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THE EFFECT OF PARENTAL INTERVENTION ON THE FAMILY PROBLEMS OF LATE ADOLESCENTS

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ABSTRACT

The article examines the effect of parental support programme for the management of family problems of late adolescents. Adolescence can be a specifically turbulent as well as a dynamic period of one's life. It has been identified as a period in which young people develop abstract thinking abilities, become more aware of their sexuality, develop a clearer sense of psychological identity, and increase their independence from parents. G. Stanley Hall denoted this period as one of "Storm and Stress" and, according to him, conflict at this developmental stage is normal and not unusual. The aim of this study is to find the effectiveness of parental intervention programme on the family problems of late adolescents. This study was conducted among 250 problem adolescents whose parents are having very low parental support scores. The universe of the study is Government Higher Secondary Schools of Ernakulam District of Kerala State. Multi-stage systematic random sampling technique was adopted for the selection of the final study sample. The data was collected by using Youth Problem Inventory and Parental Support Scales. The research design used is Pre- Post Experimental Group Design. The data collected was subjected to suitable statistical analysis and results infer that a significant reduction is found in the family problems of the late adolescents after Parental Intervention programme.

KEYWORDS

Adolescent, parental intervention, parental support, & youth problem.

INTRODUCTION**ADOLESCENCE**

It can be defined biologically, as the physical transition marked by the onset of puberty and the termination of physical growth; cognitively, as changes in the ability to think abstractly and multi-dimensionally; or socially, as a period of preparation for adult role. Developmental psychologists focus on changes in relations with parents and peers as a function of school structure and pubertal status. Adolescence can be a specifically turbulent as well as a dynamic period of one's life. It has been identified as a period in which young people develop abstract thinking abilities, become more aware of their sexuality, develop a clearer sense of psychological identity, and increase their independence from parents. G. Stanley Hall denoted this period as one of "Storm and Stress" and, according to him, conflict at this developmental stage is normal and not unusual. Margaret Mead, on the other hand, attributed the behavior of adolescents to their culture and upbringing. Several developmental stage models have placed adolescence in a period of human development. Sigmund Freud saw it as the "genital phase" of psychosexual development, where the child recaptures the sexual awareness of infancy. Jean Piaget focused on cognitive development, seeing adolescence as the "formal operative stage" where the young person develops the ability to think abstractly and draw conclusions from the information available. Erik Erikson's theory of psychosocial development identified the identity crisis as central to the notion of adolescence. Adolescent psychology addresses the issues associated with adolescence, such as whether or not the aforementioned "storm and stress" is a normal part of this period. The American Psychological Association has a separate division dedicated to adolescence, and the psychologists specializing in this topic attempt to answer questions dealing with the age group. One issue in adolescent psychology discusses whether adolescence is in fact a discrete developmental period, a point along a continuum of human development, or a social construction.

PARENTAL SUPPORT: It can be defined by different authors in different ways. Often it refers to assistance given to children to ease mental stress and unhappiness. This is one of the fundamental ways in which parents provides support to children. However, the manner in which they do this varies depending on the child's psychical and psychological closeness between parent and child but it may also involve a degree of parental control when the children need help regulating their behavior or developing social and intellectual competence. If, in situations in which adolescent children may be prone to engage in conflict, parents are likely to deescalate the conflict by creating a family atmosphere of warm approval, praise, and acceptance, and by offering reasons for a required change in behavior. It can be said that parents are ultimately responsible for helping children become independent and for creating a family environment that helps them develop the ability to be flexible in different surroundings. For these reasons, among others, parental support is vital and not only to individual children but also to society at a large. When parents use positive means to motivate and guide, children become better family members, better social partners, and better citizens.

PARENTING PROGRAMS: The term 'parenting programs' is an umbrella term used to describe all forms of parenting interventions, including parent education, parent training, and parenting support. Parenting programs can be implemented as an early intervention to prevent the onset of problems or to ameliorate the severity of existing problems in high risk children and youth.

REVIEWS

Research examining the efficacy of parenting programs for child, parent and family outcomes has overwhelmingly focused on the preschool and early school age years, and there is a lack of studies that have focused on parenting interventions for adolescents. One of the reasons for the lack of research on parenting programs for youth is the assumption that parental influence becomes less important as children enter adolescence, due to the increasing influence of peers, and due to young people spending less time in the home and therefore being less amenable to change through typical parenting strategies (Kazdin, 2005). However, research confirms the strong and enduring influence of parenting practices during the adolescent period (DeVore and Ginsburg, 2005) and it is clear that parents have an important role to play in supporting their adolescent in the transition to adulthood.

Parenting programmes for parents of adolescents largely aim to modify the risk factors of coercive family interaction and poor parenting which have a role in causing and/or maintaining externalizing behavior problems and delinquency (Dishion and Andrews, 1995; Dishion and Patterson, 1992). Parenting programs also aim to enhance parent child communication and connectedness and improve parental supervision and monitoring. Parental supervision, in particular, appears to be of crucial importance in preventing a range of adolescent risk behaviors (Coleman, 1997; DeVore and Ginsburg, 2005). Parenting programs may also address additional family risk factors such as parental stress and depression and marital conflict.

Brown (2008) in his article on Child and Adolescent mental Health Services suggested the dilemma for therapist in these situations. He wrote on how the parents can be helped to see their own role in how child problems have emerged.

Woolfenden and Williams & Peat ,(2001) says a therapeutic alliance with both adolescent and parents is the key to successful treatment, yet this may be difficult balance in practice. The Stronger evidences exists for the effectiveness of family and parental intervention in reducing time spent by juveniles in institutions.

Dimond and Josephson (2005) argued that the inclusion of parents in the treatment of adolescent with psychiatric disorders is very effective. Carr (2009) argued that family-based intervention is as effective as individual cognitive behavioral therapy and psychodynamic therapy in the specific treatment of major depression. Lerner (2009) proves the importance of integration of family therapy into the treatment for adolescent depression. David-Ferdon & Kaslow (2008) Suggested the main benefits of family intervention for depression is:-improve communication skill, promotion of effective family based problem solving, promotion of attachment and disruption of negative and critical intervention between parents and adolescents. Carr (2009) Lerner (2009) also suggested that building family resilience and hope and helping families manage depression and contain suicidal risk.

Carr (2009), carey & Oxman (2007); Cottrell & Boston,(2002), Dimond and Josephson (2005) , Hogue & Liddle (2009) proved that the use of family based therapies to address other adolescent problem behaviors. It is the most effective current treatment for adolescent substance abuse. In Australia, the evolution of whole of family therapy option for families of adolescent drug users indicates that the programme is more effective in helping families to develop positive family environment that encourage recovery from drug abuse. Bamberg, Findley & Toumbourou , (2006) suggested that this programme has also shown to have positive impact on other adolescent behaviors and symptoms rather than causes or difficult family relationships.

Hogue & Liddle (2009) support has been found for family based treatment for co-morbid behavior (delinquency and drug abuse) and for externalizing (eg.aggression) and internalizing (eg. anxiety) behaviors although the evidence base is limited. Cottrell & Boston (2002) proved the effectiveness of family based therapies for eating disorders and conduct disorders (Carr, 2009).

Carr, (2009) highlighted that family based interventions are effective for anxiety, school refusal, obsessive compulsive disorder, grief, bipolar disorder attempted suicide and somatic problems. DeVore and Ginburg (2005) confirm the strong and enduring influence of parenting practices during adolescent period and it is also proved that parents have an important role to play in supporting their adolescent in the transition on adulthood. Dishion and Andrews (1995), Dishion and Patterson (1992) proved that parenting programme for adolescents largely aim to modify the risk factors of coercive family interaction and poor parenting which have a role in causing and maintaining externalizing behavior problems and delinquency. Colman (1997) DeVore and Ginsburg (2005) proved that parenting programme aim to enhance parent-child communication and connectedness and improve parental supervision and monitoring. Parenting programs may also address additional family risk factors such as parental stress and depression and marital conflict.

Ralph and Sanders (2006) introduced *Teen triple P* programme and Parenting adolescent: A creative experience introduced by Toumbourou and Gregg, (2002) are the most effective parenting programme , which is very effective to the management of maladaptive behavior, conduct disorder, smoking and substance use. Kazdin (1991) proved that parent management training is most effective to alter child’s antisocial behavior at home. Kazdin (2005) says PMT can delivered in individual and group setting and parents are taught specific behavior modification skill via active skill training involving practice, role play, feedback and modeling by therapist. Patterson’s (1982) coercion hypothesis states that parent and child establish a pattern of interaction in which parents escalate their discipline over time to keep up their or adolescent’s similarly escalating aversive responses.

Serketch and Dumas (1996) proved that PMT has been predominantly utilized in the management of externalizing problem behavior, including oppositional defiant disorder and conduct disorder. A meta – analysis of behavioral parenting interventions found evidence to support the short term effectiveness of parent training in modifying anti-social behavior at home and at school and in improving parental adjustment. Research evidences suggest that PMT is effective in improving parenting skills and reducing adolescent conduct disorder. Hughes and Wilson (1988) proved that PMT was found to be superior to communication skill training in reducing clinically significant problem in youth with conduct disorder. Bank, Reid, Petterson and Weinrott, (1991) examined the effectiveness of PMT for families of chronically offering delinquents by comparing in to community intervention based on family system approach. PMT resulted in the faster reduction of problem.

OBJECTIVE OF THE STUDY

To study the effectiveness of parental intervention programme on the family problems of late adolescents

SPECIFIC OBJECTIVES

- 1) To study the family problems of adolescents before and after intervention
- 2) To study the parental support scores before and after intervention

HYPOTHESIS

- 1) There will be significant reduction in the problems of adolescents after intervention
- 2) There will be significant improvement in the parental support scores after intervention

METHOD

The sample size is 250 adolescents between the age group of 16-19 and having high family problems and low parental support scores. Pre –post experiment research design is used for this study. Standardized scales were used for the data collection. Four Psychological interventions were provided to the parents of adolescents after regular intervals of one month.

DISCUSSION

TABLE 1: SHOWING THE FAMILY PROBLEM OF ADOLESCENTS BEFORE AND AFTER INTERVENTION (* Area A statine scores Crosstabulation)

		Time of intervention	Area A statine scores						Total
			Very few	Below average	Average	Above average	High	Very High	
Time of intervention	Before	Count				7	29	214	250
		% within Time of intervention				2.80%	11.6%	85.6%	100.0%
	After	Count	15	70	84	66	10	5	250
		% within Time of intervention	6.0%	28.0%	33.6%	26.4%	4.0%	2.0%	100.0%
Total	Count		17	70	84	71	39	500	500
	% within Time of intervention		3.4%	14.0%	16.8%	14.2%	7.8%	100.0%	100.0%

The family problems of adolescents have 14 sub variables. The above table shows that 214 adolescents (85%) had very high problems in the family life, 29 respondents (11.6%) had high problem, 7 respondents had above average problem before intervention. But after intervention the value changes from 214 to 5 (2%) have very high problem, 10 have high problem, 66 respondents have (26.45) have above average problem, 70 respondents have below average problem and 17 respondents have (3.4%) very few problem. This table shows that the intervention was very effective and there is a reduction in the family problems of adolescents after intervention. This shows that parental attitude and change in the parenting style can reduce the family problems of adolescents.

Ha- There will be a significant reduction in the problems of adolescents in the family environment after intervention.

TABLE 2: SHOWING THE "t" VALUE OF FAMILY PROBLEMS OF ADOLESCENTS BEFORE AND AFTER INTERVENTION

Variable	Before Intervention		After Intervention		t' value
Family Problems	Mean	S.D	Mean	S.D	42.522 P<.05
	47.12	6.418	19.55	7.995	

The mean value of the family problems of adolescents before intervention was 47.12 and after intervention is 19.55 the Standard Deviation values are 6.418 and 7.995 respectively. The t-value is 42.522 and the P value is less than the table value ($p < .05$) and H_a is accepted.

TABLE 3: SHOWING THE MEAN DIFFERENCE IN THE PARENTAL SUPPORT SCORES BEFORE AND AFTER INTERVENTION

Variables	Before Intervention		After Intervention		t-value
	Mean	S.D	Mean	S.D	
Parental Interest	18.6480	2.0932	22.2480	2.780	16.356 P<.05
Parental Behavior	32.8840	4.09115	35.768	4.9098	17.88 P<.05
Resource Provision	16.900	3.5941	24.344	4.033	21.787 P<.05
Grand total-Parental Support	68.432	7.129	82.360	8.887	19.328 P<.05

The mean value of the parental support scores of adolescent before intervention was 68.432 and after intervention are 82.360. The t-value is 19.328 it is significant at .05 levels. In all the dimensions of parental support of adolescent before intervention and after intervention there seems to be an increased parental support for the adolescents. This study proves that parental support is a significant factor in the management of adolescent problems in their family life.

INFERENCE OF THE STUDY

1. Intervention strategies positively influence the parental support scores
2. The intervention strategies have a significant influence on the family problems of adolescent

CONCLUSION

Every adolescent is an individual with a unique personality and special interests likes and dislikes. In contrast to that individualism is the fact that there are also numerous developmental issues that every teenager faces during the adolescent years, such as the adolescents move towards independence and increased freedom, an increased ability to think ideas through, increased, self-reliance, and an increased emphasis on personal dignity and self-esteem. Adolescents are beginning the often confusing crossing of the threshold toward adult reasoning or thinking. Parents and adults walk a tightrope. Parents need them to play an active role in their lives. However, adults need to provide adolescents some room to be responsible for their own decisions and be accountable for the consequences of those decisions. When adolescents make the wrong decision, they need the support and guidance of parents and adults to help them learn from these experiences. By knowing the developmental tasks of adolescents, parents and adults can help turn mistakes made by adolescents into opportunities that enhance adolescents' mastery of life skills.

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