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Parental Problem Drinking: Its Effect on Child Emotional Security

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Parental Problem Drinking (PPD) can be viewed as a spectrum of problems with alcohol, including dependence, abuse, other maladaptive drinking patterns, and alcohol-related problems (Keller, Cummings & Davies, 2005). Symptoms of problem drinking can include recurrent intoxication, amnesic episodes, mood swings, anxiety, depression, and tremors, among others (Enoch & Goldman, 2002). PPD affects child development adversely by its interference with parenting skills and marital relations (Keller, Cummings, Davies & Mitchell, 2008; Windle, 1996). The impact of PPD on children can include problems sleeping, worrying about parents splitting up, being angry, trouble with school and friendships, and even considering suicide (Templeton, Velleman, Hardy & Boon, 2009).

A factor that should be closely examined with problem drinking is that of drinking motives. Drinking motives are often considered the most proximal predictor of alcohol use (Hasking, Lyvers & Carlopio, 2011). Drinking motives fall under one of three categories: coping, enhancement, and social motives (Cooper, Russell, Skinner, & Windle, 1992). Drinking to cope can be defined as drinking to relax, forget your worries, to feel more self-confident, to cheer up a bad mood, or because it helps you when you feel depressed or nervous; the enhancement motive would lead one to drink because the feeling is nice, it's exciting, to get high, because it's fun, or because it makes you feel good; finally, the social motive is drinking as a way to celebrate, because it is what your friends do when you get together, because it is customary on special occasions, or because it makes a gathering more enjoyable (Cooper, et al., 1992). Social motives are correlated positively with moderate alcohol use and associated negatively with problem drinking, while enhancement and coping motives are both associated positively with problem drinking (Agrawal, Dick, Bucholz, Madden, Cooper, Sher & Heath, 2007). People are more likely to drink to cope with problems if they expect the alcohol will reduce tension or rid them of negative affect and people are more likely to drink to enhance positive affect if they expect socioemotional enhancement through alcohol consumption (Gire, 2002). In the context of PPD, it is very likely that the drinking motivations involve coping or enhancement (Hasking, et al., 2011). Drinking motives are an important facet of alcohol use and problem drinking. However, there has been no research on how drinking motives impact children. The purpose of the current study is to address this gap by exploring relations between parental drinking motives and child emotional security.

Emotional Security Theory (EST) is an extension of the attachment theory that includes multiple family relationships as a source of child security. Emotional security refers to a sense of safety, support, and well-being that is derived from the family. Emotional security that is derived from the parent-child relationships is referred to as attachment security. Secure attachment means having a predictable, safe, and affectionate bond with an attachment figure (i.e. one or both parents) and insecure attachment means having a less predictable bond with an attachment figure (Bowlby, 2007). Generally, the biological mother (sometimes the father and at other times someone else) takes on the role of the primary attachment figure for a child, or the person to whom a child develops a strong emotional bond and whom they will want to comfort them while they are frightened or hurt (Bowlby, 2007). Child emotional security more broadly is

manifested in emotional reactivity to and behavioral regulation of exposure to family conflict and cognitive representations of family (Davies & Cummings, 1994). EST states that within the context of family (such as marital) conflict, a main goal for children is to maintain a sense of protection, safety, and security (Davies & Woitach, 2008) and emotional security reactions to conflict are designed to achieve this goal. Insecurity may be reflected in emotional reactivity characterized by heightened distress, involvement in conflict, and representation of the family as unstable (Davies & Cummings, 1998), which serve to maintain vigilance to potential problems and reduce exposure to conflict.

PPD is known to undermine children's emotional security. PPD is associated with family problems that are known to reduce family stability and increase child insecurity, such as marital aggression (Keller, et al., 2008) and poor parenting (Keller, et al., 2005). There is a relationship between infants in families with two alcohol problem parents; the child is more likely to display insecure patterns of attachment with both the mother and father (Eiden, Edwards & Leonard, 2002). Furthermore, the combination of insecure attachment and PPD in middle childhood is consistently related to social, cognitive, and behavioral problems (El-Sheikh & Buckhalt, 2003). There are also studies of PPD in relation to child emotional security about the marital relationship (El-Sheikh & Flanagan, 2001; Keller, Cummings, Davies & Lubke, 2007; Keller, Gilbert, Koss, Cummings & Davies, 2011). PPD is directly related to the emotional security of children and greater levels of PPD are associated with reactions to all types of conflict (Keller, et al., 2011). It has also been found that paternal problem drinking is linked to increases in a child's anger in response to child-rearing and escalating conflict while maternal problem drinking is linked to an increased sadness when responding to resolved conflict (Keller, et al., 2011).

Prior research is informative, but did not include the variable of parental drinking motives. This gap will be addressed in the current study as drinking motives may alter the context or meaning of parental alcohol use. For example, a parent whose problem drinking occurs largely in the context of social events may be less problematic for children than a parent who is engaging in problem drinking as a form of emotion regulation (e.g., coping or enhancement motives). In the former case, the parent may be construed as being excessive in celebration, or going overboard in an otherwise socially acceptable behavior. While PPD may be harmful for children in this context, it may be qualitatively different from the context of drinking to cope or drinking for enhancement motives. In this case, the parent may be demonstrating to children an inability to cope with daily hassles and stress, deficits in emotional functioning, and avoidance of problems. These behaviors may be particularly distressing for children because they signal a potential threat to family stability and security.

It is therefore hypothesized that greater coping and enhancement motives for drinking will be related to child emotional insecurity (less trust of parents, feelings of alienation, poor communication, greater emotional reactivity to conflict, greater involvement and behavioral dysregulation in conflict, and destructive family representations).

Method

Participants

Data for this analysis are drawn from a larger study on child sleep and family relationships. For this analysis, there were 158 families. Families were recruited via telephone calls, flyers, radio and newspaper advertisements, social media outlets, and referrals from previous participants. Eligibility criteria included: 1) a child between the ages of 6 and 12; 2) a

mother and father figure who had been living together, with the child, in the same household for at least 2 years; 3) children were not suffering from a chronic or acute illness or disability. 51.7% of the child participants were girls. The mean age of the child participants was 8.65. 91% of the mothers and 88.8% of the fathers were biologically related to the child. 87.2% of mothers and 79.7% of fathers were white; 10.3% of mothers and 13% of fathers were black. For both mothers and fathers, the average level of education fell between an associate's and bachelor's degree. 10.6% of the families had an income of \$22,999 or less per year; the mean income was \$55,000-\$74,999. Of the 158 families who participated, 157 were used for data analysis as one family withdrew from the study.

Procedure

The study was conducted with the approval of the University of Kentucky Internal Review Board and informed consent was obtained. Families attended one laboratory session of approximately 3 hours during which all data used in the current investigation were collected. Parents completed questionnaire measures on their own, as well as their partner's, alcohol use and their child's emotional security. Children completed questionnaire measures of their own emotional security and of their attachment with their parents.

Measures

Parental Problem Drinking.

Parents completed the Drinking Motive Questionnaire (DMQ; Cooper, Russell, Skinner & Windle, 1992) which includes scales for Social (5 items with reliability coefficients of .92 for females and .93 for males; e.g., "How often do you drink because it makes social gatherings more fun?"), Coping (5 items with reliability coefficients of .88 for females and .89 for males; e.g., "How often do you drink to forget your worries?"), and Enhancement (5 items with reliability coefficients of .8 for females and .87 for males; e.g., "How often do you drink because it's exciting?") motives. Items were scored on a scale from 1 to 6, with higher scores indicating more frequent use of alcohol for each motive.

Parents also completed the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, de la Fuente & Grant, 1993) with responses for themselves as well as their spouses. There were 10 items for both the self-response and partner-response portions of the questionnaire which included questions such as "How often do you/your partner have six or more drinks on one occasion?" and "How often during the last year have you/your partner had a feeling of guilt or remorse after drinking?" Items were scored on a scale from 0 to 4 with higher scores indicating more frequent occurrence of each symptom of problem drinking. For females the reliability coefficient was .65 (with husband responses at .68) and for males it was .72 (with wife responses at .87).

Child Emotional Security.

Both parents and the child completed the Security in the Interparental Subsystems Scale (SIS; Davies, Forman, Rasi, & Stevens, 2002). The parent form included subscales for Involvement (9 items with reliability coefficients of .81 for females and .78 for males; e.g., Does your child "try to comfort one or both of you" when witnessing arguments between you and your spouse), Avoidance (9 items with reliability coefficients of .71 for females and .78 for males; e.g., Your child "doesn't tell anyone how s/he is feeling"), Behavioral Dysregulation (5 items with reliability coefficients of .56 for females and .68 for males; e.g., Does your child "yell at family members"), and Emotional Reactivity (9 items with reliability coefficients of .82 for females and .76 for males; e.g., Does your child "appear frightened" after witnessing an argument between you and your spouse). It was scored on a scale of 1 to 5 where 1 was not at

all like the child and 5 was a whole lot like the child. The child form included subscales for Emotional Reactivity (12 items with reliability coefficient .75; e.g., “Do you feel sick when your parents argue?”), Involvement (10 items with reliability coefficient .86; e.g., “When your parents argue, do you tell them to stop?”), and Avoidance (5 items with reliability coefficient .73; e.g., “When your parents argue do you feel like hiding from them?”). The items were answered with either “yes, sometimes, or no”.

Child Attachment.

The child completed the Inventory of Parent and Peer Attachment-Revised (IPPA-R; Gullone & Robinson, 2005) which included 25 items about the mother and 25 about the father with scales for Trust (10 items each with reliability coefficients of .75 for females and .84 for males; e.g., “I wish I had a different mother/father”), Alienation (6 items each with reliability coefficients of .64 for females and .8 for males; e.g., “I don’t get much attention from my mother/father”), and Communication (9 items each with reliability coefficients of .6 for females and .71 for males; e.g., “If my mother/father know something is bothering me, s/he asks me about it”) and was scored by answering “yes, sometimes, or no”.

Data Analysis

Data were analyzed using multiple regression conducted with SPSS version 20. Dependent variables were measures of child emotional security. Independent variables were child age, child gender, child minority race status, and family income, as well as each of the three measures of drinking motives, and parental problem drinking. Models were fit separately for mother vs. father drinking.

Results

Table 1 shows the percentages of parents reporting each problem drinking symptom. The most commonly reported symptom, with 22.1% of females and 36.6% of males, was having 6+ drinks on a single occasion. The remaining symptoms were reported less with percentages ranging from 0-15.8. These statistics indicate significant problem drinking in the sample.

Table 2 shows results of regression models for father drinking predicting children’s emotional insecurity about the marital relationship. Father enhancement motives were related to children’s lower involvement in marital conflict, mother report, $\beta = -.63, p < .001$, and father report, $\beta = -.57, p < .01$. Father coping motives were associated with children’s lower avoidance (child report) of conflict, $\beta = -.20, p < .05$. Father social motives were linked to children’s greater involvement (mother report) in marital conflict, $\beta = .41, p < .05$.

Table 3 shows results of regression models for father drinking predicting children’s attachment to parents. Father social motives were related to children’s lesser communication with the father, $\beta = -.20, p < .05$.

Table 4 shows results of regression models for mother drinking predicting children’s emotional insecurity about the marital relationship. Mother enhancement motives were related to children’s lower involvement (father report) in marital conflict, $\beta = -.43, p < .05$, children’s lesser avoidance (father report) of conflict, $\beta = -.50, p < .001$, and children’s lower emotional reactivity (father report) to conflict, $\beta = -.38, p < .001$. Mother social motives were related to children’s greater involvement (father report) in marital conflict, $\beta = .45, p < .01$, children’s greater avoidance (father report) of conflict, $\beta = .36, p < .001$, and children’s higher emotional reactivity (father report) to conflict, $\beta = .29, p < .01$.

Table 5 shows results of regression models for mother drinking predicting children's attachment to parents. However, no significant results were found relating the mothers' drinking to the children's attachment.

Discussion

Although no relationship was found between parents' problem drinking and children's emotional security, relationships were found between parents' drinking motives and children's emotional security. Fathers and mothers who drink for enhancement of positive affect tend to have children who are less involved in marital conflict. Mothers' drinking for enhancement also related to children's lower avoidance and lower emotional reactivity. Father drinking to cope related to a child's lower avoidance of marital conflict. When either parent drinks for social reasons, children were significantly more involved in marital conflict; fathers' social drinking was related to the child communicating less and mothers' social drinking was related to children's higher avoidance of and emotional reactivity to marital conflict.

The hypothesis that parental drinking to cope would be negatively related to children's emotional security was not supported. Fathers drinking to cope linked to children's lower avoidance of marital conflict, the opposite of what would generally be considered a marker of insecurity about the marital relationship. No associations between parental drinking to cope and child perceived attachment were observed. The hypothesis that enhancement drinking would be negatively related to children's emotional security was also not supported. Children in this context are not getting involved in marital conflict, but they are not avoiding it either. These findings are actually similar to previous studies done where more severe problem drinking was linked to children's lower involvement and avoidance (Keller, et. al., 2007; Keller, et. al., 2011). Such findings may indicate that children engage in watchfulness rather than avoidance in order to maintain vigilance regarding the conflict, but watchfulness rather than involvement because the consequences of involvement may be more severe in the context of problematic drinking.

Although the hypotheses were focused on the coping and enhancement motives, social motives were linked to problems with children's emotional security. It could be that the increased alcohol use is upsetting to children even though light social drinking is generally considered "healthy" drinking. It could also be that the parents are drinking more when drinking socially, as people tend to over-drink when with a crowd. The impact for children may be very different from the impact on the parent.

Overall, problem drinking was not related to emotional security after controlling for drinking motives. The implication is that it is not necessarily how much the parents are drinking, but the reason why they are drinking (i.e. the context of parental drinking is important). This marks a new direction for research on the effects of parental alcohol use on child development. Almost all prior research has failed to examine any aspect of parental alcohol use beyond simple measures of problem drinking or identification of parents as alcohol dependent. Findings from the current study indicate that such research can provide only a limited understanding of how parental alcohol use may reduce children emotional security about the family, with potential implications for children's mental health.

It was also observed that children's insecurity about the marital relationship was more disrupted than attachment security. This could be due to the fact that there were simply more opportunities for finding associations with insecurity about the marital relationship because there were more measures of it. It could also be that marital functioning is more closely tied to drinking than parenting is (Keller, et. al., 2008). Adults in the home may be more aware of their

drinking behavior than children are, and even rare instances of heavy or problem drinking may create tensions in a marital relationship. For example, flirting with a stranger, saying something unkind out of anger, and other instances of reduced inhibitions are likely when alcohol is consumed in large quantities (Fillmore & Vogel-Sprott, 2000). Such behavior may be neither forgiven nor forgotten in a romantic relationship.

There are a few limitations to this study. The questionnaires were predominately self-report and for a study about children's emotional security, observations would have been an enhancement. The study is also cross-sectional; causality cannot be inferred and the direction of association is unclear. However, other longitudinal studies support the direction we propose (Keller, et. al, 2008; Keller, et al., 2011). Also, the findings cannot be generalized to other populations, including different ages of children, clinical samples of problem drinking, or more diverse populations in terms of family income and ethnicity. Despite these limitations, the current study advances prior research by providing further support for a relationship between parental problem drinking and children's emotional security as well as introducing the importance of context and drinking motivations for children's health and well-being.

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Table 1

Percentages of Problem Drinking Symptoms for Females and Males

	Female %		Male %	
	Self-Response	Husband-Response	Self-Response	Wife-Response
Having 6+ Drinks on a Single Occasion	22.1	19.5	36.6	34.6
Unable to Stop Drinking Once Started	7.4	6	7.5	11.3
Failed to Do What is Expected After Drinking	8.9	5.3	6.8	9.8
Needed a Morning Drink After Heavy Session	2.2	0	0	5.3
Felt Guilt/Remorse After Drinking	11.9	9	12	15.8
Unable to Remember Night of Drinking	6	7.5	7.5	12
Someone Injured Due to Drinking	0.7	0	3.8	4.5
Someone Concerned Due to Drinking	2.2	3	6.1	8.3

Table 2

Regression Models for Father Drinking Predicting Children's Emotional Insecurity

Male Independent Variables	Mother's Response About Child				Father's Response About Child				Child's Response		
	Involvement	Avoidance	Behavioral Dysregulation	Emotional Reactivity	Involvement	Avoidance	Behavioral Dysregulation	Emotional Reactivity	Involvement	Avoidance	Emotional Reactivity
Enhancement	-0.63***	0.12	-0.13	0.011	-0.57**	0.08	-0.08	-0.11	0.04	0.09	0.16
Coping	0.11	0.08	0.07	0.06	0.21	0.36	0.03	0.26	0.16	-0.20*	0.02
Social	0.41**	-0.08	0.11	0.09	0.15	0.05	0.11	0.04	-0.05	-0.04	-0.02
Problem Drinking	0.41	0.04	-0.11	-0.10	0.49	-0.12	-0.03	0.20	-0.20	0.01	-0.29
Child Gender	0.42	0.84	0.77	-0.77	0.57	0.25	-0.38	-0.85	0.65	0.84	1.56
Income	-0.30	-0.09	-0.11	0.07	-0.08	0.07	0.06	-0.09	-0.02	-0.09	0.04
Child Age	-0.40	0.13	-0.17	0.01	-0.39	0.79**	-0.01	0.48	0.61*	0.47***	0.25
Child Race	-1.65	0.93	0.48	-1.09	0.90	-0.41	-1.18	-0.94	0.54	1.02	1.12
R ²	0.08*	0	0.01	0	0.03	0.10*	0	0.02	0.01	0.12**	0.01

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; R² value is adjusted.

Table 3

Regression Models for Father Drinking Predicting Children's Attachment

Male Independent Variables	Child Response About Mother			Child Response About Father		
	Trust	Communication	Alienation	Trust	Communication	Alienation
Enhancement	0.04	0.11	-0.02	0.05	0.05	0.04
Coping	0.01	-0.03	0.05	-0.07	-0.09	0.09
Social	-0.01	-0.07	-0.03	-0.13	-0.20*	0.03
Problem Drinking	0.01	0.02	0.08	0.18	0.22	-0.10
Child Gender	-0.44	0.07	-0.52	0.10	0.88	-0.58
Income	0.16	0.11	-0.10	0.35**	0.45**	-0.18
Child Age	0.15	0.26	-0.05	-0.08	-0.18	-0.05
Child Race	0.66	-0.26	-0.28	-0.23	0.23	-0.16
R ²	0	0.01	0	0.07	0.10*	0.02

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; R² value is adjusted.

Table 4

Regression Models for Mother Drinking Predicting Children's Emotional Insecurity

Female Independent Variables	Mother's Response About Child				Father's Response About Child				Child's Response		
	Involvement	Avoidance	Behavioral Dysregulation	Emotional Reactivity	Involvement	Avoidance	Behavioral Dysregulation	Emotional Reactivity	Involvement	Avoidance	Emotional Reactivity
Enhancement	-0.28	-0.12	-0.07	-0.13	-0.43*	-0.50***	-0.09	-0.38**	0.21	0.05	0.18
Coping	0.15	0.06	0.12	0.11	0.14	0.19	0	0.12	-0.01	0.09	0.01
Social	0.21	0.11	0.04	0.06	0.45**	0.36***	0.04	0.29**	-0.11	-0.06	-0.15
Problem Drinking	0.23	0.07	-0.1	0.04	-0.27	-0.29	-0.12	-0.30	-0.10	-0.13	0.01
Child Gender	0.93	-0.25	0.37	-1.15	0.33	-0.07	0.17	-0.86	0.50	0.97	1.38
Income	-0.25	-0.27	-0.10	-0.15	-0.18	-0.04	0.10	-0.15	0.03	-0.06	0.08
Child Age	-0.25	0.44	0.05	0.23	-0.31	0.85**	-0.13	0.49	0.55*	0.43**	0.22
Child Race	0.67	-0.35	0.41	1.05	1.23	-2.07	-0.79	-1.01	1.10	0.70	1.26
R ²	0	0	0	0	0.06	0.19***	0	0.08*	0.02	0.10*	0

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; R² value is adjusted.

Table 5

Regression Models for Mother Drinking Predicting Children's Attachment

Female Independent Variables	Child Response About Mother			Child Response About Father		
	Trust	Communication	Alienation	Trust	Communication	Alienation
Enhancement	0.13	0.13	-0.11	0.15	0.15	-0.10
Coping	-0.06	0.03	0.04	-0.02	-0.03	0.11
Social	0.01	-0.07	0.08	0	-0.01	0.08
Problem Drinking	-0.09	0	0.02	-0.26	-0.28	0.04
Child Gender	-0.38	-0.07	-0.70	-0.07	0.82	-0.66
Income	0.12	0.10	-0.11	0.29**	0.35*	-0.19
Child Age	0.19	0.34*	-0.02	-0.08	-0.18	0.03
Child Race	0.77	-0.38	-0.27	-0.02	0.19	-0.28
R ²	0.03	0.03	0.03	0.07	0.05	0.05

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; R² value is adjusted.