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Social Support and Externalizing Symptoms in Children from Alcoholic Families

Abstract:

This study examines whether social support perceived from different sources can significantly predict behavioral problems in children from alcoholic families. Participants are composed of 540 children in three age groups. We use the Child and Adolescent Social Support Scale and Youth Self Report/YSR 11-18. Our finding was that children of alcoholics have a greater risk of externalizing symptoms in comparison to children of non-alcoholics. Social support significantly predicts behaviour problems in the different life periods. In alcoholic families it was observed that mother, teacher and peer support negatively correlated with externalizing problems in the different developmental periods. Regression Analysis showed that the important predictors for externalizing such problems are low levels of support from teachers (in middle childhood and late adolescence), peers (in middle childhood) and mothers (in early adolescence). Our concluding remark is that social support perceived by children of alcoholics differs from the support perceived by children from control groups. This is important for prevention and therapy.

Keywords:

children of alcoholics, behavior problems, social support sources

Streszczenie:

Celem prezentowanych badań było oszacowanie, czy postrzegane przez dzieci z różnych źródeł wsparcie społeczne jest istotnym predyktorem problemów z zachowaniem u potomstwa alkoholików. W badaniach uczestniczyło 540 dzieci w trzech grupach wiekowych. Do pomiaru zmiennych wykorzystano skalę VII i VIII Kwestionariusza Diagnostycznego Achenbacha oraz Kwestionariusz Wsparcia Społecznego Dzieci i Młodzieży (CASSS). Uzyskane wyniki pokazały, że u dzieci alkoholików istnieje większe ryzyko pojawienia się objawów eksternalizacyjnych w porównaniu do dzieci niealkoholików.

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Okazało się także, że wsparcie społeczne spostrzegane od rodziny, kolegów i nauczycieli jest istotnym predyktorem problemów z zachowaniem u dzieci alkoholików na różnych etapach ich życia. Podsumowując można uznać, że uzyskane wyniki mają znaczenie dla konstruowania programów profilaktycznych i terapeutycznych, które powinny uwzględniać rolę różnych źródeł wsparcia na różnych etapach życia dzieci alkoholików.

Słowa kluczowe:
dzieci alkoholików, wsparcie społeczne, problemy z zachowaniem

Introduction

Children of alcoholics have been focused on both by clinicians and scientists for years. This is due, on the one hand, to the high incidence of alcoholism in society and, on the other hand, to the specificity of how families with alcohol-related problems function. According to the Polish State Agency for the Prevention of Alcohol Related Problems, in Poland about 800 thousand people are addicted to alcohol, which provides an estimated number of children of alcoholics at about 1.5 million (PARPA, 2012). Epidemiological evidence shows that parental alcoholism is linked to greater mental and physical health problems in children. There is a wide range of behavior problems in both children and adolescents, ranging from depression and aggression to withdrawal and delinquency (Williams et al., 2009). The majority of problem-behavior researchers distinguish between internalized and externalized dysfunction (Achenbach, 1990; Garnefski et al., 2005). Externalized problems are signified by undercontrolled behaviors like defiance, impulsivity, disruptiveness, drug and alcohol use, antisocial features, and overactivity. Generally, this form of behavior is harmful or disruptive to others, and these manifestations can be described under the headings of aggression and delinquency (Patterson, 2002).

Parental alcoholism is a well-established risk factor for adult alcoholism, and recent data suggest that parental alcoholism also raises the risk for child-based behavioral problems (Chassin, Rogosch, Barrera, 1991; Hawkins, Catalano, Miller, 1992; Chassin et al., 1996; Eiden et al. 2007; Cierpiałkowska, Ziarko, 2006; Grzegorzewska, 2013). This effect can be seen as early as age two (Hussong et al., 2007) and may even extend into adulthood as disinhibited behavior (Sher et al., 1991). Studies of early behavioral outcomes in children aged between three to eight years from alcoholic parents report that the clinical group had significantly greater behavioral problems than children from non-alcoholic families. In a study by Cierpiałkowska, Ziarko (2009), the results indicated a significant correlation between paternal alcohol use disorders and externalizing symptoms in preschool-aged children. Studies of externalizing symptoms in older children and adolescents of alcohol-abusing families have tended to focus on aggressive conduct

disorders and delinquency. In a significant study by Obot and Anthony (2004), statistical analyses showed that children from alcoholic families had significantly higher delinquency and aggressive behavior scores compared to those of control-group children. In another study that examined trajectories of disruptive behavior problems among sons of alcoholics from preschool age to adolescence, it was found that paternal alcoholism was associated with the sons' elevated levels of disruptive behavior problems (Loukas, Zucker, Fitzgerald and Krull 2003).

Multiple mechanisms may account for the increased risk that the children of alcoholics have for externalizing symptoms, with possible explanations ranging from the genetic to the neighborhood levels of analysis. Susceptibility to alcohol abuse and other behavioral problems is affected by hereditary conditions within the population. However, the gene responsible for alcoholism has not yet been discovered, something which would prove to be a spectacular event alcoholism research. The complexity and diversity of the alcoholism phenotype in principle may preclude a single specific gene responsible for the disorder. However, progress in mapping the human genome is increasingly moving us towards understanding the relationship between the structure of chromosomes and the metabolism of alcohol in the body (Higuchi et al., 1992) which has a seemingly significant impact on drinking behavior. Notably, behavioral genetics studies indicate that genetic variance associated with risk for alcohol use disorders is largely non-specific, reflecting a generalized risk for disinhibited behavior (Kendler et al., 2003; King et al., 2009; Krueger et al., 2002; McGue et al., 2006). The second source of vulnerability is due to psychosocial factors; an increased amount of negative life stress plays a role in developing problematic behaviors in the children of alcoholics. From such a perspective, vulnerability may be viewed as specific alcoholic and non-alcoholic interactions of parents with their offspring (Jacob, Johnson, 1997). Alcohol is specifically related to a range of factors, such as: the unconscious identification and modeling, imitating parental drinking habits, growth expectations associated with alcohol consumption and other parent-child relationship aspects (Chassin et al, 1993; Zucker et al, 1995). These factors are particularly important in the development of addiction in the alcoholics' offspring. Risk processes implicated at the level of family interactions and environmental exposure (e.g., maternal sensitivity in early childhood, Eiden et al., 1999, or stress and poor monitoring, Chassin et al., 1996) as well as at the neighborhood level context (e.g., disorganization and availability of substances, see Buu et al., 2009) similarly convey risk for externalizing symptoms more generally.

A specific role in this process could played by social support. Parental support is fundamental in the emotional atmosphere of the whole family (Barber, 2008). A growing body of research has highlighted the importance of identifying resilience factors against

conduct behavior. Research showed that low levels of family social support and low positive parental involvement are key risk factors that predict greater externalizing levels and conduct problems in adolescents (Loeber & Farrington, 2001). Conversely, parent psychopathology and lower family functions (roles, communication, and behavior control) are risk factors for mental health and developmental adaptation (Savi, 2008). And a current study (Panagioti et al., 2014) has shown that perceived social support moderates the impact of the number and severity of PTSD symptoms on suicidal behavior. For those who perceived themselves as having high social support levels, an increased number and severity of PTSD symptoms were less likely to lead to suicidal behavior. Social support has been shown to have positive benefits that affect parenting (Posada, Longoria, Cocker, & Lu, 2011), which, in turn, increase family resilience, as children are better able to adapt to stressful situations (Abaied & Rudolph, 2010). Social support can help lift the burden of psychological stressors relating to deployments and everyday living challenges surrounding a stressful family lifestyle.

Limited studies have shown that social support, or its perception, has the ability to mediate the stress related to a family with alcoholic parents (Fisher, Lyness, 2005). Researchers have frequently found that a family history of alcoholism is an important element in child and adolescent development about substance-use problems. Mediators of associations between parental substance abuse and adolescent behavior identify warmth and support as one parenting style dimension. When parents abuse substances, their ability to provide appropriate levels of support may be compromised, thereby blocking a mediating pathway to adolescent substance use and abuse (Barnes, Reifman, Farrell, & Dintcheff, 2000). For example, King and Chassin (2004) found that adolescents with lower levels of behavioral undercontrol, benefitted from parental support in buffering or moderating drug use in emerging adulthood. Among adolescents with higher levels of undercontrol, parental support disappeared as a buffer. Other studies confirmed that although parental support is an important main effect of adolescent alcohol use, it is also mediated by other factors such as religiosity, peer alcohol use, and school grades (Mason &Windle, 2001). Further, Wills and Cleary (1996) stated that parental support buffers adolescent substance use by increasing the effects of risk factors and reducing the effects of protective factors. Family support also moderates peer effects on adolescent substance use (Marshal &Chassin, 2000). In their study, Frauenglass et al. (1997) found that parent support protected against peer modeling on tobacco and marijuana use.

In alcoholic families, in which parents are very often emotionally inaccessible, close persons outside the family could model positive coping strategies and health behaviors. Good relationships with peers and teachers are more remote in the causal chain, and therefore require theoretical linkage to behavior. Scientific results indicated that

perceived social support positively impacts mental health; for example, children who cope effectively with alcoholism in their families often rely on support from a nonalcoholic parent, grandparent, teacher, or other caring adult. Support groups, faith communities, and trained professionals also are available to help (Cohen et al., 2000; Emshoff. & Price, 1999; Werner, Johnson, 2004). Environmental factors influence risks as well as protective factors. Stress, nurturance, physical abuse, observed family conflict, and other aspects of social interaction change over time. Social relationships differ in varying age groups. This hypothesis is supported by a significant body of evidence (Masten et al., 2009). For example, an infant's ability to display, as well as regulate, emotion reflects a process of social interaction between the infant and his or her caretakers (Zucker et al. 2000). An alcoholic parent and his wife, for example, are less sensitive and express a greater negative affect toward their children than do nonalcoholic fathers and non-codependent mothers, which, in turn, lowers infant responsivity to the parents (Eiden et al. 2004). Paternal depression, antisocial behavior, and aggression also are associated with lower parental sensitivity. By contrast, the most effective family environments reduce externalizing behavior in children and adolescents (Campbell et al. 2000). In adolescence increase the peer role, along with higher levels of parental support consistently are related to lower levels of adolescent alcohol (Windle et al., 2008). Peer influence plays a major role in adolescent risk behaviors. In fact, the number or percentage of alcohol using friends is the most potent predictor of an adolescent's alcohol use. When a peer group experiments with alcohol or escalates its use, the peer bond of some members is strengthened, whereas other members may choose to drop out of the group. In late adolescence and emerging adulthood, support from parents remains important (Settersten et al., 2005). The perceived support and sense of security parents can provide may make it easier for adolescents to develop and may help launch them toward adult life. Although leaving home means that young people spend less time with their parents, the quality of the relationship typically improves (Aseltine and Gore 1993). Still important remains peer influences. They may be especially important during periods of change and/or adaptation to new environments. Peers influence adolescents' behavioral disorders through several pathways: modeling and/or directly encouraging specific behaviors, seeking out and being selected by peers who have similar values and behaviors, and shifting contexts that alter perceived norms and may minimize the experience of adverse consequences (Brown et al., 2009).

Our purpose in this study is to examine the relationship between the social support perceived from different sources (family, friends, peers and teacher) and the behavioral problems by children of alcoholics, and by their cohorts who are not affected by parental alcoholism (non-COAs).

Materials and Methods

Our study data was collected by using tools to measure the risk variable (family with alcohol problems), the dependent variables of externalizing problems, and the independent variable of social support, negative life events and activity.

Risk assessment: The Children of Alcoholics Screening Test (CAST) is a 30-item screening instrument developed to identify children who are either living with or have lived with alcoholic parents. Screening Test (Jones, 1983) and clinical interviews with parents based on the DSM IV criteria were also used. CAST had acceptably high internal consistency (.88 and .90) and test-retest reliabilities (.88).

Social support: The child and adolescent social support scale (CASSS) by Demaray, Malecki, Elliot (2000). CASSS is a 60-item self-report measure that assesses social support in youth. Malecki and colleagues distinguished between four types of social support: Emotional, informational, appraisal, and instrumental. Studies purport that CASSS has good reliability and validity (Malecki & Demaray, 2002). However, as with SSSC, the CASSS was validated in a primarily Caucasian, middle to high class sample and is limited in scope as it only examines social support from the following five sources: Parent, teacher, classmate, close friend, and school (all school personnel outside of teachers).

Externalizing problems: The Child Behavior Checklist (CBCL) by Achenbach (1991). Child externalizing symptoms were assessed by mother/teacher/adolescent reports. We used 35 items from the Child Behavior Checklist; aggression and delinquent behavior subscales from *Teachers Report Form* (TRF) for children in middle childhood; and Youth Self-Report (YSR) for the older participants in its Polish adaptation by Wolańczyk (2002). The response scale ranged from 0–2 on a 3-point Likert scale (0=*not at all true*; 1=*somewhat true*; 2= *very true*). The scale have been shown to have good reliability and validity (Wolańczyk, 2002).

Procedure

In our research a classified person was associated with fulfilled specific criteria relevant from the perspective of the model test. The group concerning children of alcoholics included: 1. an alcoholic father; 2. a full family; 3. parents who did not report any other (non-dependence) symptoms of psychopathology. Control group qualifications consisted of the following criteria: 1. upbringing within a complete family; 2. no psychiatric disorders, including parental alcoholism. The control group was selected from associating students.

Recruitment: Parent alcoholism (abuse/dependence) was screened first by CAST and followed up with a more intensive assessment involving a trained clinician using

DSM IV criteria. On the basis of information collected by both instruments, a diagnosis was made about a father's alcohol abuse/dependence. The participants' parents could not be in treatment (longer than two weeks) for alcoholism at the time of recruitment. At the same time a diagnosis was made concerning the mother's absence of alcohol abuse/dependence. The children were invited to participate in the study through schools, clinics for alcoholics, community centers, and the internet.

Results

Our study aimed to establish a correlation between social support and externalizing problems of alcoholic children at various developmental levels. Results are presented in the following three stages: (a) descriptive statistics of measured variables, (b) correlation analysis and (c) hierarchical multiple regression analyses. Firstly, the results of this study present the descriptive statistics for the variables.

Preliminary analysis

Prior to verifying the research questions posed in our study, we checked the potential effect of gender on each dependent and independent variables level. The variables were analyzed using the Student's *t*-test. Gender turned out to have no differentiating effect on any independent or dependent variable ($0.296 < \alpha < 0.311$); therefore data for both males and females were analyzed jointly.

In the next step we analyzed intergroup differences. Means and standard deviations are presented in Table 1.

Table 1. The descriptive statistic of variables in compared groups.

	1. Children of alcoholics- middle childhood	**2. Control group – middle childhood**	**3. Children of alcohol-ics- early adoles-cents**	**4. Control group – early adoles-cents**	**5. Chil-dren of alcohol-ics- late adoles-cents**	**6. Control group – late adoles-cents**	**Comparison between groups (eta^2)**
Exter-nalizing symp-toms	21,07 (±20,93)	12,22 (±18)	20,97 (±19,09)	15,19 (±16,69)	19,95 (±15,86)	13,74 (±17,22)	F(1,538)=9,212** (0,02)
Sup-port mother	49,022 (±15,95)	57,891 (±14,5)	47,545 (±13,85)	48,978 (±15,02)	49,157 (±15,82)	47,692(±13,37)	F(1,538)=5,36* (0,01)
Sup-port father	29,922 (±17)	50,609 (±18,33)	35,352 (±17,5)	41,5 (±15,8)	28,596. (±15,96)	39,066. (±15,76)	F(1,538)=74,32*** (0,12)

Support teacher	42,39 (±15,84)	46,74 (±16,01)	38,54 (±12,9)	41,06 (±13.46)	37,64 (±15,01)	36,13 (±12,33)	F(1,538)=13,23*** (0.05)
Support peers	47,11 (±14,99)	50,8 (±18,87)	47,76 (±11,83)	52,63 (±13,53)	51,68 (±12,87)	51,22 (±10,78)	F(1,538)=4,96 n.i.
Support friend	49,1 (±16,86)	51,63 (±21,9)	56,92 (±11,66)	56,65 (±17,1)	57,83 (±13,27)	56,64 (±12,36)	F(1,538)=10.44*** (0,04)
Activity	5,12 (±3,95)	6,87 (±4,44)	5,4 (±3,35)	7,47 (±3,87)	4,8 (±2,76)	6,08 (±3,18)	F(1,538)=29,15***
Negative life events - single	5,1 (±3,34)	3,41 (±2,66)	7,98 (±5,18)	4,9 (±2,89)	6,21 (±3,8)	5,97 (±3,8)	F(1,538)=27,42*** (0,5)

The results of Linear Correlation

We examined how potential risk factors predicted externalizing problems in middle and early childhood and in late adolescence by means of linear correlation analyses for alcoholic children and control groups (see Table 2).

Table 2. The results of linear correlation.

Externalizing symptoms		**Children of alcoholics**			**Control groups**		
		Middle childhood	Early adolescence	Late adolescence	Middle childhood	Early adolescence	Late adolescence
Support	Mother	- .434**	-.351**		-.529**	-.324**	-.361**
	Father			-.358**	-.491**		-.320**
	Teacher	- .604**	-.451**		-.474**	-.336**	-.463**
	Peers		-.447	-.512**	-.257*	-.476**	-.348**
	Friend	- .208*	-.408**		-.279**	-.398**	-.273*

The results, given in Table 2, shows the correlation between perceived social support and externalizing symptoms in children from alcoholic families and in control groups.

In alcoholic families we observed that the mother's support was negatively correlated with externalizing problems in middle childhood and early adolescence. The father's support, on the other hand, correlated negatively only in late adolescence. Negative support correlations were observed from teachers of children with alcoholic parents in middle childhood and early adolescence. Additionally, support from peers was negatively correlated with externalizing symptoms in COAS in early and late adolescence, and with support from friends in middle childhood and early adolescence.

More correlations were observed in control groups. Externalizing problems are negatively correlated with support from the mother, peers, teachers and friends in all measured periods. Only support from the father was negatively correlated in middle childhood and late adolescence.

The results of Regression Analysis

Stepwise Regression Analysis examined whether the social support that children and adolescents of alcoholic fathers received from their families, peers and teachers was significant in predicting behavior problems. The findings are given in Table 3.

Table 3. The result of stepwise regression analysis in children of alcoholics.

Externalizing symptoms			**β**	**R^{2}^**
Middle childhood	Support	Teacher	-0.188	0.123
		Peers	0.137	0.019
	R^2=0.142 F (2)= 15.75 p<0.001			
Early adolescence	Support	Mother	-0.211	0.017
	R^2=0.017 F(2)=12.97 p<0.001			
Late adolescence	Support	Teacher	-0.241	0.022
	R^2=0.022 F(2)=11.448 p<0.001			

In Table 3, the social support the children received from their families, peers and teachers predicts the behavior problems at a significant level. Accordingly, in middle childhood externalizing problems are predicted negatively by teacher support (β=-0.188; R^2=0.123) and positively by peers (β=0.137; R^2=0.019). Accordingly, 14.2 % of the behavior problems in total are explained by social support, while the externalizing problems in early adolescence significantly predicted the low level of externalizing problems in children by family support (from the mother) (β=-0.211; R^2=0.017). Accordingly, 1.7% of adolescents' externalizing problems are explained by mother support and negative life experiences.

We observed that externalizing symptoms in late adolescents are significantly predicted only in negatively by teacher support ((β=-0.241; R^2=0.022). Accordingly, 2.2 % of behavior problems are explained by this variable.

In the next step we used Stepwise Regression Analysis to examine whether social support for children from control groups was a significant predictor of behavior problems. The findings are given in Table 4.

Table 4. The result of stepwise regression analysis in control groups.

Externalizing symptoms			**β**	**R^2^**
Middle childhood	Support	Teacher	-0.277	0.021
		Peers	0.225	0.017
	R^2=0.0.038 F (2)= 13.61 p<0.001			
Early adolescence	Support	Father	0.239	0.018
		Teacher	-0.173	0.107
		Friends	-0.264	0.132
	R^2=0.167 F(2)= 11.25 p<0.001			
Late adolescence	Support	Teacher	-0.266	0.098
		Friends	-0.197	0.136
	R^2=0.234 F(2)=7.98 p<0.001			

In Table 4, social support the children received mainly from their peers and teachers predicts the behavior problems at the significant level. Accordingly, in middle childhood externalizing problems are predicted negatively by teacher support (β=-0.277; R^2=0.021) and positively by peers (β=0.225; R^2=0.017). In total 3.8% of the behavior problems are explained by social support.

The externalizing problems in early adolescence in the control group are predicted significantly and positively by the support received from fathers (β=0.239; R^2=0.018); while support from teacher and peers, on the other hand, predict significantly the low level of externalizing problems in children: from teachers (β=-0.173; R^2=0.107) and peers (β=-0.264; R^2=0.132). In total 16.7 % of the externalizing symptoms is explained by social support in this group. It was observed that the behavior problems among late adolescents of the group control are significantly but negatively predicted by teacher support (β=-0.266; R^2=0.022) and peers (β=-0.197; R^2=0.136). Accordingly, 23.4 % of the behavior problems are explained by this variables.

Discussion

In our study, we tested whether children of alcoholic fathers are more vulnerable to externalizing symptoms and which factors may predict this vulnerability. The strengths of our approach included using integrative data analysis in three age groups. Overall, we found that a greater risk of externalizing symptoms exists in children of alcoholics than non-COAs, especially in middle childhood and early adolescents. In addition, we recognized the role of perceived social support in children of alcoholics.

The research results suggest that behavior problems in the children do not exhibit differences according to gender. This is surprising, because we may typically expect that

mental problems, aggressiveness, destructive behavior and externalized behavior problems in boys are higher than those exhibited in girls (Cakar, 2013). According to previous studies where contradictory findings exist, a higher proportion of aggressive and anti-social behaviors was observed in boys (Bongers, et al., 2003; Stormount, 2002). Furthermore, such studies indicated that behavior problems differ according to sex, that this can be clearly observed in middle childhood, and this differentiation is especially explicitly manifested in the boys' aggressive behavior (Kazdin, 2007). Our results support the hypothesis that in late childhood and adolescence, differences between the sexes become blurred; as in Ellis and Zarbatany's studies (2007), where it was found that boys tend to engage more frequently in deviant behavior than girls, but that girls manifest more relational aggression than boys in late childhood and early adolescence.

One of our findings was that children of alcoholics exhibit a greater risk in externalizing symptoms when compared to children of non-alcoholics. Research on the effects of parental psychopathology on externalizing symptoms in children has shown similar findings. The Michigan Longitudinal Studies (MLS) have shown that vulnerable children of alcoholics, as defined by high problem behavior levels during preschool, showed significantly more aggression and delinquency in adolescence in comparison to their peers from non-alcoholic families (Zucker, Wong, Puttler, Fitzgerald, 2003). Other research identified parental alcoholism and antisocial behavior as important predictors of externalizing symptoms (Chassin, Rogosh, Barrera, 1991). Furthermore, recent studies have examined the relationships between problem behaviors and parental psychopathology. For example, Hussong et al. (1998) showed a relationship between parental alcoholism and other problems (like antisocial disorders) and heavy initial alcohol use and an increased level of use in adolescence. Similar results were presented by Chassin and College (1999) who investigated the idea that parental alcoholism significantly predicts a greater risk of alcohol and drug use by their children. Also, this relationship was partially mediated by externalizing problems so that behavior problems (like externalizing symptoms or earlier conduct problems) predicted a greater likelihood that alcohol-related problems would occur in children of alcoholics. Other data support this hypothesis about externalizing pathways to alcohol and drug abuse (Sher, 1991; Zucker, 1994). Our data suggested that there exists a possible interactive mechanism between being the child of an alcoholic and having behavior problems.

Our study analyzed the relationship between the behavior problems of children of alcoholics and perceived social support, the findings of which were discussed according to our study's aim and with a view to the available literature. In children from alcoholic families, perceived social support may decrease those childhood and adolescent behavior problems which can evolve into substance abuse issues during late adolescence and

early adulthood. The research shows that these children are characterized by a specific system of perceived social support. The significance of the social support role is different in different age levels. According to previous research supporting this concept, perceived social family support is negatively related to behavior problems in adolescents, but in alcoholic families the father's role is not important. This is an important suggestion, because it confirms the hypothesis that drinking parents are less sensitive, express greater negative affect toward their children, and aren't able to respond appropriately to a child's needs. Only the mother plays an important role in adaptive development, whose support seems to have a decreasing effect on externalizing behaviors. These results have been supported by a previous study (Grzegorzewska, 2013), a study which is particularly important, since this correlation exists only in alcoholic families. This means that during adolescence -- a specific period in development -- a non-alcoholic parent may be a particularly positive resource. It is typical for an adolescent to be estranged from their families during adolescence. This is an adaptive mechanism that promotes separation from the natal family (Steinberg 1989). During this phase the ability to think abstractly increases, and adolescents become more proficient at arguing and more critical of their parents. These changes may alter the parent-child relationship. In alcoholics families stressful events, undercontrolled behaviors of a drinking parent, marital conflicts and violence within the family change the natural process. The presented results suggest that nonnormative development refers to children in alcoholic families. It means that the nonalcoholic parent can help adolescents to adapt to normative and nonnormative changes.

There is a significant relationship, negatively, between teacher support and behavior problems in middle childhood and late adolescence. As noted by Çakar (2013), the teacher plays an important protective role for the child to make himself/herself aware, to gather gender role identity and to develop competencies. This finding may suggest that in children from high-risk families (for example, among children of parents with mental disorders) that teachers may act as additional caregivers and be a model for the child; thus supplementing the role of his/her mother or father. However, such developmentally supportive positive relationships between teacher and child seem much less documented (O'Connor & McCartney, 2006); externalizing symptoms have been associated rather with conflictual, overly dependent and distant relationships with teachers, both concurrently and prospectively (Henricsson & Rydell, 2004). Taking into account that children in middle childhood spend their first years in school intensively, teachers should be important for forming a child's self-perception; and teachers' positive evaluations of children's competence and behavior would seem to be important for positive self-perception (Çakar, 2013). Also, during late adolescence the quality of the teacher-student relationship, and sometimes that of the coach-pupil, shapes the susceptibility or resistance of

young people in relation to the disorder. It means that for children of alcoholics their role is very important and specific.

The results of our study indicate that during early adolescence, the role and structure of the support network changes. Adolescents ages 12–15 experience dramatic changes in their biological, cognitive, emotional, and social development as well as in their physical and social environments. These include the physiological and psychological changes associated with puberty; further development of the brain; changes in family, peer, and romantic relationships; and exposure to new societal and cultural influences. During this period, many adolescents also begin to criticize adults, especially their parents. Relationships between parents-adolescents still remain the important protecting factor for young people and their behavior problems. Studies by Offer and others (1990) suggested that a low level of perceived support from parents may contribute to externalizing problems in young people. It important that despite peer support roles in this group, the mother's support still can buffer problem behavior. Nevertheless in adolescence, peer relationships and friendships become increasingly salient and play a more significant role. Evidence indicates that peer relationships become an important resource for social support. A peer group is expected to influence a child's emotional competence because of that group's similarity regarding similar socio-cognitive and moral levels; likewise, such groups share the same role in the eyes of teachers and create peer cultures with their own norms and values (Denham, 200; Çakar, 2013). According to Barry and Wentzel (2006), peers can have both positive and negative influences. For example, good relationships with deviant peers and friends are related to delinquent behaviour (Farrington, 2002) or substance use (Scholte et al., 2001). Peer support has also been shown to promote psychological well-being despite adversity. In a previous study, lack of perceived support from friends could predict problem behavior (e.g., drug and alcohol use, delinquent acts) in a sample of 221 African American adolescents, ranging from school grades 9 to 12 (McCreary et al., 1996). Supportive friend-based relationships have been linked to adjustment correlates and outcomes such as interpersonal competence and self-worth (Rubin et al., 2006). In children from alcoholic families, positive relationships with friends and colleagues appear to compensate for the emotional problems of insufficient relationships with their parents. Therefore, when our results are examined, it can be understood as two dimensions of peer support in adolescents. Firstly, in high-risk families (where there is a greater possibility that behavior problems are connected with the low social support perceived by the family) children tend towards receiving more support from their peers. On the other hand, the fact that alcoholic families do not provide sufficient support should mean that any such peer support is perceived as being greater. This will be consistent with the concept of peer selection and peer socialization (Windle, Davies, 1999). Our result suggests

that it is true only in middle childhood. Specifically, among adolescents an important support role is played by the mother (early adolescence) and teacher (in late adolescence).

Consequently, while children exhibit different characteristics in every period of their development, they need a healthy social environment and sufficient psychological and social support. When parents are emotionally unavailable, social support like trust, safety and accepting relationships with people outside the family could be protective factors. During this process, perceived social support and the quality of the relationships they establish with their family in particular -- and with other adults, peers and teachers -- plays a key role in both their successfully being able to fulfill the developmental tasks of the period they are in and their being able to reach the next period healthily. Similarly, in studies regarding behavior problem prevention, it is emphasized that preventive approaches are mostly effective in children; thus, family intervention and school-based measures are important.

In conclusion, it is worth noting the need to include children in prevention programs specific to children in families with alcohol problems, as well as taking into account the child's developmental stage at that time. These programs should be based on knowledge derived from relationships between social support and externalizing problems. It is also important to note that potential risk and protective factors should be specific for the age of the child in question.

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