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Caregiver qualities, family closeness, and the well-being of adolescents engaged in the child welfare system

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ABSTRACT

Children who come into contact with the child welfare system are at greater risk of experiencing internalizing and externalizing behaviors. This secondary analysis of the National Survey of Child and Adolescent Well-Being explored how caregiver characteristics and behaviors, and caregiver–child closeness influence these outcomes over time. The final sample was 877 caregiver and adolescent (11–17 years old) dyads. Weighted multivariate regression analyses were performed. Caregiver characteristics associated with depressive symptoms included age and education; caregiver health was not associated with internalizing and externalizing behaviors. For adolescents, being female, older, or Hispanic was associated with internalizing behaviors. Although not significant for externalizing behaviors, caregiver–adolescent closeness was protective against internalizing behaviors. Understanding factors that contribute to the mental health of child-welfare-exposed adolescents has far-reaching implications for family-based interventions with child-welfare-involved youth.

1. Introduction

Children in the United States who come into contact with child welfare (CW) systems, whether or not the abuse or neglect is substantiated, are at greater risk of experiencing mental distress than those in the general population (Courtney et al., 2011). Endangering factors that often occur in tandem with child maltreatment, such as exposure to prenatal drugs or alcohol and interpersonal violence or other trauma (Raviv, Taussig, Culhane, & Garrido, 2010), predispose these youth to multifarious mental health problems (Springer, Sheridan, Kuo, & Carnes, 2007). Indeed, an estimated 80% of children with an active CW case present with internalizing or externalizing behaviors (Aarons et al., 2010). Given the elevated rates of mental health problems among adolescents in CW, it is particularly important to understand risk and protective factors that may influence outcomes for this population. As such, this work sought to elucidate the influence of caregiver characteristics, qualities, and behaviors to understand the impact of these factors on adolescent well-being.

1.1. Internalizing and externalizing behaviors in adolescents

To understand the prevalence of and risks associated with internalizing (depression or anxiety) and externalizing behaviors (conduct disorders or sex and substance use behaviors) in adolescents, we reviewed data from the Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control and Prevention (Kahn et al., 2016). As a proxy for depressive symptoms, the YRBS uses the following question, "Have you felt sad or hopeless every day for 2 or more weeks in a row"; 29.9% of adolescents endorsed this statement (Kahn et al., 2016). Adolescent girls (39.8%) were more likely to endorse than adolescent boys (20.3%). Among girls, being younger increased the likelihood of reporting depressive symptoms (41.5% of 9th graders vs. 36.3% of 12th graders); the experience was reversed for boys, who are more likely to experience symptoms of depression as they age (16.7% of 9th graders vs. 23.9% of 12th graders; Kahn et al., 2016).

Regarding externalizing behaviors, among adolescents, 63.3% reported ever drinking alcohol, 22.6% reported ever being in a physical fight, and 41.2% reported ever having had sex (Kahn et al., 2016). Older age was associated with alcohol use (50.8% of 9th graders vs. 73.3% of 12th graders) and reports of sexual intercourse (24.1% of 9th graders vs. 58.1% of 12th graders); however, physical fighting was more common among younger adolescents (27.9% of 9th graders vs. 17.4% of 12th graders; Kahn et al., 2016). Differences also existed by gender, with male adolescents more likely than female adolescents to

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report being involved in a physical fight (28.4% vs. 16.5%, respectively) and having sexual intercourse (43.2% vs. 39.2%); however, girls were more likely to report alcohol use (65.3% vs. 61.4%; Kahn et al., 2016). Among CW-involved youth, patterns were similar, although rates of mental health problems were higher (42.7%; Heneghan et al., 2013) than a general sample of adolescents (as previously reported in YRBS statistics). CW-involved adolescents with mental health issues were more than twice as likely to report substance use, with older adolescents more likely to exhibit alcohol and drug use behaviors. As with depressive symptom reports in the YRBS sample, male adolescents were less likely than female adolescents to report depression (Heneghan et al., 2013).

1.2. Caregiver qualities and their influence on adolescents

The influence of family on the well-being of adolescents is intrinsically tied to availability, stability, and caregiver well-being. Parenting can be impaired by a caregiver's physical and mental health, abuse of alcohol and drugs, or both. Previous literature has suggested that caregiver mental health may be particularly impactful for youth mental health (Jacobs, Talati, Wickramaratne, & Warner, 2015). Maternal depression and symptomatology have been linked to poorer social and emotional outcomes (Goodman et al., 2011), including increased internalizing and externalizing behaviors (Campbell, Morgan-Lopez, Cox, McLoyd, & the NECR Network, 2009) among youth. Specifically, children with parents in poor physical or psychological health exhibit more depression and anxiety (Weissman et al., 2016). Further, parental physical illness has been associated with both internalizing and externalizing mental health symptoms among adolescents (Pakenham & Cox, 2014). Physical symptoms are also relevant predictors of a caregiver's ability to create stable family routines (Murphy, Armistead, Marelich, & Herbeck, 2015). Last, caregiver substance use may also be related to adolescent mental health (Seay & Kohl, 2015).

1.3. Caregiver–child closeness

In addition to intrinsic characteristics of caregivers, the relationship between caregiver and child has been linked to child outcomes (Raby et al., 2015) including depressive symptoms (Branje, Hale, Frijns, & Meeus, 2010; Smokowski, Bacallao, Cotter, & Evans, 2015). Supportive parenting has been shown to be predictive of social competence with peers and romantic partners and carryover of positive parenting practices to future offspring (Raby et al., 2015). Perceptions of positive parent–child closeness are associated with adolescent self-esteem (Bulanda & Majumdar, 2009) and decreased depressive symptoms (Boutelle, Eisenberg, Gregory, & Neumark-Sztainer, 2009). In fact, attachment and bonding between parent and child in adolescence is predictive of better psychosocial functioning in early adulthood (Raudino, Fergusson, & Horwood, 2013). Among CW-involved families, parental closeness is associated with reduced internalizing and externalizing behaviors (although there is limited identified research on the association between caregiver–child closeness and internalizing behaviors). For example, quality of the caregiver–child relationship has been linked to suicidal ideation among CW-involved adolescents (He, Fulginiti, & Finno-Velasquez, 2015). Further, greater caregiver–child closeness in CW-involved families has been found to reduce externalizing behaviors (DeLisle, 2010), including deviant behaviors (Snyder & Smith, 2015) and substance use (Cheng & Lo, 2010; Snyder, Gwaltney, & Landeck, 2015; Traube, James, Zhang, & Landsverk, 2012). Maternal relationships may be most influential (Branje et al., 2010) and have a more pronounced impact on outcomes for girls (Asselmann, Wittchen, Lieb, & Beesdo-Baum, 2015). This is important because of the predominance of female caregivers associated with CW-involved adolescents.

1.4. Theoretical framework

The current study is grounded in family systems theory (Minuchin, 1974), an extension of general systems theory (von Bertalanffy, 1973). General systems theory (von Bertalanffy, 1973) assumes that the system is greater and different than the sum of its parts. Family systems theory (Minuchin, 1974) therefore approaches an individual in his or her social context and conceptualizes the family as a unit influencing the functioning of each person. It argues that the causes of behavior are not based in the individual alone but in interactions with other family members. Understanding a child's behavior requires exploring the interactional patterns between the child and caregiver. Dissolution or distortion of boundaries between child and parental subsystems may be viewed as problematic because the child is not functioning within generational boundaries. Blos (1979) emphasized that one of the most important developmental tasks for adolescents is the process of separation and individuation; the child disengages from dependent ties with parents and gains autonomy. If the separation and individuation process is interrupted by family strain (e.g., CW involvement), this can affect an adolescent's mental health outcomes.

1.5. Summary

Studies of families from general populations show that parents can influence adolescent outcomes through parenting characteristics and parenting behaviors. In these populations, variations in relationship stability, quality, and behaviors is assumed. However, less is known about caregiver influence on adolescent mental health among adolescents whose caregivers have been investigated for child maltreatment. Among these families, intrafamilial relationships are inherently shattered. CW system involvement fundamentally calls into question the relationship of the parent and child; investigations are related to failures in parenting, the most severe of which result in the severing of the parent–child relationship though the removal of the child from the home. However, variation in relationship stability and quality and parenting behaviors is unknown. It is also unclear whether protective factors exist that can be harnessed in the parent–child relationship, even in families accused of maltreatment. Given the substantial number of families that come into contact with the CW system, there is an opportunity for family engagement in intervention not widely available to families in the general population. Understanding family risk and resilience mechanisms among CW-involved families provides a distinct opportunity to adapt interventions to be used when families are most vulnerable and in need and can be mandated to complete services.

1.6. Current study

Although the relationship between caregiver qualities and adolescent outcomes has been explored in the general population, the importance of these factors to outcomes for adolescents in the CW system is less well established, particularly the association of caregiver–child closeness with internalizing and externalizing behaviors. The current study investigated whether the behavioral health of CW-involved adolescents aged 11–17 years at baseline is a function of caregiver characteristics and family processes. Specifically, we examined whether caregiver depressive symptoms and adolescent perceptions of closeness and relationship satisfaction with their caregiver are predictors of adolescent mental health functioning 18 months later. Findings have the potential to highlight risk and protective factors for mental distress among CW-involved adolescents, which can inform intervention development to mitigate negative outcomes. Based on previous empirical findings with non-CW-involved adolescents, we hypothesized that increased caregiver depressive symptoms and poorer perceptions of caregiver–child relationship quality will predict increased internalizing and externalizing behaviors among CW-involved adolescents.