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Running Head: FAMILY AND SUBSTANCES

An Examination of Parent-Child Relationships
and Teen Substance Use

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Abstract

What is the relationship between parent-child relationships and teen substance use? Our relationship with our parents can impact our lives for the better or the worse. To study this we analyzed a survey done by the Community that Cares. Alcohol use, marijuana use and tobacco use were determined by the respondent's self-reported substance use within the last within their lifetime on a 7 point Likert scale that ranges from 0 times to 40 times. Parental Relationships was measured by the respondents' feelings about how close they felt to their parents on a 4 point Likert scale ranging from no to yes. Family Conflict was measured by the respondent's answers to whether or not there were arguments and yelling occurring in the home on a 4 point Likert scale ranging from no to yes. This study surveyed 570 students ages 12-19 in grades 7 -9 in 2008 at Northwest elementary and high schools. The hypothesis that high-quality parent-child relationships are inversely correlated with teen substance use was supported as was the hypothesis that poor parent-child relationships would be positively correlated with substance use.

INTRODUCTION

What is the association between parent-child relationships, a volatile home environment and teen substance use? Parents play a very influential role in their teen's lives. A parent's relationship with their children and each other can affect the decisions their children make throughout their life. When parents have severe arguments, they may establish a home environment that puts their children at increased risk for substance use as a coping mechanism for family conflict. On the other hand, having a strong positive relationship with your parents can provide a protective environment that relates to lower odds of substance use. This study examines the relationship between parent-child relationships, family conflict, and teen substance use. This study helps further previous research on the relationship between family bonds and teen substance use and also provides a closer look at how dysfunction in the home relates to family bonds. Past research studies have mostly focused on parental involvement and monitoring. With our research we hope to take the examination one step further by focusing on not only parental involvement and monitoring, but family closeness and family dysfunction as well. This study provides a new element to the research done by examining marijuana, alcohol, and tobacco use across both sides of the dynamics of the family environment. We will examine three hypotheses:

1. There is an inverse correlation between positive parent-child bonds and teen substance use,
2. There will be a positive correlation between family volatility and substance use,
3. There will be an inverse correlation between family bonds and family volatility.

Literature Review

Family bonding has been defined as, “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). When positive, nurturing relationships are established between parents and their young children, this bond can continue to positively influence development into the teen years. Researcher Laura Padilla-Walker (2008) has concluded that, “Positive parent-child relationships are conducive to positive development during adolescence” (Padilla-Walker, Nelson, Madsen & Barry, 2008, p. 848). Continued communication and involvement serves as a protective agent as the child matures. Bonds are strengthened when parents and adolescents spend time with each other, nurture and reinforce the family relationship, demonstrate respect and affection for one another and truly listen to what each other has to say. The quality of youth relationships affect the decisions they make, the social activities they participate in and the friends they choose to hang out with (Abar & Turrisi, 2008). The quality of the home environment can affect a child’s personality and how likely they are to take part in risk behaviors such as using substances (Crawford & Novak, 2008).

When a family life does not foster positive bonds, teens are more susceptible to high risk behaviors such as substance use. Dysfunction in the home, for example frequent and intense conflict, can lead to dysfunctional coping behaviors in the child. Severe family disruption can cause emotional distress, and cause the child to feel isolated. Alcohol and drugs may be used to help manage the stress and fears these adolescents face (Marsh & Dale, 2005). Caballero and colleagues researched this idea in their study done on psychological, physical and sexual violence and how it affects substance use. They used the parent-child conflict tactics scale to determine the amount of physical and psychological violence occurring in the home. This study

was done on 1,040 students in Mexico City. Most of the teens were in 7-9th grade and in the age range of 12-16. For males who had experienced psychological violence they found the use of tobacco to be higher. For females who had experienced psychological violence they found tobacco and alcohol use to be higher (Caballero, Ramos, González & Saltijeral, 2010).

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. A wide variety of research has found that spending time together and feeling close to parents has a strong protective effect on youth. When there is a strong positive bond between the child and parent, there is less of a chance that the child will use alcohol, cigarettes and other substances (McBride et. al, 2005; Drapela & Mosher, 2007). The more a child feels comfortable and cherished by their parents, the more willing they are to talk to them. They will keep their parents involved in their lives (Padilla-Walker, Nelson, Madsen & Barry, 2008). Parents need to talk with their children about alcohol, tobacco and drugs and establish some ground rules. They have to let their children know how they feel about substance use. It is necessary for families to talk about these things to help their children realize the seriousness of the issue. It is essential to give them some rules to live by and explain the rules they are giving. It is vital to give children some guidelines to follow. If children do not know how their parents feel about substance use, they may assume it is alright to drink and smoke. The importance of parental supervision was studied by Wood, Mitchell, Read and Brand (2004). They surveyed 1500 eighteen and nineteen year olds on a Strictness-Supervision scale. Questions on this survey consisted of items like: how much do your parents know about your life and do they know where you are at night. They found that alcohol use was higher with teens whose parents were more permissive than those whose parents were more authoritative (Wood, Mitchell, Read & Brand, 2004). Parents need to be involved in

their children's lives to a certain degree. When they establish a good relationship with their child, the child is less likely to do things they know their parents would disapprove of. 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" (Kuendig & Kuntsche, 2006, p. 469). A child's home life needs to be predictable and stable. When the home environment is out of control due to an angry parent, the child feels like their life is out of control too (Ross & Hill, 2001).

When the parents are excessively volatile they create an unstable environment for the child to grow up and a strong positive emotional bond with the child is not usually established. Dysfunction in the home creates a barrier between the parent and the child. When lots of fighting and arguing occurs in the home, it causes the child to distance themselves from their parents. They are fearful of them and a bond cannot easily be created. A dysfunctional home does not create an environment of affection and intimacy that the child needs to feel in order to bond with their parents. Parent's 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). The volatile behavior of family members contributes to the development of adolescent alcohol consumption (Poelen et al., 2007). Most of the time parents that fight do not create closeness and intimacy with their child. Instead they create high levels of stress and emotional harm for their child. (Drapela & Mosher, 2007). The lives of teens in this type of home feel chaotic, and there is disruption all around them. Family discord is harmful to children. They suffer from emotional trauma. Children feel they have no one to rely on, so they turn to another source, substances. Alcohol, tobacco and marijuana may give them the escape or coping mechanism that they desperately need. It takes away their feelings of stress and parental

rejection. They feel it is alright to yell because their parents have. The bad example has been set for them. They do not care what their parents think. They have no one to let down or disappoint. When there is a poor parent-child relationship, the teen is more likely to use substances (Ross & Hill, 2001).

METHODOLOGY

Sampling

The Communities that Care Youth Survey (Hawkins and Catalano) was administered in May, 2008 to 7th, 8th, and 9th grade students attending public schools in a rural, four-county area in north central Idaho. Study procedures were approved by Andrews University's Institutional Review Board (IRB). An initial presentation on the study and the survey tool was made during a regularly scheduled regional meeting of secondary school principals, and follow-up phone calls 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, that all responses would be anonymous, and the survey 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 a classroom, cafeteria, or gymnasium large enough to allow the students ample room for privacy. A script approved by Andrews University IRB 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, and gave instructions on how to mark their responses on the survey form. 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. Surveys and pencils were then passed out to the students who agreed to participate. 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, and surveys were then shipped to Andrews University for scantron scoring.

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. (See appendix A). The items looked at the respondent's engagement and commitment to the following variables: feeling close to parents, having set rules about substances, being involved in family decisions, feeling comfortable talking to parents about problems, parents give encouragement and compliments. Other items that were looked at examined how dysfunctional a child viewed their family and what discord they observed: these

variables were: 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

All statistical analyses were performed using the Statistical Package for Social Science (SPSS) v 14.0. The primary analytical strategy used was the Pearson Correlation Coefficient to measure the significance of the association between parent- child relationships and substance use. As we tested multiple correlations in this study there is an increased possibility of making an experiment-wise type 1 error. To avoid making an experiment-wise type one error, we set our significance levels for each test at .001. When the significance level is set at .001 the possibility of committing an experiment-wise type 1 error is reduced to less than .09 %. Other data correlated at the .05 and .01 levels were still reported as they should be of interest to the reader to know that there is a smaller, but still notable association between the variables.

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 %, African American 3.5 %, Asian 1.2 %, Native American 7.7 % and Hispanic 5.3 %. Slightly over half (52.5%) of the students were male and 45.6 % were female. Students ranged in age from 12-19, with the majority ages 13- 14 and in the 7th and 8th grades.

Parental-Bonding and Substance Use

The analysis presented in Tables 1 and 2 (shown below) suggests, overall, that when children feel close to their families they are less likely to get involved in using substance use. The strongest relationship between alcohol use and parent-child relationships involved the

youth's perception that their alcohol use would be discovered. This correlation was $-.41$. 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 $-.22$ and $-.26$ respectively. Such positive relationships as having fun together, involvement in family decisions as well as positive emotional bonds all had a significant relationship in the range of $-.15$ to $-.23$. All of the social control and social bonding variables examined consistently were related at least at the $p < .001$ level to less alcohol use. Some correlations did not meet the criterion level of $.001$, but are still reported in the data if they were correlated at the $.05$ and $.01$ level as they are likely to be of interest to the reader.

Table 1. Correlation of Substance Use with Family Bonding

As is shown in Tables 1 and 2 (see below), 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 $-.21$ and clear rules about drugs $-.21$. The highest correlations between tobacco and parent-child relationships were: do fun things with parent $-.23$, parents notice your good work, $-.21$ and parents tell you they're proud of you $-.21$. While the correlations were slightly lower, all of these results were significant at $p < .001$ level. Some correlations did not meet the criterion level of $.001$, but are still reported in the data if they were correlated at the $.05$ and $.01$ level as they are likely to be of interest.

Table 2. Correlation of Substance Use with Parental Monitoring

Parental Volatility and Substance Use

The results in the previous sections support research findings that attachment to parents has an inverse association with substance use (Bahr, Marcos & Maughan, 1995). When we

examine the relationship between family conflict and alcohol use, we see a positive correlation. (Shown below in Table 3). Family members engaging in serious arguments, arguing frequently, yelling at each other and insulting each other was consistently related to increases in each type of substance use examined with correlations ranging from .16-.25; all significant at the .001 level. Some correlations did not meet the criterion level of .001, but are still reported in the data if they were correlated at the .01 level as they are likely to be of interest to the reader.

Table 3. Correlation of Substance Use with Family Dysfunction

Parental Volatility and Family Bonding

Table 4 (shown below) shows us 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 .001 level or greater, with each of the family bonding items. While some data did not meet the significance levels we had set (.001), they should still be of note to the reader as all are still correlated at the .05 or .01 levels. The strongest inverse correlations ($<-.3$) are between frequent yelling in the family and arguing about the same issues over and over again and feeling close to your mother, talking to parent about 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 parent that relates to lower rates of substance use.

Table 4. Correlation of Family Dysfunction with Family Bonding

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 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

The results support the three hypotheses. There is a significant inverse correlation between strong parent-child relationships and teen substance use, a positive correlation 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. This is consistent with many years of research that suggest that positive parent-child relations are associated with low levels of drinking (Crawford & Novak, 2002).

Parents need to try to maintain a healthy relationship with their children. The quality of family life and parenting practices play a critical role in the initiation and experimentation with alcohol (Miller-Day, 2008). 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 anti-social 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 are to engage in substance use. Teens need to have some set rules to follow, a good example to follow and to model their lives after.

The data suggests that parents need to be careful about how they behave toward each other around their children. Families have a large impact and influence on whether or not their

child will use substances. It is from our families that we learn what kind of behavior is socially acceptable. If the parents do not seem to care, it is likely the child will not either. Studies have found that when there is a lot of an anger, arguing and negative emotion displayed between the parents, the teens are negatively shaped by this. Skeer and colleagues studied how exposure to adverse family environments impacts a child's likelihood for becoming involved in substance use. They surveyed 1,421 teens in a Chicago neighborhood. It was a longitudinal study that followed the children from around age 10 to around age 22. To examine the relationship between family conflict and substance use, the researchers used the data from the Project on Human Development in Chicago Neighborhoods. They found that familial conflict was significantly associated with an increased risk of substance use disorders. Some of the increased risk was due to the fact that the child externalized their problems. They may feel as though their problems were beyond their control (Skeer, McCormick, Normand, Buka & Gilman, 2009).

Dysfunctional families can lead the adolescent to become a substance user. Using the substances is like an escape mechanism for the teen. It takes them away from all the stress, anxiety, anger and pain around them. It makes them feel good again for a while. It takes them to a place where there are not any worries and they do not have to think about the trouble in their lives. These dysfunctional coping methods can be caused by parents who are perceived as lacking warmth and treating their children with hostility (Johnson & Pandina, 1991). Children who feel neglected by their parents are more likely to use substances than those who feel close to their mom and dad (Foxcroft & Lowe, 1995).

There were some limitations to this study. There was little racial/ethnic variance in this study. Caucasian students comprised 83.7% of those surveyed in this study. Ethnicity and race could affect how teens bond with their parents and there is not a big enough sample of other

ethnicities to effectively examine the relationships by ethnicity. Also other well documented protective and risk factors such as religiosity, peer group behavior, and other adult mentoring were not taken into account. However, the data presented substantiate the inverse relationship between positive family bonding and elements of family dysfunctional behavior as well as the protective relationship between family bonding and substance use and the risk relationship between family dysfunctional variables and youth substance use. For future research one may want examine differences between genders. Does the impact of the same gender parent or opposite gender parent play more of a role in how likely the child is to use substances? Further studies may want to examine and discuss what kind of educational programs can be put into action to help parents and counselors become aware of the impact that a positive parent-child relationship can have on preventing substance use.

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Table 1. Correlation of Substance Use with Family Bonding

	My parents notice when I am doing a good job and let me know about it	How often do your parent tell you they're proud of something you've done	Do you feel very close to your mother	Do you share your thoughts and feelings with your mother	My parents ask me what I think before most family decisions affecting me are made	Do you share your thoughts and feelings with your father	Do you enjoy spending time with your mother	Do you enjoy spending time with your father	If I had a personal problem I could ask my mom or dad for help	Do you feel very close to your father	My parents give me chances to do lots of fun things with them
Have You Ever Smoked Cigarettes	-.210**	-.209**	-.187**	-.155**	-.177**	-.190**	-.139**	-.191**	-.183**	-.199**	-.229**
On how many occasions have you had alcoholic beverages to drink more than just a few sips in your lifetime	-.206**	-.211**	-.165**	-.160**	-.165**	-.145**	-.130††	-.146**	-.192**	-.180**	-.227**
On how many occasions have you used marijuana or hashish in your lifetime	-.175**	-.136††	-.205**	-.136††	-.139**	-.142**	-.101†	-.184**	-.177**	-.188**	-.185**

Note. **. 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

	The Rules in my Family are clear	When I am not at home one of my parents knows where I am and who I am with	If you drank some beer or wine or hard liquor without your parent's permission would you be caught by your parents	My family has clear rules about alcohol and drug use	Would your parents know if you did not come home on time
Have You Ever Smoked Cigarettes	-.140 ^{††}	-.186 ^{**}	-.262 ^{**}	-.224 ^{**}	-.207 ^{**}
On how many occasions have you had alcoholic beverages to drink more than just a few sips in your lifetime	-.217 ^{**}	-.224 ^{**}	-.413 ^{**}	-.260 ^{**}	-.237 ^{**}
On how many occasions have you used marijuana or hashish in your lifetime	-.157 ^{**}	-.168 ^{**}	-.234 ^{**}	-.206 ^{**}	-.176 ^{**}

Note. **. 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 3. Correlation of Substance Use with Family Dysfunction

	People in my family often insult or yell at each other	We argue about the same things in my family over and over	People in my family have serious arguments
Have you ever smoked cigarettes	.254**	.157**	.154**
On how many occasions have you had alcoholic beverages to drink more than just a few sips in your lifetime	.215**	.157**	.170**
On how many occasions have you used marijuana or hashish in your lifetime	.190**	.113††	.121††

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

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

Table 4. Correlation of Family Dysfunction with Family Bonding

	The rules in my family are clear	My Parents notice when I am doing a good job and let me know about it	How often do your parents tell you they're proud of something you've done	Do you feel very close to your mother	Do you share your thoughts and feelings with your mother	My Parents ask me what I think before most family decisions affecting me are made	Do you share your thoughts and feelings with your father	Do you enjoy spending time with your mother	Do you enjoy spending time with your father	If I had a personal problem I could ask my mom or dad for help	Do you feel very close to your father	My parents give me lots of chances to do fun things with them	Would you parents know if you did not come home on time
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People in my family often insult or yell at each other	-.154**	-.243**	-.279**	-.306**	-.276**	-.292**	-.173**	-.239**	-.179**	-.349**	-.208**	-.333**	-.240**
We argue about the same things in my family over and over	-.182**	-.265**	-.265**	-.306**	-.252**	-.277**	-.157**	-.235**	-.166**	-.313**	-.200**	-.333**	-.188**
People in my family have serious arguments	-.250**	-.261**	-.284**	-.191**	-.144**	-.204**	-.101†	-.126††	-.122††	-.190**	-.107††	-.231**	-.158**

Note. **. 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)