Family Predictors of Well-Functioning Midwestern Adolescents

Douglas A. Abbott
*University of Nebraska - Lincoln*, dabbott1@unl.edu

Scott Hall
*Ball State University, Muncie, IN*

William Meredith
*Kansas State University, Manhattan, KS*

Follow this and additional works at: [http://digitalcommons.unl.edu/greatplainsresearch](http://digitalcommons.unl.edu/greatplainsresearch)

This Article is brought to you for free and open access by the Great Plains Studies, Center for at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Great Plains Research: A Journal of Natural and Social Sciences by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.
FAMILY PREDICTORS OF WELL-FUNCTIONING MIDWESTERN ADOLESCENTS

Douglas A. Abbott

Department of Family and Consumer Sciences
134 HE Building
University of Nebraska–Lincoln
Lincoln, NE 68583-0801
dabbott1@unl.edu

Scott S. Hall

Department of Family and Consumer Sciences
Ball State University
Muncie, IN 47306

and

William H. Meredith

Department of Family Studies and Human Services
Kansas State University
Manhattan, KS 66506

ABSTRACT—The purpose of our project was to investigate well-functioning adolescents to identify familial influences that may account for their positive developmental outcomes and healthy life choices. A family systems perspective was used to conceptualize this project. More than 300 teenagers were surveyed about family influences on adolescent outcomes. Results indicated that teen religiosity, parental warmth, parental monitoring, and a low occurrence of stressful life events were related to teen depression, participation in risky behaviors, and parental-teen conflict. General conclusions were drawn about the importance of the family environment on teen behavior and the usefulness of a systems point of view when studying individual behavior.

Key Words: adolescents, family functioning, parent-child relationships, youth development
Introduction

American adolescents experience many problems, including teen pregnancy, alcohol and drug use, abuse and violence, school failure, and eating disorders (Callahan et al. 2003; Stein et al. 2003; Elkins et al. 2004; Millan et al. 2004). The extent and seriousness of these problems may cause social scientists, policymakers, and parents to overlook youth who are well-functioning: teens that excel in school, have positive family and peer relationships, and have minimal participation in risky behaviors such as drug use, premarital sex, or delinquent acts (Damon 2004; Moore et al. 2004). The purpose of the present project was to investigate well-functioning adolescents and to identify familial influences that may account for their positive developmental outcomes and healthy life choices.

There is little research on well-functioning adolescents even though there is a growing interest in positive youth development (Larson 2000; Bornstein et al. 2003). Most extant adolescent research is problem focused—it concerns teens that have poor developmental outcomes. Thus, it is easier to explain factors that contribute to adolescent drug use or pregnancy than it is to explain why some teens abstain from sex and drugs (Luthar 1991; Kowal and Blinn-Pike 2004). It may be valuable, therefore, to study directly adolescents who are doing well emotionally, socially, and academically. Knowing how or why teens excel may focus more attention on healthy adolescent development.

When we searched the literature it became clear that the vast majority of adolescent research reported on the causes and correlates of problem behaviors (Shagle and Barber 1993; Small and Luster 1994; Pick and Palos 1995). For example, Small and Kerns (1993) found that low levels of parental supervision and monitoring were related to higher rates of adolescent sexual activity. Stern et al. (1984) found a significant association between father absence and adolescent participation in alcohol, marijuana, and nonmarital sex. Whitbeck et al. (1994) reported that teens from divorced families were more likely than teens from intact families to use illegal drugs and participate in criminal activities.

One exception to this pattern was a study by Moore and Glei (1995) who examined determinants of positive adolescent development. They found that adolescents who experienced fewer family disruptions (divorce or remarriage), who had close, positive relationships with parents, and whose parents are better educated were at lower risk of behavioral problems and enjoyed greater psychosocial well-being. Benson and Pittman (2001) at the Search Institute in Minneapolis have taken a strengths-based approach to the study of adolescent development and have identified 40 assets that are critical factors needed for healthy growth and development of youth.
In sum, few researchers have directly studied well-functioning adolescents with the express purpose of discovering familial factors that are most predictive of healthy adolescent functioning. The goal of this project was to identify factors that would predict a set of positive emotional and behavioral outcomes in adolescents. The outcomes included a low level of depression, little parent-teen conflict, and minimal (or no) participation in risky behaviors.

**Methods**

**Sample and Procedures**

The study was a correlational design using self-report surveys. High school juniors and seniors were recruited from newspapers in southeastern Nebraska. The students' names appeared in newspapers because of high levels of academic achievement, participation and leadership in extracurricular activities, and personal character in their respective high schools. The names of the parents of these high-achieving teens were also given, so addresses could be found. Participants were mailed surveys and permission slips for themselves and their parents. Permission slips were returned separately from the teen survey to maintain anonymity. The return rate for the first mailing of 300 surveys was 28%. For the second mailing of 450 surveys, students were contacted by phone and asked if they would participate. The response rate was 55%. Because the surveys were returned anonymously, contact could not be made with nonrespondents to determine if they were demographically different from participants.

The final sample of 330 included 228 females and 102 males who had minimum grade point averages (GPA) of 3.5 (82% had 4.0 GPA), and a minimum weekly involvement of 5-7 hours in extracurricular activity including employment, volunteering, school sports or clubs, or any combination of these activities. The average age was 17.2 years, 98% were Euro-Americans, and 90% lived with both biological parents.

A note about our sample: We intended to oversample high-achieving youth because of the typical lack of attention they have received in the literature. Thus, several of the positive outcomes we were interested in (e.g., high academic achievement, extracurricular involvement) became the selection criteria for the sample. Because this group is similar along these positive youth outcomes, we were able to focus on variation within the sample along with several other outcomes that address typical issues for the adolescents (e.g., risk behavior, depression, and parent-teen conflict) that have commonly been studied among more typical-functioning and lower-functioning adolescents.
Independent Variables

For most of these measures we used, there are no known norms for adolescents. Thus, there are no official cutoff points that would indicate a high, moderate, or low rating on the various scales. The one exception is the depression scale, and details about this are included with the description of the scale.

**Family Relationships.** This scale was developed by Moos and Moos (1981) and contained 27 items measuring three components: *Cohesion*, the degree of commitment, help, and support that family members feel for each other; *expressiveness*, the extent to which family members are free to express their feelings; and *conflict*, the amount of anger, aggression, and hostility expressed by family members. Items were scored as “mostly true” (2 points) or “mostly false” (1 point). A total score was obtained that could range from 54, indicating very positive family relationships, to a low of 27, indicating very poor family relationships. For this sample the \( M = 45.2, SD = 4.5, \) and alpha reliability was .75.

**Religious Participation.** The adolescents reported on their personal religious involvement by answering 11 items regarding how often they attended religious services, read religious books, had personal devotions, said prayers, and discussed religious topics. Items were scored as follows: daily (5), 2-3 times per week (4), once a week (3), 2-3 times per month (2), or not at all (1). Scores could range from a high of 55, indicating high religiosity, to a low of 11, indicating very low religious belief and behavior. For this sample the \( M = 37.1, SD = 9.7, \) and the alpha reliability was .94 (see Bloom 1985).

**Parental Warmth.** Ten items were used to assess the adolescent’s perception of the quality of his or her relationship with each parent, five items for father and five for mother (Small and Luster 1994). Sample items: “My mother cares about me,” “My mother is there when I need her,” and “My mother trusts me.” Items were scored on a five-point scale: never (1), rarely (2), sometimes (3), most of the time (4), or always (5). A total score was obtained that could range from 50, indicating very high parental warmth, to a low of 10, indicating very low parental warmth. For this sample the \( M = 44.7, SD = 6.4, \) and alpha reliability was .89. There are no known norms for this measure using an adolescent population.

**Parent Monitoring.** Teens were asked if their parents know their whereabouts, their friends, and what they do in their spare time (Small and Luster 1994). Sample items included: “My parents know where I am after school,” “If I am
going to be home late, I am expected to call my parents.” Items were rated on a five-point scale: never (1), rarely (2), sometimes (3), lots of times (4), always (5). A high score of 55 indicates very high parent monitoring and a score of 10 indicates very low level of monitoring. For this sample the $M = 41.9$, $SD = 5.6$, and alpha reliability was .87.

**Stressful Life Events.** This checklist was adapted from the “Life Events Checklist” developed by Johnson and McCutcheon (1980) and from the “Adolescent Inventory of Life Events” by McCubbin and Patterson (1987). Twenty potentially stressful events (e.g., parents’ divorce, parent’s unemployment, death of family member, and parent’s abuse of children) were listed, and teens are asked (1) if any event occurred in the past two years, (2) if the event had a positive or negative influence, and (3) how much influence did it have, that is, no effect, some, moderate, or great effect. For this study, a factor analysis was done on the 20 items, which yielded an eight-item scale that included the following adverse life events: parental abuse, alcoholism, drug use, parental death, divorce, abandonment, remarriage, and family financial troubles. These eight items were scored as follows: no negative effect (0), a little negative effect (1), moderate negative effect (2), and a lot of negative effect (3). Items were totaled and scores could range from 24, indicating many adverse life events, to a low of 0, indicating no negative life events. For this sample the $M = 4.7$, $SD = 4.8$, and alpha reliability was .66.

**Dependent Variables**

**Risk Behaviors.** Students were asked if they had done any of 10 behaviors during the past six months: used alcohol, taken illegal drugs, had sexual intercourse, cheated at school, vandalized property, or driven while intoxicated. The scoring for each behavior was: 0, 1, 2-5 times (scored as 3), 6-10 times (scored as 8), or more than 10 times (scored as 15). Total scores were computed and could range from 0 to 150. For this sample the $M = 12.2$, $SD = 17.3$, and the alpha reliability was .73.

**Parent-Adolescent Conflict.** Adolescents reported the extent of disagreement with parents over 10 specific issues. The questions were worded, “In the last few months how often have you had disagreements with your parent (or parents) on such things as how you dress, how late you stay out, doing household chores, your sexual behavior, drinking, smoking, and school grades?” A five-point Likert response scale was used: never (0), rarely (1), sometimes (2), often (3),
and almost every day (4) (see Barber 1994). A total score was computed that could range from a high of 40, indicating a high level of parent-teen conflict, to a low of 0.0, indicating no parent-teen conflict in any area. For this sample the $M = 9.2$, $SD = 5.1$, and the alpha reliability was .81.

**Adolescent Depression.** The Reynolds Adolescent Depression Scale (RADS) is a 10-item self-report measure where subjects report the extent of feeling sad, happy, lonely, or bored on a four-point scale: almost never (0), hardly ever (1), sometimes (2), most of the time (3) (Reynolds 1986). A total score was obtained. Scores could range from 0 to 30, with scores between 20 and 30 indicating significant depression and scores below 10 indicating a positive attitude about self-worth. For this sample the $M = 13.2$, $SD = 2.7$, and alpha reliability was .78.

### Results

The purpose of this study was to examine familial factors that might predict a set of adolescent behavioral outcomes. The five independent variables included the teens' (1) religious participation, (2) stressful life events, (3) family relationships, (4) parental warmth, and (5) parental monitoring. The dependent variables included the teens' (1) participation in risky behaviors, (2) self-reported depressive symptoms, and (3) perception of parent-adolescent conflict.

A Pearson Correlation was calculated to assess the interrelatedness among the three dependent variables. Results indicated that redundancy was not a problem. Because the dependent variables were not highly correlated, the independent variables were regressed separately on each dependent variable. Tolerance levels were examined to see if multicollinearity was present among the independent variables. All tolerance levels were near 1.0, indicating that multicollinearity was not a problem for the regression analyses. Because the purpose of this study was to develop a model of factors that predict adolescent outcomes, stepwise multiple regressions were used for the analysis. Results are presented in Table 1.

**Predicting Risk Behaviors.** Parental monitoring and the teen's religious activity were both inversely related to teen's participation in risky behaviors such as drinking, smoking, and premarital sex. As monitoring increased, teen risk behavior decreased, and as teen religious activity increased, teen risk behavior decreased. Monitoring and religious activity accounted for 17% of the variance in risk behaviors.
**TABLE 1**

**STEPWISE MULTIPLE REGRESSION OF THE INDEPENDENT VARIABLES ON THREE DEPENDENT VARIABLES**

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Beta</th>
<th>F</th>
<th>$R^2$</th>
<th>Tolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>-.38</td>
<td>43.7***</td>
<td>.14</td>
<td>.97</td>
</tr>
<tr>
<td>Religious activity</td>
<td>-.15</td>
<td>25.6***</td>
<td>.17</td>
<td>.92</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family relations</td>
<td>-.30</td>
<td>25.7***</td>
<td>.09</td>
<td>.96</td>
</tr>
<tr>
<td>Stressful events</td>
<td>+.37</td>
<td>19.9***</td>
<td>.13</td>
<td>.98</td>
</tr>
<tr>
<td>Parent-teen conflict</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental warmth</td>
<td>-.40</td>
<td>49.5***</td>
<td>.16</td>
<td>.88</td>
</tr>
<tr>
<td>Family relations</td>
<td>-.16</td>
<td>21.3**</td>
<td>.22</td>
<td>.92</td>
</tr>
<tr>
<td>Stressful events</td>
<td>+.14</td>
<td>17.4*</td>
<td>.23</td>
<td>.87</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001
Note: Dependent variable is in bold type.

*Predicting Depression.* Two factors were predictive of adolescent depression. The quality family relationships had an inverse relationship with teen depression, indicating that the higher the quality family relationships the lower the teens' depression scores. Stressful life events were positively related to adolescent depression. The greater the number of stressful life events (e.g., parents' divorce or remarriage, parent's job loss, parents' financial problems), the higher the level of teen depression. Family relationships and stressful events accounted for 13% of the variance in adolescent depression.

*Predicting Parent-Adolescent Conflict.* Parental warmth and quality of family relationships were inversely related to parent-adolescent conflict. The more the teen felt parental warmth, and the higher the quality of family relationships, the less conflict between the teen and his or her parents. These two factors explained 22% of the variance in parent-adolescent conflict. A fourth factor, stressful
events, was also predictive of parent-teen conflict but only added an additional 1% to the explained variance in amount of parent-adolescent conflict.

**Discussion**

There are limitations that temper the conclusions of this study. The convenience sample was on the high end of what the authors considered to be well-functioning adolescents. There was only moderate variation in the important independent and dependent variables. This situation could be improved if a larger, random sample was obtained and greater variation in the variables would lead to stronger prediction. In addition, longitudinal data would be needed to evaluate the direction of effect for the various propositions (i.e., which is the independent and which is the dependent variable). Third, there were few minorities in the sample, so no subanalyses could be done on these groups. Results cannot be generalized to a wider group of adolescents but may be useful to build theory on healthy adolescent development.

A second limitation is the correlational data. In a study like this one, we cannot claim with certainty which variables are the causes and which are the effects. For instance, religious activity probably reduces the likelihood the teen will engage in risky behaviors rather than the reverse direction of effect: that participation in risky behavior leads one to become more religious. Here is a second example: We believe it is more reasonable to assume that stressful life events influence teen depression than to assume that a depressed teen somehow causes the family to experience a variety of stressful life events, though that is also possible.

Given these limitations, we believe that identifying and studying a group of well-functioning youth is an important step in gathering data on positive youth development. It has only been in the past few years that researchers, educators, and policymakers have begun to study positive youth development (Lerner et al. 2005). Thus, a few tentative conclusions will be made.

First, the quality of the home environment appears to exert an influence on child outcomes (Brennen et al. 2003; Strayer and William 2004; Wood et al. 2004). For example, parental warmth may lessen parent-teen conflict; parental monitoring may reduce teens’ participation in risky behavior; and harmonious family relationships may make the teen less susceptible to depression (Hammen et al. 2004). These results support the more general family systems assumption that what parents do influences kids and what kids do influences parents (Buehler and Gerard 2002; Crouter and Booth 2003; Vazsonyi 2004). This is a core axiom of family systems theory and is referred to as “reciprocal causality” or “interdependence” (Ingoldsby et al. 2003).
Second, it may appear that specific qualities of the family environment may have differential affects upon adolescent outcomes (Amato and Booth 2001). For example, the teen’s religious beliefs and practices may reduce the likelihood of his or her participation in risky behaviors, but teen religiosity (in this study) had no apparent effect upon teen depression. Parents who experience few traumatic life events may create a family environment where a teen is unlikely to suffer serious depression, but this lack of stressful events on the family may be unrelated to a teen’s participation in risky behaviors.

Third, the significant interrelationships found in this study may change due to different samples and measurement procedures, but the pattern of findings exemplify a more general principle that what parents do (i.e., fostering healthy family relationships and providing teens with warmth, support, and monitoring) may have salutary effect on a variety of adolescent outcomes including depression and risk behaviors (Waaktaar et al. 2004; White and Matawie 2004). There is the possibility that heredity may account for some youth who are high achievers and function well both emotionally and socially; competent kids have competent parents (Mustanski et al. 2004). Some children are born with intellectual and psychosocial advantages (Plomin 1994). Yet a healthy, positive, loving home environment increases the likelihood of positive developmental outcomes (Roberts 1994; Day 2003; Jones et al. 2003).

Conclusion

Clinical work and social research focuses overwhelmingly on identifying and helping poorly functioning adolescents (Stewart et al. 2004). Teens that do well in school, at home, and make healthy life choices often are overlooked (Benson and Pitman 2001). Yet successful teens deserve attention (Rodriguez et al. 2004; Roth and Brooks-Gunn 2000). There are things to learn from well-functioning adolescents about positive youth development that may be helpful to those who work with poorly functioning teenagers (Mahoney and Lafferty 2003). A positive, strengths-based approach to youth development can complement the current efforts to aid troubled teens (Damon 2004).

References


