showed moderate correlations to
responses on 1) the FES conflict subscale (r = -.6378), 2) FACES III cohesion (r = .6551), and 3) FS total (r = .7019). These correlations suggest that, while the overall sense of family atmosphere was consistent across different variables, the instruments employed in the study were tapping sufficiently unique constructs.

An important component of examining the correlation matrices was confirming that multicollinearity was not affecting the analyses. Multicollinearity refers to problematic inter-relationships between variables such that two variables with perfect or near perfect correlations produce redundant information in multivariate analysis of variance and covariance. In their discussion of multicollinearity, Tabachnick and Fidell (1983) indicate a number of ways that high levels of multicollinearity can be uncovered. To begin with, they suggest that correlation values become especially problematic when they exceed levels of .99. In the current study, no two variables approached this level of inter-relationship. Because so many of the variables examined in this study were derived solely from the realm of family functioning, however, it was felt that further exploration of multicollinearity was necessary.

Following from the above, data were examined for high correlations between variables. As previously indicated, the highest correlation existed between FACES Cohesion and Family Satisfaction Total Score. The correlation value was .735, appreciably below the level of .99. The subsequent amount of
shared variance accounted for by this correlation was 54%. It should be noted that a substantial amount of the variance, 46%, is not shared variance.

Next, patterns of correlations with other variables were explored to determine if common trends existed. It was found that some similarities occurred between FACES Cohesion and FS Total Score in terms of how they correlated with the other 10 variables. Across the 10 variables (see Tables 7 & 8), differences between FACES Cohesion correlations and FS Total correlations ranged from a maximum difference of .173 (FES Independence) to a minimum difference of .007 (FES Cohesion). Specifically, the differences were as follows: 1) FES Cohesion = .007; 2) FES Expressiveness = .015; 3) FES Conflict = .093; 4) FES Independence = .173; 5) FES Organization = .053; 6) FES Control = .025; 7) PAC-Mother = .038; 8) PAC-Father = .047; 9) PSS-Family = .036; 10) FACES-Adaptability = .081.

Lastly, Tabachnick and Fidell (1983) suggest that multicollinearity can be indicated by examining data from Multiple Regression analyses. If standard error scores from Multiple Regression analyses are high, then it is possible that multicollinearity is occurring. By exploring Table 14, it can be seen that standard error scores for both FACES Cohesion and FS Total Score did not exceed .01, a figure which is well within acceptable levels. Thus, although there are substantial inter-correlations, these findings cannot be interpreted as statistical artifacts arising from multicollinearity.
A fourth step in preparing the children's data required examining the variance between two particular subgroups of children, 1) those children who had no siblings participating in and 2) those children who also had siblings taking part in the study. Table 9 presents the results of this analysis.

<table>
<thead>
<tr>
<th>TABLE 9: VERIFICATION OF SUBJECT INDEPENDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Variance</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1 Child Participating</td>
</tr>
<tr>
<td>2 or More Children Participating</td>
</tr>
<tr>
<td>FES</td>
</tr>
<tr>
<td>Cohesion</td>
</tr>
<tr>
<td>Expressiveness</td>
</tr>
<tr>
<td>Conflict</td>
</tr>
<tr>
<td>Independence</td>
</tr>
<tr>
<td>Organization</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>FACES</td>
</tr>
<tr>
<td>Cohesion</td>
</tr>
<tr>
<td>Adaptability</td>
</tr>
<tr>
<td>FS</td>
</tr>
<tr>
<td>Parent-Adolescent Communication</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>PERCEIVED SOCIAL SUPPORT</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

This process was conducted in order to confirm subject independence. The critical issue in this examination was that the variance of one subgroup did not exceed twice that of the
other subgroup. It can be seen from the above table that the responses of these two categories of children were within the acceptable range and thus the principle of subject independence was upheld.

The Differing Perceptions of Children of Alcoholics

A multivariate analysis of covariance (MANCOVA) was conducted using raw scores. Drinking pattern (irregular versus steady) was the dependent variable, the 12 family variables were the independent variables, and age in years was the covariate. Results of the MANCOVA demonstrate highly significant overall differences (p< .001) in the perceptions family functioning of children of irregular drinkers versus children of steady drinkers (Table 10). As the univariate results indicate, the two groups had significant mean scores on 9 of the 12 variables. The subscales of the FES revealed a number of these important differences. On the FES Cohesion scale, for example, children of irregular drinking fathers reported significantly less support and helpfulness within their homes than did children of steady drinking homes (m= 5.36, m= 6.34, respectively; p= .048). Conversely, children of irregular drinking fathers reported significantly more Conflict within their homes (m= 5.63) than did children of steady drinking homes (m= 4.11; p= .004). A further difference was found on the FES subscale Control, on which children of irregular drinkers reported significantly higher levels (m= 5.09) than did children of steady drinking fathers (m=
4.11; p=.036). No significant differences were found for the

**TABLE 10: MANCOVA RESULTS: MULTIVARIATE AND UNIVARIATE TESTS**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Value</th>
<th>Exact F</th>
<th>Hypoth. DF</th>
<th>Error DF</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotellings</td>
<td>.59783</td>
<td>4.13497</td>
<td>12.00</td>
<td>83.00</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Children of Irregular Drinking Fathers (Mean Score)</th>
<th>Children of Steady Drinking Fathers (Mean Score)</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY ENVIRONMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohesion</td>
<td>5.36 (sd= 2.63)</td>
<td>6.34 (sd= 2.17)</td>
<td>.048</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.66 (sd= 2.01)</td>
<td>3.62 (sd= 1.17)</td>
<td>.897</td>
</tr>
<tr>
<td>Conflict</td>
<td>5.63 (sd= 2.69)</td>
<td>4.11 (sd= 2.47)</td>
<td>.004</td>
</tr>
<tr>
<td>Independence</td>
<td>5.78 (sd= 1.75)</td>
<td>5.93 (sd= 1.78)</td>
<td>.707</td>
</tr>
<tr>
<td>Organization</td>
<td>4.08 (sd= 2.28)</td>
<td>4.72 (sd= 2.63)</td>
<td>.178</td>
</tr>
<tr>
<td>Control</td>
<td>5.09 (sd= 2.14)</td>
<td>4.11 (sd= 2.27)</td>
<td>.036</td>
</tr>
<tr>
<td><strong>FACES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td>29.03 (sd= 7.78)</td>
<td>24.70 (sd= 5.95)</td>
<td>.003</td>
</tr>
<tr>
<td>Cohesion</td>
<td>27.63 (sd= 7.96)</td>
<td>32.18 (sd= 8.29)</td>
<td>.004</td>
</tr>
<tr>
<td><strong>FAMILY SATISFACTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>37.38 (sd= 9.78)</td>
<td>44.84 (sd= 9.50)</td>
<td>.000</td>
</tr>
<tr>
<td><strong>PERCEIVED SOCIAL SUPPORT (Family)</strong></td>
<td>81.42 (sd=24.43)</td>
<td>91.71 (sd=22.43)</td>
<td>.034</td>
</tr>
<tr>
<td><strong>PARENT-ADOLESCENT COMMUNICATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>49.39 (sd=16.48)</td>
<td>59.79 (sd=16.95)</td>
<td>.006</td>
</tr>
<tr>
<td>Mother</td>
<td>65.23 (sd=13.23)</td>
<td>72.91 (sd=12.87)</td>
<td>.002</td>
</tr>
</tbody>
</table>

subscales of Expressiveness, Independence, and Organization.

With regard to the results of the FACES III, children of irregular drinking homes reported significantly higher levels of
flexibility within the home than did children of steady drinkers (29.03 vs. 24.70, respectively; p = .003). The former group of children scored within the range of chaos according to Olson's original formulation of this scale, while the children of steady drinking homes scored within the normal range. On the Cohesion subscale of the FACES III, irregular drinkers were more likely to have children who saw their families as disengaged (m = 27.63) than were steady drinkers (m = 32.18; p = .004). With regard to family satisfaction, children whose fathers were irregular drinkers reported significantly less satisfaction with their family life than did children of steady drinkers (p < .001). Specifically, children of irregular drinkers scored a mean of 37.38, while children of steady drinkers scored a mean of 44.84.

Children of irregular drinkers experienced significantly less availability of assistance and guidance (m = 81.42) from their families than did children of regular drinkers (m = 91.71), as reported on the Perceived Social Support Scale (p = .034). Children of irregular drinkers also reported more difficulties in their communication with their fathers (m = 49.39) than children of steady drinkers (m = 59.79; p = .002). Finally, children of irregular drinkers report significantly less satisfactory communication with their mothers (m = 65.23) than children of steady drinkers (m = 72.91; p = .006).

It should be noted that a small proportion of subjects did not provide information on all of the previous categories. Hence, the findings and percentages reported herein may reflect a
slightly smaller sample size.

A Comparison of Results to Normative Data

An additional layer of meaning was added to the above results when normative data was explored. Comparisons were based on raw scores. For example, the norms provided for the FES as gathered from children of 1,125 non-distressed families offered an interesting contrast to the data collected in the current study. Reports of cohesion, conflict, and independence were not too dissimilar between the children of steady drinkers and children of normative families. In general, children of irregular drinkers, however, reported a more negative view of family on almost all measures when compared to the norm population.

**TABLE 11:** CHILDREN OF IRREGULAR AND STEADY DRINKERS COMPARED TO NORMATIVE FAMILIES ON THE FES

<table>
<thead>
<tr>
<th>FAMILY ENVIRONMENT SCALE</th>
<th>Children of Irregular Drinking Fathers (Mean Raw Scores)</th>
<th>Children of Steady Drinking Fathers (Mean Raw Scores)</th>
<th>Norms (Raw Scores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>5.36(sd=2.63)</td>
<td>6.34(sd=2.17)</td>
<td>6.09(sd=2.11)</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.66(sd=2.01)</td>
<td>3.62(sd=1.17)</td>
<td>4.49(sd=1.76)</td>
</tr>
<tr>
<td>Conflict</td>
<td>5.63(sd=2.69)</td>
<td>4.11(sd=2.24)</td>
<td>4.30(sd=2.27)</td>
</tr>
<tr>
<td>Independence</td>
<td>5.78(sd=1.75)</td>
<td>5.93(sd=1.78)</td>
<td>6.37(sd=1.49)</td>
</tr>
<tr>
<td>Organization</td>
<td>4.08(sd=2.28)</td>
<td>4.72(sd=2.63)</td>
<td>5.43(sd=2.08)</td>
</tr>
<tr>
<td>Control</td>
<td>5.09(sd=2.14)</td>
<td>4.11(sd=2.27)</td>
<td>4.87(sd=2.10)</td>
</tr>
</tbody>
</table>

Table 11 summarizes raw scores on the FES, while Figure 1 provides a bar graph of these results. It should be noted that
FIGURE I: CHILDREN OF IRREGULAR AND STEADY DRINKERS COMPARED TO NORMATIVE FAMILIES ON THE FES
our results showed that adolescents tended to report more negatively about family functioning than children under 13 years old. Hence, comparisons made to adolescent norms should be interpreted with some caution.

The manual of the Family Satisfaction scale also provides norm scores from an adolescent population (n=412) (Olson et al., 1985). Additionally, the FACES III norms from a sample of 1,315 families with adolescent children are reported in the instrument manual. Table 12 presents scores from the Family Satisfaction and the Faces III scales.

<table>
<thead>
<tr>
<th>TABLE 12: CHILDREN OF IRREGULAR AND STEADY DRINKING FATHERS COMPARED TO NORMATIVE POPULATIONS ON FACES III AND THE FAMILY SATISFACTION SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children of Irregular Drinking Fathers</td>
</tr>
<tr>
<td>(Mean Raw Scores)</td>
</tr>
<tr>
<td><strong>FACES</strong></td>
</tr>
<tr>
<td>Adaptability</td>
</tr>
<tr>
<td>Cohesion</td>
</tr>
<tr>
<td><strong>FAMILY SATISFACTION</strong></td>
</tr>
<tr>
<td>Total Score</td>
</tr>
</tbody>
</table>

* No standard deviation estimate was provided for the Family Satisfaction Scale.

A cautious interpretation of children's views on Adaptability suggests that children from steady drinking homes experienced normal levels of flexibility, as indicated by mean scores that were very similar to normative families. However, the children who came from irregular drinking homes apparently viewed their families as lacking in consistency and continuity,
and as noted earlier, they scored within the "Chaotic range" of family adaptability according to Olson's original formulation. Scores on Cohesion showed more variation. Children of irregular drinkers scored a full 10 points below normative means for families with adolescent children (m= 27.6 and m= 37.1, respectively). As indicated earlier, this score suggests that children of irregular drinkers experience their families as disengaged. Children of steady drinkers, however, were less similar to normative families with respect to Cohesion than in the above-described subscales. Their mean score of 32.2 was 5 points lower than that of the normative group. According to Olson's original formulation, children of steady drinkers experienced their families as "separated".

It should be noted that the findings of the current study do not lend support for Olson's recent (1991) revision of the FACES III. According to this amendment, Olson (1991) suggests that it is more accurate to see families that score high on the measure of Adaptability as "highly flexible", an essentially positive trait, rather than "chaos". Given the general trend in this sample for children of irregular drinking fathers to perceive their families in a more negative light than children of steady drinking fathers, Olson's original interpretation of Adaptability scores has more explanatory power. In other words, the direction of the results in the present study would suggest that it is preferable to have moderate scores on the Adaptability scale as opposed to elevated scores. Figure 2 presents these results.
Regarding scores on Family Satisfaction, comparisons to norm groups can be reported with somewhat more confidence as information from an adolescent population is provided in the manual (Olson, 1982). Children of steady drinkers scores closely match those of adolescents from the normative sample (m= 44.838; m= 45.000, respectively), suggesting that overall, these two groups of children experience their families in a very similar manner. Figure 3 outlines these results. This observation must be tempered somewhat by the fact that the population accepted
into the present study included children who were not yet adolescents.

While no normative data for the Perceived Social Support Scale (Family) was available, norms were provided for the Parent-Adolescent Communication Scale. Table 13 presents the relevant figures, while Figure 4 provides a visual representation of the comparisons between children in the current study and adolescents from the norm population. The adolescents from the normative sample included high school and university students. With regard to communication, adolescents from the normative population appear to experience more contentment with the quality of discussions with their fathers than do either of the subgroups
TABLE 13: CHILDREN OF IRREGULAR AND STEADY DRINKERS COMPARED TO NORMATIVE POPULATIONS ON PARENT-adolescent COMMUNICATION

<table>
<thead>
<tr>
<th></th>
<th>Children of Irregular Drinking Fathers (Mean Raw Scores)</th>
<th>Children of Steady Drinking Fathers (Mean Raw Scores)</th>
<th>Norms (Raw Scores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FATHER</td>
<td>49.39 (sd=16.48)</td>
<td>59.79 (sd=16.95)</td>
<td>63.74 (sd=12.02)</td>
</tr>
<tr>
<td>MOTHER</td>
<td>65.23 (sd=13.23)</td>
<td>72.91 (sd=12.87)</td>
<td>66.56 (sd=12.10)</td>
</tr>
</tbody>
</table>

of children in the present study. Children of irregular drinkers experience the least satisfaction with paternal communication (m=49.39). Children of steady drinkers report better communication with their fathers than the previous group (m=59.79), but still do not experience the quality of communication that the norm population reported (m=63.74).

An interesting finding emerged in the realm of maternal communication. Here, children of irregular drinkers and the adolescent norm population report similar levels of contentment with communication (m=65.23, m=66.56, respectively). However, children of steady drinkers report a noticeably higher quality of maternal communication when compared to either of the two previous groups. When consideration is given to the role age may play in these comparisons, it would seem that paternal communication is even more distressed in both groups of children of alcoholics in comparison to the norm sample, and maternal communication may not be quite as positive as the above scores would indicate.
The last important component of analysis on the children's data involved the use of multiple regression. This procedure examines the variance of the pattern of drinking variable and determines which among the children's measures accounts for significant proportions of the variability. The results are summarized in Tables 14 through 15. These tables present a series of procedures that 1) identify those children's variables that explain significant amounts of the variance in fathers' drinking pattern, and 2) determine how much shared variance exists between the children's variables and paternal
### TABLE 14: FIRST EQUATION RESULTS OF A MULTIPLE REGRESSION

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>Beta</th>
<th>Correl.</th>
<th>T</th>
<th>Sig. T</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>.0209</td>
<td>.0153</td>
<td>.1416</td>
<td>.0163</td>
<td>1.367</td>
<td>.1754</td>
</tr>
<tr>
<td>FES</td>
<td>.0319</td>
<td>.0279</td>
<td>.1836</td>
<td>.2851</td>
<td>1.139</td>
<td>.2582</td>
</tr>
<tr>
<td>Coh</td>
<td>-.0683</td>
<td>.0282</td>
<td>-.2529</td>
<td>.0117</td>
<td>-2.417</td>
<td>.0178</td>
</tr>
<tr>
<td>Exp</td>
<td>-.0067</td>
<td>.0276</td>
<td>-.0363</td>
<td>-.820</td>
<td>.245</td>
<td>.8071</td>
</tr>
<tr>
<td>Conf</td>
<td>-.0377</td>
<td>.0311</td>
<td>-.1347</td>
<td>.0417</td>
<td>1.212</td>
<td>.2291</td>
</tr>
<tr>
<td>Ind</td>
<td>-.0340</td>
<td>.0259</td>
<td>-.1610</td>
<td>.1345</td>
<td>1.313</td>
<td>.1929</td>
</tr>
<tr>
<td>Orgz</td>
<td>-.0566</td>
<td>.0242</td>
<td>-.2594</td>
<td>-.2128</td>
<td>2.340</td>
<td>.0217</td>
</tr>
<tr>
<td>FACSES</td>
<td>-0.267</td>
<td>.0066</td>
<td>-.3806</td>
<td>-.3031</td>
<td>.165</td>
<td>.0001</td>
</tr>
<tr>
<td>FAC-M</td>
<td>.0016</td>
<td>.0098</td>
<td>.0276</td>
<td>.2662</td>
<td>-4.047</td>
<td>.8691</td>
</tr>
<tr>
<td>FAC-F</td>
<td>.0187</td>
<td>.0084</td>
<td>.3899</td>
<td>.3588</td>
<td>2.235</td>
<td>.0281</td>
</tr>
<tr>
<td>Total</td>
<td>.0011</td>
<td>.0033</td>
<td>-.0512</td>
<td>.2142</td>
<td>-3.274</td>
<td>.7444</td>
</tr>
<tr>
<td>PSS-Fa</td>
<td>.0039</td>
<td>.0044</td>
<td>.1054</td>
<td>.2807</td>
<td>.874</td>
<td>.3846</td>
</tr>
<tr>
<td>PSS-F</td>
<td>.0000</td>
<td>.0040</td>
<td>.0221</td>
<td>.2940</td>
<td>.874</td>
<td>.8778</td>
</tr>
</tbody>
</table>

**KEY**
- Coh - Cohesion
- Exp - Expressiveness
- Conf - Conflict
- Ind - Independence
- Orgz - Organization
- Cont - Control
- Adap - Adaptability
- FSTOT - Family Satisfaction Total Score
- PAC - Parent-Adolescent Communication (Father)
- PACM - Parent-Adolescent communication (Mother)
- PSSFA - Perceived Social Support (Family)

### TABLE 15: FIRST EQUATION SUMMARY TABLE

<table>
<thead>
<tr>
<th>Step</th>
<th>Rsq.</th>
<th>F (Eqn)</th>
<th>Sig. F.</th>
<th>Rsq. Ch.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>.0003</td>
<td>.025</td>
<td>.874</td>
<td>.0003</td>
</tr>
<tr>
<td>2.</td>
<td>.0886</td>
<td>4.567</td>
<td>.013</td>
<td>.0883</td>
</tr>
<tr>
<td>3.</td>
<td>.1031</td>
<td>3.563</td>
<td>.017</td>
<td>.0145</td>
</tr>
<tr>
<td>4.</td>
<td>.1219</td>
<td>3.194</td>
<td>.017</td>
<td>.0188</td>
</tr>
<tr>
<td>5.</td>
<td>.1244</td>
<td>2.587</td>
<td>.031</td>
<td>.0025</td>
</tr>
<tr>
<td>6.</td>
<td>.1374</td>
<td>2.388</td>
<td>.035</td>
<td>.0129</td>
</tr>
<tr>
<td>7.</td>
<td>.1702</td>
<td>2.607</td>
<td>.017</td>
<td>.0328</td>
</tr>
<tr>
<td>8.</td>
<td>.1801</td>
<td>2.416</td>
<td>.021</td>
<td>.0099</td>
</tr>
<tr>
<td>9.</td>
<td>.3200</td>
<td>4.549</td>
<td>.000</td>
<td>.1399</td>
</tr>
<tr>
<td>10.</td>
<td>.3778</td>
<td>5.223</td>
<td>.000</td>
<td>.0578</td>
</tr>
<tr>
<td>11.</td>
<td>.3778</td>
<td>4.693</td>
<td>.000</td>
<td>.0000</td>
</tr>
<tr>
<td>12.</td>
<td>.3834</td>
<td>4.352</td>
<td>.000</td>
<td>.0055</td>
</tr>
<tr>
<td>13.</td>
<td>.3835</td>
<td>3.972</td>
<td>.000</td>
<td>.0002</td>
</tr>
</tbody>
</table>
TABLE 16: SECOND EQUATION RESULTS OF A MULTIPLE REGRESSION

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>Correl.</th>
<th>T</th>
<th>Sig. T</th>
</tr>
</thead>
<tbody>
<tr>
<td>FES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coh</td>
<td>.0302</td>
<td>.0281</td>
<td>.1744</td>
<td>.2851</td>
<td>.034</td>
<td>.2849</td>
</tr>
<tr>
<td>Exp</td>
<td>-.0647</td>
<td>.0283</td>
<td>-.2397</td>
<td>-.0117</td>
<td>-.4218</td>
<td>.0246</td>
</tr>
<tr>
<td>Conf</td>
<td>-.0040</td>
<td>.0276</td>
<td>-.0216</td>
<td>-.2820</td>
<td>-.2288</td>
<td>.8846</td>
</tr>
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KEY

- Coh - Cohesion
- Exp - Expressiveness
- Conf - Conflict
- Ind - Independence
- Orgz - Organization
- Cont - Control
- Adap - Adaptability
- FSTOT - Family Satisfaction Total Score
- PAC - Parent-Adolescent Communication (Father)
- PACM - Parent-Adolescent communication (Mother)
- PSSFA - Perceived Social Support (Family)

Drinking pattern. Specifically, Equation 1 delineates the first phase in which all variables were force-entered into the analysis. It was determined that age, which had been covaried in the multivariate analysis of covariance, was not a significant contributor (Beta = .1416; T = 1.367; p = .1754). Age was not included in subsequent analysis.

The second procedure, represented in Equation 2, tested each variable for its contribution to R squared by identifying the
amount of change in R squared that occurred when the variable was removed from the full equation. Total R squared for this equation was .3697. Four variables were identified as significant contributors, namely Adaptability, Expressiveness, Control and Family Satisfaction. The last phase of the multiple regression analysis involved carrying these 4 variables over into a third equation. to determine the overall shared variance with fathers' drinking pattern. In the end, Adaptability, Expressiveness, Control and Family Satisfaction accounted for 33.22% of the shared variance with the paternal drinking pattern variable. Referring to Equation 2, it can be seen that the 8 variables eliminated from the equation collectively contributed only 3.74% to the variance accounted for.

### Table 17: Third Equation Results of a Multiple Regression

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**KEY**
- Coh - Cohesion
- Exp - Expressiveness
- Conf - Conflict
- Ind - Independence
- Orgz - Organization
- Cont - Control
- Adap - Adaptability
- FSTOT - Family Satisfaction Total Score
- PAC - Parent-Adolescent Communication (Father)
- PACM - Parent-Adolescent communication (Mother)
- PSSFA - Perceived Social Support (Family)
Discussion of the Results

The results of this research put forth a strong argument for the position that fathers' pattern of drinking and children's experience of home life are significantly and meaningfully linked. Children of homes in which fathers' pattern of drinking does not maintain a predictable course express a unique and important experience, and one that differs from children of steady drinking fathers. The divergent perceptions of these two groups of children underscore the existence of different types of alcohol-involved homes. Their differing views raise questions about the adequacy of global terms such as "the alcoholic family," which suggest a singular experience of alcoholism within the family that is not reflected in the present findings.

Further, the results of this study underscore the previous comments of Moos & Billings (1982) that, in and of itself, fathers' alcohol consumption was not a good predictor of children's functioning. In other words, factors beyond straight quantity-frequency scores were involved in children's experience of family life. This study confirms that fathers' pattern of drinking is one such important factor.

When overall contentment with the family was considered, children of irregular drinking fathers were significantly less satisfied with their home lives than were children of steady
drinking fathers. The former group of children expressed markedly more discontent with their families than children of steady drinkers. In the realm of family cohesion, children were more likely to experience their family as detached from one another, with an increased sense of distance amongst family members, when fathers' pattern of drinking was unstable than when fathers' drinking was steady. Similarly, in irregular drinking homes, children were more likely to have difficulty identifying who was in charge in their families and reported more inconsistency in their homes than did children of steady drinkers.

Additionally, children whose fathers had an irregular pattern of drinking reported that their families were far less supportive than the families of steady drinking fathers. The former group of children felt less able to count on their families to stand by them in difficult times and to express care and empathy for them after personal disappointments. Communication between fathers and children is significantly more strained within the homes of irregular drinkers than it is within the homes of steady drinkers. The former group of children feel less understood by their fathers and are less likely to broach difficult topics with their fathers than are children of steady drinking homes.

Additionally, children of irregular drinkers observed more conflict within their families than did children of steady drinkers. This finding was one area in which the results of
Jacob and his colleagues (1983) were reflected in the current work. That is, these researchers found that episodic drinkers were more likely to have demonstrated aggressive and antisocial behaviours than steady drinkers (Jacob et al., 1983). While the counterpart category in the present study, irregular drinkers, did not report more problems with hostility and antagonistic behaviours than steady drinkers, their children reported more family conflict than did children of steady drinkers.

Children reported heightened experiences of control within irregular drinking homes, feeling more "ordered around" and constricted by family rules than children in steady drinking homes. At first examination, this finding might appear to contradict these children's reports that their parents did not provide a strong sense of continuity and leadership regarding family rules. However, this incongruity may be as much a reflection of inconsistency with enforcing family rules as it is a demonstration of the children's experience of feeling over-controlled by their parents. For example, periods of no parental discipline punctuated by harsh insistence upon children's completion of chores may result in reports of high levels of both chaos and feeling controlled.

When considering a broader perspective of fathers' biodemographic, socioeconomic and relationship status, unexpected results were uncovered in this investigation. The two subtypes of drinkers, irregular versus steady, did not differ greatly in the above noted areas. In contrast to episodic drinkers, the
parallel classification used in previous studies, irregular drinkers did not demonstrate less stable personal status, as was found, for example, in the 1983 work by Jacob and his colleagues. The men in the current investigation were not apparently different in their ability to maintain regular jobs and sustain ongoing relationships. These were not men who were apparently troubled by the negative repercussions of anti-social tendencies. Interestingly, these findings underscore the importance of pattern of drinking as an important factor in children's experience of the alcohol-involved family. In essence, the similarities between the two groups of fathers eliminated the confounding factor of family distress that would have existed had one group of children been exposed to higher parental unemployment, lower family income and lesser levels of parental education.

Children of Alcoholics versus Children from Normative Samples

A caution must be maintained when referring to normative data in that the sample of children included in the present study was somewhat younger than children included in normative samples. Younger children may represent their families in a somewhat more positive light than older children. With this observation in mind, a more complex series of comparisons emerged when children's scores from the present study were compared to normative data. For instance, reports on some variables indicated that children of steady drinking homes saw their
families similar to children of normative families. This trend was true for Cohesion (FES), Conflict, and Adaptability, and Family Satisfaction. In each of these cases, children of irregular drinkers perceived their families in a noticeably more negative light than their counterparts in steady drinking and normative homes. In other areas, however, children of alcoholics as a whole viewed their families more critically than children of the normative sample. The variables that reflect this trend include Expressiveness, Organization, and Cohesion (FACES III).

A compelling contrast emerged in the area of communication with Mother. Children of irregular drinkers were very similar to children of normative families in their observations of communications with mother. Children of steady drinkers, however, were substantially more positive in their assessment of maternal communication than either of the former two groups. This finding could be a reflection of a heightened dependency in children of alcoholics on their non-drinking parent. For example, even though children of irregular drinkers reported a more negative overall view of their families than children of steady drinkers, their need for adult interaction may be reflected in the comparatively elevated scores on Communication with Mother such that their experiences were similar to children of normative families in these area. The very positive views of children of steady drinkers, which substantially exceeded the perceptions of the other two groups, may be an even greater indication of the same need to connect with the non-drinking parent.
Comparisons with children of normative families revealed the complexity of experiences of children of alcoholics. In some areas, this sample of children saw their families equally as positively as children of normative families. In other areas, their perceptions were much more negative and their struggles were much more apparent. Further, the importance of distinguishing between the subtypes of parental alcoholism was underscored in this process, as it was clear that the two subgroups of children of alcoholics matched or differed from children of normative samples in varying places.

Potential Sources of Difference Between the Subgroups of Children

If the present study determines that children of irregular drinking homes experience their family lives differently from children of steady drinking homes, a question remains concerning what gives rise to the disparity. In other words, the cause of the differential experiences remains unexplained. While it is beyond the scope of the current research to identify the root of the discrepant perspectives, a variety of possibilities should be raised for discussion. For example, one potential source of difference between views of these children involves the issue of predictability, that is, the certainty with which children can anticipate fathers' actions and attitudes. As Seilhamer and Jacob (1990) have commented, the changes in personality that problem drinkers undergo when they are intoxicated are a substantial source of stress for children. A heightened source
of stress may be incurred if the drinking itself occurs on an irregular basis. For instance, if fathers' pattern of drinking is steady, with approximately the same amount of alcohol consumed on a daily basis, then children can predict their fathers' behaviour and mood somewhat reliably. Further, they can begin to plan their own activities around their fathers' pattern, such as bringing friends over before a certain time of the afternoon. On the other hand, if fathers' frequency of drinking fluctuates, then children cannot adequately predict paternal attitudes and reactions on a day to day basis. Children of steady drinkers may learn that they can trust their expectations about home life, and dads' behaviour, whereas children of irregular drinkers cannot reliably plan for their fathers' state of intoxication. Predictability may provide a sense of control for the children of steady drinkers.

A second source of the discrepancy between children of irregular drinking fathers and children of steady drinking fathers may be linked to differences in fathers' personality traits. Although few significant differences emerged in fathers' personal status based on the data collected in this study, one area of note was the finding that steady drinking fathers identified emotionally based reasons for drinking significantly more often than did irregular drinking fathers. For example, steady drinking fathers reported that they drank more often when they were contending with unpleasant emotions or feeling social pressure to drink than did irregular drinking fathers. The
former group of men also reported drinking more often as a result of succumbing to urges and temptations than did irregular drinking men. These results may indicate either that steady drinking men are more sensitive in general than irregular drinking men, or that they are more able to understand and articulate their feelings than irregular drinking men. In either case, these men are expressing different intrapersonal qualities than irregular drinking men. Divergent paternal psychological characteristics may offer some insights into the differences these children experience. Further work into the links between personality traits and drinking pattern may provide beneficial input into the findings uncovered in the current study.

A third possibility regarding the differential perspectives of children of alcoholics reflected in the current study may arise from specific aspects of parenting, in particular, paternal proximity and accessibility. Child development theorists such as Bowlby (1988) have noted the importance of the parent "being available, ready to respond when called upon to encourage and perhaps to assist" (1988, p.11). Of significance here is the issue of availability of parents when the child wishes support. As has been previously observed, a higher ratio of irregular drinkers (50%) consumed alcohol outside of the family home than did steady drinkers (23.8%). Thus, location of drinking may serve to keep some irregular drinking fathers from being available to their children. Above and beyond the issue of fathers' unpredictable mood swings as a result of an irregular
pattern of drinking, children within these homes cannot as readily turn to their fathers in times of need precisely because their fathers are out of the home when they drink.

A fourth potential source of the differences in family functioning as expressed by the children in the current study could arise from the personal attributes of the children themselves. For example, children of irregular drinking fathers may be predisposed towards more irritability and rebellious behaviour than children of irregular drinking fathers. It is possible that the former children's inherent traits interact with family dynamics such that their fathers drink on a sporadic basis.

The Relative Importance of Selected Children's Variables

A substantial amount of the variance associated with the paternal pattern of drinking variable was accounted for by the children's variables (36.97%). Of the 12 children's variables selected for this study, 4 were found to be significant, in and of themselves explaining 33.22% of the total shared variance. These 4 variables included Family Satisfaction, Adaptability, Control and Expressiveness. Three of these 4 factors were also significant in the MANCOVA, those being, Family Satisfaction, Adaptability and Control. Expressiveness was not significant in the MANCOVA, nor did it meet standard requirements for the Kolmogorov-Smirnov Goodness of Fit test for normal distribution of scores. As a result, findings for the Expressiveness variable
were more difficult to interpret. It is likely that so much of the variance was explained by the first three variables that Expressiveness became significant because it captured the remaining unique variability.

The finding that family satisfaction, adaptability, control and expressiveness were significant factors in understanding the different experiences of children of irregular drinkers and children of steady drinkers, however, offered important information. If fathers' drinking pattern is meaningfully linked to children's experience of the alcohol abusing home, then it is likely within these 4 areas that the differences are most greatly felt. For example, if a child whose father was drinking on a fluctuating pattern was presented for treatment, clinical intervention may need to attend to 1) contentment with the family, 2) flexibility within the home, 3) enforcement of rules and 4) demonstration of feelings in order for the assistance to be effective. If, on the other hand, these 4 areas were not attended to, the progress of the child might well be impeded.

Limitations of the Study

Perhaps the greatest threat to the validity of this study lies within the specification of the population and the subsequent restrictions on generalizeability. This investigation involved a select sample in that all subjects came from either intact families, or at a very minimum, families in which the children were in the regular care of one or both of their
biological parents. A further condition of acceptance into the study was that the alcoholic in the family was male. Lastly, all fathers accepted into the study were men who were seeking treatment for their alcohol problems. Generalizeability is limited in a number of ways. First, segments of the alcoholic population do not maintain family relationships and may not remain in contact with their offspring. Children of alcoholics whose drinking parent has left, or children who are being raised by adults other than their parents were not addressed by this research. Given the instability of the alcoholic population in general, this limitation may exclude a sizeable portion of children of alcoholics.

Second, the requirement that the alcoholic family member be the father excluded families in which there was a mother who was a problem drinker. An estimated 1/3 of all alcoholics are women, and thus conclusions from the current research likely exclude a great number of children who are being raised by women alcoholics.

Third, the fathers who participated in the study were men who were seeking treatment for their drinking problems. The therapy program that was provided involved up to 16 sessions of counselling over a period of 4 months. Further, for two thirds of the men, a follow-up battery of questionnaires was required 15 weeks after therapy concluded. Thus, the fathers who took part in the study agreed to an overall involvement of between 4 and 8 months. Analyses on fathers' and children's data must be
considered with this selectivity in mind as the specific characteristics of the sample population may have had a bearing on some of the findings. It is conceivable that men who were willing to undergo 4 to 8 months of treatment were different from men who did not have to take part in a alcohol counselling. In particular, the families included in the current study were not truly parallel to families involved in other similar research, for example, Jacob et al. (1978, 1983, 1988, 1989). These latter families were not required to participate in treatment. In addition, the irregular drinking men included in the present study did not show the heightened aggressiveness scores of their counterparts, episodic alcoholics, involved in the series of studies conducted by Jacob and his colleagues. It must be kept in mind, however, that even without the aggressive traits of the latter group of men, irregular drinking fathers raised children who were significantly less content with family life than children of steady drinking fathers. In other words, although our questionnaires did not reveal many differences between irregular drinking fathers and steady drinking fathers as measured by scores for socio-economic status, employment status, education, length of marriage, amount of previous treatment, negative consequences of drinking and typical amounts of alcohol consumed on drinking days, children were responding to perceived differences in the quality of their home life.

A fourth limitation of the present study is the absence of a comparison group of children from non-distressed homes. As
families taking part in the larger study were selected for marital discord, it is difficult to determine how the present sample of children compare to those children whose parents are not experiencing relationship problems. The use of norm populations gives, at best, general indications of trends. Because age groups used in the normative populations do not accurately parallel ages of children involved in the present study, the data derived from these samples cannot ensure accurate comparisons with the findings of the current research. Future studies would benefit by including comparison groups.

Implications for Clinical Work

Perhaps the most important contribution the present investigation makes to the overall understanding of children of alcoholics is the confirmation that these children are not a homogenous group. Distinct subtypes exist within this population and they may require specific forms of treatment. Clinicians working with children of alcoholics might be served by knowing that children of irregular drinking fathers may require specialized intervention and perhaps more intensive treatment than children of steady drinking homes, as the perceptions of the former group of children suggest a more troubled experience. A paternal drinking pattern which is steady, moreover, may be a factor that fosters resilience in children of alcoholics.

A further contribution of the current work is the finding that drinking pattern is meaningfully associated with varying
perceptions of family functioning. These results underscore the importance of exploring drinking patterns in clinical settings when assessing for the presence of alcoholism. It may be easy to overlook problematic drinking because alcohol consumption is not occurring on a daily basis. The current findings emphasize the importance for clinicians to be thorough in investigating the well-being of a family whenever drinking to intoxication is taking place.
REFERENCES


Ackerman, R. (1987). Same house, different homes: Why adult children of alcoholics are not all the same. Pompano Beach, Fa: Health Communications.


APPENDIX A: THE BINGE CHRONIC DIFFERENTIATION SCALE
THE ALCOHOL RECOVERY PROJECT

BINGE/CHRONIC DIFFERENTIATION FORM

1. Which pattern best describes your drinking over the last year?

[1] Drink heavily (6 or more drinks) every day
[2] Drink moderately (3 to 5 drinks) daily
[3] Drink a little (less than 3 drinks) every day
[4] One day binges
[5] Weekend/several day binges
[6] Drink heavily (6 or more drinks) a couple of times a week
[7] Drink moderately (3 to 5 drinks) a couple of times a week
[8] Drink a little (less than 3 drinks) a couple of times a week
[9] Occasional drink but rarely get drunk
[10] Never drink

2. Which statement best describes your drinking habits over the last year? (Circle A, B or C):

A. A periodic, intermittent drinker (one who drinks heavily on a binge or drinking bout every so often, with periods of little or no drinking between binges) (Complete Section A only)

B. A steady, regular drinker (one who continuously drinks more or less the same amount on a day-to-day basis) (Complete Section B only)

C. Cannot say (Complete Sections A and B)

A. SECTION FOR PERIODIC DRINKERS:

1. About how many drinking bouts have you had in the last year? _____ bouts

2. About how long does your average drinking bout usually last? _____ Hours _____ Days

3. What is the longest bout you have ever had? _____ Hours _____ Days

4. On average, how much time goes by between drinking bouts? _____ Days _____ Weeks _____ Months

B. SECTION FOR STEADY DRINKERS:

1. Are there any particular days of the week during which you drink more than any other days? No Yes

   ——— If yes, circle days: M T W Th F Sa Su
APPENDIX B: THE MICHIGAN ALCOHOL SCREENING DEVICE
QUESTIONNAIRE #

INSTRUCTIONS: Please answer the following by circling Yes ("Y") or No ("N") on the answer sheet provided:

1. Do you feel you are a normal drinker?

2. Have you ever awakened in the morning after some drinking party the night before and found that you could not remember a part of the evening before?

3. Does your spouse/partner (or parents) ever worry about your drinking?

4. Can you stop drinking without struggle after one or two drinks?

5. Do you ever feel bad about your drinking?

6. Do friends or relatives think you are a normal drinker?

7. Do you ever try to limit your drinking to certain times of the day or to certain places?

8. Are you able to stop drinking when you want to?

9. Have you ever attended a meeting of Alcoholics Anonymous (AA) out of concern for your drinking?

10. Have you gotten into fights when you were drinking?

11. Has your drinking ever created problems for you and your spouse/partner?

12. Has your spouse/partner (or other family member) ever gone to anyone for help about your drinking?
13. Have you ever lost friends or girl friends/boy friends because of your drinking?

14. Have you ever gotten into trouble at work because of your drinking?

15. Have you ever lost a job because of your drinking?

16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?

17. Do you ever drink before noon?

18. Have you ever been told you have liver troubles? Cirrhosis?

19. Have you ever had delirium tremens (DT's), severe shaking, or seen things that weren't there after heavy drinking?

20. Have you ever gone to anyone for help about your drinking?

21. Have you ever been in a hospital because of your drinking?

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital when drinking was part of your problem?

23. Have you ever been seen at a psychiatric or mental health clinic or gone to a doctor, social worker, or clergyman for help with an emotional problem in which your drinking played a part?

24. Have you ever been arrested, even for a few hours, because of your drunk behaviour?

25. Have you ever been arrested for drunk driving or driving after drinking?
APPENDIX C: THE DRINKING PATTERN ASSESSMENT SCALE
QUESTIONNAIRE #

INSTRUCTIONS: Please record your answers to the following on the answer sheet provided by circling the correct answer.

1. For how long has drinking been a problem for you?
   [1] Less than one year
   [2] 1 to 2 years
   [3] 2 to 3 years
   [4] 3 to 5 years
   [5] 5 to 8 years
   [6] More than 8 years

2. How many times have you stopped drinking and then started back?
   [1] Never
   [2] Once
   [3] Two or three times
   [4] Four to six times
   [5] Seven to ten times

3. In the last year about how many beers did you drink on a typical drinking day?
   [1] None
   [2] 1 to 6
   [3] 7 to 12
   [4] 13 to 18

4. In the last year about how much wine did you drink on a typical drinking day?
   [1] None
   [2] Less than half a bottle
   [3] Half to a whole bottle
   [4] One to two bottles

5. In the last year about how much hard liquor did you drink on a typical drinking day?
   [1] None
   [2] Less than half a bottle
   [3] Half to a whole bottle
   [4] One to two bottles
QUESTIONNAIRE #

6. I have to drink much more than I used to in order to get the same effects.

[1] True
[2] False

7. Once I start drinking I continue until I'm intoxicated.

[1] Never
[2] Rarely
[3] Occasionally
[4] Frequently

8. When drinking, I do most of my drinking....

[1] In the morning
[2] In the afternoon
[3] In the evening
[4] Throughout the day

9. When drinking, I do most of my drinking....

[1] At home
[2] At work [school]
[3] In bars
[4] In a car
[5] Other places

10. When drinking, I drink alone....

[1] Never
[2] Rarely
[3] Occasionally
[4] Frequently

11. When drinking, I drink with my spouse/partner....

[1] Never
[2] Rarely
[3] Occasionally
[4] Frequently

12. When drinking, I drink with friends....

[1] Never
[2] Rarely
[3] Occasionally
[4] Frequently

DPAS.2
13. Do you get into trouble at work [school] because of drinking?

[1] Never
[2] Rarely
[3] Occasionally
[4] Frequently

[IF NEVER, PLEASE GO TO QUESTION 16]

14. Work [school] Related Problems (On answer sheet, circle all that apply). In the past year, have you....

[1] Missed work (school) due to drinking?
[2] Missed doing important work (school) assignments due to drinking?
[3] Lost a contract, sale, etc. (failed course, etc.) due to drinking?
[4] Fired or otherwise lost job (school program terminated) due to drinking?

15. When drinking, how many days per month do you miss work [school] because of your drinking?

[1] None
[2] 1 to 5
[3] 6 to 10
[4] 11 to 15
[5] 16 to 20
[6] 21 to 25

16. Medical Problems (On answer sheet, circle all that apply). In the past year, have you....

[1] Gone to see a doctor due to drinking?
[2] Gone to the hospital due to drinking?
[3] Gone to emergency ward due to drinking?
[4] Called an ambulance due to drinking?

17. I have been arrested (On answer sheet circle all that apply):

[1] for being drunk and disorderly
[2] for driving under the influence of alcohol (DUI/DWI)
[3] for driving under the influence of drugs
[4] for buying drugs
[5] for selling drugs
[6] for other crimes committed while drinking or using drugs
[7] for reasons other than alcohol or drugs
[8] never
18. I have been convicted by a court (On answer sheet circle all that apply):

[1] for being drunk and disorderly
[2] for driving under the influence of alcohol (DUI/DWI)
[3] for driving under the influence of drugs
[4] for buying drugs
[5] for selling drugs
[6] for other crimes committed while drinking or using drugs
[7] for reasons other than alcohol or drugs
[8] never

19. Although the legal authorities were not involved in any way, I had the following problems related to my drinking (Circle "Yes" or "No" on answer sheet):

a) verbally fighting with:
   - Spouse: Yes No
   - Friend(s): Yes No
   - Relatives: Yes No
   - Others: Yes No

b) physically fighting with:
   - Spouse: Yes No
   - Friend(s): Yes No
   - Relatives: Yes No
   - Others: Yes No

c) driving while intoxicated: Yes No

d) physically harming myself: Yes No
APPENDIX D: THE INVENTORY OF DRINKING SITUATIONS
QUESTIONNAIRE #

INSTRUCTIONS: Listed below are a number of situations or events in which some people drink heavily.

Read each item carefully, and answer in terms of your own drinking over the past three months.

If you "NEVER" drank heavily in that situation, circle "1"
If you "RARELY" drank heavily in that situation, circle "2"
If you "FREQUENTLY" drank heavily in that situation, circle "3"
If you "ALMOST ALWAYS" drank heavily in that situation, circle "4"

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<th>Rarely</th>
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<td>1. when I felt that I had let myself down.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. when I had trouble sleeping.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. when I felt confident and relaxed.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. when I convinced myself that I was a new person and could take a few drinks.</td>
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<tr>
<td>5. when I remembered how good it tasted.</td>
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<td></td>
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<tr>
<td>6. when I had an argument with a friend.</td>
<td></td>
<td></td>
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<tr>
<td>7. when I was out with friends and they stopped by a bar for a drink.</td>
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<td></td>
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<tr>
<td>8. when I wanted to heighten my sexual enjoyment.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. when other people didn't seem to like me.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. when there were fights at home.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11. when I was relaxed with a good friend and wanted to have a good time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. when I was afraid that things weren't going to work out.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. when I felt drowsy and wanted to stay alert.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. when everything was going well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. when I wondered about my self-control over alcohol &amp; felt like having a drink to try it out.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. when I passed by a liquor store.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. when I felt uneasy in the presence of someone.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. when I was at a party and other people were drinking.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. when I wanted to feel closer to someone I liked.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. when other people interfered with my plans.</td>
<td></td>
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</tr>
</tbody>
</table>

IDS.42.1
**QUESTIONNAIRE #**

**OVER THE PAST THREE MONTHS. I DRANK HEAVILY...**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>when there were problems with people at work.</td>
</tr>
<tr>
<td>22.</td>
<td>when I was enjoying myself at a party and wanted to feel even better.</td>
</tr>
<tr>
<td>23.</td>
<td>when I was angry at the way things had turned out.</td>
</tr>
<tr>
<td>24.</td>
<td>when I felt nauseous.</td>
</tr>
<tr>
<td>25.</td>
<td>when I felt satisfied with something I had done.</td>
</tr>
<tr>
<td>26.</td>
<td>when I started to think that just one drink could cause no harm.</td>
</tr>
<tr>
<td>27.</td>
<td>when I unexpectedly found a bottle of my favourite booze.</td>
</tr>
<tr>
<td>28.</td>
<td>when someone criticized me.</td>
</tr>
<tr>
<td>29.</td>
<td>when I was in a restaurant and the people with me ordered drinks.</td>
</tr>
<tr>
<td>30.</td>
<td>when I was out with friends &quot;on the town&quot; and wanted to increase my enjoyment.</td>
</tr>
<tr>
<td>31.</td>
<td>when pressure built up at work because of the demands of my supervisor.</td>
</tr>
<tr>
<td>32.</td>
<td>when other people treated me unfairly.</td>
</tr>
<tr>
<td>33.</td>
<td>when I felt confused about what I should do.</td>
</tr>
<tr>
<td>34.</td>
<td>when my stomach felt like it was tied in knots.</td>
</tr>
<tr>
<td>35.</td>
<td>when something good happened and I felt like celebrating.</td>
</tr>
<tr>
<td>36.</td>
<td>when I wanted to prove to myself that I could take a few drinks without becoming drunk.</td>
</tr>
<tr>
<td>37.</td>
<td>when I suddenly had an urge to drink.</td>
</tr>
<tr>
<td>38.</td>
<td>when other people around me made me tense.</td>
</tr>
<tr>
<td>39.</td>
<td>when I met a friend and he/she suggested that we have a drink together.</td>
</tr>
<tr>
<td>40.</td>
<td>when I wanted to celebrate with a friend.</td>
</tr>
<tr>
<td>41.</td>
<td>when I felt under a lot of pressure from family members at home.</td>
</tr>
<tr>
<td>42.</td>
<td>when I was not getting along well with others at work.</td>
</tr>
</tbody>
</table>
ALCOHOL DEPENDENCE AND TREATMENT HISTORY

1. Do you think you are dependent on alcohol?

   Yes ____   No ____

2. Do you think you could drink moderately without losing control of your drinking or without becoming intoxicated?

   Yes ____   No ____

3. Do you think you could stop drinking completely?
   [1] Yes – on my own
   [3] No
   [4] Not sure

4. Have you ever stopped drinking?  Yes ____   No ____

   If yes, what was the main reason for stopping drinking at that time?

   ____________________________________________________________

   Why did you start drinking again?

   ____________________________________________________________

5. Since you started drinking regularly what is the longest time you've been without a drink?

   [1] Less than one week
   [2] One to four weeks
   [3] One to three months
   [4] Three to six months
   [5] Six to twelve months
   [7] I've never stopped

6. When was your last drink?

   [1] Less than one week ago
   [2] One to four weeks ago
   [3] One to three months ago
   [4] Three to six months ago
   [5] Six to twelve months ago
   [6] More than a year ago
7. I have been in treatment before for: (multiple options may be selected)

[1] drinking problems
[2] drug use problems
[3] emotional or personal problems
[4] I have never been in treatment before

8. I have been through... (multiple options may be selected)

[1] detox
[2] outpatient treatment (counselling)
[3] inpatient or residential treatment
[4] no treatment

9. If you have been in treatment, do you feel that it was helpful?

[1] Yes - a lot
[2] Yes - somewhat
[3] No
[4] No - made things worse

10. I have attended Alcoholics Anonymous [AA] Meetings

[1] Never
[2] Once or twice
[3] Several times for a brief period
[4] Several times over a year or two
[5] On a regular basis

11. If so, do you feel that Alcoholics Anonymous [AA] helped you?

[1] Yes - a lot
[2] Yes - somewhat
[3] Not really

12. I have attended Narcotics Anonymous [NA] meetings or similar meetings for drug users

[1] Never
[2] Once or twice
[3] Several times for a brief period
[4] Several times over a year or two
[5] On a regular basis

13. If so, do you feel that Narcotics Anonymous [NA] helped you?

[1] Yes - a lot
[2] Yes - somewhat
[3] Not really
14. What best describes your goal for the treatment of your alcohol problem:

[1] I don't want to change anything about my drinking
[2] I would like to be a daily drinker without ever getting drunk
[3] I would like to become a moderate social drinker
[4] I would like to become an occasional social drinker
[5] I would like to stop drinking completely for at least six months
[6] I would like to stop drinking completely
[7] Other: ________________________________

15. Would you (the alcoholic) be willing to undertake individual therapy?

Yes ___ No ___

16. Would you both be willing to undertake marital therapy?

Yes ___ No ___

17. Have any of the following of your blood relatives ever had a drinking problem. (Circle the appropriate word for each).

<table>
<thead>
<tr>
<th>Relative</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Grandmother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Grandfather</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Grandmother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s Brother</td>
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<td></td>
</tr>
<tr>
<td>Father’s Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s Brother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F: THE FAMILY ADAPTABILITY AND COHESION SCALE
QUESTIONNAIRE #

INSTRUCTIONS: Below are some statements that describe families. Please use the scale below to rate how much each statement describes your family right now.

<table>
<thead>
<tr>
<th>Almost Never</th>
<th>Once in a While</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

DESCRIBE YOUR FAMILY NOW:

1. Family members ask each other for help.
2. In solving problems, the children's suggestions are followed.
3. We approve of each other's friends.
4. Children have a say in their discipline.
5. We like to do things with just our own family.
6. Different persons act as leaders in our family.
7. Family members feel closer to other family members than to people outside the family.
8. Our family changes its way of handling tasks.
9. Family members like to spend free time with each other.
10. Parent(s) and children discuss punishment together.
11. Family members feel very close to each other.
12. The children make the decisions in our family.
13. When our family gets together for activities, everybody is present.
14. Rules change in our family.
15. We can easily think of things to do together as a family.
16. We shift household responsibilities from person to person.
17. Family members talk to other family members before making their decisions.
18. It is hard to identify the leader(s) in our family.
19. Family togetherness is very important.
20. It is hard to tell who does which household chores.
APPENDIX G: THE FAMILY SATISFACTION SCALE
QUESTIONNAIRE #

INSTRUCTIONS:
Please use the following scale to describe your feelings about your family at present.

<table>
<thead>
<tr>
<th>Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Generally Satisfied</th>
<th>Very Satisfied</th>
<th>Extremely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

HOW SATISFIED ARE YOU. . .

1. with how close you feel to the rest of your family?
2. with your ability to say what you want in your family?
3. with your family's ability to try new things?
4. with how often parents make decisions in your family?
5. with how much father and mother argue with each other?
6. with how fair the criticism is in your family?
7. with the amount of time you spend with your family?
8. with the way you talk together to solve family problems?
9. with your freedom to be alone when you want to?
10. with how strictly your family stays with who does what chores?
11. with your family's acceptance of your friends?
12. with how clear it is what your family expects of you?
13. with how often you make decisions as a family rather than individually?
14. with the number of fun things your family does together?
APPENDIX H: PERCEIVED SOCIAL SUPPORT (FAMILY)
QUESTIONNAIRE 

INSTRUCTIONS: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with families. Please think about the last 4 weeks and circle the answer you choose for each item on the answer sheet, using the following scale:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

1. My family gives me the moral support I need.
2. I get good ideas about how to do things or make things from my family.
3. Most other people are closer to their family than I am.
4. When I talk about private things to the members of my family, I get the idea that it makes them uncomfortable.
5. My family enjoys hearing about how I think.
6. Members of my family share many of my interests.
7. Certain members of my family come to me when they have problems or need advice.
8. I rely on my family for emotional support.
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.
10. My family and I are very open about what we think about things.
11. My family is sensitive to my personal needs.
12. Members of my family come to me for emotional support.
13. Members of my family are good at helping me solve problems.
14. I have a deep sharing relationship with a number of members of my family.
15. Members of my family get good ideas about how to do things or make things from me.
16. When I tell members of my family about private things, it makes me uncomfortable.
17. Members of my family seek me out for company.
18. I think that my family feels that I'm good at helping them solve problems.
19. I don't have a relationship with a member of my family that is as close as other people's relationships with family members. (If you do, then you disagree).
20. I wish my family was much different.

PSS.Fa
APPENDIX I: THE FAMILY DEMOGRAPHICS FORM
FAMILY DEMOGRAPHICS FORM

Only one family member should complete this form.

Family Name: ___________________________ Date: ______________ Day/Month/Year

Your Address: ____________________________________________ (Permanent)

Home Phone Number: __________ Work Phone Number: __________

Please give us the names and phone numbers of two people who could help us locate you in the event that you moved.

Name: ___________________________ Phone Number: __________
Name: ___________________________ Phone Number: __________

For each person living in your household, please list the following information, indicating the nature of each person's role in the house (e.g., husband, wife, son, daughter, sister, friend, grandmother, etc.).

<table>
<thead>
<tr>
<th>First Name</th>
<th>Family Role</th>
<th>Religion</th>
<th>Age</th>
<th>Sex</th>
<th>Education: Total Years in School</th>
<th>Problems: Medical/School/Psychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
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</tr>
</tbody>
</table>

For each family member or significant other not living in the home, list the following:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Religion</th>
<th>Age</th>
<th>Sex</th>
<th>Education: Total Years in School</th>
<th>Problems: Medical/School/Psychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>
Marital record of each head of the household: (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never been married</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Married only once</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Remarried</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Divorced</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Widowed</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

Number of previous marriages: (Father) ____________________  (Mother) ____________________

Present marital status (Circle one): Married  Common-Law
How many years have you and your spouse/partner lived together? _______ years

Total family income (all sources) during past year (Check one):

<table>
<thead>
<tr>
<th></th>
<th>$</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 9,999</td>
<td>10,000-19,999</td>
</tr>
<tr>
<td>Father</td>
<td>$50,000-59,999</td>
<td>$60,000-69,999</td>
</tr>
</tbody>
</table>

Do you identify with any specific ethnic group? If yes, check below the primary ethnic group.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western European (British, French, German etc.)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Eastern European (Russian, Polish, etc.)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Mediterranean (Italian, Middle Eastern, North African, Greek, Cyprian, etc.)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>North American (U.S. American, Canadian, First Nations)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>South American (Central and South American)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>African (South African)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Australian/New Zealander</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>
What is your primary racial background?

<table>
<thead>
<tr>
<th>Native Indian</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oriental</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Black</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Hispanic</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>White</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

How many times in the last year have you attended a religious service?

Father: __________ times  Mother: __________ times

What is your employment status (i.e. part-time, full-time, unemployed, in school):

Father: __________________________  Mother: __________________________

What is your first language:

Father: __________________________  Mother: __________________________

The remaining questions are to be answered for the heads of the household.

As briefly as possible, please describe:

a) What kind of work you are (or were) engaged in:
   (e.g. electronics engineer, nursing, stock-clerk, farming, homemaker, etc.)

   Father: ___________________________________________________________

   Mother: __________________________________________________________

b) Your major or most important activities/duties at work:
   (e.g. keeping the accounts, selling cars, operating printing press, caring for patients, etc.)

   Father: ___________________________________________________________

   Mother: __________________________________________________________

c) The kind of industry or organization this work is (or was) in:
   (e.g., Radio-TV, manufacturing firm, retail shoe store, general hospital, etc.)

   Father: ___________________________________________________________

   Mother: __________________________________________________________
APPENDIX J: THE FAMILY ENVIRONMENT SCALE
QUESTIONNAIRE #

INSTRUCTIONS: Here are 54 statements about families. Please decide which of these statements are true of your family and which are false. Make all your marks on the separate answer sheets. If you think the statement is true or mostly true of your family, circle "T" for "True". If you think the statement is false or mostly false, circle "F" for "False".

You may feel that some of the statements are true for some family members and false for others. On the answer sheet provided circle "T" if the statement is true for most members. Circle "F" if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how others members see your family, but do give us your general impression of your family for each statement over the last 4 weeks.

1. Family members really help and support one another.
2. Family members often keep their feelings to themselves.
3. We fight a lot in our family.
4. We don't do things on our own very often in our family.
5. Activities in our family are pretty carefully planned.
6. Family members are rarely ordered around.
7. We often seem to be killing time at home.
8. We say anything we want to around home.
9. Family members rarely become openly angry.
10. In our family, we are strongly encouraged to be independent.
11. We are generally very neat and orderly.
12. There are very few rules to follow in our family.
13. We put a lot of energy into what we do at home.
14. It's hard to "blow off steam" at home without upsetting somebody.
15. Family members sometimes get so angry they throw things.
16. We think things out for ourselves in our family.
17. It's often hard to find things when you need them in our household.
18. There is one family member who makes most of the decisions.
19. There is a feeling of togetherness in our family.
20. We tell each other about our personal problems.
21. Family members hardly ever lose their tempers.
22. We come and go as we want to in our family.

FES.1
23. Being on time is very important in our family.
24. There are set ways of doing things at home.
25. We rarely volunteer when something has to be done at home.
26. If we feel like doing something on the spur of the moment we often just pick up and go.
27. Family members often criticize each other.
28. There is very little privacy in our family.
29. People change their minds often in our family.
30. There is a strong emphasis on following rules in our family.
31. Family members really back each other up.
32. Someone usually gets upset if you complain in our family.
33. Family members sometimes hit each other.
34. Family members almost always rely on themselves when a problem comes up.
35. Family members make sure their rooms are neat.
36. Everyone has an equal say in family decisions.
37. There is very little group spirit in our family.
38. Money and paying bills is openly talked about in our family.
39. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
40. Family members strongly encourage each other to stand up for their rights.
41. Each person's duties are clearly defined in our family.
42. We can do whatever we want to in our family.
43. We really get along well with each other.
44. We are usually careful about what we say to each other.
45. Family members often try to one-up or out-do each other.
46. It's hard to be by yourself without hurting someone's feelings in our household.
47. Money is not handled very carefully in our family.
48. Rules are pretty inflexible in our household.
49. There is plenty of time and attention for everyone in our family.
50. There are a lot of spontaneous discussions in our family.
51. In our family, we believe you don't ever get anywhere by raising your voice.
52. We are not really encouraged to speak up for ourselves in our family.
53. Dishes are usually done immediately after eating.
54. You can't get away with much in our family.
APPENDIX K: THE PARENT-ADOLESCENT COMMUNICATION SCALE (FATHER)
QUESTIONNAIRE #

INSTRUCTIONS:

The following questions ask about how well you get along with your father. Please read each statement and use the scale below to indicate how much you agree or disagree with the statement.

For example, look at statement #3. "My father is a good listener." If your father is always a very good listener and really understands what you say, you might score '5' on the answer sheet to show you strongly agree with the statement. On the other hand, if you don't think your father listens well most of the time and doesn't seem to understand what you are saying you might score a '1' or '2', indicating that you disagree with the statement to some extent.

Please use the answer sheet provided and answer all the statements as best you can. Remember there are no right or wrong answers. It's just important that you answer truthfully. Please think about the last 4 weeks when you answer these statements.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
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</table>

1. I can discuss my beliefs with my father without feeling restrained or embarrassed.

2. Sometimes I have trouble believing everything my father tells me.

3. My father is always a good listener.

4. I am sometimes afraid to ask my father for what I want.

5. My father has a tendency to say things to me which would be better left unsaid.

6. My father can tell how I'm feeling without asking.

7. I am very satisfied with how my father and I talk together.
QUESTIONNAIRE #

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<th>Neither Agree Nor Disagree</th>
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</table>

8. If I were in trouble, I could tell my father.

9. I openly show affection to my father.

10. When we are having a problem, I often give my father the silent treatment.

11. I am careful about what I say to my father.

12. When talking to my father, I have a tendency to say things that would be better left unsaid.

13. When I ask questions, I get honest answers from my father.

14. My father tries to understand my point of view.

15. There are topics I avoid discussing with my father.

16. I find it easy to discuss problems with my father.

17. It is very easy for me to express all my true feelings to my father.

18. My father nags/bothers me.

19. My father insults me when he is angry with me.

20. I don't think I can tell my father how I really feel about some things.

PAC.F.2
APPENDIX L: THE PARENT- ADOLESCENT COMMUNICATION SCALE (MOTHER)
QUESTIONNAIRE *

INSTRUCTIONS:

The following questions ask about how well you get along with your mother. Please read each statement and use the scale below to indicate how much you agree or disagree with the statement.

For example, look at statement #3. "My mother is a good listener." If your mother is always a very good listener and really understands what you say, you might score '5' on the answer sheet to show you strongly agree with the statement. On the other hand, if you don't think your mother listens well most of the time and doesn't seem to understand what you are saying you might score a '1' or '2', indicating that you disagree with the statement to some extent.

Please use the answer sheet provided and answer all the statements as best you can. Remember there are no right or wrong answers. It's just important that you answer truthfully. Please think about the last 4 weeks when you answer these statements.

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1. I can discuss my beliefs with my mother without feeling restrained or embarrassed.

2. Sometimes I have trouble believing everything my mother tells me.

3. My mother is always a good listener.

4. I am sometimes afraid to ask my mother for what I want.

5. My mother has a tendency to say things to me which would be better left unsaid.

6. My mother can tell how I'm feeling without asking.

7. I am very satisfied with how my mother and I talk together.

PAC.M.1
### QUESTIONNAIRE #

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8. If I were in trouble, I could tell my mother.

9. I openly show affection to my mother.

10. When we are having a problem, I often give my mother the silent treatment.

11. I am careful about what I say to my mother.

12. When talking to my mother, I have a tendency to say things that would be better left unsaid.

13. When I ask questions, I get honest answers from my mother.

14. My mother tries to understand my point of view.

15. There are topics I avoid discussing with my mother.

16. I find it easy to discuss problems with my mother.

17. It is very easy for me to express all my true feelings to my mother.

18. My mother nags/bothers me.

19. My mother insults me when he is angry with me.

20. I don't think I can tell my mother how I really feel about some things.