



First things first: Family activities and routines, time management and attention



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ABSTRACT

Previous research has demonstrated a relationship between family stability and adjustment, which is partially mediated by self-regulatory behavior (e.g., self-control). However, the relationships between family stability and time management, one aspect of self-regulation, and attention problems have not yet been explored. The present study investigates the associations between perceived family stability while growing up, current time management and attention problems, and it evaluates time management as a mediator of the relationship between family stability and attention problems in a sample of 292 emerging adults. Perceived family stability was assessed retrospectively using the Stability of Activities in the Family Environment, and current aspects of time management and attention problems were measured using the Time Management Questionnaire and Adult Self-Report, respectively. Using bootstrapping methods, results indicated that time management mediates the relationship between perceived family stability and attention problems. These findings suggest possible targets of prevention and intervention for attention problems.

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Stability of the family environment is important for the positive development of children and adolescents. Although many feel they have an intuitive sense of what it means to have a stable family environment, investigators have been challenged by how to best define and measure this construct. Family stability has often been operationalized as the absence of global or structural family changes, such as parental divorce, family relocation, and changes in household composition (e.g., Masten, Morison, Pellegrini, & Tellegen, 1990). Exposure to these changes is associated with greater risk of maladjustment (e.g., Fergusson & Lynskey, 1995; Patterson, Forgatch, Yoerger, & Stoolmiller, 1998; Stoneman, Brody, Churchill, & Winn, 1999).

A fuller conceptualization of family stability would include, in addition to such global or structural family changes, more proximal and molecular aspects of family stability such as the predictability and consistency of daily family activities and routines (Israel, Roderick, & Ivanova, 2002). Attention to molecular or proximal family processes not only enhances our understanding of family stability, but also can identify potential areas of strength within family environments that might otherwise be considered unstable or at risk. Molecular or proximal aspects of family stability may also be more accessible for change

than the larger global or structural family changes. Empirical support for such a “molecular” conceptualization of family stability can be drawn from several areas of investigation.

Sandler and colleagues demonstrated the importance of stable positive events for children who experience adverse life events. For example, Sandler, Wolchik, Braver, and Fogas (1991) found that the stable occurrence of positive events, but not the increase in the occurrence of positive events, was associated with better overall adjustment among children of divorce. The occurrence of stable positive events was also associated with fewer symptoms of depression and conduct disorder among children who had experienced parental death (West, Sandler, Pillow, Baca, & Gersten, 1991).

Similarly, family rituals, defined by Fiese (1992, 1997) as patterned family interactions that are ascribed symbolic meaning, have multiple dimensions and take place in diverse settings, such as dinner time, vacations, and annual celebrations. Earlier research with school-aged (Bennett, Wolin, & Reiss, 1988) and young adult children of parents with alcoholism (Wolin, Bennett, & Noonan, 1979) identified family rituals as a potential protective factor against the intergenerational transmission of alcoholism. Also, research with the Family Ritual Questionnaire (Fiese & Kline, 1993) has further supported the link between family rituals and adjustment. For example, family rituals have been associated with rates of delinquency (Roberts, Gunes, & Seward, 2011) and with the quality of life among families of children with cancer (Santos, Crespo, Canavarro, & Kazak, 2015).

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Family routines within the home (e.g., eating dinner together, chores) is another related domain of family functioning (Jensen, James, Boyce, & Hartnett, 1983). Research with the Family Routines Inventory (FRI; Jensen et al., 1983) found that the regular practice of such routines is associated with better child adjustment. The regularity of family routines was associated with higher academic functioning and lower internalizing and externalizing behavior problems for children, and the regular practice of family routines also attenuated the exacerbating influence of daily hassles on children's internalizing and externalizing behavior problems (Brody & Flor, 1997; Kliever & Kung, 1998). In addition, such family routines have been associated with self-regulation and cognitive abilities among low income preschoolers (Ferretti & Bub, 2014) and various measures of academic success among vulnerable adolescents (Roche & Ghazarian, 2012).

Israel and colleagues' conceptualization of the more molecular and proximal aspects of family stability and the development of the Stability of Activities in the Family Environment (SAFE) measure were designed to expand and improve upon available measures and related constructs in a number of ways. The SAFE conceptualization explicitly emphasizes the regularity rather than the frequency of family activities and assesses a broader range of activities than other instruments. This conceptualization includes activities within the home (such as those that occur at meal or bed times), as do other related constructs/measures. The conceptualization, however, also includes activities youth engage in with family outside the home, such as weekend activities or religious observance, and activities that are arranged and supported by the family but that occur without the presence of immediate family members, such as participation in extracurricular activities or time spent with friends (Israel et al., 2002; Ivanova & Israel, 2005). These latter activities may also require parental participation and were included to make the SAFE concept more meaningful for older children and adolescents, who likely spend less time at home with their immediate family than younger children (cf. Larson, Richards, Moneta, Holmbeck, & Duckett, 1996). In addition, in keeping with the notion of stable positive events suggested by Sandler and colleagues, the SAFE concept was designed to include activities clearly viewed as positive by the informant. Israel and colleagues conceptualize, and have found support for, molecular family stability as a type of parenting behavior and suggest that providing for the regular and predictable occurrence of positive family activities may be viewed as comparable, in some ways, to other parenting behaviors such as provision of effective discipline and appropriate monitoring of behavior (Chalmers, Israel, Them, Sokolowski, & Luft, 2007). Using this conceptualization, parents who foster family stability may inherently model certain behaviors, such as skills necessary to respond to various family demands and maintain a regular and predictable family routine, which may serve to facilitate the development of self-regulatory behaviors in children and adolescents. In this way, molecular family stability may be related to youngsters' development of skills related to self-regulation. It is also possible that parents who foster family stability may also provide their children with an environment that affords an optimal level of exposure opportunities to learn how to negotiate time, manage competing activities and organize daily life in an effective manner, skills that one could conceptualize as becoming increasingly important throughout the course of development.

Molecular family stability, as measured by the SAFE, has been shown to be associated with both internalizing and externalizing problems in samples of children, adolescents, and college students, with greater stability associated with fewer problems. Specifically, molecular family stability is negatively related to symptoms of depression and anxiety and positively related to self-esteem (Israel & Roderick, 2001; Israel et al., 2002; Ivanova & Israel, 2005; Sokolowski & Israel, 2008). It is also positively associated with the development of self-regulatory skills, specifically self-control (Malatras & Israel, 2013; Sokolowski, 2009; Sokolowski & Israel, 2006). Moreover, research supports a model in which self-control mediates the relationship between molecular family

stability and internalizing and externalizing problems (Malatras & Israel, 2013; Sokolowski, 2009).

The predictability and consistency of activities and routines within the family environment has also been suggested as a protective factor in the face of adversity (Ivanova & Israel, 2005; Ivanova & Israel, 2006). For example, molecular family stability may serve as a protective factor for individuals with a pessimistic attributional style, which is often associated with depression. Specifically, family stability was shown to moderate the relationship between a pessimistic attributional style and depressive symptoms, such that at high levels of family stability, pessimistic attributional style had nearly no association with depression (Ivanova & Israel, 2005). Additionally, family stability has been shown to serve as a protective factor against the influence of parental depression on children's internalizing and externalizing problems, whereby the influence of parental depressive symptoms is smallest when parents are able to maintain high levels of family stability (Ivanova & Israel, 2006).

Turning to the focus of the present study, we consider ways in which family influences remain important throughout a young person's development. Specifically, we consider the influence of earlier molecular family stability on the development of self-regulatory ability and, in turn, adjustment during the period of emerging adulthood. In particular, time management and attention problems are the focus of the current study. Specifically, time management is considered as a facet of self-regulation, and attention problems is considered as an aspect of adjustment in emerging adults.

Family influences and parenting behaviors, such as the provision of a stable home environment in particular, have been less studied in the developmental period of emerging adulthood. Theoretical considerations and empirical evidence support the value of viewing the time between the late teens and the mid-twenties (emerging adulthood) as a distinct developmental period for most young people in industrialized societies. This period is most likely characterized by considerable change and instability as one attempts to establish a stable life structure (e.g., Arnett, 2000; Levinson, 1978). Compared to earlier developmental periods, emerging adults may have increased choice with regard to their course of study or employment, increased opportunities for socializing, and may be required to take more responsibility for managing their daily routines. Although many individuals look forward to this transition, trying to balance a more demanding work or academic load, increased opportunities for outside activities, and/or changes in social networks may be particularly stressful for some emerging adults (Larose & Boivin, 1998; Macan, Shahani, Dipboye, & Phillips, 1990).

1. Attention problems

The stress associated with transition to adulthood may be particularly high for those individuals who experience attention difficulties. Evidence suggests that, for at least some portion of individuals, attention problems, whether associated with attention-deficit/hyperactivity disorder (ADHD) or not, may persist into or first be noticed in adolescence or adulthood (American Psychiatric Association, 2013; Biederman et al., 2010; Ernst et al., 2003; Hechtman, 2011). Additionally, attention problems may place a young person at risk for developing other difficulties, including academic/occupational, social, emotional and health-related problems (Barkley, 2006; Gooch, Snowling, & Hulme, 2011; Wehmeier, Schacht, & Barkley, 2010; Wymbs et al., 2013). Moreover, a growing body of evidence suggests attention-related demands associated with academic environments may be cause for distress in emerging adults with attention problems (e.g., Kaminski, Turnock, Rosen, & Laster, 2006). Notably, it has been suggested that deficits in executive functions, such as goal setting, organization, and time management, may present increased challenges for those with attention difficulties (Barkley, 2013; Luman et al., 2009; Sanuga-Barke, Bitsakou, & Thompson, 2010). Even for individuals who may have fared well during earlier developmental periods, the increased demands for time

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