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THE FACTORS AFFECTING CODEPENDENCE AND RELATIONSHIP WITH HOW TO COPE WITH PATIENT IN THE FAMILY OF ALCOHOLICS
Kye-Seong Lee, M.D., Sang-Eun Shin, M.D., Ju-Eon Park, M.D
237, Yulmokdong, Junggu, Incheon Christian Hospital, Incheon

Objectives: The purpose of this study is to investigate the level and affecting factors of codependence & relationship with how to cope with patient in the family of alcoholics.

Method: The subject were 60 family members of patients with alcohol dependence. All subjects were assessed by questionnaire about the demo-graphic data, Children of Alcoholics Screening Test (CAST), Korean Version of Alcohol Use Disorders Identification Test(AUDIT-K), the Korean Version of Checklist from Co-dependents Anonymous(CCA-K), Spouse Sobriety Influence Inventory (SSI). Alcohol related characteristics of patients were surveyed through chart review and interview with family members.

Results: First: The level of codependence among family with alcohol dependence was 93.3%. Among the characteristics of family, the presence of job among family members related with codependence & had significant positive relationship with how to cope with patients. Second: among the characteristics of patients, many factors that reflects severity of alcohol dependence had significant positive relationship with codependence & how to cope with patients.

Conclusion: Our result support that codependence was the stress response came from in the relation with alcohol dependent patients because alcohol related characteristics of patients highly related with codependence compared to the characteristics of family members such as family history of alcohol. In the aspect of treatment, codependence should be considered, we have to help the family members to increase capacity how to cope with patients.

Key Words: Alcohol dependence, Codependence, Alcoholic family, Coping

PARENTAL PROBLEM DRINKING, PARENTING, AND ADOLESCENT ALCOHOL USE: A LONGITUDINAL FULL-FAMILY STUDY
C. S. van der Zwaluw; R. H. J. Scholte; A. A. Vermulst; J. K. Buitelaar; R. J. Verkes;
Center of Alcohol Studies-Rutgers University, 607 Allison Road, Piscataway

The present study examined whether parental problem drinking affected general parenting (i.e., behavioral control, support) and alcohol-specific parenting (i.e., permisiveness, alcohol-specific behavioral control). In addition, we examined whether parental problem drinking and both forms of parenting are related to subsequent adolescent alcohol use over time. A nation-wide community sample was obtained consisting of 428 Dutch families. Both parents and two adolescents (aged on average 13.6 and 15.3 years at Time 1) in these families participated in a three-wave longitudinal study with annual waves. Analyses were conducted by means of Structural Equation Modeling (Mplus). First, results showed that parental problem drinking was in general neither associated with general parenting, nor with alcohol-specific parenting in both adolescents. Thus, more alcohol-related problems of parents were not related to lower levels of parental support, rule-setting, or control over time. Second, for the younger adolescents, higher levels of support, rule-setting, and both general and alcohol-specific control were related to lower engagement in drinking over time. For the older adolescents, parenting was not systematically related to their alcohol consumption. Third, for the younger adolescents, direct effects of parental problem drinking on adolescent alcohol use were found. This implies that shared environment factors, such as parenting and modeling effects, influence the development of alcohol use in adolescents when they are still relatively young (until the age of 14) and when their drinking behavior is still in the initiation phase. It is highly conceivable that when adolescents grow older, and start using more alcohol at a regular basis, their drinking behavior is more affected by other factors, such as genetic susceptibility, and peer drinking.