

# Towards a public health approach to parenting programmes for parents of adolescents

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## ABSTRACT

**Background** Poor parenting practices have been associated with adolescent emotional and behavioural problems which are potentially preventable. Parenting interventions that are based on behavioural and social learning theories have been repeatedly shown to be effective. However, few evidence-based parenting programmes are implemented and sustained at a population level. Little research is available on supporting the general population of parents during the adolescent years. Further, a substantial research–practice gap exists regarding the impact of a universal approach to parenting programmes for parents of adolescents.

**Method** This article will first examine the effects of parenting practices on adolescent outcome. Afterwards, it addresses the effectiveness of parenting programmes for parents of adolescents. Finally, it discusses the need for a public health approach to parenting programmes.

**Keywords** adolescence, intervention, parenting, parenting programmes, public health

Adolescent emotional and behavioural problems result in great personal, social and monetary cost.<sup>1,2</sup> The most serious, costly and widespread adolescent problems—suicide, delinquency, violent behaviours and unintended pregnancy—are potentially preventable.<sup>3</sup> In addition to high-risk behaviours, such as the use of alcohol, tobacco and other drugs; parents of adolescents also express concerns in everyday parenting issues, such as fighting with siblings, talking back to adults and not doing school work.<sup>4</sup> These parental concerns are often perceived as normative during adolescence and the impact on family dynamics, such as parental stress and negative parent–adolescent relationships, is often undermined. In addition to family factors, adolescent risk behaviours are influenced by peers, school, neighbourhood and broader cultural contexts.<sup>5</sup> The family plays a central role in potentiating or protecting against risk within and across these contexts.<sup>6</sup>

Parenting interventions that are delivered during this developmental period are necessary in order to capture the groups of youth and families (i) currently experiencing problems, but who did not receive an intervention during early childhood; (ii) those who received an intervention in early childhood, but who continue to experience problems and

(iii) those who are not currently experiencing problems, but are at risk for developing problems later in adulthood.<sup>7</sup> In Steinberg's 2001 presidential address to the Society for Research on Adolescence, a concluding remark was made for the need to develop a systematic, large-scale, multifaceted and ongoing public health campaign for parenting programmes for parents of adolescents.<sup>8</sup> Despite the wealth of knowledge that has been generated over the past decade on the importance of parents in adolescent development, a substantial research gap still exists in the parenting literature in regards to interventions that support parents of adolescents. In addition, little attention has been given to wide-scale prevention programmes.<sup>3,9,10</sup> The majority of prevention research involving parenting programmes have been conducted using indicated or selective prevention approaches that target individuals at high risk for developing behavioural

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and emotional disorders.<sup>11</sup> Little is known about the potential impact of adopting a public health approach to the parenting of adolescents. This article makes the case that parenting practices have an important impact on adolescent development and that the delivery of parenting programmes using a public health approach has the greatest potential to positively influence multiple-risk behaviours of adolescents.

## Effects of parenting practices on adolescent outcomes

Much has been written about parenting and adolescent development, and evidence suggests parents influence many diverse aspects of adolescents' lives, including a wide range of social, emotional and behavioural problems. There is strong evidence to demonstrate that an authoritative parenting style characterized as high in parental demand and parental responsiveness, that takes into account the changing needs of adolescents, is associated with healthy adolescent psychological development. Findings indicate that, regardless of age, children of authoritative parents perform better in school, display fewer conduct problems and show better emotional adjustment than those raised in non-authoritative homes.<sup>12</sup> Adolescents with authoritative parents who balance appropriate levels of supervision, nurturance and democratic decision-making tend to achieve better psychosocial outcomes.<sup>12</sup> Studies reveal that adolescents with authoritative parents are associated with less psychological distress, higher self-esteem, higher academic achievements, lower levels of delinquency and less substance use.<sup>13</sup> Gray and Steinberg<sup>13</sup> found that emotional and behavioural problems tended to be associated with the degree of behavioural control and supervision or monitoring. The more behavioural control parents exerted, the less likelihood there was that young people would engage in antisocial behaviours. Parenting practices also play a prominent role in adolescent autonomy development,<sup>14</sup> an important issue during adolescence. Parental autonomy granting is associated with various positive outcomes for adolescents, including improved academic achievement, enhanced work orientation, positive self-concept and higher psychosocial maturity.<sup>15,16</sup> In addition to social, emotional and behavioural problems, positive parenting has been associated with children's physical health and wellbeing as reflected by adequate nutrition,<sup>17</sup> active lifestyles,<sup>18</sup> less computer and television screen exposure,<sup>19</sup> and how they cope with chronic health problems such as asthma, diabetes or obesity.<sup>20</sup> Parents continue to be an important influence on adolescents despite increasing peer and social involvement. Research clearly indicates that parenting practices have profound effects on adolescent

development. Good parenting typically includes high levels of monitoring and involvement, as well as being warm, accepting and nurturing, and these can promote the social and emotional competence of adolescents. Suboptimal parenting, however, may contribute to youth participation in high-risk behaviours that may lead to poor long-term outcomes.<sup>21–23</sup> By providing an environment that is nurturing, protective, stimulating and supportive, parents contribute significantly to the healthy development of adolescents.

## Parenting programmes for parents of adolescents

In recognition of the importance of parenting practices on adolescent development, several parenting programmes have been developed. A growing body of research conducted over the past 30 years on the efficacy and effectiveness of these family-based programmes provides promising support for the value of such programmes.<sup>24,25</sup> Several meta-analyses on parenting interventions also attest to the benefits that children and adolescents derive from their parents when they learn positive parenting skills with positive effect sizes ranging from moderate to large post-treatment (i.e. parenting style, 0.68; parental competences, 0.65).<sup>26</sup>

Parenting programmes can concurrently address multiple concerns leading to better outcomes and lifestyles for both parents and adolescents. Programmes that strengthen family relationships and improve parenting skills are considered to be among the most effective strategies for addressing youth problems, such as delinquency and substance abuse.<sup>23,24</sup> Studies have shown that parent interventions can decrease negative disciplinary behaviour in parents and increase the use of a variety of positive attending and other relationship-enhancing skills to improve child behaviour.<sup>27–29</sup>

Improvements in parent–adolescent relationships have been achieved through training parents to be supportive and involved.<sup>28</sup> Communication and problem-solving training have also been found to help families with adolescents manage conflict and increase positive influence and mutual support.<sup>23</sup> Family management practices, including clear family rules and standards, prohibiting adolescent alcohol and other drug use, and parents/carers' monitoring and supervision have been found to reduce youth substance use.<sup>30</sup> Parenting programmes that emphasized positive parenting techniques for monitoring activities, praising appropriate behaviour and applying moderate and consistent discipline that enforces defined family rules have reported reductions in problem behaviours in adolescents.<sup>24</sup> In addition to impacting on these family-level risk and protective factors, parenting interventions have demonstrated success

in preventing early adolescent involvement in alcohol use, tobacco use and conduct problems.<sup>31</sup> Benefits following exposure to parenting programmes for parents of adolescents have been demonstrated to persist post-intervention to 2 years<sup>32</sup> and 4 years.<sup>27</sup>

Parenting interventions that are based on behavioural and social learning theories have repeatedly been shown to be effective in reducing risk factors and promoting protective factors for youth with emotional and behavioural problems.<sup>25,28,33</sup> Behavioural and social learning theories propose that childrens' and youths' externalizing behaviours are attained and maintained via interaction processes and modelling from others in the environment.<sup>34</sup> Parenting programmes typically have a core parenting skills training component where parents are encouraged to increase their positive interactions with their children, increase rewards for good behaviour, ignore unwanted behaviour and improve communication with clear requests and consequences.

Parenting programme sessions frequently include review of homework, video presentations of more or less effective ways of parenting, short lectures and discussions to elicit parenting principles, interactive exercises, modelling and role plays of direct practice.<sup>35</sup> Parenting programmes also vary in intensity and duration and can range from brief self-directed programmes that involve the provision of written material alone to facilitator-guided interventions that last several months. Intervention research has shown there is considerable variability in the duration and intensity of the parenting interventions offered. Linear associations are common, with higher duration and intensity leading to better outcomes.<sup>36</sup> While some parents and families require intensive interventions, brief targeted methods can also be effective.<sup>37</sup> There is increasing evidence that low-intensity interventions are also effective with adequate effect sizes that can be delivered to large numbers of parents and their families and have a more pervasive impact than intensive interventions that target high-risk individuals.<sup>38,39</sup>

### The need for a population approach

Positive outcomes have been reported in many randomized clinical trials. This work has recently been extended by the adoption of a public health model for the delivery of parenting support with parents of younger children.<sup>9,11,40</sup> Various epidemiological surveys show that most parents concerned about their children's behaviour or adjustment do not receive professional assistance for these problems, and when they do, they typically consult family doctors or teachers who rarely have specialized training in parent consultation skills.<sup>10</sup> Most of the family-based programmes targeting

adolescents are only available to selective subpopulations of adolescents (those who have identified risk factors) and/or indicated subgroups of youth (those who already possess negative symptoms or detectable problems). Fewer programmes are available to those that encompass all youth (i.e. universal programmes). According to Rose, the distribution of risk levels follows a continuum in which the high-risk individuals are at the extreme end. A large number of individuals with moderately increased risk levels contribute more cases than a small number with extreme risk levels.<sup>41</sup> Parenting programmes that target high-risk populations therefore miss a substantial number of families who develop the problem even though they are not currently in the elevated risk group.<sup>3,9,11</sup> The potential impact of such programmes at the population level is therefore minimal as only a small proportion of families in the general population participate in evidence-based programmes.<sup>10,11</sup> As Rose emphasized more than a decade ago, strategies that focus on high-risk individuals will deal only with the margin of the problem and will not have impact on the general population. A linear association exists between exposure and outcome<sup>41</sup> such that a relatively small increase in parental exposure to an evidence-based programme can produce significant population-level effects.

A population approach to parenting programmes for parents of adolescents aims to modify parenting behaviours to produce multiple beneficial health and developmental outcomes for young people at the population level.<sup>3,11,41</sup> A population approach can normalize and destigmatize parenting experiences. It seeks to break down parents' sense of isolation, increase social and emotional support from others in the community, and publicly acknowledge the importance and difficulties of parenting.<sup>11,40</sup> For parenting programmes to be well received and accepted at a population level, self-regulation should be promoted. Parents' fundamental rights to making decisions on how they raise their children should be protected rather than undermined by approaches that are judgmental and prescriptive. Parents should be taught the skills to change their own behaviour and become independent problem solvers in a broader social environment that supports parenting and family relationships.<sup>40</sup> A small increase in parental exposure to an evidence-based programme can produce meaningful change at a whole population level rather than individual improvement at an individual case level.<sup>3,9</sup>

In recognition of the potential value of evidence-based parenting programmes, policymakers and scholars in recent years have taken a proactive stance to promote an increase in the availability of parenting programmes at the population level.<sup>3,11,8</sup> For example, the National Research Council and

Institute of Medicine<sup>42</sup> recommended in their report on 'Preventing Mental, Emotional and Behavioural Disorders Amongst Young People' that parenting programmes should be more widely disseminated and accessible. Similar initiatives have been made by the World Health Organization,<sup>43</sup> American Psychological Association Task Force<sup>44</sup> and a number of European countries to increase dissemination of evidenced-based parenting programmes.<sup>11</sup>

A large-scale population-level study conducted by Prinz *et al.*<sup>45</sup> in 18 South Carolina counties using Triple P (positive parenting programme) for families with children between birth and 8 years of age demonstrated positive impact on reduction in child maltreatment, decline in out-of-home foster care placement, and reduced numbers of emergency room visits and hospital admissions resulting from child maltreatment. Findings from the study were particularly important as they demonstrated population-wide effects for reducing child maltreatment. The study further illustrated that using a population approach was cost effective. Given the high public cost associated with child maltreatment, the researchers estimated that communities implementing Triple P were able to recoup their investments (media campaign and training for child and youth workers) in less than 1 year.<sup>45</sup> The population-level study on younger children shed a light on the fact that similar findings might result if a population approach is used on parents with adolescents. Reducing the prevalence of adolescent behaviour problems will require that a large proportion of the population be reached with effective parenting strategies.<sup>8,11</sup> A population approach to parenting programmes for parents of adolescents seeks to optimize impact and reach a larger proportion of the general population.

## An ecological approach to support better parenting

In the Strategic Review of Health Inequalities in England by Marmot and others,<sup>46</sup> Marmot discusses the concept of proportional universalism, whereby focusing solely on the most disadvantaged will not reduce health inequalities and that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. What will be required will be a population-wide parenting intervention to prevent and/or reduce adolescent problem behaviours but also targeted interventions that may be needed for high-risk families. When considering the reach of public health approaches to parenting support, it is important that families that are most in need of intervention actually receive it. It is often the case that the most advantaged families are often better resourced to take advantage of population-wide

interventions. Dissemination of parenting interventions can be strengthened by attending to several key factors and principles: (i) ensuring interventions are used that match families' needs and preferences, (ii) strong scientific evidence is available to support intervention components used in a population based approach, (iii) multiple destigmatized access points are provided for families and (iv) cost-effective strategies are used.<sup>47</sup> Poor participation and engagement by parents in parenting programmes stands as one of the most difficult barriers to widespread effective implementation of parenting programmes.<sup>48,49</sup> Parental willingness to participate in a parenting programme depends on several interacting variables. These include the nature of the programme offered, how it is delivered, perceptions of the parents as to whether the programme is a culturally appropriate and potentially useful one for dealing with their concerns, how much time they will need to invest and the pay off they anticipate relative to other uses of their time.<sup>10,11,35,48</sup> Most parenting programmes usually are delivered in only one format (e.g. parent groups), have fixed length (e.g. between 8 and 15 sessions), and are designed for one particular setting (e.g. clinic or school). This fixed delivery format may not be suitable for all families and can create a potential barrier to participation in parenting programmes.

A comprehensive population approach that includes multiple levels (universal, selected and indicated) of parenting support will better serve the needs of a diverse population. This will mean that families can receive the minimally sufficient level of intervention they require.<sup>47</sup> This multilevel strategy recognizes that there are differing levels of dysfunction and behavioural disturbances in adolescents, and that parents' have differing needs and desires regarding the type, intensity and mode of assistance they require.<sup>11,47,50</sup> While some families may require intensive programmes, others may require minimal assistance. In accordance with the population perspective that involves the core principle of minimal sufficiency, the multilevel strategy allows for broad dissemination of parenting programmes in a cost-effective manner.<sup>11,47,50</sup>

One of the causes of inadequate dissemination is restricted access to services. Universal preventive approaches to parenting programmes are generally designed to reduce family-related risk factors and enhance family protective factors by targeting an entire population (e.g. national, local community, neighbourhood or school). The mass media can play an important role in providing health information and related issues for parents and caregivers.<sup>10</sup> However, adolescents are typically portrayed in the media as hostile, violent, delinquent, alienated from parents and families, and resistant to any assistance.<sup>3,51,52</sup> In news and television coverage, content analyses found that adolescents are depicted as

perpetrators or victims of crime and violence, problem-ridden and disruptive.<sup>51,52</sup> In addition to the mass media images, public attitudes towards adolescents are predominately negative.<sup>51</sup> A population approach to build a climate of public interest and responsiveness will require actively working towards counteracting the predominantly negative media coverage of adolescents.<sup>3</sup> Media messages can raise parents' awareness and willingness to attend parenting programmes by normalizing their experiences of receiving professional support. These messages should be based not only on research about adolescence, parenting and effective communications but also on research about what actually supports, rather than undermines, parents in their efforts to be better parents.<sup>3,10,8</sup>

In addition to universal interventions, a system of selected and indicated parental support is required for high-risk families.<sup>9,50</sup> Although high-risk families are also likely to benefit from universal services that promote positive parenting, it is highly probable that they will need more intensive support over longer periods of time. It is unlikely that the kind of support offered through universally available service will meet the needs of highly vulnerable families. Intervention strategies that target high-risk families or the general population are more likely to be complementary to one another rather than alternatives. A comprehensive model that blends universal, selected and indicated levels of intervention in a set of parenting programmes will increase flexibility and options for parents to access parental support.

## Conclusion

A decade from Steinberg's 2001 presidential address, effective evidence-based parenting interventions and approaches exist in the research literature; however, the dissemination from research to practice has been relatively slow, and the difficulty in achieving this has been apparent.<sup>8</sup> The literature includes little research on how to support the general population of parents through their child's transition into adolescence, and a substantial research–practice gap exists regarding the impact of a universal approach to parenting programmes for parents of adolescents. Parenting programmes directed at families with adolescents provide a promising direction for promoting positive youth development,<sup>8,28,35,47</sup> yet, there remain several challenges that hinder their wide-scale dissemination. The requirements for a public health approach to parenting support to be effectively implemented at the population level are flexible tailoring of evidence-based programmes, increased accessibility to cost-efficient, low-intensity interventions and evaluation of impact at a whole of population-level rather than solely

tracking of individual outcomes.<sup>9,47,50</sup> Effectively, addressing these challenges is potentially achievable so that public health approaches to parenting support gain the acceptance they deserve and potential for population-level benefit turns into reality.

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