
Parenting a Problem Adolescent

A LIFE EFFECTIVENESS GUIDE

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How to Cope in Parenting a Problem Adolescent

Youth is not a time of life – it is a state of mind. It is not a matter of red cheeks, red lips and supple knees. It is a temper of the will; a quality of the imagination; vigor (sic.) of the emotions; it is a freshness of the deep springs of life.

Samuel Ullman (1998, 313)

1. Topic Information

- **Understanding the Situation**

What is a 'problem adolescent' and what is coping? What impact could change have on the parent-child relationship when the child reaches puberty? Let's explore and see if you can recognise the situation faced by many parents as we progress.

Firstly though, one of the difficulties in calling or labelling someone a problem is that the focus of energy is often on and around the problem itself and not on or around the other significant aspects of life that are not problems. Humans are not walking problems but have lots of wonderful qualities, strengths and resources or at least the potential for many of them even in the most adverse of environments. These qualities reflect the positive aspects of wellness, sometimes referred to in the health literature as protective factors (against illness, injury, disorder or disease which are the negative aspects of wellness) or resilience factors (Dadds, Seinen, Roth & Harnett, 2000, 25-26). Wellness is not just an individual biological thing either – we can also have emotional, spiritual, social and environmental wellness of a group, family or a community. There needs to be a continual balance between negative and positive aspects of wellness for people to have some degree of satisfaction in their lives.

Ullman provided a view of youth that acknowledges the positive qualities and potential of youth – the passion and the excitement of opportunities and understandings that are often sadly diminished or mellowed in later adult life. Ullman extends the concept of

youth beyond the age of adolescence so that we can all share the youthful vigour of life and it is important for parents not to forget that adulthood is also a state of mind and a consequence of our culture. We must understand both concepts (youth and adulthood) for what they are meant to represent, including their positive and negative aspects if we are ever to deal with coping with 'problem' adolescents. Yes we must also acknowledge that there are some darker sides to youth cultures (just as there are in adults), including in recent times: misuse of substances including alcohol and illicit drugs; risky and aggressive behaviours; and self-harm and suicide especially amongst males and in rural and remote communities. We must also acknowledge however, that adults have just as many problems and issues and that adulthood is not immune from criticism. Youth may see authoritarian power and control by adults over their lives as unfair and limiting of creative expression and rebel or feel overpowered and vulnerable. Adults do have power and are often in much more powerful social positions in contrast to their children, although some parents may argue the opposite. In reality there are many positives of youth and sometimes people just cannot or don't want to see or value them – like having blinkers on and ignoring their importance in life ('cannot see the trees for the forest').

Another difficulty in calling someone a problem is that this is based upon a set of values typically bound up in personal, group and societal attitudes and beliefs of the time. Interpretations can therefore be highly value laden so some caution is required in order to remain objective. For example, a dominant or dominating family, group or community culture where a degree of intolerance, insensitivity to difference and enactments of power and social control exist can lead to labelling, stereotyping and stigma of all adolescents who think differently to them. This situation can easily become unfair and discriminatory. As the early 1960's pop song goes: 'Why can't they be like we were, perfect in every way, Oh what's the matter with kids today...' reflects the thoughts of many parents, grandparents in the past and probably in the present. The generation gap has and continues to receive lots of press in recent years as the popular tabloid and television media loosely identify differing needs, wants and expectations of different generations such as the Baby Boomer generation, the 'Me' generation, Generation X or Y and so on. To what extent this is media hype and stereotyping as distinct from a pattern

that can be validated is uncertain, although there is a growing body of literature in this area.

People who are labelled as 'problems' can also feel marginalised (not feeling a valued part of a community or peer group) and may react with hostility, agitation or alternatively with despair, anxiety and helpless passivity or even both and this could lead to mental disorders, illness, abuse, violence and even incarceration if one is out of step with the norms of adult society. Again we should tread cautiously here, because overly pathologising or medicalising youth traits and characteristics unnecessarily, may curtail an adolescent's creativity and endeavour for the future, especially if labels given to people are wrong or not valid or not based on valid medical evidence. For example, the rise of medical conditions such as ADHD (Attention Deficit Hyperactivity Disorder) or ADD (Attention Deficit Disorder) in children and adolescents along with the advent and widespread use of new pharmaceutical drugs to help treat them in recent decades in western cultures has been a cause of concern to many social and medical researchers and commentators. This is not to say that these conditions do not exist, but there are issues being raised in the literature and in some creditable media about the commoditisation of illness in our society, and the notion of a quick drug fix to solve complex emotional and social developmental problems and issues.

It has been acknowledged in the literature that not all difficult, disruptive or unruly behaviour of a child or adolescent can be balance sheeted back to some medical pathology, but may relate instead to the demands, problems or challenges of our modern lifestyles and social inequity. Social problems may in fact lead to so-called medical or mental health problems. Underlying causal problems may include:

- pressures of time and commitment to the family;
- parent work priorities and finances;
- lack of knowledge and skills in parenting;
- lack of support from family, welfare organisations and significant others;
- socio-economic disadvantage – According to Tunmore (cited in Regel and Roberts, 2002, 72) 'children in the poorest households – three time more likely to have mental health problems than children in well-off households;

- bullying and domestic violence - According to Tunmore (cited in Regel and Roberts, 2002, 72), people who have been abused or been victims of domestic violence have higher rates of mental health problems;
- divorce and separation of parents,
- households in which alcohol and drug misuse is common;
- households in which other risky behaviour is present - sexual abuse, extreme religious fundamentalism and so on.
- the impact of sensationalising popular media, advertising and so on, on parents and children – especially on early adolescent children who are developing their world views.

We know that some parents of adolescent people (including sole parents) are confronted with difficult challenges (most are what could be described as bumps rather than crashes) during this period of life but in reality this perception has changed little throughout the known history of humanity. In Homer's Ancient Greece, adults complained of youth, with Homer (in Weber's Pocket Quotation Dictionary, 1998, 313) stating:

'Thou know'st the o'er-eager vehemence of youth, How quick in temper, and in judgement weak.'

What is different is our modern or post-modern world. Amongst other things, the concept of 'family' may have a significantly different meaning to that of previous generations of people throughout history (O'Connor, Wilson & Setterlund, 2003, 45-47). The so-called nuclear family, separated or divorced family, sole parent family, stepfamily, same sex couple family and so on demonstrate a diversity of ways in which children may experience what a family is and means. The extended families (generations of family members living together) of many previous generations and cultures are often seen by the general public, media, employer groups and politicians as incompatible with the modern economic rationalist world, work interests, employment mobility and productive activity, although clearly some extended families continue to exist successfully in various cultural groups within Australia in cities and rural areas. Some

families can also be characterised as high income or low income families. Some families may have adopted effective ways of communicating and interacting with each other whilst others are poor at doing this.

According to some literature (Rowling, Martin & Walker, 2002, 28):

'There is much evidence that family relationships hold strong associations with adolescent emotional problems and positive emotional health.'

Parents may have to deal with many challenging pressures that can affect the emotional state of an adolescent child. Such pressures may include:

- access to affordable housing or constantly changing homes,
- employment and financial worries,
- sickness (physical or mental) of family members including children, parents or even grandparents,
- prevalence of family drug taking or at-risk family behaviours (e.g., physical, mental or sexual abuse; illegal or antisocial activities),
- school and recreational expenses, time and commitment priorities and so on.

Obviously the more of these challenges the greater the stress and the more likely that the child-parent relationship will become strained. In this regard, there are many aspects about 'problem' adolescents in our society that relate to factors such as gender, socio-economic status, culture and ethnicity. Some questions are relevant here, including:

What sort of problems do adolescents present to parents in order to deserve the label of 'problem adolescent'?

How do adolescents feel about being labelled as a 'problem'?

How do parents feel about their son or daughter being a 'problem adolescent'?

How does the community feel about 'problem adolescents'?

What do we need to know therefore about parenting and coping with a 'problem adolescent'?

Adults should remember that they too were once adolescents. Of course not every adolescent will behave and think the same way and this diversity ensures that humanity has a richness of understandings, abilities, talents and creativity. Nonetheless, we must recognise that significant body changes including brain changes also occur during adolescence and that this is one of the greatest periods of physical, psychological and social transition in a human being's life.

Puberty generally sees the rise of pubic and underarm hair, of menstrual changes and desire for intimacy in girls, of 'wet dreams' and desire for intimacy in boys and with hormones being produced in massive amounts to meet changes in the body and brain. The prefrontal cortex of the brain for example has not yet developed properly upon which adult emotional, problem-solving and decision-making amongst other functions rely. There may be a marked interest in the opposite sex or for some in the same sex (gay or lesbian) or both (bisexuality) or none at all. This is all a normal part of growing up, but can also be a time of great emotional and social confusion for the child. Views about body image and shape vary markedly in society, but can be a trying time for a teenager. For a girl the size of her breasts and bra size, the shape of her hips and thighs and the onset of menstruation may be earth shatteringly important. For a boy the onset of pubic hair, the desire for muscular growth and strength and facial hair may also be important in the transition to manhood. Males may be confused about how to impress a girl or what to say to girls. Some males may feel confused, guilty and scared about being attracted to or fantasising about other males. Females may feel unsure or insecure about the intentions of boys or even how to attract boys and how to not get pregnant. Similarly some girls may also be confused, guilty and scared about being attracted to or fantasising about other girls. Both girls and boys alike may despair with having pimples or not having the 'right shaped nose or legs or hair colour and be fearful of never having any friends or being liked by a dominant peer group. What may seem to be insignificant issues or problems in the view of parents or adults may be major problems or issues for teenagers.

Some children may go through physical and emotional changes of puberty earlier than others. Their needs and experiences therefore will be quite different to others as they age from say 12 to 17 or even 18 years. The onset of physical and emotional changes of girls tends to occur earlier than in males, although as mentioned there will obviously be differences between child rates of maturational development. For early bloomers, they may feel pressured to take on adult roles or to do adult things before they are mentally and socially developed enough to fully understand the consequences of what they are doing. Learning about life can have its dangers and pitfalls if one is not yet competent to understand the risks involved in so-called adult activities such as sex, living with a partner, going to clubs or parties where there is alcohol consumption, managing financial issues (especially related to mobile phone and credit card charges) and so on.

The transition from a child to early adulthood is an incredibly complex, worrying and yet exciting time for the adolescent and those around them including family, teachers and others who are affected by the change in the young person's body image, thinking and behaviours and interactions with people of all ages. Pressures of school, changes in body image, the loss of childhood status, pleasures, beliefs and behaviours, the tensions of new ways of thinking about the world seemingly overwhelming and sometimes full of injustices and lack of humanity towards others or intolerant of youth and so on can all affect self-esteem, self-worth and motivation to learn, to succeed or even live. Many Indigenous communities have rituals that assist young men and women in coping with the passage from childhood to adulthood. Admittedly some rituals are seen as barbaric by western cultures such as female circumcision (not necessarily undertaken during adolescence but often in childhood), but generally rites of passage are ceremonies to acknowledge a change in status and role in the community towards that of an adult male or female.

Whatever the case may be, effective communication, commitment and understanding is going to be vital in understanding how to cope with teenagers and how best to support and nurture them. So what are the problematic situations faced by parents?

There are so many possible situations that it would be difficult to even briefly describe them here. 'Problem' adolescents may have a variety of different health and learning related needs, problems or issues. The most significant sorts of problems for parents and their children during early to mid adolescence relate to differences in the way the world is perceived and ways of coping with stress and bodily changes.

For example, how problematic is a child's messy room with clothes, food wrappers and school work left strewn all over the floor and bed for example? Unless it is a public health or learning development issue, then a parent could recognise that this is the way that their child is coping with the world. Yes they may also be acting as rebellious, with outbursts of emotion and challenging of parental authority, but considering the massive changes that the child is going through they need more support and reassurance than condemnation.

The parent needs to show interest, to be actively involved with and to learn about their child and their new world rather than combat it or ignore it. The parent needs to know when to allow independence and when to intervene and this is not always an easy thing to do. Being a positive role model as a parent is perceived by some writers as important for a child's development.

Health and learning related problems/situations may include:

- ADD (Attention Deficit Disorder) or ADHD (Attention Deficit Hyperactivity Disorder)
- Anxiety, distress, phobias and obsessions and even anxiety disorders
- Eating disorders such as Anorexia nervosa or Bulimia or alternatively poor diet leading to obesity. Often eating disorders are gender related body image issues and a desperation to have a sense of control over one's life and to avoid rejection by peers or to relieve boredom, anxiety or depression by not eating properly, purging after an eating binge, over eating nutritionally poor quality food, or body building to excess with or without chemicals/drugs.
- Bullying and abuse

- Grief and loss (e.g., death of loved ones or favourite pets, loss of childhood and innocence, grief or apprehension regarding changed body image)
- Poor literacy or academic skills
- Aggressive physical or acting out behaviour from males
- Gender identity and role confusion or marginalisation especially re sexuality
- Depression and withdrawal
- Suicidal or self-harming thoughts and actions
- Lack of sexual knowledge leading to risky or unsafe sexual behaviours and practices

Each one of these problems/situations can cause grief, fear or despair for the adolescent as well as for the parent. Situations may be exhibited in a power play – a means to an end for the adolescent in terms of control over one’s world and one’s life and those in it – ‘I’m growing up’ or ‘I’m an adult...you have to start treating me like one...you cant tell me what to do and how to live my life’...You have no idea how I’m feeling’...‘you can’t tell me what I like or dislike...it’s none of your damn business’.

The parent(s) in the face of what may seem to be some alien that has taken over their son or daughter’s body and mind may feel a desperate need to overly control their son or daughter. In some respects the temptation to be controlling these days may be partly based around apprehension and confusion relating to child safety fears or even paranoia expressed in the community, often fuelled, dramatised and overstated by some parts of the media, politicians, social commentators and so on. The reaction against authority may be expressed in episodes of rebellion by the adolescent or feelings of alienation, hopelessness and desire to self harm or to withdraw with an eating disorder. On the other extreme, the parent(s) may be the opposite and not care particularly where their son or daughter is or what they are doing and that can be just as problematic in setting their child up for failure (e.g., get into trouble with authorities, have an unwanted pregnancy, become drug dependent, or contract a sexually transmitted disease) in the community or with their studies or neglect of their current and future welfare or safety.

Obviously there is a delicate balance at times in trying to achieve a satisfying quality of life for the adolescent and for the parents as well as sustaining healthy interactions with significant others such as brothers, sisters, grandparents, other family, close friends, school mates, and teachers and so on. Anxiety relating to the way people live including pressures from school, peers, parents, teachers, bullies at school and so on is significant in many of the conditions or behavioural and cognitive problems in children and adolescents. It also has a potential impact on the physical, mental and social wellness of parents and significant others and can create relationship problems and tensions that like a 'Catch 22' situation may further heighten a child's insecurities and feelings of vulnerability or abandonment. The parents may feel as though they are simply unable to cope anymore – exhaustion and frustration start to set in. Their child may have so many mood swings and challenge just about everything a parent says or does. Parents may feel guilty about their lack of skills and abilities in the parenting role and blame themselves harshly for their child's problem thinking and behaviours. Parents may feel isolated and confused, especially if they have few social networks and supports and financial resources or live in a socially isolated environment or community.

Some families with say an older relative living with them with dementia or a mental health problem, may become overwhelmed by the behaviour, and particularly children stressed and confronted with say a confused grandparent going into their room and pulling out their clothes or personal items. An adolescent's needs at this stage become those related to respect, trust, dignity and privacy. Tensions can increase if parents suspect their child of taking drugs for example and yet feeling obliged to respect their son or daughters privacy in their room and to trust them. Clearly transparent or open family communication is an important key to understanding and resolving such conflicts.

It is important to remember that the building of a positive child-parent relationship especially but not exclusively during the early periods of adolescence is crucial. Irregardless of the way that the child and parent respond to change, this will be long lasting, especially for the child's development into adulthood. The strong desire for being independent and all grown up must also be tempered by the child's need for some stability, comfort, love, guidance and understanding. This will be a compromise that

both parents and the child can agree to and live by, albeit with undoubted hiccups along the way.

Theory and Facts

In the preceding discussion it was established to some extent that social and community values, attitudes and beliefs have a major impact on the way that adolescent children are portrayed and how parents are also portrayed. Even so there is still a lot of contradictory evidence out there (Eckersley in Rowling, Martin & Walker, 2001, 73) about the perception of youth - their own views versus those of others. Postmodern views of youth, according to Eckersley, tend to paint a rosy picture of dynamic youth as a global generation who are well educated and technologically savvy.

It is important for parents to have some idea of what youth are facing and how they are being portrayed, because the popular media can significantly impact on youth thinking and behaviours. As an example of the inconsistency in the portraiture of youth, a fairly recent survey, according to Eckersley (cited in Rowling, Martin & Walker, 2001, 73) found that:

'...89% of students aged 13-15 years in Victoria were satisfied with 'their life in general these days' (Gatehouse Project, Centre for Adolescent Health, Melbourne; personal communication with George Patton). And yet the same study found over 40% of the students felt that they did not have anyone who knew them very well – that is, who understood how they thought or felt. Almost a quarter said they had no-one to talk to if they were upset, no-one they could trust and no-one to depend on (Glover et al. 1998). Another study, again in Victoria and undertaken at about the same time, found 25-40% of students aged 11-18 years experienced in the previous 6 months feelings of depression, worries about weight, worries about self-confidence, troubles sleeping, and not having enough energy (Waters et al. 1999).'

Given these findings it would appear that it is no wonder that parents have some difficulties in trying to cope with a problem adolescent child. The study in Victoria highlighted some of the mental health issues or problems that a significant number of youth in that study experienced. So at this point it may be worth examining some of the

problems because understanding may help parents better understand their children and provide some insights into how to cope a bit better.

Studies in other western countries show very similar data and trends to those described by Eckersley, so as a parent the issues are similar world-wide relating to alarming levels of youth depression, male youth suicide, eating disorders amongst others. Each of these youth related problems have similar root social causes and high modern culture continues to raise its head time and time again as a culprit. That being said however let's explore the main problem issues raised in many of the research studies.

Resilience

Tunmore (cited in Regel & Roberts, 2002, 73) outlined various mental health promoting factors (based on evidence) that are relevant to adolescent kids and to parents alike to reflect upon. They include:

Mental Health Promoting Factors	
Individual	<ul style="list-style-type: none"> • Self-esteem, sociability and autonomy • Social support systems that encourage personal effort and coping • Good communication skills • A sense of humour • Religious faith • The capacity to reflect
Family (Group)	<ul style="list-style-type: none"> • Family compassion, warmth and absence of parental discord • At least one good parent-child relationship • Affection • Appropriate and consistent discipline • Family support for education
Environment	<ul style="list-style-type: none"> • A wider support network within the community • Good housing • A high standard of living • A range of positive sport and leisure activities • A high morale school offering a safe and disciplined environment with strong academic and non-academic opportunities

Whilst there are some important factors here, you need to have a bit of caution in places, because for example a high morale school is clearly a value-laden assumption. It is not unreasonable to argue that for some well off children, they are at greater advantage economically and socially, than their poorer counterparts, in gaining a quality education. However if this could be achieved then yes a high morale school as described could be beneficial for social and emotion health.

Resilience and Suicide Prevention

The literature clearly point to the fact that there are certain factors that protect youth or build resilience in youth against suicide. According to Fuller, McGraw and Goodyear (cited in Rowling, Martin & Walker, 2001, 85-86):

'The factors that protect young people against suicidal behaviour include social support and their relationships with family and peers, as well as a broad repertoire of coping, help-seeking and problem-solving skills. Social connectedness is the strongest antidote to suicide that we know. Young people who are resilient have stronger connections to school, family and peers, and young people with those links are less likely to develop suicidal thoughts or behaviours (Resnick, Harris & Blum 1993; Fuller, Wilkins & Wilson 1998).'

It is interesting to note that these same resilience factors are also positively associated with reducing the level of problematic substance abuse in young people and reducing the incidence of depression and delinquent behaviours (Fuller, McGraw & Goodyear, 2001, 88). It is vital for parents, schools and other youth groups to work together in promoting resilience and positive healthy relationships. Whilst it would be too soon to yell out to the world and say we now can prevent these problems with certainty, this knowledge is a great step forward and can be a source for increasing parents confidence in being able to cope with adolescents with problem behaviours.

Eating Disorders – A Challenge

However there are other problems often associated with youth that are a bit more intractable. Eating disorders tend to fall into this category especially amongst adolescent girls. According to Gillis (2000, cited in McMurray, 2003, 147):

'Adolescents' images of themselves are embedded in the way they see their own bodies, leading some to excessive preoccupation with body image.'

There are two main types of eating disorder (if we ignore the current epidemic of obesity) that often affect adolescent girls called anorexia nervosa and bulimia. According to Estok & Rudy, 1996:

'Anorexics avoid food to the point of emaciation, while bulimics tend to binge on large volumes of food and then purge their bodies by laxatives, self-induced vomiting, excessive exercise or a combination of these methods...The malnutrition caused by both of these conditions puts young people at risk for dehydration, infections, cardiac problems, menstrual problems and, for those with bulimia, the additional problems of oesophageal irritation and dental erosion.'

According to Wakeling (1996), 'An increase in the prevalence of eating disorders is becoming evident in all but the developing countries.' On that point it tells us fairly strongly that eating disorders are a product of our western consumer culture. Second-generation immigrants from developing countries including non-Caucasian populations are not immune either, further raising that a significant social health problem exists in countries like Australia. Interesting research in the United Kingdom has identified that British women are overweight and that 60% are dieting. On the one hand this may be a good thing, but some authors argued the dieting is often extreme, undertaken by primarily middle-class women and are part of a 'healthist' culture designed to differentiate the women from each other and promote mutual affirmation. The suspicion was that these women acted as role models for their daughters with eating disorders. The media has also been blamed (Tiggermann, 1995) but a major culprit in relation to

'pushing' maladaptive eating behaviours is the beauty and fashion industry. According to Zerbe (1996) 'The dangerous message in most of the fashion magazines is one of overvaluing appearance as a measure of personal worth.'

Eating disorders undoubtedly represent a major challenge for parents and health authorities. Resilience is undoubtedly important in some part for preventing the sort of dangerous eating (or not eating) pattern behaviour associated with anorexia and bulimia. Therapies like Cognitive Behaviour Therapy, use of antidepressant or antipsychotic drug therapies have had fairly limited success. On the other extreme we now also have an epidemic of obesity in children, teens and adults in countries like Australia. According to French et al (2001) frequent consumption of fast foods from the popular fast food outlets is associated with excess weight gain. It seems that young people are increasingly underestimating their portion sizes and intake which are also cheap and at the same time are living more sedentary lifestyles in this age of computers and communication technologies.

Parents, schools, youth clubs armed with at least the knowledge that eating disorders are a probably highly linked to the construction of a consumer image of young women, and the fact that early intervention via counselling and CBT can to some extent have an impact in changing young adolescent girls perspectives about themselves and their self worth have a chance to prevent the onset of these disorders. Dealing with anxiety, depression, obsessions and compulsions is part of this process.

Identifying Symptoms

Given that the research literature have identified that problems associated with youth such as, anorexia and bulimia, bullying and other acting out behaviours, substance misuse, marginalisation of certain groups of people in communities, abuse, self-harm and suicide are significant, what do parents go through in attempting to care for their early adolescent child or children?

Some of the symptoms have already been mentioned above. Stressful anxiety (situational), frustration, irritability, confusion, helplessness, guilt, periods of outbursts of anger and then remorse, fatigue, headaches, tension muscular aches and sleeplessness and depression are just some of the possible symptoms that could indicate difficulties with coping with a problem adolescent. Patton, Olsson & Toumbourou cited in Rowling, Martin & Walker (2002, 28) discuss the way that family dynamics impact negatively and positively on the mental health and well-being of the adolescent and the parents. They stated:

'Risk factors that might receive attention include family conflict, disorganisation, parenting style and family management as well as family backgrounds. Conversely a sense of positive connection, good communication, intimacy and confiding are positive aspects of family functioning that are suitable targets for both mental health promotion and prevention.'

2. Options

- **Defining ineffective options**

What is effective and what is ineffective? Given that we are discussing adolescents with problems, then an effective approach would be one aimed at coping with the problems using a combined problem solving and resilience building strategies. Ineffective parental approaches or options are most likely to be:

- those where the parent ignores or is ambivalent about their child's needs, schooling, interests and so on and doesn't become actively involved with their child, their learning and their development,
- where apportioning blame, being impatient and creating dependency are common in dealing with a child's issues and problems,
- where confrontational emotions and actions including anger, lack of compassion, hysterical yelling or screaming and physical violence replace problem-solving, empathy and guidance. This situation is often coupled by poor communication, lack of intimacy and loss of caring being propagated to the child and reflects an abusive default model for dealing with issues and problems. The child may feel alienated, vulnerable and scared as a result.
- where hypocritical or dishonest words, actions, beliefs, attitudes and values or insincere praise or an environment of secrecy demonstrate to the child a lack of truthfulness, trust and respect for adults,
- Ignoring at-risk behaviours and hoping that problems will automatically sort themselves out or disappear in time.

It is extremely difficult although not impossible to turn around such a difficult family culture. The child may learn not to trust or respect other adults as they mature. Depending upon the circumstances, this could lead to relationship problems, guilt and fear of intimacy of any kind, bullying and abusive behaviours or attachment to abusive partners in life, low self-esteem and self-worth, phobias, obsessions and compulsive behaviour, fear of interacting with or caring about other adults, and low motivation to learn or to seek challenges in life (Bright, –re sexual abuse consequences; Wright & Leahey, –re consequences of divorce for children; Rutter & Smith, cited in Rowling, Martin & Walker (Eds.), 2002, 79). That is why a positive child-parent relationship is so crucial in helping an adolescent person to feel some degree of control and autonomy in their life and to feel valued, heard and loved by key people in their life, in order to grow and develop into a more mature and well balanced person. The spin-off from this is that the parent may also grow and develop and have a mutually loving, respectful, open and honest relationship as their child matures through life.

Of course there may be situations where even with the best of intentions and skills, parents are still unable to cope with their child's behaviour and thinking. It is important to recognise one's limitations and to know when to seek professional help when needed. The child may or may not have significant mental health issues but whatever the case, it is important to seek help when one's ability to cope as a parent is severely strained. Sometimes a child will listen and respond to a person outside of the family, and often if there is a rapport and trust built up say with a doctor, counsellor, nurse, dietician or someone with good listening, helping and guidance skills, then parenting may become a bit easier to cope with especially when there are also many work and family priorities to deal with at the same time.

It is also becoming increasingly clear in the research literature that communities also have a major role and responsibility in supporting parents and adolescent children who are having problems. For example, the role of the popular media (especially glossy popular fashion magazines that target children and adolescents) and the fashion industry in representing women in fashion as skeletal objects of beauty; the role of the popular media and dieting entrepreneurs in promoting dieting fads (however extreme) and even cosmetic surgery in order for young women to become beautiful and slim and therefore valued in the community; in part reflects inaction by communities and society in general to focus on healthier lifestyles and to prevent exploitation of women and their bodies and minds.

As a consequence, eating disorders in young female adolescents have been rising significantly. With the addition of peer group competition from school friends and other friends to look slim and attractive and to appear 'cool' and therefore desirable and valued, a socially acquired mental health problem exists in many westernised countries including Australia. Parents often find it extremely difficult to cope with their adolescent child who may have anorexia or bulimia on their own. Expert help is highly advisable as soon as possible after poor eating habits have surfaced as a problem. Ultimately however, the community has a significant moral and pragmatic role and responsibility to protect children against blatant and irresponsible commercialisation of women's bodies and social disease causation (McMurray, 2003, 147-148).

Example Cases of Ineffective Parenting

The following examples are based upon real life situations however the characters and circumstances presented here are entirely fictional and intended for educational purposes only.

Case Study One: Aaron

Aaron is a 15 year old boy who attends a local public high school in an industrialised area of the city. He lives with his mum, dad and two brothers, Will aged 9 and Brad aged 11 years. Aaron has recently been in trouble with the law (a year ago), having stolen some goods from the local bike shop but was let off as this was his first offence and he had previously been of good behaviour. Aaron has not been doing well at school and has been aggressive to his mum and younger brothers over the past year. His dad works various shifts (lots of night shifts) at the local glass factory and Aaron doesn't get to see him much. When he does his dad usually tells him to get lost because his dad is too tired and needs his sleep. His dad constantly tells the family that he hates his job and isolates himself from the family in his bedroom. His dad is always moody and negative about things.

Aaron's mum works at the local grocery store also on shift work. She is the powerhouse of the family, always working and cleaning up around the house, making sure the bills are paid and that the kids are fed cleaned and ready for school each day. On the rare occasion that Aaron's mum and dad are at home together with the kids the activities around the house are not shared and everyone does their own thing. Aaron's mum and dad sometimes yell at each other about bills and household chores. Aaron often hears his mum berate his dad about being lazy and that he should fix up the house or mow the lawn or do some exercise and his dad swears and curses about working hard all week but rarely does any chores. Aaron has some older mates that his mum disapproves of as they are always getting into trouble, but Aaron thinks they are cool and tough and they have motor bikes, beer, drugs and girlfriends. Aaron's brothers look up to him as a

role model and Aaron often brags and tells them stories about being tough, fighting with other kids and pinching things from other peoples' houses.

So what is problematic here?

Well Aaron has had to start growing up in early adolescence with few role models to guide him. His dad has little or no time for him as his dad is too engrossed in his own problems and his own world, is overly negative and seems not to value his son's needs. Aaron dislikes him because his dad tells him he is stupid and a menace when they go to talk with one another. His mum is so overworked and busy making sure that the family is provided for that there is little quality time to spend with her sons. His mum constantly screams at he and his brothers to hurry up for school, to clean their bedrooms and to stop making a mess about the house. Aaron has received little intimacy from his family and has chosen to seek anyone outside the family that can be his friend and mentor. In this case he has not chosen wisely and is in the company of older and very questionable mates who appear to be leading him in the direction of trouble. It is clear from this example that the family is under a lot of stress, and that the parents are not providing much guidance, care or love to Aaron and probably have little idea about how to cope effectively with their own lives let alone their children's' lives. Family communication is almost non-existent and there is little or no scope for sharing ideas, feelings and learning about each other and how to be happy and contented with and supportive of one another. Aaron's dad has withdrawn from the family except for just the very basics of interactions and has isolated himself from Aaron so much so that he is like a stranger to Aaron, and not very likable at that, trying to demolish Aaron's self-worth and self-esteem whenever they meet with verbal abuse. Aaron's dad may well be depressed, his mum is constantly stressed and the family is functioning only at a very basic level. Aaron's brothers are also at risk of being led into trouble and the family certainly needs some sort of support and professional help.

Case Study Two: Marnie

Marnie is a 16 year old girl (an only child) who attends a local private girls school in the city. Marnie is always at the top of her class and her report cards are exemplary. Marnie is actively involved with music, drama and dancing in and out of school all of which she excels at. Over the past couple of years Marnie has taken a much greater interest in her looks and how she dresses. She has started to wear lots of makeup, has her hair dyed regularly, reads lots of glossy fashion magazines and wears the latest skimpy clothes. Marnie has also lost quite a bit of weight according to her mum as all she eats each day is a few small vegetable portions, some sultanas and she drinks litres of fat-free soya milk. She had gone from being a vegetarian about a year ago to being a vegan to this extreme or radical diet and will not listen at all to her parents about her eating problem and refuses to see her doctor. Marnie hangs out with her school and arty friends who all behave in a similar way. Marnie does not eat anything at school except for some sugar free gum and when she goes on excursions she eats nothing and drinks only water. Marnie's mum (aged 45) is now a manager in a large business firm having recently changed jobs and has much more work responsibility and stress than previously. She is also conscious of her own weight for health reasons and goes to fitness classes a few times each week and is on her third or fourth fad diet this year.

Marnie's dad (aged 57) is a bank manager who is soon to lose his job as his branch office is closing. Marnie's mum complains that he is not fit, does little exercise and does not get involved in family activities except for driving Marnie to school and to drama, music or dance classes. Marnie's dad finds it difficult to talk to her and often berates her about her not eating, losing weight, not cleaning her room and being cruel to her parents. Marnie's parents continually run around to shop for her to make sure that she has what she needs to eat. Marnie's mum had secretly tricked Marnie into seeing her doctor about her not eating and losing weight and seeing a dietician. Marnie was extremely angry and although she told the doctor she would see the dietician, she completely refused once she came home.

Marnie's mum is always buying Marnie new clothes and jewellery. Marnie also jogs twice a day and gets on the exercise bike as well. Marnie has her own television, DVD player, computer and weighing scales in her room and tries to eat in isolation to when her mum and dad eat. In fact her mum and dad work long hours and often bring work home as well. If they do get together it is only to watch a favourite television show or to go on an annual holiday to a resort or to visit Marnie's grandparents. Money is becoming tighter in the family though as they have bought a large house in an expensive neighbourhood and have large mortgage. Marnie's teachers and some of Marnie's friend's parents have told Marnie's mother that they are concerned about Marnie not eating at school and that she is scaring their kids. One of Marnie's friends who has suffered from anorexia had recently attempted suicide, and Marnie has been worried about her a lot. Marnie's dad suspects that Marnie may be secretly taking laxatives as a friend at his work said that is what her daughter had done. Marnie's mum told him not to say anything and that this was just being silly and to confront her would just make things worse. Marnie's dad and mum are very scared about what is happening to their daughter and are frightened to do or say anything that will upset Marnie. Marnie's mum has read up on eating disorders in girls, and has noted that Marnie probably is still menstruating normally (checking underwear for signs of bleeding on clothesline).

What is problematic here?

Again stress and workload of the parents appear to be interfering with the functioning of the family unit to some extent. There seems to be little time or commitment allocated for meaningful relationships to develop properly within the family unit. The relationship centres on the work commitments of the parents, trying to satisfy Marnie's immediate needs for gratification which may be a compensation for a lack of parental closeness, love, caring, guidance and intimacy, all of which seems lacking in Marnie's life. Marnie too is also busy and it seems like a rollercoaster ride where everyone is replacing work and business and material needs and success for emotional needs. Marnie gains satisfaction by focusing on her looks and by being fashionably thin. It is difficult to know if this is designed to attract the attention of boys or to conform to the perceived norms of her friends at school and elsewhere. This seems to be a compensation for something,

perhaps lack of confidence in herself, or lack of intimacy and love or closeness to others such as her parents in her life.

Marnie's dad, who like her mum is a bit of a workaholic, has even greater stress looming as his job, which was not anticipated, will soon disappear. This and a large mortgage, private school fees, rising cost of fuel and so on are creating lots of stress for Marnie's parents and for Marnie's own perception of her future as well. Marnie may well be asking herself - will she still continue to be able to go to her school? How will this affect her studies and her major exams? Will they have to move house yet again? What will her friends think of her?

The case example illustrates a dilemma comprising lots of stressful events which appear to be having an impact on the mental health or wellness of the family and on Marnie. Marnie refuses to acknowledge that she has a problem and denies a need to seek help. Marnie has lost some trust and respect for her mother after being tricked into seeing her doctor. Ironically, Marnie's mother may be acting as a role model for Marnie's eating patterns, given that her mum has been on lots of fad diets recently and exercises a lot.

Marnie is rude and demeaning to her dad, and refuses to go near him or even kiss or hug him goodnight. Marnie tells him to mind his own business and to stop trying to control her life and that she can do what she likes and he can't stop her. This upsets Marnie's dad a lot. She will kiss and cuddle her mum sometimes when she needs consoling (always on Marnie's terms though). Marnie's mum may be unconsciously trying to compensate for lack of intimacy by buying Marnie lots of clothes and jewellery – feeding Marnie's obsession. Marnie also does not need to commit to any family rituals such as sitting down at the family table for an evening meal, or watching television with the family or engaging in group family activities. She has everything she needs materially in her room.

Communication in the family is currently just a system for accomplishing basic tasks and again there is little closeness or sharing of ideas, feelings and so on beyond expressions of frustration, boredom or anger. The suicide attempt of Marnie's close friend is also

cause for concern, especially given that her friend has anorexia. The closeness of the relationship with her friend and the concurrent problem of having an eating disorder as well may place Marnie at high risk for a copy cat suicide attempt according to recent research literature.

This situation therefore is becoming potentially serious. Undoubtedly Marnie and her family could do with professional help and counselling, and possibly the school could take a lead role in at least confronting the issue (sensitively of course) and ensuring that Marnie agrees to undertake some action regarding her eating problems. Family therapy and counselling would seem to be appropriate in this particular case. Marnie's parents need an opportunity to express their fears and concerns to someone external to the family, to gain some understanding of the issues, develop some parenting skills to help deal with Marnie's problems more effectively, and to reflect on what changes they may need to make in their own lives and work situations in order to improve open and honest family communication and interaction and to cope with stress and change. It is important not to undermine Marnie's confidence and strengths of which she appears to have many, but to build on her strengths, to enable her some independence, but to also require her to commit to improving her attitudes, her diet and involvement in family rituals (dining and talking together about their day and how they feel, sharing household chores together) and to being part of the family again.

3. Recommendations

- **Preferred Options**

In the above hypothetical case examples some recommendations were made, that are based on both practitioner judgement of situations and evidence via the literature and research. Let's now look at some approaches that identify effective parenting outcomes.

Much will depend upon the specific age of the teenager, as to what emotional input may be needed from their parents. For example an older teenager nearing 17 years may not need as much hugging and comfort from parents as a 13 year old. Boys particularly often tend to want to display strength and autonomy from their parents when in their later adolescent years and any signs of affection may be interpreted as being feminine

and weak. This is generalising of course, as many older adolescent boys may still seek the comfort of their parents from time to time, and will certainly value being loved and cared for. Thus, maturational changes in physical ability, thinking and behaviour over the period of adolescent years, is inevitable. It is important to understand this when trying to cope with one's own son or daughter because the relationship must naturally also change. This is a time for a lot of learning from each other, and for parents this can be a wonderful time to see one's son or daughter grow and develop into interesting and exciting young adults.

Young adolescents have of course many changing needs. Let's explore what parents can do to cope with this change and achieve better outcomes:

➤ **Love, trust, respect, communication, encouragement and praise**

They need to know that they have the stability of love and caring always available from their parents and that their parents will support and be committed to their growth and development, their safety, and be there for them if they make mistakes. They also need to know that they can communicate with their parent without being berated or punished or humiliated. Trust is such a major word for adolescents because they may feel so vulnerable in this confusing, dangerous and yet exciting world. Showing a genuine and sustained interest in one's child is crucial. A parent does not necessarily have to love a child's behaviour but to love their child and to show it builds trust and respect and leaves open a channel of communication that will be important throughout their child's life. A young adolescent child needs to know they are valued and doing okay, so encouragement and praise are important things that a parent can express to their child. Not praise or encouragement simply churned out automatically, but genuine praise for a child's efforts or thoughts.

➤ **Setting Limits or boundaries**

Early adolescent children especially are suddenly breaking out of their cocoons, and like a butterfly emerging into the big natural world for the very first time there are always dangers and predators potentially lurking nearby. 'The world seems so different to last year. I'm getting interested (very interested) in the opposite sex, when last year they

seemed so yukky. There's more exciting things to do than ride a bike down to the creek or to play with toys – like dressing up in sexy or cool gear, like going to wild parties, like listening to cool music on iPods and like hanging out at cafes with friends and looking cool. Yet there are also some scary people and school is getting much harder, and expectations of teachers and parents and exams are just too hard to handle. Make a mistake and you'll never hear the end of it. Some mistakes can be calamitous or dangerous such as getting pregnant or getting HIV infection or becoming addicted to hard drugs or being preyed on by paedophiles in chat rooms on the internet.'

Thus parents can help by setting clear well explained, fair but firm boundaries or limits on the child's activities and behaviours that the child must agree to. By doing this it sends a signal to the child that yes my parents recognise that I am changing and experiencing and learning about my becoming more adult, but yes there are also rules that must be followed that protect me from harm (physical or emotional) or confusion out there in the real world. In this way, if rules are broken or mistakes are made, then parents can have permission to talk to their 'child' in order to ensure that they have learned a lesson and know how to improve a situation or behaviour. In a seminal work examining 20 years of findings, Psychologist Diana Baumrind (1971) identified three main types of parenting which may be useful for parents seeking to know how best to set limits and rules. They include:

1. **Authoritarian** – the gate keepers of hard and fast, do as you are told, no questions asked, rules. This leaves a child with little flexibility in their lives, and because they are imaginative, kids will try to break almost every rule they can get away with. Often this requires lying, cheating, being abusive to others or having only black and white views about things, manipulating others and situations to suit their own needs or becoming passive and rigid in one's personality. Obviously this sort of personality construction can have deleterious consequences for later adult life as well. Punishment is decided by the parent only for breaking limits or rules. So authoritarian parenting, whilst looking at least superficially for others as though a parent or parents have a strong handle on their kids, can have its long-term downside.

2. **Permissive** – the other extreme in which parents have few rules and regulations and lots of individual freedoms for their child, leaves their child open to potential abuse by others, to the child thinking they can do what they like when they like. The child does not learn how to set priorities and to recognise danger. Unless they learn by bitter experience and survive, this type of parenting can set a child up for failure and to believe that they can get away with whatever they like in life. Parents may well have a very difficult time trying to cope with their child if they don't want to accept rules or limitations or break them or if mistakes are made. Parents may have few if any punishments in their arsenal, so the kids know they will always get away with breaking the rules with few or no consequences to worry about. In life, that can be dangerous.
3. **Authoritative** – parents who set clear limits and rules with explanations and with opportunities for the child to question them. Adolescent children need to know why they are being set limits so that they can learn from this. There may be a compromise between the parent and the child, but once limits or rules are made everyone agrees to abide by them and any punishments for breaking them are also agreed to.

➤ **Parents as role models**

Believe it or not, adolescents look to their parents for guidance, support and love. The old saying that 'actions speak louder than words', must surely have emanated from a teenager. It is surprising how younger adolescents in particular want to model their parents. However when they see parents constantly guilty of things like hypocrisy or double standards or lying or trying to cover up for a lack of insight or knowledge than a teenager can be a parents harshest critic. Worse however is if a child adopts the parents' failings or poor standards and develops blinkers that they take into adulthood in order to block out the negative aspects of such poor standards, thoughts or behaviours and deem them as normal. Setting high ethical standards and valuing positive things like kindness, empathy, respect and thoughtfulness to others can help an adolescent to do likewise and incorporate such values into their own lives.

➤ **Getting kids to be responsible**

Adolescents can learn to be responsible at home believe it or not. Teaching them a work ethic to get into a set pattern of doing household chores, their homework and so on early on is pretty important. Learning relies so much on motivation which can be of two types: (1) Intrinsic Motivation – I want to do this because it means so much to me and my development, and (2) Extrinsic Motivation – If you pay me \$30 I will wash your car. As time goes on of course a parent may have to consider both types of motivation. Indeed providing pocket money targeted for jobs to be done each week may help an adolescent to value money and to learn what it takes to do a good job. Obviously intrinsic motivators are longer lasting and teaching your child the importance of helping others builds a much more resilient and likable person as they mature.

➤ **Seek professional counselling**

Recognising that you have limits to how much you can cope with is really important. Parents usually have no training in how to be a parent and there are a lot of so called best seller books out there that promote this type or that type of parenting methods, in some case in contrast to accepted research evidence. Professional counsellors are highly trained people who facilitate learning about how to cope with all sorts of problems for people who seek their services. Most are not expert in psychiatric or mental health problems, although many doctors, nurses and social workers have counselling and mental health skills, knowledge and experience. Many parents just require some tips on how to deal with a child or adolescent who have problems adapting to incredible physical, mental, emotional and social changes or transition. Unless kids have had brothers or sisters who have been positive role models during their adolescent years, kids will try to take in ideas from anyone in their sphere of influence. Many kids are bullied or are easily led into adopting what they think are exciting lifestyles or behaviours. The more resilience that parents can foster in their adolescent child the greater the chances that they will have fewer problems and the better the chance they have of maintaining effective communication with their child – a lifeline in some cases. Professional counsellors can assist parents with this process.

Exercise

Make a list of mental health promoting factors that your child may have and reflect on how you could use this knowledge to improve their current problems and issues.

Effective Options

- **Case Study – Mei Lee**

Mei Lee is a 41 year old single parent woman who has a problem adolescent son Eddie aged 15 years. Eddie has had problems with his school work recently and has been coming home from school early each day. Eddie had been an exemplary student but lately he has become isolated, moody and rude to his mother and locks himself in his room. Mei Lee has always had a close relationship and good communication with Eddie and this recent behaviour has concerned her greatly. Mei Lee has asked some one of her friends Tina, also a parent of a boy at Eddie's school if there has been any issues or problems at school. Tina tells Mei Lee that she has heard from other parents that there has been some bullying going on and that the bully kids have targeted the 'nerds' for special treatment. Mei Lee decides to take Eddie out to dinner one evening as she knows that Eddie enjoys this treat every so often. Mei Lee asks Eddie what has been troubling him in recent weeks, but he drops his head and says nothing. After a while Eddie looks up and tells his mother that some kids at school have been pushing him around and calling him names. They have even taken his lunch and he has been so scared and been unable to talk to anybody about it. Mei Lee gives her son a big cuddle and asks him what he would like to do about it. Eddie says that he can't do in these bullies because they would only make his life even more miserable.

At home Mei Lee says that they need to do something about this situation because it wasn't fair that Eddie should suffer at the hands of some mindless thugs. Mei Lee says that she will ring the school principal and ask him about the school's no bully policy and explain Eddie's situation sensitively. She will ask whether the school can commence a special program to discuss bullying in classes and to have a no bully monitoring program at lunch time and after school. The principal says that he thinks the idea has a lot of merit and without implicating Eddie he decides to hold a meeting to talk to staff and

interested volunteer parents of the school with the idea of implementing such a program over the next week. Eddie is so relieved that something is being done to help him with his problem. Over the next few weeks Eddie has changed back to his old ways again, and he is taking a greater interest in his studies and staying at school.

What can be understood from Mei Lee’s story?

Firstly Eddie has received great support from his mum. They have a great strengths and resources (internal and external) in that they communicate well, they care about each other a lot, and Mei Lee has sophisticated problem-solving and conflict resolution skills. The idea of being proactive by suggesting the Bullying program had two great benefits – (1) that bullying would be confronted seriously within the School and that it would not be tolerated at all and (2) that Eddie was protected from harm - from what Mei Lee called a bunch of brainless thugs. Unfortunately the bullies were quite possibly victims of bullying themselves in the past and unless the vicious cycle of violence is confronted or stopped, they will continue to bully without fear. Perhaps the program may also give some insights to the bullies about their behaviour and why they act the way they do. It

Conclusion

This has been such a challenging booklet to write because there are so many issues that could confront parents with their adolescent child. Indeed an adolescent child could range from a child of 11 or 12 years of age to an older more mature teenager nearing early adulthood. Children of each age range will have very different abilities and needs. Each child will also have very different genetics, family history, socio-economic status and so on. The booklet has nonetheless overviewed or provided a snapshot of the problems and issues facing adolescent youth and their parents – be they the usual nuclear family, sole parent family, extended family or same sex family. Case examples of ineffective and effective parenting coping approaches have been presented so that parents have some insights into problem-solving and communication with their child and how to harness strengths and resources in building resilience in their child.

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