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## How Parenting Style Relates to Adolescent Substance Abuse in an At-Risk Male Population

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The University of Southern Mississippi

Honors College Theses:

How parenting style relates to adolescent substance abuse in an at-risk male population

by

Bailee R. Brewer

A Thesis  
Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of the Requirements for the Degree of  
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## PARENTING STYLES AND ADOLESCENT SUBSTANCE ABUSE

### Abstract

Parents have an important role in their children's development. There is evidence that parenting behaviors such as parental involvement, monitoring of children, and inconsistent discipline play a role in adolescent substance use. The purpose of this study is to document perceptions of parenting behaviors among youth at a residential boot camp facility for at-risk adolescents, and to relate those perceptions to youths' self-reported history of substance use. This study adds to previous research on parenting behavior by examining the parenting behaviors reported by troubled youth, rather than the more typically studied normative youth. Additionally, this study tests whether previously reported relationships between parenting behaviors and substance use can be found in this group of high-risk adolescents. Data collection for this study was done via computerized surveys at the facility where the participants reside. A diverse sample of 255 adolescent boys (61.2% Caucasian, 30.2% African American, 0.4% American Indian, 4.3% multiracial, and 1.2% "Other" race/ethnicity) completed surveys asking about their use of drugs and their perceptions of how they were parented when living with their parents or guardians. The results indicate that more positive parenting behaviors (e.g., parental involvement) and fewer negative parenting behaviors (e.g., poor monitoring of youth) is associated with less substance use and related problems among these at-risk adolescents. The results of this study could be used to implement strategies to improve child-parent relationships and reduce adolescent substance use.

Key Terms: adolescence, substance use, parenting styles, risky behavior, parenting behaviors, alcohol, marijuana

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Chapter 1: Introduction and Literature Reviewed

*Substance abuse in adolescents*

Substance abuse in adolescents has been an increasing problem in society. Previous research has shown that adolescents can develop long term substance abuse habits early in life and that most adolescents first start experimenting with drugs between the ages of 15 and 18 (Sharma, 2015). According to a survey study of adolescent substance users, kids know that the drugs will have adverse effects on their lives, but try them anyway because they provide relief from environmental factors, such as stress (Sharma, 2015). There are three substances that are very popular with adolescents: alcohol, marijuana, and ecstasy. One of the most common substances that adolescents use is alcohol. Alcohol abuse by adolescents is a persistent problem, even though teens are aware that it is both illegal and potentially dangerous for them to be using alcohol (Kia-Keating, Brown, Schulte, & Monreal, 2009). According to Kia-Keating et. al. (2009), one-third of teens have engaged in binge drinking (i.e. >5 drinks in a short amount of time) by the time they are in 9<sup>th</sup> grade and rates have been increasing in the past several years.

Along with alcohol, marijuana is shown to be one of the most well-known and abused drugs in the United States across every age bracket, and the most used illicit drug among adolescents (Scoyoc, Stanger, Budney, 2009). Marijuana abuse as an adolescent has been linked to the development of major depressive disorder and other psychological disorders later in life (Chadwick, Miller, & Hurd, 2013). It is also associated with impaired memory and increased impulsivity during adolescence (Dougherty et al., 2013). A final substance that seems well-known by adolescents is ecstasy, better known as “the love drug”

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or “the hug drug.” This synthetic and hallucinogenic drug is popular with adolescents at parties and clubs, as the availability of the drug had risen between the 80s and 90s and dependency on the drug had become an increasing problem (Cottler, Womack, Compton, & Ben-Abdallah, 2001). Additionally, the levels of illicit drug use other than marijuana had declined and then leveled out by 2001 (Patrick & O’Malley, 2016). One study has also shown that ecstasy and marijuana abuse in young adolescents can lead to cognitive impairments, that the abuse is on the rise for both substances, and that the use of these two drugs is associated with risk of developing substance use disorders involving other drugs later in life (Vucetic-Arsic, Alcaz, Stankovic, & Daragan-Savelijic, 2009).

### *Parenting Styles*

One factor that may contribute to adolescent substance use is parenting styles and how adolescents respond to different types of parenting. Forms of parenting styles and the application of specific parenting behaviors are important in the upbringing of children and adolescents. If parenting styles are not enforced properly then parents do not develop a healthy form of attachment with their child, which can result in long term consequences (Ainsworth, Blehar, Waters, & Wall 1978). Studies have shown that parenting styles that include low parental involvement, inconsistent discipline, and poor monitoring of adolescents can lead to teens having mood disorders and depression (Timpano, Carbonella, Keough, Abramowitz, & Schmidt, 2015). Also, the four types of parenting (i.e. neglectful, permissive, authoritative, and authoritarian) and the way they are applied (neglectful and permissive may lead to more negative outcomes) in a parent to child relationship are linked to children having psychological disorders and anxiety issues (Timpano et. al., 2015).

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The neglectful parent is one who engages in minimal parenting behaviors. These parents not only show low emotional support for the child, but also do not put much effort into controlling or setting boundaries for the child (Hoeve, Dubas, Eichelsheim, Van Der Laan, Smeenk, & Gerris, 2009). Permissive parenting is characterized by being very lenient with a child and giving them as much freedom as the parent can, but also being emotionally supportive and warm. It also is consistent with inconsistent discipline and poor monitoring of children. The permissive parent tries to be more of a friend or acquaintance to the child rather than an authority figure who guides and monitors their behaviors. These parents want to be accepted by the child and are in no way controlling of the child. Authoritative parenting involves being more directive and setting rules and standards, while also maintaining warmth and emotional closeness. These parents try to see the child as an equal and take into consideration their opinions. This form is consistent with high levels of parental involvement, high levels of positive parenting, high monitoring of children, and low levels of inconsistent discipline. The parent does not overexert his/her power over the child, but is also not too lenient with the child. The parent works with the child to find a common ground. The final form of parenting is authoritarian, which is characterized as having low responsiveness, low positive parenting, and greater use of punishment and strict discipline as means of parenting. There is not much nurturance in this form and it has extremely high parental monitoring and low parental involvement and sees that the child “stays in his/her place” with no form of independence in the child (Baumrind, 1975).

*Substance abuse in adolescents in relation to parenting styles*

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According to Sharma (2015), there is a significant link between adolescent substance abuse and aspects of parenting styles such as parental monitoring and involvement. A recent study reported that higher levels of parental monitoring and “good general parenting practices” resulted in a lower likelihood of adolescents using marijuana and other drugs (Vermilion-Smit, Verdurmen, Engels, & Vollebergh, 2015). Permissive parenting and authoritative parenting have been shown to correlate with the level of delinquency an adolescent exhibits, in that permissive parenting relates to a child having a higher number of incidents with the police and more serious delinquencies, whereas authoritative parenting is associated with little to no serious delinquency incidents (Hoeve, Blokland, Dubas, Loeber, Gerris, & Van Der Laan, 2008).

Parental closeness can also play an important role. A study concluded that there is a significant link between a child’s delinquency and how close they are to the parent (i.e. parental involvement and positive parenting) and that a child’s level of attachment to a parent is a good indicator of whether or not the child will engage in delinquent acts (i.e. substance abuse) (Hoeve, Stams, Van Der Put, Dubas, Van Der Laan, & Gerris, 2012). According to Fosco, Stormshak, Dishion, and Winter (2012), the father to youth relationship is a significant predictor of delinquency, and increasing closeness between a youth and his/her father is associated with a decrease in delinquency and bad behaviors over time. Also, the teens in the same study who did not trust their parents and felt as if they could not go to them for advice had a higher rate of substance abuse (Fosco et. al., 2012). Another study on parental closeness and emotional support concluded that adolescents who had parents that were emotionally detached from them and did not offer the child much emotional support or closeness had an elevated level of alcohol use. In

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addition, as the teen felt more and more emotionally unstable and alone over time, their alcohol intake increased. Contrary to this, the teens who had parents who were close to them and offered them an abundance of emotional support did not have such a high level of alcohol intake, suggesting that the kids may abuse alcohol to cope with the fact that their parents are not emotionally there for them in a time when emotional stability and support is of the utmost importance (Chaplin, Sinha, Simmons, Healy, Mayes, Hommer, & Crowley, 2012). Other researchers have found similar evidence linking parental measures to adolescent substance abuse. This study demonstrated that parenting practices (e.g., closeness) of mothers had a significant impact on the intake of alcohol by the adolescent and there was no difference according to race, age, and living situations (Shorey, Fite, Elkins, Frissell, Tortolero, Stuart, & Temple, 2013). This emphasizes the importance of the maternal role in an adolescent's life in all populations, because mothers are expected to be that emotional figure that children can turn to for anything (Shorey et. al., 2013). Furthermore, it was found that the closeness with the mother was much more significant than parental monitoring by the mother, in that the adolescents who felt disconnected from their mothers experimented with more drugs to cope with the emotional gap in their lives (Shorey et. al., 2013).

It has also been shown that there is a correlation between a parents' control, monitoring, and discipline and a child's level of substance use (Pears, Capaldi, & Owen, 2007). In a recent study, the parents who displayed poor control, poor monitoring, and inconsistent discipline had adolescents who had elevated use of alcohol as well as high levels of other drug abuse (Pears et. al., 2007). Another study concluded that parental monitoring can have a significant impact on children's externalizing behaviors and

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substance abuse habits over time. Specifically, the researchers found that parents becoming more aware of what their teen was doing and paying closer attention to his/her whereabouts and actions was associated with decreases in substance use and delinquent activities by the child (Fosco et. al., 2012).

Not only is parental closeness and monitoring a factor in the behaviors of adolescents, but inconsistent discipline has shown to play an important role as well. It was found in a recent study that a mother's inconsistent discipline (i.e. letting off punishment early and not punishing for an action one time, but then punishing another time) led to the kids having an increase in externalizing behaviors. This study also found that a lack of parental monitoring was linked to an escalation in the child's externalizing behaviors (Gryczkowski, Jordan, & Mercer, 2010).

In summary, adolescent substance abuse is a problem in our society and it can have significant and lasting negative consequences. One reason that adolescents abuse substances may be related to poor parenting skills and problematic parenting behaviors. In the current study, it is hypothesized that adolescent-reported permissive and neglectful parenting behaviors will be correlated with higher levels of adolescent substance abuse in a sample of at-risk adolescent boys.

### Chapter 2: Methods

#### ***Participants***

*The Boot Camp.* Data collection for this study was conducted on-site at a military-style boot camp in the southern United States that is run by the United States National Guard. The boot camp program is called Youth Challenge Academy (YCA) and it accepts

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youth from all over the state in which it is located. The program provides education, job skills training, counseling, and discipline to enrolled youth. Youth who complete the program and pass the GED test are then able to receive a high school diploma. The program has been running for 45 years and over 8,000 adolescents have participated. After the program, adolescents are expected to enter the workforce, join the military, or continue their education in college. To facilitate this, the program pairs each adolescent with an adult mentor from their home community who visits the adolescent while they are at YCA and meets with them at least once per month for twelve months after they graduate. The mentors make regular reports back to the program so that the program can track the adolescents' success.

Adolescents enroll in the boot camp for various reasons. Some reasons include behavior issues at school and/or at home, academic problems, and legal involvement. Adolescents can be referred by their families, the legal system, or other sources; however, all must voluntarily agree to participate in the program. When asked why they are at YCA, youth typically report a combination of academic and behavioral issues that made it difficult for them to be successful in their home communities and schools. For example, over 40 percent have been arrested at least once by the time they arrive at the boot camp. However, it should also be noted that some youth come to the boot camp because they want to make positive changes in their life. These individuals report that they decided to join the program to finish school earlier and enter the workforce. Some want to join the military and see the program as a stepping-stone to get their GED early and enlist in the military when they are of age. Also, some want to get away from a bad environment such as a gang or family problems. Adolescents enroll in the 22-week program at two points during the

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year. Data collection for this study began with the adolescents who were enrolled in the program in spring 2016 and continued through the cohort of fall 2016.

### *Materials*

*Demographic Information.* Participants completed a questionnaire that includes demographic information such as their race, age, and sex. Additionally, participants were asked where they were living prior to attending the boot camp, why they decided to join the program, and who primarily raised them.

*Alabama Parenting Questionnaire (APQ).* The APQ (Frick, 1991) is used to assess parents' and children's understanding of the parents' parenting styles and behaviors for youth aged 6-18 years. Because parents were not available to participate in this study while the youth are at the boot camp, only the child report version of the APQ was used in the current research. The child report version of the APQ includes 42 questions and measures five separate dimensions: positive involvement with the child, supervision and monitoring of the child, use of positive discipline techniques with the child, consistency of discipline with the child, and use of corporal punishment toward the child. This measure is scored by summing the items in each dimension, with higher scores indicating greater use of that dimension of parenting.

*Youth Risk Behavior Surveillance Survey (YRBSS).* The YRBSS is a questionnaire that was developed by the Center for Disease Controls and Prevention (CDC) in 1990 to monitor adolescent risky behaviors. This measure is given nationwide to adolescents in the 9<sup>th</sup>-12<sup>th</sup> grades every two years, usually in the spring semester. The survey evaluates health behaviors of adolescents that are among the top causes of adolescent deaths and injuries. These health conditions include; reckless behavior, dangerous sexual behaviors,



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alcohol and substance abuse, tobacco use, unhealthy dietary habits, and poor physical activity habits. The purpose of the YRBSS is to determine the prevalence of these conditions, assess whether they fluctuate over time, and to show progress toward a healthy nation (Centers for Disease Control and Prevention, 2013). For the purpose of this study, the primary items of interest from the YRBSS are the items focused on substance use. Participant responses related to the number of substances used, the frequency of use, and any consequences experienced as a result of substance use were focused on.

### *Procedures*

The director and staff of the YCA program were asked whether they would allow research to be conducted in their program. The staff agreed to allow their program participants to be approached about volunteering to participate in a research study. They reviewed the questions that the research staff were interested in asking, and also requested that some questions be added that could help them understand which parts of their program are effective and which could possibly be improved. Because the program director serves as guardian for 16 and 17-year-olds in the program, he is able to provide informed consent for the adolescents. The adolescents then receive an explanation of the study and assent to participate. Adolescents who were 18 years old at the time of data collection provided their informed consent. This consent procedure and the general study procedures have been in place at the program for several years and were approved by the university's IRB.

Adolescents were approached at the boot camp and provided information about the study. If the youth agreed to participate, they signed an assent form that describes the study and indicates that participation is completely voluntary. Adolescents who decline to participate indicated this on the same form. The research team instructed the program staff

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on the nature of voluntary research participation and ensured that youth who decline to participate, or who begin participating but then decide to withdraw from the study, did not receive any disciplinary actions. Data collection for this study took place via computer surveys administered in a classroom at the boot camp. Adolescents completed the surveys in groups of approximately 15 while being supervised by undergraduate and graduate students involved in the research project. The study was divided into four separate waves of surveys, which include the measures for this study (i.e., APQ and YRBSS), as well as a number of other questionnaires. Each survey session lasts approximately 45 minutes. The data is then imported into SPSS so that the research team can examine associations between variables. Data analysis for this study includes bivariate correlations, one-way ANOVAs, and binary logistic regressions.

### Chapter 3: Results

Eighteen participants (6.6%) were excluded from analyses due to missing data, leaving a sample of 255 adolescent males at a residential, military-style boot camp whose ages ranged from 16-19 ( $M=16.73$ ,  $SD=.738$ ). Of the 255 cadets, 61.2% were Caucasian, 30.2% were African American, 0.4% were American Indian, 4.3% were multiracial, and 1.2% reported some "Other" race/ethnicity. Of the 255 boys, 17.3% report living with both biological parents before the program, 62.4% report living with one biological parent before coming to the program, 20.4% report living with someone other than a biological parent (i.e. relatives, adoptive parents, foster care, shelters, etc.) prior to coming to the program. A majority of youth reported a history of substance use, with a significant number reporting that they had experienced negative consequences related to their substance use.

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Table 1 provides additional information about the frequency of substance use and having experienced negative consequences as a result of substance use among the sample.

Table 1: *Percent of sample reporting use and consequences of use from substances.*

	N (%)
Alcohol	
Use	157 (61.6)
Consequences	74 (47.4)
Marijuana	
Use	154 (60.4)
Consequences	62 (40.3)
Other drugs	
Use	115 (45.1)
Consequences	54 (21.1)

As indicated by Table 2, greater maternal involvement as reported by the cadets was associated with using a fewer number of drugs,  $r(197) = -.215, p < .01$ . Also, use of more drugs was associated with lower levels of positive parenting,  $r(197) = -.163, p < .05$ . Additionally, poor parental monitoring was associated with a higher number of substances used. Therefore, positive parenting practices such as parental involvement and positive parenting were associated with less substance use by the boys and negative parenting practices such as poor monitoring were associated with more substance use.

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Table 2: *Correlations between parenting dimensions and substance abuse variables.*

	Parent Involvement	Mother Involvement	Father Involvement	Positive Parenting	Poor Monitoring
Number of Drugs	-.163*	-.215**	-.064	-.207**	.152*
Alcohol Consequences	.086	.063	.065	-.116	.084
Marijuana Consequences	.086	.079	.050	.032	.090
Drug Consequences	-.125	-.135	-.084	-.065	.075

\* $p < .05$ , \*\* $p < .01$ . Number of Drugs = number of “other drugs” used, Consequences variables = number of negative consequences reported as a result of substance use.

Binary logistic regression equations were tested to determine how parenting behaviors influenced a number of substance use variables. For these regressions, parenting practices were entered as the independent variables and a dichotomized substance use variable was the dependent variable. Results indicated that parenting behaviors were not significantly related to being a substance user (vs. non-user), drinking alcohol once per month (vs. less often), or being a binge drinker (vs. not). However, parenting practices were found to be related to some aspects of the youths’ substance use. Table 3 shows that although parental involvement did not relate to having experienced consequences from alcohol use, but positive parenting practices are associated with having experienced consequences as a result of alcohol use. Additionally, because positive parenting was a significant predictor beyond the effects of the other parenting practices measured (i.e. mother involvement and father involvement), this suggests a particularly robust effect.

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For negative parenting practices, Table 4 shows that poor monitoring is associated with being a binge drinker, beyond the effects of inconsistent discipline. Negative parenting practices as a group were also related to being a marijuana user, and to smoking marijuana more than once per month.

Table 3: *How positive parenting practices relate to experiencing consequences from alcohol use.*

	B	S.E.	Sig.	Exp (B)
Mother Involvement	.040	.034	.237	1.041
Father Involvement	.016	.022	.457	1.016
Positive Parenting	-.128	.063	.044	.880

Table 4: *How negative parenting practices relate to being a binge drinker.*

	B	S.E.	Sig.	Exp (B)
Poor Monitoring	.195	.088	.026	1.215
Inconsistent Discipline	.061	.044	.171	1.063

### Chapter 4: Discussion

Overall, the findings for this study were significant and indicated the influences parenting behavior has on adolescent outcomes. In summary, teens who used reported fewer positive parenting practices and more negatives parenting practices by their parents also indicated more substance use and related problems. Specifically, the number of drugs

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used by the kids was influenced by parenting factors. Additionally, a lack of positive parenting was found to be a predictor of consequences from alcohol use, and poor monitoring was associated with binge drinking.

Previous literature has shown that substance use can begin early in life and these habits can develop in the adolescent years (Sharma, 2015). Additionally, early substance use can be linked to various negative outcomes later in life (i.e. mental illness) (Chadwick, Miller, & Hurd, 2013). The substance abuse adolescents are engaging in can be linked to factors that can be changed for the better, like parenting behaviors.

With that being said, other literature has also shown that there is a significant correlation and relationship between parenting styles, behaviors, adolescent substance abuse, and risky behaviors (Sharma, 2015). The results from this study are consistent with prior literature that has shown that positive parenting practices are negatively related to child substance use and poor monitoring of children is positively related to their substance use (Vermilion-Smit, Verdurmen, Engels, & Vollebergh, 2015). Similarly, previous research has found that parenting practices can predict later outcomes of adolescents for their drug use (Hoeve, Stams, Van Der Put, Dubas, Van Der Laan, & Gerris, 2012) and that a lack of positive parenting practices (i.e. emotional support, closeness) predicts unhealthy attachments, which result in long term consequences (i.e. substance abuse) (Ainsworth, Blehar, Waters, & Wall 1978). Although not all substance use behaviors evaluated in this study were significantly related to parenting behaviors, there are indications that parenting is important for at least some aspects of adolescent substance use.

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One strength of this study is the population used (at-risk adolescents in a boot camp facility), which has not been studied very much in prior literature. One limitation of the study is that some data was missing due to participant drop-out or missed items on the questionnaires. Another limitation is that only youth report was used, as parent report of parenting behaviors was not available. Future studies should evaluate these parenting practices in relation to substance abuse and other adolescent risky behaviors in a larger population of these at-risk adolescents, include their parents, and also evaluate other factors; such as, impulsiveness, aggression, and other forms of delinquency. Importantly, the results of this study can be used to inform parent and child counseling techniques to increase a better parent-child relationship and better parenting practices. This could, by extension, reduce adolescent substance abuse.

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Appendix A: IRB Approval



**INSTITUTIONAL REVIEW BOARD**

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.5997 | Fax: 601.266.4377 |

[www.usm.edu/research/institutional.review.board](http://www.usm.edu/research/institutional.review.board)

**NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months.

Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: CH2-15092201

PROJECT TITLE: Associations between College Student Experiences and Behaviors

PROJECT TYPE: Change to a Previously Approved Project

RESEARCHER(S): Nora Charles

COLLEGE/DIVISION: College of Education and

DEPARTMENT: Psychology

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review Approval PERIOD OF APPROVAL:

02/02/2016 to 02/01/2017

**Lawrence A. Hosman, Ph.D.**

**Institutional Review Board**