



Trajectories of Parent–Adolescent Relationship Quality Among At-Risk Youth: Parental Depression and Adolescent Developmental Outcomes



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A B S T R A C T

Background: Although the parent–adolescent relationship has been studied intensely, predictors and consequences of changes in the quality of the relationship across time have not been examined.

Objectives: This study examined the role of parent depression on changes in the parent–adolescent relationship, defined as support and conflict, and subsequent effects of relationship change on adolescent psychosocial outcomes including risky behavior, substance use, depressive symptoms, and hopelessness.

Method: Using data from a large prevention study, the sample included 110 youth at risk for high school drop out from the control condition; the sample was 48.2% of female, with a mean age of 15.9 years. The data, gathered from adolescents and their parents across a period of approximately 18 months, were analyzed using growth mixture modeling.

Results: Three distinct trajectories for parent–adolescent conflict (high-decreasing, low-increasing, low-stable trajectory) were identified as well as a single growth model for support, which revealed a slight decline in support across time. Parent depression was a significant predictor of perceived support, but not of membership in trajectories of conflict. Low parent–adolescent support was associated with adolescent depression and hopelessness measured 18 months post-baseline. Adolescents in the low but increasing conflict trajectory and those having a parent with depression reported increased depression and hopelessness 18 months later.

Discussion: Parent–Adolescent support and conflict were associated with adolescent emotional outcomes, particularly depression and hopelessness. The findings provide evidence that will inform prevention strategies to facilitate parent–adolescent support, minimize the negative impact of relationship conflict, and thereby promote healthy psychosocial outcomes for at-risk adolescence.

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The high prevalence rates of adolescent risky behaviors and emotional problems among U.S. adolescents highlight the need for investigations to examine the antecedents and correlates as well as consequences of the developmental underpinnings. Although the parent–adolescent relationship has received research attention, this relationship has not been studied well particularly in response to how changes in the parent–adolescent relationship influence adolescent developmental outcomes during adolescence among high-risk youth.

Researchers have examined associations between parent–adolescent relationship quality and adolescent risky behavior, however, only a few investigations have addressed how the parent–adolescent relationship changes across time and the influence of such changes on adolescent psychosocial developmental outcomes. Seiffge-Krenke, Overbeek, and Vermulst (2010) examined the longitudinal link between trajectories of the mother–adolescent relationship conflict (measured in terms of support and negative affect), and adolescent anxiety regarding romantic relationships. In this study 145 adolescents were followed for 9 years, with data gathered six times from 14 to 23 years of age. Three mother–

adolescent relationship trajectories were identified: a ‘normative’ trajectory with high support and stable-low negative affect; an ‘increasing negative’ trajectory with below average levels of support and increasing levels of negative affect toward mother; and a ‘decreasing negative’ trajectory with low support and decreasing levels of negative affect toward mother. Overall, adolescents in the normative (high support) group reported lower anxiety about their romantic relationships than adolescents in the increasing negative and decreasing negative groups. This research demonstrated that the quality of the parent–adolescent relationship changes in terms of both support and conflict across stages of adolescence and suggested that variability in the relationship is associated with anxiety. The research suggests that different patterns of relationship quality across time are likely to be associated with other adolescent psychosocial outcomes, such as risky behavior, drug involvement, depression, and feelings of hopelessness.

In another investigation, using a 2-year longitudinal design, Noack and Puschner (1999) examined trajectories of parent–adolescent relationships and adolescent psychosocial adjustment with 208 youth. The investigators identified three trajectory groups based on parent–adolescent connectedness and adolescent perceived autonomy. In brief they found that adolescents least connected to their parents

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showed the highest levels of depressive mood and aggressiveness, though the differences were not statistically significant compared to the other two groups.

THE IMPACT OF PARENT DEPRESSION ON PARENT–ADOLESCENT RELATIONSHIPS

McCarty and McMahon (2003) examined the association between the mother–youth relationship, maternal depression, and youth behavioral outcomes with 224 youth in grades 5 and 6. Mothers with depressive symptoms showed poorer relationships with their children in preadolescence. Youth with poorer maternal relationships were more likely to have disruptive behavior disorders. In a study of 800 mothers, Nelson, Hammen, Brennan, and Ullman (2003) reported that criticism directed toward a youth by depressed mothers was a risk factor for disrupted adolescent friendships, social life, and academic performance. In another study, Brennan, Le Brocque, and Hammen (2003) found that parent–adolescent relationship quality served as a protective factor by reducing risk of depression among the adolescents ($N = 816$) of depressed mothers. Conversely, parent warmth and acceptance were associated with positive developmental outcomes, even for children with depressed mothers. Similarly, though studied less often, paternal depression has been shown to have a negative impact on the father–adolescent relationship as well as adolescent developmental outcomes, including behavior problems and depression. In a cross-sectional study of 133 families, those with depressed fathers showed increased negative interactions with their children, which were, in turn, linked to increased behavioral problems (Jacob & Johnson, 2001). Kane and Garber (2004), in a meta-analysis of 23 studies, demonstrated that paternal depression was a significant predictor of father–child conflict and child internalizing and externalizing symptoms.

In sum, diminished quality of the parent–adolescent relationship, linked to parental depression, is an important risk factor with respect to children's problem behaviors. On the other hand, high-quality parent–youth relationships, where the mother or father is depressed, play a significant role in protecting youth from the potentially negative influences of parent depression.

The Present Study

The purpose of this study was to describe patterns of parent–adolescent relationships, defined in terms of perceived support and conflict, and to examine the antecedent influence of parent depression as well as psychosocial developmental consequences (risky behavior, drug use, depressive symptoms, and hopelessness) linked to patterns of parent–adolescent relationship quality. In an effort to circumscribe prospective prevention efforts, we focused specifically on a known and vulnerable youth population, youth at-risk for school failure/dropout. Better understanding of the needs of at-risk youth could lead to the consolidation of prevention resources and enable healthcare professionals to provide interventions that strongly align with youth needs and developmental trajectories.

METHODS

Study Design and Participants

This study was based on longitudinal data from *Preventing Drug Abuse: Parents And Youth with Schools (PAYS)*, a longitudinal study designed to evaluate the efficacy of the PAYS intervention program (see also Hooven, Walsh, Willgerodt, & Salazar, 2011). Participants in the initial study were chosen at random from a pool of adolescents at risk for school failure or dropout, using verified sampling criteria from school performance records including poor academic performance, poor attendance, and prior dropout status. For the larger PAYS study, initial contact was made with 2,301 youth; 1,591 indicated some interest in

participating. Parent(s) of interested students were also invited to participate. A total 775 youth who had written parent consent completed the baseline assessment. Of the 775 eligible, 605 were randomly assigned to one of two experimental study conditions or to the control condition, with 500 (82%) adolescents retained in the study across time.

For the current study, we analyzed data from control group subjects ($n = 153$). A total 110 adolescents and their parents, none of whom were exposed to the PAYS intervention were included in the analyses. Forty-three adolescents were not included due to lack of parent depression data. Analyses were based on measures gathered from the control group at baseline (BL), 5 months after baseline (BL + 5), 10 months after baseline (BL + 10), and 18 months after baseline (BL + 18). The adolescent sample was 52% male and 48% female, ranging in age from 13 to 17 years (mean age = 15.9, $SD = 0.85$). Forty percent of adolescents were Caucasian, 21.8% were African-American, 10% were Asian, 7.3% were Hispanic, 12.7% were mixed race/ethnicity, and 5.5% identified as 'other.' The majority of parent participants were female (88.2%); the mean age was 42. Approximately half of parents were Caucasian (54.5%); 73.5% had attained some college education, with 24% having earned a BA or graduate degree.

Measures

Adolescents completed the High School Questionnaire (HSQ; Eggert, Herting, & Thompson, 1995), a multi-scale instrument that measures a broad range of adolescent behaviors including risky behaviors, drug involvement, depressed affect, feelings of hopelessness, perceived relationship (support and conflict) with parents and parental depressed affect. Items were from standard scales (e.g. Center for Epidemiological Study of Depression, CES-D) or were developed earlier by the research team. Prior studies have shown that the HSQ has good reliability and validity (Eggert et al., 1995; Thompson, Eggert, & Herting, 2000; Thompson, Mazza, Herting, Randell, & Eggert, 2005). All measures described below are scales embedded in the HSQ.

Risky behavior was assessed based on responses to six items addressing the frequency of behavior during the last year. Item examples include "Get into a physical fight with someone?" and "Run away from home for a day or more?" Participants rated these statements using Likert-type response options that included: 0 (*not at all*); 1 (*once*); 2 (*twice*); 3 (*three times*); 4 (*four times*); 5 (*five times*); and 6 (*six or more times*). Cronbach's alpha was .79.

Drug involvement reflected two aspects of drug use: adverse drug consequences and drug use control problems. The measure consisted of 30 items that assessed the frequency of problems and behavior due to drugs or alcohol use within the prior month. Example items include, "There were problems between me and my friends because of my using substances" and "I usually didn't stop with just one or two drinks." Adolescents rated the statements using Likert-type response options that

Table 1
Descriptive Statistics for Key Study Variables ($N = 110$).

Variable/Time	Mean	(SD)
Risky behavior BL + 10	0.49	0.68
Drug involvement BL + 10	0.17	0.31
Adolescent depression BL + 10	1.30	1.09
Hopelessness BL + 10	0.90	0.95
Parent depression BL	1.43	0.88
Adolescent depression BL	1.37	1.18
Parent support BL	5.14	4.33
Parent support BL + 5	5.16	4.11
Parent support BL + 10	5.38	4.38
Parent conflict BL	1.65	1.27
Parent conflict BL + 5	1.31	1.17
Parent conflict BL + 10	1.24	1.23
Parent conflict BL + 18	1.04	0.96

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