

Perceived Parenting and Depression in Adolescents: The Unique Contributions of
Attention and Engagement

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PREVIEW

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PREVIEW

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ABSTRACT

Perceived Parenting and Depression in Adolescents: The Unique Contributions of Attention and Engagement

Elizabeth Katcher

Specific parenting behaviors, parental style, and quality of relationship are often confounded when examining predictors of adolescent depression. Using Wave I of the National Longitudinal Survey of Adolescent Health (N = 4,301), the author examined quality of relationship as a potential mediator of parenting behaviors and adolescent depression. Furthermore, the relationship between teachable parenting behaviors and their contribution to adolescent depression was examined, above and beyond quality of relationship with parent and parental style (discussed as parental warmth in this study). As significant differences have been demonstrated in adolescent depression for girls and boys, as well as age, the data was analyzed by age and gender categories. A series of hierarchical linear regressions were performed to test these relationships and significant differences were found by age and gender. Results indicated that for some age/gender groups, both participating in activities with parents and parental warmth was related to a better quality of relationship, which in turn was related to lower levels of adolescent depression. Additionally, for some age/gender groups, teachable parenting behaviors (activities with parents, family meals, and parental monitoring) were significantly related to adolescent depression, above and beyond the contribution of parental style (parental warmth) and quality of relationship. However, communication with parents and parental presence at key points throughout the day were not related to adolescent depression.

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DEDICATION

This dissertation is dedicated to Ryan, my greatest source of strength throughout graduate school, my favorite study partner, my sounding board, my best friend. Thank you for keeping me afloat.

Love and thanks to my parents, who encouraged me to find something I loved and valued, and gave my life the truest purpose. You have been the best of role models.

PREVIEW

INTRODUCTION

Parenting has consistently been shown to have a strong relationship with adolescent psychopathology (Darling & Steinberg, 2003; Ge, et al., 1996; Grotevant, 1998; Steinberg, 2001). To date, research has generally assessed parenting in terms of overall parenting style or parental involvement, which includes level of affection, control, monitoring, degree of discipline, and consistency of discipline. Many of these studies have been largely based on Baumrind's (1971) three parenting styles, which encompass aspects of psychological control, autonomy, emotional independence, behavioral monitoring, and warmth. While there is a great deal of literature that demonstrates a significant relationship between parenting style and adolescent psychopathology, this approach makes it difficult to identify the specific contributions of parenting behaviors, as opposed to global parental style (Barber, Stolz, Olsen, & Maughan, 2005; Darling & Steinberg, 1993). Furthermore, aspects of parental style, like warmth and affection, appear to be more stable characteristics that are more difficult to teach parents, as opposed to parenting skills such as shared activities and communication (MacDonald, 1992; Prinzie, et al., 2009). For the purposes of this paper, parental style will be captured by measuring perceived parental warmth. In contrast to broad dimensions of parenting, more concrete and specific components of parental style, i.e. aspects of parental behavior relating to attention, engagement, and availability, have received much less attention. Existing studies suggest that specific, teachable parenting behaviors are significantly related to adolescent psychopathology (Ackard, Nuemark-Sztainer, Story, and Perry, 2006; Hawkins, Amato, and King, 2007; Musick and Meier, 2012; Yuan and Hamilton, 2006). This study attempts to offer a clearer picture as to how specific parenting

behaviors relate to quality of relationship and adolescent psychopathology, and whether these contributions differ by an adolescent's age and gender.

Self-report measures are the most frequently used method to assess family processes due to ease of use and accessibility, despite validity concerns that result from common method variance. While this leads to concerns about the accuracy of adolescent self-report data (i.e. do parents actually engage in reported behaviors), it is agreed that there is value in an adolescent's *perception* of parental behavior and quality of relationship with parent (Boyce, et al., 1998; Fletcher, Steinberg, and Williams-Wheeler, 2004; Gonzalez, Cauce, and Mason, 1996). Furthermore, the assumption that parent report is more valid than adolescent self-report has also been challenged. A study comparing adolescent self-report and parental report of parental behaviors to an objective observer's report indicated that adolescent self-report was more congruent with third-party observer report than parental report (Gonzalez, Cauce, and Mason, 1996).

A significant discrepancy has been consistently found between child and parental self-report of relationships and behaviors within the family (Simons, Lorenz, Wu, and Conger, 1993; Tein, Roosa, and Michaels, 1994). This discrepancy is likely due to inherent biases, above and beyond expected error (Gonzalez, Cauce, and Mason, 1996). It has been suggested that, when possible, it would be preferable to collect multiple reporting sources, and to combine those findings. However, Gonzales et al. (1996) cautions that "collapsing across informant source, or otherwise treating scores as interchangeable, may obscure important information about how different reporters perceive and are influenced by their families."

While objective assessment by an outside observer has been found to be valid, there are arguments that objective assessment should not be considered the only valid measure of parental behavior and parent-child relationships (Steinberg, Lamborn, Dornbusch, and Darling, 1992). Thus, the value in this study will be to better understand the association between *perceived* parental behavior and *perceived* quality of parent-child relationship with self-reported adolescent depression, and will tell us information about adolescents who characterize parental variables in certain ways. All variables in this study are measured using self-report and therefore should be considered to be *perceived* by the adolescent, as opposed to factual, objective assessment.

The present cross-sectional study uses data from the National Longitudinal Study of Adolescent Health (ADD Health), a nationally representative study of adolescents. This study aims to identify specific and teachable perceived parenting behaviors- above and beyond perceived parental style- as they relate to the perceived parent-child relationship and adolescent depression. Future directions will include how these behaviors may be readily adapted and used in interventions, irrespective of parental personality or psychopathology.

Age and Gender Differences in Depression

Adolescent depression research has consistently demonstrated that significant gender differences emerge during adolescence (Ge, Lorenz, Conger, Elder, & Simons, 1994; Kessler et al., 1994; Lewinsohn et al., 1994; Nolen-Hoeksema, 1990; Piccinelli & Wilkinson, 2000; Weissman et al., 1999; Wichstrom, 1999). It is well established that females experience significantly higher levels of depression in adolescence than males (Galambos, Leadbeater, & Barker, 2004; Kessler, et al., 1994; Nolen-Hoeksema &

Girgus, 1994; Wade, Cairney, & Pevalin, 2002). Specifically, rates of depression among girls and boys were found to be comparable until approximately ages 11 or 12, but began to differ in early adolescence (Angold, Costello, & Worthman, 1998). Two longitudinal epidemiological studies indicated that some gender differences in depression were evident between ages 13 and 15 (middle school), while the greatest gender differences in levels of depression emerged in high school, between the ages of 15 and 18 (Angold & Rutter, 1992; Hankin et al., 1998). Angold and Rutter (1992) found that by ages 14 to 16, girls were twice as likely to report depressive symptoms as boys. For both girls and boys, rates of depressive symptoms were found to increase from early adolescent to late adolescence (Avenevoli & Steinberg 2002; Hankin, et al., 1998; Giaconia, et al., 1998; Kashani, Rosenberg, & Reid, 1989; Weissman, Warner, Wickramaratne, Moreau, & Olfson, 1994).

Perceived Parent-Child Relationship and Depression

Quality of relationship, typically defined by how much adolescents perceive that their parents care about them, how close they feel with their parents, or satisfaction with the relationship, is an important predictor of adolescent pathology. The parent-child relationship has been widely studied in relation to adolescent well-being and psychological health (Amato, 1994; Barber & Erikson, 2001; Hair, et al., 2008; Umberson, 1992). In a study of 4,746 teenagers in the public school system, Ackard et al., (2006) found that the degree to which adolescents perceived their parents cared about them was inversely related to level of adolescent depression. Similarly, parent-adolescent closeness, a contributor to a positive parent-child relationship was related to better mental health outcomes (Hair, et al., 2008; Harris et al., 1996; King, 2006; Noller, 1995).

In Wissink, Dekovic, and Meijer's (2006) study, they found that parenting behaviors were related to quality of relationship, and an even stronger relationship between quality of relationship and negative adolescent outcomes. They suggested that future studies examine the influence of quality of relationship on the relationship between parenting behaviors and adolescent outcomes. Musick and Meier (2012) examined the relationship between family meals and maladaptive adolescent outcomes, and in explaining their results, suggested that family meals indirectly impacts adolescent outcomes through quality of relationship. These studies indicate that quality of relationship should be measured separately from parenting behaviors as a predictor, and potential mediator, of adolescent depression.

Perceived Teachable Parenting Behaviors and Depression

Activities with Parents

Engaging in shared activities is a unique form of parental involvement, an opportunity for adolescents and their parents to interact, engage in pleasurable activities, and share common interests during time that is specially dedicated to the adolescent. These activities might include playing sports together, going to the movies, working on a school project, shopping, attending sports events or concerts, or attending a religious service. Participating in parent-child activities is generally related to better mental health outcomes (Amato & Rivera, 1999; Harris & Morgan, 1991). For example, shared activities between parent and child was associated with lower levels of adolescent internalizing symptoms (Hawkins, Amato, & King, 2007). Multiple studies have indicated that engaging in activities with parents is significantly related to adolescent depression (Ornelas, Perriera, & Ayala, 2007; Pearson, Muller, & Frisco 2006). Using

data from the National Longitudinal Study of Adolescent Health, Ornelas and her colleagues (2007) demonstrated that adolescents who engaged in shared activities with parents reported lower levels of depressive symptoms. Shared activities have been shown to be protective, above and beyond other types of parental involvement, against risky behavior and psychological health (Pearson, Muller, & Frisco, 2006). Furthermore, there are many family skills training programs, aimed at reducing negative child outcomes, which reflect that parental involvement is a changeable behavior can be taught (see Kaminsky, Valle, Filene, & Boyle, 2008 for a review of parent training program effectiveness).

Communication

When parents and their children openly communicate about topics such as school, friends, romantic relationships, conflicts, and interests, it demonstrates a parent's interest in and connectedness with their child. Communication with parents has been consistently shown to be related to adolescent depression (Brage & Meredith, 1993; Cole & Rehm, 1986; Stivers, 1988; Yu et al., 2006). In a study examining a group of 12–18 year-olds and their perceived level of communication with parents, Stivers (1988) found that there was a significant relationship between communication and reported adolescent depression and suicidality. A review of the communication literature supported an inverse relationship between parent-child communication that was perceived as “open” and psychosocial risks (Riesch et al., 2006). In a study of 4,746 teenagers in the public school system, Ackard et al., (2006) found that low perceived parent-child communication was related to higher levels of adolescent depression (Ackard, Nuemark-Sztainer, Story, & Perry, 2006). Communication, sometimes referred to as connectedness in the literature, is

an important predictor of psychological health in adolescents (Delaney, 1996; Herman, Dornbusch, Herron, & Herting, 1997). The ability to teach parents to be more communicative with their children has also been demonstrated. Bogenschneider and Stone (1997) created newsletters with psychoeducation about adolescent substance use, and encouraged parental awareness and parent-child communication about this topic. Parents who received the newsletter, as opposed to the control group of parents who did not, reported increased communication and discussion with their children, which supports the notion that communication is a teachable parenting skill.

Dinner

There has been growing interest, both in popular media and research, in the importance of family meals and child well-being. Family meals represent a protected, ritualized time in which the parent and child can interact, share important experiences, and connect (Resnick et al., 1997). Numerous studies have demonstrated a significant relationship between family meals and adolescent well-being (Council of Economic Advisers, 2000; Eisenberg et al., 2004; Fulkerson et al., 2006, 2009; Musick & Meier (2012). Adolescent behavior problems were found to be inversely related to frequency of family meals (Hofferth & Sandberg 2001; Muller & Kerbow, 1993). Using data from Project EAT on children ages 11 to 18, Eisenberg and colleagues (2004) found a significant association between family dinners and lower depression symptoms, controlling for demographic variables and family connectedness. Musick and Meier (2012) examined data from the Longitudinal Study of Adolescent Health (ADD Health Study) and found that a higher frequency of family dinners was related to lower current levels of adolescent depression.

Parental Monitoring

The term “monitoring” is not operationalized uniformly in the literature and there is no consensus as to how to best define it. Behavioral and psychological control have often been used to broadly characterize types of parenting (Baumrind 1967, 1989), although there is a clear distinction between the two (Baumrind 1967; Schaefer, 1965). For the purposes of this study, the term monitoring will refer to parental behavioral control (as opposed to psychological control), conceptualized as setting appropriate limits and providing structure and rules, as a number of other researchers have defined it (Barber, 1996, 2002; Garber et al., 1997; Gray & Steinberg, 1999). Parental behavioral control was generally associated with adolescent well-being, and psychological control associated with poorer adolescent functioning. In a study of African American teenagers, perceived parental monitoring (parental behavioral control) was significantly related to reported adolescent psychopathology (Bean, Barber, and Crane, 2006). Examining the parenting practices of 159 Chinese American families, the degree to which parents monitor their child’s behavior was found to be inversely related to reported depressive symptoms (Kim & Ge, 2000). Finally, it has been shown that training programs were able to teach parents to more effectively provide supervision, monitoring, and discipline (Patterson, 1986).

Parental Presence

Parental presence throughout the day as a predictor of adolescent outcomes is often discussed in the media, but also lacks substantial research. Only a few studies were found which examined the relationship between parental presence and adolescent well-being. Using data from the National Longitudinal Study of Adolescent Health (ADD

Health), Resnick and colleagues (1997) examined the relationship between parental presence and maladaptive adolescent outcomes. They analyzed the data by stratifying age by middle (7th and 8th grade) and high school (9th through 12th), and found that parental presence at key times throughout the day was inversely related to emotional distress for both age categories. Resnick et al., (1997) cautions, however, that while parental presence was significant, warmth and quality of relationship were much stronger predictors of maladaptive adolescent outcomes. A second study by Sweeney (2007) demonstrated that parental availability throughout the day was found to reduce depressive symptoms in adolescents. Other studies focused on parental presence and academic achievement, and found a significant relationship (Crosnoe, Erickson, & Dornbusch 2002; Schneider 1993). Overall, the relationship between parental presence throughout the day and adolescent depression appears to exist, but the strength and nature of the relationship requires additional focus, particularly to explore any differences that might exist by gender and age.

Perceived Global Parenting Style

Warmth

The relationship between parental warmth and adolescent depression has been heavily researched. Numerous studies demonstrated that lower parental warmth was related to higher levels of depression in adolescents (Garber et al., 1997; Ge et al., 1996; Greaven et al., 2000; Heaven et al., 2004; McFarlane et al., 1995; Muris, et al., 2001; O'Byrne et al., 2002; Rey, 1995; Robertson & Simons, 1989). These findings underscore the protective role of parental warmth. Warmth, as opposed to the aforementioned parenting behaviors, is often considered to be a component of parental style, or parental