

Social Competence in Children of Alcoholic Parents

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ABSTRACT

In this study children of alcoholic parents show deficits in social competence that begin in early childhood and escalate through middle adolescence. Teachers, parents, and children reported on the social competence of alcoholic parents and matched controls in a community sample assessed from ages 6 to 15. Hierarchical linear growth models revealed different patterns of change in social competence across development as a function of various indicators of competence. Moreover female alcoholic parents showed deficits in social competence in early childhood that receded in adolescence and that varied across subtypes of parent alcoholism. Implications of these findings for understanding the development of social competence in children, and at-risk children in particular are discussed.

Keywords: *Parent Alcoholism, Social Competence, Social Development, Peer Relationship*

The development of social competence is a fundamental aspect of children's adjustment. Children with friends have greater academic success and are less likely to be aggressive and depressed compared with children without friends. Both lower peer acceptance and greater peer rejection in pre-adolescents have been linked to lower feelings of self-worth and psychopathology in adulthood, demonstrating the potential long-term consequences of social competence. High-risk designs allow us to better model and understand low-base rate behaviors, such as child maladjustment and social deficits and multiple assessment designs can disentangle intra individual and inter individual change by using recent statistical advances (Raudenbush, 2001). One group of children who show an elevated risk for a broad range of problems is children of alcoholic parents. Little attention has been given to whether alcoholic parents show deficits in adaptive behavior in addition to such excesses in maladaptive behavior.

Competence is typically defined as a global construct in which "the competent individual is one who is able to make use of environmental and personal resources to achieve a good developmental outcome". Although studies vary widely in operationalizations of social competence, making and maintaining friendships, fostering popularity and social acceptance, and developing skills in relating to peers are consistent markers of the construct. Such measures have been used to assess social competence including children, parents, teachers,

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and peers, though few studies actually test patterns of intra individual variability, of social competence over time. Cole, Maxwell, (2001) examined change over time in self-reported social competence among 3rd to 11th graders. Gender differences emerged in social self-concept in high school with boys showing greater social competence. Chan, Ramey and Schmitt (2000) examined change over time in social competence through parent and teacher reports in a sample of kindergarteners who completed four annual assessments. Different patterns of intra individual change emerged as a function of observer, such that parent reports increased more from kindergarten to 2nd grade than from 2nd grade to 3rd grade, evidencing a curvilinear increase over time. Teacher reports showed a linear decrease in social competence over time. In this study gender differences indicated that girls showed greater social competence than boys in teacher reports but not in parent reports. These findings suggest that both intra individual patterns of change in social competence over time as well as gender differences in social competence are likely to vary.

Parent and teacher reports may show a different trend. On the basis of these findings, we used a sample of children aged 6 to 15 to test gender differences in both intra individual and inter individual change in various indicators of social competence assessed over time through multiple reporters. Peer relationships are thought to play a key role in many theories of psychopathology to which this population is prone. Early deficits in social skills, such as having few friends and less group participation, are associated with later problems in acceptance by non-deviant peers and forming friendships with them. Little is known about social competence during childhood and adolescence. Segrin and Menees (1996) found no differences in the social skills and their peers in early childhood, although problems with retrospective reports and child reports of parent alcoholism. Social skill deficits have been found in children of parents with psychiatric problems. Trost von Werder (2000) reported greater problems in peer and sibling relationships among children of parents compared with similar-aged school children. Chan (2000) found social skills deficits in children of parents with lower education and income, which are often associated with parent alcoholism, although no differences in social skills were noted in parent reports.

We expected with two rather than one, alcoholic parent may not benefit from the potential compensating protection offered by a nonalcoholic parent and thus would show greater social competence deficits. Children, whose parents have experienced alcoholism more recently, as opposed to those whose parents were recovered, may also experience more acute chaos, stress, and unpredictability in the home environment, also increasing risk for social competence deficits. We examined social competence deficits in children with alcoholic mothers versus fathers. Given alcoholic parents' frequent role as primary caretakers in which a family with an alcoholic mother often also has an alcoholic father, children of alcoholic mothers may be expected to show greater social competence deficits. Paternal alcoholism has also been associated with greater risk for behavioral deregulation and difficult temperament, perhaps related to a genetic liability, each of which may increase risk for social competence deficits. We explored the relation between maternal and paternal alcoholism and children's social competence over time.

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We examined inter individual and intra individual changes in children's trajectories of social competence over time as well as how these trajectories relate to parent alcoholism in a heterogeneous sample and matched controls. Given the well-documented heterogeneity among alcoholic adults to better understand whether such early social skill deficits are equally evident across risk group, we tested whether evidence for social deficits varied as a function of the number of alcoholic parents in the family, the regency of the parent's alcoholism, and the gender of the alcoholic parent.

METHOD

Participants

In the current study families are participants in an ongoing, prospective that is tracking a community sample of families with high levels of alcohol use disorder, along with a community contrast sample of families drawn from the same neighborhoods who do not show the high-substance abuse profile (Zucker, 2000). Recruitment followed a high-risk design in which children of alcoholic and nonalcoholic parents were targeted through a rolling recruitment procedure. The sample in the current study can be characterized by three cohort assessments. Alcoholic fathers were identified through district courts and invited to participate if they had a male biological child aged 3–5, lived with the child and were coupled with the child's biological mother. Exclusion criteria included the presence of fetal alcohol syndrome in the target child. A second subset of alcoholic fathers was uncovered during neighborhood canvassing for contrast families. This group also needed to have at least 1 son between 3 and 5 years of age and have a father coupled with the boy's biological mother, whose drug involvement was also free to vary. Parents in the contrast group were recruited through canvassing in the same neighborhoods where the alcoholic families lived; parents were required to show an absence of lifetime history of substance abuse or dependence and were matched to alcoholic families on the basis of neighborhood residence and child age. A total of 335 boys participated in this first cohort assessment when the male target child was age 3–5 years.

Across all three cohorts, 553 children from 335 families were eligible for inclusion in the current analyses. However, to ensure similar samples for analyses across the multiple reporters of social competence, we constrained the sample to those children with parent alcoholism data and at least one observation on each of the three social competence outcome variables. The resulting analysis sample included 373 children from 265 families. All children were included in analyses for the three social competence outcomes, the pattern of missing data within the sample varied by outcome, such that a different number of repeated observations were available for each outcome.

We tested whether the 180 children excluded from all analyses because of missing reports of all social competence variables differed on child gender and parent alcoholism from the 373 retained for analyses. No differences were found on parent alcoholism status. We also estimated the effects of missing data, whether because of attrition or design, by calculating the number of missing variables out of all central variables for each of the 373 participants

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included in analyses. Correlations between the number of missing variables and the nine continuous outcome measures revealed no significant associations.

Measures

1. Parent alcoholism

Parental alcohol use disorder was assessed by the Diagnostic Interview Schedule, the Short Michigan Alcohol Screening Test and the Drinking and Drug History Questionnaire. A diagnosis of alcohol use disorder was made by a trained clinician using *Diagnostic and Statistical Manual of Mental Disorders* criteria. Lifetime parent alcoholism diagnoses were combined with subsequently assessed diagnoses in the past 3 years to determine whether either parent had ever met criteria for an alcohol abuse or dependence disorder when a given child was assessed at ages 6–8. Because lifetime parent alcoholism diagnoses are a function of time and may differ for siblings within the same family depending on their ages, all indicators of parent alcoholism were treated as individual, rather than family-level, variables in the current analyses.

Three indices of parent alcoholism coded for heterogeneity within this risk indicator. On the basis of the lifetime indicator of parent alcoholism, one set of indicators coded separately for maternal and paternal alcoholism. A second indicator was formed by a set of dummy variables that distinguished between families without an alcoholic parent with a recently alcoholic parent and with a recovered alcoholic parent. A third indicator summed the number of alcoholic parents present in a family.

2. Social competence

Reports of social competence were assessed by self, parent and teacher report. To create a consistent scale across waves for use in longitudinal analyses, we retained only similar items across the two versions to avoid measurement differences over time. The response scale for these items followed the original format, ranging from 1–4. Retained items resulted in a five-item scale assessing self-reported social competence at each of the three waves.

Table 1: Descriptive Statistics for Social Competence

Age	Self-report (Range = 1–4)				Parent report (Range = 1–3)				Teacher report (Range = 1–5)			
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>α</i>
6	46	3.04	0.63	.40	49	2.21	0.26	.48	35	3.48	0.72	.84
7	87	3.00	0.76	.65	87	2.32	0.32	.65	65	3.56	0.75	.81
8	88	2.94	0.77	.66	89	2.32	0.26	.47	62	3.29	0.76	.80
9	118	3.06	0.77	.74	116	2.32	0.33	.69	95	3.53	0.79	.90
10	111	3.12	0.67	.70	111	2.30	0.29	.57	80	3.49	0.76	.89
11	100	3.16	0.65	.73	98	2.31	0.32	.59	84	3.59	0.80	.90
12	86	3.33	0.67	.79	107	2.36	0.34	.72	92	3.40	0.92	.93
13	79	3.33	0.55	.75	116	2.32	0.35	.68	89	3.44	0.67	.85
14	55	3.40	0.52	.79	78	2.33	0.29	.55	60	3.38	0.87	.91

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Age	Self-report (Range = 1–4)				Parent report (Range = 1–3)				Teacher report (Range = 1–5)			
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>α</i>
15	24	3.27	0.66	.88	41	2.32	0.38	.81	33	3.22	0.85	.88

The teacher report measure was created using two items from the School Performance Questionnaire and nine items concerning classroom activity from the Revised Class Play Questionnaire. Items from the School Performance Questionnaire were chosen to capture teacher report of social competence. Both instruments shared a 5-point response scale. Exploratory factor analyses of these 11 items most strongly supported a two-factor solution as indicated by incremental variance indicators and the principle of simple structure. Parent report items of social competence were derived from the competency subscales of the Child Behavior Checklist. Four items assessed through mother and father report of the number of close friends, time spent with friends and getting along with siblings and other kids formed this scale.

RESULTS

We used a series of hierarchical linear models to test whether heterogeneity in parent alcoholism predicted three indicators of social competence. These models allowed us to account for the three levels of structure in these data while examining longitudinal relations between parent alcoholism and trajectories of social competence over time. The approximately normal distribution of our outcome measures permitted linear estimation methods, although robust test statistics are reported here.

Parent Alcoholism and Social Competence

Three models for each social competence outcome were conducted for the effects of heterogeneity in parent alcoholism on trajectories of social competence. For each model, a series of individual predictors were added to the model that included indicators of parent alcoholism, child gender and the interaction between the two. These variables were included in predictions of the random intercept and the random slope of the social competence trajectories. These models were tested hierarchically, such that an initial model tested the main effects of parent alcoholism and child gender on the social competence trajectories and a second model tested the additional effect of the interaction term. Three sets of predictors were used to test for parent alcoholism effects where heterogeneity in this risk factor was modeled first as a function of gender of the alcoholic parent the regency of parent alcoholism and the number of alcoholic parents in the family.

Table 2: Parental Alcoholism and Trajectories of Social Competence

Model	Self-report		Parent report		Teacher report	
	Coefficient	<i>t</i>	Coefficient	<i>t</i>	Coefficient	<i>t</i>
1. Sex	0.15	1.34	-0.06	-1.57	0.19	1.73 [‡]
Mother alcoholic	-0.01	-0.12	-0.01	-0.13	-0.21	-1.52
Father alcoholic	-0.07	-0.57	-0.02	-0.45	-0.09	-0.69

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Model	Self-report		Parent report		Teacher report	
	Coefficient	<i>t</i>	Coefficient	<i>t</i>	Coefficient	<i>t</i>
Sex × Mother Alcoholic	-0.02	-0.07	-0.12	-1.28	0.15	0.61
Sex × Father Alcoholic	-0.57	-2.36*	0.04	0.47	-0.70	-3.34***
2.Sex	0.15	1.35	-0.06	-1.48	0.18	1.55
Recovered alcoholic	-0.15	-0.97	-0.02	-0.29	-0.14	-0.88
Recent alcoholic	-0.13	-1.23	0.00	0.04	-0.27	-2.05*
Sex × Recovered Alcoholic	-0.40	-1.34	0.08	0.68	-0.13	-0.51
Sex × Recent Alcoholic	-0.54	-2.15*	-0.01	-0.08	-0.69	-2.79**
3.Sex	0.15	1.34	-0.06	-1.52	0.19	1.71 [†]
Alcoholic parents	0.04	-0.73	-0.01	-0.57	-0.15	-2.05*
Sex × Alcoholic Parents	-0.29	-2.20*	-0.04	-0.77	-0.28	-2.02*

[†]*p* < .10. **p* < .05. ***p* < .01. ****p* < .001.

In the self-reported social competence model, the interaction between having an alcoholic father and the child's gender was a significant predictor of initial levels of social competence. No other effects of paternal or maternal alcoholism were found. We probed mean trajectories of self-reported social competence as a function of child's gender and parent alcoholism. Girls with alcoholic fathers self-reported less social competence at age 6 compared with girls without alcoholic fathers whereas boys with and without alcoholic fathers did not differ from one another in their social competence at age 6.

An interaction between child's gender and the recency of parent alcoholism predicting the intercept of self-reported social competence trajectories was also found. Though no differences in self-reported social competence were found for those without an alcoholic parent and those whose parents had recovered from alcoholism, children with a recently alcoholic parent differed from those without an alcoholic parent as a function of child gender. Girls with a recently alcoholic parent reported less social competence at age 6 than did girls with nonalcoholic parents. No effect of parent alcoholism was found on boys' self-reported social competence.

The interaction between child's gender and the number of alcoholic parents also predicted the intercept of trajectories of self-reported social competence. Probing of this interaction showed that having more alcoholic parents predicted lower self-reported social competence in girls. No other effects of the number of alcoholic parents were found. In the parent-reported social competence model, no interactive effects involving maternal and paternal alcoholism were found. Child's gender did predict the trajectory intercepts and significantly predicted the trajectory slopes, such that parents reported somewhat greater social competence at age 6 but

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decreasing rates of change in boys compared with girls. No effects of the number of alcoholic parents or recency of parent alcoholism were found for parent-reported social competence trajectories.

In the teacher-reported models of social competence, paternal alcoholism interacted with child's gender to predict both trajectory intercepts and slopes. No effects of maternal alcoholism were found. Probing of the finding for paternal alcoholism showed that teachers reported lower social competence at age 6 and less decreasing slopes over time for girls with alcoholic fathers than for girls without alcoholic fathers. For boys, teacher reports of social competence at age 6 and of changes in social competence over time did not differ for those with and without an alcoholic father. Recency of parent alcoholism also interacted with child's gender to predict teacher-reported social competence. Girls with recent alcoholic parents showed less social competence at age 6 and less steep decreases in social competence over time compared with girls whose parents were never diagnosed with alcoholism. Boys with a recent alcoholic parent versus non-alcoholic parents did not differ from one another in their social competence at age 6. No differences were found between children whose parents had recovered from alcoholism prior to the past 3 years and children whose parents were never diagnosed as alcoholic.

The number of alcoholic parents also interacted with child gender in predicting the intercepts and the slopes of teacher-reported social competence trajectories. Teachers reported less social competence at age 6 and marginally less steep slopes in girls with more alcoholic parents. Among boys, the number of alcoholic parents was unrelated to both teacher reports of age 6 social competences and to change in social competence over time.

DISCUSSION

The current study focused on resilience as evident through the development of social competence in children at risk for psychopathology due to having an alcoholic parent. This effect was limited as a function of child gender and heterogeneity. These results led us to three key findings. First, gender differences in social competence deficits associated with parent alcoholism indicated that this risk is specific to girls. Given that many of the early negative outcomes have been documented primarily in boys or found to be more likely to occur in boys, the current finding urges to cast a broader net in assessing adjustment indicators when evaluating gender differences in risk associated with parent alcoholism. Gender socialization theory would suggest that a greater emphasis on social skills development in girls may create different expectations for social competence in boys and girls, leading others to judge deficits in girls more harshly. This possibility is supported not only by the pattern of gender differences in teacher reports at age 6 but also by greater reported social competence in girls than in boys from non-alcoholic families, reflecting the expected difference. To the extent that girls also internalize these gender-related expectations for social interaction, this same pattern of gender differences should emerge in the self-reports of social competence, a prediction consistent with the current findings.

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Second, early deficits in social competence at age 6 disappeared over time, an effect driven by relatively greater decreases in low-risk, rather than high-risk, girls' social competence. The decrease in self-reported social competence over time in girls may reflect a lessening of the need for normative ego-protective mechanisms with increasing age. As suggested in work regarding social skills in children with attention-deficit disorder, young children have a tendency to overestimate their competence. Given the emphasis on social skills associated with the female gender role, this tendency may be more evident in girls than in boys for the particular domain of social competence. This over estimation is posited to protect young children's self-esteem, permitting children the opportunity to enact new skills, to suffer setbacks with fewer repercussions and to explore their social interactions in a manner that maintains self-confidence and ego resilience. As children develop their more advanced met cognitive skills and experiences yield to more realistic estimations of social competence, resulting in decreasing social competence over time as is evident in low-risk girls in the current study. In a second, potentially co-occurring, mechanism, female may not show the same levels of social competence as their female peers because of early risk for externalizing and internalizing temperament-related difficulties. For boys the normative style of rough and tumble play characterizing peer interactions as well as different thresholds over time for friendship interactions may result in fewer problems in developing normative levels of social competence.

Third, not all manifested risk for early social competence deficits; this effect was most evident in those with paternal rather than maternal alcoholism, recent as opposed to recovered alcoholic parents and having two alcoholic parents rather than one. Children of parents who were recovered alcoholics showed similar levels of social competence as children with non-alcoholic parents, suggesting that the risks associated with deficits in this domain may be more short term than those evident in other domains. Finally, paternal alcoholism has also been associated with greater risk for behavioral dysregulation and difficult temperament, perhaps related to a genetic liability, each of which may increase risk for social competence deficits as well. Our results suggest that not all manifest risk or resilience similarly and that part of the difference in outcomes within this risk group may be due to heterogeneity in the type of alcoholism in the family and in the gender of the child.

CONCLUSIONS

The current findings point to the need for finer-grained analyses that may better differentiate the development of various dimensions of social competence over time as a function of social context and societal expectation. This study offers evidence that some lag behind their peers in the development of social competence. This evidence is found in the self and teacher reports of girls. Strengths of the current study that lend support to these findings include the use of a community based, high-risk sample, inclusion of multiple reporters of social competence, and the longitudinal assessment of these youth. However, limitations of the study include the use of nonparallel measures of social competence across reporters and low reliability of the parent report measure of social competence.

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Given the modest effects of parent alcoholism and child gender on these indicators of social competence, other influences on and periods for change in the development of social competence over time should be considered. Future studies may want to include more fine-grained assessment around periods of greater fluctuations in social self-competence such as the transition to middle school. Associated predictors may also provide greater insight into the factors that more clearly define resilient outcomes in the face of risk associated with parent alcoholism. Lessons for the study of risk and resilience offered by the current study include an emphasis on heterogeneity in the outcomes of social competence. Although some indicators of parent alcoholism were associated with greater deficits in social competence, parent alcoholism appears to have a time-limited influence on social competence, perhaps suggesting the presence of more proximal influences that distinguish among the resilient and distressed in adolescence.

This study contributes to our understanding of social competence in general and to the complexities that are inherent in studying the development of competence in a high-risk population. Although the predictors of parent alcoholism and children's gender account for only small to moderate variance in the social development outcomes, the results contribute to a very limited literature on pro-social outcomes among high-risk youth and thus add to their practical significance. In this case, risk is manifested as a delay in the development of normative social competence for female. The extent to which such delays may be redressed through the use of social skills training curricula for these children is not yet known. Our findings suggest that such training may be beneficial if considered in conjunction with the specificity in risk for such targeted deficits in the daughters of a subset of alcoholic parents. The intersection of social competence and this well-known risk factor for multiple negative outcomes associated with parent alcoholism is an important area of further inquiry.

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