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Parental Communication of Responsiveness and Control as Predictors of Adolescents' Emotional and Behavioral Resilience in Families with Alcoholic Versus Nonalcoholic Parents

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Interactions between parents and children establish norms for managing emotions and behavior, which are markers of resilience. This study examines how features of interpersonal communication between parents and children facilitate the resilience of children of alcoholic parents versus nonalcoholic parents. Parent–adolescent dyads (30 families of alcoholics, 30 families of nonalcoholics) were invited to participate in two videotaped interactions, which were then rated for parental responsiveness and control and adolescent emotion regulation and behavioral impulsivity. Parental responsiveness was positively associated with emotion regulation, and parental control was negatively associated with emotion regulation and positively associated with impulsivity. Moderation analyses point to several notable differences in the effects for alcoholic versus nonalcoholic families.

Keywords: Alcoholism, Children of Alcoholics, Resilience, Emotion Regulation, Family Communication.

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Resilience is reflected in the ability to achieve positive outcomes and avoid negative outcomes in contexts marked by adversity (Luthar, Cicchetti, & Becker, 2000), and it is an important personal characteristic for all children and adolescents to develop because it arms them with coping mechanisms to respond to hardships, both big and small (Fergus & Zimmerman, 2005). Family communication dynamics may be especially influential in bolstering children's resilience. In particular, the ways that parents engage with their children during interaction can shape a child's emotional and behavioral competence. We draw on Baumrind's (1991) dimensions of parental

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communication as a theoretical foundation for this study to identify features of parent–child communication that are associated with emotional and behavioral markers of adolescent resilience. Baumrind highlights responsiveness and control as two dimensions underlying parental communication that may encourage or undermine resilient emotional and behavioral responses to interaction. Thus, a first goal of this study is to examine the features of parental communication that are influential in shaping children's resilience.

Notably, family communication dynamics may look different in families marked by challenging interpersonal circumstances, which could have negative implications for adolescent resilience. Alcoholism is one condition that may contribute to adverse conditions in the family. Families of alcoholics are characterized by conflict and communicative inconsistencies, which can undermine children's ability to communicate appropriately and effectively (Connors, Donovan, & DiClemente, 2001). Although growing up in an alcoholic home places children at risk for a variety of interpersonal problems (Straussner & Fewell, 2011), some children demonstrate an ability to successfully cope with challenging family circumstances. For children of alcoholics (CoA), in particular, the tendency to respond with resilience to their family circumstances is a key factor in their ability to lead successful and healthy lives in adulthood (Werner & Johnson, 2004). Thus, a second goal of this study is to examine the moderating effect that a parent's alcoholism can have on family communication and adolescent resilience.

This study contributes to the literature in at least three ways. One contribution is theorizing about resilience as a multifaceted construct that is reflected in communication. While most studies examine resilience as a cognitive appraisal of one's ability to overcome adversity (Smith et al., 2008), we focus on the ways that resilience is manifest in communicative markers of emotion regulation and behavioral impulsivity. Relatedly, a second contribution is the observation of parental communication in action. The majority of research utilizing Baumrind's (1991) parenting dimensions focuses on parents' self-reported beliefs about responsiveness and control in parenting behavior (Baumrind, 1995; Rinaldi & Howe, 2012). This study advances the literature on parental communication by documenting how parents enact responsiveness and control in interactions with their children and to what effect. Finally, this study offers practical contributions to the literature on CoA. While much of the research on CoA focuses on the hardships that befall children who are faced with a parent's alcoholism, our study points to the features of parental communication that can bolster adolescents' emotional and behavioral well-being.

Markers of adolescent resilience

Although *all* children are exposed to some level of adversity, those who experience chronic stressors are the most prone to deleterious outcomes (Hall & Webster, 2007). Children who are better at navigating an unfavorable situation are more likely to demonstrate *resilience* or successful adaptation in an adverse environment

(Luthar et al., 2000). To successfully adapt to stressful situations, individuals must master certain interpersonal skills, including effective self-monitoring and social competence (Hall & Webster, 2007). In this study, we highlight adolescents' emotion regulation and behavioral impulsivity as two distinct markers of resilience that are manifest in communication.

The first indicator of adolescent resilience is *emotion regulation*, which refers to the ability to control emotional arousal and enact appropriate emotional responses (Ochsner & Gross, 2005). Individuals with high emotion regulation tend to demonstrate prosocial skills and effective stress management (Gottman, Katz, & Hooven, 1997). Individuals with low emotion regulation tend to be more easily distracted, impatient, and focused on negative emotions (Gross & Thompson, 2006). Children's ability to regulate emotion is shaped by interactions with their parents and other caregivers. A supportive and sympathetic response from parents encourages children to successfully identify and address their emotion during a social episode (Gross & Thompson, 2006). Parents who respond to children's emotion in a derogatory way stimulate children's negative adaptation and poor regulatory behavior (Denham, 1998). As children are exposed to the positive or negative regulating process of emotions, the experiences lend a hand in shaping how they view themselves and their environment (Peterson & Park, 2006).

Another marker of resilience is *behavioral impulsivity*, which refers to a lack of behavioral inhibition regardless of social consequences (DeYoung, 2011). Children who struggle with impulse control are considered high in impulsivity and often demonstrate other behavioral problems, such as a lack of attention or increased aggression (Plutchik & Van Praag, 1995). Individuals who are low in impulsivity are capable of controlling their behavior, adjusting appropriately to their environment, demonstrating flexibility, and enacting resourceful adaptation (Eisenberg & Spinrad, 2004). In one study, children who received skill-based training that rewarded good behavior demonstrated fewer impulsive tendencies and improved executive functioning (Petras et al., 2008). Thus, the negative or positive influence of a caregiver may be influential in shaping children's behavioral responses.

Family communication dynamics that predict resilience

Communication between parents and children is instrumental in shaping children's socialization and adjustment. This study utilizes Baumrind's (1991) dimensions of parental responsiveness and control to identify how features of parents' communication behavior are associated with emotional and behavioral responses for children in families of alcoholics compared to families of nonalcoholics. The following sections introduce responsiveness and control as predictors of emotion regulation and behavioral impulsivity.

Parental responsiveness as a predictor of adolescent resilience

The first dimension of parental communication in Baumrind's model is responsiveness. *Parental responsiveness* refers to verbal and nonverbal communication that is

attentive to a child's needs and supportive of a child's individuality (Peterson & Hann, 1999). Generally, responsiveness refers to communication that provides warmth and support from parent to child (Peterson & Hann, 1999). Parental responsiveness is reflected in nonverbal behavior through softened vocal tone, consistent eye contact or gaze, and increased touch (Hertenstein, 2002). Verbal patterns also demonstrate responsiveness through consistent and direct communication that expresses the sincerity of the message (Segrin & Flora, 2011).

Responsive parental communication promotes children's resilience by encouraging appropriate emotion regulation. Parents who demonstrate responsive communication patterns encourage children to self-regulate and be independent (Baumrind, 1991). As parents alter their communication style to elicit engagement with their child, the vocal alterations demonstrate an effective expression of emotion (Baumrind, 1995). In addition, demonstrations of affection through gaze and touch promote expression of feelings and encourage supportive interactions (Hertenstein, 2002). Furthermore, demonstrations of sympathy and problem-solving attempts from parents are positively associated with lower levels of anxiety and distress in children (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991). Taken together, this evidence suggests that responsive parental communication may help adolescents display better emotion regulation during conversation. Therefore, the following hypothesis is proposed:

H1: Parental responsiveness is positively associated with adolescents' emotion regulation ability.

Responsive communication from a parent may also play a role in shaping children's behavioral outcomes. Toddlers demonstrate a greater capacity for self-control and attentiveness when parents are responsive, discuss emotions openly, and provide support (Bernier, Carlson, & Whipple, 2010). In contrast, children with insensitive parents are more likely to exhibit distress during activities that ask the children to delay gratification, such that they act out more than children with responsive parents (Romer, Duckworth, Sznitman, & Park, 2010). This research suggests that resilient behavioral outcomes are more common under conditions of responsive parental communication and that impulsive and externalizing behaviors are more likely with unresponsive parents. Thus, the following hypothesis is presented:

H2: Parental responsiveness is negatively associated with adolescents' impulsivity.

The associations between parental responsiveness and the markers of adolescent resilience may be more or less pronounced in families of alcoholics versus nonalcoholics because of the ways that a parent's alcoholism alters communication dynamics in the family. On one hand, the association between parental responsiveness and adolescent resilience may be weaker in families of alcoholics given that parents in these families are more likely to lack involvement with their children (Lam et al., 2007), which may make it more difficult for CoA to express emotions and receive support during rare and unexpected moments of parental responsiveness (Bolger & Amarel,

2007). On the other hand, the fact that parental responsiveness tends to be rare in families of alcoholics (Werner & Johnson, 2004) may make its effect on adolescent resilience more robust. In other words, while children without an alcoholic parent may grow accustomed to responsive parental communication in ways that mute its effect on their resilience, CoA may reap more benefits from parental responsiveness because they are unlikely to take it for granted. Given that the association between parental responsiveness and adolescent resilience may be more or less pronounced in families of alcoholics, we pose the following research question to probe the potential moderating effect of parental alcoholism:

RQ1: To what extent does a family's alcoholism status moderate the associations between parental responsiveness and both emotion regulation and behavioral impulsivity?

Parental control as a predictor of adolescent resilience

The second dimension in Baumrind's model refers to the verbal and nonverbal communication of control. *Parental control* describes communication behaviors that firmly regulate children's behavior and emotions. Research on parent–child interaction indicates that there are two types of controlling communication: psychological and behavioral. *Psychological control* describes the parents' efforts to target children's emotional sensitivities in an effort to control or alter their behavior (Aunola & Nurmi, 2005). Parents may enact psychological control by withholding love and affection (Baumrind, 1995), expressing disappointment with the child (Segrin & Flora, 2011), or intruding on the child's independence (Barber & Harmon, 2002). *Behavioral control* is communicated through physical and/or explicit demands that limit children's actions (Galambos, Barker, & Almeida, 2003). This type of control emphasizes the parents' power over the children instead of using reason to seek compliance (Baumrind, 1995). Children exposed to psychological and behavioral control demonstrate less obedience (Grolnick, Gurland, DeCourcey, & Jacob, 2002). Thus, parental control may have adverse implications for children's well-being.

Parents who assert more control in their communication may inhibit a child's ability to regulate their own emotion and behavior (Houck & Lecuyer-Maus, 2004). Children exposed to a controlling or authoritarian parenting style tend to demonstrate overarousal and poor self-regulation abilities (Calkins, 1994). Given that children learn to regulate emotion through parent–child interactions (Cupach & Olson, 2006), parents who instruct the child not to react in a particular way, rather than acknowledging the child's feelings, may lead the child to believe that his or her emotions are unjustified or incorrect. In other words, the parent tells the child how to feel instead of helping them to understand his or her own emotional reactions. Therefore, family communication characterized by high levels of parental control may discourage healthy emotion regulation for adolescents. Based on these assumptions, the following hypothesis is presented:

H3: Parental control is negatively associated with adolescents' emotion regulation ability.

Adolescents' behavioral impulsivity can also manifest as a response to parental control. When parents go too far in trying to suppress their children's behavior, children may respond with reactance to the parents' demands and enact behaviors that are in direct opposition to those commands (Aunola & Nurmi, 2005). Children with controlling parents tend to demonstrate increased dependency, passive aggressiveness, and outright aggression (Baumrind, 1995; Segrin & Flora, 2011). Parental control is also associated with increased withdrawal and avoidance in children (Feldman, 2009). Along these lines, children may show more impulsivity when they encounter controlling parental communication. Thus, the following hypothesis is proposed:

H4: Parental control is positively associated with adolescents' impulsivity.

The communication climate in families of alcoholics could amplify or dampen the association between parental control and adolescent impulsivity. Alcoholic parents often communicate with a high conformity orientation, expecting family members to share similar views and to stifle differences of opinions (Rangarajan & Kelly, 2006), which is reflected in parents' efforts to control their children. On one hand, increased parental control in families of alcoholics could lead to more compliance on the part of adolescents in these families as compared to nonalcoholic families. Many CoA are reluctant to express feelings of guilt and shame related to a parent's drinking and fear the consequences of disclosure about a parent's disease (Straussner & Fewell, 2011). Thus, in families of alcoholics, children may be more obedient because the ramifications of noncompliance appear more severe. On the other hand, some evidence suggests that CoA are more likely to demonstrate reactance in the face of parental control. While parental authority is generally accepted in families of nonalcoholics, CoA are more likely to perceive a double standard when their parents expect more controlled behavior in the children than they are able to demonstrate themselves. To this end, studies indicate that CoA often struggle to cope with their circumstances and are more likely to develop emotional and behavioral issues, such as depression and high-risk behaviors like substance abuse (Rangarajan & Kelly, 2006). To investigate the potential moderating effect of parental alcoholism on our predicted associations, we present the following research question:

RQ2: To what extent does a family's alcoholism status moderate the associations between parental control and both emotion regulation and behavioral impulsivity?

Method

To examine associations between parental communication and adolescents' emotional and behavioral markers of resilience, this study observed two 5-minute interactions between parent–adolescent dyads. Prior research has tended to focus on global judgments of parental communication and children's developmental outcomes in survey-based assessments. Few studies have examined the specific behaviors that comprise parental communication and adolescent resilience in interactions. By observing actual conversations, we have a richer view of these conversational

dynamics and how they are cultivated in communication behavior. In addition, observational methods reduce the likelihood of social desirability biases that may be reflected in self-report measures of parenting behavior and adolescent resilience.

A total of 60 parent–adolescent dyads (30 families of nonalcoholics and 30 families of alcoholics) participated in the study. Dyads from nonalcoholic families were recruited by posting announcements in social media platforms and local businesses and relying on snowball sampling. Parent–adolescent dyads from alcoholic families were recruited through organizations in New Jersey, Texas, and California that were geared toward supporting families of alcoholics.

Eligibility for the nonalcoholic parent–adolescent dyads required that (a) the adolescent child be between the ages of 12 and 19; (b) parents were either married and both live in the same home with the child or unmarried but share custody, and visitation with the nonresidential parent occurred at least once a month; (c) both the parent and the adolescent speak, read, and write in English; and (d) the adolescent was not taking medication for any emotional or psychological disorders. Qualifications for the parent–adolescent dyads from families of alcoholics were the same, except for the added requirement that at least one of the adolescent's parents meet the criteria for an alcohol use disorder. We did not control whether the participating parent from families of alcoholics was the alcoholic parent or a nonalcoholic parent for two reasons. First, in many of the families of alcoholics, both parents met the criteria for having an alcohol use disorder; thus, it would have severely hampered our recruitment to require that the families have only one alcoholic parent. Second, we wanted the families to decide for themselves which parent would participate in the study to avoid forcing them to participate in interactions that may have been uncomfortable or undesirable.

Sample

Among the adolescents who participated, there were 24 males (40%) and 35 females (58.3%), with one adolescent declining to report. The mean age of adolescent participants was 14.8 years ($SD = 1.93$), with a range of 12–19 years. The majority of adolescents were Caucasian (70%), followed by African American (10%), Hispanic/Latino (6.7%), Asian (1.7%), Native American (1.7%), and Other (6.7%). Two adolescents declined to report (3.3%).

Parents included 14 males (23.3%) and 45 females (75%), with one parent who declined to report. The mean age of parents was 46.62 years ($SD = 7.76$), with a range of 27–63 years. The majority of parents were Caucasian (80%), followed by African American (10%), Hispanic/Latino (8.3%), and Indian (1.7%). For current household income, 8.3% reported less than $25,000; 10% reported $26,000–50,000; 18.3% reported $51,000–75,000; 10% reported $76,000–100,000; 6.7% reported $101,000–125,000; and 43% of the majority of families had a household income of more than $126,000, with two families declining to report.

Most participating parents were involved in a committed relationship with the child's other parent (85%). Among these, 3.3% were dating but not married, 80% were

married, 3.3% were in a common law marriage, and 13.3% declined to report. For the 15% of participants not involved with their child's other parent, 37.5% were separated; 37.5% were divorced; 12.5% were widowed; and 12.5% reported never having a committed relationship.

In the dyads from families of alcoholics, the participating parent was an alcoholic in 6 dyads, and the nonparticipating parent was the alcoholic in 13 dyads. In 11 dyads, both parents had an alcohol use disorder. The alcoholic parent(s) consumed an average of 23.5 alcoholic beverages in a typical week, with a range of 8–84 beverages. In contrast, the average number of alcoholic beverages consumed in a typical week by nonalcoholic parents was 3.2.

The gender composition of the dyads in families of alcoholics included 15 mother–daughter dyads, 4 father–son dyads, 7 mother–son dyads, 3 father–daughter dyads, and 1 unreported. In families without an alcoholic parent, the dyads included 10 mother–daughter dyads, 1 father–son dyad, 12 mother–son dyads, 6 father–daughter dyads, and 1 unreported.

Procedures

Upon arrival at the lab, parents and adolescents completed consent forms and preinteraction surveys. Next, the parent and the adolescent were asked to participate in an interaction task where they discussed a happy and an unhappy experience (Afifi, Granger, Denes, Joseph, & Aldeis, 2011). Prior to the interaction, adolescents were asked to write down three happy experiences and three unhappy experiences that had happened to them recently on separate note cards as possible discussion topics (McLaren & Pederson, 2014). Adolescents were then asked to pick one experience from each set of topics to discuss with their parent. We included a happy and an unhappy topic because parental responsiveness and control are likely to differ depending on the emotional tone of the conversation, and adolescents' ability to regulate emotion and manage their behavior may vary when experiencing positive versus negative emotions (Sillars, Koerner, & Fitzpatrick, 2005). The order of the happy and unhappy topics was alternated at random to avoid ordering effects. A timer was set for the interaction, allowing 5 minutes of discussion on each topic. Interactions were videotaped to later be rated for dimensions of responsiveness and control on the part of the parent and emotion regulation and impulsive behavior on the part of the adolescent. After all study elements were completed, the dyad was debriefed, and each participant was compensated $50 for their time.

Rating procedures

A team of four research assistants was trained to rate the videotaped interactions for the dimensions of parental communication and markers of adolescent resilience. The research team was not made aware of which dyads were from families of alcoholic versus nonalcoholic parents. Prior to rating the interactions, the research team met with the first author to review each rating scheme and practice rating procedures on several interaction examples. Once the research team demonstrated an understanding of the

rating scheme, they were instructed to rate several sets of interactions at a time. All members of the research team were required to rate every interaction. Each week, the first author reviewed example interactions with the research team to reinforce rating procedures. The reliability of raters was also confirmed each week and was assessed using a consistency-based intraclass correlation coefficient (ICC), with the threshold for acceptable reliability set at ICC > .60 (Courtright, 2014; Fleiss, 1986). We compared ICC across families of alcoholics versus nonalcoholics and across happy interactions versus unhappy interactions. Each subgroup had an acceptable reliability of ICC > .60. The reliabilities across the happy and unhappy interactions were quite similar, so we collapsed the types of interaction for ease of reporting. For some of the variables, however, the research team demonstrated greater reliability for rating conversations in one type of family over the other. Thus, we report separate ICCs for alcoholic families and nonalcoholic families.

Responsiveness and control were rated according to Baumrind's (1991) classifications. The raters evaluated each 30-second interval of the interaction based on a 5-point Likert scale (1 = *not at all responsive/controlling* to 5 = *completely responsive/controlling*). To create a composite variable based on observations, we summed the scores for all raters for each 30-second interval and then summed the ratings for all 10 intervals in the interaction. For the responsiveness dimension, raters looked for signs that indicated encouragement, support, praise, acknowledgement of feelings, and verbal and nonverbal expressions of care. Frustration, impatience, avoidance, discomfort, and lack of eye contact demonstrated an unresponsive communication style. The reliability for responsiveness ratings was ICC = .66 for alcoholic families and ICC = .75 for nonalcoholic families ($M = 145.83$, SD = 28.71). For the control dimension, high control was reflected in more demands, nagging, stressing rules, and demonstrating aggression. Parents low in control did not blame the child, adapted their own behavior, and were passive during the interaction. The reliability for control ratings was ICC = .87 for alcoholic families and ICC = .80 for nonalcoholic families ($M = 105.10$, SD = 29.66).

Interactions were also rated for adolescent emotion regulation and behavioral impulsivity. We developed an emotion regulation scale to evaluate adolescents' ability to control their emotional expressions. Raters assessed emotion regulation behavior based on a 5-point scale (1 = *poor emotion regulation* to 5 = *excellent emotion regulation*) for each 30-second interval of interaction. Again, composite scores for each interaction were achieved by summing ratings across all raters and all intervals of the interaction. When rating for poor emotion regulation, raters were asked to look for adolescents' demonstrations of inappropriate expression of emotion, such as withdrawal, difficulty empathizing, and impatience. For excellent emotion regulation, raters were asked to observe signs that the adolescents' were comfortable by demonstrating emotions appropriate to the conversation, attentiveness, and ability to articulate emotions. Raters were reliable in assessing adolescent emotion regulation in alcoholic families (ICC = .93) and nonalcoholic families (ICC = .76; $M = 148.40$, SD = 36.64).

We assessed adolescent behavioral impulsivity using an adaptation of the Revised Edition of the School Observation Rating System that assesses behavioral appropriateness (REDSOCS; Jacobs et al., 2000). Raters used a 5-point scale to evaluate behavioral appropriateness (1 = *appropriate behavior*, 5 = *inappropriate behavior*) for each 30-second interval of interaction, and ratings were summed to compute the composite variable. When rating appropriate behavior, raters were asked to look for effective turn-taking during the interaction, appropriate volume of speech, and consistent eye contact. Observers of adolescents' inappropriate behavior were asked to look for signs of aggression, such as speaking over the parent, yelling, or being easily distracted. Raters demonstrated high reliability for both alcoholic (ICC = .88) and nonalcoholic families (ICC = .80; $M = 86.47$, SD = 33.13).

Results

To begin, bivariate correlations were calculated separately for families of alcoholics and families of nonalcoholics (see Table 1). For both alcoholic and nonalcoholic families, parental responsiveness was positively associated with adolescent emotion regulation in both interactions, and parental control was positively associated with adolescent impulsivity in the unhappy interaction. For alcoholic families, parental control was positively associated with adolescent impulsivity in the happy interaction. For nonalcoholic families, parental control was negatively associated with adolescent emotion regulation in the unhappy interaction, and parental responsiveness was negatively associated with adolescent impulsivity in both interactions.

Tests of hypotheses

The hypotheses and research questions in this study were evaluated using hierarchical linear regression. The dependent variable in each analysis was adolescent emotion regulation or adolescent impulsivity in either the happy or unhappy interaction. Although adolescent emotion regulation and behavioral impulsivity were strongly correlated, we retained them as separate variables because they index outcomes at differing levels of abstraction, and the dimensions of parental communication were differently associated with each outcome in regression analyses. The first step of each regression included the adolescents' age and gender, parents' relationship status, the number of children in the family, and a dummy-coded variable indicating whether or not the participating parent was an alcoholic as control variables. In each of the analyses, the control variables produced no significant effects. The second step of each model included the parental communication variables of responsiveness or control and a dichotomous variable identifying the family as alcoholic or nonalcoholic. Then, to assess the potential moderating effect of a parent's alcoholism, the third step of each model included the interaction term between the substantive predictor(s) in the model and the alcoholism-identifying variable.

Table 1 Bivariate Correlations of Observed Measures

	V1	V2	V3	V4	V5	V6	V7	V8
V1: Emotion regulation (unhappy)	—	.42*	−.87***	−.70***	.59***	.29	−.61***	−.37*
V2: Emotion regulation (happy)	.95***	—	−.28	−.65***	.25	.38*	−.01	−.18
V3: Impulsivity (unhappy)	−.34	−.26	—	.71***	−.53**	−.27	.54**	.12
V4: Impulsivity (happy)	−.23	−.17	.94***	—	−.34	−.43*	.13	.16
V5: Responsiveness (unhappy)	.49**	.50*	−.09	−.05	—	.75***	−.47**	−.05
V6: Responsiveness (Happy)	.73***	.80***	.22	.27	.58***	—	−.05	.12
V7: Control (unhappy)	−.26	−.16	.54**	.48**	.13	.14	—	.56***
V8: Control (happy)	.15	.23	.57***	.62***	.18	.51**	.63***	—

Note: Alcoholic families' ($N = 30$) scores are reported below the diagonal; nonalcoholic families' ($N = 30$) scores are reported above the diagonal.
*$p < .05$. **$p < .01$. ***$p < .001$.

Parental responsiveness

Recall that the first set of hypotheses predicted that parental responsiveness is positively associated with adolescent emotion regulation (*H1*) and negatively associated with adolescent impulsivity (*H2*), and a research question queried whether these associations differ in families with an alcoholic parent versus families without an alcoholic parent (*RQ1*). When adolescent emotion regulation was the outcome variable, the substantive predictors on step two accounted for 37% of the variance in the unhappy interaction and 45% of the variance in the happy interaction (see Table 2). There was a positive main effect for family alcohol status in both interactions, indicating that adolescents from nonalcoholic families demonstrated greater emotion regulation than those from alcoholic families. As predicted (*H1*), parental responsiveness was positively associated with adolescent emotion regulation in both the happy and unhappy interactions. The interaction term entered on the third step accounted for 8% of the variance in adolescent emotion regulation in the happy conversation and revealed a significant moderating effect. To evaluate the moderation, we conducted a simple slopes analysis (Preacher, Curran, & Bauer, 2006). As shown in Figure 1, the positive association between parental responsiveness and adolescent emotion regulation was stronger for alcoholic families ($\beta = .88$, $p < .001$) than for nonalcoholic families ($\beta = .52$, $p < .01$). Thus, parental responsiveness is more strongly associated with adolescent emotion regulation for adolescents from families of alcoholics than adolescents from nonalcoholic families (*RQ1*).

When adolescent impulsivity was the outcome variable, the substantive variables entered on step two accounted for 10% of the variance in the model for happy conversations and 19% of the variance in the model for unhappy conversations (see Table 2). There was a negative main effect for family alcohol status, such that adolescents from nonalcoholic families demonstrated less impulsivity than adolescents from alcoholic families. Contrary to *H2*, there was no significant main effect of parental responsiveness on adolescent impulsivity in either model. There was, however, a significant interaction between parental responsiveness and family alcohol status in the happy

Table 2 Parental Responsiveness and Adolescents' Emotion Regulation and Impulsivity

	Adolescent Emotion Regulation				Adolescent Impulsivity			
	Happy		Unhappy		Happy		Unhappy	
	$R^2\Delta$	β	$R^2\Delta$	β	$R^2\Delta$	β	$R^2\Delta$	β
Full model	.70		.50		.21		.22	
Step 1	.18		.13		.02		.02	
Adolescent gender		.15		.10		.08		.14
Adolescent age		.05		.09		−.03		−.05
Parent relationship status		.13		.15		.06		−.01
No. of children		.21		.22		.07		.03
Participating parent		−.34*		−.23		−.05		−.01
Step 2	.45***		.37***		.10		.19**	
Family status		.45**		.51**		−.49*		−.51*
Responsiveness		.65***		.52***		.05		−.29
Step 3	.08**		.00		.10*		.01	
RespxAlc		−.36**		.75		−.42*		−.17

Note: Cell entries are $R^2\Delta$ statistics and standardized β coefficients.
*$p < .05$. **$p < .01$. ***$p < .001$.

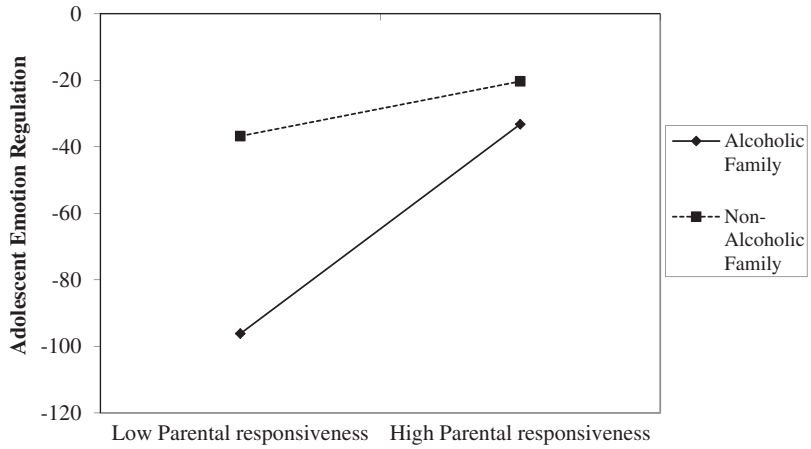

Figure 1 Moderating effect of family alcohol status on the association between parental responsiveness and adolescent emotion regulation during the happy interaction.

interaction. We calculated simple slopes to determine the direction of the moderating effect. As shown in Figure 2, the association between parental responsiveness and adolescent impulsivity was positive for adolescents from families of alcoholics (β = .33, $p = .10$) and negative for adolescents from nonalcoholic families (β = −.46, $p = .09$), but neither effect achieved statistical significance. In other words, parental responsiveness decreased impulsivity for adolescents with nonalcoholic parents but increased impulsivity for adolescents with alcoholic parents, although both effects were nonsignificant (*RQ1*).

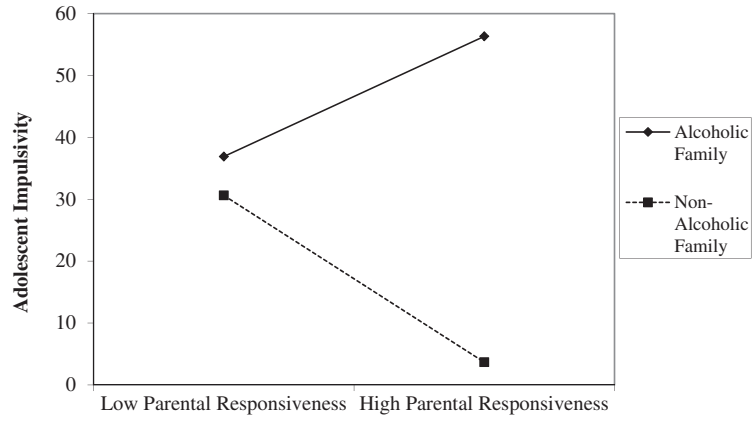

Figure 2 Moderating effect of family alcohol status on the association between parental responsiveness and adolescent impulsivity during the happy interaction.

Parental control

The second set of hypotheses predicted that parental control is negatively associated with adolescent emotion regulation (*H3*) and positively associated with adolescent impulsivity (*H4*). We also queried whether these associations are moderated by a parent's alcoholism (*RQ2*). When adolescent emotion regulation was the outcome variable, the substantive variables entered on the second step accounted for 15% of the variance in happy conversations and 21% of the variance in unhappy conversations (see Table 3). There was a positive main effect for family alcohol status in the happy interaction, such that adolescents from nonalcoholic families demonstrated greater emotion regulation than adolescents from alcoholic families. As predicted (*H3*), parental control was negatively associated with adolescent emotion regulation in the unhappy conversation only. The interaction terms entered on step three of the model were nonsignificant, indicating that family alcoholism did not moderate the association between parental control and adolescent emotion regulation.

When adolescent impulsivity was the outcome variable, the substantive predictors accounted for 26% of the variance in the happy conversation and 34% of the variance in the unhappy conversation (see Table 3). There was a negative main effect for family alcohol status in both interactions, indicating that adolescents from nonalcoholic families demonstrated less behavioral impulsivity than adolescents from alcoholic families. As expected (*H4*), parental control was positively associated with adolescents' behavioral impulsivity for both interactions. The interaction term entered on the third step accounted for 8% of the variance in adolescent impulsivity in the happy conversation and revealed that family alcohol status had a significant moderating effect (see Figure 3). Simple slopes analysis revealed that the association between parental control and adolescent impulsivity was positive for alcoholic families ($\beta = .77$, $p < .001$) but near zero and nonsignificant for nonalcoholic families ($\beta = .07$, $p = .79$). Thus,

Table 3 Parental Control and Adolescents' Emotion Regulation and Impulsivity

	Adolescent Emotion Regulation				Adolescent Impulsivity			
	Happy		Unhappy		Happy		Unhappy	
	$R^2\Delta$	β	$R^2\Delta$	β	$R^2\Delta$	β	$R^2\Delta$	β
Full model	.35		.34		.35		.38	
Step 1	.18		.13		.02		.02	
Adolescent gender		.15		.10		.08		.14
Adolescent age		.05		.09		−.03		−.05
Parent relationship status		.13		.15		.06		−.01
No. of children		.21		.22		.07		.03
Participating parent		−.34*		−.23		−.05		−.01
Step 2	.15*		.21**		.26***		.34***	
Family status		.56**		.41		−.36		−.28
Control		.24		−.34*		.44**		.57***
Step 3	.02		.00		.08*		.01	
ContxAlc		−.21		−.08		−.38*		−.18

Note: Cell entries are $R^2\Delta$ statistics and standardized β coefficients.
*$p < .05$. **$p < .01$. ***$p < .001$.

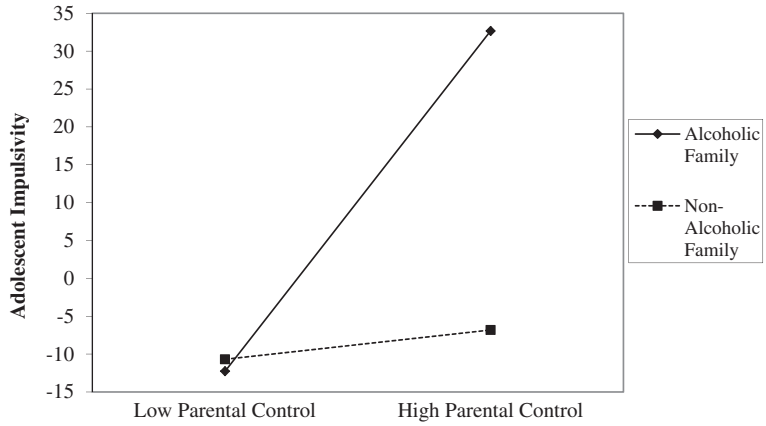

Figure 3 Moderating effect of family alcohol status on the association between parental control and adolescent impulsivity during the happy interaction.

adolescents from families of alcoholics are significantly more impulsive under conditions of parental control than adolescents from nonalcoholic families (*RQ2*).

Discussion

The goals of this study were twofold. First, we sought to examine features of parental communication that shape emotional and behavioral markers of adolescent resilience. Second, we explored the extent to which these associations differ in families of alcoholics versus families of nonalcoholics. We observed parent–child communication

across two different interactions, and the results generally supported our hypotheses. Moderation analyses revealed that, in some contexts, adolescents from families of alcoholics may respond differently or more intensely to parental communication than adolescents without an alcoholic parent. We discuss our findings in terms of expanding theory around parental communication and resilience, and we highlight the implications of our results for families of alcoholics.

Parental communication as a predictor of adolescent resilience

Drawing on Baumrind's (1991) parenting styles, we selected responsiveness and control as two features of parental communication that are associated with emotional and behavioral markers of adolescent resilience. Parental responsiveness was positively associated with adolescent emotion regulation in both the unhappy and happy conversations. During unhappy interactions, responsive parenting provides support and validation that has a calming effect on children and assists them in overcoming negative emotions (Segrin & Flora, 2011). During happy interactions, parental responsiveness reinforces and validates the positive emotions that are being expressed by the adolescent, which signals that these emotions are acceptable and appropriate (Baumrind, 1991). The results of our moderation analyses suggest that adolescents from families of alcoholics may derive even greater benefits from parental responsiveness during positive interactions than their counterparts from nonalcoholic families. Research indicates that parents in families of alcoholics tend to enact communication behaviors that reflect poor responsiveness (Straussner & Fewell, 2011). Thus, if adolescents in families of alcoholics grow accustomed to a lack of responsiveness from parents, perhaps they feel more rewarded when they do encounter supportive and responsive parenting and strive to regulate their emotions more appropriately in order to maintain parental approval. Adolescents with nonalcoholic parents still show more emotion regulation under conditions of parental responsiveness, but perhaps the effect is less strong because adolescents in those families are more accustomed to experiencing supportive and attentive parenting (Gross & Thompson, 2006) or because they are more capable of properly regulating their emotions in the first place (Peterson & Park, 2006).

Our findings also suggest that parental responsiveness may be more important for promoting adolescents' emotion regulation than it is for tempering their behavioral impulsivity. Results revealed that there was no significant main effect of parental responsiveness on adolescents' impulsivity. In the happy interactions, however, the lack of main effect is likely because of the cross moderation of family alcohol status. The association between parental responsiveness and adolescent impulsivity was positive for adolescents with alcoholic parents and negative for adolescents with nonalcoholic parents. Notably, the effects for each group only approached significance, so these differences should be interpreted with some caution, but the effect sizes imply that the slopes would likely achieve significance with a larger sample.

The direction of the effect for children of nonalcoholic parents is consistent with our initial hypothesis that responsive parenting decreases impulsivity. Children tend

to demonstrate less externalizing behavior when parents are attentive to their needs (Bernier et al., 2010). If this is true, then why would parental responsiveness increase impulsivity for adolescents from alcoholic families? Studies indicate that CoA generally tend to display increased impulsivity and behavioral problems (Rangarajan & Kelly, 2006; Stanger, Dumenci, Kamon, & Burstein, 2004). Given that parents in alcoholic families are less attentive to their children (Werner & Johnson, 2004), these externalizing behaviors may be enacted in an effort to secure a parent's attention, even if that attention is negative. Parents who communicate with responsiveness acknowledge, affirm, and validate their child's feelings and actions (Peterson & Hann, 1999). Thus, if parents reward impulsive behavior with attention and responsiveness, it will likely encourage more of the same behavior. We do not want to overstate these effects given that they are nonsignificant, but if the interaction were to hold true in a larger sample, then it reflects an interesting divergence in behavior between adolescents from alcoholic versus nonalcoholic families.

Our study also highlights control as a dimension of parental communication that has implications for cultivating adolescent resilience. We predicted that parental control is negatively associated with adolescents' emotion regulation, which was supported in the unhappy conversation but was nonsignificant in the happy conversation. This result is consistent with previous studies that found that children who are exposed to psychological or behavioral control are less likely to have healthy emotion regulation and more likely to experience anxiety and distress (Houck & Lecuyer-Maus, 2004). Controlling parents tell children how they are supposed to feel rather than allowing children to experience the emotions that may arise in response to their circumstances and helping them appropriately cope with these emotions. Consequently, children may lack the experience necessary to recognize emotional responses and regulate them accordingly. Notably, the differences in the results for the happy and the unhappy interaction likely reflect differences in the need for parental control in each context. While parents may feel obliged to control or mitigate their children's negative emotions and behaviors arising during unhappy interactions, they are probably less motivated to control or redirect their children's positive emotions and behaviors. Therefore, the presence of controlling communication was likely minimal during happy interactions as compared to unhappy ones.

Parental control was also positively associated with adolescent impulsivity in both the happy and unhappy conversations. These results are quite interesting given the different content of these two conversations. The happy conversations focused on positive experiences and emotions, which are less likely to correspond with inappropriate behaviors and should not require efforts to control a child's thoughts and actions. Thus, adolescents were likely more reactive to a parent's efforts to control or stifle positive affect that appeared appropriate for the conversation. The unhappy conversation, on the other hand, focuses on negative or undesirable experiences, which provides more opportunities for children to act out and for parents to enact control of their children's undesirable behaviors (Peterson & Hann, 1999). These responses elicited defensiveness, protest, and frustration on the part of the adolescents, which was often

revealed through their verbal and nonverbal reactions to the conversation. As such, controlling communication had the same effect on adolescent impulsivity regardless of interaction topic.

The moderation analyses revealed that the positive association between parental control and adolescent impulsivity in the happy interaction was strong and significant in alcoholic families but near zero and nonsignificant in nonalcoholic families. One possible explanation for this moderating effect is that adolescents in families of alcoholics perceive a sort of double standard when a parent attempts to control their actions and emotions. Alcoholic parents often demonstrate antisocial behavior, low frustration tolerance, and high anxiety (National Institute on Alcohol Abuse and Alcoholism, 2010). If a parent is modeling poor behavior in the home, children are likely to feel frustrated when they are held to a higher standard. Similarly, in families of alcoholics, parents tend to be inconsistent in their messages of authority and discipline (Werner & Johnson, 2004); thus, adolescents from these families may lack the experience and consistency necessary to regulate emotion in the face of their parent's inconsistent demands. Another possible explanation for this moderation stems from the topical focus of the conversations in which the moderation emerged. The moderation was significant in the happy interactions but not in the unhappy interactions. Thus, parental control in this context may reflect efforts to stifle positive affect or to encourage more positivity than the adolescent is comfortable demonstrating. Families of alcoholics are often motivated to maintain a calm and consistent environment to stave off conflicts or aggression (Straussner & Fewell, 2011), so parents may discourage enthusiasm or excitement regardless of the situational appropriateness of such positive emotions, which may be confusing or frustrating for adolescents. Similarly, although parents may have good intentions by trying to encourage positive emotional reactions in their children, adolescents may struggle to communicate happy emotions when they do not match their actual mental state. Thus, adolescents from alcoholic families likely experience some degree of reactance when parents attempt to control what would typically be perceived as socially appropriate behavior for a positive interaction.

Although our theorizing has privileged the viewpoint that parents' communication behavior is instrumental in cultivating appropriate emotions and behaviors in children, it is important to acknowledge that parental communication may also be reactive to adolescents' emotions and behaviors during interaction. In other words, when adolescents display situationally appropriate emotions and enact prosocial behaviors, parents are likely to be more responsive and less controlling of those actions. Similarly, when adolescents act out with inappropriate emotions or impulsive behaviors, parents are likely to be more controlling and unresponsive to their children in those interactions. Given the dynamic nature of interpersonal interaction, adolescent emotions and behaviors that emerge during conversation both reflect the parent's influence and shape the parent's response. The mutual influence in parent–child interactions requires further exploration.

Implications for families of alcoholics

As we previously described, our findings revealed three differences between alcoholic and nonalcoholic families. The limited number of significant differences between the groups is welcome news for CoA because it suggests that there are few circumstances in which CoA may experience more hardships than their peers who are not from families of alcoholics. Nevertheless, the differences that did emerge highlight opportunities for parents in families of alcoholics to tailor their communication to produce more resilient outcomes for their children.

The results of parental responsiveness highlight an interesting paradox. On one hand, parental responsiveness appears to be especially beneficial for improving emotion regulation in adolescents from families of alcoholics. On the other hand, parental responsiveness is also associated with increased impulsivity for adolescents with an alcoholic parent. How, then, can parents of CoA enact responsive communication behaviors that enhance adolescents' emotion regulation without simultaneously eliciting impulsivity? We believe that the answer is related to consistency and context. Because parental responsiveness is inconsistent in families of alcoholics (Werner & Johnson, 2004), adolescents may struggle to coordinate their expectations of parental communication. Thus, when parental responsiveness is expressed, adolescents may perceive it either as a welcome respite from a parent's more typical ambivalence or as an unwanted intrusion and departure from the norm. Parents who enact responsive communication more consistently are more likely to nurture emotional connections with their children and less likely to unwittingly violate their children's expectations of interaction. In addition to maintaining consistency, parents of CoA also need to mindfully enact communication behaviors that are appropriate to the situation. CoA tend to enact more externalizing behaviors as expressions of frustration and also as bids for parental attention (Stanger et al., 2004). Being responsive to children who are misbehaving, impulsive, or demanding rewards undesirable behaviors and encourages children to behave badly when they desire attention. Thus, parental responsiveness should be enacted consistently and appropriately to encourage resilient outcomes for CoA.

Our findings also point to recommendations for enacting parental control in families of alcoholics. Although parental control is often necessary and appropriate, our results indicate that it significantly increases impulsivity for adolescents in families of alcoholics, especially in conversations with positive undertones. These findings suggest that parents in families of alcoholics may want to loosen the reins of control if they want to limit impulsive behaviors in their children. Many CoA take on mature responsibilities even when they are not expected to in order to maintain family functioning (Burnett, Jones, Bliwise, & Ross, 2006). Thus, if given the freedom to make their own choices, CoA may demonstrate maturity in internalizing and externalizing behaviors, which could be stifled in families where parents are too controlling.

Strengths, limitations, and future directions

This study offers theoretical, methodological, and practical contributions. With regard to theory, this research advances the literature in two ways. First, we advance the literature on parental communication by examining Baumrind's dimensions of responsiveness and control in actual conversation and by exploring how these facets of parenting behavior differ for families with adversity versus the "traditional" nuclear families in which the theory is typically applied. Second, we add to the growing literature on resilience by considering the emotional, behavioral, and communicative markers of resilience among adolescents.

Methodologically, this study adds to the literature by moving beyond self-reported parenting behavior and adolescents' well-being to consider how these variables are manifest in communication behavior. By focusing on manifestations of parental responsiveness and control and adolescent emotional and behavioral resilience within conversation, we are able to observe the specific behaviors that coalesce into people's broader judgments and perceptions of family functioning. This approach also enables us to target specific communication behaviors that family members can alter or adopt in order to enhance parenting or bolster adolescent resilience.

Pragmatically, the results of this study point to some practical recommendations that can be offered for improving adolescents' emotional and behavioral resilience, especially among families coping with addiction. First, our findings suggest that responsive parenting can both enhance and undermine adolescent resilience in families of alcoholics if not enacted consistently and in ways that are situationally appropriate. Second, and perhaps more unexpectedly, our findings suggest that adolescents may become more resilient when parents are willing to loosen their control, especially in families where children face heightened adversity. Of course, it is still unclear if adolescents become more resilient when they are free from parental control, or if highly resilient adolescents simply require less intervention from a parent, so additional research is needed to clarify the practical recommendations that stem from these findings.

This study is not without several limitations. First, the relatively small sample size of the study limits the ability to detect significant effects and generalize findings. Generalizability was also limited by the fact that our sample had a much higher income level and much lower divorce rate than the general population because of the geographical regions from which our sample was drawn. Second, the eligibility criteria did not control for which parent, the alcoholic parent or the nonalcoholic parent, participated in the study for families of alcoholics. It is possible that adolescents have very different interactions with the alcoholic parent compared to the nonalcoholic parent. Third, we had significantly more mothers than fathers. Previous research suggests that the nature of communication with a mother may be quite different from communication with a father (Winsler, Madigan, & Aquilino, 2005). Future research would benefit from trying to get a more even sample of mothers and fathers. Fourth, the study did not incorporate enough of the family system to address elements like co-parenting influences in predicting adolescent resilience. Finally, given the cross-sectional nature

of our design, we can only speak to the proximal conditions that give rise to resilient behaviors in interactions. Our results cannot speak to the cumulative effect of these communicative experiences over time.

One goal of future research should be to incorporate observations of both parents' communication with their children. This would allow researchers to examine differences in communication between mothers and fathers as well as identify any co-parenting influences. Conducting longitudinal, daily diary studies with adolescents would be another important direction for future research. The longitudinal data could reveal how family communication dynamics change over time and the impacts that family communication patterns may have on adolescent resilience. Finally, future research that examines communication in families of alcoholics and the effects communication has on adolescent resilience may provide useful information for developing evidence-based programming geared toward promoting resilient families in the face of a parent's substance abuse.

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