

# Young people and their parents: Supporting families through changes that occur in adolescence

Elly Robinson

Over the past decade, research has highlighted the importance of close and caring relationships between young people and their parents. Strong relationships were shown to be protective against a range of behaviours that affect health and wellbeing in adolescence, including substance use, violence and early initiation of sexual behaviours. Since then, the importance of family connectedness in adolescence has been a central component of research, program and service delivery in adolescent health, particularly in the area of prevention and early intervention in engagement in health-risk behaviours. Yet adolescence is seen as a time when the relationship between parents and their children is under significant pressure. This article will explore the changes that young people and their families experience during the adolescent period, and ways that practitioners can help facilitate or strengthen bonds between the two. Strategies for encouraging parents to be effectively involved in their young person's life, even in times of great difficulties such as when a young person is engaging in problematic behaviours, will be discussed.

Adolescence is a stage of life that is distinct from childhood and adulthood. Significant physical, cognitive, identity, moral and emotional development occurs against a backdrop of changing social and family relationships. Adolescence is also one of the riskiest phases of development, due to the complexity and magnitude of change that occurs. Health and wellbeing at this stage are dependent on the interplay between physical and psychological changes and external influences.

One of the key influences on the health status of an adolescent is the relationship between the young person and their family, particularly parents. Young people no longer have a need for constant parental care, but neither are they ready to take on adult responsibilities. New ways of working and communicating together need to be negotiated between parents and their children.



## Australian Government

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Edited by *Ellen Fish*

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Designed by Double Jay Graphic Design  
Typeset by Woven Words  
ISSN 1834-2434 (Online)

## Adolescent development

There is no clear range of ages that defines adolescence, and in recent years the markers associated with entering adulthood, such as economic independence and parenthood, have been delayed (Coleman & Hendry, 1999). Puberty, however, is the most widely accepted indicator of the beginning of adolescence. The physical changes associated with puberty are seen as the most outwardly obvious indication that adolescence has begun. The 'growth spurt' and maturation of secondary sexual characteristics, and consequent reproductive and social maturity, can be an abrupt reminder to parents that their child is growing up (Heaven, 2001).

Psychological changes also accompany puberty, although the view that "storm and stress" is inevitably associated with adolescence is now largely unsupported (Coleman & Hendry, 1999; Daniel, Wassell, & Gilligan, 1999). The majority of young people adjust to the challenges of adolescence without significant difficulties. Others will experience stress, often as a result of unforeseen events, such as illness, injury or parental separation. What is important is the number, nature and timing of the changes that a young person is dealing with at any one time (Coleman & Hendry, 1999). Parents need to be aware that so called 'mood swings' may be a sign of serious emotional distress, and that a young person may need extra help and support (Daniel et al., 1999).

Identity development is seen as a key task of adolescence. Children tend to be socialised into quite narrow expectations regarding behaviour and ideals, whereas young people are more aware of a range of different roles, behaviours, lifestyles and belief systems. This can result in a period of experimentation, ideally underpinned by the support of family and friends, when the young person can try on different 'hats' to see what fits best (Heaven, 2001). This process of actively seeking and defining the self through relationships with others, and coming to terms with any inadequacies, is seen as a critically important aspect of identity formation.

Although adolescence is seen as a time when parental ties are loosened, identity development best occurs within the context of a warm and communicative parent–adolescent relationship. Parental rejection, poor family communication and a lack of affectionate bonding with parents are examples of family factors that negatively impact on identity development (Heaven, 2001). A balance between behavioural and psychological autonomy from parents, whilst maintaining a

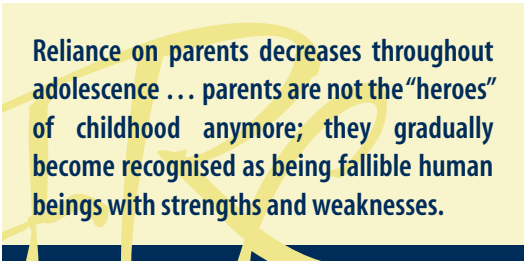
close and supportive relationship, is the ideal setting for identity achievement. This period of boundary testing, negotiations and self-regulation, however, is likely to be the most testing and stressful for both parents and adolescents (Noller & Patton, 1990).

## Changes in the parent–child relationship

The growth of a child into an adolescent, particularly the first child in a family, is seen as a transition point in a family’s development. Changes around this time include a shift in emotional attachment between parents and adolescents. As peers become more central, striving for autonomy and self-reliance increases, and conflict may occur as the young person tests out the boundaries (Noller & Patton, 1990). Stone and Church (1968, p. 447, cited in Noller, Feeney, & Petersen, 2001) suggest that “readiness for adulthood comes about two years later than the adolescent claims and about two years before the parent will admit.”

Reliance on parents decreases throughout adolescence, and idealised internal representations of parents are gradually renounced. This means that parents are not the “heroes” of childhood anymore; they gradually become recognised as being fallible human beings with strengths and weaknesses. This does not necessarily mean, however, that the attachment relationship is rejected. Instead, de-idealisation preferably occurs within the context of a secure but more equal relationship, one that is encouraging of exploration of the external world (Allan, McElhaney, Land, Kuperminc, Moore, O’Beirne-Kelly, & Kilmer, 2003).

Around the same time, attachment extends from parents to peers, with peers often becoming preferable as people to spend time with and receive comfort from (Noller, Feeney, & Petersen, 2001). One view of this change of relationships is that peer groups and friendships provide important “way stations” during the separation process from parents (Goossens & Marcoen, 1999). It seems possible, however, that parents also perform a critical function as a “secure base” from which to explore peer relationships and different roles and identities. The secure base allows a child to explore this external world and return to safety if the need arises (Noller et al., 2001). Many adolescents identify and value the importance of maintaining positive, respectful and loving relationships with parents, a closeness which can override the effects of poor peer relationships (Noller & Patton, 1990).



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This ongoing importance of family connectedness is reflected in the literature on resilience. A sense of belonging and connectedness to family, and feeling loved and respected in the family, is a protective factor for a number of risk behaviours, including suicidal behaviour, substance abuse and violence (Fuller, McGraw, & Goodyear, 1999). Caring and connectedness surpass a range of demographic characteristics, such as single versus two parent families, as protective factors against risky behaviours (Rayner & Montague, 2000).

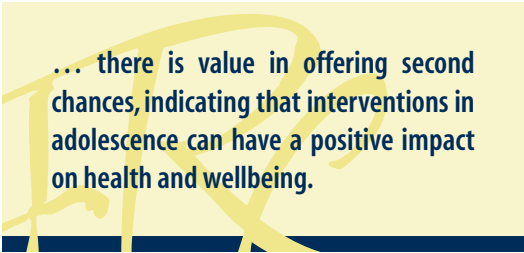
While a secure home base and a warm, connected relationship with parents is ideal, and is experienced by the majority of adolescents (Moore, Guzman, Hair, Lippman, & Garrett, 2004), the families in which these conditions are not met will be more vulnerable. Several risk factors exist within the family, including family conflict and violence, harsh or inconsistent parenting, long-term parental unemployment and poor monitoring and supervision of children (Fuller et al., 1999; Commonwealth Department of Health and Aged Care, 2000). The presence of these factors are more likely to lead to engagement in problem behaviours, increasing the levels of conflict between parents and adolescents and in certain cases, precipitating or indicating the breakdown of the adolescent–parent relationship. In terms of extreme breakdown, in which youth homelessness occurs, young people indicate that conflict, violence, neglect and abuse, parental substance abuse problems, and poor supervision and communication are amongst the reasons for leaving home (Hyde, 2005).

Some of these factors may not be amenable to change, particularly if the young person is at any risk of abuse or violence. It is worthwhile, however, considering some of the factors that can be modified to strengthen family–adolescent bonds. The next section examines what may cause conflict in the parent–adolescent relationship and some strategies for professionals to address these issues.

## Professional issues

There are a number of reasons why a parent–adolescent relationship may be experiencing trouble, or have broken down. One reason may be that the adolescent’s increased developmental capacity can trigger a ‘review’ of past events, with a need to process any grief, loss or trauma associated with these events. Another reason may be that the family is hampered in some way from providing support during the adolescent transition (Toumbourou & Gregg, 2001). This may be due to circumstances such as disadvantage or vulnerability. Alternatively, it may be the first time that parents have raised an adolescent, and they lack the skills and knowledge to effectively do so (Toumbourou & Gregg, 2001).

A review of resilience literature indicates that there are two key messages to extract from research (Rayner & Montague, 2000). The first is to start early, with interventions based in early childhood that address disadvantage. Secondly, and most importantly for young people, there is value in offering second chances, indicating that interventions in adolescence can have a positive impact on health and wellbeing. For example, an attachment relationship that



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is fostered between a young person and a supportive adult will provide an important protective factor against adversity. Ideally the adult will be a parent or other family member, but a warm relationship with a significant other adult is also protective in situations of adversity (Rayner & Montague, 2000). Bronfenbrenner (1986) describes this as the need for every child to have at least one adult who is irrationally crazy about him or her, in other words, providing unconditional love and support.

## Supporting families and young people

Workers who provide services to parents and their teenagers have a significant opportunity to facilitate and/or strengthen relationships between the two parties. A study on the patterns and precursors of adolescent antisocial behaviour (Smart et al., 2003) suggests that interventions aimed at improving relationships between at-risk young people and their parents and providing parents with parenting skills would be highly worthwhile, particularly in the early adolescent years. As we have also seen above, these interventions do not necessarily need to be targeted at functioning parent–adolescent relationships; there is also scope to offer second chances in a damaged relationship.

A fundamental change that needs to occur in the adolescent years is a shift from a parent–child relationship to a more adult–adult relationship. Adaptability, flexibility, mutual respect and decreasing levels of control are all characteristics of the emerging adult–adult relationship that young people identify as important (Noller et al., 2001). Toumbourou and Gregg (2001), in their review of research relevant to family-based adolescent health promotion, identify three skills that help facilitate adolescent–parent attachment: communication that avoids blaming or criticism, the exploration of mutual needs and adoption of constructive problem solving techniques.

A number of problem behaviours in adolescence, such as substance abuse, truancy, anger and stealing, can have their roots in family interrelational difficulties (Bamberg, Findley, & Toumbourou, 2006), and these scenarios may pose a particularly challenging time for professionals. Parents may be shocked and unprepared to deal with these issues. A recent focus group of parents who had previous or current experience with a substance-abusing child identified the following feelings associated with their young person’s behaviour (Jesuit Social Services, 2006):

- stress, helplessness and a sense of being overwhelmed and frustrated in being unable to change the situation;
- worry and fear for the wellbeing of the young person, self or other family members;
- guilt, shame and blame for what has happened;
- a sense of low self-worth and failure as a parent;
- anger and resentment towards the young person and others;
- isolation and loneliness, sadness and depression; and
- disempowerment.

On top of this, parents may be dealing with their own difficulties such as family breakdown, disadvantage or mental health issues which are interfering with their ability to support and effectively parent the young person (Toumbourou & Gregg, 2001).

Parents may be unable to offer the assistance that their young person needs until they have been able to deal with their own issues. Other adults, including extended family members, may be able to provide the role of a caring and connected adult until parents are able to make changes in their own lives. Good assessment processes at the point of contact will identify any relationships outside the family that are key connections for the young person, and it is worthwhile checking the quality of these connections and other family relationships regularly (Daniel et al., 1999; see Appendix III for an example of an assessment of adolescent development, including family ties).

There is a natural, instinctive desire for parents and children to be reconciled, and with new skills and maturity parents may be able to make a new start in parenting their adolescent (Larson & Brendtro, 2000). Some of the skills and/or information that practitioners can pass on to parents include (Bamberg et al., 2006; Jesuit Social Services, 2006):

- Encouraging parents to let young people take responsibility for their choices, so that they have an opportunity to learn from experience. An example may be letting them pay their own fines (where the consequences are not dire).
- Encouraging new strategies for dealing with problem behaviours. For example, parents may be employing inappropriate strategies to punish adolescents, such as sending them to their rooms.
- Reframing some less extreme behaviours as belonging to normative adolescent behaviours (while not minimising dangerous behaviour). Risk-taking, rebellion and experimentation are all characteristic of adolescent development. Parents may even be able to recall some of their own adolescent behaviours.
- Providing general information to them about any services that their young person is accessing, or interventions that they are receiving. Easy to understand, jargon-free information about the problem behaviour, such as drug use in adolescence, will also help reduce anxiety levels (for information sheets, see [www.strongbonds.jss.org.au/problem](http://www.strongbonds.jss.org.au/problem)).
- Validating the concerns of family members, and helping to limit any guilt that they are feeling by pointing out that there are a number of factors in other domains of a young person's life that can contribute to his or her choice to engage in problem behaviours, such as peers, school, or individual characteristics.
- Encouraging parents to be firm about boundaries. Although parents may be keen to work on improving their relationships with their adolescents, this does not mean they should tolerate abuse or disrespect.
- Ensuring that monitoring and supervising young people continues to be a key role that parents play. Supervision can reduce the likelihood of a young person engaging in problem behaviours (Smart et al., 2003).
- Encouraging parents to learn good communication skills, such as listening more and talking less, and making suggestions rather than offering advice.
- Making sure that parents still look after themselves. They are not in control of the young person's behaviour anymore, and although they can express their fears and concerns, the only choice that a parent has is to focus on their own role in the relationship.
- Ensuring that interventions are culturally appropriate, as parenting practices, current experiences and expectations of young people will differ for some cultures. A good start for information on families of other cultures and their young people is the Centre for Multicultural Youth Issues ([www.cmyi.net.au](http://www.cmyi.net.au)).

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Programs such as BEST Plus (Bamberg et al., 2006), an eight-week program for parents and siblings of adolescent drug abusers, aim to offer ways for families to redevelop family environments that promote healthy adolescent behaviours. The BEST Plus program addresses some of the parenting skills outlined above, and evaluations so far have been positive.

Other parenting programs that aim for similar results include Teen Triple P, an adolescent-focused version of the Triple P Positive Parenting Program ([www1.triplep.net](http://www1.triplep.net)), and the ABCD parenting young adolescents program ([www.abcdparenting.org](http://www.abcdparenting.org)). Resilient Families is a school-based program that helps students and parents develop knowledge, skills and support networks to promote health and wellbeing in the early years of secondary school (Shortt, Toumbourou, Chapman, & Power, 2006).

Supportive information for parents and workers who are dealing with adolescent behavioural issues can be found at the site of the Strong Bonds Project, Jesuit Social Services ([www.strongbonds.jss.org.au](http://www.strongbonds.jss.org.au)). While these materials address issues from a youth work perspective, materials can be adapted to suit family interventions.

## Conclusion

The increased attention in recent years to a more strengths-based approach to adolescent health and wellbeing has highlighted the importance of warm and connected relationships between parents and adolescents. These relationships buffer the effects of other environmental and personal risk factors and provide a secure base for young people to develop an independent identity. While the majority of adolescent-parent relationships do function effectively, the good news is that for those less fortunate, there is a chance of repairing damaged attachments. Practitioners have a golden opportunity to help rebuild and/or strengthen these bonds.

## Useful resources

### For parents

#### **Strong Bonds**

[www.strongbonds.jss.org.au](http://www.strongbonds.jss.org.au)

Further links to services and resources for parents can be found at, the following site, including tips for parents when dealing with services, and an explanation of the types of help available:

[www.strongbonds.jss.org.au/help](http://www.strongbonds.jss.org.au/help)

#### **Child and Youth Health**

[www.cyh.com.au](http://www.cyh.com.au)

Has a parenting section as well as a teenager and young adult health section

### For young people

#### **Bursting the Bubble**

[www.burstingthebubble.com](http://www.burstingthebubble.com)

For young people living with family violence.

#### **Headroom**

[www.headroom.net.au](http://www.headroom.net.au)

Informs young people, their caregivers and service providers about positive mental health.

#### **ReachOut!**

[www.reachout.com.au](http://www.reachout.com.au)

Provides information and support on a range of issues including depression and anxiety; drugs and alcohol; family, friends and relationships problems; suicide, loss and grief; sex and sexuality; and dealing with the pressures of school and university.

#### **Ybblue**

[www.beyondblue.org.au/ybblue](http://www.beyondblue.org.au/ybblue)


Lets young people know that it's okay to talk about depression, and to encourage young people and their family and friends to get help when it's needed.

### For practitioners

#### **Headroom**

[www.headroom.net.au](http://www.headroom.net.au)

Information for workers on the promotion of young people's mental health.



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### **Drug Information Clearinghouse**

[www.druginfo.adf.org.au](http://www.druginfo.adf.org.au)

Information on drugs and the prevention of drug problems.

### **Strong Bonds**

[www.strongbonds.jss.org.au/workers](http://www.strongbonds.jss.org.au/workers)

Provides information and ideas for workers with young people to help them include, support and inform family.

### **Centre for Multicultural Youth Issues**

[www.cmyi.net.au](http://www.cmyi.net.au)

The Centre for Multicultural Youth Issues (CMYI) site has information for workers on young people from different cultural backgrounds, including some great information sheets on newly arrived families (under the NAYSS site, see left-hand menu).

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