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An Examination of Parent-Child Relationships and Teen Substance Use

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Past studies have indicated strong family bonds may act to buffer against adolescent substance abuse. However, this relationship is not clear, particularly when multiple substances and family dysfunction are examined. In this study, the relationship between alcohol use, marijuana use, and tobacco use and parental relationships were examined in 570 elementary and high school students. Results indicated that support in parent–child relationships was found to be inversely correlated with teen substance use. Clinical implications are discussed in light of these results.

Keywords: alcohol, family relationship, marijuana, tobacco

INTRODUCTION

Family bonding is “a feeling of closeness and intimacy towards one’s parents and reflected in perceived monitoring, communication, involvement, and joint activities in the family” (Kuendig & Kuntsche, 2006, p. 464). It appears to contribute to “positive development during adolescence” (Padilla-Walker, Nelson, Madsen, & Barry, 2008). Bonds are strengthened when parents and adolescents spend time with each other, nurture and reinforce the family relationship, demonstrate respect and affection for each other, and listen to what each other has to say. Indeed, the quality of youths’ relationships with their parents affects their decision-making process, as well as their choice of social activities and friends (Abar & Turrisi, 2008). Similarly, disruptive home environments can increase risk behaviors, such as using substances (Crawford & Novak, 2008). For instance, alcohol and drugs may be used to help manage stress and associated fears common to adolescents (Marsh & Dale, 2005). Caballero and colleagues (2010) found adolescents who had experienced psychological violence used more tobacco than those youths who were not exposed to violence, with females also evidencing higher rates of alcohol use.

In addition to studying the role that parent–child relationships play, researchers have attempted to discern what aspects of parent–child relationships are most related to substance use. When there is a strong positive bond between a child and parent, there appears to be a decreased likelihood children will use substances (Drapela & Mosher, 2007; McBride et al., 2005). Wood, Mitchell, Read, and Brand (2004) determined that alcohol use was higher in teens whose parents were more permissive than those whose parents were more authoritative. According to Kuendig and Kuntsche (2006), “strong family bonding and support within the family, might offer a certain degree of protection against involvement in frequent and excessive drinking during adolescence” (p. 469). Their thoughts were substantiated by Ross and Hill (2001), who reported that parental anger may lead children to feel their lives are out of control (Ross & Hill, 2001). Parents’ regular negative attitudes and relationships with their children have been shown to be correlated with high levels of substance use in teens (Hayes, Smart, Toumbourou, & Sanson, 2004). Along a similar vein, volatile behavior of family members contributes to the development of adolescent alcohol consumption (Poelen, Scholte, Willemsen, Boomsma, & Engels, 2007), perhaps due to high levels of stress and emotional harm (Drapela & Mosher, 2007).
Thus, there is evidence to suggest poor parent–adolescent relationships increase risk of substance use (Ross & Hill, 2001). However, we know little about how dysfunction in the home relates to developing a strong family bond, and whether or not this impacts the use of multiple substances in elementary and high school students. This study examines the relationship among parent–child relationships, family conflict, and teen substance use. We hypothesize there will be an inverse correlation between positive parent–child bonds and teen substance use, a positive correlation between family volatility and substance use, and an inverse correlation between family bonds and family volatility.

**METHODOLOGY**

**Sampling**

The Communities That Care Youth Survey (Hawkins & Catalano, 2006) was administered in May 2008 to seventh-, eighth-, and ninth-grade students attending public schools in a rural, four-county area in north central Idaho. An initial presentation on the study and the survey tool was made during a regularly scheduled regional meeting of secondary school principals, with follow-up phone calls being made to determine interest in participation. Eight out of 12 rural school districts contacted agreed to participate, providing a total sample of 10 schools. Fall 2007 enrollment per participating grades ranged from 4 to 87, with an average of 27.

Arrangements were made to administer the survey on days and class periods convenient to the participating school. At least one week prior to survey administration, the school sent a letter to all families with children in the participating grades explaining the study and the types of questions on the survey. It clearly stated that participation was voluntary, that students could opt out of the survey at the time it was offered, and that all responses would be anonymous. The survey also provided contact information for one of the study authors in case of questions or concerns. Parents and guardians who did not want their child to participate returned an attached form to the school and the student was provided with an alternative activity to do during the survey period. Six students did not participate due to their parents’ wishes.

One of the study authors administered the survey in all participating schools. Survey administration took place in confidential settings (i.e., classroom, cafeteria, gymnasium). A script was read aloud to inform students of the purpose of the study, that their participation was completely voluntary and there would be no consequences if they chose not to participate. It stated that all responses would remain strictly confidential.

Students were instructed to read the survey’s attached cover sheet, which reiterated the instructions and stated that completing and returning the survey would indicate consent to participate in the study. Four students declined to participate. Students placed their completed surveys together in large manila envelopes to ensure responses could not be traced to an individual. Study procedures were approved by Andrews University’s Institutional Review Board (IRB).

**Instrument**

The survey instrument consists of 197 questions. Alcohol use, marijuana use, and tobacco use is determined by the respondent’s self-reported alcohol use within their lifetime on a 7-point Likert scale ranging from 0 times to 40 times. Parental relationships is measured by the respondents’ feelings about how close they felt to their parents on a 4-point Likert scale ranging from “no” to “yes.” The items were developed to assess feeling close to parents, having set rules about substances, being involved in family decisions, feeling comfortable talking to parents about problems, and parents giving encouragement and compliments. Other items included how dysfunctional a child viewed their family and what discord they observed (i.e., family argues a lot, we have serious arguments, argue about the same things over and over, and family members insult and yell at one another).

**Data Analysis**

The primary analytical strategy used was the Pearson correlation coefficient to measure the significance of the association between parent–child relationships and substance use. To avoid an experiment-wise error, we set our significance levels for each test at .001.

**RESULTS**

**Rural Idaho Population Composition**

A total of 593 surveys were returned, with 570 sufficiently complete and eligible for inclusion in analyses. Ethnicity of respondents was as follows: white 83.7% (477, mean: .84, SD: .370), African-American 3.5% (20, mean: .04, SD: .184), Asian 1.2% (7, mean: .01, SD: .110), Native American 7.7% (44, mean: .08, SD: .267), and Hispanic 5.3% (30, mean: .05, SD: .223). Slightly more than half (52.5%, 299) of the students were male and 45.6% (260) were female. Students ranged in age from 12 to 19 years, with the majority ages 13 to 14 years (mean: 4.86, SD: .999) years and in the seventh and eighth (mean: 2.90, SD: .798) grades.
### TABLE 1
Correlation of Substance Use With Family Bonding

<table>
<thead>
<tr>
<th>Have you ever smoked cigarettes?</th>
<th>On how many occasions have you had alcoholic beverages to drink more than just a few sips in your lifetime?</th>
<th>On how many occasions have you used marijuana or hashish in your lifetime?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever smoked cigarettes?</td>
<td>My parents notice when I am doing a good job and let me know about it.</td>
<td>How often do your parents tell you they're proud of something you've done?</td>
</tr>
<tr>
<td>On how many occasions have you had alcoholic beverages to drink more than just a few sips in your lifetime?</td>
<td>Do you feel very close to your mother?</td>
<td>Do you share your thoughts and feelings with your mother?</td>
</tr>
<tr>
<td>On how many occasions have you used marijuana or hashish in your lifetime?</td>
<td>Do you share your thoughts and feelings with your father?</td>
<td>Do you enjoy spending time with your mother?</td>
</tr>
<tr>
<td></td>
<td>Do you enjoy spending time with your father?</td>
<td>My parents ask me what I think before most family decisions affecting me are made.</td>
</tr>
<tr>
<td>If I had a personal problem, I could ask my mom or dad for help.</td>
<td>Do you feel very close to your father?</td>
<td>My parents give me lots of chances to do fun things with them.</td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the .001 level (2-tailed).**

*Correlation is significant at the .01 level (2-tailed).*

†Correlation is significant at the .05 level (2-tailed).
TABLE 2
Correlation of Substance Use With Parental Monitoring

<table>
<thead>
<tr>
<th></th>
<th>The rules in my family are clear.</th>
<th>When I am not at home, one of my parents knows where I am and who I am with.</th>
<th>If you drank some beer or wine or hard liquor without your parent's permission, would you be caught by your parents?</th>
<th>My family has clear rules about alcohol and drug use.</th>
<th>Would your parents know if you did not come home on time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever smoked cigarettes?</td>
<td>–.140††</td>
<td>–.186*</td>
<td>–.262**</td>
<td>–.224**</td>
<td>–.207**</td>
</tr>
<tr>
<td>On how many occasions have you had alcoholic beverages to drink more than just a few sips in your lifetime?</td>
<td>–.217**</td>
<td>–.224**</td>
<td>–.413**</td>
<td>–.260**</td>
<td>–.237**</td>
</tr>
<tr>
<td>On how many occasions have you used marijuana or hashish in your lifetime?</td>
<td>–.157**</td>
<td>–.168*</td>
<td>–.234**</td>
<td>–.206**</td>
<td>–.176**</td>
</tr>
</tbody>
</table>

*Correlation is significant at the .01 level (2-tailed).
††Correlation is significant at the .001 level (2-tailed).
Parental Bonding and Substance Use

The analyses presented in Tables 1 and 2 suggest, overall, that when children feel close to their families they are less likely to get involved in using substances. The strongest relationship between alcohol use and parent–child relationships involved the youth’s perception that his or her alcohol use would be discovered. This correlation was $-0.41$. This finding supports the importance of parental monitoring. The data also suggest the importance of clear rules. When parents knew where the children were, and had clear rules about substance use, there was an inverse correlation with alcohol use of $-0.22$ and $-0.26$, respectively. Such positive relationships as having fun together, involvement in family decisions, as well as positive emotional bonds all had significant relationships in the range of $-0.15$ to $-0.23$. All of the social control and social bonding variables examined consistently were related at least at the $p < 0.001$ level.

Parental Volatility and Substance Use

For marijuana and tobacco specifically, the correlations were not as strong, but are still significant. The highest correlations between marijuana and parent–child relationships were close to mother $-0.21$ and clear rules about drugs $-0.21$. The highest correlations between tobacco and parent–child relationships were do fun things with parent $-0.23$, parents notice your good work $-0.21$, and parents tell you they’re proud of you $-0.21$. While the correlations were slightly lower, all of these results were significant at $p < 0.001$ level.

Parental Volatility and Family Bonding

Table 4 shows that when there is fighting, verbal abuse, and arguments occurring in the home, children are less likely to bond with their parents. Each of the three family conflict items has a significant inverse relationship; most of them are at the $0.01$ level or greater, with each of the family bonding items. The strongest inverse correlations ($< -0.3$) are among frequent yelling in the family and arguing about the same issues over and over again, feeling close to your mother, talking to parents about a personal problem, and parents providing opportunities for fun in the family. These data suggest that family conflict may prevent the type of bonding between children and parents that relates to lower rates of substance use.

These results show us that when teens and parents have a high-quality relationship, feel close to one another, and have some set rules, as well as a level of parents monitoring of where their children are, the teens are significantly less likely to get involved in substance use. A recent analysis done on students at a northeastern college in the United States found that as family sanctions increased, substance involvement went down (Miller-Day, 2008). The reverse is also true; when there were lots of serious arguments and insults occurring during family interaction the child was more likely to turn to substances as an outlet, a source of reassurance, or perhaps a coping mechanism (Beman, 1995; Gordon, 2002).

**DISCUSSION**

As hypothesized, the results indicate there is a significant inverse correlation between strong parent–child relationships and teen substance use, a positive correlation
<table>
<thead>
<tr>
<th>People in my family often insult or yell at one another.</th>
<th>We argue about the same things in my family over and over.</th>
<th>People in my family have serious arguments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rules in my family are clear.</td>
<td>My parents notice when I am doing a good job and let me know about it.</td>
<td>Do you feel very close to your mother?</td>
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<td>How often do your parents tell you they're proud of something you've done?</td>
<td>Do you share your thoughts and feelings with your mother?</td>
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</tr>
<tr>
<td>Correlation is significant at the .05 level (2-tailed).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 4
Correlation of Family Dysfunction With Family Bonding


-1.82** -2.65** -2.65** -3.06** -2.52** -2.77** -1.57** -2.35** -1.66** -3.13** -2.00** -3.33** -1.88**

-2.50** -2.61** -2.84** -1.91** -1.44** -2.04** -1.01** -1.26** -1.22** -1.90** -1.07** -2.31** -1.58**

**Correlation is significant at the .001 level (2-tailed).
†Correlation is significant at the .01 level (2-tailed).
†Correlation is significant at the .05 level (2-tailed).
between family volatility and substance use, and an inverse correlation between family bonding and family volatility. This research suggests that parents and teens need to spend enjoyable time together, have clear rules, and maintain a balanced level of parental monitoring. It also shows how a dysfunctional home life can impact and deter developing a close bond with one’s children. The quality of family life and parenting practices play a critical role in the initiation and experimentation with alcohol (Miller-Day, 2008). Therefore, parents should be involved in their teens’ lives and engage them in the decisions that they make. When a good foundation for values is established, it helps to protect teens from becoming involved in risk behaviors. For teens, parenting practices can foster resilience against antisocial activities and substance use (Miller-Day, 2008). It is crucial for teens to feel comfortable talking to their parents about what is going on in their lives. The more they talk to their parents, the less likely they appear to engage in substance use.

One of the limitations in this study includes a low percentage of ethnic minority youths. Indeed, ethnicity and race could affect how teens bond with their parents, and it was not possible to examine these potential effects in this study. Moreover, other well-documented protective and risk factors such as religiosity, peer group behavior, and other adult mentoring were not managed in this study, and may interact with study results.

REFERENCES


