

Chapter 1 : The Parenting of Adolescents and Adolescents as Parents: A Developmental Contextual Perspective

This study was the first to examine associations between parenting behaviors, adolescents' emotional, cardiovascular, and HPA axis response to parent-adolescent conflict interactions, and alcohol use initiation.

This article has been cited by other articles in PMC. Abstract Background This study aimed to canvass the nature of adolescent-parent interactions about weight, particularly overweight, and to explore ideas of how to foster supportive discussions regarding weight, both in the home and with family doctors. Methods A market research company was contracted to recruit and conduct a series of separate focus groups with adolescents and unrelated parents of adolescents from low-middle socio-economic areas in Sydney and a regional centre, Australia. Group discussions were audio recorded, transcribed, and then a qualitative content analysis of the data was performed. Adolescent and parent descriptions of weight-related interactions could be classified into three distinct approaches: Indirect approaches were described most frequently by both adolescents and parents and were generally preferred over direct approaches. Parents and adolescents were circumspect but generally supportive of the potential role for family doctors to monitor and discuss adolescent weight status. Conclusions These findings have implications for developing acceptable messages for adolescent and family overweight prevention and treatment interventions. Background The nature and quality of adolescent-parent interactions has the capacity to positively or negatively influence adolescent psycho-social development [1], engagement in health risk behaviors [2], and disease management outcomes [3]. While weight management may not be the most pressing of issues that adolescents would like to discuss with their parents [4], overweight and obesity are highly prevalent and have serious health consequences in both adolescents [5 , 6] and adults [7]. Therefore, it is likely that discussions about weight management may arise in families. Adolescence is a critical intervention point for the prevention and treatment of overweight [8]. Yet adolescent weight outcomes have been modest in lifestyle-based overweight prevention and treatment, which highlights the scope for improving interventions [9 , 10]. Although such interventions may be directed exclusively towards adolescents, many also involve parents who can be considered important players in supporting adolescents to adopt and maintain healthy lifestyle behaviors [11 , 12]. Optimizing adolescent-parent interactions around adolescent weight management and its related behaviors may be an important target in improving outcomes in future interventions. However, there are limited published data on the nature of adolescent-parent interactions and communication preferences around this subject. In addition to their parents and family members, adolescents also consider health professionals as people they would turn to if they had concerns about their weight [13 , 14]. Yet studies of doctor-parent-child communication have typically focused on doctor-parent interactions [15], thus consideration of adolescent preferences for doctor-parent-adolescent interactions in the context of weight management is warranted. This study aimed to canvass both adolescent and parent views on adolescent-parent interactions around body weight, particularly overweight, and their opinions as to how body weight can be discussed in a positive and supportive way at home, and with the family doctor. This study focused on adolescents and parents from low to middle socioeconomic groups as they tend to be at higher risk of overweight [16]. Methods Study design A qualitative study design involving focus groups was selected as an appropriate method for an initial exploration of both adolescent and parent views on weight-related interactions and the breadth and strength of their publicly expressed attitudes [17]. The present study was the third and final phase in a larger focus group study, involving the same participants, that also sought to examine adolescent-parent interactions around common behaviors among adolescents that are associated with overweight development i. An accredited market research company MRC was contracted by the research team to: In all phases the research team maintained close relations with the MRC. Participants and recruitment Detailed information about participant eligibility criteria and the recruitment process is reported elsewhere [18]. Briefly, adolescents in grades and unrelated parents or guardians of that age group were recruited from areas classified as low to middle socio-economic status SES in the Sydney metropolitan area and a regional centre, New South Wales, Australia. Practical considerations meant that the researchers could not guarantee that the separate adolescent

and parent focus groups would be held simultaneously. Therefore only one family member was eligible to participate in order to avoid response contamination. Participants were required to speak fluent English in order to be able to participate fully in the discussions. Weight status was not specified as an inclusion criterion to permit a broader scope of opinions to be heard on the weight topic phase 3, as well as the two other study topics prior study phases which are of relevance to overweight prevention. Written informed consent to participate in the study was given by adolescents and their parents and unrelated parents. Focus group procedure Nine focus groups were scheduled in community venues during March including: A third male adolescent focus group was scheduled because it was anticipated that male groups may yield less discussion than the female groups. Three focus groups were held in the regional centre and six groups were held in the metropolitan area. Focus groups involved between five and eight participants, were minutes in duration, and were audio-recorded. A focus group discussion guide was developed to address the study aims in a way that would promote interest and open discussion Appendix 1. The primary facilitator was from the MRC and a researcher from the study team VAS observed each group; following completion of nine focus groups both agreed that response saturation had been attained. Data analysis Anonymized transcripts of the audio-recordings, typed verbatim, were checked for quality by a member of the research team. A qualitative content analysis of the transcripts was conducted. Three members of the research team independently read the transcripts and discussed the key ideas and common themes arising in the adolescent and parent focus groups. Following agreement on a draft coding structure, two members of the research team independently coded the data separately for the adolescent and parent focus groups. A third member of the research team checked the results for consistency and minor revisions were made to the coding structure where appropriate. Consensus on the final coded data was reached in a straightforward manner and summaries of the findings were checked by members of the research team for accuracy. Results Participant characteristics The study eligibility criteria were met by of the people who responded to the initial study invitation with 63 people eventually participating in a focus group. Almost one-third of all participants lived in areas classified as low or low-to-middle SES, with the remainder of participants residing in areas ranked as middle SES. Further information on participant characteristics are published elsewhere [18]. The study team member who attended each group confirmed that participants had a range of body sizes. Adolescents typically described examples of self management strategies that involved making healthy lifestyle changes such as increasing physical activity and modifying food intake. Despite earlier discussions about screen time and sugary drinks [18] modification of these behaviors was not specifically raised by participants. Some adolescents mentioned that their mothers had sought assistance outside the home for weight loss through commercial weight loss programs or by talking with a doctor. Parents typically gave examples of their own experiences in trying to lose weight, as well as those of their spouse or partner, and to a lesser extent those of their children. Self management for parents generally involved attempts to exercise more or to adopt weight loss diets. Other parents had consulted a doctor, a dietitian, or a commercial weight loss program. Some parents mentioned that they had taken their adolescent to a dietitian or a specialized weight management clinic. Unsafe or concerning weight loss practices e. Adolescent-parent interactions regarding adolescent weight status Adolescent-parent interactions described by both adolescents and parents with regards to adolescent weight could be broadly classified into three approaches. Each approach is discussed in turn with illustrative quotes from the focus groups: This type of interaction was most frequently described by adolescents and parents. A female adolescent, who had consulted a health professional regarding weight management, offered the following deeper insight but this was an exception: I think you should do that, it would be good for you. Generally, parents said that they gave suggestions to steer their adolescent into making healthy food choices or being more active. Sometimes this type of interaction was triggered when a perceived threshold for a particular behavior was breached. For example one mother said: During direct interactions with their adolescent, some parents appeared to be conscious of preventing overweight or weight gain, such as this mother who said "Yes, see when it comes to recess - I do their lunch and fruit However, mostly a direct and open approach was described by parents who perceived that their adolescent was overweight. Interactions described by parents were generally encouraging but some appeared unpleasant. Similarly, some adolescents said that weight was never discussed. Other types

of verbal interactions about weight. Some parents were aware that their adolescent was teased about their weight, particularly by siblings. Two of the male adolescent groups, but neither female adolescent group, shared anecdotes about interactions with siblings or peers around the subject of body weight. The nature of these interactions appeared to be mostly playful teasing; for example a male adolescent said " Hurtful teasing was never acknowledged in the focus groups. In both female adolescent groups, but none of the male groups, negative interactions with grandparents around body weight were recalled. Adolescents thought it was important for parents to show sensitivity; for example a male adolescent said " It depends on how sensitive a person is, some people might say it hard, it depends on the person". Encouragement was also considered important as shown in this comment made by a male adolescent: What would parents do if their adolescent was overweight or struggling with their weight? Parents responded to this discussion topic hypothetically, or by talking about their real life experiences. The vast majority of parents recommended self management strategies within the household as the initial approach to assist their adolescent with weight management. Typically these strategies encompassed one or more of the following dimensions: Fewer parents suggested modifying the home physical activity environment. Some parents specifically highlighted the importance of leading by example. However, in saying this, several parents acknowledged the practical difficulties in being able to be physically active with their adolescent. As few parents across the groups mentioned that they would seek weight management assistance for their adolescent from outside the home, the facilitator prompted a discussion about the reasons for this. Parental skills and confidence to assist adolescents with weight management were discussed in two groups. These parents reported that they had enough general knowledge to assist their adolescent with weight management, but that they might struggle with putting their knowledge into practice because of busy lifestyles. Adolescents and parents highlighted the importance of doctors discussing adolescent body weight sensitively, particularly when adolescents are overweight. Some adolescents said this type of assessment may be embarrassing or make them feel bad and they speculated that overweight adolescents may be even more inclined to feel offended. When prompted, few parents could suggest how doctors might discuss overweight in a way that would be helpful and supportive to adolescents. However, concern over the potential to create weight concerns or initiate eating disorders in adolescents was mentioned in several parent groups. Other parents opposed the idea of routine weight assessments on the grounds that parents already know if their adolescent is overweight. Overall there was remarkable concordance between the views expressed by adolescents and parents. One of the main findings was that indirect communications between adolescents and parents around adolescent body weight were commonly used by parents and preferred by adolescents. This involved a focus on behaviors or actions associated with weight but not weight itself. While some participants did not recall weight discussions taking place at all, others described direct or open discussions, where body weight or size was specifically talked about. There was an overarching sense that parents and adolescents in these focus groups were interacting in a mutually acceptable way around the subject of adolescent body weight. This discrepancy may reflect typical differences between adolescent and parent perspectives. The fine tuning of adolescent-parent interactions discussing versus telling is an important parenting skill that could be further promoted in interventions targeting healthy weight management in adolescents. Again, this is consistent with the idea that indirect approaches to discussing body weight are preferred by adolescents. Findings from Project EAT showed that parents who recognized their adolescent as overweight, compared with those who did not, were more likely to encourage their child to diet; in fact this was associated with increased risk of sustained overweight five years later [19].

Chapter 2 : Parent-Child Relations in Adolescence

Background. This study aimed to canvass the nature of adolescent-parent interactions about weight, particularly overweight, and to explore ideas of how to foster supportive discussions regarding weight, both in the home and with family doctors.

Although this trend is not inevitable, it is common and can be quite distressing for parents and adolescents. Both can feel baffled about what happened to the good old days of family harmony. Adolescents may see their parents as having turned harsh, controlling, and irrational. Parents may wonder why their formerly cooperative and responsible children now seem hostile and destructive. These perspectives often feed on one another, increasing misunderstanding on both sides. Many parents and adolescents report a decrease in closeness during this time. In most families, conflict is more likely to be about clothing, music, and leisure time than about more serious matters such as religion and core values. Nevertheless, it has been estimated that in about 5 million American families roughly 20 percent, parents and adolescents engage in intense, prolonged, unhealthy conflict. In general, conflict increases in early adolescence, reaches its height in mid-adolescence ages, and declines in late adolescence ages. Many of the changes that define adolescence can lead to conflict in parent-adolescent relationships. Adolescents gain an increased capacity for logical reasoning, which leads them to demand reasons for things they previously accepted without question, and the chance to argue the other side Maccoby, Adolescents no longer accept their parents as unquestioned authorities. They recognize that other opinions also have merit and they are learning how to form and state their own opinions. For example, adolescent children who were compliant in the past may become less willing to cooperate without what they feel is a satisfactory explanation. Parents, accurately perceiving that children are behaving differently than in late childhood, may take this behavior in their adolescent children as resistant and oppositional. They may then respond to this perceived lack of cooperation with increasing pressure for future compliance, which adolescents experience as a reduction in their autonomy, just when they want more. The transition from elementary to middle school and then from middle to high school can be stressful even when it is eagerly awaited. Young people move from a social setting in which they are the oldest and most competent to one in which they are physically the smallest, the least experienced, the lowest status, and have the fewest privileges. They have to master a new set of academic expectations and social arrangements. The growing importance of peers and the emergence of romantic attachments introduces a whole new set of potential stressors, including some that lead back to parents: Dozens of studies have indicated that children whose parents were authoritative -- warm and firm -- demonstrated higher levels of social competence and maturity than children who had been raised by permissive, authoritarian, neglectful, or indifferent parents Baumrind, Authoritative parenting, which is the combination of consistent parental responsiveness and demandingness, has been linked by many studies with positive emotional adjustment, higher school performance, and overall maturity in childhood and adolescence. One under-appreciated dimension of parent-child relations in adolescence is that parental changes can contribute greatly to the dynamic. Certainly adolescents change greatly as they make the transition from childhood to adulthood, but their parents also change -- both in responses to their children and in response to challenges in their own lives. The parents of adolescents are usually in midlife, when they face the prospect that their future lives may not get a lot better than the present. Just as their children are bursting with idealism, they may feel increasingly pessimistic. A couple that has worked together effectively to raise children may find their relationship strained by the new demands of parenting adolescents. In order to assist with parent-child relations in adolescence, researchers recommend the following Steinberg, For example, research has determined that although authoritative parenting styles are effective both in childhood and in adolescence, that there is an added dimension of "psychological autonomy granting" that is crucial in adolescence -- that is, the extent to which parents permit adolescent sons and daughters to develop their own opinions and beliefs. The opposite of psychological autonomy granting, namely psychological control, can become intrusive or overprotective Steinberg, Third, in addition to understanding how their adolescent children are changing, parents need to understand how they and their

family are changing see Baumrind, With the goal of providing parents of adolescents with this type of information, it would be wise to develop a large-scale, thorough, ongoing public health campaign to educate parents of adolescents, as has been done already for parents of newborn babies. Effective parenting during the early adolescent transition. Conflict and social interaction in adolescent relationships. Journal of research on adolescence, 5, Middle childhood in the context of the family. We know some things: Parent-adolescent relationships in retrospect and prospect. Journal of Research on Adolescence, 11 1 , Annual Review of Psychology 52,

Chapter 3 : Parent-Adolescent Interactions by Priscilla Rebollozo on Prezi

The purpose of this study is to observe parent-adolescent interactions and to examine the parenting behaviors and adolescent emotional and physiological responses that are associated with youth's substance use. The study examines parenting behaviors and adolescent emotional responses during parent.

From Lerner, et al. For example, among to year-old African American youth, social support from kin was related to self-reliance and good school grades; however, when kinship support was low the youth experienced feelings of distress Taylor, Students from intact families are least likely to drop out. Similarly, youth from such families are less likely to experiment with drugs than are adolescents from single-parent families Turner, Irwin, Millstein, Of course, however, adults differ in the ways in which they enact their role as parent. They show different styles of raising their children. Differences in child rearing styles is associated with important variation in adolescent development. Child rearing styles in adolescence The classic research of Diana Baumrind , resulted in the identification of three major types of child rearing styles: Authoritative, authoritarian, and permissive. The first style of rearing is marked by parental warmth, the use of rules and reasoning induction to promote obedience and keep discipline, non-punitive punishment e. Indeed, because of the diversity of behavioral patterns that can characterize the permissive parenting style, Maccoby and Martin proposed that this approach to parenting can best be thought of as two distinct types: Whether the three categories of rearing style originally proposed by Baumrind , , the four categories suggested by Maccoby and Martin , or other labels are used, it is clear that the behavioral variation summarized by use of the different categories is associated with differences in adolescent behavior and development Lamborn, et al. For example, in a study of over 4, 14 to 18 year olds, adolescents with authoritative parents had more social competence and fewer psychological and behavioral problems than youth with authoritarian, indulgent, or neglectful parents Lamborn, et al. In fact, youth with neglectful parents were the least socially competent and had the most psychological and behavioral problems of any group of adolescents in the study. In turn, youth with authoritarian parents were obedient and conformed well to authority, but had poorer self concepts than other adolescents. Finally, while youth with indulgent parents had high self confidence, they more often abused substances, misbehaved in school, and were less engaged in school. Moreover, adolescents with authoritative parents are more likely to have well-rounded peer groups, that is, groups that admire both adult as well as youth values and norms, e. In turn, youth with uninvolved parents had peer groups that did not support adult norms or values, and boys with indulgent parents were in peer groups that stressed fun and partying Durbin, et al. Considerable additional research confirms the generally positive influence on adolescent development of authoritative parenting and, in turn, of the developmental problems that emerge in youth when parents are authoritarian, permissive, indulgent, or uninvolved e. Socialization in adolescence Whatever style parents use to rear their adolescents, the goal of parenting is to raise a child who is healthy and successful in life, who can contribute to self and to society, who accepts and works to further the social order. The process--the behaviors that are used over time--to reach these goals is termed socialization. Although all societies socialize their youth in order that, as future contributors to society, the society can survive and prosper , there are marked differences in what different societies, or groups within society, want to see in a youth that has been "successfully" socialized. Said another way, there is great diversity in the specific goals parents have in socializing their youth. One way of illustrating this contextual variation and, as well, of judging whether parents and society at large have been successful in shaping youth to accept social values, is to ask youth what it means to be a good or a bad child. In one study that took this approach American, Japanese, and Chinese adolescents were asked "What is a bad kid? In America, youth answered that a lack of self control and substance abuse were the marks of being bad. In China, a youth who engaged in acts against society was judged as bad. In Japan, a youth who created disruptions of interpersonal harmony was regarded as bad. Another way of understanding the socialization process is to see how immigrants to a new country give up the values and customs of their country of origin and adopt those of their new one--a set of changes termed acculturation. This approach was used in a series of studies involving youth of Chinese ancestry, who were

either first generation Americans their parents were born in China and immigrated before the adolescent was born or second generation Americans their grandparents were born in China, but their parents had been born in the United States. These youth were contrasted to Chinese adolescents from Hong Kong, to youth of Chinese ancestry whose parents had immigrated to Australia, to European American youth, and to Anglo Australian youth. Still another approach to understanding socialization is to appraise whether different groups within a society direct their youth to comparable developmental achievements. Research in Israel, for instance, suggests that youth from Arab Israeli families are raised to view the father as having more power than the mother; in turn, Jewish Israeli youth see more maternal than paternal power Weller, Florian, Mikulincer, In turn, male and female adolescent immigrants from Third World countries to Norway differ in their attitudes toward acculturation Sam, ; although both groups place a lot of importance on maintaining their cultural heritage, boys favor acculturation more than girls. In the United States, while there is evidence of consistency in some socialization practices across diverse groups e. By virtue of the fact that society continues to evolve, and is not characterized by intergenerational warfare or revolution, and that the vast majority of youth become contributing adults to society, we can conclude that socialization "works," that the "apple does not fall far from the tree" Adelson, ; Lerner, It is through the relationships that parents and their adolescent children have that the most immediate bases are provided of youth behavior and development. Parent-child relationships in adolescence There are a range of behaviors and associated emotions exchanged between parents and their adolescent offspring: Some of these exchanges involve positive and healthy behaviors and others involve the opposite; some of the outcomes for adolescent development of these exchanges reflect good adjustment and individual and social success, whereas other outcomes reflect poor adjustment and problems of development. As is true for all facets of human development, there is then diversity in the nature and implications of parent-child relations in adolescence. Similarly, among German adolescents, parental behaviors marked by approval and attention to the positive behavior of the youth is associated with an adolescent who feels he or she is capable of controlling events that can affect him or her Krampen, ; however, when parental behaviors disparage the child and fail to attend to his or her specific behavior, the adolescent feels that chance determines what happens to him or her in life. As illustrated by the above studies, warmth, nonhostility, and closeness seem to be characteristics of parent-adolescent interaction that are associated with positive outcomes among youth. Other research confirms these linkages. The characteristics of parent-child interaction that are associated with positive outcomes for the adolescent are similar in that they reflect support for and acceptance of the developing youth. When such emotions occur in adolescence, positive outcomes for the youth are seen. In sum, then, parent-child relationships marked by behaviors supportive of the youth and by positive feelings connecting the generations are associated with psychologically and socially healthy developmental outcomes for the adolescent. However, some families do not have parent-child relations marked by support and positive emotions; and no family has such exchanges all the time. Families experience conflict and negative emotions. Such exchanges also influence the adolescent; but, as we might expect, the outcomes for youth of these influences differ from those associated with support and positive emotions. At the least, conflicts are a ubiquitous part of all families at some times in their history. Just as the reasons for conflicts between individuals, on the one hand, or nations, on the others, varies, so too do the reasons for conflicts in families. In turn, in a study of over 1, Latino, African American, and European American parents of adolescents, conflicts were said to occur in the main over everyday matters, such as chores and style of dress, rather than in regard to substantive issues, such as sex and drugs Barber, The presence of conflicts between youth and parents is, then, a fact of family life during adolescents. Arguments with their youngsters are events with which parents must learn to cope. Nevertheless, despite its developmental course, the presence of conflict at any point in the parent-adolescent relationship may influence the behavior and development of the youth. In addition, conflict is associated with "externalizing" problems e. Moreover, the negative emotions exchanged between adolescents and their parents can themselves result in problems for the youth. Moreover, parents of tenth graders with conduct problems are more hostile than parents of tenth graders with depression Ge, et al. Moreover, the presence of problem behaviors in parents per se is linked to problems in adolescent development. In short, the rearing of adolescents is not accomplished in the same way and with the same

outcomes by all parents. Adults vary in their parenting styles and in the manner in which they socialize their children. This variation is linked to different individual characteristics of parents and, as well, to the features of the proximal and distal contexts within which parents and families are embedded. This variation is associated also with differences in other contextual factors--relating, for instance, to parental education, family social support, parental mental health, family stability, and poverty. In turn, in regard to family stability, there is a considerable body of research that indicates that divorce is associated with social, academic, and personal adjustment problems, including those associated with early initiation of sexual behavior e. In addition, parent-child relations are less hierarchical and children are pushed to grow up faster in divorced families Smetana, Furthermore, in some cases there are gender differences in the reaction of adolescents to divorce. However, in the case of remarriage, there is evidence that although both male and female adolescents may have difficulty interacting with stepfathers, girls may have particular problems e. Moreover, both male and female adolescents show no improvement in relationships with their step fathers, or in behavior problems e. For instance, adolescents living with their fathers adjust more poorly than youth living in other arrangements e. These women must support themselves and their children and thus, in such contexts, maternal employment is virtually a necessity. Of course, women work outside the home even when they live in intact, two-parent families. Indeed, the majority of American mothers work outside the home, and do so for personal, social, and economic reasons that correspond to those found among men Hernandez, ; J. Despite their reasons for working, maternal employment per se has generally not been found to have adverse affects on the personal or social development of youth J. Simply, the mother feels stress because of the nature of her multiple roles. Lerner, ; J. Parental work and adolescents in self-care In addition, there may be implications for youth simply because, when their mother is at work, there is no parent in the home. Unsupervised time, especially the hours of 3: However, in such cases it is the lack of supervision and not maternal employment per se that is the source of these difficulties for youth. These problems can be counteracted, however. In addition, effective community programs for youth, for example, 4-H, Boys and Girls Clubs, and community athletics, can provide youth with attractive, positive, and productive ways to spend their time. Current opinion among leaders of such youth-serving organizations is that if such community programs are strengthened young adolescents will have richer experiences and fewer life problems Carnegie Corporation of New York, However, the positive effect of community programs may not be as readily achievable when the parents in a family are themselves adolescents. In such cases, the risks to offspring are increased. We turn, then, to this focus.

Chapter 4 : Parent-Adolescent Interactions and Adolescent Development

We observed parent-adolescent conflict interactions. We examined links between adolescent responses to interactions and alcohol use. Negative parenting predicted higher blood pressure and anger response. Higher heart rate, blood pressure, and cortisol response were linked to alcohol use. Responses to family conflict may play a role in.